SIP Cover Sheet

California's Child and Family Services Review
System Improvement Plan

County:	**San Francisco**
Responsible County Child Welfare Agency:	San Francisco Human Services Agency Family and Children's Services
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FAMILY AND CHILDREN'S SERVICES
SIP UPDATE
April 2008

Update on Current Child Welfare Reform Efforts

SFHSA is striving to improve outcomes for children and families through myriad efforts including initiatives and programs as Family to Family, California Connected by 25 and the California Youth Permanency Project, Transitional Housing Placement Program, and our System Improvement Plan (SIP) developed for the child welfare redesign and AB636 legislation. SFHSA updated its System Improvement Plan in 2007 and began another three year cycle of implementation. The SIP continues to identify a number of F2F strategies to reduce disproportionality, reduce foster care reentries and recurrence of abuse for children remaining at home, as well as to promote youth-permanency.

In 2007, the new SFHSA FCS Deputy Director, Debby Jeter, identified a **total of 12 workgroups** that have either been long-standing (such as the F2F workgroups) or that were newly identified (such as Organizational Workgroup). These workgroups convened in the summer of 2007 and are in the process of developing strategic plans to identify and implement strategies that will improve safety, stability, and permanency for children, youth, and families. These plans will incorporate strategies identified in the SIP and the Foster Care Improvement Task Force (Disproportionality).

The work group process honors what has been done in the past, identifies current plans, develops strong recommendations and creates written policies and procedures to ensure implementations of these recommendations. **The chairs and co-chairs of each work group include people from both SFHSA and the community who meet regularly together and with the Deputy Director to review and coordinate plans**. Recommendations are discussed and taken back to committees, if needed, for next steps as appropriate. This provides significant opportunities to participate in decisions and to move forward on the very important task of reducing Disproportionality of children in care and meeting federally mandated requirements. **Through other citywide collaborations**, such as the Communities of Opportunity, which focuses on our targeted neighborhoods, **the Agency will be able to further impact the disproportion in our system.**

SFHSA FCS ACCOMPLISHMENTS INCLUDE:

I. DIFFERENTIAL RESPONSE

- Initiated workgroup in September 2005 to begin planning of Path I & II pilot activities.
- Participated in DR Breakthrough Series Collaborative.
- Conducted Research and Site Visits to Early Implementer Counties
- Creation of New Beginnings (an early intervention program for pregnant women to promote healthy and substance free births) in partnership with SF General and Public Health.
- Began implementation of DR in 2006 with seven community based FRC/Family Support/Family Preservation agencies, such as DR Liaisons—CBO Service Team.
- Trained over 50 community partners and child welfare staff.
- Identified Examples of Strength-based Practice for CBOs and CWW staff.
- Developed Parent Rights Brochure, CBO Service Team Procedure Manual.
- Sponsored 6 Networking Events / Community Provider Resource Information Fairs.
- Established Differential Response Coordination Team to shepherd ongoing implementation.
- Evolved from 1 FTE dedicated Path One Screener to 3 FTE Path One Screeners (child welfare staff positions).
- In 2006-2007 Triaged 206 Path I & Path II referrals from the FCS Hotline to community based agencies. Of those, 119 were linked to services.

II. FAMILY-TO-FAMILY

A. BUILDING COMMUNITY PARTNERSHIPS (BCP)

- Community partnership has been particularly successful in the implementation of the **Differential Response** program, and SFHSA has increased its DR staff this year by six positions.

- SFHSA **reissued the RFPs for the Family Resource Centers (FRCs) so that services supporting best practice** were made consistent across the different agencies. For example, each agency will offer community-based visitation services. Previously only two agencies provided this service.

- The FVPF is working with SFHSA to increase **capacity and training efforts for staff at six FRCs**. A set of competencies around basic DV practice issues will be developed and FRC staff will be trained by the FVPF TA team. FRCs will be encouraged to refer families to other DV service providers as needed, and to engage with those providers to insure the needs of their respective communities are being addressed. This training is scheduled for January, 2008.

- SFHSA, SFUSD and other key partners are developing an **AB490 MOU** which will be finalized early in 2008.

- SFHSA and SFUSD have begun discussions about developing a protocol which would allow for matchingl IV-E funds to **Foster Youth Services funds allowing for expansion of that** program.

- The San Francisco Unified Family Court has rolled out the **Drug Dependency Court** in partnership with SFHSA and Community Behavioral Health Services. This new and exciting project started in November and involves collaboration with local drug treatment programs as well as parent partners.

- SFHSA has begun work with Randy Jenkins, Sandra Jimenez, and other Casey consultants to build on FCS **parent engagement efforts**. In conjunction with community partners, FCS has developed a Parent Advisory Council and currently contracts out peer mentor positions and a parent support group with a local CBO. The parent engagement work will build on these efforts by initiating the Building a Better Future curriculum and increasing the number of parent mentors available to work with clients and staff. .

- In partnership with SFUSD and other agencies, SFHSA developed an MOU for implementation of AB490 to ensure successful educational outcomes for foster children and youth. This is completed and awaiting final authorization.

- Also in partnership with SFUSD, SFHSA developed an MOU to draw down IV-E funds to expand the FYS program. This is also completed and awaiting final authorization.

- SFHSA is working with the citywide initiative Communities for Opportunity to develop a plan to **geographically assign** staff with community partners and other agencies in targeted neighborhoods to implement a family team model for case planning.

- In 2008 SFHSA began a new initiative focusing on **children of incarcerated parents** with the goal of creating a model for systematizing services to this population and improving outcomes for children; this is in collaboration with F2F and the San Francisco Children of Incarcerated Parents Partnership (SFCIPP).

B. RECRUITMENT, DEVELOPMENT, AND SUPPORT OF RESOURCE FAMILIES (RDS)

- The FVPF team worked with HSA foster care staff to **distribute the mini-magazine Foster Care Connect** to provide information on talking to and supporting children exposed to violence, as well as helping these caregivers understand the dynamics of DV.

- The TA team will assist local SFHSA training partners as needed to roll out the newly revised Pride foster care curriculum modules on domestic violence recently completed by the Child Welfare League of America.

- San Francisco also plans to **implement a school-based recruitment strategy through partnership with San Francisco Unified School District**. In June, SFHSA and SFUSD staff as well as staff from adoption agency Family Builders visited San Diego to learn about focused recruitment efforts through the school district that can be implemented here. This will increase placement stability and permanency for children and youth, who will be able to remain in a home in their community. Next steps are being identified.

- Youth and birth parents present at new foster parent orientations. This will be on-going in 2008.

- SFHSA **contracted with Edgewood's Kinship Center to provide relatives with increased training opportunities and to increase permanence** for children in kin care. Edgewood is contacting families where children who have been placed in foster care status for at least 9 months to inform them of permanency options including adoption, Kin-GAP, and legal guardianship.

