

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 of not only 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.

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.

Based on the available data at the beginning of the Peer Review / CSA process, the county used Q2 from 2018 as the new comparison period. This is the new baseline for the current CSA/SIP process moving forward.

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

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)
- 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)

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)

During the CSA comparison period² for P2, child who achieved permanency in 12 months (in care 12-23 months), San Francisco dropped below the National Standard, but had been above the national standard of 43.6% during the previous baseline. 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 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-](#)

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

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

The use of tools such as Structured Decision Making and Safety Organized Practice have helped the county keep children safely at home rather than separating families and bringing children into care. Thus, with entry rates declining, those children who do enter care may not be as likely to go home as quickly given the complexities of their situations. In 2014/15 and 2015/16, SFHSA worked with Master's level interns from local universities to identify the characteristics of children who remain in care beyond two years, and those analyses supported this hypothesis. It is worth noting the 2015/16 data showed that three times the percent of children who remained in care after two years had entered care as a result of a serious substantiated allegation, including physical abuse, sexual abuse or severe neglect. Presumably, these families had greater challenges than their counterparts, which could impact permanency outcomes.

The limited and expensive housing situation in San Francisco and resulting lack of local foster homes means 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.

During the most recent comparison period,³ San Francisco completed 5,938/6,293 (94.4%) of Monthly Visits (Out of Home) compared to the previous baseline⁴ of 94% for a slight increase that was just below the National Standard of 95%. However, the agency has typically met this standard over the last five years.⁵ 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:

³ Q2 2018 - July 1, 2017 through June 30, 2018

⁴ July 1, 2012 through June 30, 2013

⁵ http://cssr.berkeley.edu/ucb_childwelfare/CDSS_2F.aspx

- 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 P1,⁶ 34.9% (97/278 children) reached permanency within 12 months as compared to the previous baseline⁷ 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 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 P4⁸, 21.2% (25/118 children) reentered foster care within 12 months as compared to the previous baseline⁹ 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. Increasing timely and successful reunification will also improve reentry outcomes.
- 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.

⁶ Q2 2018 - July 1, 2016 through June 30, 2017

⁷ Q3 2013 - October 1, 2011 through September 30, 2012

⁸ Q2 2018 - July 1, 2015 through June 30, 2016

⁹ Q3 2013 - October 1, 2010 through September 30, 2011

CHILD WELFARE FOCUS AREA

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 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 and the county's child abuse prevention center, Safe & Sound, have begun this work by beginning a Prevention Services Asset Map that will examine services offered and the relative level of evidence of effectiveness of the interventions that they deliver.

Prioritization of Outcome Data Measures/Systemic Factors and Strategy Rationale

P1 Permanency within 12 Months (Entry Cohort) SFHSA's performance on permanency was 32.9% during the most recent reporting period (Q4, January 2017 - December 2017), or 93 out of 283 children who achieved permanency. The national standard is 40.5%. However, as of this same reporting period, the county has improved performance in this measure over the last five years (by 9.3%).

The vast majority of youth who reach permanency within 12 months do so through reunification. As the number of children in the foster care system decreases, those left in the system have more complex cases. It may be that because of the complexities of these reunification cases, more time has been necessary to reunify children or otherwise achieve permanency. The county is hopeful that improvements in process measures will allow San Francisco to improve on this measure.

Literature also tells us that P1 is associated with:

1. Children's Characteristics
 - Children ages 2-15 are more likely to be reunified
2. Family Factors
 - Parents' commitment to reunification process
 - Families with 2-parent household
 - Families with fewer number of siblings
3. Child Welfare System
 - Non-relative foster care home
 - Family receives concrete supports (e.g. food, day care, utility benefits, and basic home necessities)
 - Attitudes/belief of social worker, positive working relationship with family
 - Frequently meeting between caseworker and family

[(<http://www.cdss.ca.gov/Portals/9/PQCR%20Lit%20Review.pdf?ver=2018-08-03-142914-403>) Poverty, MH, Sub Ab, parent ambivalence]

San Francisco has conducted county specific analysis regarding P1. In January 2019, the SFHSA Planning Unit completed a county level quantitative analysis of timely permanency in San Francisco by showing how performance on P1 has changed over time in relation to major practice and policy initiatives, the extent to which that performance differs for subgroups (e.g., age), and how it relates to performance on companion indicators (i.e., entry rates and P2-4). The analysis looked at an entry cohort of first admissions in 2016-17, a total of 289 cases (this is the same cohort from which cases were selected for the Peer Review). Findings help narrow the problem of timely permanency and provides direction for discussion and problem solving because it reviews what the data says about timely permanency in San Francisco, pointing the county in the right direction to resolve a specific issue.

