

Change





Changing lives

Talking about her school, Impact Community High School, Lori* sounds like every parent's dream. "I just love it here," she says, smiling. "The teachers would do anything for any of us. School's supposed to end at 4:00, but it never closes up then. And in the summer, they have extra classes for kids who want them. Last year, it was Shakespeare. My teacher, Eydie, was here every night until 8. One time, Jerica [another teacher] drove me all the way home, to Hunter's Point, just because I needed a ride."

Although Lori has accumulated enough credits to graduate early, she's using her final semester to take extra classes. "My teachers, they said, 'You're too smart to stop with high school. You need to go to college.' Nobody had ever told me that before. Nobody had ever praised me. So, now I'm taking more classes to help my

applications." Her hard work has paid off; Lori has just been accepted to a major university.

Such attitudes would be welcome in the life of any typical 17-year-old, of course, but Lori is anything but typical. Born to drug-addicted parents, she was raised by a great-aunt. But their generational differences, along with the difficult family history, made for a thorny relationship, and by 12, Lori was running away, disappearing for weeks at a time. Sexually assaulted on the streets, by 13 she was arrested for selling drugs. After completing her probation at a

group home, she returned to San Francisco once more, unsure where to finish her schooling.

It was then that Lori found out about a new program for kids like her: Impact Community High School. A collaborative pilot partnership of Family Service Agency's Adolescent Intensive Day-Treatment program, the San Francisco Unified School District, the Juvenile Probation Department, and the Mayor's Office of Criminal Justice, Impact Community High School provides integrated mental-health, vocational, and educational services for adolescents who are under the

supervision of the San Francisco Youth Guidance Center.

But the program's formal description risks obscuring what really happens in this small school serving two dozen kids at risk for future offenses. Lori herself puts it best: "A lot of kids who go here have messed-up families. All of us, we never had anyone really stable in our lives. But at school, everybody is family; we talk about everything. It's like the teachers fill all the spaces that are missing from our lives. Every teacher would shield all of us; they step in without hesitation." With three teachers, a therapist, and

several case managers, the high staff-to-student ratio helps make up for the gaps in the kids' educational histories, but the program is focused on more than academic success: It's an intensive treatment program, providing on-site counseling for the students and their families.

"I tell Jerica, 'You're like my teacher-mom.'" Slipping into a teenager's highest praise, Lori concludes, "Me and Jerica, our relationship is the bomb. Jerica — she's got my back."

* To maintain client privacy, we have used a pseudonym.

Every year, our programs for adolescents and their families reach hundreds of teens most at risk for entering or perpetuating long-term negative cycles, including early pregnancy, under-

education, underemployment, family dysfunction, and criminal behavior. Our primary goal is to reverse that domino effect through attentive intervention, reducing early or secondary pregnancies

among teens, reducing risk of criminal involvement, preventing disease, increasing school retention, enhancing health, strengthening self-sufficiency, and promoting healthy family relationships.



Changing communities

“There’s something about working with someone our own age — which is old! — it’s very clear that by helping them, we’re helping ourselves,” says John Cardozo, a volunteer with Partnership Assessment Service for Seniors (PASS), our program enlisting older volunteers as allies and advocates for mentally ill seniors, serving as their “link” to a range of valuable social services.

Twice a week or so, John, a trim man in his late 70s, walks from the quiet Noe Valley flat he shares with his wife, Phyllis, to a newsstand manned by his client, Fred.* What do they do? Well, it’s simple. “I’ll spend some time with him on the corner, talking. Maybe we’ll go for coffee. I don’t have a schedule with him, because he’s not very good with schedules. So we just chat.”

However simple it seems, the relationship’s effects are profound. Fred, John explains, “has some mental disabilities. And he’s what they call a ‘hoarder’; he collects everything. It used to be hard to

walk into his apartment, there was so much stuff. He didn’t have any room to sleep, and he could barely get into the bathroom. But, eventually, I managed to get PASS to help put some of his stuff into storage. It sounds like a small change, but now he has a place where he can lie down. And he has a friend.”

“The goal is just to have a relationship,” Phyllis, 74, chimes in. Sometimes, getting that relationship started is the hard part. When Phyllis first met her client,

Matilda* was in respite care for the physically ill, at a homeless shelter. “They called her the Mystery Woman. She was very polite, but she didn’t want to talk at all. And I thought, If the goal is to have a relationship, this is going to be a little tricky. But I went to visit her every week, anyway. She wouldn’t talk about anything personal, but we started talking about the movie stars of the ‘40s. She was 79, I was 73, and I think the age thing was a plus.

