A REPORT ON THE FAMILY DEVELOPMENT NETWORKS IN THE CITY OF LOS ANGELES

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City of Los Angeles
Community Development Department

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March 2003

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I. EXECUTIVE SUMMARY

Purpose

The City of Los Angeles' Community Development Department commissioned Shelter Partnership to conduct a study of the City's Family Development Networks (FDN). The main purpose of this study is to secure a greater understanding of the eleven funded FDNs' case-management practices and make recommendations as to how case-management can be improved and standardized.

Background

Case-managers play an integral role in the process of helping a client family out of crisis toward self-sufficiency. The Family Development Network Program allows case-managers to utilize a much wider variety of services than any one agency is able to provide alone to their clients. Additionally, accessibility to services is much easier due to the establishment of a consortium.

Over the past two decades, case-management has been the subject of numerous studies. The findings have shown that the elements of a particular program's case-management system can differ according to the client population, funding availability, program philosophy, program policy, and the actual case-management staff. Research has not demonstrated that there is one 'best-way' for a case-manager to spend their time, nor an "optimal" caseload number.

Methodology

Shelter Partnership designed a survey instrument to understand the case-management component of the Family Development Networks (FDNs). Representatives from Shelter Partnership met with staff from each lead agency from January 22 through February 6, 2003 to complete the survey and collect pertinent materials.

Primary Findings

This report contains the findings of our surveys of the networks. The following categories were included in the survey: client information, intake and assessment, information and referral, case-management, service provision, discharge, and provider feedback. We also present a case study of a best-practices Family Development Network that is operated by Children's Bureau Referral of Southern California.

Client Information

The ethnicity of the client population reflected the diversity of the City of Los Angeles. Ten networks reported that client families of Latino descent constituted a majority of their total clientele. Generally, European-American and African-American client families represented the next highest proportion of client families, followed by Asian-Americans and Native Americans/Alaskan Natives.

The networks reported diversity in the composition of their client families. Three networks reported that two-parent households represented a majority of their families and three of the networks reported that single-headed households represented the majority of families. Four of the networks reported that extended families in the households represented the majority of the families served.

All FDNs reported that English and Spanish were the primary languages spoken in the home of at least 85% of their client families. Other languages spoken included Armenian, Chinese, Japanese, Korean and Tagalog.

Respondents were asked to identify which special needs populations received services. Active substance abusers, chronically homeless, hearing impaired, mentally ill, non-ambulatory persons, persons living with HIV/AIDS, refugees, and sight impaired were all reported by at least one respondent as populations not served by their FDN.

We were also interested in learning from what other public systems of care families received services. Ten networks reported that some of their family's children were under the jurisdiction of the Los Angeles County Department of Children and Families Services, ranging from 5% to 30% of the children. Out-of-home placements were found in ten networks and ranged from 1% to 30%.

Intake and Assessment

The initial contact, screening, and intake and assessment process varied within the networks. Three networks have trained all of their staff, including support staff, to screen all new clients. Three networks have hired intake staff to accept referrals and to undertake the initial intake and screening. Five networks use case-managers as the lead staff for the intake and assessment process. In all networks, the case-managers or clinical supervisors performed the assessment process.

Four networks reported they provide screening at all of their partner sites. At five FDNs, intake and assessment was provided by more than one partner agency, but not by all of the partner agencies.

All FDNs reported that the criterion for determining whether to enroll a family in case-management were the need for outcome-based services, numerous presenting problems, or case-management being recommended by staff whom conducted the intake. Problems such as academic troubles, child abuse or domestic violence are problems that would put a client "in-crisis" and be an indicator that case-management is needed.

Client information is shared between partners in a variety of ways. The majority of the FDNs reported that a standard referral form and faxes are used. Other networks stated information is brought with clients to appointments and e-mail is utilized to share client information. Providers also noted information sharing by telephone and at regular case-management meetings.

All networks reported that staff who conduct intake and assessment speak English and Spanish. Other languages spoken by intake and assessment staff are Armenian, Farsi, Korean, Cambodian, Chinese, Tagalog, and Vietnamese.

Information and Referral

About half of the networks reported having a formal contractual relationship and/or a memorandum of understanding with non-partner agencies. All FDNs have a master list of community resources.

Case-management

The minimum requirements for case-managers differed by education and previous experience required. Eight networks required a Bachelor's degree and anywhere from 0-5 years experience. Three networks required a high school diploma with two or more year's experience. Nine networks required that their case-manager supervisors have at least a Master's degree and six of these networks required their supervisors be licensed in their respective fields.

A majority of the FDNs reported that their case-managers are trained in all of the core areas generally considered standard for case-management staff. Respondents noted a large number of other training subjects available and often required of their case-managers.

Ten networks reported that case-managers must meet with a client family within seven days of initial intake. All networks reported that case-managers are involved in the development of the individualized service plan and the case-management plan. As a matter of protocol, only one agency always accompanies their clients to their first appointment.

Respondents reported case-management to client ratios from a low of one case-manager for 15 clients to a high of one case-manager for 200 clients. Eight networks reported that a 'client' refers to a family unit. Three networks consider a 'client' to signify each family member.

At all networks, case-managers met with clients on a regular basis, from weekly to monthly. All respondents noted that case-managers met with clients more frequently if certain issues arise such as a crisis situation. Each client family's needs and issues determined the frequency at which a case-manager met with the family. Ten networks reported that their case-managers conducted home visits, however none stated that it is a regular occurrence.

Staff meetings, at all levels, occurred at different intervals for each FDN. All FDNs reported that case-managers from partner agencies conferred on common clients.

The survey offered eight barriers that might preclude an agency from providing services effectively. More than half of the respondents selected clients' lack of transportation, client apathy/distrust, and clients' lack of follow-through on referrals, as barriers to receiving services. Less than half of the respondents stated that a high client to case-manager ratio, extra administrative/reporting requirements, lack of communication between FDNs, and cultural/language barriers, were barriers to providing services.

All networks reported that four of the outlined duties are the case-managers' responsibilities. These duties were encouraging client involvement, making sure the case-management plan is developed, ensuring that paperwork and files are accurate, and determining a process for conflict resolution or mediation. A majority of the networks reported that the five remaining duties are part of the case-managers' responsibilities: organizing and chairing client meetings, ensuring that roles of the case-management team are identified, ensuring that a regular monitoring process is established, ensuring that contact is maintained between the team and external referrals, and ensuring that meeting records are compiled, maintained and distributed.

Ten respondents listed the most effective components of case-management as information and referral services, and counseling/support group services. Four respondents listed the most effective components of case-management as tutoring/education and financial training/budgeting services.

Service Provision

All FDNs provided five of the 37 services commonly provided by human service agencies: individual counseling, Office of Transportation and Safety services, parenting programs, parenting skills training, and youth advocacy. The remaining 32 services are provided by at least one network. All but one FDN that did not provide a particular service refers their clients elsewhere for services.

Ten networks provided advocacy, group/family counseling, health care, support groups, and transportation. Nine networks provided gang intervention/prevention, life skills, and recreational activities. Eight networks provided after-school programs, computer/internet access, conflict resolution training, domestic violence counseling, immigration/citizenship services, teen pregnancy/parenting services, and tutoring. Seven networks provided financial management and budgeting, housing services/advocacy, legal services, and mental health services.

Six networks provided educational/vocational training, ESL classes, food bank distribution, and substance abuse prevention/intervention. Five networks provided employment assistance and training, Individualized Development Accounts, and legal education. Four networks provided child care, community improvement projects, and homeless services. Three networks provided mentoring and substance abuse treatment. One network provided rental/mortgage assistance.

The service that received the highest ranking as most vital to clients was individual counseling. The next highest scoring services were parenting services, immigration services, health care, and parenting skills training.

When asked what were the most important services that were referred out the respondents identified, in rank order: employment assistance, homeless services, housing services, mental health services, and food bank services.

The service that received the highest score among the services the respondents would add, expand or improve if funding were available, is mental health services. The next highest scoring services selected were individual counseling, housing services, child care and health care.

Discharge/Exit Planning

A majority of networks stated that discharge occurs when the client makes the decision to exit, when the client has attained safe, stable or thriving status on the Family Development Matrices, and/or when the client has completed all of the case-management plan goals.

All networks reported they have an open-door policy in which a client may return for services and have his/her file re-opened. In all cases but one, follow-up on discharged clients is client driven, not agency driven.

Six networks reported that they have a formal mechanism to incorporate client feedback. Customer satisfaction surveys, written or verbal evaluations by clients, an exit-interview questionnaire, and evaluation forms for workshops and presenters were the most common methods for obtaining feedback. Ten networks reported that evaluation is done formally on a monthly to annual basis.

There were several suggestions on how to improve the program, including better City communications with the agencies, lower case-manager to client ratios, and additional funding.

Recommendations

The goal of this report, as prescribed by the Community Development Department, was in part to aid in the standardization of the case-management component. While a completely standard case-management component would be difficult to achieve across such a large and diverse community as the City of Los Angeles represents, Shelter Partnership makes the following recommendations to improve both the efficiency and effectiveness of the network.

Client Information

- The City develop a master list of agencies that have staff that speak languages other than English and Spanish, so that when a situation arises, the networks can identify persons with relevant language fluency.

- All FDNs should provide services to all special needs populations identified in the study.

- A memorandum of understanding should be developed with public agencies so that clients are receiving adequate and unduplicated services.

Intake and Assessment

- All partner agencies' staff should be trained to conduct the initial screening. If funding and staff availability is adequate, assessment should be performed at all sites.
- The City should explore the feasibility of developing a computer file-sharing program accessible by any partner agency within a network to make information sharing more efficient and to ensure that all issues and needs are met. Issues of confidentiality will need to be explored in more detail.
- All networks should capture all twenty-six (26) information characteristics commonly found on human service agency intake and assessment forms.

Information and Referral

- All FDNs should keep a regularly updated master list of non-partner agencies that are commonly referred to for services at each partner location.

Case-management

- Case-managers should have a minimum of a Bachelor's degree and one year of relevant experience.
- Case-manager supervisors should be required to have a Master's degree and be licensed with a minimum of two years supervising experience.
- The FDNs should provide ongoing training to their case-managers on a variety of subjects to ensure that their staff remains abreast of common issues and areas of concern. Furthermore, there may be some cost savings if some of the trainings were made available to all staff at all FDNs.
- Case-managers should be required to meet with each client family at least twice a month.
- While it is not feasible to determine an exact case-management ratio of staff to clients, we suggest that in no case should it exceed one case-manager for every thirty-five (35) families.
- The various networks should host, on a rotating basis, the quarterly FDN meetings at their sites to improve communication and relationship building.
- All case-managers should be responsible for carrying out the standard case-management duties. We recommend that any subsequent Request for Proposals issued by the City include these nine duties in the job description for case-managers.
- The City should provide sufficient funding for bus tokens for client families to attend referral appointments. Additionally it may be worthwhile for the City to investigate installing TRANSTAR, an automated transit trip planning system owned by the Southern California

Associations of Governments, into the FDNs' computer files so that accurate transportation assistance can be given to client families.

- Case-management should focus service provision on information and referral services, and counseling/support group services. In addition, the process should be client inclusive so that families are able to help determine their own outcomes.

Service Provision

- All networks should be required to provide individual counseling, parenting services, immigration services, health care, and parenting skills training to their client families.

- Child care, health care, homelessness, housing, mental health, and food services are services that should be made a priority by networks not yet providing them to their client families.

- The City should explore the possibility of identifying funds to address the expressed need for more mental health services by the FDN providers in the form of Master's level case-managers and/or partner agencies specializing in providing mental health services.

Discharge

- For the first year after discharge, follow-up contact should occur with all clients at least twice a year.

- A standard client-satisfaction survey should be developed to ensure that the services being provided are being done so in a manner that is effective and efficient while respecting the needs of the client families.

Integrated Services Information System (ISIS)

- The City should conduct an evaluation of ISIS to determine if it is securing useful information and address programming problems.

Communication

- If case-management is to be standardized for such an expansive area with numerous consortia, a regular, concise message needs to be communicated to the providers. The City should communicate to the FDNs in writing, through the use of regular bulletins. The content of the bulletins could include, budget/funding issues, monitors' notes, policy issues and changes, and/or standards and protocol.

II. INTRODUCTION

In May 1998, a 20-member Special Advisory Task Force on Human Services, jointly appointed by the Mayor and City Council, began meeting to explore and develop recommendations for improving effectiveness and efficiency in the delivery and performance of human services programs. The Special Advisory Task Force examined the broad context of human services and funding for such services in the greater Los Angeles area.

In fall 1998, the Task Force recommended primary goals for the City's Human Services Delivery System of strengthening families and enhancing self-sufficiency, and the use of available funds to support a continuum of family-focused, community-based services. Toward that end, the City mandated that the new delivery system emphasize the Family Development model of providing comprehensive, integrated human services.

The goals and outcomes that the City envisioned for the Family Development Network (FDN) program were to move participants from poverty to self-sufficiency; provide an integrated, citywide system of information and referral; promote family self-sufficiency through a citywide network of agency consortia; and to create a system for the seamless provision of services that promote individual and family self-sufficiency.

In July 1999, the City of Los Angeles Community Development Department (CDD) issued a Request for Proposals to community-based organizations and other entities that provided human services to develop consortia that would provide integrated human services to the families of Los Angeles. Annual funding for the networks was $800,000 for each network in Community Improvement and Planning Areas (CIPA) 1-4 and $700,000 for those networks in CIPAs 5 and 6 for a total of $8.5 million. The funds were awarded to eleven FDNs in January 2000. A listing of the networks and their partners can be found in Appendix A.

In fall 2002, CDD commissioned Shelter Partnership to conduct a study of the City's funded FDNs. The focus of the study is on the case-management component of the FDNs, comparing and contrasting the programs and identifying the best practices in operation. A major purpose of the study is to gain an understanding of the system in order to make recommendations on possible standardization procedures to further the goals of efficient and effective service delivery. While the FDNs also offer safety-net and youth advocacy (YAP) services, these services were not examined in the study.

With the goals and vision of the Task Force in mind, Shelter Partnership developed a questionnaire designed to cover the basic features of each FDN and the different stages of interaction that case-managers generally have with their client families. These stages include intake and assessment, information and referral, case-management practices, service provision and discharge.

III. CREATION OF FAMILY DEVELOPMENT NETWORKS

The Family Development Network (FDN) is centered on an innovative approach to service delivery that came about as social service providers realized that the needs of their individual clients required much broader attention than they were able to provide. Specifically, more agencies were finding that individual problems affect other family members and the stability and quality of family relationships by influencing relationships in the family microsystem.[1] This finding was expanded to address the growing theory that individual problems could often be traced back to family issues.

Families with multiple problems need comprehensive, coordinated and intensive assistance that is not available in a service delivery system that is made up of autonomous, narrowly defined programs. They need integrated and sustained interventions delivered by professionals who recognize and are able to respond to a family's multiple problems and needs.[2]

Within the health, education, social services, justice, recreation and other service sectors, there is a need to change structures, procedures, mandates and the culture itself so that services provided are coordinated, integrated and responsive to the changing needs of a typical community. Interagency collaboration provides an opportunity for human service providers to introduce the necessary changes that will meet this goal.[3] Organizations use interagency collaboration as the means to satisfy the changing paradigm of human service delivery.

Community-based collaboratives can pool their resources in such a way that maximizes their resources and minimizes the redundant tasks that take away from the valuable time that case-managers have to spend with their clients. Through interagency collaboration, different agencies work together to identify strengths and eliminate gaps between their respective services and to provide a comprehensive, responsive and integrated range of services and supports to shared clients. Unnecessary duplication is identified and eliminated, and resources are shifted and reallocated to meet needs identified for the service system.[4]

As agencies began to collaborate on service provision, integrated case-management evolved as the primary form of delivering those services to families. This style of case-management addresses all areas of influence of a family's life in the community in a comprehensive approach toward meeting their goals. The literature calls these influences the "Circle of Support." The Circle of Support is: social/cultural/regional/spiritual influences, a place to live, health, justice supports, meaningful work, financial, education, community, and family influences (see Figure 1).