- SFHSA **revised its foster payment rate structure** to promote the foster parent role in developing strength and resilience for the children in their care; this is awaiting CDSS approval
- SFHSA continues to support a strong OFR program
- SFHSA continues to provide two foster parent support workers as part of the licensing unit
- Foster parent involvement in meetings and trainings
- SFHSA continues to host appreciation events for foster parent
- Commitment from foster parents and HSA workers to work together to identify and implement improvements in foster parent recruitment and retention.

C. SELF EVALUATION

- In 2007, SFHSA **expanded the SDM contract with the CRC to expand CMS data analysis.** The data indicates :

    - A 93.7% usage of the SDM hotline tool, which is on target for a county in early implementation;
    - 46% of safety interventions at investigation utilized community agencies and/or services;
    - 43.2% of safety interventions at investigation utilized family, neighbors, and other partners in working with the family.

- The Self Evaluation Team was instrumental in developing a **youth survey** to better identify outcomes of San Francisco foster youth. The youth survey was recently completed for 2007 and the results are being analyzed. Stipends were provided to participating youth which ensured an excellent response rate.

- SFHSA executive staff are developing a plan to integrate outcome data across the agency and communicate the outcomes to partners and staff. To support this effort, the **Self-Evaluation Team will expand to include larger agency evaluation and will be chaired by the Planning and Evaluation Manager**. He in turn will continue to work with the FCS Co Chairs to ensure workgroup coordination.

- Policy and Planning staff developed a quarterly outcome report format which has been shared with child welfare staff to identify trends and areas of strength and needed improvement.
- Endorsed and promoted the use of Safe Measures to expanded CMS data analysis
- SET promoted and supported study on the relationship between Foster Care and Youth Violence
- Conducted analysis of the Shared Youth Database which incorporates data from Community Behavioral Health Services, Juvenile Probation, and SFHSA FCS.

- The CWS/CMS Workgroup
    - Established a Forms Sub-Committee to review all paper forms and create a list of forms that can be eliminated because they are no longer relevant; forms where the information should be entered into CWS/CMS; and, those paper forms that are still necessary to meet local or state requirements.
    - Created a review process with IT on staff utilization of Special Projects Codes.
    - Created a new Special Projects Code to identify domestic violence as CWS/CMS does not track domestic violence.
    - Identified five goals and accompanying strategies and tasks necessary to meet AB 636 outcome measures and
    - the FCS SIP outcome measures.

D. TDM and FAMILY MEETINGS:

- Developed an initial protocol for the final implementation stage of TDM, Permanency/Reunification
- Trained staff on protocol in January, 2007.
- SFHSA instituted and maintained a new firewall for TDM in 2006 that resulted in an increase in TDMs. There were 982 TDMs in 2007, a 16% increase from 2006.
- TDM worked with UC Berkeley to reestablish the database after it crashed in 2007.
- TDM was reconfigured so that it became staff are TDM and FC comprise a single unit.
- An additional TDM/Family Conferencing facilitator started in July, 2007

- Through a technical assistance grant with the **Family Violence Prevention Fund to strengthen practices around domestic violence**. the FVPF TA team provided **monthly consultation** (by phone or in person) to TDM facilitators to:

    - promote use of in-the-moment strategies for facilitators of TDMs when domestic violence is present or suspected, and
    - Develop additional strategies and enhance practice of facilitators in these situations.

- SFHSA and FVPF staff held training for child welfare supervisors in July to assist in **implementation of the DV protocol**. This will improve communication between social work staff and TDM facilitators in identifying DV *prior* to meetings, which will have a direct and positive impact on both safety and decision-making. These emergent practices will be tracked and shared with other F2F sites.

- **SFHSA and FVPF staff coordinated a July meeting in San Francisco for TDM staff from SFHSA and Macomb County, Michigan, the other site FVPF grantee,** to share practices and insights.

- Through the Greenbook project and in partnership with CalWORKs, in April, 2007, SFHSA **established DV liaisons** from both batterers' intervention programs and domestic violence shelters to provide expertise in this area. These liaisons are located on site at SFHSA offices and have participated in a number of TDMs.

- FCS is partnering with CalWORKs to use TANF dollars to **establish a DV Coordinator** who will identify and address related program and policy issues with staff and partners. SFHSA is finalizing the RFQ for this

position which will be issued in January 2008. This will allow FCS to continue the work established through the federal Greenbook initiative, which ended earlier this year.

- In spring 2008, SFHSA **provided trainings to partner agencies** through the American Humane Society to expand community based agencies' ability to provide TDMs.

- TDM/Family Conferencing staff participated in **national planning initiative on Family Group Decision** meetings.

III. ORGANIZATIONAL STRUCTURE

The Organizational Structure Workgroup is exploring evidence-informed strategies and best practices to promote community-based service delivery and geographic caseload assignment. In 2007 and early 2008, the workgroup has:

- Created four sub-committees comprised of FCS staff representing workers, supervisors, section managers and program managers.
- Each sub-committee is focused on developing recommendations to change how FCS is organized in order to better serve families and children, and meet our federal goals. The sub-committees are as follows:
    1. Youth Permanency and Youth Well-Being
    2. Timeliness of Adoptions
    3. Reducing Re-Entries into Care
    4. Reducing Rate of Re-Abuse for Children in the Home
- To date, the sub-committees have identified strategies, conducted their SWOT analyses and developed questionnaires that will be used to gather information on best practices in other counties.
- Hired Marsha Rose Wycliffe from the Annie E. Casey Foundation who is consulting with us on how to develop community-based, geographical assignments and manage the organizational change process.

IV. PERMANENCY

- SFHSA developed a **Youth Permanence Workgroup** to identify ways to promote and sustain permanency and self-sufficiency for youth. A number of different CBOS and partners are involved. These include youth themselves, staff from Honoring Emancipated Youth (HEY), and FCS staff involved with related initiatives and programs (e.g., California Youth Permanency Connection, ILSP) to ensure coordination and collaboration.

- To better underscore the need for permanency, and that long-term placement is not a desirable permanent plan, SFHSA held a **staff contest to change the name of the Long Term Placement section; the winning name is "Transitions to Permanency Unit (TPU)."** The staff who submitted this name received a gift certificate for a local restaurant.

- Youth and birth parents are presenting at new foster parent orientations and will continue to do so in 2008.

- The **Family Finding Initiative** identifies family connections for youth older than 13. Family Builders, the agency providing the service, has just hired additional staff and will be able to expand their capacity from the original 20 youth served to 100. The project has served 60 youth so far. Family finding efforts at the front end are being developed in conjunction with Seneca Center and will be implemented by the end of 2008.

- SF was allocated **$750,000 of state dollars in the 07/08 FY to assist with the adoption of older children and youth.** With these funds SFHSA expanded its contract with Family Builders so that they were able to hire four more staff to support the family finding work of the CPYP project and hire a part-time person to coordinate the Hearts Gallery. SFHSA also directed funds to its training contract with the Bay Area Academy for permanency-related training. Mandatory **trainings for staff focused on permanency and resiliency** were held this fall.

