

California - Child and Family Services Review

System Improvement Plan

OCTOBER 15, 2019 – OCTOBER 14, 2024



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Introduction

The System Improvement Plan (SIP) outlines strategies that the San Francisco Human Services Agency (SFHSA) and San Francisco Juvenile Probation Department (SFJPD) plan to implement over the next five years to improve outcomes for children and families. The SIP is one of three components of an evaluation and planning process mandated by AB636, the Children Welfare System Improvement and Accountability Act of 2001.

AB 636 mandates that every county undergo a self-assessment, qualitative case review process, and system improvement plan every five years. It shifts child welfare services to a more outcomes-based system and promotes key reforms, such as working more actively with the community, sharing responsibility for child safety, strengthening families, and assuring the fairness and equity of service delivery and outcomes. In collaboration with key partners, SFHSA and SFJPD must analyze performance on critical child welfare outcomes and develop plans to build on systemic strengths and address challenges.

The SIP incorporates planning for expenditures and strategies related to the Office of Child Abuse Prevention (OCAP) programs: Child Abuse Prevention, Intervention and Treatment (CAPIT), Community-Based Prevention (CBCAP), and Promoting Safe and Stable Families (PSSF) programs. Consequently, this document reflects a broad continuum of strategies to improve outcomes, from early intervention and prevention through aftercare supports.

This 2019 SIP marks the fifth SIP cycle for SFHSA and SFJPD, and incorporates the findings of the 2019 County Self-Assessment (CSA) and Peer Review as mandated by AB636. Both SFHSA and SFJPD completed the Peer Review in January 2019. In interviews with peers from selected counties, child welfare and juvenile probation staff identified strategies to address the issue of timeliness to reunification. The CSA, which outlines system strengths and areas for improvement, was completed in May 2019 through a community planning process.

San Francisco's SIP focuses on two goals for outcome improvement:

- Increase timeliness to reunification for children in foster care
- Reduce reentry for children in the child welfare system who come back into foster care within a year of reunification

The strategies selected to achieve these goals target specific systemic factors impacting service delivery and outcomes. For child welfare, these include the county's case review and quality assurance systems, workforce development (i.e., staff, caregiver, and service provider training; staff workload supports and retention); resource and adoptive parent licensing, recruitment and retention; and extensive county and community agency partnerships. Juvenile Probation strategies speak strengthening permanency options for youth in residential treatment and parent and family engagement and support through key agency collaborations. These broader system structures provide the foundation essential to meet and sustain

outcome improvement goals, and are critical components of a larger agency vision to build a climate and culture that promotes innovation, partnership, and performance.

San Francisco also seeks to impact racial disparity through the SIP strategies. Given the continued and significant overrepresentation of children of color in foster care and juvenile probation, especially African American, Native American, and Latino children, San Francisco views improvement efforts from the lens of racial disproportion. The C-CFSR assessment process the county experienced in the past year identified issues of bias, including systemic and implicit bias, as priorities to address. SFHSA and SFJPD remain engaged in a number of initiatives and projects to improve disproportion and ensure positive outcomes for children and families, including the use of standardized risk assessment tools and safety organized practices.

SIP Narrative

C-CFSR Team and Core Representatives

Community and public and private agency partners constitute the child welfare / juvenile probation Core Team, which has played a critical role in Self Improvement Plan development and implementation since San Francisco's initial plan. SFHSA and the San Francisco Juvenile Probation Department (JPD) have met with public and private partners in multiple venues to present data analysis and program information, and elicit their experience, ideas, and support regarding San Francisco's performance on the designated outcomes and improvement efforts.

These venues involve a number of standing forums involving public and private partners to strengthen the initiatives and collaborations critical in achieving outcome targets. These include: the Provider Advisory Board (SFHSA's bimonthly meeting with community partners); Family Resource Center Initiative (FRCi) meetings with First 5 SF, Department of Children, Youth and Families, and Community Behavioral Health Services; standing meetings with the Juvenile Court bench officers, city and panel attorneys; and multiple workgroup and coordinating meetings such as Safety Organized Practice, Shared Coaching Collaborative for the implementation of Child and Family Team Meetings, Visitation, Differential Response, SafeCare, Wraparound, Parent Education Providers, and the Parent Advisory Board.

Overarching these coordination efforts has been SFHSA's Implementation Team, which consists not only of child welfare staff, but also parent, foster parent and youth representatives, other county and provider partners, and labor union representation. The Implementation Team is designed to coordinate implementation of all major practice improvement initiatives that Family and Children's Services undertakes, aligning them with the California Core Practice Model. Under the IV-E waiver, the Implementation Team has met monthly or bimonthly, but as the waiver is ending, SFHSA is rethinking the best way to engage its partners at this time, so the format and structure of that engagement will

change in the next reporting period. Finally, the Leadership Support Team consists of executive staff from the public partner agencies – SFHSA, Juvenile Probation, and Department of Public Health – to provide county oversight and planning coordination in this work.

For the current CFSR planning cycle, core representatives engaged in discussion in the meetings described above, and/or a series of focus groups conducted this year to garner further thoughts and recommendations. Participants included parents, youth, foster parents, staff, and public and private stakeholders such as Family Resource Centers, the San Francisco Unified School District, and the Juvenile Court. A list of core representatives can be found in Attachment A.

In these meetings and focus groups, SFHSA and SFJPD presented and discussed data and information relating to AB 636 outcomes and facilitated group discussion regarding stakeholder insight into outcome improvement. Presentations included the Quarterly Data Report, SafeMeasures data, county demographic information and related mapping and graphs, project updates including data analysis, and information on OCAP funded strategies.

SFHSA and JPD shared its CSA findings with its stakeholders at a large convening in May and engaged them in identifying and prioritizing strategies for the 2019 SIP. The SIP leverages existing county improvement efforts and includes strategies that will help identify and articulate the path forward now that the IV-E Waiver is ending and Family First is on the horizon. The focus of Family First Prevention Services Act (FFPSA) on secondary and tertiary prevention requires that San Francisco continue to nurture and enhance prevention services; this will help prevent children from coming into child welfare supervision, or help support families to reunify successfully. Strategies are informed by the integrated Core Practice Model and the Continuum of Care Reform for a cohesive approach to outcome improvements.

Unmet Needs and Service Gaps

The CSA process identified issues around fairness, equity and bias as ongoing issues. While the county has taken several mitigating steps to address these, bias continues to be a challenge and requires concerted attention. For example, evidence-based tools such as Structured Decision Making promote objectivity and consistency at key decision points, yet a recent analysis showed that the drop in substantiation rates was not correlated with the implementation of SDM but is declining at a relatively higher rate for Black children and infants. The study indicates that the decrease in the percentage of Black infants under age one living in San Francisco is significantly related to the overall substantiation rate. (Conboy, M., Edwards, K., Escobedo, P., & Meza, M. (2019). *Declining substantiation rates in San Francisco*. Unpublished master's project, University of California at Berkeley School of Social Welfare, Berkeley, California). The Core Practice Model provides a foundational practice approach that can also inform and address issues of bias. Child and Family Team Meetings offer a structure to bridge differences and implement a shared plan, and the agency has given trainings (e.g., Courageous Conversations) and facilitated in-depth discussion to explicate issues of internal or implicit bias. SFHSA has convened an Anti-Bias and Communication workgroup, which is currently reviewing the division's 2006 SFHSA Disproportionality Study recommendations as part of its efforts to determine next steps.

Limited local placements affect service delivery and continuity, and place many logistical demands on staff and the system. The scarce and expensive housing situation in San Francisco and resulting lack of local foster homes mean that children are placed at ever-increasing distances, further complicating already significant logistical challenges to supporting reunification services. Placements increasingly farther away, outside of county lines, affect outcome improvement efforts in multiple ways. Excessive travel time for visitation, coordination of interventions and supports such as visitation and mental health, and demands on staff time to meet monthly visit contact requirements are a few examples of how much harder the agency as a whole has to work to ensure appropriate engagement and support for families in reunification. The fact that many extended family members live outside of San Francisco may indicate that parents who remain here are increasingly isolated and without easy access to family support that can be invaluable in helping them follow through on case plans and designated services.

The implementation of Continuum of Care reform is a big lift for all counties, and is exacerbated in San Francisco by this paucity of local placements. On top of this, county analysis shows that children who do not achieve timely permanency are likely to come from families with complex histories. These are significant histories and traumas to address to ensure child safety, even with the county's robust service delivery system.

Other difficulties speak to the need to push forward with existing work such as CFT implementation, mental health service delivery, and SOP. The consent and release of information process for mental health services, as well as the presumptive transfer process, can be cumbersome and cause delays in service. A more efficient approval process, timely engagement and communication with caregivers, and concrete supports and training would mitigate gaps in resource family recruitment and engagement and support timely permanency for both SFHSA and JPD. The open, transparent communication that is foundational to this teaming process could also be stronger across the child welfare division.

SFHSA's expansive array of family support services is impressive, yet many children and families cannot access it directly because so many foster placements are far out of county. Evidence-informed practices such as Safety Organized Practice and Structured Decision Making have helped move the agency to objective decision-making and behaviorally-based case plans, but again distance creates many logistical challenges in implementing these plans that presumptive transfer cannot always address. And while the county and providers for both child welfare and juvenile probation do offer services in Spanish and other languages, there is still a consistent need for more capacity to provide culturally and linguistically relevant services to address the needs of diverse youth.

SFJPD can also improve engaging and supporting families (including resource families) before, during, and after their youth is in out of home placement. There is a need to increase capacity for family support and parent education while a probation youth is in placement and improve the availability and access to therapeutic services for parents. Opportunities include enhancing collaboration with child welfare to develop more family strengthening services and expanding family-focused programs such as FIRST, which can help support reunification and after care. Increasing visits by probation officers and social workers with families and identifying a second primary parent are other possibilities. Placement

probation officers can also support families by taking a more active role in the development of the after-care plan. SFJPD plans to engage the Court to acknowledge and strengthen its role in improving family engagement. To improve after-care planning for youth and families, JPD could increase access to home-based prevention services for families, prior and after discharge from STRTP placement.

The most crushing gap in resources, however, is the city's lack of affordable housing. This is a challenge for both JPD and SFHSA. SFHSA has taken a national leadership role in incorporating the "housing first" principle into child welfare services, first establishing families in stable, permanent housing and then providing the wraparound services they need to complete their case plans.

The path forward for San Francisco primarily involves deepening and strengthening current strategies and infrastructure, with a continued focus on high quality practice consistent with the integrated Core Practice Model, and an emphasis on coordinated prevention services that build resiliency in families at risk of child maltreatment. This includes conducting an assessment of current prevention services to ensure that there are not gaps in services or areas where services need strengthening. SFHSA is participating in an interagency development of an assessment map detailing secondary and tertiary prevention services and in any subsequent efforts to complete a gap analysis of such services. The San Francisco Controller's Office is conducting the analysis in partnership with a number of other local partners including the child abuse prevention center Safe&Sound, First 5 SF, SF Department of Public Health, Department of Children, Youth, and Families, and Family Resource Center representation from Instituto de la Raza. The final product provides a consolidated view of all the prevention work happening in San Francisco, regardless of funding source, whether it was provided by the City directly or by the community, and varying in size and scope. This will help identify gaps in service and coordination, and better prepare the county for the transition from the IV-E waiver to Family First and its focus on prevention and evidence-informed practices.

SIP strategies should also be considered in the framework of SFHSA's efforts to advance implementation of the California Integrated Core Practice Model (ICPM) and address the organizational change priorities emerging from the Comprehensive Organizational Health Assessment (COHA) process. The ICPM outlines the shared values, core components, and standards of practice expected from those serving California's children, youth, and families. It describes specific expectations for practice behaviors for staff across child serving agencies (child welfare, juvenile probation, and behavioral health) that work together to offer effective service delivery for California's children, youth, and families. Like most practice models, ICPM defines practice for different levels of staff (case carrying, supervisors, managers) and promotes a common set of values, principles, and practices across disciplines and agencies, with the hope of improved outcomes and efficiency.

The ICPM provides a foundational practice approach that can also inform and address issues of bias, which was identified as one of the focus group themes. While San Francisco has made specific efforts in the past to mitigate bias and equity issues, and has implemented several initiatives to address these

(e.g., Structured Decision Making), it remains an area of concern. Child and Family Team Meetings provide a structure to bridge differences and implement a shared plan, and the agency will provide Liberatory training to offer insight into systemic power dynamics and resulting impact on individuals.

A fairly wide body of research indicates that organizational culture and the organizational environment has a significant impact on outcomes for clients. A Comprehensive Organizational Health Assessment (COHA) update completed in September, 2018, indicated that SFHSA could improve its organizational environment, but was making progress. SFHSA supervisors, managers, and directors subsequently identified 5 priority areas -- communication, bias, morale, workload, and retention -- for staff action teams to develop and test strategies to make improvements. Peer Review focus groups cited staff turnover as a barrier to assessment and services for clients. The COHA described supervisory support as instrumental in supporting staff retention, and in response FCS has developed a supervision framework to ensure consistency across the various staff functions in providing a safe, supportive and structured block of time for PSWs to make decisions, monitor performance and compliance, and provide leadership and direction. Chapin Hall is conducting a workload time use study to analyze how much time case carrying staff time spend on specific activities, which can inform management discussion and decisions about practice priorities; initial results of this study were presented to the FCS management team in August, 2020, and compared time usage of San Francisco staff to Sacramento staff on designated activities. Chapin Hall is now analyzing unit costs of casework activities to further understanding of activity impact and priorities. Together, these efforts will help address systemic issues impacting the ability of staff to appropriately acknowledge, address, and respond to the needs of individual families and build effective relationships with them, and will provide structure and supports for successful implementation of SIP strategies.

CHILD WELFARE PRIORITIZATION OF OUTCOME DATA MEASURES/ SYSTEMIC FACTORS AND STRATEGY RATIONALE

There are a couple of noteworthy considerations in interpreting county level outcomes. First, in the absence of finalized national standards¹, San Francisco continues to take a CQI approach to outcomes improvement by setting baselines and targets according to the county's own past performance. Second, San Francisco's child welfare system is relatively small and shrinking. This means that child welfare events like reentry occur with low frequency, and even higher frequency outcomes have small cell sizes when cross-tabulating by age, race, gender, etc. It is therefore difficult to discern trends over time or within subpopulations unless the difference is very large.

Additionally, the C-CFSR measures interact with each other in that improvement in one can affect performance in another measure. On the permanency side, several dynamics are at play. First, permanency rates are strongly negatively correlated with entry rates (Beyond Common Sense: Child Welfare, Child Well-Being, and the Evidence for Policy Reform; Fred Wulczyn, Richard P. Barth, Ying-Ying T. Yuan and Brenda Jones Harden (2005)). Low entry rates typically result in longer average lengths of

¹ http://cssr.berkeley.edu/cwscmsreports/documents/CFSR%20Tech%20Bulletin%209_10_11_16.pdf

stay because only the most challenging children are admitted to care. County analysis confirms that this appears to be the case in San Francisco.

With these considerations in mind, below are the measures that did not meet the working national standards in the CSA baseline period (data current through Q2 2018). Data through Q2 2018 was used to establish baselines for this cycle of the CSA/SIP, because it was the most recent data available at the beginning of the Peer Review/CSA process.

The measures not met in the CSA baseline period (Q2, 2018) include:

- P1, Permanency within 12 months
- P2, Permanency within 12 months (in care 12-23 months)
- P4, Reentry into Foster Care in 12 Months
- 2F, Monthly Visits (Out of home)

Early on in the CSA process, staff met to discuss which of these measures to prioritize for improvement in the next SIP cycle and had further discussion with community partners before determining a final selection. P2 was not selected because it was only slightly below the national standard in the most recent reporting year available, and the county had met the standard in three of the previous five years. In general, SFHSA sought to prioritize measures that had longer standing challenges with meeting national standards. The P2 measure did not meet this criteria.