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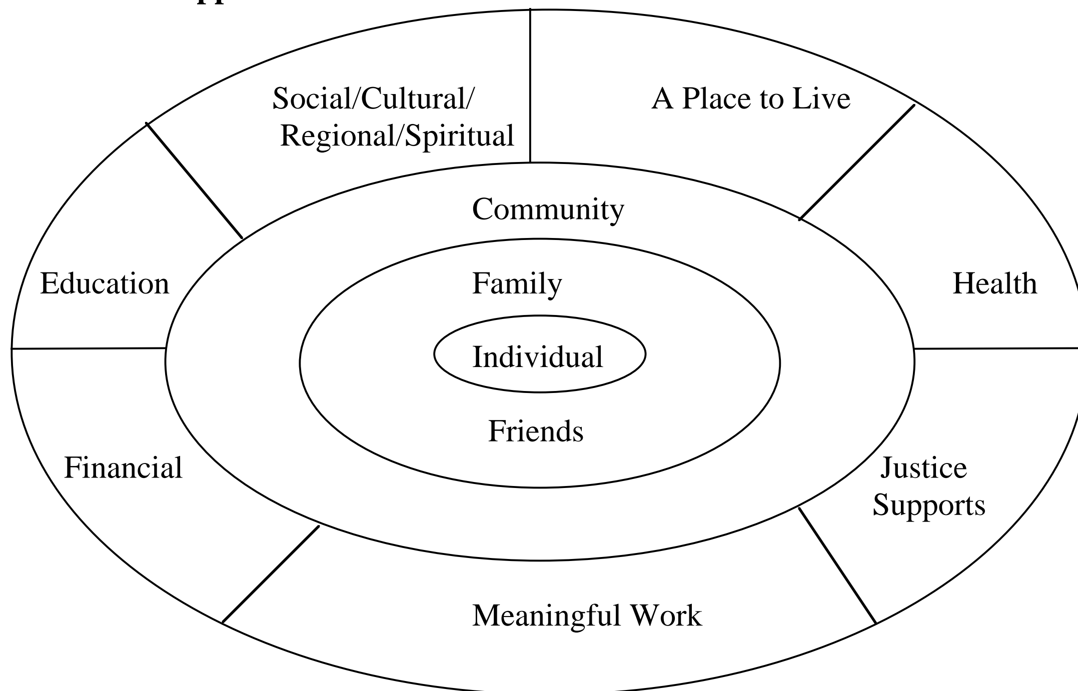
[1] Voydanoff, P. "A Family Perspective on Services Integration." Family Relations, January 1995, v44, p 64.
[2] Voyandoff, 1995. p 63 from: National Commission on Children. (1991). Beyond Rhetoric: A New American Agenda for Children and Families (Publication No. 91-22834). Washington, D.C.: U.S. Government Printing Office.
[3] Saskatchewan Human Services (Feb. 2000) Working With Communities. p 16.
[4] Saskatchewan Human Services (Feb. 2000). p 17

Figure 1. Circle of Support[5]



Using these areas as a foundation for helping client families, case-management practices can best serve as an integrated system that allows client families access to a much wider variety of services. Case-managers consider these areas when developing their assessments.[6] The goal of the integrated case-management process is to provide responsive, holistic and effective human services that contribute to the well being of people with complex needs.[7]

The literature reports widely varying results on most of the aspects of case-management that this report analyzed. While many authors center on four activities: assessment, plan development, identification and access of services and monitoring,[8] many researchers add other activities, such as outreach, advocacy, and disengagement.[9] The tasks that case-managers complete on a day-to-day basis are also quite different. This is attributable to the fact that they often incorporate both the case/client level (e.g., needs assessment, development of a service plan, individualization of services, and client motivation) and the administrative/management level (e.g., eligibility determination, linkage and coordination, and administrative support).[10] Table 1 shows how, in a comparison of five studies, the tasks on which case-managers allocate their time is inconsistent.

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[5] Saskatchewan Human Services (Oct. 1998) Integrated Case-management. p 6.
[6] Saskatchewan Human Services (Oct. 1998). p 21.
[7] Saskatchewan Human Services (Oct. 1998). p 7.
[8] Marks, E.L. (1994). Case-management in Service Integration: A Concept Paper. National Center for Children in Poverty. p 11.
[9] Marks, E.L. (1994). p 11 from: Bailey, Jr., D.B. (1989). "Case-management in early intervention." *Journal of Early Intervention*. 13 (2), p 120-134.
[10] Voyandoff, 1995. p 67 from: Ooms, T. et al. (1992) Service Integration and Coordination at the Family/client Level. Part three: Is case-management the answer? Washington, D.C.: Family Impact Seminar.

Table 1. Time Allocations of Case-managers (In Percentages)[11]

Study	Assess -met	Develop- ing Plans	Identifying & Accessing Services	Monitor- ing	Counseling/ Other Direct Services	Administra -tion	Other
APWA, 1992	[a]	[a]	11	[a]		48	6 [b]
Brindis et al., 1987			37		63		
Franklin et al., 1987			39		51		10
MacEachron et al., 1986 [c]	4	22	12	21	22	15	4
Marenko and Smith, 1992			20		65	15	

[a] Case-managers spend 37% of their time on client contact, which presumably includes assessment, plan development, and monitoring.

[b] Percentages do not add up to 100 in the report.

[c] This article presents data on different types of program participants. The numbers in the table are for all types of clients.

Substantial amounts of time are devoted to activities other than the core functions, especially in areas of counseling and other direct service provision. This is particularly interesting given the emphasis that research literature places on case-management functions rather than direct service provision.[12]

Similar differences are evident when studying the qualifications a case-manager should possess. Projects use case-managers with various levels of academic training, from individuals who hold Master's degrees to people hired from the community who have no post-secondary education. Case-managers' previous work experience ranges from that of homemaker to medical professional.[13]

Case-management is both a broad concept, setting out system goals and functions, and service delivery method or process.[14] It is very difficult to determine a standard for case-management practices in regard to the responsibility and accountability of case-managers. The development of this study was centered on the concept that there is no one definition of a case-manager. Case-management is a highly fluid practice that forms and reforms on a daily basis as client families enter and leave the system and as crises arise and diffuse.

[11] Marks, E.L. (1994). p. 20.
[12] Marks, E.L. (1994). p 20.
[13] Marks, E.L. (1994). p 22.
[14] Voyandoff. (1995). p 66.

IV. METHODOLOGY

In preparation for the development of the survey tool and interviews, Shelter Partnership reviewed the original Request for Proposals issued by the City of Los Angeles in 1999 and the applications of each of the eleven selected Family Development Networks (FDNs). Particular consideration was given to the workplan, services provided, case-management, and intake and assessment. Shelter Partnership staff also reviewed the outcome reports of the FDNs in order to gain an understanding of the FDN program and the consortia as a whole.

In order to accumulate specific information about the program, the Community Development Department (CDD) scheduled two meetings at its offices where Shelter Partnership staff was able to ask more in-depth questions about the program.

The first meeting was held on December 10, 2002 and attended by staff of Shelter Partnership, CDD, and five of the FDNs. The meeting's agenda included an overview of the study's goals and objectives, and the expectations of the CDD. Specific areas of interest that were addressed included the demographics of the client population, service models, safety-net services vs. outcome-based services, reporting characteristics, the Integrated Services Information System (ISIS) matrices, funding proportions, case-management issues (e.g., staff turnover, caseloads, systems of care), and unanticipated issues that have arisen.

A second meeting was held on December 19, 2002 and attended by Shelter Partnership staff and CDD monitors for nine of the eleven FDNs. The goal of the meeting was to learn more about the performance of the networks from the perspective of the City staff. The monitors provided information about how the FDNs reported on clients and problems experienced in the FDNs, including a more detailed discussion of the City's reporting system, ISIS. Specifically, monitors addressed problems with caseload numbers, cooperation among networks partners, leadership, and lack of flexibility regarding client focus and budget issues.

Based on the application review and the two meetings, Shelter Partnership designed a survey instrument to better understand the case-management component of the FDN program. Due to time constraints, the survey was not pre-tested, however, two seasoned social service agency directors reviewed the survey instrument and provided input. The survey instrument was submitted to CDD for review and was subsequently approved for implementation (see Appendix B).

Each of the lead agencies scheduled a meeting time to be interviewed. At least one week before the scheduled interview, the survey instrument was sent to the lead agencies of each FDN for their review and preparation. Representatives from Shelter Partnership met with staff from each lead agency from January 22 through February 6, 2003 to complete the survey and collect pertinent materials.

The survey was divided into eight sections: 1) FDN information (partners and contact information), 2) client information (demographic data of the population served), 3) intake and assessment, 4) information and referral, 5) case-management, 6) service provision, 7) discharge/exit planning, and 8) provider feedback.

All responses to the survey were based on the experiences and opinions of the lead agency staff in attendance at the interview or other FDN staff who had been given a copy of the survey prior to the interview. Shelter Partnership did not conduct any further research with other network partners to verify the information reported by the lead agencies' staff. However, Shelter Partnership did make follow-up telephone calls to the lead agencies to further clarify responses and to secure any missing information or forms.

The FDNs will be referred to by the lead agency's name for purposes of this study. For example, the "Nuestro Comunidad Colectiva" FDN will be referred to as El Centro de Ayuda.

The eleven FDNs are 1736 Family Crisis Center, Career Planning Center, Children's Bureau of Southern California, Children's Collective, El Centro de Ayuda, El Centro del Pueblo, Los Angeles Mission College, Neighborhood Legal Services, New Economics for Women, Toberman Settlement House, and Watts Labor Community Action Committee. For a complete listing of FDNs, their partner agencies, and Community Improvement and Planning Areas, please see Appendix A.

The CDD requested that Shelter Partnership identify a best practices approach for the eleven FDNs. CDD staff indicated three FDNs that provided the most comprehensive, efficient services to their client families. Based on CDD's recommendations, the field interviews conducted for this study, and a review of the ISIS matrix outcome results, Shelter Partnership conducted a case study on the Children's Bureau FDN as a best practices approach for the FDN program (see Appendix C).

V. FAMILY DEVELOPMENT NETWORK PROGRAM

A. Intake and Assessment

The intake and assessment section of the study presents information about the networks' processes of how they determine eligibility and needs of their clients. The initial screening and client assessment processes of the FDNs consists of the first contact that a client has with a partner agency and an evaluation of the issues and needs of the primary client and his/her family. Among the networks, the initial contact is usually used by the agency to obtain general information, including contact information; the reason why the client is seeking service(s), or is being referred; and the family's eligibility for services. Eligible clients are then assessed by network staff using more in-depth assessment forms that gather a wider range of information, providing the case-manager with a detailed description of the client family and the issues that need to be addressed.

B. Information and Referral

The information and referral section focuses on the networks' methods of referring clients to partner agencies and how they monitored those referrals. In addition, this section sought to discover how each network stayed apprised on the services of non-network agencies, discern whether there is a standard list of such agencies, and investigate how the staff stays knowledgeable about the services that the agencies offered.

C. Case-management

The case-management section is designed to gather information about the case-managers, their supervisors, and the degree and frequency of their contact with clients. Case-management is a very complex process that no two networks approach in exactly the same manner. In general, once a client is deemed eligible for services and has been assessed and determined to be a candidate for case-management, the family develops a service plan and case-management plan with the case-manager. The case-manager then makes the appropriate referral(s) to a partner agency or agencies for any family member(s) that need help with a particular issue. Case-managers generally meet on a regular basis to discuss their clients and case-management practices.

D. Service Provision

The service provision section is closely related to the case-management section. It is meant to indicate the services that each FDN provided. It should be noted that for purposes of this study, agency services not funded by the City were not considered as being 'provided' by a particular network. This section also examines the lead agencies' opinions on which services (provided or referred) are most vital to their client population, and which services they would choose to add, expand or improve for their network, if funding were available.

E. Discharge/Exit Planning

The final section of the survey concentrates on discharge (termination) procedures of the networks. Each network had its own criteria for discharging a client family. The survey aims to discover what parameters the networks used for discharging clients, how long case-managers stayed in contact with client families post-discharge, and what services were available, if any, to discharged client families.

F. Integrated Services and Information System

The City's Integrated Services Information System (ISIS) is an electronic reporting system that is used by the FDNs. Other human service, economic development and gang diversion programs funded by the City of Los Angeles Community Development Department also use it.[15]

ISIS tracks a variety of areas while assuring the confidentiality and privacy of its clients' records. The City requires each FDN to enter and update client information on a monthly basis (by the fifth calendar day). Agencies are also required to submit a paper-based Monthly Narrative Report.

There are three areas of this system that affect the case-management component of the FDN program: client eligibility determination, other client information, and the outcome-based services reporting guide.

1. Client Eligibility Determination

This section ensures that all clients that are served are City's residents and meet income requirements. The residency requirement must be satisfied with a current, dated document showing the participant's name and address. The income requirement is met when the total family income does not exceed federal "Low, Very Low, or Poverty Income Guidelines." For purposes of determining eligibility, a family can be an individual person, or a group of two or more persons related by birth, marriage, or adoption that live together. To determine income eligibility, a participant must present a source document (e.g., paycheck stub) to determine annual sources of income for all family members, whether seeking services or not.

Some situations occur when a participant is not able to provide residency or income documentation. If such a situation occurs, agencies are permitted to allow that participant to self-certify their eligibility for FDN services. These cases must be noted on ISIS as being "Self-Certification" participants, and FDNs are allowed to accept no more than10% of their client families as "Self-certified."

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[15] CDD (2001) Neighborhood Action Program (NAP) and Family Development Network (FDN) Program Reporting Requirements: Using the ISIS System. p 1.

2. Other Client Information

The City requires its contractors to collect and verify other client information to be entered in ISIS. This information is collected from the person receiving services, and parents must sign the intake form if a child is receiving services. Demographic information required to be entered are the client's name, address, Community Improvement and Planning Area (CIPA), City of Los Angeles Council District, date of birth, and gender. Other information such as phone number(s), type of family, education level, ethnicity, housing, and other pertinent demographics are not required.

Each family and family member is subsequently given an alpha/numeric code to ensure confidentiality and privacy.

3. Outcome-based Services Reporting Guide

The City requires that all clients enrolled in an FDN be assessed using the Family Development Matrix that consists of nine outcome categories that the FDNs have to choose from to assess their clients. They are Adult Education and Development, Employment, Family Relations and Parenting, Food and Nutrition, Health, Income and Budget, Shelter, Social and Emotional Health and Competence, and Youth Education and Development. Each category consists of five benchmarks used to show the client's level within the category. The benchmarks are: in-crisis, vulnerable, stable, safe, and thriving. Each benchmark has three to six outcome indicators used to determine their clients' level of self-sufficiency. Please see the forms included in Appendix C for examples of the Family Development Matrices.

Each FDN chooses the outcome categories it will use to assess its clients. Clients are immediately assessed for each category upon enrollment. After an intervention with a client has taken place, the case-manager must reassess the client to determine if he/she has changed benchmarks. Whenever a client moves from one benchmark to another, it must be entered in ISIS.

The FDNs all chose between two and five outcome categories to use when assessing their clients. Eight networks chose Family Relations and Parenting. Six networks chose Youth Education and Development. Five networks chose Social and Emotional Health and Competence. Two networks chose Income and Budget. Adult Education and Development, Employment, Food and Nutrition, and Health were each chosen by one network. For a complete breakdown of each network's outcome categories, see Table 2.

Table 2. FDN Outcome Categories

FDN	Outcome Categories				
1736 Family Crisis Center	Family Relations and Parenting	Social Emotional Health and Competence			
Career Planning Center	Adult Education and Development	Family Relations and Parenting	Youth Education and Development		
Children's Bureau	Family Relations and Parenting	Social and Emotional Health and Competence	Youth Education and Development		
Children's Collective	Employment	Family Relations and Parenting	Food and Nutrition	Income and Budget	Youth Education and Development
El Centro de Ayuda	Family Relations and Parenting	Social and Emotional Health and Competence	Youth Education and Development		
El Centro del Pueblo	Family Relations and Parenting	Youth Education and Development			
Los Angeles Mission College	Family Relations and Parenting	Social and Emotional Health and Competence			
Neighborhood Legal Services	Family Relations and Parenting	Social and Emotional Health and Competence	Youth Education and Development		
New Economics for Women	Employment	Income and Budget			
Toberman Settlement House	Family Relations and Parenting	Youth Education and Development			
Watts Labor Community Action Committee	Health	Social and Emotional Health and Competence			

VI. DATA ANALYSIS

A. Client Information

1. Ethnicity

The ethnicity of the FDNs' client populations reflected the diversity in the City of Los Angeles.

Ten networks reported that client families of Latino decent constituted the majority of their clientele. They ranged from 52% at Career Planning Center to 98% at both Los Angeles Mission College and Toberman Settlement House (b)[16]. Watts Labor Community Action Committee reported that 30% of the client families are Latino. The majority, 67%, of their client families were African-American.

African-American clients constituted a wide range among the FDNs' client populations. Other than Watts Labor Community Action Committee, the FDNs reporting the highest proportion of African-American families were: 1736 Family Crisis Center and Career Planning Center, both at 18% of their families, and Children's Collective at 39%.

Percentages of European-American client families were varied as well. The following FDNs reported that European-Americans constituted nearly 20% or more of their population: Career Planning Center and Neighborhood Legal Services, both at 25%; followed by Children's Bureau at 19.6%. The lowest percentage among the networks that reported European-American client families were less than 1% (Children's Collective). Three networks, Los Angeles Mission College, Toberman Settlement House (b) and Watts Labor Community Action Committee reported that none of their families were European-American.

Asian/Pacific Islanders comprised a smaller portion of the client families. There were only three networks that reported that Asian/Pacific Islanders represented a significant proportion of their clients. El Centro del Pueblo reported that 17% of their families were Asian/Pacific Islanders, Neighborhood Legal Services reported 13%, and Children's Bureau reported 7.1%.

Only six networks reported that they served any families that were Native American/Alaskan Native, and in no cases were more than 2% of the clientele in any network of this ethnic group (see Table 3).

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[16] Toberman Settlement House has case-managers at two different partner agencies that were present for the interview. Each reported different numbers describing their client populations. For purposes of this study, the two responses will be labeled Toberman Settlement House (a) and Toberman Settlement House (b). The differences between the two responses only appeared in the Client Information section.

