

Summary Report on Prop 63 Family and Youth Focus Group Sessions

In partial fulfillment of our contract for assisting Children's Mental Health in gathering consumer input on the Proposition 63 Planning Process from families and youth, Community Connection and the Family Partnership Program (FPP) staff conducted five family focus groups (for parents and adult family members over age 18) and subcontracted with local youth service programs to conduct five focus groups with youth ages 12 through 18. Focus group sessions were conducted between March 2, 2005 and March 19, 2005.

Outreach Aims and Strategies The goal of this project was to gather input from families of children and youth receiving mental health services in Santa Cruz County for the Proposition 63 Mental Health Services Act planning process for the county. Our aim in developing outreach strategies was to be as inclusive as possible and to offer a range of participation opportunities to families and youth who receive mental health services through various points of access or gates to services. We also wanted to offer families and youth opportunities to give input into the Prop 63 planning process in ways that were most comfortable for them and at times convenient to them. Choices for providing input included participating in a focus group, completing confidential survey forms, and participating in individual face-to-face or telephone interviews.

Among the target family groups and youth we hoped to reach and engage in the consumer family input process were:

- Families with children and youth involved in the juvenile justice system
- Families and youth involved in the foster care system
- Families of severely emotionally disturbed children receiving school-based mental health services
- CalWORKS families
- Other families with unmet needs (e.g., in the South County, Watsonville area).

Our strategies for engaging family members' participation in focus groups included: (1) recruiting families directly served by Community Connection programs--the Family Partnerships Program and the CalWorks Counseling Program and (2) identifying other organizations in Santa Cruz County that provide services to families and youth and inviting these organizations to host or co-facilitate family focus groups with us. We hoped to take advantage of existing support groups, meetings and education classes for hosting Prop 63 focus groups. Initial plans also called for attempting to organize groups that were somewhat homogeneous in terms of what precipitated family members' use of mental health services--e.g. owing to involvement with Children's Protective Services versus juvenile probation or school-based counseling services.

We had no difficulty finding youth service organizations willing to host Prop 63 focus group sessions with youth and sub-contracted with five programs to host sessions with youth currently involved in mental health treatment programs (see Table 2 below). We were less successful in recruiting partners for hosting parent focus group sessions. Despite three weeks

of phone calls and outreach efforts, we were not able to persuade other community organizations to host or co-facilitate a parent focus group with us within the time frame set for gathering input. Engagement efforts included invitations to specific organizations that host meetings and classes or provide services to parents, such as the Parents Centers in Santa Cruz and Watsonville, Pajaro Valley Prevention and Student Assistance (PVPSA) and the Special Parent Information Network (SPIN). We distributed flyers announcing our search for focus group partners and advertising our dedicated Prop 63 Information phone line for family members at a Prop 63 Stakeholders Meeting held on February 25th and at the Children's Network Meeting (a consortium of educators and youth service providers) on March 2nd. We also faxed flyers advertising the Prop 63 Information Line to Santa Cruz public schools with special education programs. Time constraints seemed to be the greatest barrier to engaging other organizations in co-hosting groups with us. Other agencies expressed concerns about diverting their classes or groups from their own focus and content in order to gather Prop 63 input.

In the absence of partner agencies, Community Connection decided to host a set of six focus groups for parents and family members independently, using Family Partnerships Program staff as facilitators and recorders. We abandoned the strategy of attempting to host "homogeneous" groups for foster parents, parents of children on probation, etc. in order to maximize participation and give families more options for participating in evening sessions.

Of the five family focus groups facilitated by the Family Partnerships Program, two groups, held in Watsonville, were conducted in Spanish. Three groups, conducted in English, were held in Santa Cruz. The sixth and final family focus group scheduled for March 17th was cancelled because no participants came to the session. Food and childcare were provided at all of the evening focus group sessions. In addition, family members who participated were offered gift card incentives for their participation.

Programs that hosted youth focus groups used their own staff to facilitate the groups. Staff decided that youth would probably respond better to an adult with whom they already had developed some rapport than to an unfamiliar adult facilitator. We also believed that youth program staff would do a better job of asking or reframing questions to meet the experience and understanding of their specific group members. Youth programs were also allowed to decide what types of incentives to offer youth participants.

