



Services Affirming Family Empowerment
S.A.F.E. System of Care

**San Luis Obispo County Office of Education
Homeless Innovation Program Grantee**



INTRODUCTION

PRESENTERS:

John Acosta, MBA

Homeless Innovation Program Coordinator
San Luis Obispo County Office of Education

Carrie Collins, MA

Family Advocate Service Director
The Link Family Resource Center

INTRODUCTION

Find a partner:

1. Introduce yourself: name, organization, describe what you do in 5 words or less.
2. What is one thing you wish you had that would make your job a lot easier?
3. What collaboration/partnership do you have at your organization? (State, County, City, School Districts, CBO's, etc.)

What is S.A.F.E System of Care?

Services Affirming Family Empower (SAFE) System of Care

WHAT IS SAFE?

The SAFE System of Care is a partnership between school districts, County Departments (Social Services, Mental Health, Drug & Alcohol Services, Probation, Public Health), and many local community-based organization.

GOAL: To keep students safe, healthy, at home, in school and out of trouble.

HISTORY OF SAFE

July 1997: County Board of Supervisors authorized the Children's Services Network (CSN) to explore the creation of a Children's System of Care.

September 1, 1998: County Board of Supervisors approved the detailed philosophy and implementation plan of S.A.F.E. System of Care that was presented by CSN's Integrated Services Committee.

2000: Board of Supervisors approved the expansion of S.A.F.E System of Care to the South County region (Oceano, Nipomo, Arroyo Grande) after reviewing the findings in the initial implementation

HISTORY OF SAFE

2003: Atascadero Community Link added S.A.F.E System of Care to their operations

2005: San Luis Coastal Unified School District began developing their first of two planned teams

2006: Nine S.A.F.E sites and/or teams were operating around the county.

SHARED VISION

All children, adults and families in San Luis Obispo County have access to streamlined systems of care that are tailored to meet their unique needs and circumstances. **Families will be empowered to make decisions that best meet their family's needs and are supported in being self-sufficient and physically, mentally and emotionally safe and healthy.** Families will be able to move seamlessly between system partners and have equal access to services and supports throughout the County.

DEMOGRAPHIC



2021-2022 Data

POPULATION:	283,159
# OF SCHOOL DISTRICTS:	14
STUDENT POPULATION:	32,813
HOMELESS YOUTH:	2,208
FOSTER YOUTH:	159

1. www.census.gov/quickfacts/sanluisobispocountycalifornia
2. www.slocoe.org/san-luis-obispo-county-school-districts
3. www.cde.ca.gov/ds/ad/dataquest.asp



COUNTY REGIONS



North County

Cities: Atascadero, Carissa Plains, Paso Robles, San Miguel, Santa Margarita, Shandon & Templeton



San Luis Obispo/Coastal

Cities: Avila, Cambria, Cayucos, Los Osos, Morro Bay, San Luis Obispo & San Simeon



South County

Cities: Arroyo Grande, Grover Beach, Nipomo, Pismo, Oceano, & Shell Beach

KEY PARTNERS

- **County of San Luis Obispo**

- Behavioral Health Department
- Department of Social Services
- Probation Department
- Child Welfare Services

- **Community Action Partnership San Luis Obispo (CAPSLO)**

- **The Link Family Resource Centers**

- **School Districts (14 different school districts)**

- Almond Acres Charter School
- Atascadero Unified School District
- Bellevue Santa Fe Charter School
- Cayucos Elementary School Unified School District
- Coastal Unified School District
- Grizzly Challenge Charter School
- Lucia Mar Unified School District
- Paso Robles Joint Unified School District
- Pleasant Valley Joint Union Elementary School Districts
- San Luis Coastal Unified School District
- San Luis Obispo County Office of Education
- San Miguel Unified School District
- Shandon Joint Unified School District
- Templeton Unified School District



COMMUNITY PARTNERS

COMPREHENSIVE CARE: *Clothing, Financial Services, Food, etc.*

**Not all community partners listed*



Womenade



**Center for Family
Strengthening**



Los Osos Cares



**Family Care
Network**

COMMUNITY PARTNERS

HOUSING & FOOD

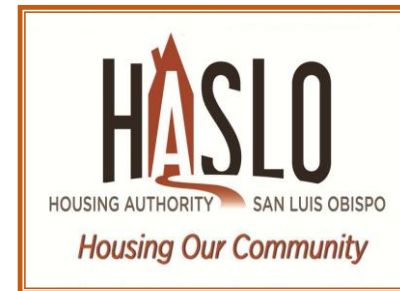
**Not all community partners listed*



SLO Food Bank



5Cities Homeless Coalition



**Housing Authority
San Luis Obispo**

COMMUNITY PARTNERS

MENTAL HEALTH

**Not all community partners listed*



**Transitions Mental
Health Association**



Lumina Alliance
*Formerly Known as
Rise & Stand Strong*

FAMILY RESOURCE CENTERS

Serve as a community-based, school-linked, family centered way of delivering and coordinating appropriate prevention and intervention services to youth and families seeking services.