Table 3. Client Families' Ethnicity

FDN	African-American	Asian/ Pacific Islander	European-American	Latino	Native American/ Alaskan Native	Other
1736 Family Crisis Center	18%	1%	3%	76%	1%	1%
Career Planning Center	18%	2%	25%	52%	2%	1%
Children's Bureau	14.1%	7.1%	19.6%	56.5%	0%	2.7%
Children's Collective	39%	0%	<1%	60%	0%	0%
El Centro de Ayuda	5%	5%	8%	80%	2%	0%
El Centro del Pueblo	1%	17%	2%	80%	0%	0%
LA Mission College	2%	0%	0%	98%	0%	0%
Neighborhood Legal Services	2%	13%	25%	60%	0%	0%
New Economics for Women	0.5%	0.5%	1%	97%	1%	0%
Toberman Settlement House (a)*	5%	<1%	7%	85%	1%	1%
Toberman Settlement House (b)*	0%	2%	0%	98%	0%	0%
Watts Labor Community Action Committee	67%	0%	0%	30%	1%	2%

* See footnote 16

2. Family Composition

The family composition served by the networks is also quite varied as reported in Table 4. The average family size reported by the networks ranged from three to six persons.

Two parent households ranged from a high of 80% at Los Angeles Mission College, to a low of 14% at Career Planning Center. Only two other networks, El Centro del Pueblo (60%), and Neighborhood Legal Services (a)[17] (55%), reported that more than half of their clients lived in households comprised of two parents.

Single-headed mother or father households represented the majority of households in three networks: Toberman Settlement House (b) (72%); 1736 Family Crisis Center (67%); and Children's Bureau (66.2%).

Five networks reported that a significant proportion of their family households consisted of a single parent and another adult (non-parent). Watts Labor Community Action Committee reported that 45% of their families lived in this arrangement, Neighborhood Legal Services (a) and (b) reported 30% and 20%, respectively, of all households, Career Planning Center reported 21%, and Children's Collective reported that 15% of all households had non-parents present.

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[17] Neighborhood Legal Services had case-managers at two different partner agencies complete the Client Information section of the survey. Each reported different numbers describing their particular client populations. For purposes of this study, the two responses will be labeled Neighborhood Legal Services (a) and Neighborhood Legal Services(b). The differences between the two responses only appeared in the Client Information section.

Extended families in the households represented more than half of all households at the following four networks: Toberman Settlement House (b) with 80% of all households; El Centro de Ayuda and El Centro del Pueblo at 70% each, and Neighborhood Legal Services (a) at 50% of all households.

Grandparent-headed households accounted for 10% of all households at Watts Labor Community Action Committee and 5% each of all households at Children's Bureau, Children's Collective, and Toberman Settlement House (a). These households were fairly negligible at other FDNs.

Table 4. Head of Household

FDN	Two parents	Single Mother	Single Father	Single Parent and Other Adult(s)	Grand-parent Headed	Extended Family in Home
1736 Family Crisis Center	16%	65%	2%	<3%	<3%	<3%
Career Planning Center	14%	38%	<1%	21%	<1%	<1%
Children's Bureau	32.6%	45.6%	20.6%	1.0%	0.0%	0.0%
Children's Collective	46%	27%	5%	15%	5%	20%
El Centro de Ayuda	45%	40%	5%	5%	5%	0%
El Centro del Pueblo	60%	0%	1%	0%	<1%	70%
LA Mission College	80%	15%	5%	0%	0%	70%
Neighborhood Legal Services (a)*	55%	30%	15%	30%	0%	50%
Neighborhood Legal Services (b)*	20%	30%	2%	20%	2%	0%
New Economics for Women	41%	31%	1.8%	0%	0%	0%
Toberman Settlement House (a)**	45%	30%	10%	5%	5%	25%
Toberman Settlement House (b)**	20%	70%	2%	0%	2%	80%
Watts Labor Community Action Committee	27%	43%	2%	45%	10%	30%

* See footnote 17
** See footnote 16

3. Primary Language Spoken in the Home

Ten networks tracked the primary languages spoken in the home. All ten networks reported that at least 85% of client families spoke either English or Spanish. 1736 Family Crisis Center does not track client families' primary languages but reported that the primary languages spoken were English and Spanish. Table 5 presents the languages that FDNs reported that their client families spoke at home.

Table 5. Languages Spoken in the Home

FDN	Armen-ian	Chin-ese	English	Japanese	Korean	Spanish	Tagalog	Other
1736 Family Crisis Center			X (Do not track)			X (Do not track)		
Career Planning Center			50%			50%		
Children's Bureau			33.7%		7.1%	56.5%		2.7%
Children's Collective			45%			55%		
El Centro de Ayuda		2%	45%	2%	2%	45%	2%	
El Centro del Pueblo	1%	7%	10%			75%	7%	
LA Mission College			2%			98%		
Neighborhood Legal Services			40%			60%		
New Economics for Women			4%			96%		
Toberman Settlement House (a)*			85%			15%		
Toberman Settlement House (b)*			40%			60%		
Watts Labor Community Action Committee			59%			41%		

* See footnote 16

4. Special Needs Populations Served

Respondents were asked to identify which special needs populations received services. Developmentally disabled persons, large families, monolingual persons, pregnant women, recovering substance abusers, seniors, and women with infants were reported by all networks as populations that their FDN served.

Active substance abusers, chronically homeless, hearing impaired, mentally ill, non-ambulatory persons, persons living with HIV/AIDS, refugees, and sight impaired were all reported by at least one network as populations their FDN did <u>not serve</u> Table 6 shows the populations served by each network.

All respondents whose FDN does not serve a particular population noted a lack of adequate resources as the reason for their inability to serve these populations

Table 6. Special Needs Populations Served

Population	FDN										
	1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**
Active substance abusers	X	X		X	X	X	X	X	X	X	X
Chronically homeless	X	X		X	X	X		X	X	X	X
Developmentally Disabled	X	X	X	X	X	X	X	X	X	X	X
Hearing impaired	X	X	X	X			X	X	X	X	X
Large families	X	X	X	X	X	X	X	X	X	X	X
Mentally ill	X	X		X	X	X	X	X	X	X	X
Monolingual	X	X	X	X	X	X	X	X	X	X	X
Non-ambulatory	X	X	X	X		X	X	X	X	X	X
People Living With HIV/AIDS	X	X	X	X	X	X		X	X	X	X
Pregnant women (1st Trimester)	X	X	X	X	X	X	X	X	X	X	X
Pregnant women (2nd Trimester)	X	X	X	X	X	X	X	X	X	X	X
Pregnant women (3rd Trimester)	X	X	X	X	X	X	X	X	X	X	X
Recovering substance abusers	X	X	X	X	X	X	X	X	X	X	X
Refugees	X	X	X	X	X	X		X	X	X	
Seniors	X	X	X	X	X	X	X	X	X	X	X
Sight impaired	X	X	X			X		X	X	X	X
Women w/infants	X	X	X	X	X	X	X	X	X	X	X

1= 1736 Family Crisis Center
2= Career Planning Center
3= Children's Bureau
4= Children's Collective
5= El Centro de Ayuda
6= El Centro del Pueblo
7= Los Angeles Mission College
8= Neighborhood Legal Services
9= New Economics for Women
10= Toberman Settlement House
11= Watts Labor Community Action Committee

5. Children In Home and In Placement

We were interested in knowing whether the children of the families served were under the jurisdiction of the Los Angeles County Department of Family and Children Services (DCFS) due to potential abuse or neglect or had been removed from their family's home.

Ten networks reported that some of the family's children were under the jurisdiction of DCFS with the proportion ranging from a low of 5% at 1736 Family Crisis Center and Children's Bureau to a high of 30% to 35% at Children's Collective. Los Angeles Mission College was the only FDN that reported that none of the children were under DCFS jurisdiction.

Families with children in out-of-home placement were found in ten of the networks, ranging from a low of 1% at Neighborhood Legal Services to a high of 30% at El Centro del Pueblo. New Economics for Women reported that none of their families had children in out-of-home

placement. Table 7 shows the percentage of children at each FDN under the jurisdiction of DCFS or in an out-of-home placement.

Table 7. Children Under the Jurisdiction of DCFS or in Out of Home Placement

FDN	Children At Home, but Under DCFS Jurisdiction	Children Placed In An Out of Home Placement
1736 Family Crisis Center	5%	3%
Career Planning Center	20%	11-12%
Children's Bureau	5%	10-15%
Children's Collective	30-35%	10%
El Centro de Ayuda	20%	5%
El Centro del Pueblo	30%	30%
LA Mission College	0%	0%
Neighborhood Legal Services	10%	1%
New Economics for Women	11%	0%
Toberman Settlement House	20-25%	15%
Watts Labor Community Action Committee	6%	4%

6. Services Families Received from Public Agencies

We were also interested in from what other public systems of care that the families received services.

Respondents reported that the range of client families that the DCFS provided services to overall ranged from a low of 5% at Los Angeles Mission College to a high of 40% at Children's Collective. The majority of networks – Career Planning Center, Children's Collective, El Centro de Ayuda, El Centro del Pueblo, New Economics for Women and Toberman Settlement House – reported that DCFS provided services to 20-35% of their client families.

Five FDNs reported that at least 10% of their clients received services from the Los Angeles County Department of Mental Health (DMH). These networks were 1736 Family Crisis Center, Children's Bureau, Children's Collective, El Centro de Ayuda, and El Centro del Pueblo.

All networks had families that received services from the Los Angeles County Department of Public Social Services (DPSS). In the majority of the networks, families receiving services from DPSS comprised the majority of their client families. These included Neighborhood Legal Services with 50% of all families receiving services; Children's Collective 60%; Children's Bureau, 60-70%; New Economics for Women, 70%; and 1736 Family Crisis Center, 95%.

Regional Centers, the state agency that provides comprehensive services to individuals with developmental disabilities serves some of the FDNs' client families. While making up a small percentage across all FDNs, it is worth noting that 20% of all clients at El Centro de Ayuda did receive services from the Regional Centers.

Respondents noted other public agencies that provide services to their families. Among the agencies are the Los Angeles County Department of Aging, Los Angeles County Probation Department, U. S. Social Security Administration and U.S. Department of Immigration (see Table 8).

Table 8. Families Receiving Services from Public Agencies

FDN	DCFS	DMH	DPSS	Regional Center	Other
1736 Family Crisis Center	8%	12%	95%	2%	
Career Planning Center	20%	0%	20%	0%	
Children's Bureau	20%	10%	60-70%	1%	
Children's Collective	40%	10%	60%	5%	Dept. of Aging (<1%)
El Centro de Ayuda	20%	10%	30%	20%	Probation (15%)
El Centro del Pueblo	38%	10%	25%	0%	Probation (5%)
LA Mission College	5%	0%	5%	2%	
Neighborhood Legal Services	5-10%	0%	50%	2%	SSI (25%); Immigration (35-40%)
New Economics for Women	25%	5%	70%	0%	
Toberman Settlement House	25-30%	2%	85%	<1%	SSI (10%)
Watts Labor Community Action Committee	6%	0%	38%	0%	SSI (10%)

In the case of all FDNs, it was the common practice for the case-manager to confer with the client family's public agency case-manager.

B. Intake and Assessment

1. Eligibility Guidelines

The City targeted low-income City residents to receive FDN services. All FDNs reported that they use these guidelines in determining eligibility for clients receiving their services.

2. Who Performed Intake

The initial contact, screening, intake and assessment process varied within the networks. Three networks have trained all of their staff, including support staff, to screen all new clients. These three agencies are El Centro de Ayuda, El Centro del Pueblo and Watts Labor Community Action Committee.

Three other networks have hired intake staff to accept referrals and to undertake the initial intake and screening. These agencies are 1736 Family Crisis Center, Children's Bureau, and New Economics for Women.

The remaining five networks – Career Planning Center, Children's Bureau, Children's Collective, Los Angeles Mission College and Neighborhood Legal Services – used case-managers as the lead staff to undertake the intake and assessment process.

In all networks, the case-managers or clinical supervisors undertook the assessment process.

The assessments tools used by each network varied in style and content. Assessments ranged from short, closed-ended questionnaires, to long, open-ended questionnaires. The information that each FDN's intake and assessment forms collected is discussed below.

3. Determination for Case-management

Case-management is not offered to all clients that seek services from the FDNs. Rather, safety-net services were offered to families whose need is related to a single, emergency issue that needs no further follow-up. For instance, someone may be in need of groceries because their income is too low to purchase sufficient food for their family. In this case, the family would be referred to an appropriate food pantry in the community. The FDNs also tracked the number of safety-net services offered to families.

We were interested in discerning how it was determined if a family was in need of case-management services. All networks reported that case-management is determined by the need for outcome-based services, the presence of numerous presenting problems, or at the recommendation of the staff who conducted the intake process.

Six FDNs reported that if specific issues arise during intake, a client family would be recommended for case-management. These issues are those that would be considered "in-crisis" and include, child abuse, drug abuse, dual diagnosis of an individual in the family, homelessness, mental illness, and youth issues, including gang affiliations and poor academic performance.

4. Partners Who Conducted Intake

Four networks, Career Planning Center, El Centro de Ayuda, El Centro del Pueblo, and Toberman Settlement House, provided screening at all of their partner sites. However, El Centro de Ayuda's partner agency, Los Angeles Center for Law and Justice, does not provide clinical assessments. And in the case of El Centro del Pueblo, a client family could be screened at any partner location, but is referred to El Centro del Pueblo, Search to Involve Pilipino Americans, Hollywood Sunset Free Clinic or Chinatown Service Center for assessment.

At five FDNs, intake and assessment was provided by more than one partner agency, but not by all partner agencies. These FDNs are 1736 Family Crisis Center, Children's Bureau, Neighborhood Legal Services, New Economics for Women and Watts Labor Community Action Committee. It is interesting to note that Neighborhood Legal Services was the only lead agency that does not conduct intake and assessment.

The remaining two FDNs, Children's Collective and Los Angeles Mission College, normally provided intake and assessment only at the lead agency location. However, in an emergency situation, the Coalition of Mental Health Professionals, a partner of the Children's Collective, can provide intake assessment. Table 9 illustrates the partners that provided intake and assessment for each FDN.

Table 9. Partners that Provided Intake

FDN	Partners who provide intake
1736 Family Crisis Center	1736 Family Crisis Center, First AME Church, THE Clinic, and the Institute for Multicultural Counseling and Education Services
Career Planning Center	All funded partners conduct intake and assessment
Children's Bureau	All funded partners except Legal Aid Foundation LA
Children's Collective	Children's Collective; Coalition of Mental Health Professionals (on emergency basis)
El Centro de Ayuda	All funded partners conduct intake and assessment; LA Center For Law and Justice does not do clinical assessments
El Centro del Pueblo	All funded partners screen clients, intake assessments are done by El Centro del Pueblo, Search to Involve Philipino Americans, Hollywood/Sunset, and Chinatown Service Center
LA Mission College	Los Angeles Mission College
Neighborhood Legal Services	El Nido Family Center, El Proyecto del Barrio
New Economics for Women	New Economics for Women, Clinica Msgr. Romero
Toberman Settlement House	All funded partners conduct intake and assessment
Watts Labor Community Action Committee	Girls Club, Youth Employment Services, Drew Child Development Center, Charles Drew University, Watts Labor Community Action Committee

5. Sharing of Intake Information

We wanted to discern if networks that shared responsibility for intake and assessment utilized the same forms and are pleased to report that they do.

In all but two networks, El Centro del Pueblo and New Economics for Women, a standard referral form was used when a referral is made from one partner to another with pertinent information. In the case of New Economics for Women, it was reported that they do not share client information with their partner agencies.

The manner of receiving the information differed between agencies. Eight FDNs faxed the information to their partner agencies. These networks were 1736 Family Crisis Center, Career Planning Center, Children’s Bureau, Children’s Collective, El Centro del Pueblo, Los Angeles Mission College, Toberman Settlement House, and Watts Labor Community Action Committee.

Three networks asked clients to bring the information on their first visit to the partner agency. These FDNs were 1736 Family Crisis Center, Career Planning Center, and Watts Labor Community Action Committee.

Three networks reported that they used e-mail to share their client information. These agencies were Career Planning Center, Neighborhood Legal Services and Toberman Settlement House. Career Planning Center and Toberman Settlement House also stated that they use the City’s computer file network system, ISIS, to share client information.

Providers also expressed that the other means of sharing client information included telephone calls and discussions at case-management meetings.

6. Languages Spoken by Staff

All networks reported that they have intake and assessment staff who are fluent in both English and Spanish. Other languages that were spoken by intake and assessment staff are: Armenian at Neighborhood Legal Services; Cambodian, Chinese and Vietnamese at El Centro del Pueblo and Neighborhood Legal Services; Farsi at 1736 Family Crisis Center; Korean at Children's Bureau; and Tagalog at El Centro del Pueblo.

7. Information Captured by Intake and Assessment

We were interested in learning what information was collected during the intake and assessment process and reviewed all FDNs initial proposals to determine the kind of information that was proposed to be collected. We queried the agencies on twenty-six (26) data characteristics common to most intake and assessment forms.

All networks recorded the following characteristics: age of each family member, client address, family size, household income, housing status and amount spent on rent, and number of children living in the home.

Ten networks recorded education level of each family member, employment status of adults, and gender of each family member.

Nine networks recorded immediate needs, living arrangements, other adults in the home, presenting problems, primary language spoken in the home, and substance abuse history.

Eight networks collected information on children living outside the home, other agencies that the client has had contact, the psychosocial history of each family member, and referral source.

