



**SAN FRANCISCO HUMAN SERVICES AGENCY  
DEPARTMENT OF HUMAN SERVICES:  
STRATEGIC PLAN 2016-2021**

**Draft for Review**

The Human Services Agency (HSA) was formed in 2004 with the merger of two previously existing City departments, the Department of Human Services and the Department of Aging and Adult Services. The Office of Early Care and Education joined the HSA umbrella in 2014. HSA is now comprised of these three departments, each of which is overseen by a Mayoral appointed commission (The Human Services Commission, Commission on Aging and Adult Services, and the Citizen's Advisory Committee).

HSA is a state-mandated county public social services agency, providing public assistance to low income children and families, single adults, the disabled and seniors in the city. HSA offers cash assistance, food and nutritional support, health insurance (Medi-Cal), employment training, child care subsidies, in home care, and supportive housing and shelter, among other services. In addition, HSA provides services and support to children, seniors and dependent adults.

**HSA's Vision:** San Francisco is a diverse community whose children, youth, families, adults, and seniors are safe, self-sufficient, and thriving.

**HSA's Mission:** The Human Services Agency promotes well-being and self-sufficiency among individuals, families and communities in San Francisco

**HSA Core Values:**

Respect	•We treat all people with dignity, fairness and respect	Customer Service	•We provide the highest quality services to meet each individual's unique needs.
Diversity	•We embrace and promote diversity and oppose discrimination and racism.	Communication	•We clearly communicate information and expectations to encourage honest and respectful dialogue.
Integrity	•We maintain ethical standards, professionalism, confidentiality, and integrity.	Continuous Improvement	•We do our best, evaluate our outcomes and recognize change and innovation as a means to achieve excellence.
Partnership	•We work as partners with co-workers, community, and public agencies, individuals, and families.		

This strategic plan includes the priorities for HSA’s largest department: The Department of Human Services (DHS), comprising four major divisions, namely Economic Support and Self-Sufficiency, Family & Children Services, Administration, and Policy and Planning.

## Economic Support and Self-Sufficiency Division

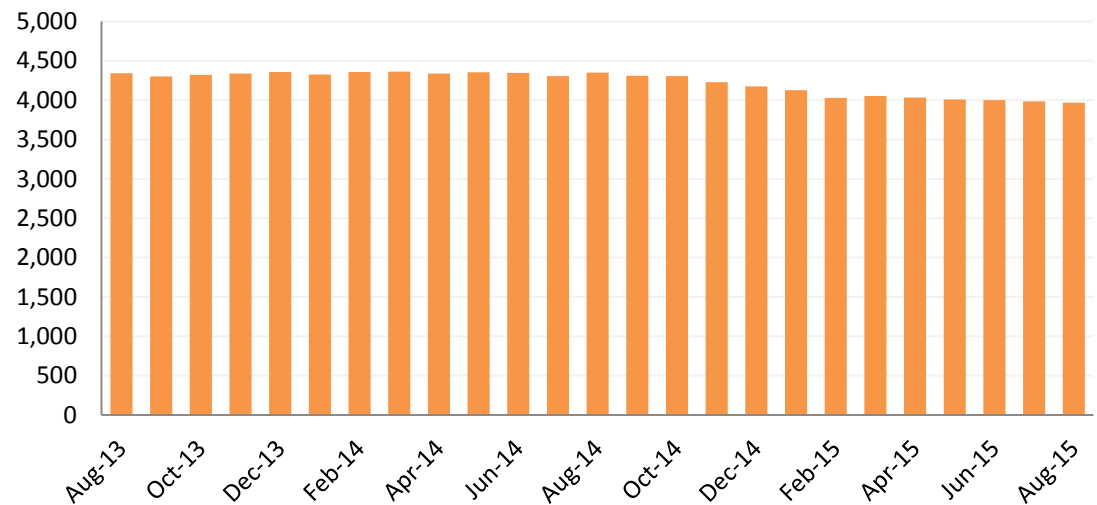
The Economic Support and Self-Sufficiency Division (ESSS) promotes the wellbeing of San Francisco’s most vulnerable populations by providing a safety net of public supports, emergency shelter, and subsidized housing. Public supports include cash assistance, food and nutrition assistance, public insurance, and array of emergency shelters and subsidized housing. ESSS promotes economic self-sufficiency by assessing people’s goals and skills and connecting them with appropriate barrier removal, training, education, and employment opportunities. Through a robust, tiered system of subsidized and unsubsidized employment options, ESSS supports low-income families and single adults to move along a pathway to self-sufficiency.

### Core Programs and Current Caseloads

#### CalWORKs

CalWORKs is the state's county-administered version of the federal TANF program. It provides financial aid and welfare-to-work services to approximately 4,000 low-income families with children in San Francisco. Tailored to individual family needs, services and supports include income support, housing support, education and training, job search and preparation, subsidized employment, subsidized child care, transportation assistance, behavioral health services, and assistance with applying for SSI. Once a parent obtains employment and no longer qualifies for financial aid, CalWORKs can still provide post-employment services to help with job retention and further job skill

**CalWORKs Caseload Declined Steadily in FY 2014-2015**

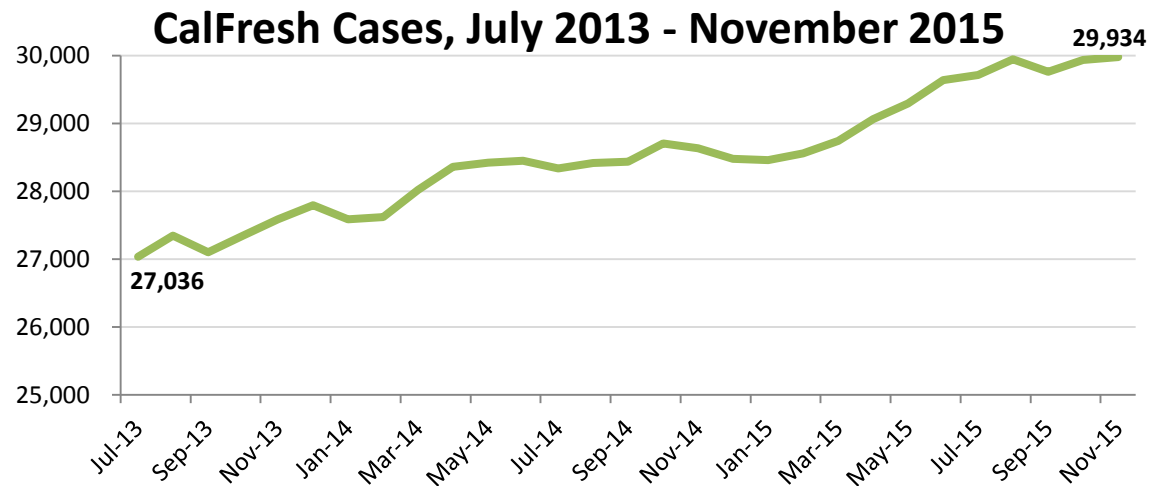


development. Children whose parents time out of the program without achieving self-sufficiency can still receive assistance. CalWORKS recipients also automatically qualify for and receive CalFresh and Medi-Cal.

The CalWORKS caseload has gradually declined over the past two years, reflecting a combination of recent dynamics in San Francisco: record low unemployment rates, high housing costs and outward migration of low income families with children from San Francisco. At least part of the caseload decline; however, is a direct result of successful program exits due to HSA’s employment program. For example, 62 percent of CalWORKS clients participating in HSA’s employment program (called JobsNow) were still employed six months after exiting subsidized employment. Average quarterly earnings, moreover, increased 111% before and after Jobs Now -- from \$2,340 about 6 months before clients began JobsNow to \$4,937 eight months after JobsNow participation.

### CalFresh

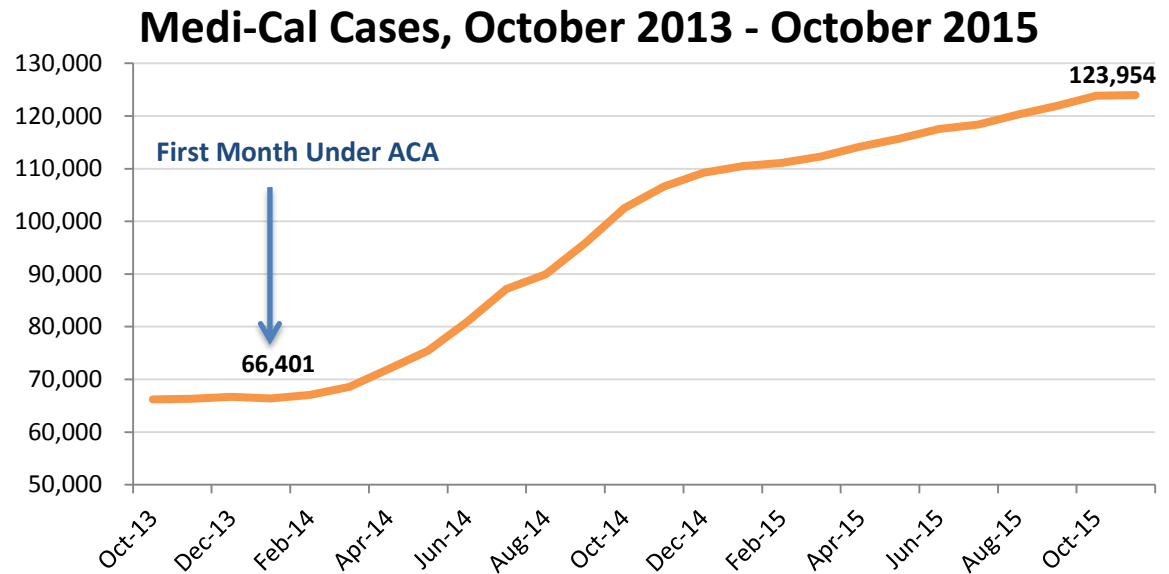
Called Supplemental Nutrition Assistance Program (SNAP) at the federal level, CalFresh is a federally mandated, state-supervised, and county-operated program provides monthly assistance to qualified households with purchasing food. The CalFresh caseload has grown by 117% over the last decade, with its current caseload at 30,000. In the fiscal year (FY) 2014-15, the CalFresh caseload increased ten percent. A number of factors have influenced CalFresh caseload growth, including dedicated outreach, community partnerships, and integration of the CalFresh and Medi-Cal programs in San Francisco. There are eight employees devoted to outreach and a coalition of community based organizations, convened by the San Francisco-Marin Food Bank, is assisting with online applications on behalf of its customer base. An additional outreach partner, Code for America, developed GetCalFresh.org, a new and easier way to get information and sign up and renew applications by



smartphone or tablet. Despite these important efforts, DHS still has a low CalFresh penetration rate, reaching just 41% of potentially eligible individuals, according to one estimate.

## Medi-Cal

Medi-Cal is a public health insurance program that provides free or low-cost health care coverage to low-income individuals and families. Since the implementation of the Affordable Care Act (ACA) beginning in January 2014, the Medi-Cal caseload has grown by 83% (57,000 cases) in just two years. Today, nearly one in four San Franciscans receive Medi-Cal. Targeted enrollment efforts have helped increase Medi-Cal enrollment following ACA implementation: e.g. assisting jail inmates to apply for coverage prior to reentry, use of community-based organizations to assist clients to apply online, and deploying DHS staff to community outstations to conduct outreach and enrollment. In the next five years, DHS aims to further increase enrollment through outreach to the 10,000 estimated remaining Medi-Cal eligibles in San Francisco who still do not have health insurance.



## SF BenefitsNet: Co-Enrollment of Medi-Cal and CalFresh

DHS recently merged its CalFresh and Medi-Cal programs under a single umbrella program called “SF BenefitsNet.” This effort reflects the long-term vision of integrating programs through a “no wrong door” policy, where clients can receive all eligible services administered by the Agency, no matter how or where they come into contact with HSA.