Flyers advertising the parent focus group sessions were posted at county mental health clinics and at Juvenile Hall (where parents would see them while visiting their children on weekends) and several community-based health and service organizations in Watsonville and Santa Cruz. Parent Focus Group flyers (in English and Spanish) were also distributed to Children's Mental Health clinicians (for redistribution to their client families), to CalWorks therapists, to residential treatment programs (Unity Care, Above the Line and Tyler House) and to Probation Department staff associated with the Reclaiming Futures initiative. Family Partnerships staff also phoned families currently involved in the Wraparound program (a collaborative program of the Santa Cruz Juvenile Probation Department, Children's Mental Health and County Drug and Alcohol programs) and families who had previously used Family Partnerships' advocacy services or participated in Familias Bienvenidas or Family to Family programs at the Mariposa Center in Watsonville.

No advertising was done for youth focus groups because the sessions were only offered to clients of specific programs and were not open to the public at large or to youth who were not enrolled in the specific program hosting the focus group session.

Data Collection

Surveys used to gather input data were developed by Children's Mental Health staff, with input from Family Partnerships Program (FPP) staff. Focus group questions for parents and adult family members were adapted by FPP staff from materials created by United Advocates for Children of California. Family Focus Group questions were translated into Spanish for use with monolingual Spanish-speaking families. Youth Focus Group questionnaires were developed by FPP staff, with input and modifications recommended by staff from the five youth service programs that conducted focus group sessions with youth. Focus group questionnaires for parents and adult family members included a total of 19 possible questions, of which five were earmarked as critical for facilitators to cover in each focus group. Questionnaires for youth focus groups consisted of 12 questions, of which three were earmarked as essential for facilitators to include in every session. Copies of questionnaires used in Youth and Family Focus Groups are attached to this report. Questions designated as “required” or “critical to include” are marked with an asterisk.

Group facilitators were allowed and encouraged to use their discretion and judgment in deciding which questions to include (apart from the three to five “required” questions earmarked by FPP staff), how much time to give for responses to each question and how to manage the overall pacing of the sessions. Facilitators of Youth Focus Groups, in particular, were encouraged to re-state or re-frame questions in language and terms most suitable to their participants. The set of guidelines given to focus group facilitators are attached to this report. Facilitators of youth and family groups used the same guidelines.

Parent Focus Groups: Table 1 below shows the dates, times and locations of the five Prop 63 Family Focus Group sessions conducted by Family Partnerships staff, along with demographic information about participants. Most sessions lasted two hours; two sessions were extended to 2-1/2 hours. Two participants came to focus groups after first requesting information via the Community Connection Prop 63 Information Line. Of the 20 parents and family members who participated in sessions for adult family members, three participants were involved in the Wraparound program, two had youth in probation programs, one had a child in a residential care facility, five had children involved in the foster care system, six had children who received outpatient mental health treatment services, one was the family member of a young adult no longer in the Children's System of Care, and two were parents who believed their children needed mental health services but did not receive them. . None of the parents specifically identified themselves as having children who received services through school-based AB3632-funded programs. Although family focus group sessions were designed for families of children currently using mental health services, no one who showed up for sessions and asked to participate was turned away, even if they no longer had a child receiving services.

Table 1: Prop 63 Focus Group Sessions for Parents and Adult Family Members

Date	Time	Location	Facilitators	# of Participants	Residence	Language Spoken
3/2/05	6-8:30 p.m.	Watsonville	Veronica Gonzales & Sylvia Mejia	5	4 Watsonville 1 Soquel	Spanish
3/3/05	6-8:00 p.m.	Santa Cruz	Melody St. Charles & Carol Sullivan	4	2 Santa Cruz 1 Scotts Valley 1 Freedom	English
3/9/05	6-8:00 p.m.	Watsonville	Veronica Gonzales & Sylvia Mejia	6	5 Watsonville 1 Santa Cruz	Spanish
3/10/05	6-8:30 p.m.	Santa Cruz	Melody St. Charles & Carol Sullivan	3	1 Freedom 1 Capitola 1 Santa Cruz	English
3/16/05	6-8:00 p.m.	Santa Cruz	Melody St. Charles	2	1 Santa Cruz 1 Watsonville	English
Totals				20	11 South County 9 North County	11 Spanish 9 English

Parents at all sessions were offered copies of brochures with information about Proposition 63, the Mental Health Services Act, in English and Spanish. They were also given opportunities to complete survey questionnaires at the end of the session.