Seven networks recorded a family's willingness to commit to programs, mental health status of each family member, and personal support systems.

Six networks reported on gang affiliation, legal status of each family member, length of time at the current address, and medical status of each family member.

Other information that respondents reported their intake and assessment forms capture, that were not included in the questionnaire, were child's developmental history, family history, family support, learning disability, legal/criminal history, religion, and school environment history. Table 10 presents this information.

Table 10. Information Recorded on Intake and Assessment Forms

Data	FDN										
	1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**
Address	X	X	X	X	X	X	X	X	X	X	X
Age of each family member	X	X	X	X	X	X	X	X	X	X	X
Number of children living in the home	X	X	X	X	X	X	X	X	X	X	X
Number of children living outside the home (placement)	X	X		X	X	X		X		X	X
Education level of each family member	X	X	X	X	X	X	X	X	X		X
Employment status of adults	X	X	X	X	X	X	X	X	X		X
Family size	X	X	X	X	X	X	X	X	X	X	X
Family's willingness to commit to programs	X	X		X	X			X	X		X
Gang affiliation	X	X		X	X	X					X
Gender of each family member	X	X	X	X	X	X		X	X	X	X
Household income	X	X	X	X	X	X	X	X	X	X	X
Housing status/rent	X	X	X	X	X	X	X	X	X	X	X
Living arrangements	X	X	X	X	X	X			X	X	X
Immediate needs	X	X	X	X	X	X			X	X	X
Legal status of each family member	X	X		X	X				X		X
Length of time at current address		X		X	X			X			X
Medical history of each family member		X		X	X	X			X		X
Mental health status of each family member	X	X	X	X	X	X					X
Other adults (non-parents) in home		X	X	X	X	X		X	X	X	X
Other agency(ies) client has had contact with	X	X	X	X	X	X				X	X
Personal Support systems	X	X	X	X	X				X		X
Presenting problems	X	X	X	X	X	X			X	X	X
Primary language spoken in the home		X	X	X	X		X	X	X	X	X
Psycho-social history of each family member	X	X	X	X	X	X			X	X	
Referral source	X	X	X	X	X			X		X	X
Substance abuse history	X	X	X	X	X	X			X	X	X

1= 1736 Family Crisis Center
2= Career Planning Center
3= Children's Bureau
4= Children's Collective
5= El Centro de Ayuda
6= El Centro del Pueblo
7= Los Angeles Mission College
8= Neighborhood Legal Services
9= New Economics for Women
10= Toberman Settlement House
11= Watts Labor Community Action Committee

C. Information and Referral

1. Non-Partner Referrals

All FDNs reported that they keep a master list of non-partner agencies that are commonly referred to for services that are not provided by their partner agencies.

Six networks – 1736 Family Crisis Center, Children's Collective, Los Angeles Mission College, Neighborhood Legal Services, Toberman Settlement House and Watts Labor Community Action Committee – reported having a formal contractual relationship with their non-partner agencies.

Four networks – 1736 Family Crisis Center, Los Angeles Mission College, Neighborhood Legal Services and Toberman Settlement House – reported having a memorandum of understanding with those agencies.

With the exception of El Centro del Pueblo, all agencies kept their staff updated on the services that non-partner agencies provided on at least a monthly basis.

2. Update on Services Offered by the Partner Agencies

All FDNs regularly updated their staff on partners' services, usually at least once a month.

All FDNs have designated a responsible staff person for updating changes in services. Table 11 identifies the staff person responsible for keeping track of service changes.

Table 11. Staff in Charge of Services Update

FDN	Title of staff in charge of service updates
1736 Family Crisis Center	Case-manager Coordinator
Career Planning Center	Project Manager, Project Assistant
Children's Bureau	Clinical Supervisor
Children's Collective	Program Coordinator
El Centro de Ayuda	Clinical Director, Executive Director
El Centro del Pueblo	Agency Director
Los Angeles Mission College	Project Director
Neighborhood Legal Services	Lead Agency Administrative Assistant
New Economics for Women	Case-managers, Intake Workers
Toberman Settlement House, Inc.	All staff
Watts Labor Community Action Committee	Program Director

3. Follow-up on Referrals

A major challenge associated with assuring a family's success is verifying that families are following up on the referrals that are made, both within and outside network consortia.

All FDNs had a procedure in place for following up on any referral that is made. The most commonly used follow-up technique was a telephone call. Only El Centro de Ayuda and Los Angeles Mission College reported that they do not conduct follow-ups on referrals by telephone query.

Seven FDNs, 1736 Family Crisis Center, Children's Bureau, Children's Collective, El Centro de Ayuda, New Economics for Women, Toberman Settlement House, and Watts Labor Community Action Committee, used a service report or referral form to monitor referrals.

Children's Collective, Toberman Settlement House, and Watts Labor Community Action Committee performed follow-up during site visits. El Centro de Ayuda and Los Angeles Mission College disclosed that they discuss referrals in their case conferences.

4. Ineligible Clients

All FDNs reported that they refer ineligible clients to agencies that will be able to provide services.

D. Case-management

1. Educational Qualifications

The literature on case-management indicated that case-managers come from a variety of backgrounds and possess a diverse range of academic qualifications. Table 12 presents data from past studies on case-managers' qualifications and experience.

Table 12. Case-manager Educational Qualifications (In Percentages)[18]

Study	Training		
	Para-professional	AA/ BA	Master's or Post-BA
Kirk et al., 1993		25	73
Riccio et al., 1989	3	65	32
Schuerman et al., 1993		62	38

The minimum education requirements for the case-manager position at the FDNs differed by education, previous experience and special training.

Eight networks required a Bachelor's degree. The networks are: 1736 Family Crisis Center, Children's Bureau, Children's Collective, El Centro de Ayuda, Los Angeles Mission College, Neighborhood Legal Services, New Economics for Women and Toberman Settlement House. These networks required 0-5 years of experience.

The three remaining networks, Career Planning Center, El Centro del Pueblo and Watts Labor Community Action Committee, required at least a high school diploma with two years or more of experience. El Centro del Pueblo and Watts Labor Community Action Committee also reported that an Associate's degree with adequate experience is acceptable as a minimum educational standard.

The minimum education requirements for the case-manager supervisor did not vary as much as the case-manager position. With the exception of 1736 Family Crisis Center, and Neighborhood Legal Services, a Master's degree is required.

Six networks, Career Planning Center, Children's Bureau, Children's Collective, El Centro del Pueblo, New Economics for Women and Watts Labor Community Action Committee, required their supervisors to be licensed in their respective fields. The required years of experience are

[18] From Marks, E.L. (1994). p. 22.

varied, as networks reported as little as no previous supervising experience to five years of supervising experience.

1736 Family Crisis Center required a Bachelor's degree for their case-manager supervisor with "adequate training and experience". The respondent distinguished this position from its Clinical Supervisor, whose minimum education requirement is a Master's degree with a license in a related field. The clinical supervisor provides supervision hours to the case-managers and consequently a license is required.

Neighborhood Legal Services required its case-management supervisor to have a Bachelor's Degree with three years of experience. El Nido Family Services, a partner agency of Neighborhood Legal Services, had a case-manager supervisor who has a Master's Degree and is licensed.

2. Training

Staff training is a critical ingredient in providing quality intake and assessment services. We found that ongoing staff training was prevalent on a wide variety of subjects.

All networks offered training in crisis prevention/intervention. Ten networks offered cultural sensitivity training. Nine networks offered alcohol/drug identification, child development, and mental health issues identification. Eight networks offered client engagement training. Seven networks offered computer program trainings. Six networks offered first aid/CPR.

Other training subjects that the FDNs offered their case-managers include: anger management; case-management training; child abuse; clinical interviewing; communications; community asset- building; conflict management; crisis response; disabilities identification; documentation; domestic violence (sensitivity, counseling, identification); dual diagnosis identification; family law; grief counseling; immigration; intergenerational community building; juvenile delinquency; nonviolent crisis intervention/prevention; resource and referral training; sensitivity training; stress management; suicide intervention; teaching parenting skills; team building; tenant's rights; unemployment issues; working with gay youth; and working with people with HIV/AIDS.

Los Angeles Mission College required that all case-managers and case-manager supervisors complete a family development class offered at the college.

3. Languages Spoken by Case-managers

All networks reported that case-managers are available who speak English and Spanish. Other languages spoken by case-management staff are: Armenian at Neighborhood Legal Services, Cambodian, Chinese and Vietnamese at El Centro del Pueblo and Neighborhood Legal Services, Farsi at 1736 Family Crisis Center, Korean at Children's Bureau, and Tagalog at El Centro de Ayuda and El Centro del Pueblo.

4. Case-manager's Involvement With Families

a. Initial Meeting

After initial intake, it is the standard practice for clients needing case-management services to be able to schedule a client meeting with a case-manager within a short period of time. Ten networks reported that case-managers must meet with a client family within seven days of the initial intake. El Centro del Pueblo reported that case-managers must meet with client families within 14 days of initial intake.

Case-managers from all networks are involved in the development of the individualized service plan and the case-management plan.

Only El Centro de Ayuda reported that case-managers always accompany clients to their first appointment at a partner or non-partner agency.

Eight FDNs reported that their case-managers accompany their clients to their first referral for services on a case-by-case basis. These agencies were 1736 Family Crisis Center, Career Planning Center, Children's Bureau, Children's Collective, El Centro del Pueblo, Neighborhood Legal Services, Toberman Settlement House, and Watts Labor Community Action Committee.

Los Angeles Mission College and New Economics for Women reported that their case-managers do not accompany their clients to first appointments.

b. Caseload

We were unable to identify in the research a standard for the most effective case-manager to client ratio. We found that there is a variance in actual ratios related to several factors: population type, fiscal resources, caseload content, and program planning philosophy.[19] However, while there is variation, there does seem to be a general agreement that the ratio should be approximately one case-manager to 30 clients.

The networks had a difficult time reporting on their case-manager to client ratio because of the client turnover rate. Respondents reported ratios of case-managers to clients from a low of one case-manager per 15 clients, to a high of one case-manager to 200 clients.

As the City staff had reported, the networks reported that the term 'client' had different meanings. According to City staff, a client is to be considered the entire family. However, in some networks, a family unit is termed a 'case,' with each family member being a separate 'client.' Other networks consider the 'client' to be a family unit, with each family member having his/her own client number.

Eight networks, reported that a 'client' refers to a family unit, so if a case-manager were to have five families in his/her caseload, the case-manager would report on five 'clients.' Whereas, three

[19] Marks, E.L. (1994). p. 24.

networks, El Centro de Ayuda, El Centro del Pueblo and Los Angeles Mission College, considered a ‘client’ to be a family member. Therefore, if a case-manager were to have five families with four members each in his/her caseload, the case-manager would report having 20 ‘clients.’

Each network had its own method of providing case-management. For instance, El Centro had case-managers at each of its partner locations, while New Economics for Women had case-managers only at its primary location, and all other services are referred to partner agencies.

Career Planning Center reported that case-managers at its partner agencies can have between 35 to 125 clients at any given time depending on the number of case-managers at each location and the varying number of family members per client family. Table 13 presents the ratio reported of case-managers to clients.

Table 13. Caseload Ratios

FDN	Case-managers to Clients
1736 Family Crisis Center	1 to 32
Career Planning Center	1 to 35-125
Children's Bureau	1 to 20-25
Children's Collective	1 to 35
El Centro de Ayuda	1 to 25
El Centro del Pueblo	1 to 100
Los Angeles Mission College	1 to 200
Neighborhood Legal Services	1 to 32-50
New Economics for Women	1 to 100
Toberman Settlement House	1 to 15-25
Watts Labor Community Action Committee	1 to 50-60

c. Frequency and Location of Case-manager’s Meetings with Clients

Each network reported regular meetings occurred between case-managers and their clients. Three networks, Career Planning Center, Children’s Bureau, and Toberman Settlement House, reported that case-managers met with clients at least once a week. Five networks, 1736 Family Crisis Center, El Centro de Ayuda, El Centro del Pueblo, Los Angeles Mission College and Neighborhood Legal Services, reported that case-managers met with clients at least twice a month. The remaining three networks, Children’s Collective, New Economics for Women, and Watts Labor Community Action Committee, reported that case-managers met with clients at least once a month.

All networks reported that case-managers met with clients more frequently if certain issues arose, such as a crisis situation. All networks affirmed that each case and each client’s needs and presenting issues determined the frequency of meetings.

Respondents were asked if case-managers conduct home-visits, and if so, how often. With one exception, all networks reported that their case-managers do home-visits on occasion, however none stated that it is a regular occurrence. 1736 Family Crisis Center reported that their case-managers never make home-visits because the clientele that the lead agency serves has experienced domestic violence and there is a perceived potential danger to staff.

5. Staff Meetings

We were interested in learning whether the staff of the partner agencies conferred on common clients. We are pleased to report that all FDNs do confer on a regular basis in regards to their respective clients.

The survey asked respondents to report on how often partners' executive directors, case-manager supervisors and case-managers met. Seven networks reported that the executive directors met on a monthly basis. Children's Bureau reported that the executive directors met every other month. Two networks, New Economics for Women and Watts Labor Community Action Committee, reported that executive directors met on a quarterly basis. 1736 Family Crisis Center's Executive Directors met on an as needed basis by telephone or in person.

There are six networks that had more than one case-management supervisor who conceivably could meet together on a regular basis. Toberman Settlement House's case-management supervisors met once a week. Los Angeles Mission College's case-management supervisors met twice a month. At four networks, 1736 Family Crisis Center, Career Planning Center, El Centro del Pueblo and Neighborhood Legal Services, the case-management supervisors met monthly.

The case-managers at networks that met on a regular basis do so at different intervals. Case-managers at Los Angeles Mission College, Neighborhood Legal Services, Toberman Settlement House, and Watts Labor Community Action Committee met once a week. Case-managers at Children's Bureau and El Centro de Ayuda met twice a month. Case-managers at 1736 Family Crisis Center, Career Planning Center, and El Centro del Pueblo met once a month. Respondents from Children's Collective and New Economics for Women reported that their case-managers do not meet on a regular basis. Table 14 presents the frequency of staff meetings for each FDN.

Table 14. Frequency of Staff Meetings

FDN	Executive Directors	Case-manager Supervisors	Case-Managers
1736 Family Crisis Center	As needed	Monthly	Monthly
Career Planning Center	Monthly	Monthly	Monthly
Children's Bureau	6/year	N/A	2/month
Children's Collective	1/month	N/A	N/A
El Centro de Ayuda	Monthly	N/A	2/month
El Centro del Pueblo	Monthly	Monthly	Monthly
Los Angeles Mission College	Monthly	2/month	Weekly
Neighborhood Legal Services	Monthly	Monthly	Weekly
New Economics for Women	4/year	N/A	N/A
Toberman Settlement House	Monthly	Weekly	Weekly
Watts Labor Community Action Committee	4/year	N/A	Weekly

N/A= not applicable

6. Barriers to Providing Services

There are many barriers that can preclude case-managers from providing their client families with effective services. In the survey, we identified several issues that the literature indicated could be barriers to providing services to the clients. Seven respondents reported that lack of client transportation was a barrier to providing services. Six respondents selected lack of client follow-through on referrals. Five FDNs identified client apathy/distrust. Four FDNs stated that City administrative/reporting requirements and the high ratio of case-managers to clients were barriers to providing services. Three FDNs noted that a lack of communication between citywide FDNs is a barrier to providing services. One respondent reported that cultural/language barriers hinder the FDN from providing services to their clients.

Other barriers that respondents identified as precluding them from providing effective services were: frequent client moves, gang territory (some clients cannot access services at agencies in certain areas), lack of child care, lack of space to expand offices, lack of support from Los Angeles Police Department and City Attorney's office, legal residency documentation, problems with the ISIS system, and the stigma of a court mandate for receiving counseling or other services. None of the barriers listed as "other" barriers were reported by more than one network.

7. Case-managers' Responsibilities and Duties

The research literature reports eight duties that a case-manager should perform to ensure that the best interests and well being of the client and family are foremost.[20] For the purposes of the survey, the eight responsibilities were edited for a total of nine duties that we were interested in determining if case-managers performed. The nine duties were: organizing and chairing client meetings, encouraging client involvement, ensuring the case-management plan is developed, ensuring that roles of team members are identified, ensuring that a regular monitoring process is established, ensuring that contact is maintained between the team and external referrals, ensuring

[20] Saskatchewan Human Services (Oct. 1998). p. 20.

that all paperwork and files are accurate and up-to-date, determining a process for conflict resolution or mediation when necessary, and ensuring that meeting records are compiled, maintained and distributed.

All networks reported that four of these duties, encouraging client involvement, ensuring the case-management plan is developed, ensuring that all paperwork and files are up-to-date, and determining a process for conflict resolution or mediation when necessary, were the responsibilities of the case-managers.

Ten networks reported the following three duties as the case-manager's responsibility: organizing and chairing client meetings, ensuring that contact is maintained between the team and external referrals, and ensuring that meeting records are compiled, maintained and distributed.

Nine networks reported the following two duties, ensuring that roles of team members are identified, and ensuring that a regular monitoring process is established, were part of the case-managers' responsibilities.

Children's Collective also volunteered that their case-managers undertake numerous outreach activities, including attending community meetings and health care fairs.