DHS has embarked on a variety of “in-reach” and “outreach” strategies to increase dual enrollment between Medi-Cal and CalFresh, including: cross training intake staff, employing verbal scripts, developing new marketing materials, and contracting with community-based organizations. As of December 2015, 78% of households receiving CalFresh are also on Medi-Cal, which is double the percentage prior to ACA implementation in December 2013. However, only 19% of households on Medi-Cal also receive CalFresh. Around 101,000 cases are on Medi-Cal, but not CalFresh. HSA-IT did a rough analysis in October 2015 (based on income, age, and SSI and disability status) and found that approximately half of the Medi-Cal cases appeared eligible for CalFresh. Of these 50,000 potentially eligible cases, 32,000 had no prior association with CalFresh (i.e., had never applied for CalFresh). A key strategic goal over the next five years will be to increase that percentage.

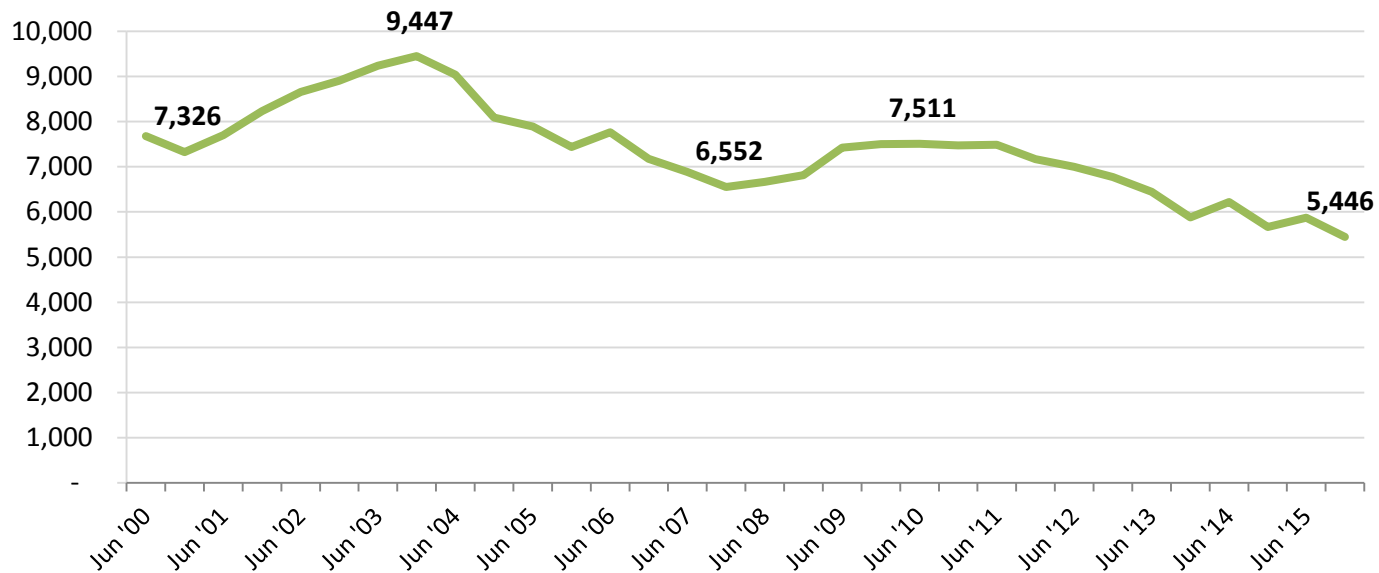
### **County Adult Assistance Programs (CAAP)**

CAAP provides short-term cash aid and social services to very low-income San Franciscans with no dependent children who are not eligible for other cash assistance programs. CAAP operates four programs: General Assistance (GA), Personal Assisted Employment Services (PAES), Cash Assistance Linked to Medi-Cal (CALM), and Supplemental Security Income Pending (SSIP).

- General Assistance (GA) is the safety net program for indigent adults. A cash grant is provided to applicants who reside in San Francisco and qualify because of low or no income.
- Personal Assisted Employment Services (PAES) provides adults seeking employment with education, training, subsidized employment and supportive services with the goal of moving them to self-sufficiency. PAES operates like CalWORKs but targets single adults without children.
- Cash Assistance Linked to Medi-Cal (CALM) provides financial assistance to individuals who are currently receiving Medi-Cal benefits because they are aged and/or disabled, but do not currently qualify for federally-administered Supplemental Security Income (SSI) benefits or the state-administered Cash Assistance Program for Immigrants.
- Supplemental Security Income Pending (SSIP) provides cash assistance to elderly and disabled adults who are in the process of applying for SSI assistance from the federal government.

The CAAP caseload has been in overall decline for the past five years, generally mirroring the decline in unemployment in San Francisco, though at a slower rate.

## CAAP Caseload, June 2000 - December 2015



### JobsNOW!

DHS assesses clients' goals and skill sets and places them in jobs at nonprofit agencies, City departments, and private businesses. Participants receive subsidized child care, transportation assistance, intensive case management and other wraparound services as needed to help them access and maintain employment. JobsNOW! serves primarily CalWORKS and PAES clients. In FY 15-16, DHS launched a pilot project for Transitional Age Youth living in HOPE SF public housing developments. The success of the pilot will lead to an expansion of JobsNOW! to other populations in the next five years.

The following summarizes caseloads and major accomplishments under JOBS NOW!:

- This program has employed 16,000 low income San Francisco residents in both private and public sector positions, since its inception in 2009.
- 67% of participants placed in wage subsidy positions were still employed eighteen-months later;

- Eighteen months after exiting JOBS NOW!, 70% of participants who had been on CalWORKs or CAAP were no longer receiving cash assistance;
- Over 2,000 employers have participated in the program since inception and just over 1,600 (79%) hired at least one JOBS NOW! Participant

## **Project 500**

San Francisco Mayor Ed Lee announced in his 2015 State of the City address, the launch of Project 500: an effort to help at least 500 of the most at-risk families with meaningful pathways up and out of poverty and disrupt its intergenerational transfer. Project 500 is a collaboration among the San Francisco Human Services Agency, the Department of Public Health, the Office of Child Support Services, and the Office of Early Care and Education. The partners have developed a two-generation strategy, providing parents with employment support to improve household income and economic self-sufficiency while also providing children with the developmental support they need to arrive at school ready to succeed. The project will serve families from CalWORKs, particularly those with newborns.



## Economic Support and Self-Sufficiency Division: Five Year Plan

Goal	Strategy	FY
<p><i>Help low-income San Franciscans enroll in and maintain all of the public benefits for which they are eligible.</i></p>	<p><i>CalFresh Program:</i> Grow the CalFresh caseload from 31,000 to 50,000, by 2021, through: in-reach to Medi-Cal enrollees, community outreach, enrollment of low-income SFUSD families, and contracts with outreach partners to generate at least 200 new applications per month.</p>	16-17 and ongoing
	<p><i>CalFresh Program:</i> Significantly expand work opportunities for able-bodied CalFresh recipients without dependents.</p>	16-17 and ongoing
	<p><i>CalFresh Program:</i> Maintain provision of same day service for at least 90% of CalFresh walk-in applicants.</p>	15-16 and ongoing
	<p><i>Medi-Cal Program:</i> Expand full scope, no-cost Medi-Cal to undocumented children and other remaining low-income uninsured families.</p>	15-16 and ongoing
	<p><i>Medi-Cal Program:</i> Reduce workload backlogs in the Medi-Cal program and expedite application and renewal timeframes, with the goal of achieving state-mandated standards 90% of the time.</p>	16-17
	<p><i>CalWORKS Program:</i> Complete a strategic program review in order to:</p> <ul style="list-style-type: none"> <li>• More closely integrate disparate elements of the current program;</li> <li>• Ensure that staff have the tools and training needed to achieve program goals; and</li> <li>• Infuse CalWORKs with innovative and best practices for moving families to self-sufficiency.</li> </ul>	15-16 and 16-17
	<p><i>CalWORKS Program:</i> Maintain a CalWORKs work participation rate that meets or exceeds mandated performance standards.</p>	15-16 and ongoing
	<p><i>CalWORKS Program:</i> Improve the work participation rate across all CalWORKs welfare-to-work households, not just those included in the official state sample.</p>	16-17

<p><i>Help low-income San Franciscans enroll in and maintain all of the public benefits for which they are eligible.</i></p>	<p><i>CalWORKS and Child Welfare Programs:</i> Enhance and expand the Linkages program, which coordinates service delivery for households served by both CalWORKs and child welfare. This program aims to remove barriers to employment for Welfare to Work participants, support family maintenance, and reduce the number of foster care entries.</p>	16-17
	<p><i>CAAP Program:</i> Redesign elements of the CAAP program through amendments to the CAAP ordinances. Goals include:</p> <ul style="list-style-type: none"> <li>• Make it easier for eligible individuals to access and maintain benefits;</li> <li>• Simplify program administration; and</li> <li>• Create more effective pathways to employment for clients willing and able to work.</li> </ul>	16-17
	<p><i>CAAP Program:</i> Provide meaningful exits from aid for CAAP clients through innovative strategies such as:</p> <ul style="list-style-type: none"> <li>• Providing payee services for SSI-approved clients who cannot get SSI without a payee;</li> <li>• Creating a community service “light duty” assignment for CAAP clients that will better prepare them for permanent employment; and</li> <li>• Creating a voluntary employment service model that places CAAP clients in jobs within two months of program entry.</li> </ul>	16-17
	<p><i>CAAP and CalFresh Programs:</i> Help homeless, senior and disabled CAAP clients maintain CalFresh benefits during the transition to a semi-annual reporting process.</p>	16-17 and ongoing
	<p><i>Cross-Program Strategies:</i> Help 500 low-income families reach self-sufficiency by designing and implementing “Project 500.” Complete program planning and design phase (FY 15-16)</p> <ul style="list-style-type: none"> <li>• Hire and train staff</li> <li>• Establish service partnerships</li> <li>• Enroll the first 25 families</li> <li>• Retain an evaluator</li> <li>• Enter and exit families from the program on a rolling basis, with the goal of having enrolled 500 families by year five (FY 20-21).</li> </ul>	15-16 and ongoing

<p><i>Help low-income San Franciscans enroll in and maintain all of the public benefits for which they are eligible.</i></p>	<p><i>Cross-Program Strategies:</i> Administer all public benefit programs in a timely, effective, integrated, and customer-friendly way:</p> <ul style="list-style-type: none"> <li>• Streamline application processes;</li> <li>• Further integrate HSA’s public benefits delivery system to maximize opportunities for cross-enrollment;</li> <li>• Reduce clients “churning” on and off benefits;</li> <li>• Expand SF BenefitsNet outreach staff to better establish a more robust community presence;</li> <li>• Implement the SF BenefitsNet Quality Assurance Plan that includes targeted case reviews, analysis of error trends, and maintenance of staff training curriculum and business process manuals, and</li> <li>• Plan for and manage caseload growth in Medi-Cal and CalFresh.</li> </ul>	<p>15-16 and ongoing</p>
<p><i>Expand and strengthen the Department’s subsidized employment programs and related workforce services.</i></p>	<p>Expand the JobsNOW! tiered subsidized employment program to additional client populations: transitional aged youth (FY 15-16 and 16-17), HOPE SF residents (FY 15-16 and 16-17), non-aided CalFresh recipients (FY 16-17, 17-18 and 18-19) and currently/formerly homeless individuals (FY 16-17 and 17-18).</p>	<p>15-16 and ongoing</p>
	<p>Evaluate and test innovative strategies to enhance the outcomes of HSA employment programs. Specifically, evaluate the Rapid Response strategy of engaging clients in workforce activities, assess the feasibility of performance-based contracting for employment services, and pilot a new model for partnering with community-based organizations in order to maximize federal SNAP Employment &amp; Training revenues.</p>	<p>15-16 and ongoing</p>
	<p>Work with OEWD and DCYF to strengthen cross-departmental partnership and alignment of workforce development services. Specific goals include: updating the Workforce Innovation and Opportunity Act (WIOA) Partners MOU to better align with the goals and mandates of new federal legislation (FY 15-16); pursuing joint contracting and grant development where appropriate (FY 16-17, 17-18); establishing clear referral pathways to services for all job seekers (FY 16-17); coordinating employer recruitment efforts (FY 16-17, 17-18), and assessing the feasibility of moving to a shared client and data tracking system (FY18-19 and 19-20).</p>	<p>16-17 and ongoing</p>

## **Housing and Homeless Programs**

The Housing and Homeless Programs are currently part of HSA. However, starting July, 1, 2016, the City's housing and homeless programs and services will be embedded into a new department, with the exclusive mission of helping homeless residents exit the streets to permanent housing. The new department will bring together under one roof the multitude of homeless outreach, housing, shelter, and supportive services that are currently dispersed across multiple City departments.