The analysis showed that the following factors had **limited or no evidence** of association with P1:

- Ethnicity/Race
- Gender
- Child Physical Health Needs
- Child Learning Needs
- Caregiver Domestic Violence
- Caregiver Mental Health Needs

- Caregiver Substance Abuse
- Homelessness
- Caregiver Blames Child for incident
- Caregiver History of Abuse/Neglect
- Child Mental Health/Behavioral Problems
- At least 1 Child is Capable to Protect self
- Caregiver Demonstrates Difficulty Accepting Children’s Gender Identity/Sexual Orientation
- Placement Distance

However, the following table identifies factors that the analysis found were associated with timely permanency; it is noteworthy that two of the subgroups of children less likely to achieve permanency were teens or had families with limited support systems.

Characteristics of children who are LESS likely to exit to permanency within 12 months	Characteristics of children who are MORE likely to exit to permanency within 12 months
Age: Teens	Parent/Guardian acknowledges problem
First Type Placement: Group Home	Parent/Guardian has supportive network
Reentry into Foster care Compared to First Entry	Parent/Guardian is not isolated in community
Allegation: Sexual and Emotional Abuse	

San Francisco’s 2019 Peer Review focused on this particular outcome, and included data analysis, literature review, 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 reunify families timely.

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

P4 REENTRY FOLLOWING REUNIFICATION

While the state requires analysis of a specific quarter, the actual numbers in this measure are typically very small for San Francisco, and there can be significant fluctuation from quarter to quarter. Thus, any given quarter is not necessarily representative of overall trends. Analysis that reviews an extended period is more accurate and better informs outcome improvement activities and policy development. In

that light, while still higher than the national standard per quarter, the county shows sustained improvement as the reentry rate has decreased by 13% over the last 5 years.

San Francisco has long struggled with reentries and it has been a focus of every SIP the county has done. Several variables likely affect this outcome and make it particularly difficult to meet. San Francisco has a dearth of local foster and relative homes given cost of living in the city, and must place children in care at long distances outside the county. Approximately 60 % of San Francisco's foster children are placed in counties outside of San Francisco—of these placements, about 25% with family members. This distance creates significant challenges in offering visitation and other supports to families trying to reunify. San Francisco has begun to analyze the impact of geographic distance on reentries, as staff and public and private partners cite logistical and service delivery constraints as adding additional burden to successful reunification efforts. Preliminary analysis looking at the distance of the first placement saw no correlation between the distance placed and the P1 Measure (permanency within 12 months). More complex network analysis and other outcome measures may be evaluated in the future to determine if distance has any other effects not yet tested.

However, there have been some significant dips in reentries in recent past, and the agency's data planning unit has analyzed reentry trends over the past decade to learn more about what may impact the return of children to foster care. Recent trends appear to show significant improvement between 2010 and 2014. To understand this better, the analysis examines to what extent reentries in San Francisco have declined and for which children. The study explores if reentries are declining and what led to the recent reduction in the rate of reentry between 2010 and 2014.

Findings shows that children who entered care in 2011 in the county were less likely to reenter, and that children who exited to reunification rather than guardianship were more likely to reenter. This included exploring the impact of the Families Moving Forward Program (FMF), which was funded with a federal grant and aimed to reduce the need for foster care among families identified as homeless when they were investigated for maltreatment. As the analysis has only recently been completed, next steps include discussion of practice changes given these findings.

The analysis asked four questions, with findings as follows:

Question 1: Are reentries declining?

The analysis showed that reentries within 12 months of exit to reunification or guardianship declined for children entering care between 2010 and 2014. They rebounded to pre-2010 levels for children entering care after 2014.

Question 2: What led to the recent reduction in the rate of reentry? Did Families Moving Forward (FMF) affect reentry?