8. Effective Components of Case-management

Respondents were asked to provide their perception of the components of case-management that have proven most effective in assisting their families. Ten FDNs reported that information and referral services and counseling/support group services were the most effective components. Four FDNs identified tutoring/education, and financial training/budgeting services as the most effective components of their case-management services.

Respondents also stated that it is important for case-management to be client driven and "people oriented," that there is a need for intensive case-management programs for families, and that there is a need for both crisis intervention and goals-setting plans to use a strength-based approach.

E. Service Provision

The survey included an inventory of services that the FDNs originally submitted to the City. The result was a list of thirty-seven (37) services that each provider was asked to report on as to whether their FDN provides the service under the auspices and funding of the Family Development Network, refers the service to a non-FDN funded agency, or neither provides nor refers the service.

1. Services Provided

All networks provided five of the thirty-seven (37) services that were identified. These are individual counseling, Office of Transportation and Safety services, parenting programs, parenting skills training, and youth advocacy.

Ten networks provided advocacy, group/family counseling, health care, support groups, and transportation (bus tokens, taxi vouchers). Nine networks provided gang intervention/ prevention, life skills, and recreational activities. Eight networks provided after-school programs, computer/internet access, conflict resolution training, domestic violence counseling, immigration/citizenship services, teen pregnancy/parenting services, and tutoring. Seven networks provided financial management and budgeting, housing services/advocacy, legal service, and mental health services.

Six networks provided educational/vocational training, ESL classes, food bank/distribution, and substance abuse prevention/ intervention. Five networks provided employment assistance and training, Individualized Development Accounts, and legal education. Four networks provided child care, community improvement projects, and homeless services. Three networks provided mentoring and substance abuse treatment. One network provided rental/mortgage assistance. Table 15 illustrates the services that FDNs provided or referred to non-partner agencies to their client families.

Table 15. Services Provided or Referred

Service	FDN										
	1	2	3	4	5	6	7	8	9	10	11
Advocacy	P	P	P	P	P	P	P	P	R	P	P
After-school programs	R	P	P	P	P	P	R	P	R	P	P
Child care	R	P	R	P	R	P	P	R	R	R	R
Community improvement projects	R	R	P	R	P	R	P	R	R	P	P
Computer/internet access	P	R	P	P	P	P	R	P	R	P	P
Conflict resolution training	P	R	P	P	P	P	P	R	R	P	P
Domestic Violence counseling	P	R	P	P	P	R	P	P	P	P	R
Education/vocational training	R	P	P	P	R	R	P	R	R	P	P
Employment assistance and training	P	R	P	P	R	R	P	R	R	P	R
ESL classes	R	P	P	P	R	P	P	R	R	R	P
Financial management and budgeting	P	R	P	P	P	R	P	R	R	P	P
Food bank/distribution	R	P	P	R	P	R	P	R	R	P	P
Gang intervention/prevention	R	P	P	P	P	P	P	P	R	P	P
Group/Family counseling	P	P	P	P	P	P	P	P	P	P	P
Health care	P	P	P	P	R	P	R	P	P	P	R
Homeless services	P	R	R	R	R	R	R	P	R	R	P
Housing services/advocacy	P	R	P	P	P	P	R	P	R	R	P
Immigration/Citizenship services	P	P	P	R	P	R	P	P	P	P	R
Individual counseling	P	P	P	P	P	P	P	P	P	P	P
Individualized Development Account	R	P	R	P	P	R	P	R	R	P	P
Legal education	P	P	P	R	P	P	R	P	R	R	D
Legal services	P	P	P	R	P	P	R	P	P	R	R
Life skills	P	R	P	P	P	P	P	P	R	P	P
Mental health services	P	R	P	P	P	R	P	P	P	R	R
Mentoring	R	P	P	P	R	R	R	R	R	R	R
Office of Transportation and Safety services	P	P	P	P	P	P	P	P	P	P	P
Parenting programs	P	P	P	P	P	P	P	P	P	P	P
Parenting skills training	P	P	P	P	P	P	P	P	P	P	P
Rental/Mortgage assistance	R	R	R	R	R	R	R	R	R	R	P
Recreational activities	R	P	P	P	P	P	P	P	R	P	P
Substance abuse prevention/intervention	R	R	R	P	P	R	P	R	P	P	P
Substance abuse treatment	R	R	R	P	P	R	R	R	P	R	R
Support groups	P	R	P	P	P	P	P	P	P	P	P
Teen pregnancy/parenting services	R	P	P	P	P	R	P	P	P	R	P
Transportation (bus tokens, taxi vouchers)	P	R	P	P	P	P	P	P	P	P	P
Tutoring	P	R	P	P	R	P	P	P	R	P	P
Youth advocacy	P	P	P	P	P	P	P	P	P	P	P

P= Provide; R= Refer; D= Do not provide, nor refer

1= 1736 Family Crisis Center
2= Career Planning Center
3= Children's Bureau
4= Children's Collective
5= El Centro de Ayuda
6= El Centro del Pueblo
7= Los Angeles Mission College
8= Neighborhood Legal Services
9= New Economics for Women
10= Toberman Settlement House
11= Watts Labor Community Action Committee

In all FDNs with the exception of one, when an FDN did not provide any of the above noted services, clients are referred to another agency. The one exception was Watts Labor Community Action Committee that neither provided nor referred clients for legal education.

Respondents reported that several other services that were not included in the questionnaire are provided. These include services for anger management, Childwatch, clothing, crisis intervention, dual diagnosis services, financial assistance and learning disabilities.

2. Services that Providers Feel are Most Vital

Respondents ranked the top five services that they believe are the most vital to their client population. The services were reported in three areas: 1) services that their FDN provides; 2) services that their FDN refers to other agencies to provide; and, 3) the services, that if funding were made available to add, expand or improve they would like to directly or indirectly provide their clients.

The responses were weighted based on how the respondent ranked each service. The top ranked service for each question was worth five points; the next ranked service was worth four points and so on. The most points one service could receive for each question is 55, which would be if all providers ranked the service as their highest priority.

a. Services Provided

Individual counseling received the highest score among the services provided by the FDNs with a score of 22 points.

Parenting services (17 points), immigration services (11 points), health care (11 points) and parenting skills training (10 points) were the next four highest scoring services. Advocacy, case-management, domestic violence counseling, group/family counseling and mental health services each had a score of nine (9) points.

b. Services Referred

Employment assistance received the highest score among the services referred out for by the FDNs with a score of 20 points.

Homelessness services (18 points), housing services (17 points), mental health services (17 points) and food bank services (14 points) are the next four highest scoring services among those services referred to other agencies. Other services that FDNs referred that received significant scores were child care (12 points), mentoring (9 points) and substance abuse intervention/prevention (9 points).

c. Services to Add, Expand or Improve

Mental health services received the highest score, 19, among the services that respondents would add, expand or improve if funding were to become available.

Individual counseling (18 points), housing services (15 points), child care (15 points) and health care (11 points) are the next four highest scoring services. Other services that received significant scores were domestic violence counseling (10 points) and advocacy (8 points).

F. Discharge

1. Contact With Discharged Clients

We were interested in understanding how it was determined whether and when families are discharged by the networks and what follow-up was offered following exiting from the system.

Nine networks stated that the client makes the decision to exit. An equal number of networks offered that clients were discharged when they have either attained 'safe,' 'stable,' or 'thriving' status on the Family Development Matrix.

Seven networks discharged clients when they have completed all case-management plan goals. One network reported that it discharges clients when they completed 90% of their case-management plan goals.

Respondents reported two 'other' discharge options that were not included on the survey list. Three respondents stated that clients are discharged when they became inactive or relocated. One network reported it undertook a discharge when clients were non-compliant with the program.

2. Follow-up and Re-entry

All networks reported that post-discharge services were available at the family's request and that they had an "open-door" policy in which clients may return for safety net or outcome-based services.

Client follow-up after discharge was the exception, not the norm. Only one network, Watts Labor Community Action Committee, reported that their case-managers met with discharged clients on a regular basis.

Client follow-up was not initiated by the staff, but rather by the client family at nine networks. New Economics for Women reported that there is no follow-up after discharge.

3. Client and Network Evaluation

Six networks, 1736 Family Crisis Center, Career Planning Center, Children's Collective, El Centro de Ayuda, Los Angeles Mission College and New Economics for Women, reported that they used a formal mechanism to incorporate client feedback.

Three evaluation tools were described as customer satisfaction surveys. Other evaluation tools used by networks included forms that participants complete when attending workshops, questionnaires administered as part of the exit interview, and evaluations completed by clients at meetings with case-managers.

Two FDNs, El Centro del Pueblo and Watts Labor Community Action Committee, reported that they were in the process of developing client feedback processes.

Ten networks reported that they formally evaluate their services. The frequency of the evaluations varies from monthly to annually. The respondents reported many different types of evaluations, including case discussions among staff, Community Development Department (CDD) program audits, evaluations performed by outside agencies, FDN collaborative meetings, internal audits, program planning, random client sampling, record review surveys, and staff retreats.

VII. PROVIDER FEEDBACK

The respondents were asked open-ended questions to identify any concerns or issues that they had about the FDN program. Following are their responses on changes recommended to the FDN program, unanticipated barriers, and other issues that were not collected in the questionnaire.

A. Changes Recommended to the Family Development Program

1. Communication and Policy

Five networks suggested modifications in the City's communication strategy. One respondent requested that all CDD communications be in writing for clarity and understanding. Another respondent recommended that there be a new focus on communications between the networks. Specifically, the respondent suggested that citywide FDN meetings occur more frequently and be held on a rotating basis at each FDN site. It was further suggested that information sharing and leadership be more agency-driven, as opposed to City staff driven.

2. Reporting and the Integrated Services Information System

Seven networks identified mandated City reporting and documentation requirements. One respondent recommended that less paperwork be required and that the CDD monitors use more standardized reporting procedures.

One respondent suggested, that if possible, there be a reduction in the various eligibility documentation required, especially for youth participants recommended by the public school system. Another respondent suggested that there be a change in eligibility requirements to allow more than 10% of the client families to be self-certified.

Several respondents addressed a need to improve the Integrated Services Information System (ISIS).

One respondent stated that ISIS is not an effective tool in that it does not accurately reflect client movement, does not provide sufficient feedback, has numerous programming problems causing the system to crash, and operates very slowly. Another network respondent went on to recommend that the City consider expanding the electronic reporting system (ISIS) to include treatment plans, clinical assessment and progress notes that can be shared among the FDN partners. Still another respondent proposed that the documentation and reporting system be more user-friendly as well as more meaningful.

3. Funding and Program Issues

Four respondents addressed changes that could be made to impact funding issues. Respondents noted a need for increased funding for housing programs, formal research, mental health needs and health care. Another respondent asked that the CDD make sure that each FDN is receiving adequate funding for the services it is providing.

One respondent stated that Individualized Development Accounts (IDA) would be more useful if they could be used for buying a house or starting a business. Another respondent felt that there are parts of the city that are not served by the Family Development Networks, such as Cypress Park and Glassell Park. It was also suggested that more outreach be conducted to assure that the services are more widely known.

Lastly, one respondent suggested that the CDD regularly query and include the input and recommendations of the network participants on decisions that impact the program.

B. Unanticipated Barriers

We asked the respondents to identify any unanticipated barriers that had arisen since the inception of their program. The four types of barriers reported included City requirements and communications, reporting and documentation requirements, staff issues, and specific issues that were facing their client families.

1. City Requirements and Communication

One group of barriers centered on issues of City requirements and communication. One respondent noted an increasing level of administrative requirements such as Office of Transportation and Safety (OTS) services, subcontractor auditing, and the Youth Advocacy Program. The respondent felt that there was uneven CDD communication and technical assistance between the monitors and networks. They identified that a lack of communication between the Financial Management Division and program department staff has led, at times, to confusion and administrative difficulties for their agency. Another respondent noted that City follow-through has been poor on new programs, specifically the Individualized Development Accounts and the Office of Transportation and Safety program.

One respondent noted that dealing with two "separate bureaucracies" caused conflict in regard to various requirements.

Respondents also reported unanticipated barriers resulting from problems with the reporting systems and collection of documentation. One respondent stated that the many changes in ISIS system have made it very difficult for the FDN to obtain data needed for tracking purposes. The respondent went on to say that the ISIS system is not effectively capturing data that has been inputted and that the system is commonly unavailable. Another respondent reported that collection of documentation has become more difficult, especially for undocumented client families.

2. Staff Issues

Another group of barriers that was mentioned related to the high staff turnover rate. One respondent stated that their staff turnover, especially in the lower paid positions was high. Another respondent stated that staff turnover of their program has had a detrimental effect on their program.

There has also been difficulty in helping families who are not legal residents find employment. Also, one network reported that the Los Angeles County Department of Children and Family Services (DCFS) does not always support their network case-managers efforts after a client has been referred to the Department.

Finally, it was mentioned by one FDN that many non-City residents are seeking services from them.

3. Counseling and Domestic Violence Issues

Respondents also identified the higher than anticipated number of domestic violence victims seeking services and the complex needs that they have. Respondents also shared with us a greater than expected need for counseling services for domestic violence, substance abuse and individual counseling. Also, there was a greater need to provide counseling services in more languages than initially foreseen.

C. Other Issues

At the conclusion of the survey, the respondents shared other issues that had not been addressed in the survey.

One respondent suggested that the City consider that any standardization of case-management relate only to the assessment instrument.

Another respondent noted that given ISIS inefficiency, several partners have relied more heavily on school information and additional eligibility documentation.

Another respondent noted that the grant provided strict guidelines regarding funding patterns and reporting. However, the respondent noted that referrals from the justice system and the County Departments often require reporting requirements that result in considerable additional burdens on their staff. These issues have generally gone unrecognized by City staff.

One respondent proposed that formal evaluation research be funded.

Another respondent recommended that any future Requests for Proposals provide more guidance in how the networks are expected to perform.

One respondent stated that the City monitors need to respond to queries on allowable practices in a more timely manner. In addition, it was suggested that CDD monitors make more visits to the networks.

One respondent recommended that the City allow consortia to maintain staffing and service delivery flexibility in order to respond quickly to existing and emerging client needs.

Lastly, there is a concern regarding insufficient focus on the “family,” as compared to youth.

VIII. RECOMMENDATIONS

The Family Development Network Program represents a complex and fluid system. Each network had its own processes of performing intake and assessment, information and referral, service provision, and discharge. In addition, there were a wide variety of agencies within the various networks, with different types of agencies operating as lead agencies.

The goal of this report, as prescribed by the Community Development Department, was in part to aid in the standardization of the case-management component. While a completely standard case-management component would be difficult to achieve across such as large and diverse area as the City of Los Angeles, Shelter Partnership makes the following recommendations to improve both the efficiency and effectiveness of the network.

A. Client Information

Finding 1: All networks reported that at least 85% of their client families spoke either English or Spanish. However, there were still a significant number of other primary languages that client families spoke, including Armenian, Chinese, Japanese, Korean, Tagalog. One respondent noted that cultural/language barriers as an obstacle to providing services to client families.

Recommendation 1: The City should develop a master list of agencies that have staff who speak languages other than English and Spanish, so that when a situation arises, the networks can identify persons with relevant language fluency.

Finding 2: There were eight special needs populations that were not served by at least one Family Development Network because of a lack of resources. These populations included persons who are active substance abusers, chronically homeless, hearing impaired, mentally ill, non-ambulatory, people living with HIV/AIDS, refugees, and sight impaired.

Recommendation 2: All FDNs should be able to provide services to all special needs populations identified in the study. These include people who are active substance abusers, chronically homeless, developmentally disabled, hearing impaired, in large families, mentally ill, monolingual, non-ambulatory, people living with HIV/AIDS, pregnant women, recovering substance abusers, refugees, seniors, sight impaired, and women w/infants.

Finding 3: There were a large number of client families who were receiving services from other public agencies, such as the Department of Child and Family Services, the Department of Public Social Services, the Department of Mental Health and Regional Centers. Yet, there was no formal protocol for interaction between the networks and the public agencies.

Recommendation 3: A memorandum of understanding should be developed with public agencies so that clients are receiving adequate and unduplicated services. Additionally, the City can provide a leadership role by helping to identify individuals at the various public agencies that can trouble-shoot when problems arise.

B. Intake and Assessment

Finding 4: Four networks reported that all of their partners conducted intake for their client families. Additionally, the majority of the networks identified transportation as a barrier to clients receiving services.

Recommendation 4: All partner agencies' staff should be trained to conduct at least the initial screening interview. If funding and staff availability is adequate, assessment should be performed at all sites.

Finding 5: All networks used the same assessment tool within their network to evaluate clients and develop a case-management plan. Ten networks shared some, but not all of the intake and assessment information. Intake information is not shared by one network.

Recommendation 5: The City should explore the feasibility of developing a computer file-sharing program that can be accessed by any partner agency within a network to make information sharing more efficient and to ensure that all issues and needs are met. Issues of confidentiality will need to be explored in more detail.

Finding 6: Data characteristics captured by some FDNs' intake and assessment forms were not recorded by all intake and assessment forms of other networks.

