ALTERNATIVE FAMILY SERVICES

Impact Report | FY '21-'22



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CEO's MESSAGE



I believe, "The effect you have on others is the most valuable currency there is in life."

Marsha Lewis-Akyeem, CEO



PROGRAM DEVELOPEMENTS

We are in the midst of program development in several areas:

- Intensive Family Preservation with San Francisco Juvenile Program allows us to support families in maintaining permanency.
- A new Sonoma County Mental Health contract will allow us to serve non-system involved children for the first time.
- Telepsychiatry is creating opportunities for AFS to provide psychiatric services to Alameda County's most vulnerable populations with AFS clients and in other agencies.
- AFS is working to expand our Title IV-E training contracts with San Francisco county with a focus on Agency Engagement. Our people are our most precious resource. We are looking at ways to engage staff and the communities.
- Constructing meaningful programming in probation, social services and mental health to improve the continuum of care in our communities remains a priority for the future.
- We are expanding our capacity throughout the agency to provide ISFC or specialized foster care placements (Shelter, TFC, enhanced ISFC). With Continuum of Care Reform, there has been a reduction in congregate care and an increase in home-based care.
- We continue to provide exceptional care to Transitional Age Youth, and are always exploring ways to leverage strengths from our TAY/ILP programming.

The AFS Executive Team has created an informal "Fireside Chat" to allow staff to give input, ask questions and seek mutual understanding. The Resource Development Department continues to create fundraising campaigns, facility tours and special events to engage community partners in our mission.

As an agency, we have been, and will continue to be, a positive influence on improving the lives of children and families.

Dear AFS Community,

I am excited and honored to lead Alternative Family Services as the new Chief Executive Officer. It is inspiring to be a part of an organization that has had a longstanding, significant impact on the lives of so many children, teens and families throughout Northern California. Counties see us as part of their continuum and their communities. We are part of the fabric that helps create *hope and healing*.

As the new CEO, I've been connecting with staff, families and youth at our sites. The stories of teams and families working together to support children, teens, young adults and families in healing has been one of the most impactful experience at AFS. This is my internal compass telling me that I have landed at the right place!

AGENCY HIGHLIGHTS

Preserving our core values: The AFS Core Values are instrumental in providing our north star direction to each other, our decisions and how we behave as an agency.

Integrating Mental Health and Foster Care: Building on our supportive culture, AFS is integrating Mental Health into our Foster Care Model by using WisdomPath Ways and Integrated Listening Systems.

Creating our Shared Vision and Strategic Direction: Based on needs from our communities, statewide data, agency data, state direction and input from staff we are creating our shared vision and strategic direction. Staff has established our agency Pillars which are Financial Strength, Learning and Growth, Innovation, Preferred Employer and Service Excellence.

Alternative Family Services MISSION

Support vulnerable children, youth and families in need of stability, safety and wellbeing in their communities.



The AFS five pillars are created from the agency's shared vision and strategic direction to ensure constituent's needs are equitably and compassionately met.

CORE VALUES

AFS staff, resource families and community partners are committed to providing clients with equitable, compassionate and supportive care through all of its programs. The AFS core values represent all the human interactions both within and outside the agency—with HEART.



The Leadership Team at AFS has consistently demonstrated transparency, honesty and integrity in their communication with staff, families and children.

Across the board, these values are integral in creating an atmosphere and culture that empowers the work that we do, and results in the best service delivery possible to the children and families we serve.

Having a strong belief in the values of leadership helps me to whole-heartedly give my best to AFS and persevere through the difficulties that come with our work!

> Gabe D'Ambrosio, MSW Assistant Program Director

onesty & integrity

Equity, diversity, inclusion

Appreciation, supportive

Respect



TIMELINE

2021

Homes for Youth: SF County Juvenile Probation

2010-2013

- Foster care: Sacramento & San Joaquin Counties
- The Gathering Place Therapeutic Visitation Center, Oakland
- First funded Training Program
- The Gathering Place Therapeutic Visitation Center, Pleasanton
- Sonoma County Mental Health

2003-2005

- Therapeutic foster care for adults with developmental disabilities*
- Pathways to Permanence, first EPSDT outpatient mental health in Alameda County

1990-1992

- All AFS programs open to 0-18yo
- Intensive Family Reunification Program*
- Family Alternatives for Children with Developmental Disabilities (FACDD)

1981-1986

- Marin Extended Family
- Special Populations (SF County): foster care for unaccompanied refugee minors & independent living skills for teens.
- Client age lowered to 5yo (younger if a sibling group)

1973

• Jay Berlin begins Alternative Living Project under Youth Advocates, Inc., foster care for SF & Marin County teens.

* program discontinued

• program operational & renamed

2022

- AFS Founder/CEO, Jay Berlin, Retires
- Marsha Lewis-Akyeem becomes new CEO
- Sonoma County Mental Health (non-CPS)
- Alameda County Tele-Psych Services
- Intensive Family Preservation: SF County
- Emergency Shelter Program Sacramento

2015-2018

- National accreditation Council on Accreditation
- Stockton resource family meeting space
- SF Emergency Shelter Program
- SF Parenting for Permanency College
- Intensive Treatment Foster Care renamed by State of CA to Intensive Services Foster Care *

2007-2008

- Contra Costa County Mental Health
- Solano Independent Living Program*
- Mental Health Services
- Marin Transitional Housing Plus Program
- SF Therapeutic Visitation Program

1993-1999

- Casas con Corazón (Homes with Heart) Spanishspeaking foster care program
- Intensive Treatment Foster Care: program for youth with enhanced emotional and/or behavioral needs
- Foster care in Alameda and Contra Costa Counties
- Adoption Services

1988

- Special Populations programs combined to Extended Family model
- Marin Extended Family now Marin/Sonoma Extended
 Family
- Marin Independent Living Program for transition age youth

1978

• Alternative Living Project reincorporated as, Alternative Family Services, Inc.: foster care in SF, Marin & San Mateo Counties

COUNTIES & SERVICES



AFS cares for youth from and placed in the following counties:

- Alameda
- Butte
- Contra Costa
- El Dorado
- Kern
- Lake

- MarinNapa
 - Placer
 - Sacramento
 - San Francisco
 - San Joaquin
 - San Mateo
 - San Mateo

- Santa ClaraSolano
- Sonoma
- Stanislaus
- Sutter
- Yolo
- Yuba

"There can be no keener revelation of a society's soul than the way in

which it treats its children."