Similarly, 2F was not selected as a priority measure for the next SIP cycle because it was only slightly below the national standard in the most recent reporting year available, and had met the standard in three of the previous five years. SFHSA works hard to ensure that caseworker visits occur in a timely manner and that they are done at the preferred location when possible. The distance of foster care placements, as well as an increase in staff turnover in the last three years, impede the agency's ability to achieve this measure. As staffing stabilizes, the agency expects to consistently meet or exceed the performance targets.

SFHSA has selected outcomes P1, Timely Permanency within 12 months, and P4, Reentry following Reunification, as priorities for the 2019-2024 SIP for the following reasons:

- Both outcomes were the identified outcomes improvement measures for the 2014 SIP. While the county completed the strategies identified in that plan, there is still significant work to do to achieve the federal standards.
- During the comparison period referred to in the CSA for P1,² 34.9% (97/278 children) reached permanency within 12 months as compared to the previous baseline³ of 31.1% (106/341). The National Standard is 40.5%.
- Child welfare had a target improvement goal in its 2014 SIP of increasing reunification/permanency within 12 months by 10% to a total of 30%, and it did meet this goal in its most recent SIP Progress Report (2017.18), with a performance of 38%. The county

² Q2 2018 - July 1, 2016 through June 30, 2017

³ Q3 2013 - October 1, 2011 through September 30, 2012

should continue to build on this incremental success towards a stronger permanency performance that meets the federal target.

- Performance on the reentry measure P4 has shown inconsistent improvement in spite of numerous efforts as outlined in previous SIP reports; during the comparison period referred to in the CSA for P4⁴, 21.2% (25/118 children) reentered foster care within 12 months as compared to the previous baseline⁵ of 23.5% (31/132). The National Standard is 8.3%.
- Child welfare had a target improvement goal in its 2014 SIP of decreasing reentries within 12 months by 10% to a total of 18%, but the county had a 22% reentry as of 2017.18 SIP.
- Stakeholders agree that successful permanency, especially successful reunification, is a priority for San Francisco.
- County analysis shows that the vast majority of youth who reach permanency within 12 months do so through reunification.
- Improved permanency and reentry statistics will help improve other outcome measures including P3.
- Successful reunification is the prioritized permanency plan for children and families.
- Strategies intersect with agency efforts to improve designated systemic factors impacting these and other outcomes: case review system; quality assurance system; workforce development (training for staff, caretakers, and service providers); foster and adoptive parent licensing, recruitment and retention; and agency collaboration.
- Strategies are aligned with the Integrated Core Practice Model and San Francisco's vision to build a climate and culture that promotes innovation, partnership, and performance.

Since the selection of priority of outcomes, two additional quarters of data has become available to report on - data is now available through Q4 2018. While data through Q4 2018 was not used to establish baselines or consider which measures to prioritize, the most recent performance on outcome measures is detailed below.

As of the last reporting period, Q4, 2018, San Francisco met the required standard for the following outcomes measures:

- S1, Recurrence of Maltreatment in Foster care (6.76 as of January 2018 – December 2018)
- S2, Recurrence of Maltreatment (6.5% as of January 2017 – December 2017)
- P2, Permanency within 12 months, in care 12-23 months (45.4% as of January 2018 - December 2018)
- P5, Placement Stability (3.67 as of January 2018 – December 2018)
- 2B, Timely Response (Immediate Response Compliance) (99.3% as of October 2018 – December 2018)
- 2B, Timely Response (10 Day Compliance) (92.8% as of October 2018- December 2018)
- 2F, Monthly Casework Visits (Out of Home) (95.4% as of October 2018- December 2018)

⁴ Q2 2018 - July 1, 2015 through June 30, 2016

⁵ Q3 2013 - October 1, 2010 through September 30, 2011

- 2F, Monthly Casework Visits in Residence (Out of Home) (54.6% as of October 2018- December 2018)

Measures that were not met in Q4 2018 include:

- P1, Permanency within 12 months (32.9% as of January, 2017 - December, 2017);
- P3, Permanency within 12 months, in care 24 months or more (19.1% as of January 2018 – December 2018);
- P4, Reentry into Foster Care in 12 months (25% as of January 2016– December 2016)

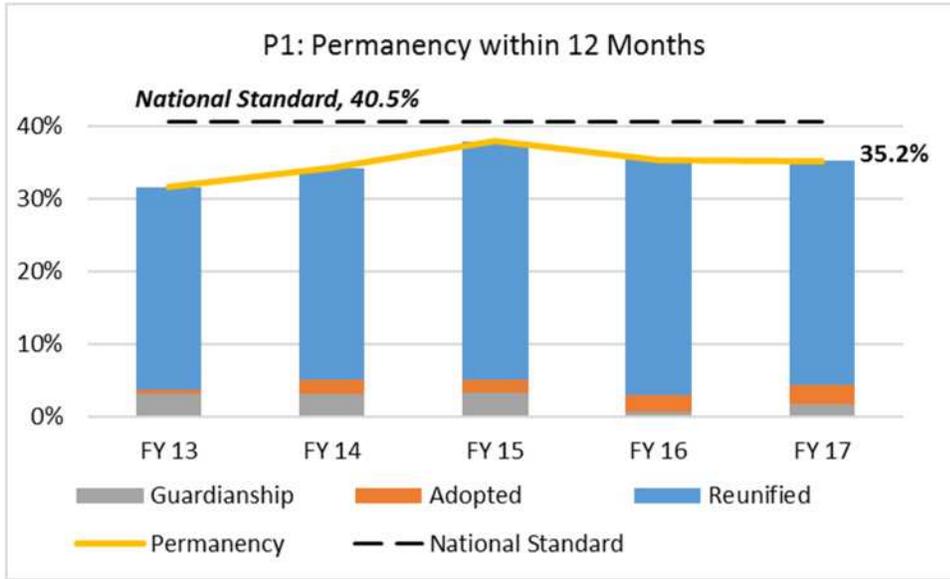
Although San Francisco did not meet the federal standard of 30.3% for P3 in the most recent reporting period (Q4 2018), it did meet it in the CSA baseline quarter (Q2 2018). San Francisco’s permanency rate for this group of children have increased significantly over the last decade, while the number of children in foster care this long has proportionately decreased. The county will monitor this outcome over the next reporting period to determine if further prioritization is needed.

Further analysis on the outcomes prioritized for improvement in this SIP cycle, P1 and P4, is included below.

CHILD WELFARE FOCUS AREA

P1 Permanency within 12 Months (Entry Cohort)

The graph below shows San Francisco’s performance on the P1 metric over the last five years (as of the time the CSA was completed, with data current through Q2 2018), by entry cohort. As discussed above, San Francisco has prioritized improvement on the P1 metric because while focused on this outcome metric for the 2014 SIP, there is still significant work to do to achieve the federal standards. In the most recent reporting year available, San Francisco was still below the national standard (32.9% among January, 2017 - December, 2017 entries).



The table below shows how performance on the P1 metric varied by demographic group among children who entered foster care in FY 16/17. While it is important to observe how recent performance on the P1 metric varies by race, age and gender, it can be difficult to discern meaningful trends because the amount of children entering foster care in a given year is relatively small. This can lead to large variations on a year-to-year basis

P1 by Demographics: FY 16/17 Entry Cohort

	Permanency	Number of Youth who Reached Permanency
Age		
<1 month	30.6%	15
1-11 months	44.4%	8
1-2 years	40.6%	13
3-5 years	38.2%	13
6-10 years	40.0%	16
11-15 years	36.1%	26
16-17 years	21.9%	7
Race/Ethnicity		
Black	35.5%	49
White	39.1%	18
Latino	31.4%	22
Asian/P.I.	33.3%	7
Native American	100.0%	2
Gender		
Female	38.1%	59
Male	32.0%	39

A deeper understanding of obstacles, systemic issues, and environmental conditions that may impact this outcome is based on a number of internal analyses conducted throughout the Peer Review, CSA, and SIP Process. In 2019, planning staff conducted a quantitative analysis that assessed which sub-groups of children and families were more and less likely to achieve permanency within 12 months. The analysis included 1,559 children who entered foster care between July 1st, 2012 and June 30th, 2017. The characteristics assessed included both those which are captured in CWS/CMS (race, gender, age, allegation type, first placement type, etc.) and those which are collected in the SDM safety and risk assessments (mental health, domestic violence, homelessness, substance abuse, etc.). Using a larger sample for the analysis and incorporating data from outside CWS/CMS allowed us to better identify meaningful variation between sub-groups of children.

A few of the noteworthy sub-groups identified as being less likely to achieve permanency within 12 months are listed below.⁶

- Teens
- Children placed in group homes
- Families with limited support systems
- Families where the parent or guardian did not acknowledge the problem or identify solutions to the problem at the onset of the case

In addition to this quantitative analysis, San Francisco's 2019 Peer Review focused on this particular outcome, and included focus groups and peer to peer interviews with staff from San Francisco and designated counties on specific cases. The high rate of children placed out of county and the significant scarcity and cost of housing in San Francisco were identified as two key factors impacting the county's ability to maintain connections for families and reunify families more quickly. The Peer Review noted some case examples of a more linear casework approach, although other cases demonstrated strength in actively engaging children, family, and partners in concurrent planning and permanency efforts.

The totality of this research suggests that to improve on this outcome, FCS should focus on:

- Targeting services to youth with high behavioral health needs (teens and children with histories of group home placements in particular may have high behavioral health needs)
- Assuring service array meets the unique needs and lived realities of families
- Improving casework practices related to engaging less receptive families
- Assisting families in developing natural support networks
- Increasing the availability of in-county resource families to serve youth

In many ways, achieving these goals are some of the core challenges of the child welfare field. These general goals are reflected in the more specific SIP strategies discussed below. As San Francisco implements these strategies, the county expects to observe improvements on this outcome. If not, the

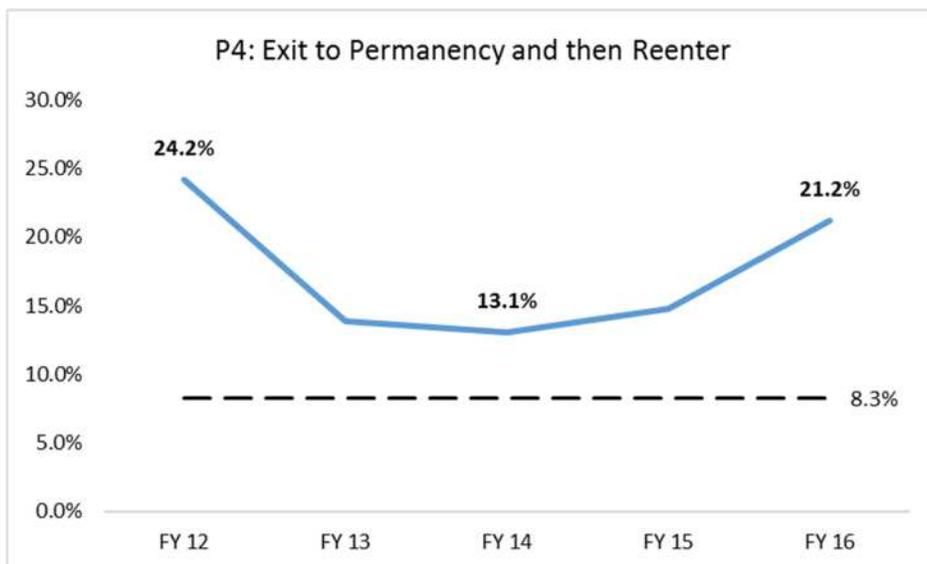
⁶Characteristics reported here had an Odds Ratio <1 and a p value <0.1 in a multi-variate logistic regression model

research to date has provided centering goals and principles that can be revisited in a continuous improvement process.

San Francisco **expects to achieve its Target Improvement Goal of 40.5% by October 2024.**

P4 REENTRY FOLLOWING REUNIFICATION

The graph below shows San Francisco’s performance on the P4 metric over the last five years (as of the time the CSA was completed, with data current through Q2 2018), by entry cohort. While there is some progress on the P4 metric over the last five years, significant work remains to achieve the federal standard. In the most recent reporting year available, San Francisco had still not met the national standard (25% among January 2016– December 2016 entries).



The table below shows how performance on the P4 metric varied by demographic group among children who entered foster care in FY 15/16. While it is important to observe how recent performance on the P4 metric varies by race, age and gender, it can be difficult to discern meaningful trends because the amount of children reentering foster care in a given year is relatively small. This can lead to large variations on a year-to-year basis.

P4 by Demographics: FY 15/16 Entry Cohort

	Percent Reentered	Number of Youth who Reached Permanency then Reentered in 12 months
<u>Age</u>		
<1 month	30.8%	4
1-11 months	11.1%	1
1-2 years	5.9%	1
3-5 years	5.3%	1
6-10 years	20.7%	6
11-15 years	34.8%	8
16-17 years	50.0%	4
<u>Race/Ethnicity</u>		
Black	20.0%	11
White	21.7%	5
Latino	19.2%	5
Asian/P.I.	25.0%	3
Native American	100.0%	1
<u>Gender</u>		
Female	23.8%	15
Male	18.2%	10

As with timely reunification, our understanding of obstacles, systemic issues, and environmental conditions that may impact this outcome is based on a number of internal analyses conducted throughout the Peer Review, CSA, and SIP Process. In 2018, planning staff conducted an analysis to assess what factors were associated with increased likelihood of reentry. The analysis included 1,034 children who entered foster care between January 1st, 2008 and December 31st, 2016 and exited to permanency within 12 months of entry. The characteristics assessed included both those which are captured in CWS/CMS (race, gender, age, allegation type, predominant placement, etc.) and those which are collected in the SDM risk assessment (mental health, domestic violence, homelessness, substance abuse, etc.). While the sample included in the analysis does not neatly overlap with the time period assessed in the CSA, it is our county's most recent large sample analysis on the P4 metric, and we feel the findings are still relevant.

Noteworthy sub-groups identified as being more likely to reenter are listed below⁷:

- Children who reunified (as opposed to exiting to adoption or guardianship), especially those who did so within 6 months

⁷ Characteristics reported here either had an Odds Ratio >1 and p value <0.05 in a multi-variate logistic regression model or a sub-hazard ratio >1 and a p value <0.05 in a multi-variate competing risk regression model

- Children of caregivers who had substance abuse issues
- Children whose predominant placement type was a group home

Factors that impact our performance on the P4 measure have also been discussed in focus groups and meetings with community partners and staff. The distance of foster care placements and the significant county and provider staff turnover in the last fiscal year, as noted in Peer Review focus groups, impede the agency's ability to achieve this measure. Partner and staff discussion forums consistently cite placement distance as impacting permanency outcomes. In the last 3 years, SFHSA has experienced a particularly high rate of staff transition due to resignations and promotions. While the agency subsequently filled an exceptionally large number of vacancies, staff transition adds additional challenges to provide coverage, appropriate training and supports, and meet required outcomes. The recent turnover results in more workers for individual families, making it harder to form the relationships with families necessary to support good outcomes. Peer Review focus group discussion on workforce development noted that high turnover of PSWs & multiple PSWs assigned over a single family case compromise case continuity toward successful permanency goals and teaming effectiveness.