### **Homeless Count**

Every two years, communities across the country conduct comprehensive counts of their homeless populations in order to measure the prevalence of homelessness in each community. These biennial Point-in-Time homeless counts are required by the U.S. Department of Housing and Urban Development (HUD) of all jurisdictions receiving federal Homeless Assistance Grant funding to provide housing and services for homeless individuals and families. Through the HUD Continuum of Care program, San Francisco currently receives more than \$30 million per year in federal funding, a key resource for the county's homeless services.

San Francisco's most recent point-in-time count (January 2015) included a complete enumeration of all unsheltered and publicly sheltered homeless persons. According to the count, there were 6,686 sheltered and unsheltered homeless people, and 853 homeless youth. Nearly half (48%) of the homeless people counted were sheltered living in City-funded shelters, treatment centers, hospitals, etc. While the overall homeless count was up by 250 individuals as compared to 2013, the prevalence of homelessness among subpopulations that have been a targeted focus of City investments declined. Homelessness among veterans in San Francisco has declined 50% since 2011, and the "chronically" homelessness population declined to 25% of the total homeless population, a significant improvement from 62% of the total homeless population six years ago.

### **Programs and Services**

In partnership with nonprofit agencies, DHS Housing and Homeless Programs provide a full array of services -- from eviction prevention to permanent supportive housing -- for a range of target populations that are homeless or in danger of becoming homeless, including: single adults, families, seniors, people with AIDS and transitional aged youth.

## **Emergency Shelter for Families, Single Adults, and Youth**

The emergency shelter system in San Francisco is comprised of the following:

- **Single Adults** - Nine shelters with 1,163 beds along with 60-100 seasonal beds through the interfaith shelter program with stays up to 120 days.
- **Family Shelters** - Three shelters with 218 beds in 3-6 month shelter, 46 in 60-day shelter, and 70 in one-night shelter.
- **Youth Shelter** - One shelter with 40 beds with stays up to 120 days.

DHS has developed the capacity to open up to 1,100 emergency shelter beds this winter on an as needed, nightly basis to help keep people off the streets during the El Niño rainstorms.

## **Compass Connecting Point for Families**

Compass Connecting Point (CCP) is the centralized intake system for homeless families seeking emergency shelter. Services can be accessed through the Shelter Hotline. CCP provides emergency food, clothing, transportation and crisis intervention counseling while families await placement in full service shelters. CCP also maintains a waiting list for 3-6 month family shelters, and provides information and referral for services located throughout the Bay Area. Family shelters include case management and provide a wide range of services to help families stabilize, and assist in transitioning families to more permanent housing.

## **CHANGES Reservation Stations**

CHANGES reservation stations serve as the gateway for emergency shelter reservations for single adults. The San Francisco 311 Customer Service Center manages the Adult Shelter Reservation Waitlist for anyone seeking an extended shelter reservation.

## **Resources Centers and Homeless Drop-In Centers**

These centers provide shower facilities, lockers, a message center, access to mental health services, medical care, and substance abuse services and/or referrals to other services.

## Homeless Prevention and Rapid Rehousing Services

The Homeless Prevention Services Program partners with several non-profit organizations to help low income individuals and families, who are homeless or at risk of homelessness, maintain their housing or secure other permanent housing. Services may include: providing funds for back rent to prevent eviction, housing search assistance, security deposit funds to move into permanent housing, legal services, counseling, money management, and other support services. From FY 2001-2002 through FY 2014-2015, 31,218 households secured and/or maintained housing due to a one-time grant. Since July 2006, 1070 families have been re-housed through the provision of a rental subsidy.

## Permanent Supportive Housing

The Housing First strategy to end chronic homelessness emphasizes placement of individuals and families in permanent supportive housing, where they have access to on-site case managers and a menu of supportive services to stabilize residents and help keep them housed. In FY 2014-15, DHS assisted 644 individuals (including single adults and members of families) in exiting homelessness through placement in permanent supportive housing. DHS outperformed its annual target of 500 by 29 percent. Future increases in placements in permanent supportive housing will depend largely on available funding to lease new sites and the timeline of construction of new units. There are currently a number of new buildings in the pipeline for DPH and HSA housing programs.

The following programs comprise DHS's portfolio of permanent supportive housing:

- *Housing First Master Lease – Adults*  
The Housing First model uses single room occupancy hotels leased to nonprofit housing agencies under contract with DHS. DHS provides funding to housing providers to lease and operate the buildings as well as provide supportive services to the resident population. Six nonprofit providers are contracted to operate 2,821 units in 30 sites. 16 of these sites are supported, in part, by the implementation of Proposition N, Care Not Cash. Tenants in the Housing First Master Lease program maintain a 90-95% housing stability rate (of at least 12 months) either by retaining this housing or moving to other stable housing.
- *HUD Permanent Supportive Housing Program (SHP)*  
San Francisco has benefited from HUD homeless funding support through the HUD Supportive Housing Program (SHP) that helps provide housing and related supportive services for people moving from homelessness to independent, supportive living. SHP funds assist homeless individuals and families to live in a stable place, increase their skills and their income, and live as



independently as possible. SHP funding is available to support Acquisition and Rehabilitation, New Construction, Leasing, Supportive Services, Operating Costs, Project Administrative Costs, and Development or Implementation of Homeless Management Information System (HMIS).

In FY 2015-16, HSA received \$6.7M in SHP funding from HUD to serve 2,187 people in 1,557 single adult units and 214 family units in 18 programs by helping them obtain and remain in permanent housing, increasing their education and employment skills, and securing and maintaining income to live as independently as possible. The 18 SHP programs include 13 units of permanent housing, 4 units supportive services, and 1 unit of transitional housing. Thirteen (13) of the programs also receive HUD Shelter Plus Care grants and/or City General Funds for rental assistance and other services.

1. Shelter Plus Care

The San Francisco Shelter Plus Care Program (S+C) is funded federally by the U.S. Department of Housing & Urban Development (HUD), and provides rental assistance to clients in permanent supportive housing. S+C provides homeless people with disabilities affordable rental housing and assists them to achieve residential, economic and emotional stability. S+C provides rental assistance to 761 single adults and 213 family units in 37 developments. 97% of S+C clients remained housed for at least one year.

2. HOPWA

The San Francisco Housing Opportunity for People with AIDS (HOPWA) is funded federally by the U.S. Department of Housing & Urban Development (HUD) and provides rental assistance for low-income clients with HIV/AIDS in permanent supportive housing. HOPWA also offers various support services, such as case management, outreach and referrals to various resources. HOPWA provides rental assistance to 224 households living in scattered units throughout San Francisco.

3. Local Operating Subsidy Program (LOSP)

New building construction and major renovations supported by the Mayor’s Office of Housing and Office of Community Investment and Infrastructure provide affordable housing to homeless adults and families. DHS funds the on-going operating subsidy and the supportive services for these buildings and places homeless families and individuals into housing. Five housing contractors manage 291 adult units and 194 family units at 9 sites. Tenants in this program have a 90-95% stability rate (of at least 12 months), retaining this housing or moving to other stable housing.

## **Coordinated Entry**

In 2012, the Department of Housing and Urban Development issued new regulations requiring the implementation of Coordinated Entry Systems in all federally funded Continuum of Care and Emergency Solutions Grant projects by the end of 2017. Coordinated Entry is also a nationally recognized best practice to ensure equity, transparency and efficiency in the delivery of housing and service for homeless people. San Francisco has implemented Coordinated Entry for Continuum of Care Single Adult Permanent Supportive Housing and veterans and is in the planning process for homeless families.

The Coordinated Entry System in San Francisco for single adults prioritizes single adults for placement into permanent supportive housing based on the individual's length of homelessness in San Francisco. Households are referred to the system with a third party verification of their length of homelessness. Households are placed into new and turnover permanent supportive housing units by a roving 4 person dedicated team of case managers. All chronically homeless veterans are prioritized for placement in permanent supportive housing. Chronically homeless veterans are identified using the citywide homeless veteran registry.

Currently, the Connecting Point shelter waitlist system places families into three to six month shelters. There is no Coordinated Entry system for family rapid rehousing or transitional housing. As a result, Housing and Homeless staff are leading a planning and implementation process to design and implement a comprehensive family Coordinated Entry System for all homeless family services. This system will be designed in 2016 and implementation will begin in fiscal year 2016-2017.

While homeless youth are served in the single adult system and the family system, many homeless youth aged 16-24 are unaccompanied by older adults or children and seek youth specific services. Housing and Homeless staff will lead a community process to design and implement a Youth Coordinated Entry system in 2017.

## **Transitional Housing Program**

Transitional Housing is a bridge between the street or shelter and permanent housing. Clients live in transitional housing sites from six months to two years and receive intensive services such as education, job training and placement, substance abuse counseling, parenting classes, and childcare services. Clients generally pay 30 percent of their income for services and housing. DHS funds 33 units in two family transitional housing programs.

## Representative Payee and Money Management Services

HSA funds two large programs that support housing stability by offering some level of money management to tenants receiving federal and local benefits. The Modified Payment Program assists 800 tenants to manage their money and to ensure that they pay their rent in both private and HSA-funded housing sites. HSA also funds full representative payee services directly and via Department of Public Health programs that serve 650 – 670 clients, most of whom are required to have a payee due to their mental disabilities.

## Homeward Bound

The Homeward Bound Program is designed to reunite homeless people living in San Francisco with family and friends across the country. The program offers travel assistance to homeless individuals who want to leave the county once it has been verified that they have friends or family to take care of them in their destination city. To date (February 2005 - December 2015) the Homeward Bound Program has reunited 9,560 people at an average cost of about \$186 per person. In FY 14-15 alone, DHS served 861 individuals through the Homeward Bound program.

### Housing and Homeless Programs: Five Year Plan<sup>1</sup>

Goal	Strategy	FY
<i>Maintain the continuity of current housing and homeless services and the momentum of new initiatives, while supporting the transition to a new department of homeless services.</i>	<i>Emergency Shelter:</i> Sustain current Navigation Center operations through the transition to a new site in July 2016. Procure services for a second location in FY 15-16 and complete implementation in FY 16-17 (in partnership with the Department of Public Health).	15-16 and 16-17
	<i>Emergency Shelter:</i> Expand and systematize the delivery of training to all HSA and DPH contracted shelter staff.	15-16 and 16-17

<sup>1</sup> These strategies and goals will be revisited when the new department of homeless services is formed in July, 2016.