Youth Focus Groups: Five youth focus groups, conducted by sub-contract programs, were conducted on dates and times shown in Table 2 below. A total of 47 youth (22 females and 25 males) participated in sessions. Youth sessions were confined to one hour, at the suggestion of youth program staff. One program, the Live Oak Family Resource Center, elected to conduct individual interviews with youth, as opposed to conducting a group session but used the same questions used in Focus Group Sessions by other programs

Table 2: Prop 63 Focus Group Sessions for Youth (ages 12-18)

Date	Program	Facilitator(s)	# of Participants	Gender
3/12/05	Y-CORE	Karina Cervantez	9	1 female, 8 males
3/14/05	Los Puentes Program	Rebecca Pulliam	6	2 female, 4 males
3/17/05	Youth Services	Y.E.S. Program Staff	10	5 females, 5 males
3/18/05	Pajaro Valley Prevention & Student Assistance (PVPSA)	Jennifer Willoughby	14	10 females, 4 males
3/24/05	*Live Oak Family Resource Center	Shanti Manzano	8	4 females, 4 males
		Totals	47	22 females 25 males

*conducted eight individual interview sessions instead of a single group session

Summary of Family Focus Group Input (Parents and Adult Family Members)

General Comments about Process

In general, the two Spanish focus groups in Watsonville worked more smoothly and efficiently than groups held in English in Santa Cruz in that facilitators were able to cover 16 of the 19 questions, as opposed to only 8-9 questions. Several participants in the Watsonville groups already knew each other and one another's family histories. Participants' prior acquaintance and level of familiarity with one another seemed to make it easier for families to talk about their experience and address the focus group questions directly, without giving detailed background and history. In contrast, participants in the English groups in Santa Cruz were mostly unacquainted with one another and needed more time to discuss their prior histories, difficulties accessing services for their children or other negative experiences, which meant that fewer questions were covered in the time frame allotted.

Facilitators of focus groups conducted in Spanish noted that, "Most parents did not understand our terminology, making it difficult for them to give feedback. Families could also not articulate what services they were receiving and differentiate between the different services from which

they received services." Facilitators of English-speaking groups similarly observed that family members had clear views about the specific programs from which they or their children received services, but had limited knowledge about the overall Children's System of Care--how it operates and what to expect from different service providers or professional disciplines. In some cases, it was difficult to tease out whether participants were describing interactions with a mental health counselor, a social worker or probation officer, for example, and often participants were unclear about which service provider was responsible for different aspects of their children's care.

With respect to terminology, terms such as "mental health services," "care plan" and "service plan" made sense to some participants, but not to others. Focus group participants involved in Wraparound programs, in general, appeared to be more familiar with "service plan" terminology and the distinctive roles of probation staff, mental health staff, drug abuse counselors and family advocates than participants who accessed mental health service through other avenues or points of entry.

Participants' Responses

Accessing Services: In response to question #2, "Did you run into any difficulties or delays getting services started for your child and family, most parents reported accessing mental health treatment or counseling services for their children following a traumatic event or incident such as a youth's arrest for drug use, a CPS report and children's removal from the home or an emergency hospitalization. Several parents expressed frustration that early attempts to access services for children's milder problem were not successful and they had to wait for children's problems to become severe or for their behavior to escalate to the point of being out of control before mental health treatment services were seen as warranted by providers. One grandparent attributed delays and confusion to problems with "dual system involvement," indicating that her daughter's simultaneous involvement with CPS and the juvenile probation department made it difficult for her to get information and access services for her grandchildren. Parents and grandparents involved with CPS and the foster care system, generally, reported more negative experiences accessing information and appropriate services than parents of children on probation or with severe mental health problems. Six of 20 participants reported no significant delays or difficulties in accessing mental health services.