NORTH COUNTY

Atascadero

4507 Del Rio Dr. Building 1 Atascadero, CA

Paso Robles

1802 Chestnut St. Paso Robles, CA

SLO/COASTAL

San Luis Obispo

C.L. Smith Elementary
1375 Balboa St. San Luis Obispo, CA

Help Me Grow (0-5)

1030 Southwood Dr. San Luis Obispo, CA

Coastal

Los Osos Middle School
1555 El Morro Ave. Los Osos, CA

SOUTH COUNTY

Arroyo Grande

Department of Social Services
1086 Grand Ave. Arroyo Grande, CA

Paulding Middle School

600 Crown Hill St. Arroyo Grande, CA

Nipomo

Dana Elementary School
920 W. Tefft St. Nipomo, CA 93444

Oceano

Lucia Mar Adult Education
1511 19th St. Oceano, CA 93445

Pismo Beach

Judkins Middle School
680 Wadsworth St. Pismo Beach, CA

FUNDING SOURCE

Key Partners blend and braid funds to operate SAFE

Families First Prevention Act

- Families First Transition Act Grant
- State Block Grant
- Title IV-E
- Title IV-B sub-1

OCAP: California Office of Child Abuse Prevention

- PSSF: Promoting Safe & Stable Families
- CAPIT: Child Abuse Prevention Intervention Treatment
- CTF: County Children's Trust Fund (*ongoing funding*)
- CBCAP: County Community Based Child Abuse Prevention Program (*annual allocation*)
- CBCAP: ARPA County Community Based Abused Prevention Program (*one time funding*)

MHSA- PEI: Mental Health Services Act, Behavioral Health Prevention, Education, Intervention

ARPA: American Rescue Plan Act



GROUP DISCUSSION

AT YOUR TABLE:

Share with others who you can identify within your local community:

- **Key Partners:**

County Departments, City Departments, Local CBO's, School District Liaisons, etc.

- **Community Partners:**

Who are the community based organizations in your community?

How do Individuals/Families navigate through services?

Family Advocates

PATHWAY TO SERVICES



SCHOOL

School representative identifies a student/family that is in need to be connected to services. Referral is made to a family resource center.

REFERRAL



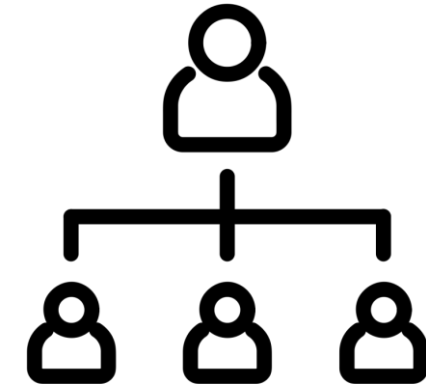
FAMILY RESOURCE CENTER

First entry for individual/family to getting connected to services. From the initial in-take, they are determined if a family advocate is only needed or needs need to be brought into a SAFE intensive meeting.

FAMILY ADVOCATE

Team Dynamic: Family/Family Advocate

Individual/family only needs certain services to be rendered for them to be successful.



S.A.F.E INTENSIVE MEETING

Team Dynamic: Family/Team of Services

Individual/family needs several services to be rendered and needs help to navigate through them all during their transitional period.

FAMILY ADVOCATES



- Provides one-on-one case management on a continuous basis to implement health, nutrition, school completion/equivalency, child development and parenting goals.
- Facilitate entry of eligible children into the SAFE, and orient parents to the goals and objectives of SAFE.
- Ensure that families feel their ideas are validated and implemented throughout the problem-solving and decision-making process.
- Keep informed of community agencies, resources, workshops and classes; encourage parent participation in program and community events.
- Interact with school personnel to identify students at risk
- Network with related agencies in linking clients to community resources.

SAFE FORMS

SAN LUIS COASTAL UNIFIED SCHOOL DISTRICT

SLO/Coastal Family Resource Centers
Serving the Communities of
Los Osos, Morro Bay, San Luis Obispo & Avila Beach
Referral Form for Resources and Services (FAX to 805-543-6567)
Or Email mgutierrez@slcusd.org

Student Referred: _____ Date of Referral: _____
Address/Email: _____ Telephone: _____
Parent/Caretaker: _____ Okay to leave message? Yes No
Language: English Spanish Other _____ Family notified of referral: Yes No
Child's Name /DOB/School Site: _____
Child's Name /DOB/School Site: _____
Child's Name /DOB/School Site: _____
Child's Name /DOB/School Site: _____
Child's Name /DOB/School Site: _____
Child's Name /DOB/School Site: _____
Person making the Referral: _____ Agency: _____
Email of Person making the Referral: _____
Purpose of Referral (check): 0-5 Children Child Care/Activities Referrals School Items
 Health/Dental Counseling/MFT Health Insurance DSS/CWS
 Basic needs (food, clothing, etc...) Transportation Financial One-Time Homelessness
Medical Insurance: Medi-Cal Private: _____ None
Additional Comments/Information: _____

SLO & Coastal Family Resource Center • 1375 balboa st • San Luis Obispo, CA 93401
SLO • 805-458-5499 / Coastal • 805-235-6610

Office use only:
Aeries: _____ Client Track: _____ Apricot: _____

FAMILY ADVOCATE REFERRAL

S.A.F.E. MEETING REFERRAL FORM

Region SLO S.A.F.E. PH: 781-4178 F: 781-1265 E: tolan@co.slo.ca.us

Referral Date: _____ Referred By: _____
Referring Agency: _____ Referral Phone: _____
FAX: _____