In January, 2019, during the Peer Review, San Francisco shared CFSR qualitative case review data with peer counties that summarized findings from 99 cases that had a county and state CQI reviews during FY 2016.17. Concerted efforts were achieved in many categories for over 50% of applicable reviewed cases that addressed children's connections, educational, physical, and mental health needs and parents' ability to support these, and placement matching and stability. Areas achieved by less than 50% of cases included involving parents in on-going case planning, frequency and quality of worker and parent visits, and needs of children, parents and foster parents to achieve case goals and address issues relevant to the agency's intervention. Improving engagement of parents and families in discussions around case planning, and providing timely, culturally relevant services and supports to families and caregivers could result in improved outcomes for families. Utilization of the case consultation model and the availability of urgent response supports for families and caregivers are SIP strategies that can help improve engagement and service delivery at the time of need.

To summarize, the analyses to date speak to the inherent tension between reunifying families as quickly as possible and preventing reentries. In the effort to seek the right balance, FCS should focus on:

- Assuring adequate aftercare services are available for families
- Promoting staffing stability and caseworker continuity
- Increasing the availability of in-county resource families to serve youth.

These general goals are reflected in the more specific SIP strategies, and as these strategies are implemented, we expect to see improvements on this outcome.

San Francisco expects to achieve its Target Improvement Goal of 8.3%, by October of 2024.

San Francisco has identified the strategies below to increase timely, successful reunification and reduce reentries. These strategies are incorporated in the department's work to move agency culture to become more accountable, data-driven, performance-oriented, and team-focused. Thus, the SIP strategies are part of this broader vision, and several key systemic factors impact both the SIP and the larger work: strengthening case review and quality assurance systems, deepening workforce development and leadership, and partnering with public and private agencies to strategize across systems in identifying, developing, and implementing targeted activities. These will help ensure accountability, provide structure for an integrated system response in addressing child maltreatment, and increase the county's ability to respond effectively to families' and children's needs, ultimately improving outcomes for them. The county has other outcome improvement efforts that will complement the specific SIP strategies; information on these is included below.

Strategy 1: Implement the live phone Family Urgent Response System which will be available 24 hours a day, seven days a week and provide immediate, in-person, face-to-face response that is accessible to caregivers and current or former foster children and youth.

This strategy builds on Francisco's previous SIP and action steps in that document which spoke to continued development and implementation and participatory meetings, expansion of wraparound services through the IV-E waiver, and addressing housing issues through the Bringing Families Home initial and legislative advocacy. While SFHSA did implement these action steps, the 2019 SIP cycle identifies new efforts to strengthen prevention, as robust prevention efforts will help keep families out of the child welfare system, and for those who do enter, help children remain at home.

The federal fiscal landscape is changing to provide support for prevention. The recent passage of the Families First Prevention Services Act (FFPSA) will soon change how San Francisco can obtain federal reimbursement for child abuse prevention services. San Francisco currently claims federal funding for some prevention services under a Title IV-E waiver that are scheduled to expire at the end of September 2019, such as the Peer Parent program and Seneca's East Bay Visitation Program. SFHSA and other City agencies need to better understand which of their existing services will meet FFPSA funding guidelines to be well positioned to serve families and maximize federal revenues given that California is likely to implement FFPSA within the next few years. The San Francisco Controller's Office City Performance division is working with SFHSA, Safe&Sound, and other city departments to create an asset map detailing current information about the extent of current child abuse secondary and tertiary prevention services in the county and whether they will be claimable under FFPSA guidelines. This asset map, which is designed for use by county departments for planning purposes, will include services provided directly by the City, contracted services, and services provided by third parties and inform strategic changes needed in response to FFPSA.

Direct prevention efforts to families include the new Mobile Response program starting this fall in an effort to help children remain home, reduce placement disruptions, and increase placement stability.

Mobile response is a nationally proven model whose aim is to stabilize youth experiencing an emerging crisis through intense, individualized, and flexible youth and family engagement of strengths and needs. Developed and operational in multiple jurisdictions in the United States, mobile response is fundamentally a service to secure and sustain placement rather than initiate displacement.

The mobile response program was developed through extensive inter and intra agency discussion and planning, including SFHSA program, budget, fiscal, and contracts, DPH, JPD, and input from the Provider Advisory Board members. Casey Family Programs provided in-depth consultation and support to the county, including SFHSA, DPH, and community partners, in learning about prevention work in other jurisdictions to mitigate the need for child welfare involvement. Casey consultants included New Jersey managers who had helped develop and lead their statewide mobile response program. In 2018, SFHSA subsequently issued an extensive RFP to address issues related to initial placement and supports needed to prevent placement disruption, including mobile response. SFHSA collaborated with DPH to incorporate mental health supports in the model, and with SFJPD to include service delivery for wards in foster care. The RFP solicited for a lead agency in partnership with other community-based organizations to provide an array of services. These included emergency placement beds for children and youth with intensive needs, intensive care coordination for high-end youth as they experience placement disruption and transitions, and mobile response services for both biological caretakers (including parents) and foster parents requesting urgent support for children. Seneca Family of Agencies was awarded the contract.

Families and children eligible for mobile response services are those receiving voluntary and in-home dependency services from SFHSA, or both child welfare and juvenile probation foster children/youth aged birth through 17, and their caregivers, who reside within a 90 mile radius of the county. While Seneca offers many clinical and programmatic interventions, the agency does bring a particular wealth of experience in serving older youth, and can leverage that expertise in supporting them through MRT. MRT will also provide after care support for families who have reunified. Because parents, youth, and caregivers will be able to contact the program directly, rather than only professionals, the program is designed to recognize a family's expertise in identifying when they need assistance and support, thus acknowledging their lived experience and offering timely intervention. Program start date is September, 2019.

Action Steps:

- A. Develop a process for determining when a mobile response and stabilization team will be sent or when other services will be used, based on the urgent and critical needs of the caregiver, child, or youth.

- B. Develop a process for determining when a mobile response and stabilization team will be sent or when other services will be used, based on the urgent and critical needs of the caregiver, child, or youth.
- C. Train staff, community partners, caregivers, and parents regarding the mobile response services and how to access these services.
- D. Develop a response team oversight committee that include CWS, Behavioral Health, Probation, and Seneca Family of Agencies. The committee will create and oversee completed implementation of San Francisco FURS. This will include communication, dispatch, and, reporting policies, procedures and criteria. The committee will meet monthly to discuss ongoing implementation, data outcomes, service delivery and make needed adjustments.

Historically, professional staff, both county staff and providers, have requested mental health and supportive services for families and caregivers. However, in the mobile response program, the parent, child or the caregiver may call the crisis line and ask for assistance, rather than going through a social worker or probation officer. The family thus defines the crisis. Seneca will operate a 24/7 hotline staffed by a seasoned clinician who will triage the calls and either utilize crisis de-escalation techniques and/or dispatch a team of staff for in-person support and stabilization. These staff will assess crisis situation, safety plan with youth and family, and if necessary, will help with linkage to longer term mental health/behavioral health services. The county partners (SFHSA, DPH, and JPD) meet monthly with Seneca to develop and implement the program. This work includes creating informational materials for staff, caregivers, and partners, and policy and procedural documents describing program services, eligibility, and referral or contact information.

San Francisco will revise its program as needed to meet requirements for the statewide Family Urgent Response System (FURS) which will expand the population to include non-minor dependents and youth in congregate care facilities; it is hoped supports for these older youth will help improve permanency outcomes for them. The expansion will further strengthen prevention efforts as it includes services for former foster youth and youth residing in other jurisdictions.

- E. Develop and execute an annual evaluation plan with the contract provider, Seneca Family of Agencies to analyze barriers, outcomes, and timeliness to permanency.

Data and program staff from SFHSA, JPD, and Seneca will work together to identify metrics and tracking tools that capture program utilization and allow for analysis on timely permanency and reentries. Annual evaluation of the program will inform implementation and identification of action steps to resolve barriers, including analysis around impact on subpopulations such as older youth and youth in congregate care settings.

Strategy 2: Implement recruitment and training for Resource Family homes that will provide trauma-informed foster care for children and youth.

This strategy speaks to the county's work to implement the Continuum of Care reform (CCR) outlined in Assembly Bill 403. Signed by Governor Brown in 2015, AB 403 comprehensively reforms placement and treatment options for youth in foster care. AB 403 builds upon years of policy changes to improve outcomes for youth in foster care. A key concept of CCR is based on research that indicates family care is essential for foster children in order to develop successfully and improve outcomes. Consequently, CCR seeks to increase family home settings for children in foster care, and limit the use of congregate care. CCR is an opportunity to make lasting changes in our Child Welfare systems.

Children and youth in foster care have need of emergent and stable placement for a myriad of reasons. The effects of shifting family needs and capabilities, substance abuse, domestic violence, or mental health needs may require immediate intervention. Many youth, because of abuse and neglect issues or by virtue of more idiopathic factors, also require intensive behavioral health intervention, support, and treatment. The combination of the need for expediency and the need to provide individualized and clinically appropriate care is the present challenge and call for this service.

In San Francisco, expanding the number of local foster homes builds on the county's implementation of *Katie A. v. Bonta*, which refers to a class action lawsuit filed in federal district court in 2002 concerning the availability of intensive mental health services to children in California who are either in foster care or at imminent risk of coming into care. San Francisco child welfare, juvenile probation, and mental health partners came together with other public and private agencies to create a vision that the city would provide an attachment and trauma focused approach for serving children and families. Increasing the availability of local, family-based homes supports this vision by offering foster care in the context of a family setting with close proximity to parents, schools, and community, and ready access to interventions and supports that can mitigate trauma. The P1 and P4 discussion above notes that research and analysis pointed to the need to increase the availability of in-county resource families to drive improvement in timely permanency and reentries to foster care. It is important to both expand foster home capacity in general, and to provide caregivers with the skills and supports necessary to help children and youth who have experienced significant trauma and maltreatment. The Peer Review process cited that the high rate of children placed out of county and the significant scarcity and cost of housing in San Francisco as key factors reducing the county's ability to maintain connections for families and reunify families more quickly and successfully.

The identified SIP strategies are part of broader efforts to expand capacity for family based care that can address a continuum of needs for children and youth. This larger work includes contracts for emergency beds through AFS and Seneca, and participation in a state-funded grant to Department on the Status of Women (DOSW) to serve youth who are at risk of sexual exploitation. The San Francisco Emergency Placement Collaborative (ESC), an AFS program, is designed to provide a minimum capacity of ten immediate placements within approved and licensed Intensive Services Foster Care (ISFC) approved resource family homes for children who have no identified special need or disability. Seneca's

Comprehensive Assessment and Stabilization Services (COMPASS) program is designed as an individualized, intensive intervention that would serve youth with the most complex and profound service needs. Utilizing a professional parent model in Intensive Services Foster Care (ISFC) homes that are supplemented by general fund dollars, the four COMPASS beds, which are all located in Petaluma, will provide emergency placement for children and youth with significant behavioral health needs. SFHSA is also working with the DOSW, which received a state grant to develop placements for youth who are or at risk of being sexually exploited. Huckleberry Youth Program, Family Builders, and other private and public partners are involved in this effort; Family Builders is the identified foster family agency who will be recruiting foster families for these youth. Staff trainings on access to and workflow process for these different placements have been or will be offered as rollout occurs, with accompanying policy and procedural guidelines.

Beyond these emergency and specialized beds, SFHSA plans to expand its resource family recruitment and retention strategy, including development of a communications and media campaign. This recruitment effort is the identified SIP strategy in this report. Resource families provide foster youth with an opportunity to grow and develop in a family environment. Finding families ready to look after these children is one of the most important responsibilities of the child welfare system. Family and Children's Services (SFHSA) must retain and recruit a pool of well-trained and well-supported resource families, who are willing to take care of children with very diverse profiles and necessities. However, there is currently a severe shortage of resource families in San Francisco. As a result, approximately 65 percent of the county's foster youth are placed outside the City. If a child must be separated from their home, they are also frequently removed from their school, siblings and neighbors. This can be traumatic for children who have already experienced separation from their families. The Department has an urgent need for new foster parents to help keep kids in their communities. Compounding the existing shortage of resource families is the fact that many older resource parents are retiring. All these factors have resulted in a severe shortage of resource families. Consequently, SFHSA has contracted with Resource Development Associations to develop, finalize and implement a resource family recruitment and retention strategy and a communications and media campaign. This contract is part of a multi-year, multi-prong effort to increase the number of children achieving permanency.

The recruitment campaign expands rather than replaces long-standing recruitment efforts. The county Resource Family Approval (RFA) staff participate regularly in community outreach efforts, including street fairs and special events; that work continues. RDA conducted an in-depth environmental scan of San Francisco in order to gain knowledge about whether people know about this issue and also to gauge which groups would potentially be interested in becoming resource parents. The research found that while there are segments of San Francisco's population that are potentially interested in becoming foster parents, there is generally a lack of awareness on the public's part about the shortage of foster parents. Strategies to overcome this shortage include designing and executing a public awareness campaign that seeks to educate San Franciscans on the critical need for resource homes and keeping foster kids in their own community. The second phase of the strategy is to design a comprehensive, strategic communications and advertising plan to recruit more resource families, particularly those in the communities the environmental scan identified as being potentially interested in becoming resource parents: African American, Latino, and LGTQ adults and families, and adults in the age range of 30s to

50s. The county will review placement and permanency outcomes to inform implementation and effectiveness.

Action Steps:

- A. In partnership with the Resource Development Association (RDA), develop a marketing campaign to recruit resource families residing in San Francisco.

Through its contract with RDA, SFHSA will develop and conduct a marketing campaign in the next reporting period to increase the number of Resource Homes and placement options within San Francisco.

- B. Develop educational material for potential resource families, current resource families, service providers, and staff that discusses the needs of all children including CSEC youth and older youth populations.
- C. Oversee contracted vendor to ensure quality trauma-informed training is provided to newly approved and current RFA caregivers, such as Positive Parenting Program (Triple P).
- D. Implement a quarterly training event for resource family homes in San Francisco.

The SFHSA Recruitment and Retention workgroup has identified specific efforts to improve the availability of resource homes in San Francisco. Members of the team are in the process of developing and implementing efforts to conduct targeted recruitment campaigns for various populations, such as families willing to take youth with special needs or who are teenagers or non-minor dependents. This will include identifying community events for outreach. In July, 2019, SFHSA entered into a contract with Alternative Family Services to provide training supports to resource families. This includes training, logistical support for regularly scheduled caregiver meeting forums, and direct support for the resource family Mentor Program, which links new caregivers with more experienced ones.

AFS training and supports will strengthen the ability of caregivers to provide trauma informed, attachment based care to children and youth. AFS will collaborate with DPH's Parent Training Institute to coordinate Triple P training opportunities for caregivers; Triple P is an evidence based parent education program that helps parents learn strategies to promote social competence and self-regulation in children, and decrease problematic behavior. In addition to conduction pre-service training for potential resource families, AFS will provide or arrange conference style training at quarterly foster parent meetings to offer advance training and ongoing professional development for San Francisco caregivers. Topics will address such issues as grief and loss, and childhood trauma, to better equip foster parents to help children who have had traumatic and difficult experiences. Caregivers will suggest topics annually.

- E. Incorporate feedback from community engagement events via surveys and focus groups regarding Resource Family training and supports into staff meetings, resource family association meetings, and community partner meetings.
- F. Monitor and evaluate family based bed capacity and utilization by reviewing quarterly data to determine effectiveness and inform implementation. Analysis will include:
 - Number of Resource Family applications
 - Surveys from training participants
 - Capacity and utilization data on family-based beds

Analysis of the number of Resource Family applications will review completion of home assessments, background checks and resource family application paperwork as part of the application process in comparison to prior to the campaign.

Strategy 3: Ensure concurrent planning throughout the life of a case to promote permanency options for foster children and youth.