<p><i>Maintain the continuity of current housing and homeless services and the momentum of new initiatives, while supporting the transition to a new department of homeless services.</i></p>	<p><i>Permanent Housing:</i> Reduce the wait list for family emergency shelter and stabilize the housing situation of SFUSD families by expanding rental assistance and rapid rehousing programs.</p>	16-17
	<p><i>Permanent Housing:</i> Maintain and expand HSA's inventory of permanent supportive housing in order to continue reduction in the homeless population, and successfully operate the Navigation Center model.</p>	15-16 and 16-17
	<p><i>Permanent Housing:</i> Review and revise overall priorities and targets for placements into available and planned housing across the entire set of service programs and target populations. This will be done in conjunction with city partners, and in parallel with planning for the Coordinated Entry System and the Navigation Center expansion.</p>	16-17
	<p><i>Permanent Housing:</i> Continue collaboration with MOHCD to grow and manage the Local Operating Subsidy Program (LOSP).</p>	16-17
	<p><i>Homeless Systems:</i> Design and implement a coordinated entry system (CES) that makes it easier for homeless families and individuals to access the full spectrum of services available in San Francisco. Implementation for veterans is already underway.</p>	15-16 thru 17-18
	<p><i>Homeless Systems:</i> Move to an annual (rather than bi-annual) homeless count and homeless survey in San Francisco, beginning in 2017.</p>	FY 16-17
	<p><i>Homeless Systems:</i> Design, procure and implement a comprehensive Homeless Management Information System (HMIS) that collects and reports data on homeless services, shelter programs, transitional housing and permanent supportive housing.</p>	15-16 and 16-17

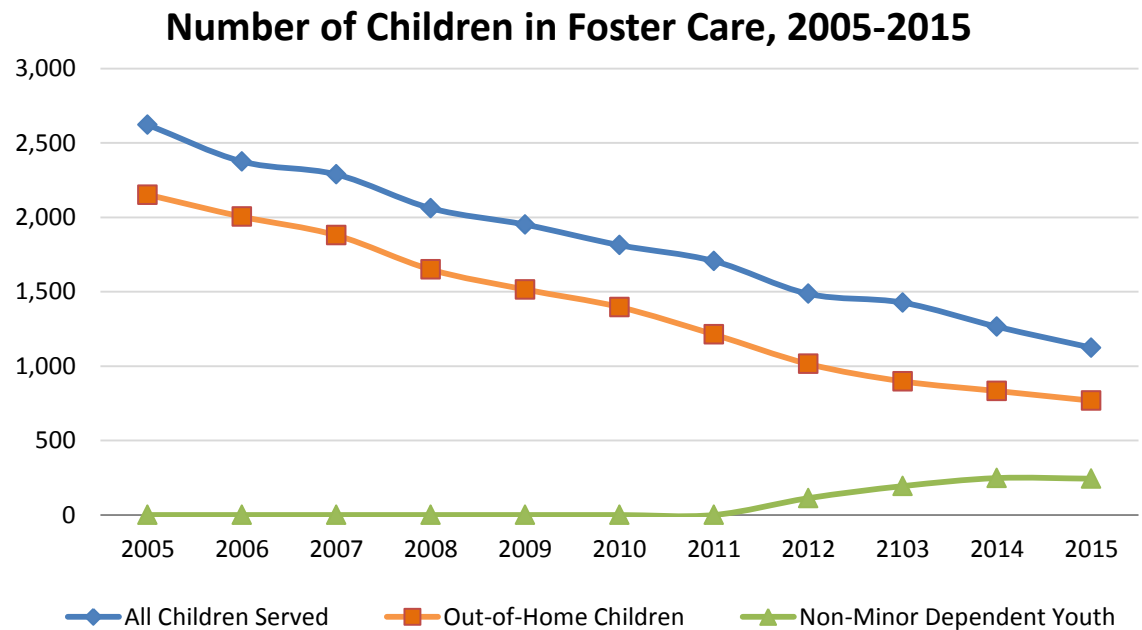
## Family and Children’s Services Division

The Family and Children’s Services division (FCS) protects children from abuse or neglect, and supports families in raising their children in safe and nurturing homes. FCS strives whenever possible to help families stay together. In those instances in which a child must be removed from home because he or she is in danger, FCS partners with parents and the court system to keep a child safe when removed from their home while also helping to reunite parents with their child. FCS contracts with community agencies to offer assistance, such as in-home services, crisis intervention, counseling, and parent education.

### Core Services and Current Caseloads

#### Foster Care

FY 2014-15 continues a decade-long trend in the decline of the total number of children in the foster care system declined, in part, because of targeted interventions to help children remain safely in their homes with their parents. These intervention strategies include Safety Organized Practice (as described previously) and Wraparound services, which provide intensive case management to in-care or at-risk families in an effort to stabilize the family in the community and divert children from entering the foster care system. It is important to note that these improvements in the FCS caseload are not merely reflective of a decline in San Francisco’s child population. In 2005, 17 out of every 1,000 children in the City & County of San Francisco were in foster care. That number has dropped to 6 out of every 1,000 children.



In 2011, foster care was extended in the state of California to age 21. As the graph depicts, while the overall number of children in foster care has declined over the past decade, there is an upward trend of non-minor dependent youth (age 18-21) in the care of the San Francisco foster care system, currently around 250 young adults.

## **Emergency Response and Differential Response**

Suspicion or concerns of child abuse or neglect are reported to the confidential 24-hour child abuse hotline, which is also a source of information and referral for callers. In 2015, the hotline has received between 300 and 500 child abuse referrals per month. If there is substantial risk of abuse or neglect, FCS workers respond immediately in urgent cases and within ten days in non-emergency situations. If an investigation produces no evidence of abuse or neglect, the case is closed, but the report is entered on a statewide database. If subsequent reports are received, the information from the first incident will affect the urgency of the case.

If, after conducting an investigation, the FCS staff determine that there is not a reason to open a full child welfare case, they may nevertheless identify areas where the family needs help in order to maintain the safety and well-being of the children in that family's care. In those cases, families are referred to the Differential Response program, which matches them with a family resource center that is tailored to their geographical and cultural needs. FCS collaborates with First 5 and the Department of Children, Youth and Families to support an organized network of Family Resource Centers. These centers are located in neighborhoods across the city and specialize in providing culturally responsive services. Although the family resource centers serve different populations, they are all committed to using evidence-based practices that have a demonstrated capacity to improve family functioning.

## **Non-Court Family Maintenance**

If a child is not in immediate danger but the family is at some risk and requires supportive services, the family may be referred to the Non-court family maintenance unit to work with Family and Children's Services. The staff work to stabilize families through services such as respite care, child care, parenting classes, or counseling. If the parents follow the Case Plan and the home remains safe, the case is closed. If the parents do not follow the plan, the Court may order further child welfare involvement to ensure the safety and wellbeing of the children. By working in tandem with families to develop clear, individualized plans for how children can be returned home safely, child welfare workers make every effort to keep children safely with their families, and to provide resources to the family that will help strengthen and stabilize the home.



About a third of all foster children return to their parents each year. DHS's goal is to make sure that each child returns to a home that is safe and where family stresses and challenges that lead to neglect and abuse have been fully resolved. In 2014, 206 children left foster care to live with their parents and after a year's time, 171 were still living safely at home. FCS aims both to increase the frequency with which children safely return home and to decrease the chances that they will require a second child welfare intervention within the year.

## **Family Services**

The court may order that a child becomes a dependent of the court, either in the home or in out-of-home placement. If the child remains in the home, FCS provides family maintenance services and the parent must meet dismissal requirements to end court supervision. If the child is out of home and placed with a relative, foster, or group home placement, FCS provides family reunification services and the parent must meet reunification requirements for the child to return home. The parent must demonstrate the capacity to care for the child safely and must demonstrate that the risks to the child have been mitigated.

## **Foster Care**

Foster parents provide care for court-dependent children in their homes while the child's family follows the case plan for reunification. Foster parents agree to perform all the functions of birth parents while the child is in their care. Foster parents maintain a relationship with their children's child welfare workers, maintain their homes to the standards set by the state, and attend training. All basic health and education costs of the child are paid by the foster care system.

## **Permanency for Children**

When children are in out-of-home placement, FCS works to create the most permanent plan for each child. Ideally, this means reunifying the child with a biological parent, but sometimes reunification is not feasible. In that case, other permanent plans must be implemented. Alternative plans include adoption, guardianship and long-term placement with relatives. Of alternative plans, adoption is the most permanent, legal guardianship is the next most permanent and long-term placement is the least permanent. Placement with relatives is almost always preferred to placement with non-relatives. Forty percent of children are placed in the homes of relatives, and 30% are in foster homes operated by community agencies.

## **Adoption**

Adoption is the preferred permanent plan for those children who cannot be reunited with their parents. DHS contracts with community agencies which offer free adoption information and processing. FCS Adoption staff assist both the child and the adoptive family to make sure that the placement is successful.

## **Kin-GAP**

The Kinship Guardianship Assistance Payment (Kin-GAP) enables children exiting the juvenile court dependency system to live with a relative legal guardian as a permanent plan; supported by a subsidy payment. FCS also contracts with community agencies to provide ongoing case management services to relative caregivers who become legal guardians.

## **Long-Term Placement and the Independent Living Skills Program**

Youth who do not leave the foster care system through reunification with their parents, adoption or legal guardianship court may remain dependents until they are 21 years of age, although a handful of youth elect to emancipate from the foster care system at 18. They are served by case managers in Supportive Transition Units. In addition to case management provided by FCS, the Independent Living Skills Program (ILSP) helps foster youth ages 14 to 21 years old living in San Francisco to develop the skills needed to live successfully once they leave the foster care system. Participation is voluntary. ILSP offers support in areas including self-esteem building, college preparation, mentoring, tutoring, computer skills training, life skills workshops, case management, referrals for housing, assistance with living expenses and educational stipends.

## Initiatives

In response to growing concerns about child abuse and neglect over the past decade, there have been significant national and state reforms to improve child welfare practices. To this end, San Francisco has embarked on a number of strategic initiatives from improving identification and response of suspected child abuse cases to increasing family preservation and permanency through robust support and oversight over families in the child welfare system.

### **Title IVE California Well-Being Project**

The City and County of San Francisco is one of nine counties in California participating in the Title IVE California Well-Being Project (Title IVE). Title IVE provides counties with flexible funding to invest existing resources more effectively in proven and innovative approaches that better ensure the safety of children and the success of families. The flexible funding enables the opportunity to reinvest resources into more cost efficient approaches that achieve better outcomes. Title IVE is particularly focused on engaging families through a more individualized casework approach and decreasing recidivism and delinquency for youth on probation.

### **Core Practice Model**

The Core Practice Model (CPM) is a statewide initiative based on a set of practices and principles for social workers who serve children/youth in both the child welfare and the mental health system. With many new initiatives over the past few decades, the Core Practice Model provides a consistent statewide approach for child welfare practice that includes all who seek to support families involved in the child welfare system, including: education, probation, drug and alcohol and other health and human services agencies or legal systems with which the child/youth is involved. San Francisco is pilot testing the implementation of this model in the Southeast sector of the City, and it will be implemented across divisions of FCS in 2016.

## **Safety Organized Practice**

In keeping with the Core Practice Model, Safety Organized Practice is an approach to day-to-day child welfare casework designed to help all of the key stakeholders involved with a child keep a clear focus on assessing and enhancing child safety at all points in the case process. The model uses critical thinking, decision-support tools (known as “Structured Decision Making™<sup>2</sup>,”) and detailed plans for enhancing the daily safety of children. FCS protective services social work staff are now nearly all trained in Safety Organized Practice. FCS has also hired three internal coaching positions and a training coordinator to help fully integrate this innovative approach into daily practice and staff development.