Requested Attendance: _____ Phone: _____ Fax: _____ Contacted: _____
Name/Address (Besides SAFE Team members) _____
School Contact: _____

Office use only:
Scheduled SAFE date/time: _____ Pre-Staffing: _____ Meeting Start Time: _____ Location: _____
 Transportation Needed Translation needed Case previously presented: No Yes Date: _____

CHILD'S NAME	AGE	ADDRESS	CITY/ZIP	PHONE
SOC SECF	GRADE	DOB	SCHOOL OF ATTENDANCE	Current Placement Sex (Ethnicity)

MOTHER'S NAME: _____ DOB: _____ PHONE: _____ Ethnicity: _____ Legal Guardian's Name (if different): _____ PHONE: _____
Relationship to child: _____
Address (if different, include city/zip): _____

FATHER'S NAME: _____ DOB: _____ PHONE: _____ Ethnicity: _____ Address (if different, include city/zip): _____
Father's Address (if different, include city/zip): _____

SEILING	Living in Same home	Yes/No	DOB	Sex/Ethnicity	GRADE	SCHOOL	Others Living in the Home	DOB
SEILING	Living in Same home	Yes/No	DOB	Sex/Ethnicity	GRADE	SCHOOL		
SEILING	Living in Same home	Yes/No	DOB	Sex/Ethnicity	GRADE	SCHOOL		
SEILING	Living in Same home	Yes/No	DOB	Sex/Ethnicity	GRADE	SCHOOL		

CURRENT STATUS/OPEN CASES
Closed: DSS CWS Probation Mental Health Public Health D & A Other _____
Open: Staff Case/ _____
FINANCIAL STATUS
 Medi-Cal Insurance (private) Healthy Families CalWORKS (families) AFDC-FC (foster child) Other _____

ETHNICITY CODES
10 Native American 50 Hispanic
20 Asian 60 African American
30 Pacific Islander 70 White
40 Filipino 90 Other _____

Previous Placement (date): _____
Medical Concerns/Medication(s) (Note MD's name): _____
Current Therapist/Psychiatrist: _____ Name: _____ Phone Number: _____

SAFE MEETING REFERRAL

Form 815 (English) COUNTY OF SAN LUIS OBISPO MULTI-AGENCY REFERRAL AND CLIENT RELEASE OF INFORMATION
FOR TELEPHONIC SIGNATURES READ THE AUTHORIZATION TO DISCLOSURE VERBATIM

Date: _____ Last Name: _____ City/State: _____ First Name: _____ Middle Initial: _____
Address: _____ Zip Code: _____
Home Number: _____ Cellular: _____ OK to Leave Message: _____ Language: _____ Date of Birth: _____
Choose _____ Other _____

Parent/Guardian: _____ Case Type: Other _____ Case Number: _____

AUTHORIZATION TO DISCLOSE AND EXCHANGE MY HEALTH CARE OR PERSONAL INFORMATION
I authorize the agencies initiated below to share my health care and personal information with each other. If I am signing as the guardian or representative for another person, I authorize the agencies that I have initialized below to share that person's health care and personal information with each other. I understand that this authorization is voluntary and that I do not have to sign it.

PLEASE INITIAL FOR EACH AGENCY AUTHORIZED TO EXCHANGE YOUR INFORMATION:
Note: The organizations listed below may only exchange information described in this document and may only exchange the information for the purposes described.

<input type="checkbox"/> Aegis Treatment Center, LLC	<input type="checkbox"/> Homeless Services:
<input type="checkbox"/> Allan Hancock EOPS/CalWORKS	<input type="checkbox"/> 40 Prado Homeless Services Center
<input type="checkbox"/> Community Action Partnership of SLO (CAPSLO):	<input type="checkbox"/> 5-Cities Homeless Coalition
<input type="checkbox"/> Child Care Resource Connection	<input type="checkbox"/> CAPSLO-SSVF
<input type="checkbox"/> Family Preservation/Parent Education	<input type="checkbox"/> El Camino Homeless Organization (ECHO)
<input type="checkbox"/> Head Start/Early Head Start	<input type="checkbox"/> Good Samaritan- SSVF
<input type="checkbox"/> Teen Academic Parenting Program	<input type="checkbox"/> Housing Support Program (DSS & FCNI)
<input type="checkbox"/> CenCal Health	<input type="checkbox"/> Independent Living Resource Center
<input type="checkbox"/> Community Health Centers (CHC)	<input type="checkbox"/> Salvation Army
<input type="checkbox"/> County of SLO Health Agency:	<input type="checkbox"/> Transitional Food & Shelter
<input type="checkbox"/> Drug and Alcohol Services (DAS)	<input type="checkbox"/> Transitional Mental Health Association
<input type="checkbox"/> Mental Health	<input type="checkbox"/> Hospital: Choose _____
<input type="checkbox"/> Martha's Place	<input type="checkbox"/> Job Centers: Choose _____
<input type="checkbox"/> Public Health Department	<input type="checkbox"/> RISE
<input type="checkbox"/> Public Guardian	<input type="checkbox"/> Salvation Army
<input type="checkbox"/> Probation Department: Choose _____	<input type="checkbox"/> School District: Choose _____
<input type="checkbox"/> Cuesta College: Choose _____	<input type="checkbox"/> Seneca Family of Agencies
<input type="checkbox"/> Department of Rehabilitation	<input type="checkbox"/> SLO County Office of Education (SLOCOE)
<input type="checkbox"/> Department of Social Services (DSS):	<input type="checkbox"/> Stand Strong
<input type="checkbox"/> Adult Services	<input type="checkbox"/> Transitional Food & Shelter
<input type="checkbox"/> Child Welfare Services	<input type="checkbox"/> Transitions-Mental Health Association(T-MHA)
<input type="checkbox"/> Participant Services	<input type="checkbox"/> Tri-Counties Regional Center (TCRC)
<input type="checkbox"/> Family Resource Centers: Choose _____	<input type="checkbox"/> Veterans Services Department - County of SLO
<input type="checkbox"/> Foster Family Agency: Choose _____	<input type="checkbox"/> Victim/Witness Program - County SLO D.A.
<input type="checkbox"/> Family Care Network, Inc. (FCNI)	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Housing Authority of San Luis Obispo (HASLO)	<input type="checkbox"/> Other: _____
<input type="checkbox"/> HMIS Database	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