- SFHSA established additional services to stabilize placements and increase permanency through its contract with the Seneca Connections program. Connections provides crisis intervention and intensive case management services for children and youth at risk of losing their placement and moving to a new placement, including higher-level placements. Seneca was also awarded the **SB163 Wraparound** contract in August, 2006, and is serving youth placed in or at risk of placement in group homes levels 10 and above in an effort to step them down to family-like settings and community placements.

- SFHSA is working with the Youth Law Center on the Stuart-funded **Birth to 6 Permanency Project**. This initiative, which is in the early planning stages, will focus on identifying and implementing evidence-based best practices for very young children in the child welfare system. SFHSA has already engaged with a number of committed partners interested in this particular project. Focus groups with staff and partners (parents, foster parents, and kin providers) were held this fall. The implementation plan is currently being developed with SFHSA FCS staff and public and private partners with an anticipated roll-out in September 2008.

- Additional efforts to reduce congregate care and establish permanency include the **development of evidence-based mental health practices around addressing trauma and reducing associated behaviors** so that youth and children may be placed in and/or stay in family settings. In May, 2007, the SFHSA Deputy Director and other FCS staff, as well as staff from Community Behavioral Health Services, **attended an orientation session with several other counties to get information about how this project funded. In September several staff, supervisors and a program manager along with staff from Community Behavioral Health received the first round of training in the model**.

- In 2008, SFHSA will utilize the **Casey Family Program to develop a peer technical assistance program for improvement the achievement and timeliness of permanency** outcomes, including timely reunification and permanency for older youth. San Francisco will receive technical assistance from other sites across the country that have demonstrated success in attaining positive outcomes for young people for whom permanency has not been achieved in a timely manner. Casey Family Program will provide travel and logistical supports in this endeavor.

- In partnership with Seneca Center SFHSA will begin to focus family finding efforts at the front end of the child welfare system to help promote family placement and permanency for children as soon as possible.

- Conducted mandatory training for all child welfare staff on permanency and resiliency.

- Implemented the California Connected by 25 Initiative to enhance workforce development services for foster youth by increasing communication and coordination among services for emancipated foster youth with a specific focus on integrating youth into San Francisco One Stop System; and developed an enhanced array of employment supports and opportunities to ensure self-sufficiency by age 18

- Participated in the California Permanency for Youth Project and partnered with Family Builders to conduct family finding reviews for identified youth.

- SFHSA is redesigning its visitation program to promote reunification, reduce reentries, and increase permanency. The Visitation Workgroup has

    - Established subcommittee to review availability of community-based programs and conducted staff survey to identify services used.
    - Reviewed best practice models for visitation implemented across the country.
    - Established subcommittee to draft visitation terminology and step-down process.
    - Established subcommittee to develop protocol to ensure completion of first visit within five days of a child's separation from family.
    - Identified funding streams (e.g., EPSDT) to support visitation practices and contacted other counties to learn about their models. SFHSA is partnering with CBHS to use EPSDT to support intensive family therapy interactions.
    - Expanded FRC contracts so that all FRCs will offer community-based visitation beginning in FY 08-09.

V. PERSONNEL:

- Worked collaboratively with the Examinations Unit to expedite the hiring process of child welfare staff
- Instituted a new practice of including community partners on interview panels and in selection decisions
- Designed interview questions that explore the applicant's beliefs that support Family Strengths and Redesign Fundamentals
- Hired 79 permanent full-time staff in 2006 and 2007
- Began weekly Clinical Licensing Supervision group for staff working towards their LCSW
- Began weekly face to face meetings with the Personnel Program to strengthen communication and to effectively manage issues and problems as they arise

VI. STRUCTURED DECISION MAKING:

- Enlisted the Director of the Orange County Children and Family Services to kick-off an SDM Leadership luncheon in May 2007 for all FCS Supervisors, Section Managers and Program Managers.
- Held a two-day case reading training for those supervisors and section managers utilizing the Structured Decision Making (SDM) tools in May, 2007. The training was provided by the Children's Research Center, a division of the National Council on Crime and Delinquency.
- Successfully addressed, within 24 hours, a computer malfunction causing an Internet outage for all FCS staff using CMS computers in July 2007. Without Internet access, staff cannot access the SDM tools. The SDM Workgroup, in partnership with the IT division, developed a plan to ensure that staff could continue entering information, thereby preventing any interruption in services to families.
- Organized two days of trainings on SDM for the City Attorney's Office, Family Court Judges and staff, Court Commissioners, and the Bench Attorneys in October, 2007. Raelene Freitag, Director of the Children's Research Center presented the workshops.
- January 2008 report from the CRC indicates a 94.3% usage on the hotline and 99.3% timely risk assessments.

DATA ANALYSIS

SFHSA's analysis of AB636 and related data indicates the following progress and trends:

1. Reducing the number and rate of children placed away from their birth families:

The April, 2006 – March, 2007 data available through California's statewide performance outcome measure service (http://cssr.berkeley.edu/ucb%5Fchildwelfare/), indicates that San Francisco had 357 children enter care for the first time. Of these, 40% were African American, 27% Latino, 12% White, 20% Asian/Pacific Islander, and <1% Native American. (A discussion of re-entries into care can be found in the section of this report pertaining to Outcome Six.)

The number of children placed in out of home care has declined since 2003, when 445 children entered care for the first time, including 216 African Americans (49% of the total), 105 Latinos (24%), 64 Asian/Pacific Islanders (14%), 55 White (12%), and four native Americans (<1%).

San Francisco's total number of children in care has dropped by 21% since April, 2003. Most of that drop has been amongst African American children (27%), followed by Latinos (17%), and Whites (4%). The number of Asian/Pacific Islanders has *increased* by 29%, and they now comprise 7% of children in foster care. They are the largest demographic group in the city, representing 37% of all San Francisco children. In 2003, 17 Native American children lived in care, and that number increased to 23 in 2007.

San Francisco has unique demographics, as Asian/Pacific Islanders form the largest group of children in the city. A per 1,000 rate is more indicative of entry rates and disproportion. In the general San Francisco population, the rate of children entering foster care for the first time is 3.85 per 1,000, while for African Americans the rate is 22.6. African American first entries are disproportionate statewide (9.58 compared to 3.63 for the total population) as well, but San Francisco's rate is almost two and a half times higher than the statewide African American rate. Similarly, the rate of children in care in San Francisco is 14.5 per 1,000 children, compared to an African American rate of 119.36. In other words, approximately 12% of all African American children in San Francisco live in foster care. Statewide, the rate of children in care is 7,73, about half of San Francisco's rate, and the rate of African American children in care is 29.83, about a fourth of San Francisco's rate[1].

2. Among children coming into foster care, increasing the number and rate at which children are placed in their own neighborhoods or communities.