## **Interagency Services Collaboration (iASC)**

For nearly twenty years FCS and the San Francisco Department of Public Health (DPH) have partnered and co-funded the Foster Care Mental Health system to better assess, triage and deliver appropriate mental health services to children in foster care. More recently, the collaboration expanded beyond state mandates to broaden the partnership by including probation, juvenile justice, and First 5. In 2015, FCS and its partners completed a pilot of iASC and in 2016, FCS is working to spread this change throughout the division.

A key component of iASC has been the development and implementation of the Child and Family Team. Child and Family Team Meetings are held to foster a shared understanding between child welfare staff, mental health staff, and the families of youth at risk of entering, or in the foster care system. Together, the team works in collaboration with child welfare staff, foster care mental health staff, and peer parent advocates to design a “Shared Family Care Plan” that addresses the mental/behavioral health needs of the youth and recognizes the impact of traumatic events on the mental and behavioral health needs of the youth.

---

<sup>2</sup> Structured Decision Making™ is a group of assessment instruments to measure safety and risk at all stages of the referral and child welfare case. This approach uses clearly defined and consistently applied decision-making criteria for screening for investigation, determining response priority, identifying immediate threatened harm, and estimating the risk of future abuse and neglect. Child and family needs and strengths are identified and considered in developing and monitoring progress toward a case plan.

## **Organizational Change Initiative**

In 2014, the Family and Children Services division and its partner agency Seneca Family Services conducted extensive organizational assessments. To address concerns raised in the assessments (e.g., staff morale, transparency, workload, etc.), FCS started an intensive organizational culture change effort. The purpose of the Organizational Change Initiative is to build a climate and culture that promotes innovation, partnership and performance. While a multi-year work in progress, the Change Initiative has seen some promising results. Silos are breaking down and units are starting to make connections between their work. FCS staff are taking ownership over making change, and improving their physical work environment and office culture. While there is still a long road ahead toward changing deep-rooted organizational culture and practices, FCS is headed in the right direction.

## **DHS, San Francisco Departments of Juvenile Probation, and Public Health Partnership: Wraparound**

The Wraparound program supports at risk children and youth in the homes of caring families, rather than in group care settings. DHS, the San Francisco Department of Public Health, and Juvenile Probation collaboratively oversee the program's implementation through Seneca Family of Agencies, a nonprofit organization. Seneca serves over 200 children in the Wraparound program to appropriately "step them down" to lower levels of care, or maintain them in family settings.

## **DHS and San Francisco Public Housing Authority Partnership: Families Moving Forward**

Families Moving Forward is a five year, \$7 million project to help parents whose children are in the foster care system primarily due to a lack of housing. The project relies on a \$3 million in housing resources, including Section 8 vouchers, from the San Francisco Public Housing Authority, to provide stable housing to families. One of five grantees nationally, Families Moving Forward also offers supportive services, intensive mental health service and SSI advocacy. It will serve 160 of the most troubled families in San Francisco, while improving the coordination between the housing and child welfare service systems. In its first three years, the project has served 108 families, housing 35, with 6 in residential treatment, and 24 holding housing choice vouchers. Notably, since the grant proposal was submitted in 2012, the median rent for a two bedroom apartment in San Francisco has risen by 48%, lengthening the housing search period for project families, and in recent months, Families Moving Forward has added a transitional housing facility to provide families with a safe and stable environment, while they search for landlords who will accept their Section 8 vouchers. Six families are currently staying in the facility, called Holloway House.

## Family and Children Services Division: Five Year Plan

Goal	Strategy	FY
<i>Improve the safety of children and families in child welfare.</i>	<i>Safety:</i> Fully integrate Safety Organized Practice into the child welfare system.	16/17-20/21
	<i>Safety:</i> Develop a new safety assessment tool that is rigorous, balanced, culturally sensitive, and engages the family throughout the process of implementation.	16/17
	<i>Safety:</i> Conduct an analysis of the impact of Safety Organized Practice on child welfare outcomes.	17/18-18/19
	<i>Safety:</i> Improve the assessment of child safety and risk at all stages of child welfare case referral and management by comprehensively and consistently implementing Structured Decision Making™ (SDM): Document abuse allegation changes, additions, and supervisory oversight; develop a comprehensive process for reviewing Structured Decision Making tools to improve decision making.	16/17
<i>Protect and provide intervention services to youth who are known or suspected victims of commercial sexual exploitation.</i>	<i>Safety:</i> Ensure a well-functioning Multidisciplinary Team Meeting process that properly identifies and assesses commercially sexually exploited children.	16/17
	<i>Safety:</i> Increase the number of known or suspected victims of commercial sexual exploitation receiving intervention services.	16/17-18/19



<i>Improve the speed and permanency of family reunification.</i>	<i>Permanency:</i> Given the high number of children placed out of county, enable parents to visit their children more easily by providing them transportation and expanding out of county visitation locations.	16/17-20/21
	<i>Permanency:</i> Develop East Bay visitation sites to help parents and children receive comprehensive visitation services when children are placed in East Bay counties.	16/17
<i>Decrease the amount of time youth spend in foster care.</i>	<i>Permanency:</i> Enact a process for approving families for adoption at the time of the initial foster placement.	15/16-16/17
	<i>Permanency:</i> Develop performance based contracting with key placement providers to improve services and reduce length of time in care.	16/17 - 20/21
	<i>Permanency:</i> Implement Performance Based Contracting with non-profit foster care placement providers to incentivize more rapid placements in foster care homes. Assist providers in developing a plan to implement, monitor, and evaluate program change to improve placement times.	16/17 - 18/19
	<i>Permanency:</i> Increase the number of foster care parents by improving foster parent recruitment, retention, and support.	16/17 - 20/21
	<i>Permanency:</i> Develop a caregiver mentor program to provide services and supports to new caregivers and those experiencing difficulty with children placed in their care.	16/17 - 20/21
<i>Reduce the re-entry rate into foster care.</i>	<i>Permanency:</i> Identify additional families who can benefit from wraparound services and ensure referrals to a wraparound provider.	16/17 - 20/21
	<i>Permanency:</i> Evaluate outcomes of wraparound services to new target families receiving the services.	18/19 - 20/21
	<i>Permanency:</i> Provide aftercare services and expand preventions services to reduce number of children coming into out-of-home care.	18/19 - 20/21

<p><i>Improve San Francisco's performance on federal outcomes by implementing the California Core Practice model.</i></p>	<p><i>Wellbeing:</i> Provide supervisors coaching support to implement the core practice model behaviors with their staff.</p>	16/17 - 20/21
	<p><i>Wellbeing:</i> Provide coaching and site team guidance through the National Child Welfare Workforce Institute to implement the core practice model throughout the division.</p>	16/17 - 17/18
	<p><i>Wellbeing:</i> Expand child and family teams' meetings to include local placement providers.</p>	16/17 - 18/19
<p><i>Improve mental health outcomes of children in child welfare.</i></p>	<p><i>Wellbeing:</i> Further implement the Interagency Services Collaboration (iASC) with the Department of Public Health and other key partners.</p>	16/17
	<p><i>Wellbeing:</i> Continue to develop the Shared (Family, Child Welfare, and Mental Health) Case Plans, and include local placement providers in formulating the Plans.</p>	16/17 - 17/18
	<p><i>Wellbeing:</i> Continue Shared Case Consultation and Coaching for the Child Welfare and Mental Health and local placement providers.</p>	16/17 - 20/21
	<p><i>Wellbeing:</i> Assess the progress and impact of iASC by analyzing mental health and child welfare data.</p>	18/19 - 20/21

## Administration Division

The Administrative Division provides support to three the departments under the HSA umbrella – the Department of Human Services, the Department on Aging and Adult Services (DAAS) and the Office on Early Care and Education (OECE). It is comprised of the following units:

Budget	Human Resources	Contracts
Information Technology	Investigations	Central Management
Facilities/Operations	Fiscal	

Below is a breakdown of staff across each of the units within the Administration division.

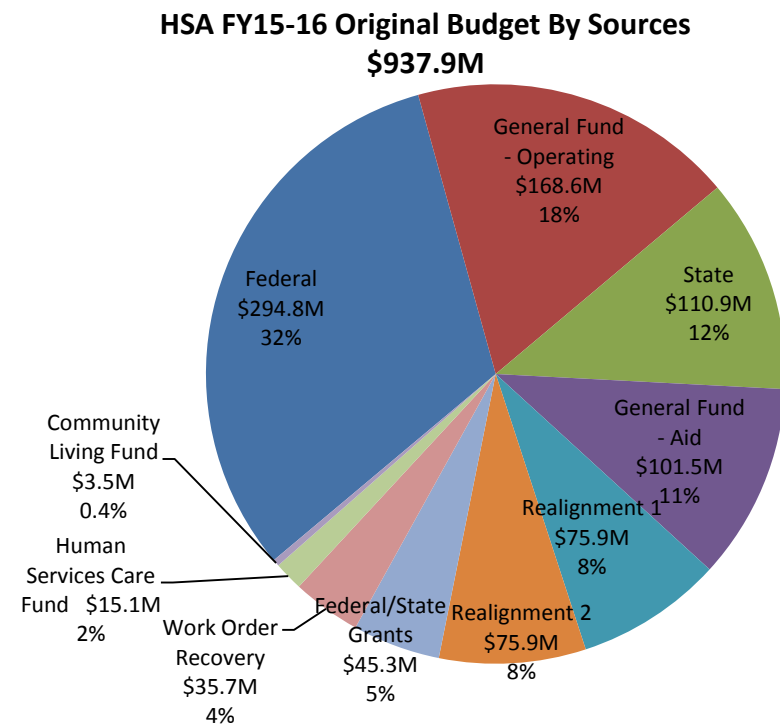
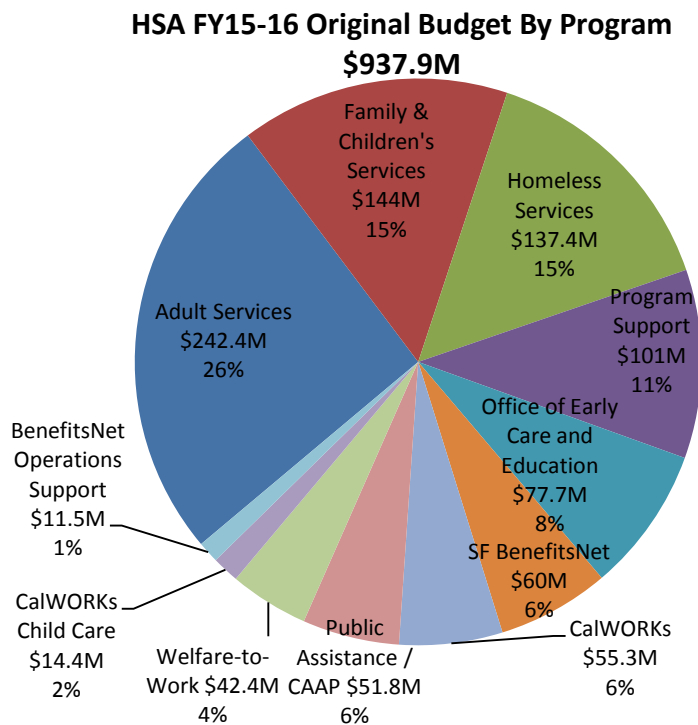
Program	FY15-16 Number of Positions	FY15-16 Original FTE
<b>Contracts</b>	30	28.85
<b>Investigations</b>	73	71.86
<b>Central Management</b>	12	11.5
<b>Planning</b>	13	12.12
<b>Budget</b>	12	12.00
<b>Fiscal</b>	67	65.08
<b>Personnel</b>	55	53.08
<b>Support Services (Facility/Operations)</b>	26	25.23
<b>IT</b>	74	73.24
<b>Administration Total</b>	<b>362</b>	<b>352.96</b>

## Core Functions

### Budget

The FY 15-16 HSA budget totaled \$937.9 million, including DHS (\$617.8 million), DAAS (\$242.4 million) and OECE (\$77.7 million). The pie charts below display the FY 15-16 budget by program and funding sources.