Concurrent planning is an essential casework skill in promoting timely permanency, beginning with the initial contact with the family and continuing throughout the case. It requires comprehensive family history which is obtained by gathering information from the parent(s), extended family members, and the parent'(s) support network. When a child is placed in foster care, and parents are receiving reunification services, the case plan has two tracks: the Family Reunification (FR) track, which consists of services described in [W&IC § 16501\(h\)](#), and a concurrent planning track which identifies an alternate permanent plan in case reunification does not occur (i.e., legal guardianship or adoption).

The Peer Review cases revealed examples of proactive concurrent planning, but also identified some cases that included more linear casework restricting focus to a single permanency plan (typically reunification) rather than considering other options. The Peer Review found that SFHSA demonstrated strength in actively engaging children, family, and partners in permanency efforts, a strength that can be leveraged in supporting this particular strategy through inclusion in case consultation and child and family team meetings.

SFHSA has a number of new staff – about 75% of the current family maintenance and family services workers have been with the department two years or less. To provide the support all staff need with case planning, including concurrent planning, SFHSA will utilize the Safety Organize Practice case consultation model to identify and support concurrent planning activities for cases reviewed, with child welfare supervisor level coaching support for individual workers and supervisors as requested and needed.

SOP Case Consultation brings group decision-making and consultation to day-to-day practice. It uses a mapping framework and facilitated process to review case information and identify best thinking about next steps for the case-carrying worker. Workers are asked to present case information using the

framework, and the facilitator (usually the manager) assists the group to consider all relevant information and reach consensus about next steps. Case Consultations support the iCPM Practice and Leadership Behaviors associated with the elements of Teaming, Inquiry/Exploration, Advocacy and Accountability. The framework helps staff focus on key SOP principles such as:

- Staying focused on the harm and danger;
- Addressing safety threats;
- Sorting out complicated factors;
- Being aware of strengths and protective actions;
- Considering the family's culture and how it intersects with intervention

Furthermore, by including others in Case Consultation, additional perspectives will add new information to thinking and planning. Case consultation sets the stage for the parent engagement so critical in developing and effecting successful family team meeting discussions and case plans, including concurrent plans. For example, community partners with expertise in specific areas, such as sexual exploitation of children and youth, or treatment staff in residential settings, can be invited to participate in a case consultation, and/or a child and family team meeting. In this way the agency can be better equipped to engage children, parents, and caregivers and support an effective case planning and service delivery process, by fostering better client engagement through discussion of concerns, strengths and next steps that assist the worker in developing more targeted strategies and reviewing progress with parents, youth, and child and family team members. This will also help move the needle on children and families that data analysis have identified as being more vulnerable to poor outcomes, including older youth, youth in congregate care settings, and families suffering from histories of sexual and emotional abuse. Ultimately this will lead to improved outcomes, including timely and successful reunification and reduced reentries. To strengthen this link between case consultation, family team meetings, and concurrent planning, the agency will identify and offer any needed training or training updates and relevant materials.

Case consultation brings support and collaboration to the day to day practice of child welfare workers in a way that provides opportunity for reflection on difficult situations that staff are addressing with families. Providing such support and helping identify various strategies to strengthen family engagement and planning may also help with staff retention and consistency, which in turn will improve outcomes for families.

Action Steps:

- A. Develop a targeted criterion for case consultation that may include youth who will not return home and youth who are at risk of reentering foster care.

Policy development for case criteria will consider key junctures (e.g., case transfers, court dates, step down from residential treatment, reunification) and cases with significant concerns identified through such criteria as SDM Safety Assessment criteria, the need for Safety Planning, or histories of significant trauma, as priorities for case consultation. This will help mitigate the risk of reentry or

untimely permanency for some of the youth identified as more likely to experience those, including children reunifying within six months, children whose predominant placement was congregate care, and help identify engagement strategies for families, such as for parents who have difficulty engaging in discussion of needed case plan activities.

- B. Develop a Case Consultation tool that will identify the goal of the case consultation, who is included in discussion, and the facilitator.
- C. Develop policy and procedures on the Safety Organized Practice Case Consultation model that may include how the Case Consultation is scheduled and the frequency.
- D. Train staff on the Case Consultation model that includes policy and procedures and the case consultation tool.
- E. Implement a Case Consultation model that incorporates ICPM Practice and Leadership Behaviors.

Protocols and supports will include the case consultation tool to be utilized, the referral process for case consultation, and training on the Safety Organized Practice framework that underpins the consultation model. Policy is expected to be issued in the next reporting period. FCS contracts with the Bay Area Academy to provide training and coaching support for SOP implementation. Upon completion of the protocols, procedures, and trainings, the agency will move forward with implementation of the consultation model.

- F. Identify criteria to track and analyze outcomes to determine effectiveness.
- G. Conduct analysis to evaluate the outcomes of the Case Consultation, inform implementation, and identify and execute needed action steps, including workforce development training and support.

Program and data staff will work together during the 20.21 fiscal year to develop an analytic process which will likely include review of an entry cohort of children who had case consultation, with plans to conduct the analysis in the following fiscal years.

Strategy Evaluation and Monitoring: The County will utilize quarterly AB636 data reports, SafeMeasures, and the CQI and data units' data reviews and analysis to evaluate and monitor strategy implementation.

Juvenile Probation Prioritization of Outcome Data Measures/Systemic Factors, Strategy Rationale and Focus Area

San Francisco Juvenile Probation Department (JPD) has selected Federal Outcome measure P1—Timely Permanency within 12 months as the priority for the 2019-2024 SIP. While the absolute number of youths in out of home placement has decreased significantly since 2012, the JPD population exiting to permanency within 12 months is far below the national standard for this measure of ≥ 40.5 percent.

Two significant trends in the data suggest continued focus on P1:

- Difficult for JPD youth to reunify within 12 months: The CWS Outcomes Report for Q4 2018 for 07/1/2016 to 06/30/2017 indicates that permanency for youth at 12 months was 17.6%; six of 34 youth achieved permanency during this time. This is a 5.8% increase in absolute percentage points compared to baseline, 10/1/2011 - 9/30/2012 (11.8%), when six of 51 youth achieved permanency at baseline. However, this represents about a 49% performance increase (i.e., 17.9% is 1.49 times greater than 11.8%). To clarify, the same number of children achieved permanency in the two periods (n=6), but the more recent period had a smaller denominator (perhaps representing more challenging group of children).
- Repeat referrals of youth to juvenile justice system: Referrals to JPD continue to fall, despite the youth population (ages 10 to 17 years old) slightly increasing since 2012. In 2017, 1,277 referrals were made to Probation for 746 youth—down 38% from 2012. However, this data indicates that over 40% of the referrals made in 2017 represented re-referrals (subsequent probation violations or offenses) of the same youth.

Focus group input also suggested that improvements are needed to encourage probation parents/families to participate in services that strengthen their behavior management, communication and parenting skills for more successful re-entry of the youth to home and community. Re-entry for Probation youth is defined as when the youth successfully completes their treatment goals and the order for Out of Home Placement (OOHP) is vacated by the Court. The youth generally returns home to the parent, guardian, or relative from whom he/she was removed. The youth may still be on probation, but he/she is no longer placed in foster care. This is a critical point in the case life span for restoring family stability, promoting long term resiliency and increasing pro-social family and community relationships to sustain gains made by the youth while in placement.

It appears that strides were made toward this goal during the last SIP cycle with JPD establishment of dedicated case management positions (Re-Entry Workers) to focus on preparation, transition planning and support for youth returning to their families and communities following out of home care. It is upon this foundation that JPD intends to expand its efforts for **enhanced parallel services to families while youths are in placement.**

Specifically, JPD will engage all parents with youth in a foster care placement in the F.I.R.S.T. (Family Intensive Re-Entry Support Transitions) Program. In order to accomplish this, JPD will create a written Policy & Procedure for referring and managing families to the FIRST Program who have a youth in foster care placement and will update as needed. This should be accomplished by February 2021. Once policy is developed, the next step will be to train Deputy Probation Officers on the FIRST program, which will include referral process, monitoring services for families, and the policies & procedures. This can also be accomplished by February of 2021.

Once policy is developed and staff are trained, JPD will begin referring all identified parents to the FIRST Program within 30 days of the Placement Order. This will take place no later than July 2021. San Francisco Probation will engage with the contracted service provider (Seneca) of the FIRST Program on a quarterly basis to discuss outcomes for youth, quality of services, contracting, strengths & barriers. This can also begin by July 2021.

Once the program is fully implemented, it is important that JPD monitor the outcomes for youth that have been referred to the FIRST program which may include tracking the number of youth who achieve permanency and tracking the number of youth who exit foster care and into AB12 services. This should take place in April 2022. Subsequent to that, JPD will evaluate the outcomes of youth and families who were referred to the FIRST program and incorporate the findings/outcomes into internal monthly staff meetings and quarterly meetings with the contracted service provider (Seneca). This should be fully implemented by October 2022.

This strategy is intended to enhance the resources available to parents/families to prevent removal, support families when youth are removed, and support the youth and family during the transition home. Probation recognizes that separation of the family is a traumatic event. Strengthening parallel services to the family while the youth is in treatment will support the youth's behavior change. Providing these services concurrent to the youth's program will make the transition back home easier on the youth and family, thus vacating the Out of Home Placement Order preferably within 30- days (or no more than 60 days) and most importantly, resulting in more timely permanency with completion of Probation and dismissal of the Court's jurisdiction.

PRIORITIZATION OF DIRECT SERVICE NEEDS

The SIP planning process described above involved discussion of OCAP-funded strategies and built on long-standing collaboration through the Family Resource Center initiative in identifying priority direct service needs. The FRC initiative was developed through collaborative planning with three city agencies, SFHSA, First Five San Francisco, and the Department of Children, Youth, and Their Families, and non-profit FRC providers. The city departments pool their resources, including OCAP dollars, to focus the services offered by the centers and to conduct a more formal program evaluation. This

maximizes city and country resources to sustain a service delivery continuum from prevention through aftercare that supports key goals and objectives more directly, including AB 636 performance measures.

San Francisco's network of Family Resource Centers offer a variety of activities designed to foster five protective factors in reducing child maltreatment; these five factors form the foundation of the Strengthening Families approach utilized by the FRC initiative:

- ❖ Provide Concrete Support in Times of Need
- ❖ Increase Parental Resilience
- ❖ Increase Knowledge of Parenting and Child Development
- ❖ Support the Social and Emotional Competence of Children
- ❖ Build Parents' Social Connections

Research suggests that the Protective Factors can reduce the likelihood of child abuse and neglect in a family. Research also demonstrates that these same factors help build family strengths and create a family environment promoting optimal child and youth development.

<http://www.cssp.org/reform/strengthening-families/2014/SFOverview.pdf>

The vision of the FRC Initiative reflects this same approach: to create a coordinated City-wide system of FRCs that strengthen families and communities to ensure healthy childhoods for San Francisco's children and youth by funding FRCs to:

- 1) Provide families with access to services and opportunities
- 2) Build parent knowledge and skills
- 3) Provide intensive support services for families in need
- 4) Promote community development.

(First 5 San Francisco, "Notice of Funding Availability for Family Resource Center Initiative", March 2009)

These activities reflect the five protective factors to reduce child maltreatment and achieve good outcomes for families. This includes the specific activities OCAP funds. The evidence-based parent education curricula SafeCare and Triple P (Positive Parenting Program) focus on families with young children and are shown to be effective in impacting child maltreatment. The Family Resource Center initiative offers numerous supports for families at risk of or involved in the child welfare system, notably Differential Response, FRC participation in Child and Family Team meetings, and community-based visitation supervision for families in reunification. San Francisco's child abuse prevention center, Safe & Sound, also receives FRC funding and is engaged in broader community outreach and education effort, providing mandated reporter education and public and private partner coordination.

San Francisco utilizes OCAP PSSF funds to support the work of the FRCi in providing child parent visitation for families receiving reunification services, FRC participation in child and family team

meetings, and provision of services such as parent education Differential Response services through the network. The SIP planning process also confirmed continued use of OCAP funds to address ongoing, long-term efforts to support, strengthen and stabilize families through the following SFHSA contracts:

- PSSF funds for adoptive family recruitment and retention supports with the adoptive foster family agency Family Builders. This program has consistently met its contractual goals to educate and support adoptive families and place children for adoption.
- CAPIT funds for SafeCare parent education through contracts with St. Elizabeth/Mt. St. Joseph and Family Support Services. County analysis shows that SafeCare, an evidence-based program, has helped reduce recurrence of maltreatment and so the county remains committed to its implementation.
- CBCAP and CAPIT funds for Safe&Sound’s education and outreach for mandated reporter and the broader San Francisco community and child abuse prevention interagency coordination with multiple local public and private partners. Safe&Sound continues to meet all contractual goals for its programming.

Child Welfare/Probation Placement Initiatives

Following are the statewide initiatives in which the county is engaged.

California Core Practice Model/Integrated Core Practice Model

The California Child Welfare Core Practice Model (**CPM**) is a statewide effort to develop and implement a framework to support child welfare practice and allow child welfare professionals to be more effective in their roles. The CPM is intended to guide practice, service delivery, and decision-making. It builds on the great work already taking place across the state by integrating key elements of existing initiatives and proven practices - such as the Katie A. Core Practice Model and Safety Organized Practice (SOP). The model gives meaning to the work currently in practice and improves outcomes for children and families. The CPM forms the basis for the child welfare practice portions of the California Integrated Core Practice Model.

Like most practice models, the California CPM defines practice at various levels. This includes common sets of:

- **Values** to guide practice

- **Casework Components** to define what we do
- **Practice Elements** to delineate how we do our work
- **Practice Behaviors** that specify how it looks when we are doing our work right
- **Organizational Behaviors** that set organizational standards to support good practice.

Information on all of these different levels can be found on the CalSWEC CPM webpage (<https://calswec.berkeley.edu/programs-and-services/child-welfare-service-training-program/core-practice-model>).

All of the improvements SFHSA is implementing build the foundation to implement the CPM effectively, in order to improve outcomes. This includes Katie A., the Teaming Framework and Safety Organized Practice (SOP). It is intended to *organize the work* so that child welfare professionals can determine which new practices to adopt moving forward.

At SFHSA, work done to implement CPM includes:

- Development of competencies based on the CPM leadership and practice behaviors to guide all aspects of workforce development, such as staff exams and selection, induction, training, coaching, and performance evaluation. Please refer to the Staff Training section above for more information on the competencies.
- Integration of CPM values, elements, components and behaviors into policy
- Work with partner agencies to integrate CPM into their approach and practice, including integrating the CPM into contracted services agreements and MOUs as applicable.

Continuum of Care Reform (SB 403):

On October 11, 2015 Governor Edmund G. Brown Jr. signed legislation that comprehensively reforms placement and treatment options for youth in foster care. Assembly Bill 403, (Stone D-Monterey) sponsored by the California Department of Social Services, builds upon years of policy changes to improve outcomes for youth in foster care. Known as the Continuum of Care Reform (CCR), this legislation is the most significant change in child welfare reform in decades. It draws together a series of existing and new reforms to our child welfare services program designed out of an understanding that children who must live apart from their biological parents do best when they are cared for in committed nurturing family homes. AB 403 provides the statutory and policy framework to ensure children and youth receive services and supports tailored toward the ultimate goal of maintaining a stable permanent family. Reliance on congregate care should be limited to short-term, therapeutic interventions that are just one part of a continuum of care available for children, youth and young adults. Statewide implementation of CCR began in January 2017, and will occur in stages over multiple years.