The State of California measures neighborhood placements in terms of the miles between a child's family home and first foster care placement. The data was last published in 2005, and it does not include information about racial and ethnic differences on this measure. The majority of San Francisco placements are with relatives, and the city placed 77% of these children within five miles of their home of removal.

[1] One drawback to the per 1,000 calculations is that the available mid-census projections on San Francisco's children are wrong. Both the state Department of Finance projections and the American Community Survey figures suggest sharp increases in the number of children in the city. In fact, it is evident that the city's children's population has dropped since 2000. For example, the city's school enrollment has declined by more than 1,000 children per year since the last census. Between 1990 and 2000, the mid-census projects were similarly wrong, predicting that the city had added 20,000 children when the full census revealed that during that span it had lost approximately 10,000 children. Nevertheless, the UC Berkeley figures utilize these projections and are the basis of the state's performance measures.

For children placed in other types of facilities, however, San Francisco was only able to place 26% within five miles. In contrast, the statewide rate of relative placements within five miles was 35%, but for other types of facilities it was 61%. The high cost of housing in San Francisco has led to a drastic decline in non-relative placement options. When no relative placements are available, San Francisco often has to resort to placements in surrounding counties.

3. Reducing the number of children served in institutional and group care and shifting resources to kinship care, family foster care, and family-centered services

San Francisco is more likely to place children with relatives or guardians than other California counties (51% versus 36% statewide). African American children are even more likely to be placed with relatives (56%). The city is less likely, however, to formalize guardianships (4% of placements compared to 11% statewide). Seventeen percent of San Francisco's foster children live in Foster Family Agencies (14% of African Americans) and 11% in group homes (no difference for African Americans). Ten percent of children are placed in county-licensed foster homes, including 9% of African Americans. San Francisco is more likely to have runaways (3% of all children in care, as compared to 1% statewide), reflecting that the city has more adolescents in care than the rest of the state. Sixty one percent of the city's foster children are over the age of eleven, compared to 44% statewide. SF-HSA is currently investigating the runaway phenomenon and exploring best practices to keep adolescents home. San Francisco also has a high level of group home placements compared to the rest of the state.

4. Decreasing lengths of stay for children in care

Foster children in San Francisco are likely to have been in placement for a long time. According to UC Berkeley, 41% of the city's foster children have been in care for five years or more. Half of African American foster children have been in care for five years or more. While they represent 66% of children in care in San Francisco, African Americans are 81% of the children who have been in care for five years or more. Statewide, the proportion of children who have been in care five years or longer is just 23%, and the rate for African American foster children is 38%.

Using the statewide child welfare database, SF-HSA recently calculated that current foster children have been in care for an average of 31 months. African American children, however, have been in care for an average is 35 months. Native Americans have been in care for an average of 27 months; Latino, 24; Whites, 21; and Asian/Pacific Islanders, 20.

5. Increasing the number and rate of children reunified with their families.

According to UC Berkeley, San Francisco reunified 222 children in April, 2006 – March, 2007. Of these, 138 (62%) were reunified within 12 months of removal. African Americans comprised 101 (45%) of the reunifications, and 46% of African American families that reunified did so within twelve months. Reunifications involving Latinos were the most likely to be within twelve months (79%), followed by Asian/Pacific Islanders (77%), Whites (68%), and Native Americans (60%).

Statewide, 64% of children are reunifications are within twelve months, including 63% of reunifications involving African Americans. The median time to reunification for San Francisco families is 7.8 months, far from the federal standard of 5.4 months. The statewide rate is 7.9 months.

San Francisco's number of reunifications has declined since 2003, when 341 children were reunified, 201 (59%) of whom reunified within twelve months. During this same span, however,

San Francisco was less likely to remove children in the first place. The number of children entering care dropped by 23%, from 626 to 480, and it would seem that the rate of reunifications is at least partially dependent on the rate of entries.

6. Decreasing the number and rate of children reentering placement.

The number of children re-entering care has declined by 32% since 2003, when 181 children re-entered care. During the April 2006-March 2007 UC Berkeley reporting period, 123 children who were removed from their families had previously been in care. Of those, 61% were African American, 22% Latino, 10% White, and 7% Asian/Pacific Islander.

The state and federal performance measure for this outcome focus on children who come back into care within one year of reunification. In 2003, 21% of entries into care involved children who had been in care within the previous year. San Francisco's rate improved to 16.7%, but it is still far above the federal standard of 9.9%. Only two urban California counties performed more poorly than San Francisco.

According to the latest data posted on UC Berkeley's website, 18% of African Americans who are reunified come back into care within twelve months, while the rate for Asian/Pacific Islanders is 21%, and Latinos, 15%. None of the Whites had been in care in the previous twelve months.

7. Reducing the number of placement moves children in care experience.

According to the latest data provided from the state, San Francisco exceeds the federal standard for placement stability. Ninety two percent of children in their first year of foster care had two or fewer placements, compared to the federal standard of 86%. Seventy three percent of children in their second year of foster care had two or fewer placements, and 53% of children in care for more than two years of time in care. The federal standards for these last two categories are 65% and 42%. African American children are also above the federal standards, as 92% of those in care for one year or less had two moves or fewer. (UC Berkeley has not posted the other categories by race and ethnicity.)

8. Increasing the number and rate of siblings placed together.

Sixty six percent of San Francisco siblings in foster care are placed together, and 64%percent of African American siblings are together. White siblings were least likely to be together (58%), while Native Americans were the most likely (90%), followed by Asian/Pacific Islanders (84%), and Latinos (67%). San Francisco's rate is comparable to the statewide rate of 69%.

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Appendix A: Summary of the 2006 Self-Assessment

I. Introduction

The System Improvement Plan (the "SIP") outlines the strategies that the San Francisco Human Services Agency, Family & Children's Services Division, plans to implement over the next three years to improve outcomes for children and families. The SIP is one of three components in a triannual 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 three years. The intention of AB 636 is to shift child welfare services to a more outcomes-based system and to implement key reforms, such as partnering more actively with the community, sharing responsibility for child safety, strengthening families, and assuring the fairness and equity of service delivery and outcomes. The San Francisco Human Services Agency's (SF-HSA) must analyze, in collaboration with key partners, its performance on critical child welfare outcomes and develop plans to build on its systemic strengths and overcome its weaknesses.

This 2007 SIP marks the beginning of a second triannual cycle for SFHSA, and incorporates the findings of the Self-Assessment and the Peer Quality Case Review (the "PQCR") as mandated by AB636. The PQCR was completed in February 2006 by both Juvenile Probation and Child Welfare Services. In interviews with peers from selected counties, child welfare staff identified strategies to address the issue of reentries into foster care for children aged zero to five, and Juvenile Probation staff identified strategies to improve monthly parental contact to support reunification. The Self-Assessment, which identifies system strengths and areas for improvement, was also completed in 2006 through a community planning process.