The analysis was not able to identify child, family, or case characteristics that explain the temporary decline in the rate of reentry. Several possibilities may have driven the reduction:

1. Changes in practice
2. Unmeasured community characteristics (neighborhood safety, unemployment rate, etc.)
3. Unmeasured characteristics of children/families entering care
4. Random variation

Question 3: What factors are associated with more likely reentry?

The analysis identified the following factors as associated with more likely reentry:

1. Caregiver has/had substance abuse issues
2. Predominant placement type of group home or runaway
3. Exit type: reunification (in comparison to guardianship)
4. Spell duration was less than six months
5. Child entered care in 2011

Question 4: What factors are associated with less likely reentry?

Factors associated with less likely reentry were:

1. Child entered care in 2014
2. Predominant placement: kinship foster care
3. Child entered care between ages 13 to 17
4. Most severe allegation: severe neglect

The final report proposes recommendations for further analysis, for example, further case review of a random sample of case of both those that reentered and those that did not, and identifying alternative hypothesis about what led to the decline in reentries. Once that process is completed, the county can consider specific strategies to improve this outcome.

Approximately 20% of the children who reunified with their families during the current reporting period (October 1, 2011 to September 3, 2012) subsequently returned to foster care within twelve months. Reentries increased over 29% in the most recent quarter. The federal target is currently under revision and once finalized will allow San Francisco to draw comparison between the target and local performance.

During the CSA comparison period,¹⁰ 21.2% (25/118) reentered foster care within 12; the most recent reporting period (January 1, 2016 – December 31, 2016), 25% of the children who reunified with their families returned to foster care within twelve months, or 28 of 112 children. The National Standard is 8.3%.

Declining performance on reentries may suggest that children are reunifying too quickly, before enough supports are in place to stabilize families. Reentries vary by age and race/ethnicity. Reunifications are

¹⁰ Q2 2018 - July 1, 2015 through June 30, 2016

generally more successful for younger children, and reentry is most likely among black children, followed by white children. Latino and Asian/P.I. children are much less likely to reenter care.

Declining performance in both reunification and reentries might occur when the population of children coming into foster care is becoming more difficult to serve. First entry rates have in fact declined for most age groups (especially for infants), particularly since 2010.

In spite of a multitude of work to meet identified targets in these areas, San Francisco continues to struggle with both timely reunification and reentries, and will focus on them in this 2019 SIP. The trends that were emerging ten years ago –fewer removals, improved reunifications, etc. – continue. The issue of re-entries is a trade-off with the measure regarding time in care. SFHSA wants to avoid long spells in care and reunify children, but the sooner children are reunified, the more they are at risk for re-entry. That is a statewide dilemma, and the agency continues to seek the proper balance.

Over the last five years, San Francisco has begun to implement a number of practice improvements to improve P1 and P4, such as SOP, that need to remain in place. SOP, for example, provides tools and strategies to more effectively implement the California Core Practice Model. This includes using solution-focused tools to engage families and youth, and ensuring that assessments and interactions with families are behaviorally specific and focused on the safety threats that require intervention. In order to continue this practice, the improved oversight and review of practice need to remain.

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.

Through implementation of these strategies, San Francisco expects to increase timely reunifications by 2.8% and reduce reentries by 50.1%.

Strategy 1: Intensify Prevention by Strengthening the Family Network and Supports

This strategy was included in San Francisco's previous SIP, and action steps in that document 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 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. San Francisco's program will be one of an integrated trio of services included in the new HUB contract with Seneca; the other two components are Intensive Care Coordination and emergency placement beds for identified youth with significant behavioral health needs. 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.

In the mobile response program, the child or the caregiver may call the crisis line and ask for assistance, rather than going through a social worker or probation office. 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 is currently developing procedures and training for the program, scheduled to begin in September 2019, and will work with Seneca to

review and analyze utilization and identified outcomes (e.g., placement stability and permanency) for children involved.

The county also utilizes Child and family teams (CFTs) and teaming to help families remain intact or strengthen foster care placements. CFTs are an integral part of child welfare, foundational to the [California Core Practice Model \(CPM\)](#) and a part of the response to the [Katie A lawsuit](#), and the [Continuum of Care Reform's \(CCR\)](#) state mandates. The spirit of a child and family team is to establish a support team early on, to address the needs of the youth and family throughout the life of a case, and to help the family maintain a supportive network following case closure.