To successfully implement CCR, San Francisco developed the interagency CCR Steering Committee, which convenes the leadership of Family and Children's Services (SFHSA), Community Behavioral Health Services (CBHS), Juvenile Probation (JPD) and the San Francisco Unified School District (SFUSD) for the

purposes of coordinating the implementation of CCR within the county. The group meets quarterly with the following goals:

- Share and coordinate information within the county and across various statewide and regional committees addressing CCR implementation
- Coordinate implementation activities by collaboratively developing and monitoring an overall implementation plan
- Identify and support smaller CCR-related workgroups or task forces
- Plan for collaborative work with providers to assist them with implementing CCR

The public partners have held multiple meetings with placement provider agencies, worked together on the DPH RFP for epsdt funds, created informational materials and policy for staff and partners, and collaborated on several key projects such as the Child and Family Team meeting process and related training.

Fostering Connections after 18 Program (AB 12):

AB12: Child Welfare

AB 12 began on January 1, 2012, and San Francisco has seen over a 90% participation rate in extended foster care (EFC).

- In 2018, 174 18 – 21 year olds participated in EFC. 60 Non Minor Dependents (NMDs) emancipated from care during that same period, an average of 15 per quarter.
- 41% lived in a SILP (supervised independent living placement) and 33% lived in Transitional Housing Placement (THP-FC).
- 37% lived outside of San Francisco.
- NMDs are enrolled in the following participation conditions: 1) HS/GED Completion (47%); 2) Removing Barriers (34%); 3) College / Vocational Education (26%); 4) Employed min 80 hours (24%)
- Child Welfare Case management includes monthly face-to-face visits, Ansell Casey assessments, and Transitional Independent Living Plans (TILPs) are developed and reviewed every six months to help youth manage their transition to adulthood. ILP services included: employment, education (high school completion, college preparation/retention/completion), money management, consumer skills (home/time management), transportation, financial assistance, mentoring, interpersonal/social/parenting skills, and housing/placement options.
- SF-ILSP contractor First Place for Youth is a strong community based collaborative partner that actively engages child welfare workers to ensure referred youth / NMDs receive the services, resources and support to promote independent living skills. The First Foundation program for youth and NMDs has been very successful in assisting participants with their

- education goals and academic achievement demonstrated by the 85% of participants who graduate / obtain their GED and are accepted and enrolled in post-secondary institutions
- SFHSA Supportive Transition Units are assigned cases of youth aged 16-21 to better incorporate core practice model behaviors and to identify lessons learned and promising practice that promotes achievement of youth and Non Minor Dependent identified exit outcomes.

AB12: Juvenile Probation Collaboration

Many youths who have been served by the Juvenile Collaborative Reentry Unit (JCRU) and have completed their goals transition to extended foster care. Although these youth were a part of the delinquency system, the Juvenile Probation Department hired a Bachelor-Level Social Worker to supervise and support this population in lieu of a probation officer. The JPD recently hired a second Social Worker, as numbers for this population continue to rise and requires intensive service delivery

Extended Foster Care provides a youth an opportunity to prepare for his or her future through additional educational and employment training opportunities. Additionally, they receive assistance in securing consistent and safe housing while being afforded the chance to build permanent connections with caring adults, including relatives, mentors and community members.

As of April 2019, JPD has 64 non-minor dependents. There continue to be many challenges in assisting this population. As already identified, these youth are still very much in need of assistance and services. Some continue to have academic deficits; many have limited skills, poor work experience and little to no vocational training. A large percentage of these youth have unreliable family support, limited family resources, and behavioral and mental health issues that interfere with education and employment.

JPD social workers are required to meet with the youth once a month. However, it is common practice for social workers to be in contact with a youth at least three times a month, assisting the youth to maintain compliance with their eligibility requirements, as well as housing, education, and employment. The purpose of these visits is to help stabilize youth with placements. Social workers visit youth residing out of county and out of state, monthly. Due to the high cost of living, the majority of the youth in State reside in the surrounding Bay Area Cities.

As of April 2019, JPD had 18 youth in THP+FC/Transitional Housing Programs. These youths received ILSP services in addition to Case Management services via the THP Program. JPD has 24 youths in approved SILPS, these youths reside with their parents, relatives, non-relative's, in a college dormitory. Social workers make the necessary referrals for services such as case management, ILSP, and referrals for THP+FC Housing at the request of the youths.

As of April 2019, six youths were in unapproved SILPS Social Workers work with these youth to get SILP approval. Youths in this situation are usually transitioning from being incarcerated or pending a change in housing such as waiting to get into a THP+FC or an approved SILP.

As of April, 2019, there were eight youth who were incarcerated. These youth are sent monthly notices to contact their assigned social worker upon their release for re-entry or reengage services.

Katie A. - Interagency Services Collaborative (iASC):

Katie A. v. Bonta refers to a class action lawsuit filed in federal district court in 2002 concerning the availability of intensive mental health services to children in California who are either in foster care or at imminent risk of coming into care. San Francisco mental health and child welfare departments have worked together to design an attachment- and trauma-focused system with a shared framework that is information driven, integrated, and innovative to support the health, safety, permanency and well-being of children, youth and families that have been involved in or at risk of involvement in Foster Care, Probation, Special Education and are struggling with the complications of behavioral health issues. The goal is a system that will serve the Katie A. and non-Katie A. children and families alike.

To put this vision into practice, the Department of Public Health and SFHSA created a local name for the public agency partnership -- the Interagency Services Collaborative (iASC) -- and formed a joint implementation and oversight management structure. Both agencies have worked together on a "Plan Do Study Act" implementation approach in initiating changes that will help improve mental health access and service delivery for the child welfare population through a cross-agency pilot. Through iASC, the county developed a model for the **Child and Family Team**, data collection to determine whether the changes are leading to improvements, a **Shared Family Care Plan** that informs both the child welfare case plan and mental health treatment plan, and a **Shared Coaching** model for interagency supervisors during implementation of various components to support the change process, foster peer learning, and strengthen partnership between child welfare line staff and mental health clinicians. The county regularly offers training through the Bay Area Academy in the CFT model for staff and partner agencies.

San Francisco continues to refine its data collection and tracking systems, coordinating between the CWS/CMS database and the Avatar Mental Health billing system (for MediCal Early and Periodic Screening, Diagnostic, and Treatment services) to identify eligible children and confirm the mental health interventions they are receiving.

Title IV-E Federal Waiver

San Francisco is one of nine counties participating in the current Title IV-E waiver cycle, from 2014 through September 2019. Title IV-E is the federal funding source for child welfare services, parts of the juvenile probation system, and foster care. California's IV-E Waiver gives counties great flexibility in the use of federal funds in exchange for a capped allocation. Under the waiver, counties can use IV-E money to fund better practice models and supportive/preventive services.

All participating counties adopt a Safety Organized Practice (SOP) framework for child welfare and Wraparound for probation youth. SOP is a collaborative practice approach that emphasizes the use of practice teams, greater family engagement, and development of individualized, behaviorally specific

service plans. Wraparound is a family-centered, strengths-based planning process for creating individualized services for the child and family. Both SOP and Wraparound are consistent with, and integrated into the California Core Practice Model. JPD will be able to provide wraparound services to youth previously not eligible, specifically pre-adjudicated youth and those declared incompetent.

Through the waiver, SFHSA expanded wraparound services to families previously not eligible, e.g., families voluntarily engaged with the department. JPD also began its third year of its Parent Partner program. These Child Welfare and Probation interventions should help to reduce admissions to foster care (including re-entries) and reduce the average length of a foster care placement (duration). Waiver savings supported a number of outcome improvement efforts including a visitation program in the East Bay, a contract for a peer parent program for both child welfare and juvenile probation, and performance based contracting.

Attachment A: List of Core Representatives

NAME	TITLE	AGENCY
GULCHIN, VLADLENA	ADMINISTRATIVE ANALYST	HSA
HERNANDEZ, PAULA	ASSISTANT CHIEF	JUVENILE PROBATION DEPARTMENT
LOVOY, CHRIS	ASSISTANT DIRECTOR, CHILDREN, YOUTH & FAMILIES SYSTEM OF CARE	SF DEPT. OF PUBLIC HEATH
JAMIE CORONATO	CASE SUPERVISION MANAGER	SAN FRANCISCO CASA
ALBRIGHT, KATIE	CEO	SAFE & SOUND
BERLIN, JAY	CEO	ALTERNATIVE FAMILY SERVICES
SMITH, CHERYL	CEO	FAMILY SUPPORT SERVICES
DOLCE, LYNN	CHIEF EXECUTIVE OFFICER	EDGEWOOD
CHANNER, DAVID	CHIEF OPERATING OFFICER	A BETTER WAY
JUSTINE UNDERHILL	CHIEF PROGRAM OFFICER	EDGEWOOD
GRAHAM, WARNER	CPO	A BETTER WAY
MILLER, JOAN	DEPUTY DIRECTOR	HSA
ROCHA, MAXIMILIAN	DEPUTY DIRECTOR, CHILDREN, YOUTH & FAMILIES SYSTEM OF CARE	SF DEPT. OF PUBLIC HEATH
MILTON, LILLI	DIRECTOR OF PROGRAMS	HOMELESS PRENATAL
BROWN, MOLLIE	DIRECTOR OF PROGRAMS & COMMUNITY DEVELOPMENT	HUCKLEBERRY HOUSE
LERY, BRIDGETTE	DIRECTOR OF RESEARCH AND EVALUATION	HSA
JOHNSTON, KADIJA	DIRECTOR OF THE INFANT-PARENT PROGRAM, ASSOCIATE DIRECTOR OF THE CHILD TRAUMA CENTER, AND ASSOCIATE CHIEF SOCIAL WORKER AT THE UCSF DEPARTMENT OF PSYCHIATRY	UCSF
CARTER, MATT	DIVISION DIRECTOR OF YOUTH AND FAMILY CLINICAL SERVICES	CATHOLIC CHARITIES
ROSCOE, JOE	DOCTORAL STUDENT	UC BERKELEY
JACOBS, JILL	EXECUTIVE DIRECTOR	FAMILY BUILDERS
MALDONADO, MELBA	EXECUTIVE DIRECTOR	LA RAZA RESOURCE CENTER
SANTIAGO, AMOR	EXECUTIVE DIRECTOR	FAMILY SUPPORT SERVICES
HAYDÉE CUZA	EXECUTIVE DIRECTOR	CAL YOUTH CONNECTION
DUENAS, JUNO	EXECUTIVE DIRECTOR	SUPPORT FOR FAMILIES
ADAMS, SHERILYN	EXECUTIVE DIRECTOR	LARKIN STREET YOUTH
RAWLINGS-FEIN, SHELLI	FAMILY SUPPORT PROGRAM OFFICER	FIRST 5 SAN FRANCISCO
RYAN, MARTHA	FOUNDER AND EXECUTIVE DIRECTOR	HOMELESS PRENATAL
TSUTAKAWA, JOHN	HSA DIRECTOR OF CONTRACTS	HSA

KETCHUM, CHRISTI	LEADERSHIP DEVELOPMENT COORDINATOR	CAL YOUTH CONNECTION
KRAMER, PATRICK	MANAGEMENT ASSISTANT	HSA
RICKETTS, KIMBERLY	MANAGING DIRECTOR, STRATEGIC CONSULTING SYSTEMS IMPROVEMENT	CASEY FOUNDATION
LEE, XIONG	MSW INTERN	HSA
NESS, TARYN	MSW INTERN	HSA
LOPEZ, JENNY	NURSE MANAGER	SF DEPT. OF PUBLIC HEALTH
HERNANDEZ, ROSA	FCS POLICY DEVELOPMENT UNIT SUPERVISOR	HSA
BAIRD, JAMES	FCS PRINCIPAL ADMINISTRATIVE ANALYST	HSA
DELENA, DONNA	PROBATION OFFICER	JUVENILE PROBATION DEPARTMENT
HOM, DEREK	PROBATION SUPERVISOR	JUVENILE PROBATION DEPARTMENT
BERRICK, JULL DUERR	ZELLERBACH FAMILY FOUNDATION PROFESSOR	UC BERKELEY
JOHNSON, BARRETT	PROGRAM DIRECTOR	HSA
LENHARDT, JULIE	PROGRAM DIRECTOR	HSA
MATEU-NEWSOME, JESSICA	PROGRAM DIRECTOR	HSA
ISOM, SOPHIA	PROGRAM DIRECTOR	HSA
ALICIA MCCRARY	PROGRAM DIRECTOR	HOMELESS PRENATAL
WHITE, DEBORAH	PROGRAM DIRECTOR	EPIPHANY CENTER
WOODWARD, MICHAELA	PROGRAM DIRECTOR	A BETTER WAY
SHAHID, SABA	PROGRAM DIRECTOR	FOSTER CARE MENTAL HEALTH (FCMH)
MEDINA, CHRISTIANE	PROGRAM MANAGER	HSA
CRUDO, LIZ	PROGRAM MANAGER	HSA
CONNIE, PAMELA	PROGRAM MANAGER	HSA
DONAHUE, MAGGIE	PROGRAM MANAGER	HSA
GUFFEY, NIKON	PROGRAM MANAGER	HSA
HALVERSON, JULIET	PROGRAM MANAGER	HSA
LOVE, ROBIN	PROGRAM MANAGER	HSA
RAMOS, ANGELA	PROGRAM MANAGER	HSA
RUDDEN, PATRICIA	PROGRAM MANAGER	HSA
DUNLAP, VANETTA	PROGRAM SUPPORT ANALYST	HSA
GOTO, ARATA	PROGRAM SUPPORT ANALYST	HSA
POWELL, MICHAEL	PROGRAM SUPPORT ANALYST	HSA
SCHUTTE, CASEY	PROGRAM SUPPORT ANALYST	HSA
NAGAYE, GEOFFREY	PROGRAM SUPPORT ANALYST	HSA
LEDEZMA, YISEL	PSW	HSA
MONTIEL-EISON, ANNETTE	PSW	HSA
PADILLA, MARYELA	PSW	HSA
QUIMSON, ROWENA	PSW	HSA

TAYLOR, LESHA	PSW	HSA
WADE, ALEX	PSW	HSA
GARRARD, GUSTAVO	PSW	HSA
CORAM, STEPHANIE	PSW SUPERVISOR	HSA
GOLDSTEIN, DEBORAH	PSW SUPERVISOR	HSA
GONZALEZ, MASSIEL	PSW SUPERVISOR	HSA
HARRINGTON, SEAN	PSW SUPERVISOR	HSA
JOHNSON, RONDA	PSW SUPERVISOR	HSA
LEGO, ANDREA	PSW SUPERVISOR	HSA
LUSK, AISHA	PSW SUPERVISOR	HSA
MEYERS, JULIE	PSW SUPERVISOR	HSA
MONAH, ANDREA	PSW SUPERVISOR	HSA
MONAHAN, ERIN	PSW SUPERVISOR	HSA
PAZHEMPALLIL, TOMMY	PSW SUPERVISOR	HSA
PHILLIPS, DAN	PSW SUPERVISOR	HSA
POCK, KRISTINA	PSW SUPERVISOR	HSA
RECINOS, JESSICA	PSW SUPERVISOR	HSA
ROSAS, RUDY	PSW SUPERVISOR	HSA
SEGROVE, CANDACE	PSW SUPERVISOR	HSA
SENTELL-BASSETT, CAROL	PSW SUPERVISOR	HSA
VILLEGAS-GRANT, CARMEN	PSW SUPERVISOR	HSA
KUMTA, PENNY	PSW SUPERVISOR	HSA
STOLLERMAN, SUSAN	PSW SUPERVISOR	HSA
KIRSZTAJN, AMY	REGIONAL EXECUTIVE DIRECTOR	SENECA
EVERROAD, JOCELYN	SENIOR ADMINISTRATIVE ANALYST	HSA
KADANTSEVA, IRINA	FCS SENIOR ANALYST	HSA
JACK, TRACY	SENIOR DIRECTOR	CASEY FOUNDATION
HYLTON, ARLENE	RESOURCE FAMILY LIAISON & RECRUITER	HSA
FINETTI, RODERICK	SENIOR PLANNING ANALYST / PROJECT MANAGER	HSA
ALUY, CARMEN	SOCIAL WORK SPECIALIST	HSA
AYALA, CLAUDIA	SOCIAL WORK SPECIALIST	HSA
VACA, YONAHANDI	SOCIAL WORKER	HSA
MOUTON, TAMISHA	SOCIAL WORKER SUPERVISOR	HSA
MILAM, JEAN	PEER PARENT PROGRAM	A BETTER WAY
GENDELMAN, JOHANNA	CONTRACT MANAGER	HSA
MULVEY, DAVID		UNION REPRESENTATIVE
LUSTBADER, ALISON	CHILD YOUTH AND FAMILY SECTION PROGRAM MANAGER	SF DEPT. OF PUBLIC HEATH
SALAZAR - NUNEZ, AIMEE		UNITY CARE
DIRKSE, ERIKA	PROGRAM DIRECTOR	SAN FRANCISCO CASA