In the year since, Matilda has blossomed. “When we used to walk to the library, I would say hello to people. And she would say, ‘Is that how you do it? That’s how you talk to people?’ Then recently, this woman came up to her and said, ‘Hello, Matilda,’ and Matilda said, ‘Phyllis, this is my friend Dorothy, and Dorothy, I’d like you to meet Phyllis.’”

Phyllis’s face lights up as she continues. “Seeing her change just makes me feel good. There’s a joy in

watching her introduce me to her friend. At the beginning, she could hardly operate. Now, she even has a boyfriend on another floor! It’s like the whole world opened up to her.”

Speaking for both of them, John concludes, “I think we both get a lot of satisfaction from PASS. Phyllis and I have been pretty fortunate, and it feels great to help other older people make their way to fuller lives.”

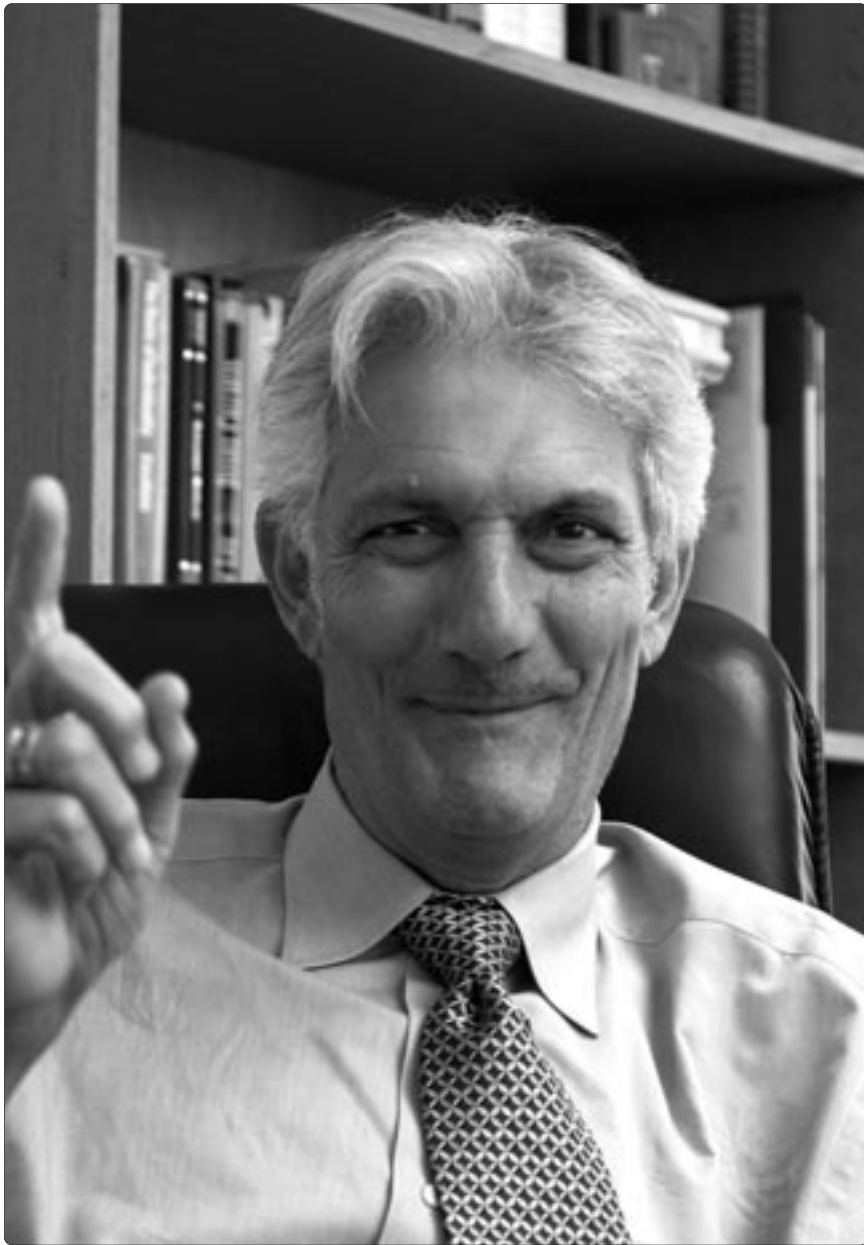
* To maintain client privacy, we have used pseudonyms.



Our programs for seniors provide a range of services city-wide to help older adults “age in place” with dignity and acceptance. For frail and isolated seniors, we offer clinical home visiting

services for those suffering from multiple kinds of losses (e.g., loved ones, physical independence, or cognitive capabilities), resulting in depression, anxiety, or detrimental use of alcohol

or prescription drugs. Our volunteer services enable healthier seniors to provide support and assistance to their vulnerable or mentally ill peers.