Recommendation 6: All networks should record all twenty-six (26) information characteristics that are captured by at least one FDN's intake and assessment forms. These information characteristics are address; age of each family member; child's developmental history; number of children living in the home number of children living outside the home (placement); education level of each family member; employment status of adults; family history; family size; family support; family's willingness to commit to programs; gang affiliation; gender of each family member; household income; housing status/rent; immediate needs; living arrangements; learning disability; legal/criminal history; legal status of each family member; length of time at current address; medical history of each family member; mental health status of each family member; other adults (non-parents) in home; other agency(ies) client has had contact with; personal Support systems; presenting problems; primary language spoken in the home; psycho-social history of each family member; referral source; religion; school environment history; and substance abuse history.

C. Information and Referral

Finding 7: All FDNs reported that they kept a master list of non-partner agencies that were commonly referred to for services that were not provided by their partner agencies. With the exception of one network, all agencies kept their staff updated on at least a monthly basis of the services that non-partner agencies provide.

Recommendation 7: All FDNs should keep a master list of non-partner agencies that are commonly referred to for services at each partner location. Each partner should be responsible for updating their network on any changes in services of agencies on the master list.

D. Case-management

Finding 8: The majority of the networks required that the case-managers possess at least a Bachelor's degree, however, three networks only require a high school diploma with adequate experience.

Recommendation 8: All networks should required case-managers have a Bachelor's degree and one year of relevant experience to assure that there is a minimum quality of staff across the networks.

Finding 9: The required years of experience for case-manager supervisor varied from no previous supervising experience to five years of supervising experience.

Recommendation 9: Case-manager supervisors should be required to have a Master's degree and be licensed with a minimum of two years supervising experience.

Finding 10: All FDNs provided ongoing training to their staff which was needed to assure that they are qualified to be address the multifaceted problems that their clients face. Five networks reported that client apathy/distrust was a barrier to providing services.

Recommendation 10: The FDNs should provide training to their case-managers to guarantee that their staff remains abreast of common issues and areas of concern that they encounter on a daily basis. Furthermore, there may be some cost savings if some of the trainings were made available to all staff at all FDNs. A core course set should include alcohol/drug abuse identification, child development, client engagement, clinical interviewing, computer programs, domestic violence issues, dual diagnosis identification, mental-health issues, multi-cultural sensitivity, resource and referral training, and stress management.

Finding 11: Case-managers did not meet with clients at the same frequency across the networks. Case-managers from three networks met with clients at least once a week. Five networks reported that their case-managers met with clients at least twice a month. Three networks reported that their case-managers met with clients at least once a month.

Recommendation 11: Case-managers should be required to meet with each client family at least twice a month to ensure that goals are being met and to address issues that may arise.

Finding 12: The client to case-manager caseload was a concern of many of the respondents, and ranged from a low of one case-manager for every 15 clients to a high of one case-manager for every 200 clients. Four networks noted high caseloads as a barrier to providing effective services to client families. Furthermore, in three networks, clients were defined differently than the City requires.

Recommendation 12: While it is not feasible to determine exactly what the case-management ratio of staff to clients should be, we would suggest that in no case should it exceed one case-manager for every thirty-five (35) families.

Finding 13: It was repeatedly mentioned that meetings hosted by the City staff were of little value in developing relationships and understandings between the networks.

Recommendation 13: The various networks should host, on a rotating basis, the quarterly FDN meetings at their sites to improve communication and relationship building.

Finding 14: All the standard duties of case-managers, as reported in the literature, were not the responsibility of case-managers at all FDNs.

Recommendation 14: All case-managers at every FDN should be responsible for carrying out the standard case-management duties. We recommend that any subsequent Request for Proposals issued by the City include these nine duties in the job description for case-managers. These are organizing and chairing client meetings, encouraging client involvement, ensuring the case-management plan is developed, ensuring that roles of team members are identified, ensuring that a regular monitoring process is established, ensuring that contact is maintained between the team and external referrals, ensuring that all paperwork and files are accurate and up-to-date, determining a process for conflict resolution or mediation when necessary, and ensuring that meeting records are compiled, maintained and distributed.

Finding 15: Seven networks reported a lack of client transportation as a significant barrier that precluded them from providing effective services to their client families.

Recommendation 15: The City should provide sufficient funding for bus tokens for client families to attend referral appointments. Additionally it may be worthwhile for the City to investigate installing TRANSTAR, an automated transit trip planning system owned by the Southern California Associations of Governments, into the FDNs' computer files so that accurate transportation assistance can be given to client families.

Finding 16: A majority of respondents reported that information and referral services and counseling/support group services were the most effective components of case-management. It was also noted that it is important for case-management to be client-driven and family intensive.

Recommendation 16: The case-management component of the FDNs should attempt to focus their service provision around information and referral services and counseling/support group services. In addition the process should be client driven so that families are able to help determine their outcomes, thus becoming empowered and able to rely on the strengths they possess.

E. Service Provision

Finding 17: Respondents ranked the most vital services that their networks provide as individual counseling, parenting services, immigration services, health care, and parenting skills training.

Recommendation 17: All networks should be required to provide the above-noted services to their client families.

Finding 18: Respondents ranked the most vital services that their FDN refers clients for as employment assistance, homelessness services, housing services, mental health services, and food bank services. Respondents ranked the most vital services that their FDN would add, expand, or improve as mental health services, individual counseling, housing services, child care and health care.

Recommendation 18a: Child care, health care, homelessness, housing, mental health, and food bank are services that should be made a priority for implementation by networks not yet providing them to their client families.

Recommendation 18b: The City should explore the possibility of identifying funds to address the expressed need for more mental health services by the FDN providers in the form of Master's level case-managers and/or partner agencies specializing in providing mental health services.

Recommendation 18c: It may be appropriate to provide sufficient funding for the networks to be able to fund emergency need such as clothing and food assistance.

F. Discharge

Finding 19: Nine networks reported that follow-up with clients occurs on an as-needed basis after a client has been discharged from the program. One network reported that case-managers do not have any contact with clients post-discharge.

Recommendation 19: Follow-up contact should occur with all clients post-discharge at list twice a year for the first year following termination. Follow-up contacts could be made through a telephone call.

Finding 20: Six networks currently have a formal tool used by clients to evaluate their services.

Recommendation 20: A standard client-satisfaction survey should be developed to ensure that the services being provided are being done so in a manner that is effective and efficient and respects the needs of the client families.

G. Integrated Services Information System (ISIS)

Finding 21: Many of the respondents spoke at length about the problems their staff and their partner agencies' staffs have encountered with the City's Integrated Services Information System. The amount of time spent on re-entering data or waiting for ISIS to come online effects the time spent on client services. The FDN Program relies heavily on the reporting and using of client data.

Recommendation 21: The City should conduct an evaluation of ISIS to determine if it is securing useful information and address programming problems.

H. Communication

Finding 22: A significant number of differences existed between the fundamental structures of the FDNs, such as the definition of 'client,' the intake and assessment process, and problems with reporting and documentation. This makes it difficult to standardize the program.

Recommendation 22: If case-management is to be standardized for such an expansive area with numerous consortia, a regular, concise message needs to be communicated to the providers. The City could communicate to the FDNs with the networks, in writing, through the use of regular bulletins. The content of the bulletins could include, for example, budget/funding issues, monitors' notes, policy issues and changes, and/or standards and protocol.

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X. APPENDICES

APPENDIX A – FAMILY DEVELOPMENT NETWORKS AND PARTNER AGENCIES

FDN	1736 Family Crisis Center (CLASP)	Career Planning Center	Children's Bureau (Hollywood Wilshire FDN)
Community Improvement and Planning Area (CIPA)	2	5	3
Partner Agencies (lead agency in bold)	**1736 Family Crisis Center**	Boys and Girls Club of Venice	Bresee Foundation
	California Hospital	**Career Planning Center**	**Children's Bureau of Southern California**
	Legal Aid Foundation Los Angeles	Community Outreach for Prevention and Education	Children's Hospital Los Angeles
	LA Bar Association Domestic Violence Project	Community Service Desk	Gay and Lesbian Center
	THE Clinic	Latino Resource Organization	Korean Health Education Information Research Center
	First AME Chruch	Legal Aid Foundation Los Angeles	LA Free Clinic
	Institute for Multicultural Counseling & Education Services	Project Heavy West	Legal Aid Foundation Los Angeles
		St. Joseph Center	Nation Council of Jewish Women - Women Helping Women
	Community Centers (nonfunded)	Venice Family Clinic	
		Westside Children's Center	

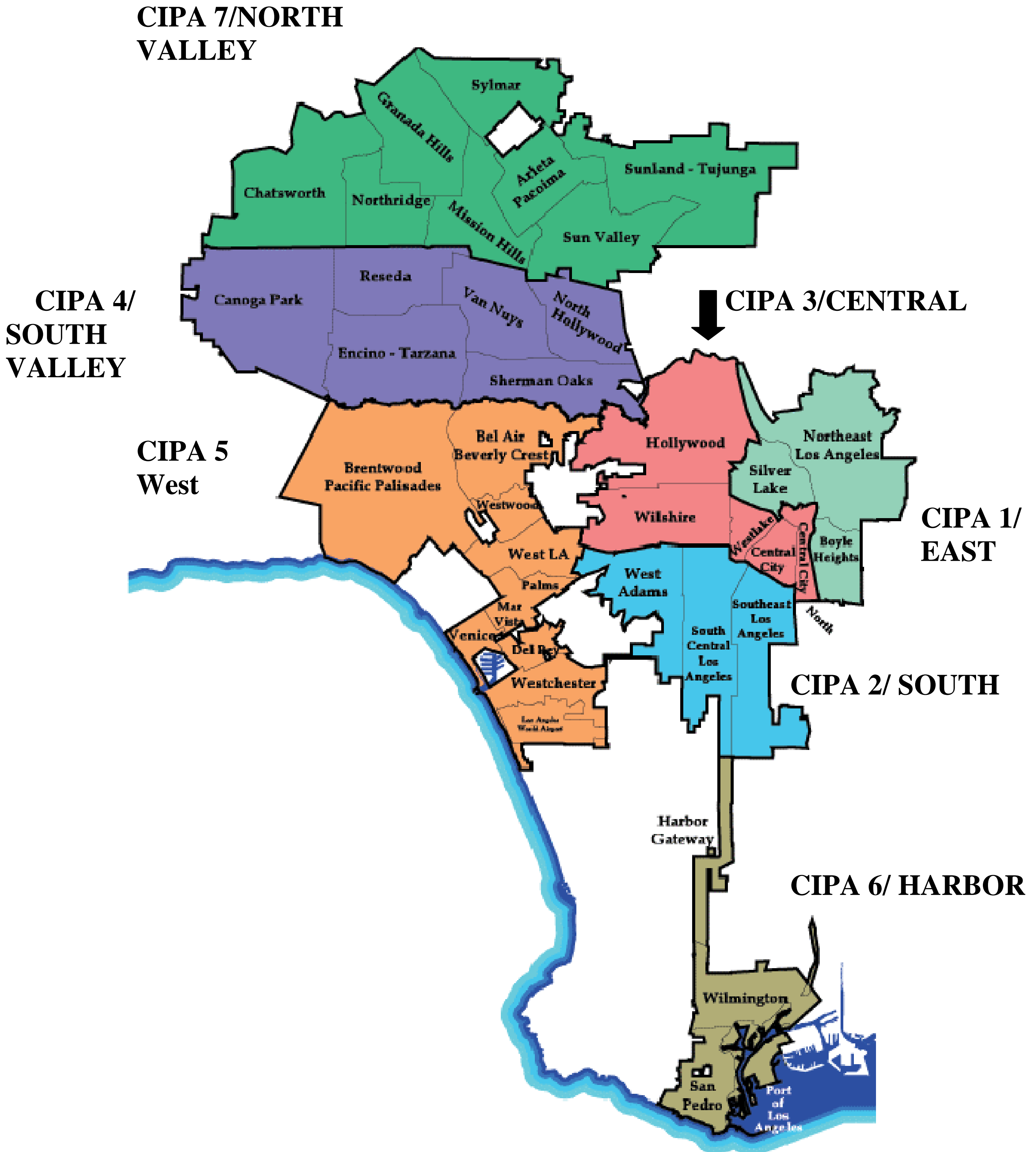
FDN	Children's Collective	El Centro de Ayuda (Nuestro Comunidad Colectiva)	El Centro del Pueblo
Community Improvement and Planning Area (CIPA)	2&3	1	3
Partner Agencies (lead agency in bold)	**Children's Collective, Inc**	Atwater Park Center	Central City Action Committee
	Coalition of Mental Health Professionals	Barrio Action Youth and Family Center	Chinatown Service Center
	National Family Life and Education Center	**El Centro de Ayuda**	Echo Park/Silverlake People Child Care Center "Playgroup"
	Surviving and Recovery	Hathaway Children and Family Services	**El Centro del Pueblo**
		LA Center for Law and Justice	Elysian Valley United
			Hollywood Sunset Free Clinic
			Inquilnos Unidos
			Jovenes, Inc.
			Legal Aid Foundation Los Angeles
			Los Angeles Center of Educational Research
			Search to Involve Pilipino Americans
			Sunset Junction

FDN	**Los Angeles Mission College**	**Neighborhood Legal Services (PASSAGES)**	**New Economics for Women (Central City Neighborhood Partners)**
Community Improvement and Planning Area (CIPA)	4	4	3
Partner Agencies (lead agency in bold)	Dream Finder	El Nido Family Services	Carecen
	Earth Play	El Proyecto del Barrio	CCNP (unfunded)
	Familias con Esperanza	Lutheran Social Services	Clinica Msgr. Oscar Romero
	Family Care Healthy Kids	**Neighborhood Legal Services**	EL Centro del Pueblo
	Friends of the Family		Inner City Law Center
	GAIN CalWORKS Los Angeles Mission College		Ketchum YMCA
	Heroes of Life		**New Economics for Women**
	Los Angeles Educational Partnership		Sunrise Community Counseling Center
	Liaison Citizen		
	Los Angeles Mission College Foster Kinship Program		
	Los Angeles Mission College Worksource		
	Maclay Middle School		
	Maclay Primary School		
	Montague Charter Academy		
	Pacoima Elementary		
	Pacoima Workforce Devt.		
	Pacoima Youth Culture Center		
	Project Grad LA		
	San Fernando HS		
	Telfair Ave. School		
	Los Angeles Mission College		
	Valley Involvement		

FDN	**Toberman Settlement House**	**Watts Labor Community Action Committee**
Community Improvement and Planning Area (CIPA)	6	6
Partner Agencies (lead agency in bold)	Boys and Girls Club of San Pedro	Charles Drew University Medical Center
	Catholic Charities (San Pedro)	Drew Child Development. Corp.
	CC Mahar House	Girls Club of Los Angeles
	Harbor Area GAP	South Central Multipurpose Senior Center
	Joint Efforts	**Watts Labor Community Action Committee**
	Toberman Settlement House	Youth Employment System
	Wilmington Community Clinic	
	YWCA	

Figure A-1. Community Improvement and Planning Area Map

COMMUNITY IMPROVEMENT AND PLANNING AREAS (CIPA)



REVISED/ADOPTED BY CAB APRIL 2003

APPENDIX B – SURVEY INSTRUMENT

FAMILY DEVELOPMENT NETWORK STANDARDIZATION SURVEY

The City of Los Angeles Community Development Department (CDD) has requested Shelter Partnership, Inc. to identify a best practices approach, clarify the most effective means of providing services, and provide input for standardizing the Family Development Network's (FDN) case management component. Your responses to the following questions regarding your FDN's services and practices will be used to determine what the most effective FDN models are and what improvements can be made to the FDN system. Thank you for your time and participation.