EVELYN DASKALAKIS	SENIOR EXECUTIVE DIRECTOR	URBAN SERVICES, YMCA
ELISHA REID	DEPUTY DIRECTOR	CALIFORNIA YOUTH CONNECTIONS
TEAGUE, KATE	COMMUNITY ENGAGEMENT MANAGER	CALIFORNIA YOUTH CONNECTIONS
EAGLESON, KENT	EXECUTIVE DIRECTOR	ST. VINCENT'S SCHOOL FOR BOYS
KIMBERLY MURPHY	DIRECTOR OF SOCIAL SERVICES PROGRAMS	A BETTER WAY
KEVIN WILSON	DIRECTOR	PORTRERO HILL FAMILY SUPPORT CENTER
MICHELE MAAS	COMMUNITY WELLNESS DEPARTMENT	NATIVE AMERICAN HEALTH CENTER
SHAHNAZ MAZANDARANI	EXECUTIVE DIRECTOR	A BETTER WAY

Attachment B: Safety Organized Practice Case Consultation Framework

DATE:

CASE CONSULTATION FRAMEWORK

What are we worried about? Reason for Referral/Harm and Danger	Purpose of Consultation	What is going well? Safety and Belonging					
Complicating Factors	Genogram, Ecomap, Circles of Safety and Support	Strengths and Resources					
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td data-bbox="644 777 1102 903"></td> </tr> <tr> <td data-bbox="644 903 1102 934" style="text-align: center;">Cultural Considerations</td> </tr> <tr> <td data-bbox="644 934 1102 1060"></td> </tr> <tr> <td data-bbox="644 1060 1102 1092" style="text-align: center;">SDM® System Guidance</td> </tr> <tr> <td data-bbox="644 1092 1102 1205"></td> </tr> </table>		Cultural Considerations		SDM® System Guidance		
Cultural Considerations							
SDM® System Guidance							

Form 1010 – Case Consultation Framework (5/18)

San Francisco Child Welfare 5 – YEAR SIP CHART

Priority Outcome Measure or Systemic Factor:

3-P1 Permanency within 12 Months (Entry Cohort)

National Standard: >40.5%

CSA Baseline Performance:

Of the children who entered care for the first time from July 1, 2016 through June 30, 2017, 34.9% achieved permanency within 12 months of removal (97 of 278 children).

Target Improvement Goal: Increase by 2.8%

Due to the time needed to implement the strategies and the methodology for 3-P1, the county does not anticipate any significant data changes until Year 3.

- Year 3 (October 15, 2021 – October 14, 2022): >38%
- Year 4 (October 15, 2022 – October 14, 2023): >39%
- Year 5 (October 5, 2023 – October 14, 2024): >40.5%

If the 12-month entry population remains static at **278** children for the next 5 years, San Francisco will have to establish permanency for an additional **9** children (106 of 278 children) within 12 months to meet Year 3 Benchmark Goal of 38%.

By Year 4, San Francisco will have to establish permanency for **11** additional children (108/278) to reach Year 4 Benchmark Goal of 39%.

By Year 5, San Francisco will have to establish permanency for **16** children (113/278) to reach Year 5 Benchmark Goal of 40.5%.

Priority Outcome Measure or Systemic Factor:

3-P4 Reentry Following Permanency (Exit Cohort)

National Standard: <8.3%

CSA Baseline Performance: Of all children discharged from foster care to permanency from July 1, 2015 to June 30, 2016, 21.2% reentered foster care within 12 months of exit (25 of 118 children).

Target Improvement Goal: Decrease by 50.1%

Due to the time it will take to implement the strategies and the methodology for 3-P4, the county does not anticipate any significant data changes until Year 4.

- Year 4 (October 15, 2022 – October 14, 2023): <15%
- Year 5 (October 5, 2023 – October 14, 2024): <10%

If the population remains static at **118** children for the next 5 years, San Francisco will have to prevent approximately **7** more children (18/118) reentering within 12 months to meet Year 4 Benchmark Goal of 15%.

<p>Strategy 1: Implement the live phone Family Urgent Response System which will be available 24 hours a day, seven days a week and provide immediate, in-person, face-to-face response that is accessible to caregivers and current or former foster children and youth.</p>	<input type="checkbox"/> CAPIT	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s):</p> <ul style="list-style-type: none"> • P1 Permanency within 12 Months • P4 Reentries into Foster Care <p>Applicable Systemic Factors:</p> <ul style="list-style-type: none"> • Agency Collaboration 	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF		
	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
<p>A. Develop a process for determining when a mobile response and stabilization team will be sent or when other services will be used, based on the urgent and critical needs of the caregiver, child, or youth.</p>	October 2019	October 2020	FCS Program Director FCS Program Manager
<p>B. Participate in statewide Family Urgent Response System planning meetings to align the local model with state requirements.</p>	October 2019	October 2024	FCS Deputy Director FCS Program Director FCS Program Manager
<p>C. Train staff, community partners, caregivers, and parents regarding the mobile response services and how to access these services.</p>	October 2019	October 2021	FCS Program Directors FCS Program Managers

<p>D. Develop a response team oversight committee that include CWS, Behavioral Health, Probation, and Seneca Family of Agencies. The committee will create and oversee completed implementation of San Francisco FURS. This will include communication, dispatch, and, reporting policies, procedures and criteria. The committee will meet monthly to discuss ongoing implementation, data outcomes, service delivery and make needed adjustments.</p>	<p>October 2019</p>	<p>October 2024</p>	<p>FCS Program Director FCS Program Manager</p>
<p>E. Develop and execute an annual evaluation plan with the contract provider, Seneca Family of Agencies to analyze barriers, outcomes, and timeliness to permanency.</p>	<p>October 2019</p>	<p>October 2021</p>	<p>FCS Program Director FCS Program Manager</p>
<p>Strategy 2: Implement recruitment and training for Resource Family homes that will provide trauma-informed foster care for children and youth.</p>	<p><input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A</p>	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s):</p> <ul style="list-style-type: none"> • P1 Permanency within 12 Months • Agency Collaboration <p><input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project</p>	

Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
A. In partnership with the Resource Development Association (RDA), develop a marketing campaign to recruit resource families residing in San Francisco.	October 2019	October 2021	FCS Program Director FCS Program Manager
B. Develop educational material for potential resource families, current resource families, service providers, and staff that discusses the needs of all children including CSEC youth and older youth populations.	October 2019	October 2022	FCS Program Directors FCS Program Managers
C. Oversee the contracted vendor to ensure quality trauma-informed training is provided to newly approved and current RFA caregivers, such as Positive Parenting Program (Triple P).	October 2019	October 2024	FCS Program Director FCS Program Manager
D. Implement a quarterly training event for resource family homes in San Francisco.	October 2019	October 2024	FCS Program Director FCS Program Manager

<p>E. Incorporate feedback from community engagement events via surveys and focus groups regarding Resource Family training and supports into staff meetings, resource family association meetings, and community partner meetings.</p>	<p>October 2022</p>	<p>October 2024</p>	<p>FCS Program Director FCS Program Manager</p>			
<p>G. Monitor and evaluate family based bed capacity and utilization by reviewing quarterly data to determine effectiveness and inform implementation. Analysis will include:</p> <ul style="list-style-type: none"> • Number of Resource Family applications • Surveys from training participants • Capacity and utilization data on family-based beds 	<p>October 2019</p>	<p>October 2024</p>	<p>FCS Program Directors FCS Program Managers</p>			
<p>Strategy 3: Implement Safety Organized Practice Case Consultation, including consultation for youth at risk of reentering foster care or who will not be reunifying with family.</p>	<table border="1"> <tr> <td><input type="checkbox"/> CAPIT</td> </tr> <tr> <td><input type="checkbox"/> CBCAP</td> </tr> <tr> <td><input type="checkbox"/> PSSF</td> </tr> </table>	<input type="checkbox"/> CAPIT	<input type="checkbox"/> CBCAP	<input type="checkbox"/> PSSF	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s):</p> <ul style="list-style-type: none"> • P1 Permanency within 12 Months • P4 Reentries into Foster Care • Case Review • Quality Assurance 	
<input type="checkbox"/> CAPIT						
<input type="checkbox"/> CBCAP						
<input type="checkbox"/> PSSF						

	<input type="checkbox"/> N/A	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
A. Develop a targeted criterion for case consultation that may include youth who will not return home and youth who are at risk of reentering foster care.	October 2019	October 2020	FCS Program Directors FCS Program Managers
B. Develop a Case Consultation tool that will identify the goal of the case consultation, who is included in discussion, and the facilitator.	October 2019	October 2020	
C. Develop policy and procedures on the Safety Organized Practice Case Consultation model that may include how the Case Consultation is scheduled and the frequency.	October 2019	October 2021	
D. Train staff on the Case Consultation model that includes policy and procedures and the case consultation tool.	October 2019	October 2021	
E. Implement a Case Consultation model that incorporates ICPM Practice and Leadership Behaviors.	October 2019	October 2022	

F. Identify criteria to track and analyze outcomes to determine effectiveness.	October 2021	October 2022	
G. Conduct analysis to evaluate the outcomes of the Case Consultation, inform implementation, and identify and execute needed action steps, including workforce development training and support.	October 2022	October 2024	

San Francisco Juvenile Probation Department 5 – YEAR SIP CHART

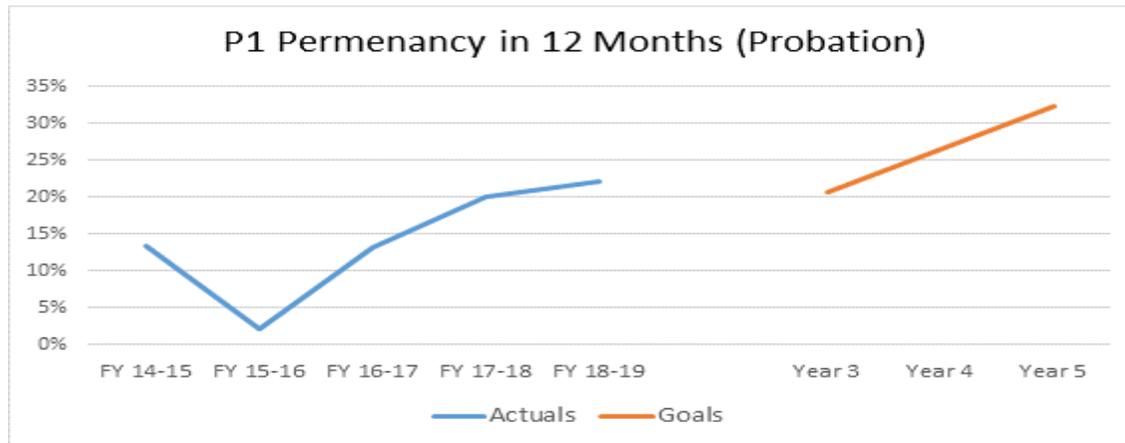
Priority Outcome Measure or Systemic Factor: P1 Reunification within 12 months (entering foster care)

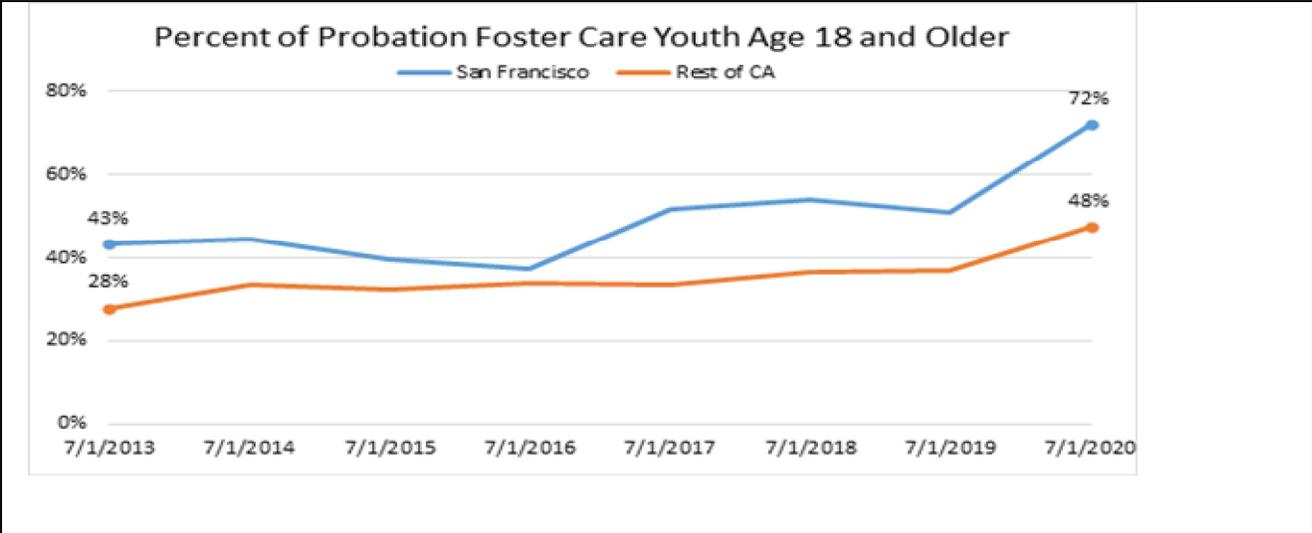
National Standard: >40.5%

CSA Baseline Performance: According to the October 2018 (Q2 2018) quarterly data report, youth who entered foster care for the first time between July 1, 2016 through June 20, 2017, 5 out of 34 (14.7%) youth achieved permanency within 12 months of initial placement.

Target Improvement Goal: Increase the number of youth to permanency within 12 months of entering foster care to reach a goal of >32.4% by Year 5. These are the benchmark goals if the number of youth (n=34) entering into foster care remains static.