Family Strengths and Involvement: Question #5 asked, "Are your family's special qualities and strengths part of your child's mental health care plan?" In response, a majority of participants had difficulty articulating how family strengths and values were included in children's service plans and how they participated in decision-making. While seven participants responded "yes," that they felt their family's special qualities and strengths were acknowledged and included in service plans, they were not able to describe in specific detail how their special qualities or strengths were incorporated in service planning and implementation. Most participants seemed to interpret the question as one of whether or not they were included in decision-making or kept informed of developments and plans, as opposed to whether and how their special skills, strengths and qualities were acknowledged and made a part of treatment planning. Several parents described specific incidents of being excluded from planning, such as not being allowed or invited to attend IEP meetings or having their wishes regarding their children's medications disregarded. One parent stated, "I wanted my babies baptized but this didn't happen." Parents

currently involved in the Wraparound program generally reported feeling more satisfied than other parents with their inclusion and participation in treatment planning and decision-making. Family strengths that were cited included "patience," "calmness," "the ability to have fun together," and "resilience as survivors in the face of trauma and adversity." Understandably, parents whose children were removed from the home by CPS reported feeling more excluded from choices and participation in their children's lives (e.g., missing holiday times and children's birthdays) than parents without CPS involvement.

Receiving Information about Children's Treatment. Responses to question #6, "Did you receive all the information you needed or asked for about your child's problems and mental health services?" were mixed. Once again, participants receiving Wraparound services responded more positively than other parents, indicating that they felt they received the information they needed and wanted about diagnosis, treatment options and services. Several indicated they felt they had to be persistent in asking questions and seeking information but that this strategy and persistence paid off. Participants with children in foster care (both grandparents serving as kin caregivers and parents whose children were removed) reported numerous incidents of not receiving adequate information and were more likely to report feeling dissatisfied with the timing, accuracy and amount of information they received than parents of children receiving services owing to involvement with juvenile court and probation. One parent of a child with severe psychiatric and learning disabilities reported having to do intensive, independent research in order to receive adequate diagnostic and treatment services.

Service Effectiveness: A significant majority of participants (15) provided unqualified "Yes" responses to question #11, which asked, "Do you think the mental health services your child and family receive are helping?" The majority of focus group members felt that, once they were able to access mental health services, the services had a clear, positive impact and helped restore family peace, tranquility and their sense of hope for their children's future well being. Most participants were able to identify either specific aspects of treatment services they found most helpful or specific impacts they perceived as positive. Several participants indicated, for example, that family counseling was very helpful; others cited support service referrals, tutoring for children and positive effects of medications. Among positive impacts noted were improved communication with their children/grandchildren, improvements in children's self-esteem, heightened insight into behaviors and motivation and an increased sense of safety in the home. Several mentioned specific programs that they found helpful, such as counseling services at the Parents Center, work with CalWORKS therapists, or counseling at Youth Services programs. More qualified and less positive responses came from participants who were either still struggling to obtain appropriate services for their children or whose children were no longer able to receive services (i.e., transition age youth).

Unmet Needs/Additional Services Needed. In response to question #12, "What additional services or supports do children and families in your situation need?" responses ranged from broad-based recommendations for more preventive education and outreach to very specific recommendations for improving access or services. Spanish-speaking families who attended sessions in Watsonville emphasized the need for more education and outreach to inform people about existing services, more education on drugs and substance abuse problems so that parents can recognize when their children are "under the influence," and more culturally-competent

outreach--that is, "advertising on Spanish radio stations and television" so that more families know about services. Parents involved in Wraparound services also noted that all families should receive the kind of coordinated services available through the Wraparound program. Participants in the English-speaking sessions held in Santa Cruz cited a broader range of unmet needs, including continued services for youth over age 18, better diagnostic and assessment services for children with severe and complex behavioral problems, more supports, funding and respite care for foster care families and youth, more support groups for families of children receiving services, more "age-appropriate parenting classes," improved Access services for families (i.e., opportunities for face-to-face consultation and not just phone interviews), more male counselors, better training for counselors, job training for kids on probation, and improvements in probation services. Recommended improvements in probation services included smaller caseloads and better compliance with and follow-up on judges' orders.

Cultural Sensitivity. In response to question #13, "Are your family's cultural values, beliefs, customs and traditions reflected in your child's care plan?" participants in Spanish-language focus group sessions agreed unanimously that they felt their culture was respected, citing as the reason that most services were provided in Spanish, often by bicultural staff. One parent commented, " They give us strength [when] services are provided in our language and we feel more trust and confidence because of that." None of the Latino participants, however, identified specific examples of culturally sensitive behavior apart from language ability and "being from the same culture." English-speaking participants had more difficulty responding to this question and tended to mention specific incidents in which they felt disrespected or not understood, rather than a pattern of culturally insensitive treatment. Specific problems cited were: "ageist attitudes" (a young mother felt disrespected by service providers because of her age and inexperience), insensitivity to family members' lack of education about mental illness and diagnostic terminology, problems of children being placed in foster homes where their language and food preferences were not honored, inadequate attention to families' religious beliefs and practices, and parents feeling judged for having a television set in their living room.