In the previous SIP, SFHSA action steps included continued implementation of participatory meetings like the Child and Family Team meetings, and development of a comprehensive meeting framework that allows for fluidity and responsiveness across meeting models. The county completed this, and now seeks to strengthen implementation by identifying any barriers to successful child and family team meetings, and developing training and supports to address these.

Strategy 2: Expand the capacity to provide trauma-informed, attachment-based 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 the effects of abuse and neglect 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.

Strategy 2 seeks to expand capacity for family-based emergency placement foster homes that can address a continuum of needs for children and youth. 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, STRTP-level intervention that would prevent 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 in

Petaluma will provide emergency placement for children and youth with intensive behavioral health needs. SFHSA is also working with the Department on the Status of Women, which received a state grant to develop emergency placements for youth who are or at risk of being sexually exploited. Huckleberry Youth Program, Alternative Family Services, and other private and public partners are involved in this effort. 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 beds, SFHSA plans to expand its resource family recruitment and retention strategy, including development of a communications and media campaign. 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.

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 that limited focus on 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. This sets the stage for the parent engagement so critical in developing and effecting successful family team meeting discussions and case plans, including concurrent plans. 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.

SFHSA data and CQI staff will also work together to analyze cases within a designated entry cohort which just missed the 12 month reunification window, returning home a few weeks after this timeline. Along with the county’s recent reentry analysis, findings will shed light on case considerations that can impact timely and successful permanency; these may then be considered during concurrent planning to mitigate barriers and improve outcomes.

Strategy 4: Integrate implementation planning efforts to advance the integrated Core Practice Model and address the organizational change priorities emerging from the Comprehensive Organizational Health Assessment (COHA) process

The California Integrated Core Practice Model outlines the shared values, core components, and standards of practice expected from those serving California’s children, youth, and families. It describes specific expectations practice behaviors for staff in direct service as well as those who serve in supervisory and leadership roles 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. The pending workload study that Chapin Hall is conducting to analyze task expectations for case carrying staff will provide additional and significant information. Together, these efforts will help address systemic issues that impact the ability of staff to appropriately acknowledge, address, and respond to the needs of individual families and build effective relationships with them

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. Special projects codes in CWS/CMS will be used as necessary on specific project 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**. Four specific tactics are planned to advance this strategy:

- Build capacity of the FIRST program – Serve more youth with the FIRST model to improve access to appropriate behavioral health and other stabilization services.
- Increase capacity of the Peer Parent Program – Link more parents involved in juvenile probation with Peer Parent Mentors who can offer culturally competent supports and guidance in how to navigate the system.
- Strengthen implementation of Child and Family Teaming – Address barriers to full utilization of CFT framework by JPD, including workforce development and supports, measuring results, and enhancing the organizational culture and climate for youth-focused, family-centered teamwork.
- Encourage Delinquency Court’s role as accountability partner – Collaborate with Court partners to hold families accountable to participate in services and reunification efforts.

Taken together, these strategies are 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 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 county resources to sustain a service delivery continuum from prevention through aftercare that supports key goals and objectives more directly, including AB 636 performance measures.

As outlined in the 2019 San Francisco County Self-Assessment report, selected socio-demographic characteristics of San Francisco are found in the child welfare literature to be associated with maltreatment. Overall, rates of residents with less than a high school education, households headed by a single female, single female-headed households in poverty, and renter-occupied units are particularly high for African American and Hispanic families. Children under age 5 are acutely vulnerable to maltreatment.

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 the 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.

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 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 are 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 PRENANTAL
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	HOMESS 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 HEATH
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 PRENANTAL
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 HEALTH
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
SHAHAZ MAZANDARANI	EXECUTIVE DIRECTOR	A BETTER WAY

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%.

By Year 5, San Francisco will have to prevent reentry for **13** more children (12/118) (to reach Year 5 Benchmark Goal of 10.5%).