Nelson Mandela Former President of South Africa Each year, AFS facilitates Hope & Healing for over 1,500 children, teens and young adults ages 0-20 and their families through **the following areas of service:**

FOSTER CARE

- Intensive Services Foster Care (ISFC)
- Emergency Placement
- Family Alternatives for Children with Developmental Disabilities (FACDD)
- AFS Homes for Youth (JPD) San Francisco
- Treatment Foster Care
- Therapeutic Foster Care

ADOPTION

- Fost-adopt
- County Adoption Support Services

TRANSITION AGED YOUTH

- Independent Living Skills Program (ILSP)
- Marin Transitional Housing Plus (THP+)

MENTAL HEALTH

- Individual & Family Therapy
- Community & Home Based Mental Health Services
- Office Based Mental Health Services
- Therapeutic Visitation Services
- The Gathering Place Therapeutic Visitation Centers (Oakland, Pleasanton)
- Therapeutic & Supervised Visitation
- Sonoma County Mental Health (general outpatient)
- Tele-psychiatry Services (Alameda County)

WRAP AROUND

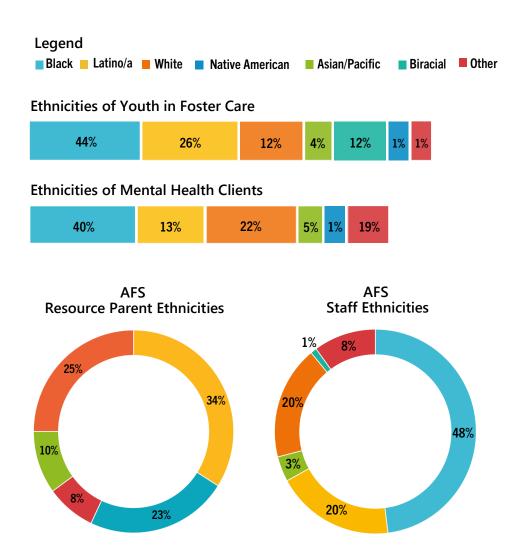
• Intensive Family Preservation (San Francisco County)



DEMOGRAPHICS



AFS staff, clients and resource parents make up a rich and diverse culture. Providing a safe, inclusive and equitable environment for all individuals who engage with AFS is a cornerstone value of the agency.



IMPACT STORY Resource Parent, Gayle Ballinger

Gayle has been a resource parent for over 23 years!

After raising two biological children, Gayle elected fostering. Over the decades, she has fostered over 30 kids. In this time, Gayle has worked with individuals and siblings ranging in age from 8 to 21 years old, all as a single parent.

It was after working as a youth minister that Gayle decided to become a resource parent. She has a fondness for teens which has been the age group she's cared for the most. Gayle notes while teenagers can be challenging, it's possible to have really good conversations and strong relationships with them.

Gayle has always gone the extra mile for youth in her care. Whether is was staying up to help them finish their homework, taking care of them when sick or just providing a shoulder to cry on, Gayle always tries to provide a strong foundation both socially and spiritually.



What's the secret to working with teenagers?

According to Gayle, "Empathy is key as well as considering how I'd want my own kids to be taken care of if they were in foster care." Gayle keeps in touch with just about all of the youth she cared for and has even been there when some of them have kids of their own! Gayle's fortunate to have seen some of her former foster youth go to college and see success later in life. During the holidays, Gayle hangs 30 stockings for Christmas for the youth she's cared for and their families who come over. Current and former youth in care are not the only ones who stay connected with Gayle. Her AFS social workers are regularly invited to family and book sharing events.

One of her most memorable experiences of raising a foster youth was Ella*, a 13-year-old who totally broke down three months into care. But Gayle and Ella persevered and are now on good terms-in fact, this challenging 13-year-old is now a 27-year-old college graduate!

After being a single foster parent for so many years, what keeps Gayle going?

Gayle always believes she can help and doesn't want to reject anyone. However, she noted that youth placed in her home have to feel it's a mutual fit. Both Gayle and the teens coming into her care have to agree it's the best placement all around.

Gayle's advice to anyone interested in fostering?

You owe it to yourself and the kids to investigate the coupling further. It may not be right for you now, but perhaps it will be right for you later.

AFS staff, families and kids are grateful that Gayle chose to partner with our agency. She has had a profound impact the lives of so many Northern California foster youth!

Interview with Resource Parent Gayle Ballinger

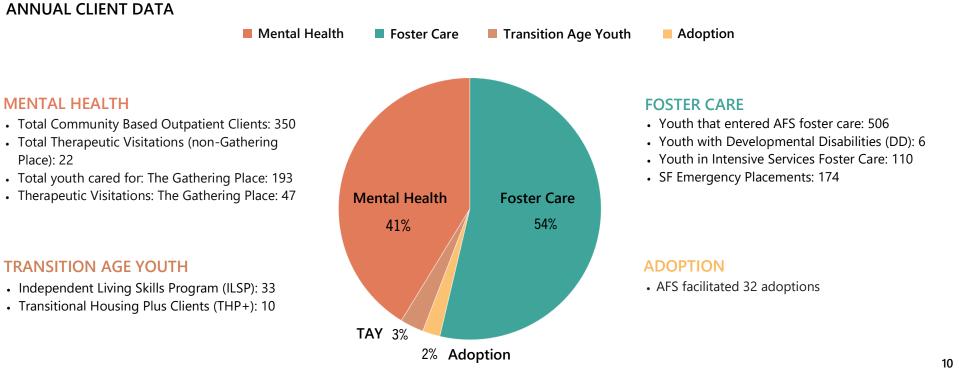


ANNUAL CLIENT DATA FY '21-'22



1,483

The number of Northern California children, teens and young adults cared for through AFS Mental Health, Foster Care, Transition Age Youth (TAY) and Adoption services in FY '21-'22.