Recommendations for Improving Services. Questions #14 and 15, asked about ways of improving mental health services to children and families and recommendations for spending new mental health funding. In response, focus group participants offered a menu of suggestions. Five recommendations cited most frequently were:

- (1) Continuing Wraparound services and extending this type of program to other families,
- (2) Offering more community-based activities and supports for teens and youth; for example, and recreational activities, field trips, a teen center, vocational training, tutoring, evening programs for youth to help them stay off the streets and out of trouble and more activities for families to do together,
- (3) More preventive education and outreach to families, especially about substance abuse and mental health issues,
- (4) More information, assistance and advocacy for families to help them access services before children's problems become too severe--possibly a one-stop shopping center or single point of entry for parents of children needing services, and
- (5) More funding generally for individual and family counseling services.

Additional specific recommendations for improving or expanding services included:

- More rehabilitation services for youth exiting residential treatment.
- More vans for transporting youth to programs and services.
- Purchasing ankle bracelets or other monitoring devices for tracking youth.
- Having late night, 24/7 response team services for problem youth.
- More female coordinators.
- More male counselors.
- More independent living classes for youth.
- More family advocates, especially for CPS/foster care families.
- More support groups for families.
- Improved (comprehensive, multidisciplinary) diagnostic and assessments services.
- Continued services for transition age youth (ages 18-25).
- More in-home assessment and support services for families (to help understand the family context).
- More resources and services to help abused children stay with their families or extended family members.
- More resources for foster care families, including help with transportation, better sites for parent-child visits (larger, more family-oriented rooms), more parenting classes and more "accessible" after-hours or evening services for parents who work.
- More frequent drug testing, including "instant testing" for youth.
- More intensive, individualized residential treatment options, besides group homes.
- More anger management classes for youth, and ones lasting longer than two weeks.

Summary of Youth Focus Group Input

Comments about Process

Three focus groups sessions with youth, held on March 12th, 14th and 18th used the first version of the focus group questionnaire. Two youth groups, held on March 17th at different sites, used a slightly revised/modified version of the questionnaire. The second version included a question about cultural sensitivity that had not been used in the first questionnaire version. The second version also used modified language in referring to mental health services--e.g., referring to "counseling" and "support services" as opposed to "mental health services," as suggested by youth group facilitators. Question #3, "When you first started to feel you needed help or realized things were getting out of control in your life, did you ask for help from anyone?" was also modified after facilitators reported it had evoked a negative response from youth in the first two sessions. Several participants did not feel they had ever been "out of control" and resented the assumption--implied by the question--that they probably felt that way at some point. The original wording was revised to read, "Did you ever feel that you needed help or that things were out of control in your life?"

Group facilitators of all five youth focus groups reported to Community Connection staff that youth were pleased to be asked for their views and opinions on the services they received and how services might be improved or expanded. Although not all the youth were comfortable giving responses and not all questions were seen as relevant or engaging, the experience of engaging in dialogue and giving feedback about the services they and their families received was viewed as a positive experience by youth participants, according to all group facilitators.

As a set of summary comments on the process and youth issues, facilitators of the focus group conducted at Youth Services noted:

- *Most clients feel ignorant to the meaning of “dual diagnosis” and would like more education around their mental health diagnosis.*
- *Some clients were concerned with the lack of media productions targeting teen recovery issues.*
- *All clients agreed that parents should bear more responsibility and be held accountable for “showing up” to counseling sessions and groups.*
- *Some clients also think that parents lack education in how to deal with teen alcoholics/addicts and conflicts.*

Youth Participants’ Responses

Main Issues/Problems Youth Face. In response to question #1, “In your opinion, what are the main issues youth face today in trying to get along at home, at school and in the community?” youth participants identified a broad range of challenges and problems, with “gangs,” “drug addiction/drug use” and “problems with parents” being cited most frequently. Also emphasized were problems of not having enough youth activities or opportunities for positive engagement in the community (expressed as “boredom,” “nothing to do,” “not enough recreation centers,” and “lack of fun stuff to do”), violence in the community, “racist cops,” peer pressure, relationship problems and school problems (“schools too big,” “overcrowded” and rife with “gossip and rumors”). Girls, more than boys, tended to cite problems related to sex (including “girls having sex for attention”) in response to this question.