SFHSA's SIP focuses on three areas for outcome improvement:

- Reducing the rate of reabuse for children remaining in the home
- Reducing the rate of reentry for children who come back into foster care within a year of reunification
- Improving youth well-being, including youth permanency, for the large number of foster youth emancipating from SF over the next few years

In San Francisco, it is critical to view improvement efforts from the lens of Disproportionality given the alarming overrepresentation of children and families of color, including African American, Native American and Latino. SFHSA is engaged in a number of initiatives and projects that seek to improve disproportionality and ensure good outcomes for children and families, like Family-to-Family, Connect 25, and the California Permanency for Youth Project; these are referenced in this document as improvement strategies.

II. SIP Narrative

A. Local Planning Bodies:

Redesign and Core Team Participants

Andrea Lee, SafeStart Initiative

Lori Walsh, Regional Director, Aspira Resource Center

Kathy Baxter, Director, SF Child Abuse Council

Libby Colman, Program Director emeritus, SFCASA

Mai Mai Ho, LCSW, Executive Director, Asian Perinatal Advocates/FSC

Michele Byrnes, HEY - Honoring Emancipated Youth, United Way of the Bay Area

Sara Ravazi, HEY - Honoring Emancipated Youth, United Way of the Bay Area

Ellen Wolfe, Program Manager, Department of Public Health

Anissa Williams, Director, Edgewood Kinship Center

Ken Epstein, Program Director, Edgewood Center for Children and Families

Dennis Chittle, Acting Supervisor, Juvenile Probation

Maya Webb, Foster Youth Coordinator, San Francisco Unified School District

Rene Velasquez, Director, Instituto Familiar de la Raza

Sai-Ling Chan-Sew, Director, County Mental Health Dept

Susan Lange, Foster Parent Representative, RTS Co-Chair

Maggie Donahue, SFHSA, Legislative Analyst

Sister Estela Morales, Director, Epiphany Center

Cindy Ward, Homeless Family Program Manager, SFHSA

Dion Roberts, Housing Manager, SFHSA Housing & Homeless Programs

Dan Kelly, Planning & Policy Manager, SFHSA

Liz Crudo, Section Manager, SFHSA FCS

Sharon Bell, Program Manager, SFHSA FCS

Dolores Heaven, Program Manager, SFHSA CalWORKS,

Jimmie Gilyard, FCS Program Manager, SFHSA FCS

Kimberly O'Young, Section Manager, SFHSA FCS

Jessica Recinos, SFHSA FCS, Child Welfare Worker

Betsy Wolfe, Clinician, Infant Parent Program

Ken Simpson, SFHSA FCS, Child Welfare Worker

Todd Wright, SFDHS FCS Ombudsman

Penny Sandhu, SFDHS FCS, CYC Board of Directors President

Patricia Rudden, SFHSA FCS, Child Welfare Supervisor

John Murray, SFHSA, Program Analyst, Planning & Evaluation

Jessica Mateu-Newsom, SFHSA, Child Welfare Supervisor

Renee Grevenberg, SFHSA, Child Welfare Supervisor

Andrea Lego, SFHSA, Child Welfare Worker

Pamela Connie, SFHSA, Child Welfare Supervisor

Mabel Aguilar, La Raza Community Resource Center

Melba Maldonado, Director, La Raza Community Resource Center

Laurel Kloomok, Director, First Five Commission

Pete Masapatella, Bay Area Academy

Steve Arcelona, Chief Deputy, SFHSA

Trish Rudden, Child Welfare Supervisor, SFHSA

Susan Arding, Section Manager, SFHSA

Adam Nguyen, Planning and Evaluation analyst, SFHSA

Diana Jensen, Planning and Evaluation analyst, SFHSA

Sarah Crow, Planning and Evaluation analyst, SFHSA

Dan Kelly, Manager, Planning and Evaluation, SFHSA

Kelly Elena Marshall, child welfare intern, SFHSA

Wendy Edelen, Child Welfare Worker, SFHSA

Michele Maas, Native American Health Center

Ramona Sherl, Parent Peer Mentor, Homeless Prenatal Program

Julie Jimenez, Parent Peer Mentor, Homeless Prenatal Program

Maya Durrett, Program Director, SF CASA

Hamish Sinclair, Director, ManAlive Batterers Intervention

Brian Reems, SFHSA Child Welfare Supervisor

Cynthia Caporizzo, San Francisco City Attorney

Pamela Powell, Family Involvement Team, Community Behavioral Health Services

Robin Love, Family Preservation Coordinator, SFHSA

Carmen Villegas-Grant, Child Welfare Supervisor, SFHSA

Michelle Moreno, Instituto Familiar de La Raza

Emily Esparza, Differential Response Coordinator, Instituto Familiar de la Raza

Margaret Coyne, Director, AdvoKids

Debby Jeter, Deputy Director, Family & Children's Services, SFHSA

Patricia Hickey, Foster/Adoptive Parent

Martha Ryan, Executive Director, Homeless Prenatal Program

Margaret Gold, Executive Director, Jelani House

B. Findings that Support Qualitative Change

To explore issues related to emancipating foster youth and to re-entries into foster care, SF-HSA used a number of qualitative and quantitative methods. The SIP strategies are also grounded in the PQCR analysis, as described below.

Focus Groups – Re-entries into Care

From the PQCR case studies, SF-HSA knew that many of its reunifications were failing because of the relapse of addicted parents. To better understand this process, SF-HSA conducted focus groups with staff from the Homeless Prenatal Program. SF-HSA contracts with Homeless Prenatal to provide peer outreach and support to addicted parents involved in the child welfare system. Most of the Homeless Prenatal outreach workers are in recovery themselves, and some of them have had their own experiences with the child welfare system. SF-HSA also conducted a focus group with the staff of the Iris Center, the largest women's outpatient treatment center in San Francisco. (The Iris Center staff revealed that 65 percent of the women they serve are involved in the child welfare system.) During the initial SIP Planning, SF-HSA had conducted a focus group with a range of providers, including the executive director of Jelani House, the main women's residential treatment program.

While discussing SF-HSA case planning practices for addicted parents, focus group participants repeatedly brought up the issue of aftercare. They cited overarching concerns, such as housing, but they were consistent in saying that a joint meeting with the child welfare worker, the client, and the treatment/outreach staff that specifically developed plans for relapse prevention would help reduce re-entries into care. SF-HSA has begun utilizing the Team Decision Making process when planning for reunification or other permanent placement, such as adoption, and it will incorporate relapse prevention and be certain to include substance abuse counselors as appropriate (see strategies 2.3 and 3.7 in Outcome Indicator # 2, Reentries of children into foster care).

SF-HSA also conducted a key informant interview with the substance abuse coordinator and executive director of the Native American Health Center. Most discussions of ethnic disproportion in San Francisco focus on African Americans, but Native Americans are also represented disproportionately in foster care when their small numbers in the total community are considered. As a result of this interview, SF-HSA and the Center are holding a follow-up meeting to discuss disproportion and ICWA practices, as well as to explore how Differential Response efforts can be extended to the Native American community in San Francisco. (See strategies 4.1 and 4.2.)