Strategy 1: <i>Intensify Prevention by Strengthening the Family Network and Supports</i>	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s): <ul style="list-style-type: none"> • Timely Reunification • Reentries Applicable Systemic Factors: <ul style="list-style-type: none"> • Agency Collaboration • Case Review System • Management Information Systems • Quality Assurance 	
	<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:
A. Participate in 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. <ul style="list-style-type: none"> • Analyze findings • Identify potential gaps • Determine next steps based on findings 	October 2019	October 2020	FCS Program Directors
B. Expand mobile response services for children and youth age 0-17 and their parents or caregivers with open child welfare cases and who live within 90 miles of San Francisco.	October 2019	October 2021	FCS Program Managers

<ul style="list-style-type: none"> • Develop policy and informational materials for staff, community partners, and caregivers regarding the mobile response services and how to access, and engage staff and partners [in standing venues] to inform implementation • Develop and execute an annual evaluation plan with the contract provider, Seneca Family of Agencies, including analyzing identified metrics such as clinical and placement outcomes. 			
<p>C. Strengthen implementation of Child and Family Team Meetings by conducting analysis of implementation barriers</p> <ul style="list-style-type: none"> • Determine and implement data collection process (e.g., staff focus groups) • Based on findings, develop a plan to address barriers including training and workforce development supports. • Work with FCMHP to strengthen utilization of the CANs in informing the CFT process. 	October 2019	October 2021	FCS Program Directors FCS Program Managers

<ul style="list-style-type: none"> • Develop and provide training on the CANS and CFTs to child welfare staff. • Review metrics to analyze implementation of CFTs, including number and timeliness of CFT meetings. 			
<p>Strategy 2: Expand the capacity to provide trauma-informed, attachment-based foster care for children and youth</p>	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF	<p>Applicable Outcome Measure(s):</p> <ul style="list-style-type: none"> • Timely Reunification • Reentries <p>Applicable Systemic Factors: Agency Collaboration Foster and Adoptive Licensing, Recruitment and Retention Staff, Caregiver, and Provider Training</p>	
	<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. Expand capacity for family-based emergency placement for children who have no identified special need or disability through the San Francisco Emergency Placement Collaborative (ESC)</p> <ul style="list-style-type: none"> • Work with Alternative Family Services to provide related training to resource families. • Review program effectiveness through monthly review of bed utilization and annual review of identified numerical and outcome objectives 	October 2019	October 2020	Program Director
<p>B. Expand capacity for emergency placement for children and youth aged 0-17 with intensive needs</p> <ul style="list-style-type: none"> • Implement the Seneca HUB contract for immediate short-term stabilization placements utilizing a professional parent model. • Develop and present policy and informational materials and other training supports 	October 2019	October 2021	Program Managers

<p>for staff, community partners, and caregivers on services, and support utilization through workforce development efforts</p> <ul style="list-style-type: none"> • Develop and conduct an evaluation plan with Seneca including analyzing identified metrics such as clinical and placement outcomes. 			
<p>C. Expand capacity for emergency resource family placement of children in or at risk of sexual exploitation through participation in a state grant funded, interagency pilot led by the Department on the Status of Women to develop specialized foster care homes.</p> <ul style="list-style-type: none"> • Work with interagency partners to identify foster homes per the grant agreement. • Develop and present policy and informational materials for staff and community partners, and caregivers on services as necessary, and support utilization through workforce development efforts 	<p>October 2019</p>	<p>October 2024</p>	<p>Program Manager</p>

<ul style="list-style-type: none"> Participate in Berkeley Human Rights Center’s evaluation of the pilot as required 			
<p>D. Engage agency and community partners in recruiting and retaining a pool of well-trained and well-supported resource families through implementation of the SFHSA Recruitment and Retention Strategies, including training and evaluation as identified in the project plan.</p>	<p>October 2019</p>	<p>October 2024</p>	<p>Program Director Program Manager</p>

<p>E. Partner with an outside organization to develop and implement a marketing campaign, with supporting educational materials, to support recruitment strategies that raise awareness of the need for resource families in San Francisco and raise a call to action for county residents to get involved.</p>	<p>October 2019</p>	<p>May 2021</p>	<p>Program Director Program Manager</p>
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Strategy 3: Strengthen concurrent planning throughout the life of a case to promote permanency options for foster children and youth.	<input type="checkbox"/> CAPIT	Applicable Outcome Measures: <ul style="list-style-type: none"> • Timely Reunification • Reentries Applicable Systemic Factors: <ul style="list-style-type: none"> • Case Review System • Quality Assurance 	
	<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:
A. Utilize a case consultation model based on Safety Organized Practice and the integrated Core Practice Model to identify and support concurrent planning activities <ul style="list-style-type: none"> • Identify target criteria to for consultation • Identify and provide policy and training supports needed • Review related permanency outcomes 	October 2019	October 2022	Program Directors Program Managers
B. Utilize the CFT meeting structure to identify and support concurrent planning activities for cases reviewed	October 2019	October 2022	Program Directors Program Managers