Services Helpful to Youth. Two questions asked about whether counseling and support services were helpful to youth and which services were most useful. Question #2 asked, “Do you think services such as counseling, support groups, family counseling and so forth can help youth deal with the issues they face?” Question #6 asked, “Of the services or supports you and your parents or family received, what was most useful and why?” A majority of youth responded very favorably to these questions, indicating they believed various kinds of intervention services were helpful to youth. Despite the fact that many youth were mandated to participate in counseling, drug addiction programs and support groups, responses showed strong endorsement of the positive benefits of counseling and mental health services in general and specific services in particular. “Having someone to talk to about your problems,” “getting help figuring out better things to do than all the thing you're getting busted for,” and “inspiration from counselors” were among the positive benefits of counseling cited by youth. Views on which services were “most helpful” varied widely and included virtually every service available to youth and their families.

For some, individual counseling was most helpful. For others, family counseling was seen as critical because "there's a tendency to blame the youth because they are the one who got in trouble with the police, but in family counseling you can see everyone's role in the problem." Other reasons for viewing family counseling as helpful included "counselors help with conflict resolution," and counselors help "your voice be heard by parents" and help "youth see parents' point of view more clearly." Several youth cited being on probation and being mandated to receive drug and alcohol education and treatment as helpful because getting tested "forces you to stay clean," and drug education teaches you about "the effects of drugs and what it does to your body." Among specific programs cited by youth as very helpful were the F.L.Y program at Barrios Unidos, Youth Services, and Live Oak Family Resource Center. Responses indicating that services were not helpful or useful suggested that it "depends on the individual" and how willing they are to "face their problems." One comment indicated that counselors needed to know more about the family situation and not "tell your parents what to do [when] they don't know your family."

Unmet Needs/Services Needed. Question #8 asked, "Were there services and supports you and your family needed or wanted and didn't get?" While most youth participants indicated they received all the services they needed, a few mentioned additional supports needed, including "help getting back into school," "family counseling" and "enough support in family counseling to ensure that my opinion is heard." One youth said (perhaps tongue in cheek) that s/he needed more helping "filing grievances or complaints about counseling staff."

Cultural Sensitivity. Of the two groups that included question 9, "Did you feel the programs or services you participated in included and were respectful of your cultural values and traditions?" nearly all the responses were positive and emphatic. Some responded in terms of language abilities, others referred to religious beliefs. One youth reported not liking having to translate from English to Spanish in meetings between his/her parents and probation officer. Another youth in a drug treatment program noted, presumably for levity's sake, that "my cultural values object to urine testing."

What Parents Need. Participants responded to question #10, "Are there services or supports you think parents need to help them do a better job of raising healthy, confident sons and daughters?" with recommendations for family counseling, parenting classes, more family activities, help understanding addiction and (in one case) psychiatric help.

Different Needs of Boys and Girls. In response to the question, "Are there services /supports that boys and young men need that are different from those that girls and young women need?" youth gave highly mixed responses. In some groups, youth emphasized the need for gender-differentiated counseling and treatment services (with girls seeing female counselors and males seeing male therapists) and in other groups, youth emphasized the need for youth to participate in mixed gender programs and groups. There were few specific ideas concerning possible differences between girls' and boys' needs, although some youth suggested youth should have choices concerning whether they preferred working with male or female counselors or program staff. One female participant indicated she did not feel comfortable talking about issues related to sex with her male counselor.

Recommendations for Improving/Expanding Services. Among recommendations for improving mental health services, youth mentioned "more wraparound programs," "family counseling," and "more funding for the F.L.Y program to extend it to schools and youth not in trouble." Many of their recommendations, similar to responses in the Family Focus Groups, emphasized the need for more pro-social activities for youth, such as "more sports programs," "youth centers," youth activities, jobs and classes for teens (including sex education and violence prevention classes) and more family activities. Several responses focused on families' economic difficulties and needs, suggesting families needed more support in meeting basic survival needs, including help with jobs and food.