Alternative Family Services CONTINUUM of CARE REFORM (CCR)



On October 11, 2015 California Governor Edmund G. Brown, Jr. signed the Continuum of Care Reform (CCR) legislation that comprehensively reforms placement and treatment options for children and youth in foster care.

Fundamental CCR Principles

- All children and youth deserve to live with a committed, nurturing and permanent family that prepares them for a successful transition into adulthood.
- The child, youth and family's experience and voice are important in assessment, placement and service planning.
- Youth in care should have stable placement while receiving necessary services and supports.
- Agencies caring for youth and families must create effective collaboration and communication.
- The goal for youth in foster care is normalcy in development, establishing life-long relationships in a home instead of a group living environment.

CCR Source: <u>CA Dept. of Social Services</u>¹

Current CCR Trends & Goals in California

- Focus on stabilizing and keeping families together by enhancing prevention service to decrease youth placed in care
- Reunifying children and youth with their family
- Permanency, guardianship and relative placements
- Increasing treatment family-setting options in one's community for children and youth with complex needs
- Engaging families and the community for solutions
- Emphasis on outcomes-driven treatment
- Shorter length of service in foster care by improving permanent solutions through family reunification, adoption, kin placement and family-finding towards the beginning of care



AFS Response to CCR Trends

- Increase in Specialized and Intensive Services Programming
- Increase in Mental Health & Diversified Services
- Performance Evaluations & Outcomes
- · Investment in personnel and technological infrastructure
- Adapt training classes in preparation for caring for youth with complex needs

INVESTING IN FAMILIES



Families who have access to basic needs such as housing, food, clothing, medical and behavioral health care services, legal representation, transportation, early care and education provides the foundation for a healthy home environment and independent economic success. Investing in families before they reach a level of stress and despair that leads to involvement in the child welfare system, benefits society as a whole socially and economically.

SOCIAL DETERMINANTS OF HEALTH



KALI's STORY

Ms. Martin* received word that her niece, Kali*, had recently been placed into a foster home in Northern California due to her mother's challenges with addiction and mental health.

Ms. Martin was familiar with the option of kinship care because a friend of hers had cared for a grandson via kinship. Ms. Martin was referred to AFS and committed to becoming a resource parent in order to care for Kali. In fact, Ms. Martin was so determined to ensure Kali landed in her care, she completed all tasks and paperwork in a very short period of time and became an approved resource parent within one month.

AFS purchased two new beds for Ms. Martin's daughter and niece so they could share a room and be excited about their new furnishings. Ms. Martin's big heart and motivation to keep family together changed the course of Kali's life in a moment's time. While Kali's mom

accesses services to heal, Kali has a safe and loving home to thrive.

*Names changed to protect identities.

The Social determinants of health (SDOH) described by the U.S. Department of Health and Human Services (DHH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks and are grouped into 5 domains:²



FACTORS for PLACEMENT



Poverty & Neglect Defined



POVERTY The U.S. Department of Health and Human Services defines poverty as, "People and families are considered impoverished when they lack the economic resources necessary to experience a minimal living standard. Official U.S. Census Bureau statistics estimate that 37 million persons, 11.4 percent of the total population, were impoverished in the United States in 2020⁸.

NEGLECT The U.S. Department of Health and Human Services defines neglect as, "Any recent act or failure to act on the part of a parent or caregiver, which results in death, serious physical or emotional harm, sexual abuse, exploitation, or an act or failure to act which presents an imminent risk of serious harm⁹.

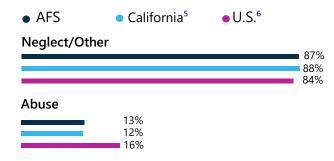
Most children enter foster care due to "neglect" versus physical or sexual abuse. Oftentimes, households that have inadequate access to basic needs are statistically more likely to become involved in the child welfare system.

It is important to recognize that poverty does not equal neglect.

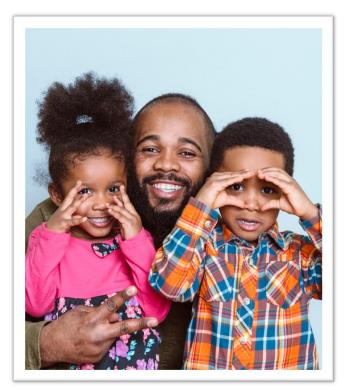
National, state and local programs are starting to provide targeted family interventions to stabilize the home environment before their children are entered into the child welfare system. The Family First Prevention Services Act³ and the Family First Transition Act⁴, is one such program that can safely allow children and teens to remain with their families while accessing resources to help them heal and thrive.

Reasons for Placement

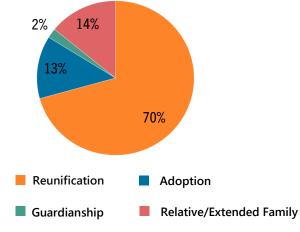
AFS, California, United States







AFS Positive Permanency Outcomes



Alternative Family Services

FOSTER CARE OUTCOMES

The goal for any child or teen placed into care is to provide a safe, stable and permanent setting to allow *Hope & Healing*. Reunifying a child or teen with their biological parents or placing them in a relative's home improves their opportunity to thrive as a young person. When reunification or kin placement is not possible, fost-adopt or living with a trusted non-relative is a positive alternative.

Foster Care Data FY '21-'22

United States, California, AFS

	United States ¹¹	California ¹¹	<u>AFS</u>
# of youth that ENTERED care	216,838	24,748	506
# of youth that EXITED care	224,396	23,704	563
Average AGE of youth in care	7уо	11yo	9уо
Median STAY in care	21 MONTHS	25 MONTHS	98 DAYS

Permanency Options for Youth in Foster Care

Fost-Adopt: Fost-adopt (adopting youth from care) families provide a permanent, loving home when biological placement is unavailable.

Kinship: When reunification with a parent is not possible, legally appointing family or non-family as guardians may be a positive option.

Reunification: The goal for a majority of youth is reunification with biological family.

Non-relative Guardianship: Permanent placement with a non-relative.

Transition to Independence/Emancipation: As Transition Aged Youth (TAY) approach adulthood (18yo), it is critical they have access to resources to support them in becoming independent members of their communities including: mental health services, education /job assistance, life skills, access to stable housing and long -term personal connections.