Changing the system

After more than 30 years working with Family Service Agency of San Francisco, now as Medical Director of our Community Aftercare Program, Dr. Richard Shadoan is a walking encyclopedia of the history of attitudes towards mental illness.

“There’s still such a stigma, in the general public, towards mental illness; there’s a lot of moral judgment about it,” he says. “But it’s increasingly clear that mental illness has a strong *physical* component. At Family Service Agency, we strive all the time to do several things: We want to help develop programs that reflect the physical, genetic foundation of mental illnesses. We want to change social perceptions of these illnesses, reducing the stigma and judgment that interfere with finding good solutions. We want to provide advocacy and information to the families of the mentally ill, since consistent and supportive relationships are invaluable. And

we want to change the system, so that instead of creating programs that require even the most seriously ill to make their way to us, we take our services to them, wherever they live, throughout the community.”

Early intervention and active prevention are essential elements of Family Service Agency’s mental-health programs. With supportive treatment, careful case management, and proper medications, Dr. Shadoan says, many mentally ill people can function in the world, avoiding both institutionalization, on one hand, and homelessness, on the other. “A high percentage of the homeless

are people with untreated mental illnesses. So to reduce homelessness, our preventive mental-health programs strive to stabilize people before they become chronically homeless. Many mentally ill people can’t seek out and sustain services; for them, it’s just too difficult to negotiate schedules, transportation, bureaucracy. So at Family Service Agency, we’ve designed our Community Aftercare Program as a way to take the services to them.” Often, the solution begins with the combination of a good Case Manager and a good Residential-Care Facility. “RCFs are what used

to be called ‘Board and Care’ homes,” Dr. Shadoan explains. These small, licensed facilities, scattered throughout the city, provide a moderately structured, cost-effective alternative to both homelessness and institutionalization.

“Our Case Managers work closely with RCF administrators to care for each client as an individual. Clients need more intervention at some points in their lives than at others, and we want to be sure that the right services are available at the right time. Our Case Managers regularly visit our clients at their RCFs; they’ll consult with the

doctors, the counselors, the RCF administrators, and the families, to stay informed about each client’s progress, day in and day out.”

The job isn’t an easy one. “Our Case Managers wear a lot of hats and juggle a lot of issues. But our Community Aftercare Program is the best way to help the clients. It’s more cost-effective than institutionalization. It’s more compassionate than homelessness. And by helping the mentally ill in San Francisco develop and maintain stable lives, we’re helping improve life for us all.”

Our programs for adults address some of San Francisco’s most critical issues: homelessness, substance abuse, HIV/AIDS, and mental illness. Our intensive case-management services for

mentally ill adults reduce both hospitalizations and homelessness. We provide mental-health, medical management, and housing services for low-income adults, including people with HIV/AIDS.

Our bilingual and bicultural mental-health services address issues for Asian communities, and our Victim Restitution program provides practical help and therapeutic counseling to victims of crime.



Changing the future

Nestling in his mother's arms, André tucks his feet close to her. "It's because his circulation isn't perfect; his feet get cold," explains his mother, Zorana. Now 3 years old, André's packed a lot of experience into his short life.

Born with a rare heart defect, he had a heart transplant at just two months of age. "When he had his transplant, the doctors told my husband and me that, for the next three years, I would have to be his nurse. And it was true. Right away, I had to quit my job; we moved to a smaller place, sold our truck. André's done great, and that's what matters, but it's been hard on all of us."

By the time he was two, André was healthy enough for Zorana to consider going back to work. And it was time for André to move into the world of children, as well. "There comes a point when a

kid needs to be with other kids," says Zorana. "No matter how much time I spent playing with him, I was never going to be as fun as a room full of toddlers." But it was impossible to find an appropriate childcare program.

"Yes, André has some uncommon medical needs. But although he's had a disability, he doesn't really have permanent developmental delays," she continues. "On the other hand, regular programs couldn't pay attention to his medical symptoms and handle his medications. What he

needed was a place that takes care of special-needs children as part of a mainstream program."

Then she found out about Family Developmental Center, a no-cost developmental childcare center for at-risk children from low-income families, which reserves 20% of its spaces for medically fragile children. Thanks to FDC's on-site nurse, therapists, and experienced staff, Zorana knows that André's special medical needs are being met — which means that she and her husband can breathe easy. "We know,

when we drop him off every morning, that the staff can take care of the whole boy. At FDC, they 'mainstream' all the kids. All of the special therapies are provided within the regular program. Each week, André has one-on-one occupational therapy. But since the therapist works within the whole group, and since it's play-based, the kids don't realize that some of them are receiving special therapy. As far as they all know, they're just playing together."