Date ___________________

A. FDN Information

FDN Name ____

*Please circle focus of each agency's services (**C**hild, **T**een, **A**dult, **F**amily)*

FDN Partners					
FDN Partners	______________________________________	C	T	A	F
(*Please indicate*	______________________________________	C	T	A	F
lead agency)	______________________________________	C	T	A	F
	______________________________________	C	T	A	F
	______________________________________	C	T	A	F
	______________________________________	C	T	A	F
	______________________________________	C	T	A	F
	______________________________________	C	T	A	F
	______________________________________	C	T	A	F
	______________________________________	C	T	A	F
	______________________________________	C	T	A	F

Lead Agency Contact ______________________ Title __________________________

Phone ___________________________________ Fax ___________________________

E-mail ___________________________________ CIPA ________

B. Client Information

1. Please describe the families that you served during 2002 (percent of total case management client population):

   a. Ethnicity:

African-American	_______%
Asian/Pacific Islander	_______%
European-American (White)	_______%
Latino/Hispanic	_______%
Native American/Alaskan Native	_______%
Other: ____________________	_______%

b. Average family size	________ members
c. Families with two parents	_______%
d. Families with single mother	_______%
e. Families with single father	_______%
f. Families with single parent and other adult(s) in home	_______%
g. Grandparent-headed families	_______%
h. Households with extended family members	_______%

2. Primary language spoken in home by families:

a. Armenian	_______%
b. Cambodian	_______%
c. Chinese (irrespective of dialect)	_______%
d. English	_______%
e. Japanese	_______%
f. Korean	_______%
g. Russian	_______%
h. Spanish	_______%
i. Tagalog	_______%
j. Vietnamese	_______%
k. Other (please indicate) __________	_______%

3. Which of the following does your FDN provide services to? *Mark appropriate populations with an "X".*

   a. Pregnant women (1, 2, 3 tri.) __/__/__
   b. Women w/ infants (<1yr) ____
   c. Large families (>3) ___
   d. Non-ambulatory ___
   e. Seniors (>50) ___
   f. Persons living with HIV/AIDS ___
   g. Chronic homeless ___
   h. Mentally ill ___
   i. Monolingual (non-English) ___ ______________________________________
   Please indicate language (non-Spanish) ___ ______________________________________
   j. Active substance abusers ___
   k. Recovering substance abusers ___
   l. Developmentally disabled ___
   m. Hearing impaired ___
   n. Sight impaired ___
   o. Refugee ___
   p. Other (specify) ___________________

4. For each of the subpopulations **not** served, is this due to choice or lack of resources? *Please indicate population from above list, indicate reason with an "X" and provide a brief explanation.*

Population	Choice	Lack of Resources	Explanation

5. What percentage of your client families have children who are:
   a. In an out of home placement? _______%
   b. At home, but under the jurisdiction of the Department of Children and Family Services? _______%

6. What percentage of your clients receive services from any of the following public agencies:
   a. DCFS _______%
   b. DMH _______%
   c. DPSS _______%
   d. Regional Centers _______%
   e. Other (*specify*): ____________________ _______%
   ____________________ _______%

7. For families receiving services from any of the agencies listed in Question B6, do your case managers have contact with their case manager at these agencies?
   ☐ Yes ☐ No

   If yes, is this typical? ☐ Yes ☐ No

   If no, is there a reason?
   ☐ Don't have time
   ☐ Not part of their protocol
   ☐ Not part of our protocol
   ☐ Other (*describe*): ____

C. Intake and Assessment [*Please provide a copy of standard intake and assessment form(s)*]

1. Please indicate the criteria your FDN uses in determining client eligibility:

   Income guidelines:
   - ☐ In poverty
   - ☐ At 30% of median income or below
   - ☐ At 50% of median income or below
   - ☐ None
   - ☐ Other (specify):________________________________

   Residency guidelines:
   - ☐ Los Angeles City resident
   - ☐ Green card/legal residency status
   - ☐ None
   - ☐ Other (specify):________________________________

   Other (*describe*): ____
   ____
   ____
   ____

2. Who performs intake?
   - ☐ Intake worker
   - ☐ Case Manager
   - ☐ Other (*specify*): ____

3. Which of the following is used to determine if clients are in need of case management services (*please check all that apply*):
   - ☐ Services needed are outcome-based
   - ☐ Client shows numerous presenting problems
   - ☐ Recommended by person who performed intake and assessment
   - ☐ Recommended by agency who referred client to FDN
   - ☐ Specific issue(s) arises during intake and assessment (*specify*): ______________
     ____
   - ☐ Specific issue(s) <u>does not</u> arise during intake and assessment (*specify*): __________
     ____
   - ☐ Other (*specify*): ____

4. Please list all partner agencies that have the capacity to do intakes on new clients:
   ____
   ____
   ____
   ____
   ____
   ____
   ____

5. Do all partner agencies that perform intake use the same form(s)?
   - ☐ Yes
   - ☐ No

   If no, please briefly explain rationale for using different form(s):
   - ☐ Agencies prefer to maintain individual forms
   - ☐ Other (specify): ____
   ____
   ____

6. How is intake and assessment information shared with all network partners?
   Please check all that apply:
   - ☐ Computer file shared network
   - ☐ Email
   - ☐ Fax forms to referred partners
   - ☐ FDN standard referral forms
   - ☐ Information is brought with client on first visit to new agency
   - ☐ Intake and assessment information is not shared
   - ☐ Other (*specify*): ______________________________

7. Which of the following languages do intake staff speak? *Please check all that apply:*
   - ☐ Armenian
   - ☐ Cambodian
   - ☐ Chinese (irrespective of dialect)
   - ☐ English
   - ☐ Japanese
   - ☐ Korean
   - ☐ Russian
   - ☐ Spanish
   - ☐ Tagalog
   - ☐ Vietnamese
   - ☐ Other (*please indicate*): _________________

8. Which of the following data are included in your FDN's intake form(s):
Mark appropriate boxes with an "X"

Data	Record	Do Not Record
Address		
Age of each family member		
Number of children living in the home		
Number of children living outside the home (placement)		
Education level of each family member		
Employment status of adults		
Family size		
Family's willingness to commit to programs		
Gang affiliation		
Gender of each family member		
Household income		
Housing status/rent		
Living arrangements		
Immediate needs		
Legal status of each family member		
Length of time at current address		
Medical history of each family member		
Mental health status of each family member		
Other adults (non-parents) in home		
Other agency(ies) client has had contact with		
Personal Support systems		
Presenting problems		
Primary language spoken in the home		
Psycho-social history of each family member		
Referral source		
Substance abuse history		
Other:		

D. Information and Referral

1. Does your FDN have a master list of outside community service agencies it refers to?
   - ☐ Yes
   - ☐ No

2. What is the primary type of relationship that you have with the outside agencies that your FDN commonly refers to?
   - ☐ Formal contract
   - ☐ Informal referral
   - ☐ Letter of agreement/MOU
   - ☐ Other (specify): ______________________________

3. How often do you advise FDN staff on changes about:

   Your FDN's services:
   - ☐ Weekly
   - ☐ Monthly
   - ☐ Bi-monthly
   - ☐ Quarterly
   - ☐ Biannually
   - ☐ Annually
   - ☐ Do not update

   Outside Agencies' Services:
   - ☐ Weekly
   - ☐ Monthly
   - ☐ Bi-monthly
   - ☐ Quarterly
   - ☐ Biannually
   - ☐ Annually
   - ☐ Do not update

4. Which staff member is responsible for keeping FDN staff updated on agency service changes? ______________________________

5. Are case managers and intake workers briefed on the service changes of the commonly referred agencies? ☐ Yes ☐ No

   If yes, please briefly describe the training/briefing process: ______________________________
   ____
   ____
   ____
   ____

6. How does your FDN monitor whether appropriate referrals have been made?
   - ☐ There is no follow up
   - ☐ Phone follow up
   - ☐ Email
   - ☐ Service report
   - ☐ Site visit
   - ☐ Other

7. Do ineligible clients receive referrals and information for outside agencies that could provide services? ☐ Yes ☐ No

E. Case Management

1. What are the minimum educational qualifications for your FDN's case manager position? *Please check all that apply.*
   - ☐ High School Diploma/GED
   - ☐ Associate's Degree (AA)
   - ☐ Bachelor's Degree (BA)
   - ☐ Master's Degree (*specify*) : ______________________________
   - ☐ Special training (*specify*): ______________________________
   - ☐ Previous experience (*please indicate # of years*): ______
   - ☐ Other (*specify*): ______________________________

2. What are the minimum educational qualifications for your FDN's case manager supervisor position? *Please check all that apply.*
   - ☐ High School Diploma/GED
   - ☐ Associate's Degree (AA)
   - ☐ Bachelor's Degree (BA)
   - ☐ Master's Degree (*specify*): ________________________________
   - ☐ Special training (*specify*): _______________________________________
   - ☐ Previous experience (*please indicate # of years*): ______
   - ☐ Other (*specify*): ____

3. What types of training does your FDN's agencies offer its case managers? *Please check all that apply.*
   - ☐ Cultural sensitivity
   - ☐ First Aid/CPR
   - ☐ Crisis Prevention/Intervention
   - ☐ Computer programs
   - ☐ Client engagement
   - ☐ Alcohol/Drug Identification
   - ☐ Mental Health Identification
   - ☐ Child development
   - ☐ None
   - ☐ Other (describe): ____

4. If case managers also perform intake, please indicate how often:
   - ☐ Never
   - ☐ Less than once a week
   - ☐ More than once a week
   - ☐ Everyday

   If case managers conduct intake, please indicate, on average, the percentage of cases in which they conduct intake and assessment: _______%

5. Which of the following languages are spoken by case management staff? *Please check all that apply:*
   - ☐ Armenian
   - ☐ Cambodian
   - ☐ Chinese (irrespective of dialect)
   - ☐ English
   - ☐ Japanese
   - ☐ Korean
   - ☐ Russian
   - ☐ Spanish
   - ☐ Tagalog
   - ☐ Vietnamese
   - ☐ Other (*please indicate*): ________________

6. How soon after intake does a case manager meet with a new client?
   Please check the box next to the answer that is the closest to your FDN's criteria.
   ☐ 0-7 days ☐ 15-21 days ☐ Other (*specify*): ____________
   ☐ 8-14 days ☐ 22-28 days

7. Are case managers involved in the development of Individual Service Plans?
   ☐ Yes ☐ No

8. Are case managers involved in the development of case management plans?
   ☐ Yes ☐ No

9. Do case managers accompany clients to outside agencies on their first visit?
   ☐ Yes ☐ No ☐ Sometimes

10. How many clients (average) are in each case manager's caseload? ________________

11. In your FDN, does the term "client" signify a family unit or each member of a family unit?
    ☐ Family unit = 1 client
    ☐ Family member = 1 client
    ☐ Other (*specify*): ____

12. How often does each case manager meet with each client family?
    ☐ 1 time
    ☐ 2 times ☐ week
    ☐ 3 times per
    ☐ 4 times ☐ month
    ☐ 5 times
    ☐ Other (describe): ____

    a. If case managers meet with clients at different intervals depending on client need, please briefly explain different levels of client contact: __________________________
    ____
    ____
    ____
    ____
    ____

b. Do case managers conduct home visits? ☐ Yes ☐ No

If yes, how often?

- ☐ Different for each client
- ☐ First contact with client/family
- ☐ Every contact with client/family
- ☐ Weekly
- ☐ Twice a month
- ☐ Monthly
- ☐ Quarterly
- ☐ Annually
- ☐ Other (*specify*): ___________________________________

13. Do your FDN's partner agencies':

a. Executive Directors meet on a regular basis? ☐ Yes ☐ No

If yes, how often? _________ per _________

b. Case management directors meet on a regular basis? ☐ Yes ☐ No

If yes, how often? _________ per _________

c. Case managers meet on a regular basis? ☐ Yes ☐ No

If yes, how often? _________ per _________

d. Caseworkers meet on a regular basis? ☐ Yes ☐ No

If yes, how often? _________ per _________

14. Do caseworkers confer on common clients? ☐ Yes ☐ No ☐ Sometimes

15. What are the barriers that preclude your FDN from providing services in the most efficient, effective manner? *Please check all that apply*.

- ☐ Client apathy/distrust
- ☐ Client : case manager ratios too high
- ☐ Cultural/language barriers
- ☐ Lack of follow-through on referrals (i.e. client attendance)
- ☐ Lack of communication between your FDN's partners
- ☐ Lack of communication between citywide FDNs
- ☐ Extra administrative/reporting requirements (e.g. IDA, OTS)
- ☐ Lack of transportation
- ☐ Other (*specify*): ___________________________________

____

____

16. What are the duties of the case managers in your FDN? *Please check all that apply.*
    - ☐ Organizing and chairing client meetings
    - ☐ Encouraging client involvement
    - ☐ Ensuring the case management plan is developed
    - ☐ Ensuring that roles of team members are identified
    - ☐ Ensuring that a regular monitoring process is established
    - ☐ Ensuring that contact is maintained between the team and external referrals
    - ☐ Ensuring that all paperwork and files are accurate and up-to-date
    - ☐ Determining a process for conflict resolution or mediation when necessary
    - ☐ Ensuring that meeting records are compiled, maintained and distributed
    - ☐ Other (*describe*): ____

17. What have been the most effective components of case management in terms of client families' progression up the family development matrices? *Please check all that apply.*
    - ☐ Information and referral services
    - ☐ Counseling/support group services
    - ☐ Tutoring/education services
    - ☐ Financial training/budgeting services
    - ☐ Other (specify): ____

F. Service Provision

1. Please indicate on the table below the services that any of the agencies in your FDN provide to client families, the services that your agencies do not provide, but refer to other agencies, and the services that your agencies neither provide nor refer to other agencies. *Mark services with an "X".*

Service	Provide	Refer	Do not provide/Do not refer
Advocacy			
After-school programs			
Childcare			
Community improvement projects			
Computer/internet access			
Conflict resolution training			
Domestic Violence counseling			
Education/vocational training			
Employment assistance and training			
ESL classes			
Financial management and budgeting			
Food bank/distribution			
Gang intervention/prevention			
Group/Family counseling			
Health care			
Homeless services			
Housing services/advocacy			
Immigration/Citizenship services			
Individual counseling			
Individualized Development Account (IDA)			
Legal education			
Legal services			
Life skills			
Mental health services			
Mentoring			
Office of Transportation and Safety (OTS) services			
Parenting programs			
Parenting skills training			
Rental/Mortgage assistance			
Recreational activities			
Substance abuse prevention/intervention			
Substance abuse treatment			
Support groups			
Teen pregnancy/parenting services			
Transportation (bus tokens, taxi vouchers)			
Tutoring			
Youth advocacy			
Other:			

For questions F2-F4, letter 'a' will be considered the highest priority, 'b' the second highest, and so on.

2. Of the services the agencies in your FDN provide to their client families, please rank the top five (5) services that you consider to be the most vital to your client population.
   a. ____ (highest priority)
   b. ____
   c. ____
   d. ____
   e. ____

3. Of the services the agencies in your FDN do not provide, but do refer to other agencies, please rank the top five (5) services that you consider to be the most vital to your client population.
   a. ____ (highest priority)
   b. ____
   c. ____
   d. ____
   e. ____

4. If your FDN were to obtain funding to add, expand or improve any of the above services (that your FDN either provides or refers) to better serve your client population, which of the following would you consider the highest priority?
   a. ____ (highest priority)
   b. ____
   c. ____
   d. ____
   e. ____

G. Discharge/Exit Planning

1. What criteria does your FDN use to determine when to discharge a client family? *Please check the box next to the answer that is the closest to your FDN's criteria.*
   - ☐ Completed all case management plan goals
   - ☐ Completed _____ % of case management plan goals
   - ☐ Has attained "stable" status on Family Development Matrix
   - ☐ Has attained "safe" status on Family Development Matrix
   - ☐ Has attained "thriving" status on Family Development Matrix
   - ☐ Client makes the decision to exit when ready
   - ☐ End of calendar/fiscal year
   - ☐ End of enrollment period (*please indicate number of months*: _______)
   - ☐ Other (*specify*): ____

2. Do follow-up appointments with discharged clients occur:
   - ☐ Over the telephone
   - ☐ In person
   - ☐ Does not occur
   - ☐ Depends on the client (*please briefly explain*): ______________________________
   ____

3. How often do case managers have contact with client families after discharge/exit? *Please check the box next to the answer that is the closest to your FDN's criteria.*
   - ☐ Once a month for first year after discharge
   - ☐ Bimonthly for first year after discharge
   - ☐ Quarterly for first year after discharge
   - ☐ Every six months for first year after discharge
   - ☐ Annually for first year after discharge
   - ☐ Case managers do not follow-up with clients after discharge
   - ☐ Other (*describe*): ____

   If case managers have contact with clients for longer than one year post-discharge, please indicate how long the case manager conducts follow-up/monitoring ________________

4. What services do you provide to clients after discharge?
   - ☐ Advocacy
   - ☐ Counseling
   - ☐ Crisis Intervention
   - ☐ General follow-up of client progress/Monitoring
   - ☐ Information and Referral
   - ☐ Legal assistance
   - ☐ Other (*specify*): ________________________

5. Does your FDN have a formal mechanism to incorporate client feedback on services?
   - ☐ Yes
   - ☐ No

   If yes, how? ____
   ____

6. Does your FDN evaluate the services it provides? ☐ Yes ☐ No

   If yes, how, and how often? ____
   ____

H. Provider Feedback

1. In what ways would you change the FDN program in Los Angeles to make it more effective and efficient?

2. Are there any unanticipated barriers or issues that have arisen since your FDN's inception that have affected your performance?

3. How do you evaluate success?

4. Are there any issues that you wish to share with us?

5. What is(are) the major referral source(s) of clients to your FDN?
   - ☐ Word of mouth
   - ☐ Outreach
   - ☐ Existing clients of partner agency
   - ☐ Referred by agency that FDN has working relationship with
   - ☐ Other (specify): ______________________

APPENDIX C – CASE STUDY – CHILDREN'S BUREAU OF SOUTHERN CALIFORNIA FAMILY DEVELOPMENT NETWORK

The Children's Bureau Family Development Network (Hollywood/Wilshire Family Development Network) is highlighted for this report for their best practices implementation. Children's Bureau exhibited a comprehensive approach to providing the integrated human services that assist families' progress toward self-sufficiency.

I. Overview

This FDN is comprised of eight non-profit agencies that collaborate to provide their community with programs and services that promote positive development for individuals, children, youth and families. Seven partners are capable of conducting intake and assessment and the majority of case-management services take place at two locations, Children's Bureau of Southern California and Children's Hospital Los Angeles Family Resource Center.

II. Goals

The network's main goal is to empower their client families and to assist them to move from poverty toward self-sufficiency. Using the Integrated Services Information System to document client progress, the Children's Bureau seeks to move all client families from their original level on the Family Development Matrices to the level of 'thriving.'

III. Background

The Children's Bureau FDN was established in 1999 in response to the City bid process. Partner agencies were chosen based on their compatibility in two areas. First, because the service area was large and the population diverse, it was important that the partner agencies collectively provided services to every area. Secondly, it was important that the partner agencies provided services that met the needs of the population.