#s may not equal 100% due to rounding

Alternative Family Services ADVERSE CHILDHOOD EXPERIENCS



CHRISTOPHER'S STORY

Christopher* was born premature and with neonatal abstinence syndrome due to drug exposure in the womb. After leaving the hospital, Christopher's mother entered rehabilitation and he went to live with his grandparents, Joseph and Mary Bailey* who agreed to become kinship caregivers.

After a year and a half living with the Bailey's, Christopher was developing normally and thriving in his environment. Unfortunately, Christopher's mother was still struggling with addiction and was not present in Christopher's life. Mrs. Bailey fell ill and passed away leaving Mr. Bailey as Christopher's sole caregiver. Facing his own health and financial struggles, Mr. Bailey made the difficult choice to relinquish care and Christopher was placed in foster care with Armando and Lilly Ortega*.

The Ortega's were able to nurture and provide Christopher with a stable and loving home while continuing his relationship with his grandfather who is now in an independent living community. Sadly, Christopher's mother passed away from an overdose. This year, the Ortega's finalized adopting Christopher who will enter Kindergarten in the fall.

* Names changed to protect identities.

Adverse Childhood Experiences Defined

Adverse childhood experiences are preventable, potentially traumatic events that occur between the ages of 0-17 years old. When children and teens grow up in an environment with substance abuse, mental health challenges, parental separation, incarceration, violence, abuse, bullying, experience with racism or the death of a parent the impacts are significant enough that they contribute to negative patterns that may last into adulthood¹².

When a child or teen enters foster care, they have experienced a variety of adverse childhood experiences. AFS staff uses a variety of interventions with youth and families to help them heal and focus on new, healthier behaviors instead of repeating negative cycles and having chronic health and social issues.

Services provided by AFS through its foster care, mental health and adoption programs infuse strategies identified by the CDC that help prevent Adverse Childhood Experiences including:



ENHANCE SKILLS to assist parents and youth handle stress, manage emotions and tackle daily challenges.

INTERVENTIONS to empower choices that lessen harmful behaviors and patterns.

PROMOTE SOCIAL NORMS that protect against violence and adversity.

GUIDE PARENTS to create a strong and stable foundation for their children.

CONNECT youth to resources that protect against violence and adversity.

STRENGTHEN access to resources that improve economic, social and behavioral supports.

INNOVATIVE CARE



Intensive Family Preservation San Francisco County

Intensive Family Preservation Services are for kinship and home trials to maintain permanency and decrease reliance on formal support systems through the following services:

Immediate response to youth 24/7/365 including Crisis Intervention and Stabilization.

Needs-driven and family-informed solutions support permanency within family and community based settings.

Empower clients by educating them about the Child and Family Team (CFT) process and then engaging them in the Child and Family Plan including recruiting and encouraging natural and formal supports.

Behavioral interventions and services based on the existing probation plan using elements of the Integrated Core Practice Model.

Sustainable interventions promoting independence.

Connect the client with community resources with guidance from the Family Partner who acts as a liaison.

The childhood years, from the prenatal period to late adolescence, are "building block" years that help set the stage for adult relationships, behaviors, health, and social outcomes throughout the lifespan. Prolonged exposure to adverse childhood experiences increases the likelihood a young person becomes engaged in the juvenile justice system¹³.

AFS is investing in care and services to help justice impacted youth heal and thrive in their communities.

AFS Homes for Youth San Francisco County

AFS Homes for Youth is a collaboration between the San Francisco Juvenile Probation Department (JPD) and the Department of Children, Youth and Families (DCYF).

AFS coordinates, places and supports emergency and long-term placements for youth referred by the San Francisco Juvenile Court, in coordination with the Juvenile Probation Department (JPD). Resource parents are approved and licensed Intensive Services Foster Care (ISFC) caregivers in San Francisco, and the surrounding Bay Area.

Challenges Facing Justice Impacted Youth

- Physical, mental and social issues requiring individualized, comprehensive treatment approaches including substance abuse issues.
- Housing and employment instability

Program Goals

- Improve outcomes for justice impacted youth, particularly Black, Indigenous, and youth of color by providing them with intensive services in a home with caring resource parents.
- Reduce and minimize the use of secure detention facilities for young people while the intensive services may provide better outcomes

Target Population

Youth ordered to out of home placement by the San Francisco Juvenile Court. Additional demographics may include:

- Ages: 13-18, mostly 16 or older
- Gender: girls, boys, and gender expansive
- Special Populations including but not limited to:
 - · youth who have experienced commercial sexual exploitation
 - monolingual youth & unaccompanied minors
 - youth with behavioral health needs

ADOPTION



I appreciate, the love and commitment our fost-adopt parents and staff give to creating stability and permanency to the children and teens. I recognize the full worth of your work every day.

The impact and perseverance our fost-adopt parents and staff show to our clients lives is beyond admirable. There are many steps that need to be taken to finalize an adoption and they NEVER give up. To the hundreds of fostadopt parents who have created loving and permanent homes over the years,

THANK YOU!

Barbel Osburg-Trahan Program Director II-CRITA

FOST-ADOPT

AFS staff strives to find permanent, loving homes for all youth in our care. When a child, teen or siblings are unable to live with biological family, adoption from foster care (known as fost-adopt) may be an option.

Children, teens and siblings in care who are eligible for adoption may find their forever home with

- Resource parents who choose to adopt youth in their care
- Individuals or couples seeking to adopt from foster care

COUNTY ADOPTION SUPPORT SERVICES

AFS staff assists designated families through the adoption process on contract with Sonoma and San Joaquin counties.

of adoptions facilitated by AFS

32

Number of adoptions include fost-adopt and county facilitated adoptions

ADOPTION STATISTICS

United States¹⁴, California¹⁴

	United States	<u>California</u>
Waiting to be adopted	113,173	6,242
Adopted	54,111	23,704

IMPACT STORY Fost-Adopt Parent, Jezebel "Jezzie" Jordan



Mrs. Jordan* has been an AFS fost-adopt parent for almost two years. Mrs. Jordan's adult daughter, Missy*, has struggled with depression and opioid addiction for many years which is what led to Jezzie becoming a "kinship" resource parent and ultimately a "fost-adopt" parent.