In helping André, FDC has

helped the whole family get back on track. "Finding FDC meant that I could go back to work," Zorana explains, the relief clear in her eyes. "It's letting my husband and me get our feet under us again, and it's letting André be something I wasn't sure he would ever be: just a boy."

As André wriggles off her lap to grab a toy, Zorana rolls her eyes. "These days, he's just a normal boy. It's funny, but I have to say that it's nice to have normal, motherly irritations. I didn't think I would."



In response to the complex needs of San Francisco's low-income families, we provide wraparound, culturally competent programs in multiple languages, at multiple sites, for multiple populations.

Our Family Developmental Center in the Mission district offers a comprehensive curriculum for infants and toddlers who are developmentally delayed, medically fragile, at risk for abuse or neglect, or

from low-income families. At city-wide sites, we also provide family and individual counseling, family intervention, medical assessments, and mental-health services for children and families.

Aristotle wrote, "Men come together in cities in order to live, but they remain together in order to live the good life."

For many San Franciscans, the good life is generally at hand. Even with the economy's change of fortunes in the past several years, many people enjoy a beautiful city, access to good health care, warm and secure shelter, financial resources sufficient to meet basic (and maybe not-so-basic) needs, and friends and family who enrich our daily lives. When misfortune strikes us or those we love, we can count on an umbrella of resources — personal, professional, legal, financial, medical — to help us weather the storm. By joining forces, we strengthen the web of support that helps protect ourselves, our families, our friends.

Many people are fortunate indeed; that network of connection and shared resources is essential to a good life. But if San Francisco has long offered much to many, it is also true that throughout our city's history, many others have struggled — and many struggle still — to marshal resources sufficient to their needs.

Recognizing this age-old disparity, throughout the city's history leading San Franciscans have joined forces to share their resources, not just with friends and family but with utter strangers. And for over a century, Family Service Agency of San Francisco has reached out a steadying hand to thousands of San Franciscans with nowhere else to turn.



Angela L. Williams
Chairperson, Board of Directors



Charles M. Collins
President, CEO

Annual Report

July 1, 2002 - June 30, 2003

STATEMENT OF FINANCIAL ACTIVITIES

For the fiscal year ended June 30, 2003

Revenue and support

Fees from government agencies	\$9,170,668
Contributions	1,231,065
Rental income	204,742
Interest and dividends	120,760
In-kind contributions	93,864
Program service fees	91,122
Gain (loss) on investments	1,149
Miscellaneous	1,148
Net assets released from program restrictions	0
Total revenue and support	\$10,914,518

Expenses

Program services	7,992,814
Support services	2,711,258
Total expenses	\$10,704,072

Net assets, beginning of year	10,469
Change in net assets	210,446
Net assets, end of year	\$220,915

STATEMENT OF FINANCIAL POSITION

For the fiscal year ended June 30, 2003

Assets

Cash and cash equivalents	\$335,110
Accounts receivable	717,117
Pledges receivable	740,631
Prepaid expenses	52,129
Investments	1,672,706
Property and equipment	3,966,684
Total assets	\$7,484,377

Liabilities

Accounts payable	620,462
Accrued liabilities	733,066
Accrued unemployment liability	62,000
Lines of credit	2,752,000
Notes payable	3,095,934
Total liabilities	\$7,263,462

Net assets

Unrestricted	(550,144)
Temporarily restricted	771,059
Total net assets	220,915
Total liabilities and net assets	\$7,484,377