*Due to COVID-19, a verbal consent, fax or scanned can be accepted with the expectation that a wet signature will be collected within 30 days. Workers must write "Y" for verbal consent on the initial box and "Verbal Consent" in the client signature box.

815 FORM
RELEASE OF INFORMATION

FAMILY ADVOCATE REFERRAL FORM


SLO/Coastal Family Resource Centers
Serving the Communities of
Los Osos, Morro Bay, San Luis Obispo & Avila Beach
Referral Form for Resources and Services (FAX to 805•543•6567)
Or Email
mgutierrez@slcusd.org

Student Referred: _____ Date of Referral: _____
Address/Email: _____ Telephone: _____
Parent/Caretaker: _____ Okay to leave message? Yes No
Language: English Spanish Other _____ Family notified of referral: Yes No
Child's Name /DOB/School Site: _____
Child's Name /DOB/School Site: _____
Child's Name /DOB/School Site: _____
Child's Name /DOB/School Site: _____
Child's Name /DOB/School Site: _____
Child's Name /DOB/School Site: _____
Child's Name /DOB/School Site: _____
Child's Name /DOB/School Site: _____
Child's Name /DOB/School Site: _____
Child's Name /DOB/School Site: _____

Person making the Referral: _____ Agency: _____
Email of Person making the Referral: _____

Purpose of Referral (check): 0-5 Children Child Care/Activities Referrals School Items
 Health/Dental Counseling/MFT Health Insurance DSS/CWS
 Basic needs (food, clothing, etc...) Transportation Financial One-Time Homelessness

Medical Insurance: Medi-Cal Private: _____ None

Additional Comments/Information:

SLO & Coastal Family Resource Center • 1375 balboa st • San Luis Obispo, CA 93401
SLO • 805•458•5499 /Coastal • 805•235•6610

Office use only:
Aeries: _____ Client Track: _____ Apricot: _____

- Form used to get connected with a Family Advocate.
- Family Advocate Referral Form differs for each region.
- Who can make a referral?
 - School District Staff
 - Community Members
 - Self-Referral/Community Members
- Family Advocate has 3 days to follow up with the family about the referral and set up meeting.

S.A.F.E MEETING REFERRAL FORM

- Family Advocate will determine if a student or Family needs a SAFE Intensive Meeting
- Form gets submitted to regional SAFE Coordinator
- SAFE Coordinator will set up meeting and connect with Family Advocate, Family and Community Partners.

*** MUST BE FILLED OUT AS COMPLETELY AS POSSIBLE** Revised 8/2/18

S.A.F.E. MEETING REFERRAL FORM

Region SLO S.A.F.E. PH: 781-4178 F: 781-1265 E: tolarke@co.slo.ca.us S.A.F.E. Office Use Only
Reviewed by: _____
Case Manager: _____

Referral Date _____ Referred By _____
Referring Agency _____ Referral Phone _____
FAX _____

REQUESTED ATTENDANCE:
Name/Affiliation (Besides SAFE Team members) _____ Phone _____ Fax _____ Contacted _____

School Contact: _____

Office use only: Scheduled SAFE date/time _____ Pre-Staffing _____ date/time _____ Meeting Start Time _____ Location _____
 Transportation Needed Translation needed Case previously presented: No Yes Date _____

CHILD'S NAME	AGE	ADDRESS	CITY/ZIP	PHONE
SOC SEC#	GRADE	DOB	SCHOOL OF ATTENDANCE	Current Placement
MOTHER'S NAME	DOB	PHONE	Ethnicity*	Legal Guardian's Name (if different)
Mother's Address (if different, include city/zip)		Relationship to child		
FATHER'S NAME	DOB	PHONE	Ethnicity*	Address (if different, include city/zip)
Father's Address (if different, include city/zip)				
SIBLING	Living in same home	Yes/No	DOB	Grade
SIBLING	Living in same home	Yes/No	DOB	Grade
SIBLING	Living in same home	Yes/No	DOB	Grade
SIBLING	Living in same home	Yes/No	DOB	Grade