The focus groups were helpful in amplifying the quantitative information that SF-HSA had developed through CMS and Census analysis, and they provided an important dimension to the Assessment, which informed the Self Improvement Plan.

Survey – Emancipated Foster Youth

To get better information about what happens to foster youth after they emancipate, SF-HSA administered surveys several times over the last few years, including one for the Assessment. The survey is challenging methodologically, as emancipated youth do not stay in touch with the Agency and may be resistant to contact. During the 2006 survey, SF-HSA selected a sample of foster youth who were about to emancipate and sent them a letter about the survey, promising them a $50 gift certificate if they stayed in touch and responded to the survey that would be coming later. Six months after emancipation, SF-HSA sent the surveys, using the addresses from the

Medi-Cal database. The response rate was excellent, over 50 percent, but somewhat skewed to more stable youth who had addresses. Nevertheless, the survey provided a snapshot of how foster youth were faring six months after emancipation.

Some of the findings were positive. For example, 78 percent of respondents were continuing in school. However, 14 percent of the respondents were couch-surfing or otherwise homeless. SF-HSA is expanding its THP+ program next year.

More than half of the respondents were not familiar with the city's One-Stop employment center, and SF-HSA has made it a major initiative to better connect foster youth with the city's employment resources. The Human Services Agency has recently gained access to California Employment Development Department earnings data for foster youth who emancipated in 1999 through 2005. SF-HSA matched data for foster youth who emancipated between 1999 and 2003, finding that fewer than two-thirds of emancipated foster youth had earnings in any quarter. Youth who did have earnings did not earn much, and many did not work at all during the six quarters. The earnings information heightened SF-HSA's awareness of the employment needs of emancipating youth, and the Agency recently applied for Workforce Investment Act funds to improve the work outcomes of this group.

Historically, researchers and child welfare agencies have had very little information about foster youth after emancipation. The survey and payroll tax data match helped SF-HSA better understand the outcomes for this group. The data was presented to the SIP community advisory body, which led to discussions that influenced the final SIP recommendations. As a result of the SIP, the survey is a part of a two-year cycle that helps SF-HSA measure its success in improving outcomes for emancipating youth, and it is one of the key performance measures of the SIP. (See Strategies 2.1, 2.2, 2.3,and 2.4 in Outcome Indicator # 3, Well-being of Youth.)

Disproportionality

Given the overwhelming disproportion of children of color in the child welfare system in SFHSA, it is important to acknowledge the data collection and evaluation which lays the groundwork for current SIP strategies. *The Disproportionality Project: Raising Our Children Together*, was completed in November, 2004, shortly after the initial SFHSA SIP had been submitted, and explored the significant disproportion of African American children in San Francisco's child welfare system. This collaborative public-private partnership, funded by the Stuart and Annie E. Casey Foundations, had three purposes: 1) to establish a representative task force to develop comprehensive recommendations for reducing disproportionality; 2) to conduct exploratory research (individual interviews and focus groups) with parents, caregivers, and child welfare staff to document perceptions for disproportionality; and 3) to garner public support for implementation of the recommendations. The recommendations of the task force, and key SFHSA efforts to reduce disproportionality, are referenced throughout the current SIP in the final improvement goals in each outcome indicator. Additional strategies to address disproportion that SFHSA is undertaking include Team Decision Making, Structured Decision Making, and Differential Response. These are strategies that should impact disproportion not only for African American children, but other children of color including Native American and Latino children.

PQCR

SF-HSA's PQCR focused on reentries of young children aged 0 to 5; SFHSA conducted focus groups with staff, parents (including foster parents) and community partners as part of its PQCR. Juvenile Probation focused on monthly visits with parents. PQCR findings are discussed in the summary section of the Self-Assessment, attached, and directly impacted the development of the 2007 SIP, primarily in Outcome Indicator # 2 (Reentries) for SFHSA and Outcome Indicator # 3 (Well-being of Youth) for Juvenile Probation. PQCR findings were presented to child welfare staff at a mandatory Division meeting in August, 2006 which was coordinated by SFHSA and the Bay Area Academy. Questions across the three outcome indicators were presented for break-out groups to discuss; the resulting suggestions and ideas were subsequently incorporated into the SIP.

The PQCR team made recommendations about CMS data entry, which influenced Strategy 2.4 in Outcome Indicator # 1, Recurrence of abuse in homes where children where not removed. As stated above, there were several strategy recommendations which impacted Outcome Indicator # 2, Reentries. These include Strategies 1.1 and 3.6, which concern foster parent training and engagement. Strategies 2.2 and 2.3 are influenced by the PQCR recommendations regarding behavioral health services, and 3.7, which relates to after care support services for families. Housing was an obvious concern in the PQCR, and it is reflected in the SIP Strategy 3.2. The PQCR team also looked at visitation and court issues, which are contained in Strategies 3.3 and 3.5. The PQCR cited visitation practices as a primary concern in reentries, and SFHSA is hopeful that evidence-based practices identified per Strategy 1.3 will lead to improvements in engagement efforts and visitation structures and supports for parents, caregivers, and children. Foster parent training and support is again identified in Outcome Indicator # 3, Well-being of Youth, in Strategy 1.2.

The PQCR's analysis of Juvenile Probation practices around monthly parental contact were extremely helpful, since it is a system that has few resources for analytical self-examination, and the PQCR recommendations are evident in Strategies 4.1, 4.2, and 4.3 in Outcome Indicator # 3, Well-being of Youth.

SIP Plan Components

Outcome/Systemic Factor: **Rate of Recurrence of abuse/neglect in homes where children were not removed**	
County's Current Performance: San Francisco's baseline performance was 12.7%. Our current performance as of the last reporting period was 10.4% (4/04 – 3/05). Our overall improvement target is to reduce the rate of recurrence of abuse/neglect in homes where children were not removed to 8.6%.	
Improvement Goal 1.0 *Increase the number of child welfare workers utilizing a standardized approach to assessment and placement decision making.*	
Strategy 1.1 Establish a standardized assessment tool and process through the implementation of Structured Decision Making.	**Strategy Rationale**[1] Standardized risk assessment will ensure appropriate safety assessments and consistent practice. SDM was implemented towards the end of our first SIP cycle and will need review and oversight to embed in day-to-day practice and ensure accountability. Consistent practice will also reduce Disproportionality in this area. SFHSA has trained staff on SDM and began implementation on February 14, 2007 so it is still in early stages of implementation.