<ul style="list-style-type: none"> • Integrate case specific CFT planning next steps into case consultations • Identify and provide policy and training updates needed • Review metrics to analyze implementation of CFTs, including number and timeliness of CFT meetings. 			
<p>Conduct research to identify what characteristics are associated with children who reunify within 6-12 months compared to those who take longer, and if there are practice changes that would help more families reunify within one year.</p> <ul style="list-style-type: none"> • Review findings with CQI lens and in partnership with case carrying program staff to determine next steps including training and workforce development needs. 	<p>October 2019</p>	<p>October 2020</p>	<p>Planning Unit Program Managers</p>

Strategy 4: Integrate implementation planning efforts to advance the integrated Core Practice Model <u>and</u> address the organizational change priorities emerging from the Comprehensive Organizational Health Assessment (COHA) process	<input type="checkbox"/> CAPIT	Applicable Outcome Measures: <ul style="list-style-type: none"> • Timely Reunification • Reentries Applicable Systemic Factors: <ul style="list-style-type: none"> • Quality Assurance • Case Review • Staff, Caregiver, and Provider Training <input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF		
	<input checked="" type="checkbox"/> N/A		
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
A. Raise awareness and develop a better understanding of issues of systemic bias that may impact the ability to appropriately acknowledge, address, and respond to the needs of individual families and build effective relationships with them. <ul style="list-style-type: none"> • Utilize Red Teams, the case consultation model and team meeting approach at key decision points to mitigate the possibility of implicit bias by identifying cultural or other issues specific to a given family that need acknowledgement, support, etc. to promote permanency • Provide staff training on liberatory practices to explore systemic power, its impact on day to day 	October 2019	October 2024	FCS Program Director and Manager

<p>interactions, and how to create more equitable interactions.</p> <ul style="list-style-type: none"> • Review metrics to analyze implementation of CFTs and case consultations • Review 2019 Red Team data analysis and determine if there are any next steps 			
<p>B. Reduce the impact of staff turnover through optimizing recruitment, hiring, retention and other efficiencies to strengthen workforce capacity.</p> <ul style="list-style-type: none"> • Utilizing staff interviews, identify barriers to retention and develop plan to address them • Develop related training and workforce development supports as required. • Analyze staffing numbers including retention data. 	<p>October 2019</p>	<p>October 2021</p>	<p>Deputy Director Program Director Program Manager</p>
<p>C. Develop 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</p>	<p>October 2019</p>	<p>October 2022</p>	<p>Program Director Program Manager</p>

<p>and compliance, and provide leadership and direction.</p> <ul style="list-style-type: none"> • Identify training for supervisors to utilize the framework, including county-specific training for new supervisors • Gather feedback from supervisors and staff on effectiveness 			
<p>D. Examine, analyze and understand the impact of workload on the utilization of CPM behaviors at all levels.</p> <ul style="list-style-type: none"> • Review findings of Chapin Hall workload analysis and develop plan to address identified barriers. • Develop and implement related training and workforce development supports • Identify and review data analysis that can demonstrate practice improvement through resolution of workload issues, such as increased participation in CFT meetings. 	<p>October 2019</p>	<p>October 2021</p>	

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, 17.6% achieved permanency within 12 months of removal (approximately 6 of 34) per the CMS/CWS definition of permanency (reunification).

Target Improvement Goal: Increase by 10%

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): >22%
- Year 4 (October 15, 2022 – October 14, 2023): >24 %
- Year 5 (October 5, 2023 – October 14, 2024): >27.6%

If the 12-month entry population remains static at **34** children for the next 5 years, San Francisco will have to establish permanency for one additional child (7 of 34 children) within 12 months to meet Year 3 Benchmark Goal of 22%.

By Year 4, San Francisco will have to establish permanency for two additional children (8/34) to reach Year 4 Benchmark Goal of 24%.

By Year 5, San Francisco will have to establish permanency for three add. children (9/34) to reach Year 5 Benchmark Goal of 27.6%.