- Year 3: 7 out of 34 youth = >20.6%
- Year 4: 9 out of 34 youth = >26.5%
- Year 5: 11 out of 34 youth = >32.4%





Strategy 1: Engage all parents with youth in a foster care placement in the F.I.R.S.T. (Family Intensive Re-Entry Support Transitions) Program.	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): P1 Reunification within 12 months (entering foster care) Systemic Factor – Agency Collaboration <input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF		
	<input type="checkbox"/> N/A		
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
A. Create a written Policy & Procedure for referring and managing families to the FIRST Program who have a youth in foster care placement. Update the P&P as needed.	February 2021	Oct 2021 and ongoing.	SFJPD Director of Probation Services
B. Train Deputy Probation Officers on the FIRST program, which will include referral process, monitoring services for families, and the policies & procedures.	February 2021	Oct 2021 and ongoing.	SFJPD Training Manager

<p>C. Begin referring all identified parents to the FIRST Program within 30 days of the Placement Order.</p>	<p>July 2021</p>	<p>Jan 2022 and ongoing</p>	<p>SFJPD Supervising Probation Officer</p>
<p>D. San Francisco Probation will meet with the contracted service provider (Seneca) of the FIRST Program on a quarterly basis to discuss outcomes for youth, quality of services, contracting, strengths & barriers.</p>	<p>July 2021</p>	<p>Jan 2022 and ongoing.</p>	<p>SFJPD Director of Probation Services</p>
<p>E. Monitor the outcomes for youth that have been referred to the FIRST program which may include tracking the number of youth who achieve permanency and tracking the number of youth who exit foster care and into AB12 services.</p>	<p>April 2022</p>	<p>October 2022 and Ongoing</p>	<p>Director of JPD Research and Planning</p>
<p>F. Evaluate the outcomes of youth and families who were referred to the FIRST program. Incorporate the findings/outcomes into internal monthly staff meetings and quarterly meetings with the contracted service provider (Seneca).</p>	<p>October 2022</p>	<p>April 2023 and Ongoing</p>	<p>Director of Research and Planning</p>
<p>G.</p>			

Attachment D: CAPIT/CBCAP/PSSF EXPENDITURE WORKBOOK

CAPIT/CBCAP/PSSF Expenditure Workbook
Proposed Expenditures
Worksheet 1

Appendix X

(1) DATE SUBMITTED: 9/19/19		(2) DATES FOR THIS WORKBOOK: 7/1/19 thru 6/30/20				(3) DATE APPROVED BY OCAP: Internal Use Only											
(4) COUNTY: San Francisco		(5) PERIOD OF SIP: 10/1/19 thru 10/1/21		(6) YEARS: 5													
(7) ALLOCATION (Use the latest Fiscal or All County Information Notice for Allocation):				CAPIT: \$ 161,237	CBCAP: \$26,259	PSSF: \$418,294											
No.	Program Name	Applies to CBCAP Programs Only	Name of Service Provider	Service Provider is Unknown, Date Revised Workbook to be Submitted to OCAP	CAPIT		CBCAP		PSSF						OTHER SOURCES	NAME OF OTHER	TOTAL
					Dollar amount to be spent on CAPIT Program	CAPIT is used for Administration	Dollar amount to be spent on CBCAP Programs	CBCAP is used for Administration	Dollar amount to be spent on Family Preservation	Dollar amount to be spent on Family Support	Dollar amount to be spent on Limited Respite	Dollar amount to be spent on Adoption Prevention & Support	Dollar amount of PSSF Allocation to be spent on PSSF Programs (Sum of Columns G1-G4)	PSSF is used for Administration	Dollar amount from other sources	List the name(s) of the other funding source(s)	Total dollar amount to be spent on this Program (Sum of Columns E, F, G5)
A	B	C	D1	D2	E1	E2	F1	F2	G1	G2	G3	G4	G5	G6	H1	H2	I
1	In Home Targeted Early Intervention / Family Preservation Home Visiting / SafeCare		Family Support Services of the Bay Area		\$290,872				\$0	\$0	\$0	\$0	\$0	\$0	\$460,483	County General Fund, including County Department of Children, Youth, and their Families	\$751,355
2	In Home Targeted Early Intervention / Family Preservation Home Visiting / SafeCare		Mount St. Joseph - St. Elizabeth		\$154,821				\$0	\$0	\$0	\$0	\$0	\$0	\$245,098	County General Fund, including County Department of Children, Youth, and their Families	\$399,919
3	Parental Stress Hotline		Asian Perinatal Advocate, via First Five Commission		\$0		\$0		\$0	\$0	\$0	\$0	\$0	\$0	\$82,853	Children's Trust Fund	\$82,853

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CAPIT/CBCAP/PSSF Expenditure Workbook
Proposed Expenditures
Worksheet 1

Appendix X

No.	Program Name	Applies to CBCAP Programs Only	Name of Service Provider	Service Provider is Unknown, Date Revised Workbook to be Submitted to OCAP	CAPIT		CBCAP		PSSF						OTHER SOURCES	NAME OF OTHER	TOTAL
					Dollar amount to be spent on CAPIT Program	CAPIT is used for Administration	Dollar amount to be spent on CBCAP Programs	CBCAP is used for Administration	Dollar amount to be spent on Family Preservation	Dollar amount to be spent on Family Support	Dollar amount to be spent on Limited Respite	Dollar amount to be spent on Adoption Prevention & Support	Dollar amount of PSSF Allocation to be spent on PSSF Programs (Sum of Columns G1-G4)	PSSF is used for Administration	Dollar amount from other sources	List the name(s) of the other funding source(s)	Total dollar amount to be spent on this Program (Sum of Columns E, F, G5)
A	B	C	D1	D2	E1	E2	F1	F2	G1	G2	G3	G4	G5	G6	H1	H2	I
4	Mandatory Reporter Training & Child Abuse Prevention Coordinating Council		San Francisco Child Abuse Prevention Center		\$91,199		\$26,832		\$0	\$0	\$0	\$0	\$0	\$0	\$385,790	County Children's Trust Fund, State CSFC Allocation and County General Fund	\$460,821
5	Adoptions Services and Permanency Services		Family Builders		\$0		\$0		\$0	\$0	\$0	\$62,689	\$62,689	\$0	\$613,138	County General Fund, State Fund (RFA, FFRPS), and Federal Title IV-E Funds	\$675,827
6	Family Resource Centers (includes such services as information & referral, support groups, food pantries, parenting education, TDM support, enhanced visitation, and differential response liaisons.)		23 organizations, which are also co-funded by the First Five Commission and the Dept of Children, Youth, and their Families. Details here show only Family & Children's Services funds.		\$0		\$0		\$80,986	\$92,331	\$70,468	\$0	\$243,785	\$4,084,225	County General Fund, CWSOIP, and STOP	\$4,328,010	
7	Parenting Institute		Department of Public Health - Community Behavioral Health Services (DPH - CBHS)		\$0		\$0		\$0	\$0	\$0	\$167,207	\$167,207	\$0	\$26,568	County General Fund, Allocable Overhead	\$193,775

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CAPIT/CBCAP/PSSF
PROGRAM AND EVALUATION DESCRIPTION

PROGRAM NAME

SafeCare: In-Home Targeted Early Intervention/Family Preservation Home Visitation

Expenditure Workbook Line Number:

SERVICE PROVIDER

Family Support Services (FSS)
Mt. St. Joseph/ St. Elizabeth's

PROGRAM DESCRIPTION

FSS and Mt. St. Joseph/St. Elizabeth's are contracted to implement SafeCare, an evidence-based training curriculum for parents of children aged 0-5 who are at-risk of or have been reported for child maltreatment. This in-home parenting model program provides direct skill training to parents in child behavior management and planned activities training, home safety training, and child health care skills to prevent child maltreatment. These two providers are part of a larger network of SafeCare providers including APA Family Resource Center and CHDP/PHN nurses. SafeCare consists of the following modules: health; home safety; parent child interaction; and problem-solving and communication. Using this format, parents are trained so that skills are generalized across time, behaviors, and settings. Each module is implemented in approximately one assessment session and five training sessions and is followed by a social validation questionnaire to assess parent satisfaction with training. Home Visitors work with parents until they meet a set of skill-based criteria that are established for each module.

FUNDING SOURCES

Specify any activity(ies) or component(s) of this program (described above) that is supported by CAPIT, CBCAP, or PSSF (i.e. Family Preservation, Community-Based Family Support, Time-Limited Family Reunification and/or Adoption Promotion and Support) funds. These will be the services or activities where participation numbers will be reported to OCAP in your Annual Report. Please refer to FACT SHEETS for each funding source for allowable activities and administrative costs.¹

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	Home Visitation
CBCAP	Home Visitation
PSSF Family Preservation	
PSSF Family Support	
PSSF Time-Limited Family Reunification	
PSSF Adoption Promotion and Support	
OTHER Source(s): (Specify): County General Fund, including from the Department of Children, Youth, and their Families	SafeCare

IDENTIFY PRIORITY NEED OUTLINED IN CSA

- ❖ 2,106 children were reported to SF-HSA for alleged child abuse or neglect before the age of 5, 8.2% of children. (CSA p. 12)
- ❖ 676 children were substantiated as victims of abuse or neglect before age 5, 2.6% of all children born (CSA p. 12)
- ❖ In San Francisco during 2013, 3.4% of children under age 5 were reported for maltreatment. However, following children from birth through age 5 reveals that 8.2% of children were reported. (CSA p. 13)
- ❖ Families who participated in SafeCare experienced reduced recurrence of maltreatment (CSA p. 119).

TARGET POPULATION

Families with children aged 0-5 who are at-risk for child neglect and/or abuse and parents with a history of child neglect and/or abuse. Risk factors can include substance abuse, domestic violence issues, teenage parenthood, single parenthood, children with special needs, and low income. CBCAP funds will be used only for those families who are at risk for child neglect and/or abuse and will not be used for families receiving child welfare services. SafeCare services for families receiving child welfare services will be funded with CAPIT funds.

TARGET GEOGRAPHIC AREA

San Francisco; families who live out of county but are involved in San Francisco’s child welfare system may also participate in the program.

TIMELINE

SIP Cycle: 10/15/19 - 10/15/2024; subject to change with notice to and approval from CDSS/OCAP.

PROGRAM OUTCOME(S) AND MEASUREMENT & QUALITY ASSURANCE (QA) MONITORING

Desired Outcome	Indicator	Source of Measure	Frequency
Increased knowledge of parenting and child development	80% of parents increase direct skills in child behavior management, home safety, and child health care	Pre and post assessment included in each program module	Completed by participants at beginning and end of each module

CLIENT SATISFACTION

Method or Tool	Frequency	Utilization	Action
Satisfaction Survey	Completed by participants after each module	Surveys reviewed quarterly	Problem areas addressed by staff to resolve issues and ensure quality improvement

All SafeCare providers meet quarterly with the county for planning and coordination purposes. Differential Response FRC liaison and DPH CHDP nurse manager also participate in the meeting, and occasionally the Foster Care Mental Health Coordinator for children aged 0-5. The agencies work together to identify and improve process flows to serve mutual clients and develop and implement related policy, procedure, training and analysis.

As with all its contracts, SFHSA establishes line item budgets with the providers, which designate the amount of funding for various services or functions. Budgets and invoices separate out their costs into designated categories of expenditures that coincide with specific fund sources that SFHSA uses to ensure proper claiming. Contract oversight includes the use of standardized service descriptions, service and outcome objectives, quarterly reporting, quarterly meetings with partner agencies, and program and administrative monitoring through site visits, periodic evaluation and competitive bidding. In annual, performance review conducted at the provider offices, SFHSA staff:

- Review the written scope of services and the services being provided;
- Review program processes, including marketing or outreach about services to workers, families, or youth;
- Review data being collected, including the security of individual data;
- Review contract performance and client outcomes;
- Review documentation to demonstrate client outcomes.
- Discuss areas that could benefit from improvement; and
- Solicit feedback from contractors on how to enhance collaboration with HSA.

If the county has concerns about the contract implementation, SFHSA staff meet with the provider managers to determine solutions. The provider develops a plan of action. The county monitors closely to determine improvement.

PROGRAM NAME

Family Resource Centers initiative

SERVICE PROVIDER

Ten community-based organizations that are co-funded by the First Five Commission and the Department of Children, Youth, and their Families. These agencies are: Bayview YMCA; Instituto Familiar de la Raza; APA Family Support Services; Urban Services YMCA OMI; Urban Services YMCA Potrero; Urban Services YMCA Western Addition; Edgewood Center; Homeless Prenatal Program.

PROGRAM DESCRIPTION

SF-HSA invests PSSF funds through a system of neighborhood-based family support centers. SF-HSA partners with two other San Francisco public agencies, First Five San Francisco and the San Francisco Department of Children, Youth, and Families, to combine resources and oversight activities. A three-tiered system for service delivery is based on neighborhood need, which includes; basic FRC services; comprehensive services; and intensive services. The comprehensive and intensive levels provide child welfare- specific services and include visitation support, differential response, participation in child and family team meetings, and evidence-based parent education curricula. All FRCs provide prevention and early intervention services that can include but are not limited to information and referral, community events and celebrations, nutrition classes, food pantries, parenting education and support groups, and screening and assessments.

Evaluation is coordinated through the FRC initiative. San Francisco contracts with Mission Analytics to provide analysis of the Family Resource Center programs drawing primarily on data from the First Five San Francisco Contract Management System database and from the statewide CWS/CMS database. These data are supplemented with surveys completed by participants and data collection tools used specifically for case management and parenting education activities.

FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	
CBCAP	
PSSF Family Preservation	<ul style="list-style-type: none"> • Adult Education: One-time Workshops • Case Management • Early Childhood Education/Care & Intervention: Parent-child interactive groups • Early Development Screening • Curriculum-based Parent Education

	<ul style="list-style-type: none"> • Parent Support Groups • Parent Leadership: activities involving program planning and advisory opportunities • Linking for School Success Workshops and Advocacy (all agencies): information and resources re key academic transitions, critical school issues including placement, attendance, and academic interventions
PSSF Family Support	<ul style="list-style-type: none"> • Adult Education: one-time workshops • Case Management including Differential Response • Early Development Screening • Multi-disciplinary Teams: FRC participation in Child & Family Team meetings for families involved in child welfare • Curriculum-based Parent Education Parent Parent/Peer Support Groups
PSSF Time-Limited Family Reunification	
PSSF Adoption Promotion and Support	
OTHER Source(s): (Specify)	County General Fund, CWSOIP, STOP

IDENTIFY PRIORITY NEED OUTLINED IN CSA

- ❖ San Francisco’s demographic shifts – in conjunction with the city’s high cost of living, pervasive asset poverty among ethnic minorities, and high unemployment – are leading to more severe and geographically concentrated poverty, increased stress for many families, and higher-needs cases entering San Francisco’s child welfare system (CSA, pg. 4). With the network of strategically placed family resource centers, SF-HSA is able to meet the needs of a diverse population of families.
- ❖ The network of family support centers is neighborhood-based so that all populations have convenient access to family support services. By deploying its services through a structure of neighborhood resource centers, SF-HSA makes its services available to families who would otherwise be isolated. (CSA, p. 91)
- ❖ There is a need to increase capacity for family support and parent education (CSA, p. 143, 176, 179).
- ❖ All programs funded as part of the Family Preservation and Support Program give priority to children who are at-risk of child abuse and neglect, more likely to be removed and/or come to attention of the child welfare system. Services are designed to be prevention oriented and strength-based in an effort to support families with children at risk of abuse and/or neglect.

TARGET POPULATION

San Francisco families in or at risk of involvement in the child welfare system

TARGET GEOGRAPHIC AREA

San Francisco

TIMELINE

SIP Cycle: 10/15/19 - 10/15/2024; subject to change with notice to and approval from CDSS/OCAP.