The budget unit has responsibility for the development of each fiscal year's budget and the subsequent management of that budget throughout the year. Working with the Fiscal division and statewide associations, HSA's budget analysts estimate the financial impact of policy changes at the local, state, and federal levels, and analyze program recommendations for operational changes that could produce additional savings or increased revenues. Because state and federal revenues are generated through a complicated claiming process with multiple government agencies, the budget analysts use a sophisticated financial model to project fiscal effects of changes in staffing or other budget areas.



## Fiscal

The Fiscal Unit is responsible for central accounting. Fiscal staff forecast and track state, federal and grant revenues received by the HSA. These revenues provide approximately two-thirds of the total budget for the Agency. The unit is also responsible for collecting data on staff time and costs for approximately 2,400 Agency employees, and submitting quarterly reports to the state based on that data. These reports are used by the state to reimburse the county for the costs of programs funded, partially or fully, by the state and federal government.

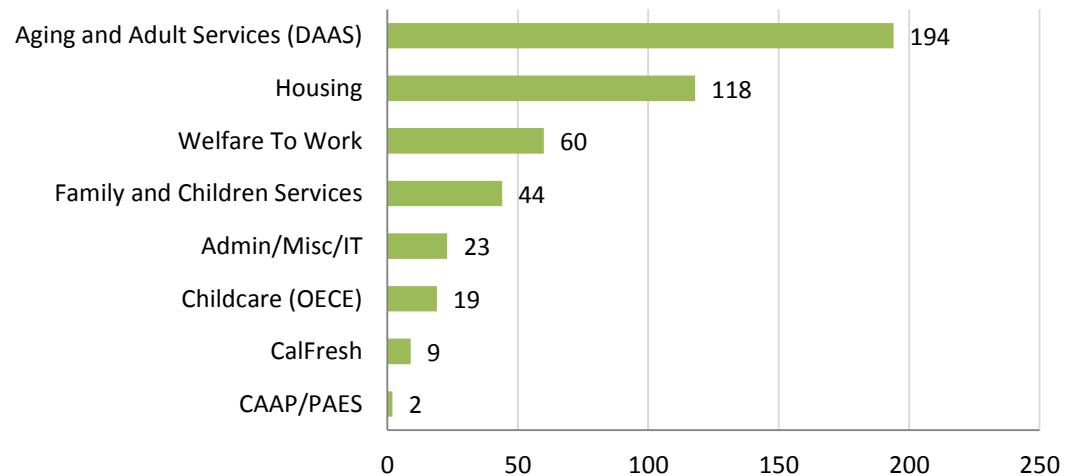
Fiscal staff also serves as the primary liaison with all audits and prepares responses and corrective action plans for audit findings. Staff also reviews requests for payment and approves payments. The Unit establishes detailed budgets for all grants received by the Agency, monitors expenditures against those budgets, reports expenditures to the granting *agencies*, and submits reimbursement claims for grant revenues based on these reports.

## Contracts

The Contracts Unit manages procurement for HSA, from development of requests for proposals through the approval for payment of all contracted goods and services, and monitors all contracts for fiscal compliance and fulfillment of contract terms and conditions. The Contracts Unit has participated in a leadership role on Citywide efforts for contracting reform and streamlining contracting processes.

The Unit plays a key role in working with auditors and responding to inquiries from internal and external stakeholders. They have primary responsibility for commission agenda items for HSA, DAAS and OECE relating to contracting authorization.

**Number of Contracts by Program Area  
FY 2015-2016**



In FY 15-16, HSA held 469 contracts and grant agreements totaling \$311.7 million spread across DHS (256); DAAS (194) and OECE (19) of 404 of them were allocated to nonprofit community based organizations.

## **Facilities/Operations**

This Unit is responsible for the general condition, facility repairs and capital improvements of our buildings whether they are owned by HSA or leased. These facilities include 14 client-based sites operated by contractors in city owned buildings and privately owned buildings, including five homeless shelters, four childcare centers, three drop-in service centers, a homeless storage facility, and a workforce development center, along with special projects that arise.

The Facilities Unit monitors elevators, infrastructure maintenance, repair and replacement needs. Facility staff are also involved in the build-out of new spaces and the reconfiguration of existing spaces to meet the evolving needs of HSA programs. Facilities also handles employee moves, responds to health and safety concerns and addresses ADA and worker compensation issues. The Unit also supports the Navigation Center and Project Homeless Connect. Facilities staff may also serve as project managers for construction projects at HSA sites. Facilities and Materials Management work together with HSA Employee Relations to insure Civil Rights Compliance/Accessibility at HSA locations.

## **Human Resources**

Human Resources manages exam development, hiring, payroll, training and staff development, labor relations, EEO/harassment complaint intake, workers compensation, and succession planning for all HSA departments.

## **Information Technology**

The IT group serves all HSA programs. Services include network and desktop assistance, application development and support, data reporting, IT security and telecommunications. All 2,400 HSA full-time employees have computers. In addition, HSA has about 100 temporary employees and 800 community partner employees who are supported by HSA IT. With training rooms and public computer labs, HSA has about 2,200 desktops and 225 laptops.

IT supports 6 major buildings; 12 smaller buildings and outstations; and 154 community partners who receive hardware or software support. IT is in the process of virtualizing and consolidating its servers. All major buildings are connected by a fiber optic backbone in addition to a wireless network. In terms of software applications, eleven systems were developed by outside vendors and thirty-two developed in-house. All are supported by the applications and reports teams.

IT is taking the lead to improve data reporting capability throughout the agency, to enhance public accessibility to HSA information through the website redesign and development of a digital services strategy, and to increase efficiencies through targeted workforce automation and imaging projects.

## **Investigations**

The Investigations Unit manages the Agency's response to Sunshine and Public Records requests, subpoenas, and court orders. It analyzes and coordinates the HSA's response to security breaches. It handles investigations of potential fraud, theft and misconduct. It manages the CAAP Fair Hearings, Overpayments Unit, Quality Control Unit, and Appeals Unit. It investigates and establishes overpayments of welfare benefits, and pursues collection of overpayments through its Collections Unit.

## Administration Division: Five Year Plan

Goals	Strategies	Fiscal Year
<i>Modernize business processes, technology, and facilities to improve service delivery.</i>	Use technologies to improve business practices in accessing and maintaining benefits: <ul style="list-style-type: none"> <li>• Expand text messaging to issue appointment reminders;</li> <li>• Implement telephonic signatures;</li> <li>• Standardize technology and align business processes across Service Center sites;</li> <li>• Assess the feasibility of an on-demand interview system;</li> <li>• Pilot work process automation tools in SF BenefitsNet (SFBN) operations and manage its expansion across all SFBN Service Centers;</li> <li>• Assess the feasibility of centralizing agency-wide task management, document imaging, lobby reception and service center scheduling and reporting under the SFBN Operations group.</li> </ul>	16/17 - 20/21
	Establish and implement 1-, 3-, and 5-year space plans, allowing adequate space for operations and renovation of buildings.	16/17
	Operationalize performance-based contracting for foster care and develop a performance-based contracting framework for workforce development and other strategic areas.	16/17 - 20/21
<i>Significantly expand technical infrastructure to improve operations and client experiences.</i>	Hire a digital strategies team and roll-out digital strategies approach.	16/17
	Redesign agency’s outmoded internet and intranet websites to improve functionality and customer experience.	15/16 - 16/17
	Digitize program and administrative records throughout the agency to allow more efficient retrieval and storage.	15/16 - 18/19
	Automate high-volume “algorithmic” tasks, with a particular focus on San Francisco BenefitsNet Service Centers. Implementation will allow staff to spend more time on client needs, rather than data entry into systems.	16/17 - 20/21



<i>Improve use of data to guide departmental operations, management and budgeting.</i>	Establish more robust financial forecasting function.	15/16 - 16/17
	Implement more strategic budget development processes.	15/16 – 16/17
	Develop dashboards that track performance across programs, including enrollment underlap by implementing a business intelligence plan through the use of a new CalWIN Business Intelligence module.	16/17 – 18/19
	Drive down error rates in the CalFresh and CalWorks programs by providing data and analysis to identify error trends and support corrective action efforts.	16/17 – 17/18
	Prevent overpayments from escalating by increasing the use of data analytics to identify fraud faster.	16/17 – 18/19
	Design, procure and implement a comprehensive Homeless Management Information System (HMIS) that collects and reports data on homeless services, shelter programs, transitional housing and permanent supportive housing.	15/16 – 16/17
	Update and establish new data sharing agreements between DHRs, contractors, nonprofit agencies, and other governmental organizations.	16/17
	Develop and deliver staff training on privacy concerns, including data sharing requirements, data safeguards, and confidentiality of client data.	16/17
	Create web-based, interactive versions of Service Center operational reports for distribution to management and staff.	16-17

<p><i>Redesign HR practices to increase productivity, improve employee morale, and reduce the need for physical space.</i></p>	Establish a mobile work framework, including IT kit, Mobile Management, personnel rules, and appropriate space re-design.	16/17 – 17/18
	Expand the use of telecommuting within some Economic Support and Self-Sufficiency programs.	15-16 and ongoing
	Build out hoteling spaces.	15-16 and ongoing
	Re-institute Alternative Work Schedules on a trial basis in the Economic Support and Self-Sufficiency Division, and monitor impact on operations and staff morale.	15/16 - 16/17
	Assess staff training needs within and across divisions.	15-16 and ongoing
	Develop and continuously update training materials and enhance training delivery capacity to ensure that staff has the knowledge and support needed to provide superior customer service.	15/16 - 20/21
	Improve speed and quality of hiring process.	15/16 – 17/18
	Re-focus labor relations approach to focus on enriching job content, skills and career opportunities.	16/17
	Re-tool staff development (selection, assessment, and training).	15/16 – 17/18

## Policy and Planning Division

The Policy and Planning Division is comprised of the Planning Division and the Innovation Office, with 13 budgeted positions under the direction of the Deputy Director of Policy and Planning. Like the Administration Division, Policy and Planning is a cross-cutting group that supports all of three departments. The Division's core functions fall into the following areas: data analysis, research, program development, evaluation, project management, strategic planning, capacity building, process improvements, and public policy analysis.

The Planning Unit supports the agency's broader goal of service integration by conducting extended analyses of the underlap between programs like Medi-Cal, CalFresh (formerly Food Stamps), and the County Adult Assistance Program, and by identifying opportunities for increased collaboration and outreach.

The Planning Unit data analysis tasks include production of statistical reports and analysis of trends over time for a range of audiences (state and federal oversight agencies, internal staff, external researchers and the public). The unit responds to 50 – 70 *ad hoc* data requests per month for HSA management, the Mayor's Office, and the Board of Supervisors, and develops, tracks, and reports on Agency performance measures.

Beyond data analysis, other Policy and Planning activities include:

- Designing innovative program models and responding to grant funding opportunities that align with the Agency's strategic direction;
- Evaluating the effectiveness of the Agency's programs, using both quantitative and qualitative methods, and providing technical support to external researchers;
- Conducting community and population needs assessments that draw on a range of data, including census information and data from other department - (recent examples include needs assessments for early care and education, LGBT seniors, underserved Chinese families, and an on-going assessment for aging and adult services,);
- Supporting program redesigning efforts to serve clients more seamlessly and holistically;
- Developing strategic plans and staff surveys, both for the Agency as a whole and for individual programs;
- Providing analytical support to program projects, including research on best practices in the field;
- Building the capacity of program staff to conduct more analyses (e.g. through a recently launched HSA *Analysts Academy*), and building the capacity of graduate student interns to apply their skill to the public sector.