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<p>Strategy 1: Enhance parallel services to family while youth is in placement</p>	<input type="checkbox"/>	<p>Applicable Outcome Measure(s):</p> <ul style="list-style-type: none"> • Timely Reunification <p>Applicable Systemic Factors:</p> <ul style="list-style-type: none"> • Agency Collaboration • Management Information Systems • Quality Assurance • Foster and Adoptive Licensing, Recruitment and Retention • Staff, Caregiver, and Provider Training 	
	CAPIT		
	<input type="checkbox"/>		
	CBCAP	<input type="checkbox"/>	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project
<input type="checkbox"/>	N/A		
PSSF			
Action Steps:	Implemen tation Date:	Completion Date:	Person Responsible:
<p>A. Coordinate a JPD workgroup to determine how to build capacity for the FIRST program. The JPD workgroup will include a representative from fiscal, H.S.A., and D.P.H. to:</p> <ul style="list-style-type: none"> • Determine how to build capacity for this program • Identify funding mechanism • Develop a project plan 	October 2019	October 2020	JPD Placement Unit and Program Director

<p>B. Increase capacity of the Peer Parent Program for parents of youth who are at imminent risk of removal from the home, who have youth in Placement, or who have a youth who is returning home from Placement.</p> <ul style="list-style-type: none"> • Work with H.S.A to determine if the Peer Parent Program will continue under the current vendor • Work with the Peer Parent Program to increase their role within the Department and increase the number of family referrals to the Peer Parent Program • Work with our fiscal unit to determine funding mechanism for this program, since this is a waiver-funded program <ul style="list-style-type: none"> ○ Determine how/if this program can meet evidence-base criteria for Family First • Develop and execute an annual evaluation plan with the contract provider, including analyzing identified metrics such as placement outcomes. 	<p>October 2019</p>	<p>October 2021</p>	<p>JPD Placement Unit and Program Director</p>
<p>C. Strengthen implementation of Child and Family Team Meetings by conducting analysis of implementation barriers</p> <ul style="list-style-type: none"> • Determine and implement data collection process (e.g., staff focus groups) • Based on findings, develop a plan to address barriers including training and workforce development supports. • Work with probation officers to strengthen utilization of the CANs in informing the CFT process. • Develop and provide training on the CANS and CFTs to juvenile probation staff. • Review metrics to analyze implementation of CFTs, including number and timeliness of CFT meetings. 	<p>October 2019</p>	<p>October 2023</p>	<p>JPD Program Directors</p>

<p>D. Encourage the JPD Court to hold families accountable to participate in services and reunification efforts</p> <ul style="list-style-type: none"> • Set up regular meetings with the Court to discuss how to work together to engage families. • Train/educate the Court on the role of parents in supporting youth on probation and in reunification efforts. 	<p>October 2019</p>	<p>October 2023</p>	<p>JPD Program Directors, Courts, JPD Supervisors</p>
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CAPIT/CBCAP/PSSF
 PROGRAM AND EVALUATION DESCRIPTION

PROGRAM DESCRIPTION TEMPLATE

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.

EVALUATION

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.

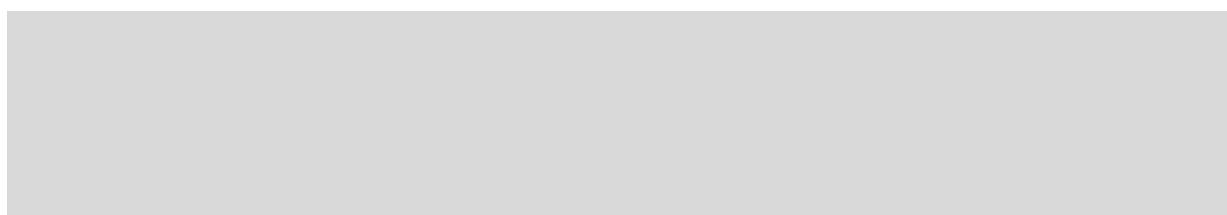
As with all its contracts, SFHSA establishes line item budgets with the providers, which designate the amount of funding for various services or functions. Budgets and invoices separate out their costs into designated categories of expenditures that coincide with specific fund sources that SFHSA uses 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 • 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

	<ul style="list-style-type: none"> 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.