PROGRAM OUTCOME(S) AND MEASUREMENT & QUALITY ASSURANCE (QA) MONITORING

Desired Outcome	Indicator	Source of Measure	Frequency
Improvements in family functioning for parent/caregivers who received differential response and other case management services.	At least 70% of families who are in crisis or at-risk in one or more key areas at baseline will move up to stable or self-sufficient in one or more of those key areas by second assessment.	The Family Assessment Form [NB: The county will be reviewing the use of this tool in the upcoming cycle which may lead to changes]	Participants are administered the Family Assessment Form at intake and every 3 months thereafter.
Parents participating in curriculum-based parenting education series increase effective parenting strategies in response to child behavior.	At least 80% of parents at or above the threshold for problematic parenting practices will demonstrate an improvement in parenting practices between pre-test and post-test.	Improvement is demonstrated by any measured decrease at post-test on the Parenting Domain of the Parenting and Family Adjustment Scales (PAFAS) for parents who had a total score above 2 at pre-test, indicating a high frequency of problematic parenting strategies. The PAFAS Parenting Domain consists of 16 self-reported items and four factors that measure parental consistency, coercive practices, use of encouragement, and the quality of the parent/child relationship.	Parents complete pre and post class series.

CLIENT SATISFACTION

Method or Tool	Frequency	Utilization	Action
Participant satisfaction is measured with the Family Resource Center Participant Assessment of Program survey developed by the San Francisco Family Support Network. This tool aligns with the national Standards of Quality for Family Strengthening and Support and assesses participants' perceptions and experiences of program quality.	The survey is administered every spring to participants in core services, including: parent workshops, parent education class series, support groups, parent/child interactive groups, and case management.	Surveys are collected and immediately entered into an excel spreadsheet that automatically tabulates a summary sheet as results are entered. Results are reviewed by staff, board, and funders in context of the national Standards of Quality for Family Strengthening and Support.	Results are used to resolve programmatic issues toward continuous quality improvement. Results are also used to determine whether programs are meeting minimum standards of quality per the national Standards of Quality for Family Strengthening and Support.

QA/ Monitoring

As part of its collaboration with other city departments on the family resource center network, SFHSA has access to de-identified data and is able to evaluate the range of services provided through the centers. First 5 San Francisco contracts with Mission Analytics to provide analysis of the Family Resource Center programs drawing primarily on data from the First Five San Francisco Contract Management System database and from CWS/CMS. These data are supplemented with data from surveys completed by participants and from data collection tools used specifically for case management and parenting education activities.

County staff from the three funding public agencies meet regularly with providers in multiple venues to ensure open and consistent communication and collaboration. First Five San Francisco conducts annual site visits to ensure compliance with required deliverables, and these visits may be attended by SFHSA and/or the Department of Children, Youth and Their Families. Findings are discussed as needed among the public partners. In the event that the county has concerns about the contract implementation, public agency staff meet with the provider director and come up with solutions. The provider develops a plan of action. The county monitors closely to determine improvement.

First Five establishes line item budgets with each of the Resource Centers, which designate the amount

of funding for various services or functions. Where a service is jointly funded by multiple departments, First Five distributes costs proportionately across the three funders in line with the funder’s share of the budget. For SFHSA's share of costs, contractors are asked to develop budgets and provide invoices that separate out their costs into designated categories of expenditures which coincide with specific fund sources that SFHSA uses to ensure proper claiming.

To track service and outcome objectives, contractors are required to use standardized forms. One advantage of the partnership is that contractors submit client and fiscal information through First Five’s web-based Contract Management System.

For more information on the FRCi, please see the First 5 website (<http://www.first5sf.org/family-support/>) and the FRCi Logic Model in Attachment F of the CSA.

PROGRAM NAME

Adoption Services and Permanency Services

SERVICE PROVIDER

Family Builders by Adoption

PROGRAM DESCRIPTION

Family Builders by Adoption provides pre and post adoptive services including recruitment, PRIDE training, and post adoption support groups to improve permanency outcomes. The agency provides outreach for potential adoptive parents, with a focus on the African-American and Latino communities, as well as Lesbian Gay Bisexual Transgender Queer and other non-traditional communities. Family Builders has enabled SF-HSA to complete home-studies on potential adoptive families outside of San Francisco in designated Bay Area counties. Family Builders provides support and community building to adoptive parents and trainings including specialized training such as parent need surveys, educational classes, support groups, and parent-child workshops. In addition, Family Builders assists SF-HSA with relative and family finding and engagement services and with a concurrent placement program, known as First Home. This effort strives to make the first placement the last placement, especially for newborns.

FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	
CBCAP	
PSSF Family Preservation	
PSSF Family Support	
PSSF Time-Limited Family Reunification	
PSSF Adoption Promotion and Support	Adoption recruitment, training, and support
OTHER Source(s): (Specify)	County general fund, federal funding

IDENTIFY PRIORITY NEED OUTLINED IN CSA

- Strong focus on reunification efforts in San Francisco is paying off, yet the full range of permanency options from removal until permanency needs concurrent attention (CSA, p. 173).
- Challenges with foster parent licensing, recruitment, and retention impede permanency, and caregivers could benefit from additional support (CSA, pp. 72, 74)
- The high number of children placed out of county makes it more difficult to achieve timely permanency. (CSA p. 168).
- The unique needs of some children and youth require specialized programs and interventions to promote permanency and well-being for these populations with fairness and equity. (CSA p. 172).

TARGET POPULATION

Children in the child welfare system eligible for adoptive homes and permanency planning

TARGET GEOGRAPHIC AREA

San Francisco/Bay Area

TIMELINE

SIP Cycle: 10/15/19 - 10/15/2024; subject to change with notice to and approval from CDSS/OCAP.

EVALUATION

PROGRAM OUTCOME(S) AND MEASUREMENT & QUALITY ASSURANCE (QA) MONITORING

Desired Outcome	Indicator	Source of Measure	Frequency
Increased adoptive placements for children in the child welfare system	A minimum of 20 families annually will be certified for foster care and approved for adoption	Family Builders records	Reviewed annually by SFHSA contract and program staff

CLIENT SATISFACTION

(EXAMPLE* PROVIDED BELOW)

Method or Tool	Frequency	Utilization	Action
Satisfaction Survey	Utilized at 4 points along the journey towards adoption: orientation, completion of PRIDE	Surveys reviewed after each class series	Problem areas addressed by staff as required to resolve issues and ensure

	training, homestudy completion, and finalization.		continuous quality improvement
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QA/ Monitoring

Family Builders staff meet regularly with the county for planning and coordination purposes. SFHSA follows the processes described above in terms of establishing and monitoring budgets, invoices and contract oversight.

PROGRAM NAME

Mandatory Reporter Training & Child Abuse Prevention Coordinating Council Public Awareness

SERVICE PROVIDER

The San Francisco Child Abuse Prevention Center (SFCAPC) Mandated Reporter and Community Awareness

PROGRAM DESCRIPTION

Mandated Reporter and Community Education and Systems Improvements

The San Francisco Child Abuse Prevention Center educates the public and mandated reporters about child abuse and child abuse reporting requirements and provides technical assistance in the areas of child abuse prevention and other relevant topics. SFCAPC facilitates network development through its coordination of the local child Abuse Council and provides extensive community awareness activities on child abuse and neglect, including mandated reporter training.

FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	
CBCAP	Mandatory Reporter and Community Education, including prevention education, & Child Abuse Prevention Coordinating Council network development
PSSF Family Preservation	
PSSF Family Support	
PSSF Time-Limited Family Reunification	
PSSF Adoption Promotion and Support	
OTHER Source(s): (Specify) Children’s Trust Fund, County General Fund	Mandatory Reporter and Community Education, including prevention education, & Child Abuse Prevention Coordinating Council network development

IDENTIFY PRIORITY NEED OUTLINED IN CSA

- With the support and capacity building of its network of family resource centers, SF-HSA is able to meet the needs of a diverse population of families
- The path forward for San Francisco primarily involves deepening and strengthening current strategies and infrastructure, with a continued focus on high quality practice consistent with the integrated Core Practice Model, and an emphasis on coordinated prevention services that build resiliency in families at risk of child maltreatment. (CSA p. 143)
- The focus of Family First on secondary and tertiary prevention requires that San Francisco continue to nurture and enhance prevention services; this will help prevent children from coming into child welfare supervision, or help support families to reunify successfully. (CSA p. 146)

TARGET POPULATION

San Francisco children, families, and residents, including children and families at risk of child maltreatment; mandated reporters

TARGET GEOGRAPHIC AREA

San Francisco

TIMELINE

SIP Cycle: 10/15/19 - 10/15/2024; subject to change with notice to and approval from CDSS/OCAP.

EVALUATION

PROGRAM OUTCOME(S) AND MEASUREMENT & QUALITY ASSURANCE (QA) MONITORING

Desired Outcome	Indicator	Source of Measure	Frequency
Mandated reporters learn reporting requirements and procedures as part of prevention efforts	85% of mandated reporters learn child abuse reporting information, & are more likely to report	Trainees fill out evaluations post training surveys that measure knowledge gained and behavior change through specific questions.	Completed by trainees after session
Public education campaign is conducted via various media resources and events	An annual public awareness campaign will be conducted community wide through media	Documentation of numbers who attend or view materials	Safe & Sound documents numbers according to campaign schedule
Child Abuse Coordination meetings conducted	A minimum of 6 meetings will be held regularly through Child Advocacy Center partnership	Attendance Records	Monthly or as scheduled

CLIENT SATISFACTION

Method or Tool	Frequency	Utilization	Action
Mandated reporter training evaluation	Trainees fill out evaluations post trainings	Surveys reviewed after sessions are completed	Problem areas addressed by staff as required to resolve issues and ensure continuous quality improvement

QA/ Monitoring-

Safe & Sound staff meet regularly with the county and other partners for planning and coordination purposes in a variety of venues, including biannual meetings with SFHSA staff to review implementation of contracted activities and resolve any issues. SFHSA follows the processes described above in terms of establishing and monitoring budgets, invoices and contract oversight.

**CAPIT/CBCAP/PSSF
PROGRAM AND EVALUATION DESCRIPTION**

PROGRAM NAME

Community-based Supervised Visitation (Enhanced Visitation)

SERVICE PROVIDER

San Francisco community based Family Resource Centers

PROGRAM DESCRIPTION

This visitation program is in collaboration with San Francisco Human Services Agency, Family & Children’s Services Division (SFHSA) and First 5, and designed for families receiving reunification services from SFHSA. SFHSA offers a progressive, comprehensive visitation program to preserve family ties and provide education to the parent so that they may successfully reunify with their children. FRC visitation centers are funded by SFHSA and contracted through First 5 San Francisco and the FRC Initiative. These community-based visitation programs are critical components of SFHSA’s visitation model and support reunification services and permanency plans for children in out-of-home placement in the child welfare system.

FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	
CBCAP	
PSSF Family Preservation	
PSSF Family Support	
PSSF Time-Limited Family Reunification	FRC visitation supervision of families involved in reunification in open CWS cases
PSSF Adoption Promotion and Support	
OTHER Source(s): (Specify)	County General Fund, CWSOIP, STOP

IDENTIFY PRIORITY NEED OUTLINED IN CSA

- The Peer Review again identified a significant number of out-of-county placements as a key factor contributing to the reentry rate. While many of these children are placed with relatives, there are still tremendous challenges including the impact on visitation due to the logistical difficulties of Bay Area transportation. (CSA p. 94)
- San Francisco has a tiered visitation system, including a mid-level community-based supervised visitation which is conducted primarily by select Family Resource Centers (CSA p. 74)
- CQI staff is involved in developing and systematically implementing CQI projects that support workforce development change initiatives for practice improvements based on Core Practice Model, such as the Visitation Study, which interviewed line workers to look the decision process around visitation levels. (CSA p. 103)
 - The Peer Review called out policy and practices on a number of efforts, such as progressive visitation, to provide structure for family engagement and identification and resolution of safety issues, supporting workers to keep families together or achieve permanency for children. (CSA p. 103).
 - The Peer Review noted that FCS is strongly committed to ensuring important connections are maintained for youth in out-of-home care, citing visitation as one key support in doing so, yet more could be done to assist when conflicts develop in these key relationships. (CSA p. 173)

TARGET POPULATION

San Francisco families in the child welfare system receiving FR services.

TARGET GEOGRAPHIC AREA

San Francisco

TIMELINE

SIP Cycle: 10/15/19 - 10/15/2024; subject to change with notice to and approval from CDSS/OCAP.

PROGRAM OUTCOME(S) AND MEASUREMENT & QUALITY ASSURANCE (QA) MONITORING

Desired Outcome	Indicator	Source of Measure	Frequency
Timely Reunification	30% of families receiving enhanced visitation will reunify within 12 months (entry cohort)	FRC initiative Case Management System database and CWS/CMS data	Annually

CLIENT SATISFACTION

Method or Tool	Frequency	Utilization	Action
Participant satisfaction is measured with the Family Resource Center Participant Assessment of Program survey developed by the San Francisco Family Support Network. This tool aligns with the national Standards of Quality for Family Strengthening and Support and assesses participants' perceptions and experiences of program quality.	The survey is administered every spring to participants in core services, including: parent workshops, parent education class series, support groups, parent/child interactive groups, and case management.	Surveys are collected and immediately entered into an excel spreadsheet that automatically tabulates a summary sheet as results are entered. Results are reviewed by staff, board, and funders in context of the national Standards of Quality for Family Strengthening and Support.	Results are used to resolve programmatic issues toward continuous quality improvement. Results are also used to determine whether programs are meeting minimum standards of quality per the national Standards of Quality for Family Strengthening and Support.

Attachment F: NOTICE OF INTENT

State of California – Health and Human Services Agency California Department of Social Services

BOS Notice of Intent

This form serves as notification of the County's intent to meet assurances for the CAPIT/CBCAP/PSSF Programs.

**CAPIT/CBCAP/PSSF PROGRAM FUNDING ASSURANCES
FOR SAN FRANCISCO COUNTY**

DESIGNATION OF ADMINISTRATION OF FUNDS

The County Board of Supervisors designates the San Francisco Human Services Agency as the public agency to administer CAPIT and CBCAP.

W&I Code Section 16602 (b) requires that the local Welfare Department administer the PSSF funds. The County Board of Supervisors designates the San Francisco Human Services Agency as the local welfare department to administer PSSF.

FUNDING ASSURANCES

The undersigned assures that the Child Abuse Prevention, Intervention and Treatment (CAPIT), Community Based Child Abuse Prevention (CBCAP), and Promoting Safe and Stable Families (PSSF) funds will be used as outlined in state and federal statute⁸:

- Funding will be used to supplement, but not supplant, existing child welfare services;
- Funds will be expended by the county in a manner that will maximize eligibility for federal financial participation;

⁸ Fact Sheets for the CAPIT, CBCAP and PSSF Programs outlining state and federal requirements can be found at: <http://www.cdsscounties.ca.gov/OCAP/>

- The designated public agency to administer the CAPIT/CBCAP/PSSF funds will provide to the OCAP all information necessary to meet federal reporting mandates;
- Approval will be obtained from the California Department of Social Services (CDSS), Office of Child Abuse Prevention (OCAP) prior to modifying the service provision plan for CAPIT, CBCAP and/or PSSF funds to avoid any potential disallowances;
- Compliance with federal requirements to ensure that anyone who has or will be awarded funds has not been excluded from receiving Federal contracts, certain subcontracts, certain Federal financial and nonfinancial assistance or benefits as specified at <http://www.epls.gov/>.

In order to continue to receive funding, please sign and return the Notice of Intent with the County's System Improvement Plan to:

California Department of Social Services
 Office of Child Abuse Prevention
 744 P Street, MS 8-11-82
 Sacramento, California 95814

<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> County Board of Supervisors Authorized Signature	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Date
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¹ Fact Sheets for the CAPIT, CBCAP and PSSF Programs outlining state and federal requirements can be found at: <http://www.cdsscounties.ca.gov/OCAP/>

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Attachment G: SAN FRANCISCO HUMAN SERVICES AGENCY COMMISSION APPROVAL

To be added