CURRENT STATUS/OPEN CASES

Closed	Open	Staff	Case#
<input type="checkbox"/> DHS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> CWS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Probation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Public Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Spec. Ed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> D & A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FINANCIAL STATUS

<input type="checkbox"/> Medi-Cal	<input type="checkbox"/> CalWORKs (families)
<input type="checkbox"/> Insurance (private)	<input type="checkbox"/> AFDC-FC (foster child)
<input type="checkbox"/> Healthy Families	<input type="checkbox"/> Other

***ETHNICITY CODES**

10 Native American	50 Hispanic
20 Asian	60 African American
30 Pacific Islander	70 White
40 Filipino	90 Other

Previous Placement (date) _____
Medical Concerns/Medication(s) (Note MD's name) _____
Current Therapist/Psychiatrist _____ Name _____ Phone Number _____

Student/Child/Family Strengths:

Presenting concerns/specific reasons for referral. Information on siblings is extremely helpful.

1. Presenting concerns/specific reasons for referral:

<input type="checkbox"/> Substance Use	<input type="checkbox"/> Employment Concerns
<input type="checkbox"/> Parent/Child Conflict	<input type="checkbox"/> Child Behavioral Concerns
<input type="checkbox"/> Loss/Grief	<input type="checkbox"/> Educational Concerns
<input type="checkbox"/> Homelessness	<input type="checkbox"/> Criminal Behavior by parent
<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Criminal Behavior by youth
<input type="checkbox"/> Financial Stress	<input type="checkbox"/> Child Developmental Concerns
<input type="checkbox"/> Child Abuse/Neglect	<input type="checkbox"/> Bonding/Attachment Concerns
<input type="checkbox"/> Medical Concerns	<input type="checkbox"/> Other _____
<input type="checkbox"/> Mental Health Concerns	

2A. What would the referring party like to see happen at the meeting/purpose?

2B. What would the family like to see happen at the meeting?

3. How are attendance, siblings, behavior, etc?

4. What current services/agencies is the family already connected to?

5. Does the family need immediate assistance from a family advocate? Are they Spanish speaking?

This document is protected by various federal and state laws including HIPAA, California Medical Information Act, Welfare and Institutions Code 5328, and 42CFR Part 2. By accepting this document, you are now a legal holder of protected health information and are required to protect this document and the information therein from disclosure to unauthorized individuals or entities. Disclosure may mean oral, electronic, or via paper, and improper disclosure of this information may be a crime under federal and/or state law. If this document contains information originating at a Drug and Alcohol Treatment program covered by 42CFR Part 2, including County of San Luis Obispo Drug and Alcohol Services, then 42CFR part 2 prohibits unauthorized disclosure of these records.

815 FORM RELEASE OF INFORMATION

Form 815 (English)	COUNTY OF SAN LUIS OBISPO MULTI-AGENCY REFERRAL AND CLIENT RELEASE OF INFORMATION		Authorization Page 1 of 2 Rev. 01/18/2021
FOR TELEPHONIC SIGNATURES READ THE AUTHORIZATION TO DISCLOSURE VERBATIM			
Date:	Last Name:	First Name:	Middle Initial:
Address:			
Home Number:	Cellular:	City/State:	Zip Code:
OK to Leave Message: Choose		Language: Other	Date of Birth:
Parent/Guardian:		Case Type: Other	Case Number:
AUTHORIZATION TO DISCLOSE AND EXCHANGE MY HEALTH CARE OR PERSONAL INFORMATION			
I authorize the agencies initialed below to share my health care and personal information with each other. If I am signing as the guardian or representative for another person, I authorize the agencies that I have initialed below to share that person's health care and personal information with each other. I understand that this authorization is voluntary and that I do not have to sign it.			
PLEASE INITIAL FOR EACH AGENCY AUTHORIZED TO EXCHANGE YOUR INFORMATION:			
Note: The organizations listed below may only exchange information described in this document and may only exchange the information for the purposes described.			
INITIAL Here	Aegis Treatment Center, LLC	INITIAL Here	Homeless Services:
INITIAL Here	Allan Hancock EOPS/CalWORKS	INITIAL Here	40 Prado Homeless Services Center
INITIAL Here	Community Action Partnership of SLO (CAPSLO):	INITIAL Here	5-Cities Homeless Coalition
INITIAL Here	Child Care Resource Connection	INITIAL Here	CAPSLO- SSVF
INITIAL Here	Family Preservation/Parent Education	INITIAL Here	El Camino Homeless Organization (ECHO)
INITIAL Here	Head Start/Early Head Start	INITIAL Here	Good Samaritan- SSVF
INITIAL Here	Teen Academic Parenting Program	INITIAL Here	Housing Support Program (DSS & FCNI)
INITIAL Here	CenCal Health	INITIAL Here	Independent Living Resource Center
INITIAL Here	Community Health Centers (CHC)	INITIAL Here	Salvation Army
INITIAL Here	County of SLO Health Agency:	INITIAL Here	Transitional Food & Shelter
INITIAL Here	Drug and Alcohol Services (DAS)	INITIAL Here	Transitional Mental Health Association
INITIAL Here	Mental Health	INITIAL Here	Hospital: Choose
INITIAL Here	Martha's Place	INITIAL Here	Job Centers: Choose
INITIAL Here	Public Health Department	INITIAL Here	RISE
INITIAL Here	Public Guardian	INITIAL Here	Salvation Army
INITIAL Here	Probation Department: Choose	INITIAL Here	School District: Choose
INITIAL Here	Cuesta College: Choose	INITIAL Here	Seneca Family of Agencies
INITIAL Here	Department of Rehabilitation	INITIAL Here	SLO County Office of Education (SLOCOE)
INITIAL Here	Department of Social Services (DSS):	INITIAL Here	Stand Strong
INITIAL Here	Adult Services	INITIAL Here	Transitional Food & Shelter
INITIAL Here	Child Welfare Services	INITIAL Here	Transitions-Mental Health Association(T-MHA)
INITIAL Here	Participant Services	INITIAL Here	Tri-Counties Regional Center (TCRC)
INITIAL Here	Family Resource Centers: Choose	INITIAL Here	Veterans Services Department - County of SLO
INITIAL Here	Foster Family Agency: Choose	INITIAL Here	Victim/Witness Program - County SLO D.A.
INITIAL Here	Family Care Network, Inc. (FCNI)	INITIAL Here	Other:
INITIAL Here	Housing Authority of San Luis Obispo (HASLO)	INITIAL Here	Other:
INITIAL Here	HMIS Database	INITIAL Here	Other:
INITIAL Here	Other:	INITIAL Here	Other:

*Due to COVID-19, a verbal consent, fax or scanned can be accepted with the expectation that a wet signature will be collected within 30 days. Workers must write "V" for verbal consent in the initial box and "Verbal Consent" in the client signature box.

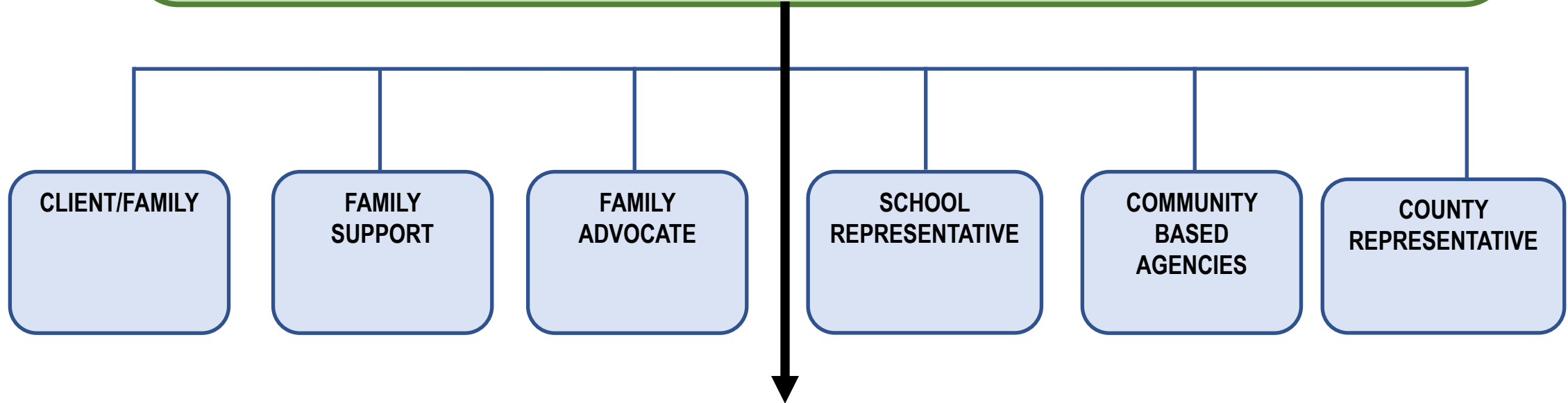
- Form used to allow disclosure of all health and social services records to be shared with other agencies.
- Only listed agencies on the form are allowed to share records.
- Form gives authorization for up to 2 years from the date it was signed by the client.

S.A.F.E. INTENSIVE MEETING

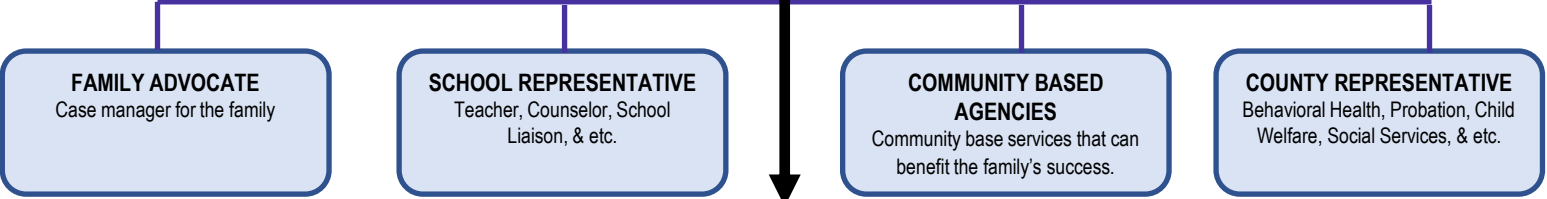
How does it work?