The planning process was convened by then-Los Angeles City Council member, Jackie Goldberg, and involved a meeting with all interested agencies to discuss the specific needs of the families. Agencies that provided services that met those needs, as well as those that served a particular area of the Community Improvement Planning Area (CIPA) were chosen to be partner members.

Currently, the FDN consists of eight partner agencies. These agencies are: Bresee Foundation, Children's Bureau of Southern California (lead agency), Children's Hospital Los Angeles Family Resource Center, Korean Health Education, Information and Research (KHEIR), Legal Aid Foundation Los Angeles (LAFLA), Los Angeles Free Clinic, Los Angeles Gay and Lesbian Center and the National Council of Jewish Women –Women Helping Women (See Table C-1 for the services that each partner provides).

Three of the original partner agencies are no longer with the FDN. Two of the original partner agencies are no longer involved in the network, due to their inability to provide services as well

as poor communication and reporting. The decision to terminate the two agencies was made by the entire network. The third agency is instead providing services to another network.

According to the lead agency, the partner agencies have very strong working relationships and a high level of trust between them. The case-managers meet twice a month and program directors meet every other month to keep each other current on client issues and program changes.

This strong relationship within the collaborative is evident in the development of projects between partner agencies in addition to the network. Two such programs are a Proposition 10 funded program that provides information and referral services to families with children ages 0-5 years, and an after-school elementary school level learning program.

The FDN has a steering committee that is comprised of funded agencies, as well as other community agencies. The steering committee is responsible for overseeing implementation, resolving conflicts, and assuring accountability of the partners.

IV. Partners

A. Bresee Foundation

The Bresee Foundation is a non-profit organization serving the neighborhoods of Koreatown, Pico Union, Westlake and South Central Los Angeles. The organization provides area residents with access to important resources and services and empowers them with the knowledge and skills to improve their lives.

Established in 1982 by the Los Angeles First Church of the Nazarene, The Bresee Foundation serves more than 3,000 people annually. Most residents live below the poverty level and have no access to health care. Their programs provide community members with access to education, health care, education, job preparation, recreation, technology, and other crucial supports.

B. Children's Bureau of Southern California

Since 1904, Children's Bureau of Southern California (CBSC) has been providing services to at-risk families. Currently, the agency serves more than 5,000 children and families each year, 98% of whom live below the poverty level. CBSC collaborates with government agencies, non-profit organizations, local schools, churches, law enforcement agencies, health care agencies and research organizations. CBSC provides case-management, children's groups, in-home and in-office counseling, information and referral, parent education classes, and support groups.

In addition to the agency's general services, CBSC recognizes that early intervention is a critical element of ensuring a child's healthy development. Children's Bureau's goal is to focus prevention programs toward helping parents with children ages 0-3. Toward this end, CBSC has developed three programs, NuParent, Family Resource Centers, and the Parent Child Cooperative Development Center.

NuParent, is a parent education program available to all new parents that offers a unique opportunity for parents of babies six months and younger to learn how to develop a nurturing, bonding relationship with their infant, while also gaining much-needed skills and confidence. The Family Resource Centers serve thousands of at-risk children and parents in a non-judgmental and supportive environment. All clients are encouraged to take an active role in shaping the Family Resource Center to fit their particular communities' needs. The Parent Child Cooperative Development Center is a preschool program that prepares toddlers for kindergarten, and is instrumental in teaching parents how to actively participate in their child's schoolwork and activities.

C. Children's Hospital Los Angeles Family Resource Center

Established in 1998 through a Community Development Department BRIDGES grant, the Children's Hospital Los Angeles Family Resource Center promotes the health and well-being of adolescents, their families, and the communities in which they live through youth-specific services, research and training. The Family Resource Center also informs public policy and advocates for the needs of at-risk or disenfranchised youth.

As one of the two main hubs for the FDN, the center provides a large number of services to client families including: case-management, community outreach, crisis intervention, domestic violence services, health education, in-home, school and office visitation services, information and referral services, legal services, literacy/ESL classes, parent education groups, transportation assistance, and youth based services.

D. Korean Health Education Information and Research

The Korean Health, Education, Information and Research (KHEIR) Center is a non-profit service agency, established in 1986 in response to an United Way inquiry about the health care needs of the Korean-American community. Since its inception, KHEIR has evolved into a broad-based service agency, with a central mission to facilitate access to and utilization of existing health and human aid establishments, for people who lack appropriate information and resources.

KHEIR is a primary provider of health education, health care, and social support. Services are provided from five central offices throughout CIPA 3. In order to cater to the burgeoning Korean-American communities in the greater Los Angeles area, KHEIR has established satellite offices in Gardena and Walnut.

E. Legal Aid Foundation Los Angeles

For more than 70 years, the Legal Aid Foundation of Los Angeles (LAFLA) has been providing civil legal services to the low-income population of metropolitan Los Angeles. With six neighborhood offices and four courthouse clinics, serving communities as diverse as East Los Angeles, the Westside, South Central, Pico-Union, Koreatown, and Long Beach, LAFLA is a primary resource for low-income families and individuals in need of legal help with crises that threaten their shelter, health, and livelihood.

LAFLA provides a comprehensive range of services that address the many problems faced by their clients, including domestic violence services, homelessness services, food bank assistance, health care, and transition off of welfare.

LAFLA also aids in the revitalization of disadvantaged communities by creating job opportunities, building affordable housing units, developing child care spaces, organizing youth services and other social programs.

F. Los Angeles Free Clinic

Established in 1967 by a small group of volunteers, The Los Angeles Free Clinic, now serves thousands of young people living in the streets and parks of Los Angeles, as well as low-income families and individuals. The Los Angeles Free Clinic currently operates at three sites in the City of Los Angeles. The Seniel Ostrow Building on Beverly Boulevard, the Hollywood Center on Hollywood Boulevard, and the Hollywood Wilshire Health Center on Melrose Avenue.

Today the homeless, the uninsured, the working poor, and youth come from all over the greater Los Angeles area for services. The Los Angeles Free Clinic provides the following services to their clients: alternative medicine, counseling, dental care, HIV testing, legal assistance, medical care, peer education and outreach, and prenatal care.

G. Los Angeles Gay and Lesbian Center

Founded in 1971, the Los Angeles Gay and Lesbian Center is the largest gay and lesbian organization in the world. With an annual budget of $33 million, the Center offers a wide array of services to gay men and lesbians.

The Center receives an average of 18,000 visits each month from ethnically diverse youth and adults at its five sites. The Gay and Lesbian Center provides the following services to its clients: civil rights and health policy advocacy programs, computer training skills, education and enrichment courses, employment training and placement services, HIV prevention and education programs and services, housing, internet access, legal aid and legal assistance programs, primary and specialty medical care, programs for seniors, theater and cultural arts programming, and youth programs and housing. In addition, the organization has one of the nation’s largest HIV/AIDS drug-related pharmacies.

H. National Council of Jewish Women Los Angeles –Women Helping Women

Since its inception in 1909, the National Council of Women Jewish Los Angeles (NCJW/LA) has served the community by assisting women, children, and families in need. It takes part in issues such as advocacy, at-risk children, child care, community service, consumer education, domestic violence, environmental threats, health care for the poor, homelessness, juvenile justice, nursing homes, race and gender equality, reproductive rights, rights for the disabled, single-parents, voting rights, and welfare reform by empowering women of all ages through education.

Women Helping Women (WHW) offers valuable community services for people in need. Their philosophy is to empower women with the skills and confidence they need to conquer their problems. WHW offers a variety of workshops, support groups, and other programs to help women help themselves. Trained counselors offer guidance and resources to women in crisis.

I. Conclusion

It was the vision of these agencies to provide a comprehensive array of services that would address the diverse population of their community, as well as the multitude of issues that families face on a daily basis. The consortium partners identified the needs of the community, defined self-sufficiency and identified the services that would best satisfy the needs of the community to move their families toward self-sufficiency. The FDN addressed the unique challenge of addressing the needs of the large Korean-American and gay and lesbian populations that reside in the community. They recognized that the needs of these two groups are often overlooked As a result, the FDN chose to include agencies that specifically address those needs.

Children's Bureau of Southern California, as lead agency, was given the task of monitoring administrative, fiscal, and program management.

Table C-1. Children's Bureau FDN Subcontracted Services

Agency	1	2	3	4	5	6	7	8
Advocacy	X	X	X	X	X	X	X	X
Case-Management	X	X	X	X	X	X		X
Counseling	X	X		X	X	X		
Dental/Medical						X		
Domestic Violence		X					X	X
In Home Counseling	X	X			X			
Information and Referral	X	X	X	X	X	X	X	X
Intake and Assessment	X	X	X	X	X	X		X
Legal Services					X		X	
Parent Education	X	X	X					X
Self-Sufficiency/Educational Workshops	X			X		X		X
Support Groups	X				X			X
Transportation	X	X	X	X	X	X		X
Youth Advocacy		X	X					

1= Children's Bureau
2= Children's Hospital
3= Bresee Foundation
4= KHEIR
5= L.A. Gay and Lesbian Center
6= LA Free Clinic
7= LAFLA
8= Women Helping Women

V. Program Strategies

The FDN was established in such a way that the majority of case-management services would flow through the two main hubs, Children's Bureau of Southern California and Children's Hospital Los Angeles Family Resource Center. These two hubs are in different areas of the CIPA. Children's Bureau is in the East Hollywood community and Children's Hospital is located in Hollywood. Referrals to partner agencies are made to the other partners to achieve the following outcomes:

1. Adults/Parents will overcome major barriers and achieve self-sufficiency.
2. High-risk youth (i.e. delinquency, school failure, drug abuse and depression) will move successfully toward becoming productive and contributing members of the community.
3. High-risk young children (birth to 12) will have a strong foundation to build upon for future success.

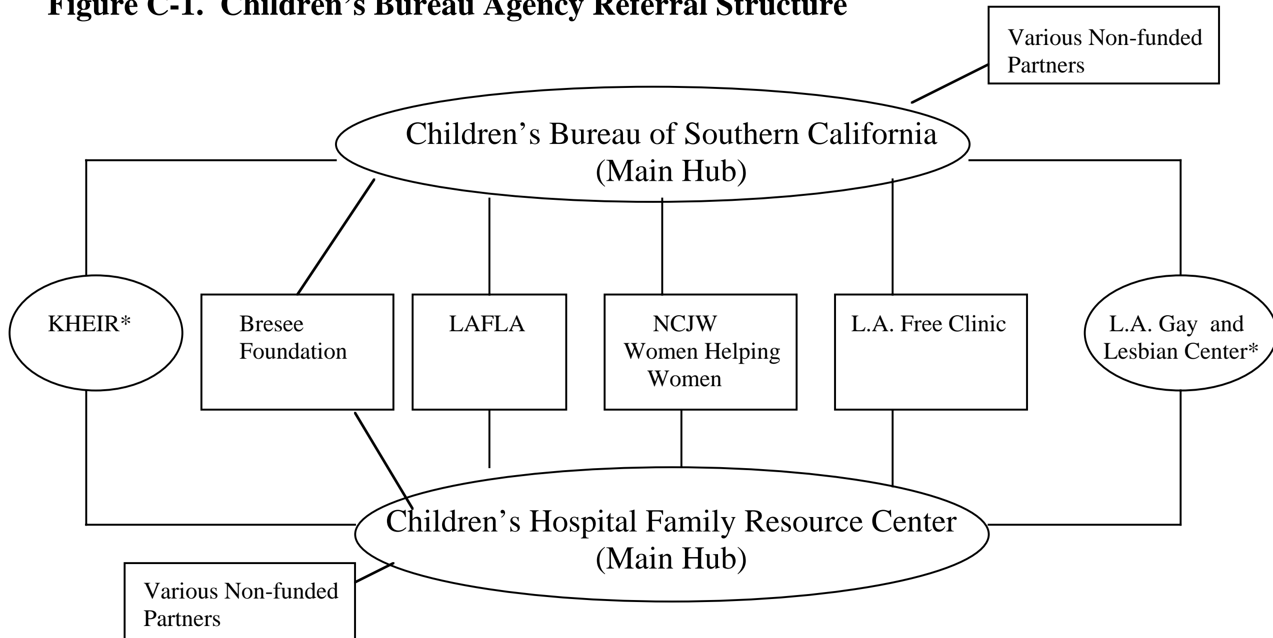
Agencies provide services Monday through Friday, from 8:30 a.m. to 8:00 p.m. and on Saturday from 9:00 to 2:00 p.m.

The case-management process is thorough and based on a 'family strengths model'. Clients that receive services actively participate in the initial and ongoing determination of their family's goals. Instead of merely sending clients to an appointment at a partner agency, families/individuals are coached on how to engage resources in order to develop their own strengths.

When a client family walks-in, or is referred for services, a receptionist or available staff interviews the client and secures general information, such as name and any immediate needs. An intake worker then conducts what the FDN refers to as "Intake, Part 1." This consists of an eligibility determination and a psychosocial needs assessment. The intake worker provides the client with information about the partners and often takes the client on a tour of the agency. The intake worker then assigns the client family to a case-manager who manages the case.

The case-manager conducts what the FDN refers to as "Intake, Part 2," which consists of an in-depth assessment and the development of goals for the family to work on as prescribed by the Family Development Matrices. The case-manager refers the client family to relevant services. Master's level case-managers often conduct therapy sessions, while Bachelor's level case-managers refer client families to trained service providers. Regular meetings are arranged to discuss the family's issues, attendance at referred appointments, and any issues that may have arisen for a family member. Figure C-1 illustrates how the two main hubs and other partner agencies are linked.

Figure C-1. Children's Bureau Agency Referral Structure



* KHEIR and the L.A. Gay and Lesbian Center serve special populations.

Client families are usually enrolled in the program for approximately one year. The case-manager and clinical supervisor constantly discuss the various cases to determine the direction of service provision. When a consensus is reached between the client, the case-manager, and clinical supervisor that the client family has met the goals of their work-plan, the case is recommended for discharge. Upon discharge, a client family receives a Client Feedback card that allows the participant to rate the quality of services and suggest additional resources that are needed. All of the case-management forms that are unique to the network are included at the end of Appendix C.

VI. Program Parameters, Case-Management Ratios and Outcomes

A. Case-Management Parameters

The minimum qualifications required of case-management staff include the requirement of Bachelor's degree with at least one year of experience. The case-manager supervisors must be licensed with a Master's degree and have at least two years of supervising experience. There was expressed a desire to increase the number of Master's level case-managers with clinical experience to handle the more difficult cases.

Staff are well trained in a variety of areas and it seems that staff training is done consistently throughout the year. The areas of training that case-managers receive are: alcohol/drug identification, client engagement, crisis prevention/intervention, domestic violence issues, family law, immigration, mental health identification, stress management, tenant's rights, unemployment issues, and working with gay youth.

The client to case-manager ratios were among the lowest in the Family Development Network program, one case-manager to every 15-25 client families. It was expressed that the ratio of one case-manager for every 15-20 families would be ideal. Case-managers typically meet with their client families once a week.

The FDN provides or refers out for all of the services that were surveyed, with only six of the 37 services referred out (see Table 15).

B. WestEd Evaluation

Children's Bureau utilizes an outside evaluation tool to assess how effectively their services are provided. The Child Strength Research Project, a division of WestEd, developed the tool. Network staff felt that the City's reporting and documentation requirements were insufficient to evaluate their program.

The evaluation developers accepted suggestions from the case-management staff, intake workers and the steering committee. The proposed outcomes were to reduce the number and frequency of client crises, to meet all clients' basic needs, to ensure clients' growth in their psychosocial development, and to ensure clients' growth in their economic development.

The evaluation utilizes four instruments. Two of the instruments are modified versions of forms used by the Family Development Network for ISIS. These are Intake Form-Part 1, and the Family Development Matrices. Specifically, the crisis cycle was added to both forms so that a worker could document whether a certain issue was acute, chronic or occurred in the past.

The other two instruments were new. The Client Strengths Assessment/Self-Sufficiency Planning is administered within the first month of intake and quarterly thereafter. In order to describe a more detailed account a client's situation, it includes a space for the client to reflect on his/her basic needs, psychosocial development, and economic development. The Economic Development Progress tool is administered within the first month and every six months thereafter. It measures "hard" outcomes that are more tangible than the ISIS form.

Each form is filled out by either the intake worker or case-manager and subsequently faxed to the data entry staff person who enters the data to meet City reporting and documentation requirements.

C. Client Family Outcomes

A review of the City of Los Angeles Human Service Delivery System 'Client Movement Summary Report 2002' shows that clients moved up the Family Development scale at a very consistent rate. A Client Movement Summary Report, provided by the Community Development Department on January 23, 2003, stated that 196 of the network's client families moved up the scale at least one level, i.e. from 'in crisis' to 'vulnerable' or from 'stable' to 'safe.' There were 142 families that moved up one level, 39 families moved up two levels, 14 families moved up three levels, and one family moved up four levels.

APPENDIX D – GLOSSARY

AIDS	Acquired Immune Deficiency Syndrome
CDD	Community Development Department
CIPA	Community Improvement and Planning Area
DCFS	Department of Children and Family Services.
DMH	Department of Mental Health
DPSS	Department of Public Social Services
FDN	Family Development Network
HIV	Human Immunodeficiency Virus
IDA	Individualized Development Account
ISIS	Integrated Services Information System
OTS	Office of Transportation and Safety
YAP	Youth Advocacy Program