[1] Describe how the strategies will build on progress and improve this outcome or systemic factor

Milestone	Timeframe	Assigned to
1.1.1 Monitor individual and unit compliance for SDM to identify issues and ensure 90% compliance.	October 2007 and ongoing *Status:* *SDM contract with the CRC was broadened to include CMS data analysis. The January 2008 report from the CRC indicated a 94.3% usage at the hotline and 99.3% completion of the timely Risk Assessment.*	Supervisors SDM Project Manager
1.1.2 Monitor unit compliance for SDM and work with supervisors on a regular basis to trouble-shoot and ensure ongoing 90% compliance.	October 2007 and ongoing ***Status: On-going reports from the CRC have been developed and shared with supervisors and managers.***	Program and Section Managers SDM Project Manager Quality Supervision Project Manager
1.1.3 Review and discuss Division's overall implementation and performance on monthly basis, including discussion on impact on African American families.	Monthly starting in October 2007 *Status:* ***Policy and Planning staff developed a quarterly outcome report format which is regularly shared with child welfare staff to identify trends and areas of strength and needed improvement.***	Management Team SDM Project Manager Quality Supervision Project Manager

Strategy 1.2 Expand Differential Response from one child welfare position to the emergency response staff to engage in Path 2 and 3 responses.			**Strategy Rationale** San Francisco's assessment efforts show that a number of re-abuse cases were inconclusive initially. Expanding community response efforts will allow SFHSA FCS to screen in vulnerable families and link them to the supports and services they need, even if a child welfare case is not opened. There are currently 7 contracted agencies providing Differential Response services. Providing early intervention and support will reduce Disproportionality.		
	1.2.1 Review and discuss implementation and performance to determine plans for expansion.		September 2007 *Status:* *3 E/O screeners positions were hired summer 2007. These were added to multi-function units (ER/DR/CDU/FP) at the main building at 170 Otis St. and the 3rd St. office which is located in the Bayiew community, a targeted neighborhood.*		Management Team Family Preservation Coordinator
Milestone	**1.2.1** Train 90% of staff in Path 2 and 3 response.	**Timeframe**	December 2007 *Status: The Differential Response workgroup has developed strategic plan to further embed DR in practice. All Emergency Response staff have are doing DR; formal training for staff should occur by December 2008.*	**Assigned to**	Family Preservation Coordinator Training Officer
	1.2.2 Support building community capacity with existing contracts.		June 2008		Contract staff, Family Preservation Coordinator
	1.2.3 Establish collaboration between staff and contracted agencies through regular, on-going joint meetings and development and clarification of related policy and procedures.		June 2008 and on-going		Differential Response Managers and Family Preservation Coordinator in collaboration with CBOs
Strategy 1.3 Ensure appropriate response to reports concerning families with per CDSS			**Strategy Rationale** It is important SFHSA clarify referral assignment to ensure supportive and		

instruction and related data collection and analysis			effective intervention and reduce extraneous reports. Proper data collection and analysis is necessary to accurately reflect the reabuse rate.		
Milestone	**1.3.1** Revise policies around referral assignments to reflect current statewide protocols and train staff on same.	**Timeframe**	December 2007 Status: *A policy and protocol has been drafted and will be finalized by summer 2008.*	**Assigned to**	Hotline Manager CMS Project Manager Training Officer
	1.3.2 Review and discuss Division's and county's overall performance monthly, including discussion on Disproportionality data.		Monthly starting September 2007 *Status:* *Policy and Planning staff developed a quarterly outcome report format which is regularly shared with child welfare staff to identify trends and areas of strength and needed improvement.*		Management Team Quality Supervision Project Manager CMS Project Manager

Improvement Goal 2.0 *Ensure that child welfare staff actively involve families, a family's natural support system, and agency and community partners in case planning.*			
Strategy 2.1 Ensure that all families are appropriately assessed for mental health services and linked to a comprehensive array of services.		**Strategy Rationale** San Francisco's self-assessment shows that mental health is a factor in a significant number of cases where children experience reabuse. Establishing stronger linkages with the mental health treatment community will assist SFHSA FCS clients to access the support they need.	
Milestone	**Timeframe**		**Assigned to**
2.2.1 Expand partnership with First 5 Commission to identify services and supports for families with young children.		December 2007 *Status: The First 5 Commission is participating in the Birth to Six Initiative in partnership with SFHSA, the Youth Law Center, and other public and private agencies. First Five is also actively working with SFHSA on other initiatives including SF CanDo through the Communities of Opportunity project to coordinate service delivery among multiple providers in targeted neighborhoods.*	0-5 Project Manager
2.2.2 Develop procedure to provide data to CDSS on any dependent minor who is receiving any psychotropic medication.		June 2008	CPC Manager CMS Project Manager
2.2.3 Train 90% of staff on procedure.		September 2008	Training Officer CMS Project Manager
2.2.4 Monitor data to ensure 90% compliance and identify any issues needing further discussion.		September 2008 and monthly on-going	Management Supervisors CMS Project Manager Quality Supervision Project Manager
Strategy 2.3 Ensure that all families are appropriately assessed for substance abuse services and linked to a comprehensive array of		**Strategy Rationale** San Francisco's self-assessment shows that substance abuse is a factor in a significant number of cases where children experience reabuse or reenter	

services.			care. Establishing stronger linkages with the substance abuse treatment community will assist SFHSA FCS clients to access the support they need. Including pregnant women in the cases handled as Path 1 for Differential Response allows child welfare agencies to provide preventive services for families.		
Milestone	**2.3.1** Establish "New Beginnings" program for pregnant women who are testing positive for substances.	**Timeframe**	December 2007 *Status: In 2007, SFHSA expanded its contract with the Homeless Prenatal Program to implement "New Beginnings" as part of its Differential Response efforts.*	**Assigned to**	Differential Response Project Manager

Strategy 2.4 Expand capacity for data entry.		**Strategy Rationale** San Francisco's PQCR identified the capacity for data entry as critical in documenting relevant contact for families to ensure that the outcomes are reflected accurately.		
Milestone	2.4.1 Expand staff access to CMS so that additional staff may input visit information.	**Timeframe** December 2008	**Assigned to**	IT Staff CMS Project Manager
	2.4.3 Review and revise CMS policies to clarify expectations and indicate specific documentation needs.	December 2008		CMS Project Manager
	2.4.3 End status as a dedicated CMS county	December 2007 *Status: CDSS has approved SFHSA becoming an undedicated county. SFHSA IT staff are currently determining training and supports necessary to implement this change, which should occur by fall 2008.*		CMS Project Manager
Improvement Goal 3.0 *Reduce Disproportionality of Children of Color, including African American, Native American, and Latino children, who experience recurrence of maltreatment.*				
Strategy 3.1 Implement recommendations identified in the *"Raising Our Children Together"* Report of findings and recommendations to address issues of Disproportionality in San Francisco child welfare system.		**Strategy Rationale** The Disproportionality Project shows that San Francisco has a significant overrepresentation of African American children and families in all aspects of its system. Its report recommendations need to be incorporated into other service enhancement efforts both within FCS and throughout the City to begin to ensure fairness and equity in service provision and outcome.		
Milestone	**3.1.1** Actively partner with the legislative Foster Care Improvement Task Force (FCITF) to ensure ongoing implementation of the Nine Key Recommendations.	**Timeframe** Ongoing beginning November 2006 *Status: While the FCITF concluded its work in 2007, SFHSA is continuing to partner with a number of public and private agencies through the Disproportionality workgroup to address this issue.*	**Assigned to**	Disproportionality Project Manager Disproportionality Sr. Leadership and Coordination Team Foster Care Improvement Task Force