Missy's newborn son Sammy*, was born with medical challenges and it was determined that Mrs. Jordan would adopt and raise her grandson while Missy continued to battle her addiction. In order to qualify for kinship placement, Mrs. Jordan became a certified resource parent to take advantage of services available to kinship placements.

After adopting Sammy, Mrs. Jordan was attending an AFS support meeting and became aware that a teen girl and her infant brother were in need of placement. AFS caseworkers were trying to find a home that would take both children because when siblings are able to stay together, it lessens the trauma of being removed from their homes. Mrs. Jordan volunteered to be the children's resource parent.

"The girl, Julietta, has a big heart and has been very helpful in caring for Sammy and her little brother. I feel fortunate I'm able to care for these kids and give them love and attention that has been missing from their lives," says Mrs. Jordan.

Several months after placement, the sibling's parental rights were terminated and Mrs. Jordan committed to adopting them both.

As Mrs. Jordan adjusted to being the parent of a teen, a toddler and a baby, she discovered her daughter Missy had spiraled into crisis, became pregnant and was having another baby boy, Eli. Unwilling to see her grandson enter foster care with another family, Mrs. Jordan is in the process of adopting her newest grandbaby.



Although Mrs. Jordan has her hands full with four kids, she maintains a positive attitude and takes advantage of all the support from her close network and AFS. Because of Mrs. Jordan's open heart and open home, the kids in her care have a brighter future. She hopes one day, Missy will seek the care necessary to ultimately be involved in her family's lives.

* All names and images are aliases to protect client identities.



MENTAL HEALTH



The Gathering Place (TGP)

Oakland, Pleasanton

The Gathering Place is a collaborative project among AFS, Alameda County Social Services Agency and Alameda County Behavioral Health Care Services. It provides a safe, familyfriendly environment where children and teens who have been separated from their parents can complete their visits and receive a range of services including therapeutic, supervised and observed visitation.

In FY '21-'22

AFS facilitated therapeutic visitation for

193 children and teens

at The Gathering Place

Poverty, food insecurity, trauma, racism, substance abuse, mental health issues, and sexual exploitation are a few of the common factors impacting youth and families cared for at AFS. Our clinicians provide a variety of therapeutic services to help children, teens and families heal by treating issues including:

Complex or ongoing trauma due to:

- · Abuse/neglect of self or loved one
- Death of a parent, sibling or personal connection
- Chronic mental/physical illness or absence of a parent or loved one
- Significant impairment of parenting skills
- Exposure to violence in the home and neighborhood
- Homelessness, poverty and food insecurity

Disruptive transitions including:

- Removal from home, family, community and school
- Feelings surrounding visitations with family
- Long-term foster care because parental rights were terminated

Negative family cycles such as:

• Learning how to manage feelings, communicate effectively and respect and cooperate with others.

AFS provided outpatient mental health services to

An average of **36 children and teens** every day



MENTAL HEALTH: School & Community Based Care

AFS Services Are Provided In



AFS School and Community Based Care Includes

- On-site Collaboration in Schools
- Assessment, Intervention & Stabilization Services
- Medical Experienced (billing, regulation, knowledge
- 24/7 Whole Family Support
- Cultural Humility & Honoring of Diversity
- Implementation Experience: capacity for outreach, engagement and mental health expertise with high needs, high risk populations

California's Whole Child Approach¹⁵

Creating Integrated School-Based Systems of Care

When schools adopt a whole child approach, they see a wealth of improved outcomes for students, including improved attendance, engagement, physical and emotional health, and academic performance. Education systems are recognizing the need to adopt a whole child approach including:

- positive developmental relationships
- environments filled with safety and belonging
- rich learning experiences and knowledge development
- · development of skills, habits, and mindsets
- integrated support systems

AFS Community & Home Based mental health care allows clinicians to stabilize and strengthen families in schools, homes and communities making interventions and teachable moments more applicable and impactful. Some services are preventative, assisting families so a child or teen are able to stay in the home. Other services are implemented once a youth has been placed in care.

Evidence-based Practices used with AFS Clients

Trauma Focused Cognitive Behavioral Therapy specifically designed to help individuals suffering from PTSD or other significant traumas.

Motivational Interviewing helps individuals fight antipathy and instigate selfdirected behavioral changes.

Positive Parenting Program (Triple P) helps biological and resource parents understand mental health needs in youth and provide thoughtful, relevant support.

Evidence-informed Practices used with AFS Clients

High Fidelity Wraparound is wraparound used as a strengths-based planning process that occurs in a team setting to engage with children, youth, and their families. Wraparound shifts focus away from a traditional service-driven, problem-based approach to care and instead follows a strengths-based, needs-driven approach ¹⁶.

WisdomPath Way Reparative Parenting evidence-informed, therapeutic parent-child coaching model for caregivers and resource/adoptive parents raising children who experienced early childhood trauma, are living with sensory processing difficulties or other emotional, behavioral or cognitive challenges.

Integrated Listening Systems research-based, non-invasive multisensory programs include music, movement, breathing, meditation, and language exercises designed to support individuals experiencing difficulties with:

- Anxiety/Depression
 Attention/Memory Difficulties
 Behavior Regulation
- Learning Differences
 Sleep Disturbances
 Social Challenges

IMPACT STORY An AFS Caseworker's Commitment to Care



Sarah* was five years old when she started individual therapy with Alternative Family Services (AFS). Sarah had one failed adoption attempt already and was struggling in her new prospective adoptive placement. Sarah was experiencing difficulties with another child in the home, safety issues, and residual effects from the pandemic.

The one golden thread through Sarah's many ups and downs was her AFS mental health clinician, Beth*, a consistent, reliable support person who created a therapeutic approach to truly meet Sarah where she was at with the goal of finding Sarah a forever home. When the second adoption fell through, Beth continued to support Sarah through her ups and downs.

Beth consulted and collaborated with outside experts to better understand the impact of early childhood trauma on Sarah's development and behaviors. Beth worked side-by-side with Sarah's social worker to continue her support with finding a loving, permanent home for Sarah.