EVALUATION

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	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.

	areas by second assessment.		
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	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.

experiences of program quality.			
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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 training, homestudy completion, and finalization.	Surveys reviewed after each class series	Problem areas addressed by staff as required to resolve issues and ensure continuous quality improvement

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.

EVALUATION

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	The survey is administered every spring to participants	Surveys are collected and immediately entered into an excel	Results are used to resolve programmatic issues

<p>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.</p>	<p>in core services, including: parent workshops, parent education class series, support groups, parent/child interactive groups, and case management.</p>	<p>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.</p>	<p>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.</p>
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CAPIT/CBCAP/PSSF Expenditure Workbook
Proposed Expenditures
Worksheet 1

(1) DATE SUBMITTED: 9/19/19

(2) DATES FOR THIS WORKBOOK 7/1/19 thru 6/30/20

(3) DATE APPROVED BY OCAP

(4) COUNTY: San Francisco

(5) PERIOD OF SIP: 10/15/19 thru 10/14/24

(6) YEARS: 5

Internal Use Only

(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 Programs	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 Time-Limited Reunification	Dollar amount to be spent on Adoption Promotion & Support	Dollar amount of PSSF allocation to be spent on PSSF activities (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		\$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		\$245,098	County General Fund, including County Department of Children, Youth, and their Families	\$399,919
3	Parental Stress Hotline		Asian Perinatal Advocates, via First Five Commission		\$0		\$0		\$0	\$0	\$0	\$0	\$0		\$82,853	Children's Trust Fund	\$82,853

CAPIT/CBCAP/PSSF Expenditure Workbook

Proposed Expenditures

Worksheet 1

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 Programs	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 Time-Limited Reunification	Dollar amount to be spent on Adoption Promotion & Support	Dollar amount of PSSF allocation to be spent on PSSF activities (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		\$385,790	County Children's Trust Fund, State CSEC Allocation and County General Fund	\$503,821
5	Adoptions Services and Permanency Services		Family Builders		\$0		\$0		\$0	\$0	\$0	\$62,689	\$62,689		\$613,138	County General Fund, State Funds (RFA, FPRRS), 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.)		22 organizations, which are also co-funded by the First Five Commission and the Dept of Children, Youth, and their Families. Totals 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		\$26,568	County General Fund, Allocable Overhead	\$193,775

CAPIT/CBCAP/PSSF Expenditure Workbook
Proposed Expenditures
Worksheet 1

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 Programs	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 Time-Limited Reunification	Dollar amount to be spent on Adoption Promotion & Support	Dollar amount of PSSF allocation to be spent on PSSF activities (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
8	Family Resource Centers evaluation		Mission Analytics via First Five Commission		\$0		\$0		\$0	\$0	\$0	\$0	\$0		\$17,858		\$17,858
9													\$0				\$0
10					\$0		\$0		\$0	\$0	\$0	\$0	\$0		\$0		\$0
11					\$0		\$0		\$0	\$0	\$0	\$0	\$0		\$0		\$0
12					\$0		\$0		\$0	\$0	\$0	\$0	\$0		\$0		\$0
13					\$0		\$0		\$0	\$0	\$0	\$0	\$0		\$0		\$0
14					\$0		\$0		\$0	\$0	\$0	\$0	\$0		\$0		\$0
15					\$0		\$0		\$0	\$0	\$0	\$0	\$0		\$0		\$0
Totals					\$536,892		\$26,832		\$80,986	\$92,331	\$70,468	\$229,896	\$473,681		\$5,916,013		\$6,953,418
									17%	19%	15%	49%	100%				

(1) COUNTY: San Francisco

(2) YEARS: 2019-2024

No.	Program Name	Logic Model			EBP/EIP ONLY						Parent Involvement Activities		
		Logic Model Not Applicable	Logic Model Exists	Logic Model Will be Developed	EBP/EIP Level As determined by the EBP/EIP Checklist					EBP/EIP Checklist is on file or N/A	Planning	Implementation	Evaluation
					Program Lacking support (Level 0)	Emerging & Evidence Informed Programs & Practices (Level 1)	Promising Programs & Practices (Level 2)	Supported (Level 3)	Well Supported (Level 4)				
A	B	C1	C2	C3	D1	D2	D3	D4	D5	D6	E1	E2	E3
1	SafeCare		X					X		X			X
2	Child Abuse Prevention Coordinating Council		X							N/A	X		X