- Developing interagency data sharing agreements and matching program data, within HSA and across departments, to better coordinate services and align city systems;
- Planning for natural disasters, including supporting HSA's emergency preparedness function for citywide care and shelter.

The Planning Unit has designed some innovation programs in recent years. For example, Planning staff developed and managed the first diaper bank in the nation for families on TANF, whereby parents on public assistance access free diapers through family resource centers throughout the city. Planning staff also wrote a federal grant proposal to serve homeless families in the child welfare system, becoming one of five sites in the nation to explore ways of incorporating housing-first principles into child welfare practices. In this instance, Planning staff managed the implementation of the project, coordinating efforts between SF-HSA's child welfare and housing programs, the San Francisco Housing Authority, the Department of Public Health's children's mental health program, and local non-profits to provide housing choice vouchers and wrap-around services to some of the city's most vulnerable families. Currently, the Planning Unit is actively involved with designing Project 500, the Mayor's multi-departmental initiative to move 500 families out of poverty (led by HSA), as well as redesigning the CAAP program to make it easier for eligible individuals to access and maintain benefits.

HSA is hoping to expand the Planning Unit in the next few years in order to provide analytical support to several major programs that the unit currently does not have the capacity to support. These programs include Medi-Cal, CalFresh, the County Veteran's Services Office, the Public Conservator and Guardian's Office, and others.

Policy analysis functions include monitoring federal, state and local legislation, budget proposals and regulations, analyzing their impact on HSA and its clients and engaging in advocacy as appropriate; active participation in developing and supporting the legislative agenda for the statewide association of welfare agencies; interfacing with the City's lobbyists, the Mayor's Office, legislative staffers and other stakeholders to advance the Agency's legislative agenda; and managing the process by which transmittals and reports to the Board of Supervisors are assigned, tracked, approved and submitted.

The Policy and Planning Division also represents the Agency in interdepartmental initiatives and alignment efforts, such as Our Children, Our Council, HOPE SF, Committee on City Workforce Alignment, and the Reentry Council.

In 2014, HSA piloted the creation of an Innovation Office in January 2014 to help improve the experiences of both clients and staff. In two years, 100+ employees from 12 different programs or divisions across the Agency have created and implemented more

than 130 improvements. The Office also trained 40+ City employees from more than ten departments on techniques to improve City service delivery.

Through the Innovation Office, HSA's direct service staff and their managers have;

- Reduced CalWORKS clients' wait times on the phones (by 66%) and in the lobby (by 25%) of HSA's 170 Otis Street office;
- Reduced Medi-Cal clients' wait times (by 71%) at HSA's 1440 Harrison Street office;
- Reduced (by two days) the amount of time it takes to process paperwork in the In-Home Support Services Program;
- Co-created HSA's Digital Services Strategy that the Agency is using to improve service delivery through the Agency's website.
- Designed and mounted "Kudos Boards" (where employees publically write appreciation for one another and post thank you cards from clients) in HSA's 170 Otis Street, 1235 Mission Street, and 1440 Harrison Street offices;
- Conducted a retreat for staff from three separate programs prior to merging at a new one-stop service center for seniors and disabled adults; and
- Helped build a stronger sense of teamwork to provide better services to clients.

With a successful pilot complete, HSA seeks to grow the Innovation Office in the coming years.

## Policy and Planning Division: Five Year Plan

Goal	Strategy	FY
<i>Continuously assess the needs of low income residents.</i>	Update and disseminate census analysis of poverty in San Francisco, comparing it to caseload data, using GIS and other sophisticated tools to illustrate trends.	15/16 - 20/21
	Conduct recurring needs assessments of San Francisco’s vulnerable populations.	15/16 – 21/21
<i>Improve the Agency’s capacity to evaluate the effectiveness of its services.</i>	Provide data analysis to programs currently underserved by data analytics, including CalFresh, Medi-Cal, County Veterans Services Organization, Adult Protective Services, Public Conservator and Guardian and Representative Payee offices.	16/17 – 20/21
	Work with external researchers to provide formative evaluations of Project 500, Families Moving Forward, Title IVE, and other special projects.	15/16 – 20/21
	Expand data matching across programs, with other city departments, and across counties.	16/17 – 19/20
	Develop standardized processes and communication channels that securely share client data between city departments.	16/17 – 19/20
	Develop predictive analytics capacity within child welfare and other programs.	16/17 - 20/21
	Implement continuous improvement and rapid cycle evaluation to guide key agency projects with short-term feedback on performance.	16/17 - 20/21
	Prepare the Medi-Cal program data for analysis: draft a data dictionary, verify data quality, and validate statistical reports that answer key program questions.	16/17
<i>Build greater capacity for analysis and innovation across HSA.</i>	Continue Analyst Academy training sessions on technical analytical skills.	16/17 - 20/21
	Collaborate with analysts on special projects that lead to greater program-level analysis.	16/17 - 20/21
	Continue to provide service design, process improvement as well as social and behavioral science expertise to improve how clients and employees experience service delivery.	16/17 - 20/21

## Appendix I: Five Year Plans

### Economic Support and Self-Sufficiency Division: Five Year Plan

Goal	Strategy	FY
<p><i>Help low-income San Franciscans enroll in and maintain all of the public benefits for which they are eligible.</i></p>	<p><i>CalFresh Program:</i> Grow the CalFresh caseload from 31,000 to 50,000, by 2021, through: in-reach to Medi-Cal enrollees, community outreach, enrollment of low-income SFUSD families, and contracts with outreach partners to generate at least 200 new applications per month.</p>	16-17 and ongoing
	<p><i>CalFresh Program:</i> Significantly expand work opportunities for able-bodied CalFresh recipients without dependents.</p>	16-17 and ongoing
	<p><i>CalFresh Program:</i> Maintain provision of same day service for at least 90% of CalFresh walk-in applicants.</p>	15-16 and ongoing
	<p><i>Medi-Cal Program:</i> Expand full scope, no-cost Medi-Cal to undocumented children and other remaining low-income uninsured families.</p>	15-16 and ongoing
	<p><i>Medi-Cal Program:</i> Reduce workload backlogs in the Medi-Cal program and expedite application and renewal timeframes, with the goal of achieving state-mandated standards 90% of the time.</p>	16-17
	<p><i>CalWORKS Program:</i> Complete a strategic program review in order to:</p> <ul style="list-style-type: none"> <li>• More closely integrate disparate elements of the current program;</li> <li>• Ensure that staff have the tools and training needed to achieve program goals; and</li> <li>• Infuse CalWORKs with innovative and best practices for moving families to self-sufficiency.</li> </ul>	15-16 and 16-17
	<p><i>CalWORKS Program:</i> Maintain a CalWORKs work participation rate that meets or exceeds mandated performance standards.</p>	15-16 and ongoing
	<p><i>CalWORKS Program:</i> Improve the work participation rate across all CalWORKs welfare-to-work households, not just those included in the official state sample.</p>	16-17

<p><i>Help low-income San Franciscans enroll in and maintain all of the public benefits for which they are eligible.</i></p>	<p><i>CalWORKS and Child Welfare Programs:</i> Enhance and expand the Linkages program, which coordinates service delivery for households served by both CalWORKs and child welfare. This program aims to remove barriers to employment for Welfare to Work participants, support family maintenance, and reduce the number of foster care entries.</p>	16-17
	<p><i>CAAP Program:</i> Redesign elements of the CAAP program through amendments to the CAAP ordinances. Goals include:</p> <ul style="list-style-type: none"> <li>• Make it easier for eligible individuals to access and maintain benefits;</li> <li>• Simplify program administration; and</li> <li>• Create more effective pathways to employment for clients willing and able to work.</li> </ul>	16-17
	<p><i>CAAP Program:</i> Provide meaningful exits from aid for CAAP clients through innovative strategies such as:</p> <ul style="list-style-type: none"> <li>• Providing payee services for SSI-approved clients who cannot get SSI without a payee;</li> <li>• Creating a community service “light duty” assignment for CAAP clients that will better prepare them for permanent employment; and</li> <li>• Creating a voluntary employment service model that places CAAP clients in jobs within two months of program entry.</li> </ul>	16-17
	<p><i>CAAP and CalFresh Programs:</i> Help homeless, senior and disabled CAAP clients maintain CalFresh benefits during the transition to a semi-annual reporting process.</p>	16-17 and ongoing
	<p><i>Cross-Program Strategies:</i> Help 500 low-income families reach self-sufficiency by designing and implementing “Project 500.” Complete program planning and design phase (FY 15-16)</p> <ul style="list-style-type: none"> <li>• Hire and train staff</li> <li>• Establish service partnerships</li> <li>• Enroll the first 25 families</li> <li>• Retain an evaluator</li> <li>• Enter and exit families from the program on a rolling basis, with the goal of having enrolled 500 families by year five (FY 20-21).</li> </ul>	15-16 and ongoing



<p><i>Help low-income San Franciscans enroll in and maintain all of the public benefits for which they are eligible.</i></p>	<p><i>Cross-Program Strategies:</i> Administer all public benefit programs in a timely, effective, integrated, and customer-friendly way:</p> <ul style="list-style-type: none"> <li>• Streamline application processes;</li> <li>• Further integrate HSA’s public benefits delivery system to maximize opportunities for cross-enrollment;</li> <li>• Reduce clients “churning” on and off benefits;</li> <li>• Expand SF BenefitsNet outreach staff to better establish a more robust community presence;</li> <li>• Implement the SF BenefitsNet Quality Assurance Plan that includes targeted case reviews, analysis of error trends, and maintenance of staff training curriculum and business process manuals, and</li> <li>• Plan for and manage caseload growth in Medi-Cal and CalFresh.</li> </ul>	<p>15-16 and ongoing</p>
<p><i>Expand and strengthen the Department’s subsidized employment programs and related workforce services.</i></p>	<p>Expand the JobsNOW! tiered subsidized employment program to additional client populations: transitional aged youth (FY 15-16 and 16-17), HOPE SF residents (FY 15-16 and 16-17), non-aided CalFresh recipients (FY 16-17, 17-18 and 18-19) and currently/formerly homeless individuals (FY 16-17 and 17-18).</p>	<p>15-16 and ongoing</p>
	<p>Evaluate and test innovative strategies to enhance the outcomes of HSA employment programs. Specifically, evaluate the Rapid Response strategy of engaging clients in workforce activities, assess the feasibility of performance-based contracting for employment services, and pilot a new model for partnering with community-based organizations in order to maximize federal SNAP Employment &amp; Training revenues.</p>	<p>15-16 and ongoing</p>
	<p>Work with OEWD and DCYF to strengthen cross-departmental partnership and alignment of workforce development services. Specific goals include: updating the Workforce Innovation and Opportunity Act (WIOA) Partners MOU to better align with the goals and mandates of new federal legislation (FY 15-16); pursuing joint contracting and grant development where appropriate (FY 16-17, 17-18); establishing clear referral pathways to services for all job seekers (FY 16-17); coordinating employer recruitment efforts (FY 16-17, 17-18), and assessing the feasibility of moving to a shared client and data tracking system (FY18-19 and 19-20).</p>	<p>16-17 and ongoing</p>

## Housing and Homeless Programs: Five Year Plan<sup>3</sup>

Goal	Strategy	FY
<p><i>Maintain the continuity of current housing and homeless services and the momentum of new initiatives, while supporting the transition to a new department of homeless services.</i></p>	<p><i>Emergency Shelter:</i> Sustain current Navigation Center operations through the transition to a new site in July 2016. Procure services for a second location in FY 15-16 and complete implementation in FY 16-17 (in partnership with the Department of Public Health).</p>	<p>15-16 and 16-17</p>
	<p><i>Emergency Shelter:</i> Expand and systematize the delivery of training to all HSA and DPH contracted shelter staff.</p>	<p>15-16 and 16-17</p>
	<p><i>Permanent Housing:</i> Reduce the wait list for family emergency shelter and stabilize the housing situation of SFUSD families by expanding rental assistance and rapid rehousing programs.</p>	<p>16-17</p>
	<p><i>Permanent Housing:</i> Maintain and expand HSA's inventory of permanent supportive housing in order to continue reduction in the homeless population, and successfully operate the Navigation Center model.</p>	<p>15-16 and 16-17</p>
	<p><i>Permanent Housing:</i> Review and revise overall priorities and targets for placements into available and planned housing across the entire set of service programs and target populations. This will be done in conjunction with city partners, and in parallel with planning for the Coordinated Entry System and the Navigation Center expansion.</p>	<p>16-17</p>
	<p><i>Permanent Housing:</i> Continue collaboration with MOHCD to grow and manage the Local Operating Subsidy Program (LOSP).</p>	<p>16-17</p>

<sup>3</sup> These strategies and goals will be revisited when the new department of homeless services is formed in July, 2016.