In 2021, Sarah was matched with a family who understood the complexities of Sarah's trauma and were committed to helping Sarah through future support and services. Sarah was proud to introduce her long-term clinician, Beth, to her new family, community, and pets. Beth adjusted her services to support Sarah's new parents in learning skills and different perspectives with the goal of ensuring this would be Sarah's forever home. With Sarah's new family, Beth observed significant changes in Sarah's presentation, mood, and behaviors.

A girl who was once a stressed, anxious, and sometimes difficult child was now more at peace, carefree, and happier than ever. Sarah's adoption was finalized in early 2022, and, of course, Beth was an honored guest of the proceedings.
* Names changed to protect identities

At AFS, our staff acknowledges that families are diverse and human.

We support clients through every step of their foster, adoption and behavioral health journey.

If you're interested in fostering or adopting

CONTACT US (800) 300-1022 rfarecruitment@afs4kids.org Si necesita hablar con alguien en español



TRANSITION AGE YOUTH (TAY)



TAY HIGHLIGHTS

- **96%** of ILSP youth identified & secured life-long connections
- **90%** of ILSP clients remained actively engaged with the program until their goals were met.
- 80% of eligible ILSP youth are employed
- **92%** of THP+ clients secured employment within six months of starting the program
- **100%** of high school age clients received their diplomas while in the THP+ program

Transition Age Youth (TAY) are young people between 16-24 years old in need of supports to help them become independent adults. In addition to employment assistance, education support and financial literacy, TAY clients may access services to address deeper issues including addiction recovery, mental health care and healing from being unhoused, abused, neglected or being victimized by sexual exploitation¹⁷.

AFS has two TAY programs in Marin County:

Independent Living Skills Program (ILSP)

ILSP clients between the ages of 16-21 learn skills to make a successful transition to independent living including:

Life Skills

- Career Assistance
- Educational Assistance
- Housing & Transportation Assistance

ILSP Client Program Goals

- AFS staff establish & maintain contact with eligible ILSP youth in Marin County
- · Client's educational goals are supported
- Employability of participating youth will be enhanced
- 100% of eligible clients will secure at least one lifelong connection

Transitional Housing Program Plus (THP+)

THP+ clients are between the ages of 18-24, have aged out of foster care and lack support systems. THP+ gives clients access to:

- 1-1 counseling
- AFS leased apartments which it rents to youth at sub-market rates
- Educational and employment support
- Training in essential life skills for successful independent living
- Assistance in securing health care and community based resources

THP+ Client Program Goals

- Clients will have secure and stable housing
- Improve client's employability to secure a stable job
- Guiding client to complete educational goals
- Connect clients to health care & essential community based resources
- Facilitate at least one consistent relationship between client and a caring adult

CRITA: Certification, Recruitment, Intake, Training, Adoption

In California, a Resource Parent is a caregiver who provides out-of-home care for children, teens and siblings in foster care. Resource Families include individuals, couples and families. They may be related, have a familiar or mentoring relationship, or no previous relationship with the child.

A Resource Family is approved to provide care on a temporary (foster care) and/or permanent (adoption and legal guardianship) basis and includes all types of caregivers in the child welfare and probation systems formerly known as foster parents, approved relatives or Non-Relative Extended Family Member.¹⁸

AFS looks for the following in resource families:

- · Meet essential needs of youth
- Provide a nurturing, safe & stable environment
- Open to learning various parenting techniques

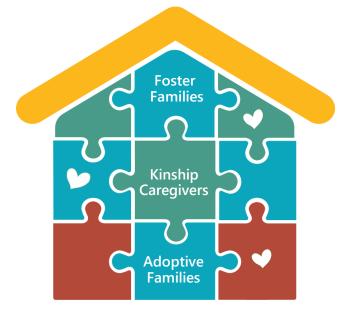
- Support permanency planning
- Ample space in the home
- Willing and able to keep siblings together
- Become *trauma informed* and learn tools to promote healing.
- Keep youth in their communities and preserve personal connections.

AFS Resource Families

Resource parents at AFS are diverse, compassionate and dedicated to improving the lives of the children and teens in their care. They are a community of individuals and couples who support one another and strive to change the trajectory of the lives of the kids they parent.

Resource Family Approval

The CRITA and program teams perform the following measures to approve a resource home:



In FY '21-'22 AFS

Responded to 742 resource parent inquiries

Processed 328 resource parent applications

> Approved 60 new resource homes



TRAINING



COUNTY TRAINING CONTRACTS

(all trainings are in English and Spanish)

In FY '21-'22, the AFS Training Program provided the following:

Alameda County

- 134 trainings
- 1,234 hours of training and curriculum development
- · 2,038 attendees

Contra Costa County

- 95 trainings
- 366.5 hours of training and curriculum development
- 857 attendees

Solano County

- 52 trainings
- · 395 hours of training and curriculum development
- 741 attendees

In order to provide youth and families with the care to help them heal and thrive, it's necessary for resource parents and professionals to receive ongoing training and education.

AFS provides the following foster care training services to the general public in English and Spanish:

- County Funded Trainings in Alameda, Contra Costa and Solano
- Parenting for Permanency College (PPC) in San Francisco County



PARENTING for PERMANENCY COLLEGE

(Training for all SF County Resource Parents not just AFS)

The Parenting for Permanency College (PPC) is a training contract with San Francisco Human Services Agency and Children and Family Services to provide prospective San Francisco County (not AFS) approved resource parents support and resources as they navigate the Child Welfare system.

In FY '21-'22, the PPC Program provided the following:

- 506 hours of training
- 520 resource parents received training (149 unduplicated)

Learning skills and techniques to help the children in our care from a trauma focused lens has not only shifted how we raise the kids, but also how I can address the unhealed trauma in my own life.

Mrs. Sanchez Resource Parent to two teens

RESOURCE DEVELOPMENT





In the short time I have been the Director of Resource Development, I can see firsthand the togetherness of why donors, corporate partners, board members, and staff are so supportive of our agency.

Alternative Family Services has a rich history of providing foster children and resource parents with

well-rounded programs and services that prepare our clients to meet life's challenges. Every gift our supporters offer to foster children and families reduces the financial burden on resource families and creates opportunities for them to thrive in school, in the home, and among their peers.