FAMILY SERVICE AGENCY OF SAN FRANCISCO

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SENIOR MANAGEMENT

Charles M. Collins Chief Executive Officer	Charles L. Ward Vice President, Institutional Advancement	Resa Peay-Wainwright Vice President, Human Resources & Organizational Effectiveness	Delmy Cuellar Comptroller
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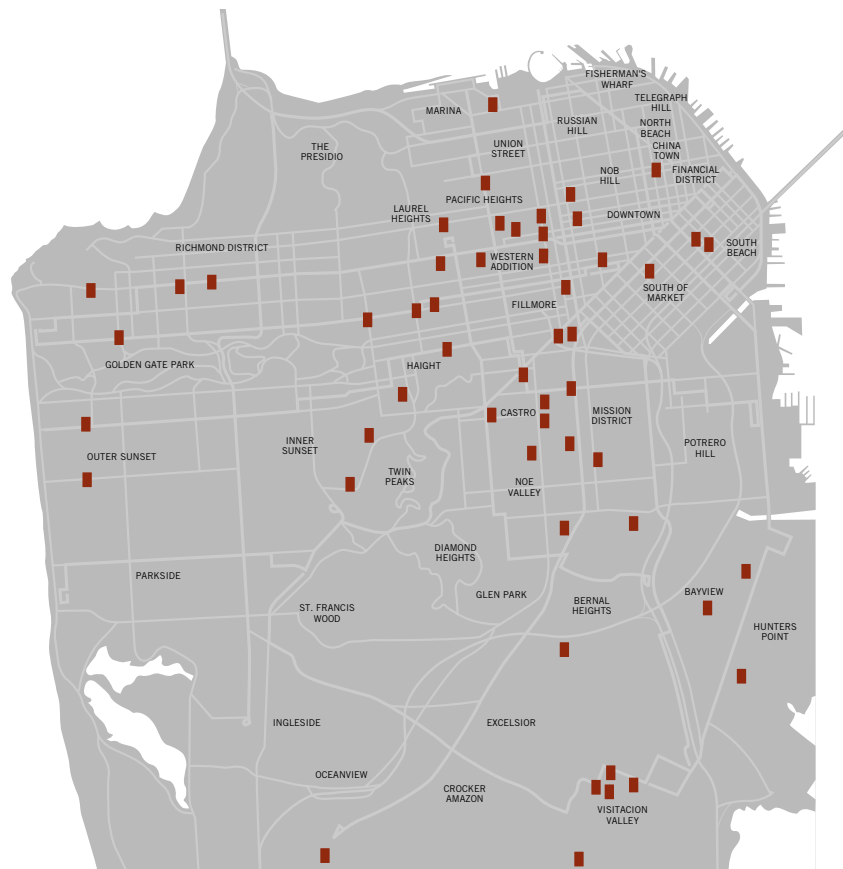
DIVISION DIRECTORS

Julia Chu, PhD	Charlene Clemens, MPA	Laura L. Feren, PhD	Esther M. Picazo	Shirley T. Shiromoto, MS, MFT
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Thirty-four programs. One vision.

For over a century of change, one thing has remained the same: Wherever the need, we're here to help.

Founded in 1889, Family Service Agency is the city's oldest nongovernmental, nonsectarian, human-services organization, providing compassionate and effective services to the neediest among us. Our encyclopedic array of programs reaches across all geographic, racial, ethnic, cultural, linguistic, and economic lines.



Since our founding, Family Service Agency of San Francisco has produced a rich history of measurable—and invaluable—results: in the lives we help transform, the families we help restore, the neighborhoods we help strengthen.

Not surprisingly, in a city filled with such astonishing cultural, economic, and ethnic diversity, Family Service Agency addresses a large and varied population, annually serving approximately 16,000 individuals, including 6,000 children and youth, 600 teen parents, and 5,000 elderly people, throughout the city.

Over the course of more than a century, the particulars, like San Francisco itself, have certainly changed. But despite all the changes, one thing remains true: Wherever the need, we're still here.

Services for Adults

- Administrative Services for Community Mental Health
- Adult Care Management Services Program
- Community Aftercare Program
- HIV Neuropsychological Services at Castro Mission Health Center
- Mental Health Services for HIV Adults Program
- Mental Health Services for HIV Adults at Mission Neighborhood Health Center
- Victim Restitution Program

Services for Children

- Child Care Food Program
- Early Childhood Mental Health Program
- Family Developmental Center
- Golden Gate Regional Center, Primary Therapeutic Day Program
- Hilltop Developmental Center
- Molera Medically Fragile Infant/Toddler Program
- Sanguinetti Special-Needs Therapy Program
- State Department of Education General Child Development Program
- Tender Lion Family Program

Services for Families

- Adolescent Family Life Program
- Eviction Assistance Program
- Family Intervention and Recovery Services Team
- Family Service Counseling Program
- Japanese Family Service Program

Services for Seniors

- Foster Grandparent/Senior Companion Program
- Geriatric Outpatient Mental Health Program
- Long-Term Care Ombudsman Program
- Older Adult Day Support Program
- Senior Peer Counseling/Partnership Assessment Service for Seniors

Services for Young People

- Adolescent Intensive Day Treatment Program/Impact Community High School
- Asian Pacific Islander Wellness Center Integrated Service Project
- Early Periodic Screening, Diagnosis, Treatment
- SBC Vocational Education Program
- Teenage Pregnancy and Parenting Project
- Teen Life-Skills Program
- Teen Male Services: Together Taking Care of Business
- Young Teen Parent and Child Development Program



Family Service Agency
of San Francisco
1010 Gough Street
San Francisco, CA 94109
www.fasf.org



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