<p><i>Maintain the continuity of current housing and homeless services and the momentum of new initiatives, while supporting the transition to a new department of homeless services.</i></p>	<p><i>Homeless Systems:</i> Design and implement a coordinated entry system (CES) that makes it easier for homeless families and individuals to access the full spectrum of services available in San Francisco. Implementation for veterans is already underway.</p>	<p>15-16 thru 17-18</p>
	<p><i>Homeless Systems:</i> Move to an annual (rather than bi-annual) homeless count and homeless survey in San Francisco, beginning in 2017.</p>	<p>FY 16-17</p>
	<p><i>Homeless Systems:</i> Design, procure and implement a comprehensive Homeless Management Information System (HMIS) that collects and reports data on homeless services, shelter programs, transitional housing and permanent supportive housing.</p>	<p>15-16 and 16-17</p>

## Family and Children Services Division: Five Year Plan

Goal	Strategy	FY
<p><i>Improve the safety of children and families in child welfare.</i></p>	<p><i>Safety:</i> Fully integrate Safety Organized Practice into the child welfare system.</p>	<p>16/17-20/21</p>
	<p><i>Safety:</i> Develop a new safety assessment tool that is rigorous, balanced, culturally sensitive, and engages the family throughout the process of implementation.</p>	<p>16/17</p>
	<p><i>Safety:</i> Conduct an analysis of the impact of Safety Organized Practice on child welfare outcomes.</p>	<p>17/18-18/19</p>
	<p><i>Safety:</i> Improve the assessment of child safety and risk at all stages of child welfare case referral and management by comprehensively and consistently implementing Structured Decision Making™ (SDM): Document abuse allegation changes, additions, and supervisory oversight; develop a comprehensive process for reviewing Structured Decision Making tools to improve decision making.</p>	<p>16/17</p>
<p><i>Protect and provide intervention services to youth who are known or suspected victims of commercial sexual exploitation.</i></p>	<p><i>Safety:</i> Ensure a well-functioning Multidisciplinary Team Meeting process that properly identifies and assesses commercially sexually exploited children.</p>	<p>16/17</p>
	<p><i>Safety:</i> Increase the number of known or suspected victims of commercial sexual exploitation receiving intervention services.</p>	<p>16/17-18/19</p>

<i>Improve the speed and permanency of family reunification.</i>	<i>Permanency:</i> Given the high number of children placed out of county, enable parents to visit their children more easily by providing them transportation and expanding out of county visitation locations.	16/17-20/21
	<i>Permanency:</i> Develop East Bay visitation sites to help parents and children receive comprehensive visitation services when children are placed in East Bay counties.	16/17
<i>Decrease the amount of time youth spend in foster care.</i>	<i>Permanency:</i> Enact a process for approving families for adoption at the time of the initial foster placement.	15/16-16/17
	<i>Permanency:</i> Develop performance based contracting with key placement providers to improve services and reduce length of time in care.	16/17 - 20/21
	<i>Permanency:</i> Implement Performance Based Contracting with non-profit foster care placement providers to incentivize more rapid placements in foster care homes. Assist providers in developing a plan to implement, monitor, and evaluate program change to improve placement times.	16/17 - 18/19
	<i>Permanency:</i> Increase the number of foster care parents by improving foster parent recruitment, retention, and support.	16/17 - 20/21
	<i>Permanency:</i> Develop a caregiver mentor program to provide services and supports to new caregivers and those experiencing difficulty with children placed in their care.	16/17 - 20/21
<i>Reduce the re-entry rate into foster care.</i>	<i>Permanency:</i> Identify additional families who can benefit from wraparound services and ensure referrals to a wraparound provider.	16/17 - 20/21
	<i>Permanency:</i> Evaluate outcomes of wraparound services to new target families receiving the services.	18/19 - 20/21
	<i>Permanency:</i> Provide aftercare services and expand preventions services to reduce number of children coming into out-of-home care.	18/19 - 20/21

<p><i>Improve San Francisco's performance on federal outcomes by implementing the California Core Practice model.</i></p>	<p><i>Wellbeing:</i> Provide supervisors coaching support to implement the core practice model behaviors with their staff.</p>	16/17 - 20/21
	<p><i>Wellbeing:</i> Provide coaching and site team guidance through the National Child Welfare Workforce Institute to implement the core practice model throughout the division.</p>	16/17 - 17/18
	<p><i>Wellbeing:</i> Expand child and family teams' meetings to include local placement providers.</p>	16/17 - 18/19
<p><i>Improve mental health outcomes of children in child welfare.</i></p>	<p><i>Wellbeing:</i> Further implement the Interagency Services Collaboration (iASC) with the Department of Public Health and other key partners.</p>	16/17
	<p><i>Wellbeing:</i> Continue to develop the Shared (Family, Child Welfare, and Mental Health) Case Plans, and include local placement providers in formulating the Plans.</p>	16/17 - 17/18
	<p><i>Wellbeing:</i> Continue Shared Case Consultation and Coaching for the Child Welfare and Mental Health and local placement providers.</p>	16/17 - 20/21
	<p><i>Wellbeing:</i> Assess the progress and impact of iASC by analyzing mental health and child welfare data.</p>	18/19 - 20/21

## Administration Division: Five Year Plan

Goals	Strategies	Fiscal Year
<p><i>Modernize business processes, technology, and facilities to improve service delivery.</i></p>	<p>Use technologies to improve business practices in accessing and maintaining benefits:</p> <ul style="list-style-type: none"> <li>• Expand text messaging to issue appointment reminders;</li> <li>• Implement telephonic signatures;</li> <li>• Standardize technology and align business processes across Service Center sites;</li> <li>• Assess the feasibility of an on-demand interview system;</li> <li>• Pilot work process automation tools in SF BenefitsNet (SFBN) operations and manage its expansion across all SFBN Service Centers;</li> <li>• Assess the feasibility of centralizing agency-wide task management, document imaging, lobby reception and service center scheduling and reporting under the SFBN Operations group.</li> </ul>	<p>16/17 - 20/21</p>
	<p>Establish and implement 1-, 3-, and 5-year space plans, allowing adequate space for operations and renovation of buildings.</p>	<p>16/17</p>
	<p>Operationalize performance-based contracting for foster care and develop a performance-based contracting framework for workforce development and other strategic areas.</p>	<p>16/17 - 20/21</p>
<p><i>Significantly expand technical infrastructure to improve operations and client experiences.</i></p>	<p>Hire a digital strategies team and roll-out digital strategies approach.</p>	<p>16/17</p>
	<p>Redesign agency’s outmoded internet and intranet websites to improve functionality and customer experience.</p>	<p>15/16 - 16/17</p>
	<p>Digitize program and administrative records throughout the agency to allow more efficient retrieval and storage.</p>	<p>15/16 - 18/19</p>
	<p>Automate high-volume “algorithmic” tasks, with a particular focus on San Francisco BenefitsNet Service Centers. Implementation will allow staff to spend more time on client needs, rather than data entry into systems.</p>	<p>16/17 - 20/21</p>

<i>Improve use of data to guide departmental operations, management and budgeting.</i>	Establish more robust financial forecasting function.	15/16 - 16/17
	Implement more strategic budget development processes.	15/16 – 16/17
	Develop dashboards that track performance across programs, including enrollment underlap by implementing a business intelligence plan through the use of a new CalWIN Business Intelligence module.	16/17 – 18/19
	Drive down error rates in the CalFresh and CalWorks programs by providing data and analysis to identify error trends and support corrective action efforts.	16/17 – 17/18
	Prevent overpayments from escalating by increasing the use of data analytics to identify fraud faster.	16/17 – 18/19
	Design, procure and implement a comprehensive Homeless Management Information System (HMIS) that collects and reports data on homeless services, shelter programs, transitional housing and permanent supportive housing.	15/16 – 16/17
	Update and establish new data sharing agreements between DHRs, contractors, nonprofit agencies, and other governmental organizations.	16/17
	Develop and deliver staff training on privacy concerns, including data sharing requirements, data safeguards, and confidentiality of client data.	16/17
	Create web-based, interactive versions of Service Center operational reports for distribution to management and staff.	16-17



<p><i>Redesign HR practices to increase productivity, improve employee morale, and reduce the need for physical space.</i></p>	Establish a mobile work framework, including IT kit, Mobile Management, personnel rules, and appropriate space re-design.	16/17 – 17/18
	Expand the use of telecommuting within some Economic Support and Self-Sufficiency programs.	15-16 and ongoing
	Build out hoteling spaces.	15-16 and ongoing
	Re-institute Alternative Work Schedules on a trial basis in the Economic Support and Self-Sufficiency Division, and monitor impact on operations and staff morale.	15/16 - 16/17
	Assess staff training needs within and across divisions.	15-16 and ongoing
	Develop and continuously update training materials and enhance training delivery capacity to ensure that staff has the knowledge and support needed to provide superior customer service.	15/16 - 20/21
	Improve speed and quality of hiring process.	15/16 – 17/18
	Re-focus labor relations approach to focus on enriching job content, skills and career opportunities.	16/17
	Re-tool staff development (selection, assessment, and training).	15/16 – 17/18

## Policy and Planning Division: Five Year Plan

Goal	Strategy	FY
<i>Continuously assess the needs of low income residents.</i>	Update and disseminate census analysis of poverty in San Francisco, comparing it to caseload data, using GIS and other sophisticated tools to illustrate trends.	15/16 - 20/21
	Conduct recurring needs assessments of San Francisco’s vulnerable populations.	15/16 – 21/21
<i>Improve the Agency’s capacity to evaluate the effectiveness of its services.</i>	Provide data analysis to programs currently underserved by data analytics, including CalFresh, Medi-Cal, County Veterans Services Organization, Adult Protective Services, Public Conservator and Guardian and Representative Payee offices.	16/17 – 20/21
	Work with external researchers to provide formative evaluations of Project 500, Families Moving Forward, Title IVE, and other special projects.	15/16 – 20/21
	Expand data matching across programs, with other city departments, and across counties.	16/17 – 19/20
	Develop standardized processes and communication channels that securely share client data between city departments.	16/17 – 19/20
	Develop predictive analytics capacity within child welfare and other programs.	16/17 - 20/21
	Implement continuous improvement and rapid cycle evaluation to guide key agency projects with short-term feedback on performance.	16/17 - 20/21
	Prepare the Medi-Cal program data for analysis: draft a data dictionary, verify data quality, and validate statistical reports that answer key program questions.	16/17
<i>Build greater capacity for analysis and innovation across HSA.</i>	Continue Analyst Academy training sessions on technical analytical skills.	16/17 - 20/21
	Collaborate with analysts on special projects that lead to greater program-level analysis.	16/17 - 20/21
	Continue to provide service design, process improvement as well as social and behavioral science expertise to improve how clients and employees experience service delivery.	16/17 - 20/21