AFS wants to thank all our donors.

We could not do this without you!

Angela Taylor AFS Director of Resource Development AFS resource parents, staff, community partners, donors and volunteers work side-by-side to invest time, services and resources for thousands of Northern California youth and families in need.

Constituent Giving Data



IMPACT

100% of all donations contribute to the safety, stability and advancement of youth and families in our care including:

Equitable Education

laptops, course fees, tutoring, backpacks

Enrichment

sports, arts, dance, science, cosmetology courses, camps

Essentials

new clothes, shoes, & toiletries for new placements

Housing and Transportation Assistance

rent, groceries, utilities & transportation for Transition Age Youth

Safety

PPE and car seats to transport youth

Therapeutics

art therapy, dolls, sand trays, 1-1 caseworker outings

COMMUNITY ENGAGEMENT



AFS staff, youth and families are incredibly grateful for the companies and community organizations that invest time, energy and funds to improve the lives of youth in foster care.

Organizations create a real impact while achieving their philanthropic goals through the following opportunities:

Foster Learning

Education Equity Drive to ensure youth have equal access to education.

Foster Joy Holiday Drive to supply a holiday gift and meal to every youth in care.

Annual Gala

Engagement through corporate sponsorships and donating auction items to

Learn how your organization can invest in the lives of foster youth. **CONTACT: Angela Taylor, ataylor@afs4kids.org (510)988-3006**

Thank You Sponsors! \$99,314

Amount raised through donations, grants and sponsorships.



FINANCIALS



MALIA'S STORY

Malia* began taking advantage of the Transition Age Services at AFS when she was nineteen years old. Malia had been unhoused, abused and a victim of human trafficking. Malia had been In and out of foster care a majority of her life and when she found out she was pregnant, became sober and sought out resources in her area.

AFS staff helped Malia address and heal from her underlying trauma. Malia found a job as an office assistant and an educational plan was created for Malia to get her college degree. Once her son, Isaac was born, Malia was able to take advantage of the resources available at AFS such as diapers, formula and grocery gift cards which were available because of generous donations.

Today, Malia has rekindled her relationship with her aunt who helps watch Isaac when Malia's at work or school. In the Fall of 2023, Malia will receive her degree in Psychology. She hopes to one day be a caseworker for kids who are in foster care or caring for sexually exploited youth. **Operating Expenses**

Program/Department	Dollars	% of Budget
Foster Care	\$14,640,429	63.12%
Outpatient Mental Health	\$6,590,629	28.41%
Transition Age Youth Services	\$572,445	2.47%
SSA Visitation	\$1,185,343	5.11%
Resource Development	\$205,700	0.89%
TOTAL	\$23,194,546	100%

84%

of revenue goes to the programs that **strengthen & support** vulnerable youth and families

* Names changed to protect identities.

BOARD of DIRECTORS

BOARD OFFICERS

Nathan Lipkin President

Inverleith Fruci Vice President, President Elect

Maurice Mitchell Board Secretary

BOARD MEMBERS

Adam Reiner Bukola Mabadeje Don Rath Inverleith Fruci Jeffrey Ford Julio Flores, CIA Maurice Mitchell Michelle Davalos Nancy Lelicoff Nathan Lipkin Peter Wentworth Rohan Bafna

The AFS Board of Directors is energized for the future,

knowing together we can create the best set of outcomes yet for our clients.

> Nathan Lipkin AFS Board of Directors, President

Our staff and resource parents at AFS are agile and resilient -providing great care during a pandemic and reacting to the community's needs with foster care, mental health and transition age services.

The kids, teens and young adults receiving care, particularly in communities of color, need support to succeed in school, find permanent housing, and transition from foster care to independence.

AFS is there for them in more ways than ever.

We are so proud of the commitment from our full team including staff, resource parents, donors, sponsors, and partners to ensure kids and families heal and thrive.



Nathan Lipkin AFS Board President

BOARD COMMITTEES

Executive Committee

Nathan Lipkin President, *Ex officio*, all committees

Inverleith Fruci Vice President, President Elect *Ex officio*, all committees

Marsha Lewis-Akyeem, CEO Ex officio, all committees excluding Audit

Audit Committee

Jeffrey Ford, Chair Adam Reiner Bukola Mabadeje Brian Cooper (non-board member) Erik Busby (non-board member) Erin Cooper (non-board member) Julio Flores Michelle Davalos

Finance Committee

Peter Wentworth, Chair Bukola Mabadeje Nancy Lelicoff Steve Stone (non-board member)

Program Committee

Julio Flores, Chair Jeffrey Ford Maurice Mitchell Michelle Davalos Nancy Lelicoff Rohan Bafna

Resource Development Committee

Adam Reiner, Co-chair Michelle Davalos, Co-chair Maurice Mitchell Peter Wentworth Rohan Bafna

AFS EXECUTIVE STAFF

Marsha Lewis-Akyeem Chief Executive Officer

Craig Barton Chief Program Officer

Martha Duarte Chief Financial Officer

Beverly Johnson Chief Operating Officer



Board members and AFS Executive Staff at the Sacramento holiday celebration. L-R (Nancy Lelicoff, Inverleith Fruci, Beverly Johnson, Marsha Lewis-Akyeem

The AFS Board of Directors takes ethical and legal responsibility to ensure it provides mission-based leadership and strategic governance. Supporting the agency's efforts around diversity, equity and inclusion is a high priority and the board strives to reflect the communities AFS serves.

SERVICES and LOCATIONS

Alternative Family Services provides various foster care, adoption, mental health and training services in Northern California. Established in 1978, AFS has built strong relationships with county partners with the unified goals of strengthening families and providing safe and permanent solutions to youth in foster care.