S.A.F.E INTENSIVE MEETING

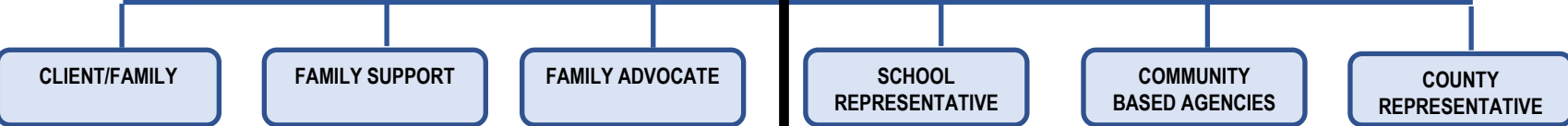
During the meeting: S.A.F.E Coordinator review meeting goals, and ground rules. Client/Family shares their story and desired outcome from the meeting. All parties discuss client/family strengths, concerns, and support they can offer. Implementation Plan is proposed and created.



PRE-STAFFING | CASE REVIEW
S.A.F.E Coordinator invites appropriate representatives into the meeting and reviews the case. Coordinator ensures the following parties know their roles, the purpose and structure of the meeting. Family Advocate and Agency Representatives, that family is already connected to, shares: story of the family, services already rendered, identified barriers, and triggers.



S.A.F.E INTENSIVE MEETING
During the meeting: S.A.F.E Coordinator review meeting goals, and ground rules. Client/Family shares their story and desired outcome from the meeting. All parties discuss client/family strengths, concerns, and support they can offer. Implementation Plan is proposed and created.



IMPLEMENTATION PLAN
Client/Family shares their perspective and knowledge about the plan. All discuss, review and finalize the plan.

S.A.F.E SYSTEM OF CARE

TEAM NOTES

S.A.F.E MEETING INFO

DATE: XX/XX/XX

TIME: 9:00 AM

LOCATION: Virtual Meeting via ZOOM

FAMILY ADVOCATE: Obi-Wan Kenobi

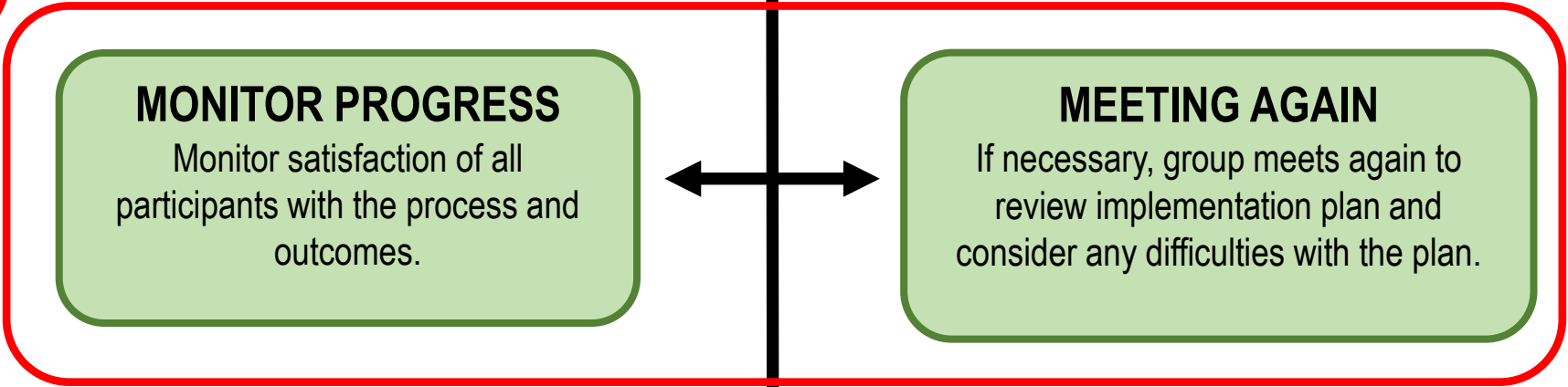
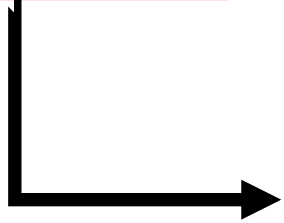
FOLLOW UP DATE: XX/XX/XXXX

CLIENT/ CHILD'S NAME: Luke Skywalker
FIRST & LAST NAME

PARENT/GUARDIANS' NAME: Padme Amidala
FIRST & LAST NAME

		WHAT'S WORKING WELL?	WHAT ARE YOU/WE WORRIED ABOUT?	WHAT'S NEXT AND WHO WILL SUPPORT YOU?
HEALTH	What is the current health status of the client/family? (Physical, Mental, etc.)	Clear communication Resourceful Spending time together as a family Handles stress very well	Social and Emotional well being of mom & son.	THMA: Follow up with family about mental health services for the family.
AT HOME	What is the family situation like at home? (Living situation, access to food, shelter, childcare, etc.)	The family has a home. Mom has a stable job that has leniencies to allow her to meet her son's needs.	Financial situation: a lot of attention is going towards son's medical and mental needs. Family's financial source is running thin.	CWS: Mom looks like she qualifies for Cal-Fresh and will help in applying for the benefit. Family Advocate: Follow up with family about other financial resources around the community.
IN SCHOOL	What is the status at school? (Attendance, participating in class, grades, etc.)	Son is doing well in school. Son is involved in extracurricular activities/sports		Family Advocate: PEI counselor referral for son.
OUT OF TROUBLE	Is the client or family member in probation? Community involvement			
SAFE	Is the client/family feeling safe by themselves? Is there any areas of concerns that are brought up?		Mom is concerned about dad's behavior, feeling unsafe when he is around. Scared to leave son alone with dad.	LUMINA ALLIANCE INFO: 24 hours hotline and general line: 805.545.8888 CSW: Will assist with filling out court documents for custody and restraining order. Family Advocate: SCAR made