Foster Care Services

- Treatment Foster Care
- San Francisco Emergency Placement
- Family Alternatives for Children with Developmental Disabilities (FACDD)
- Intensive Services Foster Care (ISFC)
- Therapeutic Foster Care
- Juvenile Justice System Impacted Youth (San Francisco)

Adoption Services

- Fost-adopt
- County Adoption Support Services

AFS has Foster Care and Adoption Services in the following counties:

- Alameda
- San Francisco San Joaquin • Butte
- Contra Costa San Mateo
- Santa Clara El Dorado
- Kern
- Lake
- Marin
- Napa
- Placer
- Yuba Sacramento

County Adoption Support Services • San Francisco County

- San Joaquin
- Sonoma

Solano

• Sutter

Yolo

Sonoma

Stanislaus

Transition Age Youth Services

- Independent Living Skills Program (ILSP)
- Transitional Housing Plus (THP+)

Mental Health Services

- · Community & School-Based Mental Health
- The Gathering Place (Therapeutic Visitation)
 - Oakland & Pleasanton (Alameda County)

Counties with Mental Health Services

- Alameda San Francisco
- Contra Costa Sonoma

County Training Contracts

- Alameda
- Contra Costa
- Solano

Parenting for Permanency College



OFFICE LOCATIONS

Alternative Family Services - Oakland Facility #015201154

401 Roland Way #150, Oakland, CA 94621 Homes for youth in the following counties: Alameda, Contra Costa Programs: Foster Care, Adoption, Mental Health, Tele-psych, Training for Alameda & Contra Costa

Alternative Family Services - San Francisco Facility #385201811

250 Executive Park Blvd. #4900, San Francisco, CA 94134 Homes for youth in the following counties: San Francisco, Santa Clara Programs: Foster Care, Adoption, Mental Health, Emergency Placement, Juvenile Probation Parenting for Permanency College (training for SF County resource parents)

Alternative Family Services - Santa Rosa Facility #496803276

1421 Guerneville Road #218, Santa Rosa, CA 95403 Homes for youth in the following Counties: Marin, Napa, Sonoma Programs: Foster Care, Adoption, Mental Health (community & school based)

Alternative Family Services - Sacramento Facility #347005069

8795 Folsom Blvd #101, Sacramento, CA 95826 Homes for youth in: Sacramento, San Joaquin Programs: Foster Care, Adoption

Alternative Family Services - San Rafael Facility #216803574

361 3rd Street Suite G, San Rafael, CA 94901 Caring for youth from: Marin County Programs: Transition Aged Youth (TAY), Transitional Housing Program (THP+)

Alternative Family Services - Vallejo Facility #487005364

160 Glen Cove Marina Road #102, Vallejo, CA 94591 Homes for youth in the following counties: Solano Programs: Foster Care, Adoption, Trainings for Solano County

The Gathering Place: Alameda County Visitation Center - Oakland

401 Roland Way #100, Oakland, CA 94621 Caring for families from: Alameda County Programs: Therapeutic Visitation

The Gathering Place: Alameda County Visitation Center - Pleasanton

5167 Johnson Drive, Pleasanton, CA 94588 Caring for families from: Alameda County Programs: Therapeutic Visitation

Stockton Office Space 2529 W March Lane 95207 Used as needed for trainings and visitations for San Joaquin County families. Not staffed, does not receive mail.



- 1. CA Department of Social Services; www.cdss.ca.gov/resource-families/continuum-of-care-reform
- 2. U.S. Department of Health and Social Services, Office of Disease Prevention and Health Promotion, "Social Detriments of Health"; <u>https://health.gov/healthypeople/priority-areas/social-determinants-health</u>
- 3. Child Welfare Information Gateway, "Families First Prevention Services Act,"; https://www.childwelfare.gov/topics/systemwide/laws-policies/federal/family-first
- 4. Child Trends, "The Family First Transition Act Provides New Implementation Supports for States and Tribes"; www.childtrends.org/publications/the-family-first -transition-act-provides-new-implementation-supports-for-states-and-tribes
- 5. Casey Family Programs, "State by State Data,"; https://www.casey.org/state-data
- 6. U.S. Department of Health and Human Services, "The AFCARS Report"; https://www.acf.hhs.gov/sites/default/files/documents/cb/afcarsreport27.pdf
- 7. United States Census Bureau, "Poverty in the United States 2021"; https://www.census.gov/library/publications/2022/demo/p60-277.html
- 8. Office of the Assistant Secretary for Planning and Evaluation, "Poverty Estimates, Trends, and Analysis"; https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-estimates-trends-analysis
- 9. Child Welfare Information Gateway, "Definitions of Child Abuse and Neglect"; https://www.childwelfare.gov
- 10. The Economics of Child Abuse, California and its Counties; https://economics.safeandsound.org
- 11. Child Trends, "State Level Data for Understanding Child Welfare in the United States"; <u>https://www.childtrends.org/publications/state-level-data-for-understanding-child-welfare-in-the-united-states</u>
- 12. National Center for Injury Prevention and Control, "Adverse Childhood Experiences Prevention Strategy"; <u>https://www.cdc.gov/injury/pdfs/priority/ACEs-</u> <u>Strategic-Plan_Final_508.pdf</u>
- 13. National Center for Injury Prevention and Control, "Preventing Adverse Childhood Experiences"; <u>https://www.cdc.gov/violenceprevention/pdf/</u> preventingACEs.pdf
- 14. Children's Bureau, "Trends in Foster Care and Adoption FY 2012-2021"; https://www.acf.hhs.gov/cb/report/trends-foster-care-adoption
- 15. Breaking Barriers, California Alliance of Child and Family Services, Santa Clara County Office of Education, & WestEd. (2022). Supporting California's children through a whole child approach: A field guide for creating integrated, school-based systems of care. <u>https://www.wested.org/wp-content/uploads/2022/04/</u> Integrated-Care-Field-Guide ADA.pdf
- 16. California Wraparound; https://www.cdss.ca.gov/inforesources/cdss-programs/foster-care/wraparound
- 17. Youth.Gov, "Transitioning and Aging Out"; https://youth.gov/youth-topics/transition-age-youth
- 18. California Department of Social Services, "Resource Family Approval Program"; https://www.cdss.ca.gov/resource-families



66

The thing to do, it seems to me, is to prepare yourself so you can be a rainbow in somebody else's cloud. Somebody who may not look like you. May not call God the same name you call God - if they call God at all. I may not dance your dances or speak your language. But be a blessing to somebody. That's what I think.

~Maya Angelou~