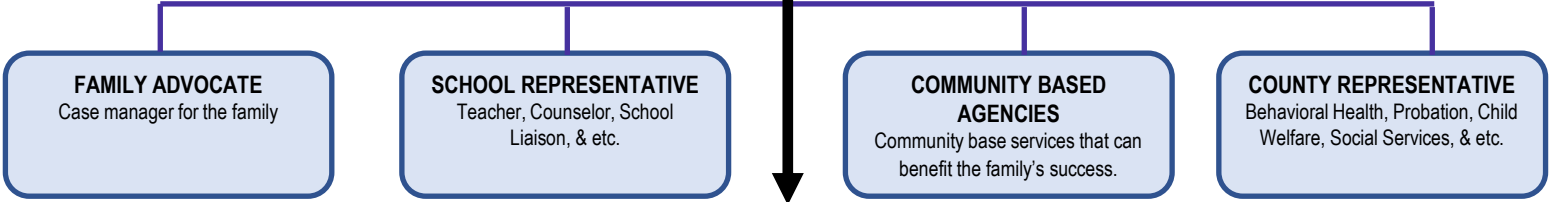
FOLLOW UP
Family Advocate monitors the progress of the family and if necessary calls for another meeting.



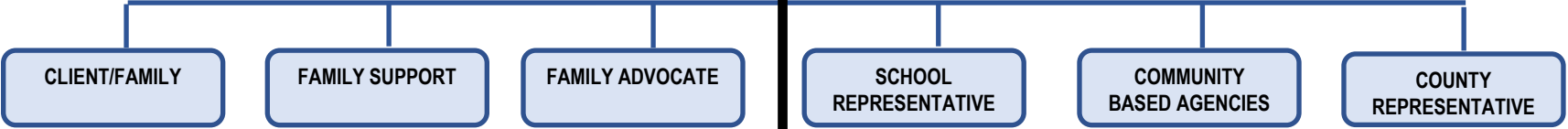
MONITOR PROGRESS
Monitor satisfaction of all participants with the process and outcomes.

MEETING AGAIN
If necessary, group meets again to review implementation plan and consider any difficulties with the plan.

PRE-STAFFING | CASE REVIEW
S.A.F.E Coordinator invites appropriate representatives into the meeting and reviews the case. Coordinator ensures the following parties know their roles, the purpose and structure of the meeting. Family Advocate and Agency Representatives, that family is already connected to, shares: story of the family, services already rendered, identified barriers, and triggers.



S.A.F.E INTENSIVE MEETING
During the meeting: S.A.F.E Coordinator review meeting goals, and ground rules. Client/Family shares their story and desired outcome from the meeting. All parties discuss client/family strengths, concerns, and support they can offer. Implementation Plan is proposed and created.



IMPLEMENTATION PLAN
Client/Family shares their perspective and knowledge about the plan. All discuss, review and finalize the plan.

MONITOR PROGRESS
Monitor satisfaction of all participants with the process and outcomes.

MEETING AGAIN
If necessary, group meets again to review implementation plan and consider any difficulties with the plan.

FOLLOW UP
Family Advocate monitors the progress of the family and if necessary calls for another meeting.

TRANSITION / COMPLETION

Progress of success for Individuals/Families

S.A.F.E SYSTEM OF CARE

TEAM NOTES

S.A.F.E MEETING INFO

DATE: XX/XX/XX

TIME: 9:00 AM

LOCATION: Virtual Meeting via ZOOM

FAMILY ADVOCATE: Obi-Wan Kenobi

FOLLOW UP DATE: XX/XX/XXXX

CLIENT/ CHILD'S NAME: Luke Skywalker
FIRST & LAST NAME

PARENT/GUARDIANS' NAME: Padme Amidala
FIRST & LAST NAME

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GROUP DISCUSSION

AT YOUR TABLE:

Share with others who you can identify within your local community:

- What are some challenges/barriers do you see or foresee with doing something similar?
- How would you try to overcome them?
- What is your biggest takeaway?

Questions | Comments

CONTACT INFO

PRESENTERS

San Luis Obispo County Office of Education

John Acosta, MBA

Homeless Innovation Program Coordinator
jacosta@slocoe.org | 415.652.0462

The Link Family Resource Center

Carrie Collins, MA

Family Advocate Services Director
carrie@linkslo.org | 805.794.0217

BRAIDING AND BLENDING OF FUNDS

Center For Family Strengthening

Lisa Fraser

Executive Director

lfraser@cfsslo.org | 805.543.6216

EVALUATION

Please complete the evaluation form
You can scan the QR Code from your
mobile device via camera.



TOOL KIT

Tool Kit can be accessed by scanning
the QR code from your mobile device
via camera.