	3.1.2 Develop communication strategies "positive messages" to raise awareness on this issue.		Ongoing beginning March 2007 *Status: This work is continuing through efforts of the Disproportionality workgroup. Brown bags with SFHSA staff as well as focused trainings on Disproportionality and the related practice changes necessary to affect it have occurred regularly in the current fiscal year.*		Disproportionality Project Manager Foster Care Improvement Task Force

Strategy 3. 2 Increase the capacity of child welfare workers, supervisors and managers to address issues of bias in child welfare practice.		**Strategy Rationale** African American children are overrepresented in the child welfare system; 70% of the children in foster care are African American, as opposed to approximately 11% of the general population. While small in terms of total numbers, Native American children are also similarly overrepresented in the child welfare system. Numbers of Latino children and families are also disproportionate. Education, training, tools and resources were identified by CWW staff, supervisors and managers in disproportionality "brown bag" courageous conversations in the areas of anti-racist and culturally sensitive services to promote improved child welfare practice and systemic change.		
Milestone	**3.2.1** Conduct training "Undoing Racism" for staff and community partners on disproportionality and system bias.	**Timeframe**	June 2008 *Status: Completed in 2007 for key front-end staff, community partners including members of the Foster Care Improvement Task Force, and SFHSA FCS managers*	**Assigned to**	Disproportionality Project Manager Disproportionality Sr. Leadership and Coordination Team
	3.2.2 Develop training and technical assistance team to support the incorporation of child welfare practice changes that reduce disproportionality and disparate outcomes for African American children.		Ongoing beginning March 2007 *Status: Dr. Rita Wedig is providing technical assistance to SFHSA on this issue. Brown bags with SFHSA staff and the FCS Deputy Director occur regularly. This April, FCS staff will attend a mandatory Division meeting specifically addressing Disproportionality. SFHSA will apply for the statewide BSC on Dispropotionality when that application becomes available later this year.*		Disproportionality Project Manager FCS Training Manager Bay Area Training Academy
	3.2.3 Conduct case analysis study to identify practices and trends which affect disproportionality and develop related protocols and training for staff and		Ongoing beginning May 2007 ***Status: In addition to the quarterly data analysis provided by SFHSA Evaluation and Planning staff, SFHSA contracted with an evaluator***		Disproportionality Project Manager Contracted Evaluator Training & Technical Assistance Team

partners.	*to look at practices on the hotline which can be improved to reduce bias. That analysis was completed in spring 2008 and is currently being reviewed to determine next steps.*	
3.2.4 Based on study, identify practices and trends which reduce disproportionality and develop related protocols and training for staff and partners.	January 2008 *Status: As stated above, the hotline analysis is currently being reviewed to determine next steps. In addition, the Organizational Structure Workgroup is reviewing evidence-based practices which can impact disproportionality.*	Disproportionality Project Manager Contracted Evaluator Training & Technical Assistance Team
3.2.5 Build on service enhancement committees to address and integrate issues of disproportionality.	Ongoing beginning January 2008 *Status: Each of the 12 FCS Workgroups reviewed and incorporated those strategies of the Foster Care Improvement Task Force into the workgroup strategic plans to address disproportionality.*	Disproportionality Project Manager Redesign Coordinator Service Enhancement Committee Co-Chairs

Strategy 3.3 Increase the capacity of CWW's to utilize best and evidenced-based practice.			**Strategy Rationale** A key purpose of best and evidenced-based practice is to ensure that children are consistently protected from harm while removing as much subjective bias as possible from the decision-making process.	
Milestone	**Timeframe**			**Assigned to**
3.3.1 Review and augment existing training curriculum to ensure training areas meet new practice change principles: Family centered, strength-based, needs driven, solution oriented, community–based partnerships.	June 2008		Disproportionality Project Manager Disproportionality Sr. Leadership and Coordination Team FCS Training Manager Bay Area Training Academy	
3.3.2 Increase CWW utilization of Team Decision Making meetings that include community partners.	Ongoing beginning March 2007 *Status: FCS is finalizing contracts with its FRCs to ensure community partner representation at its TDMs in the next fiscal year. Community partners are currently participating in the TDM Workgroup which will help encourage practices which ensure community partner participation. TDMs increased by 16% in 2007 from the previous year.*		Disproportionality Project Manager Disproportionality Sr. Leadership and Coordination Team Section Managers and Supervisors	
3.3.3 Continued roll-out of the Structured Decision Making Tool - *a standardized safety assessment process to ensure the consistent evaluation of risk from county to county, social worker to social worker and child to child* - at key decision points in the child welfare path.	Ongoing beginning May 2007 ***Status: The January 2008 report from the CRC indicated a 94.3% hotline usage of SDM and 99.3% completion of timely Risk Assessment.***		Disproportionality Project Manager Disproportionality Sr. Leadership and Coordination Team Section Managers and Supervisors	

Strategy 3.4 Child welfare services and collaborative efforts are matched to the needs and strengths of children, families, kin, communities and tribal	**Strategy Rationale** Direct services provided by contracted collaborative partners must be designed to ensure in-home services and supports for families meet their needs and address child safe/risk factors in order to promote child well-being and

networks.			improved outcomes.		
Milestone	**3.4.1** Regular assessment and evaluation of contracted services *(client satisfaction, numerical and outcome objectives, use of best practices)* to capture service utilization and effectiveness.	**Timeframe**	Ongoing *Status: Assessment and evaluation of contractors has continued in partnership with Contracts staff to ensure planning and oversight. The San Francisco's Controller's Office has provided technical assistance to SFHSA staff inthis process.*	**Assigned to**	Family Preservation Coordinator FCS Contracts Analyst

Milestone	**3.4.2** Continued transition of Differential Response from a pilot to standardized practice working with community partners to develop a broader set of responses when child welfare agencies receive reports of possible abuse or neglect, including prevention and early intervention, engaging families, and continued clarification of the respective roles of the child welfare worker and community partner to support these efforts.	Timeframe	Ongoing *Status: Contracts with11 community partner agencies have been expanded to include support of Differential Response; these take effect in the next fiscal year, beginning July 2008.*	Timeframe	Family Preservation Coordinator Front End Section Manager

Describe systemic changes needed to further support the improvement goal.

Staff/Provider Training and Quality Assurance:

- SFHSA will ensure that all staff and providers are clearly and consistently trained on policy and practice improvements and that an accountability system is in place to monitor consistent, agency-wide implementation.
- SFHSA will ensure that all staff and providers are clearly and consistently trained on policy and practice improvements and that an accountability system is in place to monitor consistent, agency-wide implementation.

Case Review System:

SFHSA will increase its focus on involving parents, children and youth, and extended family in case planning.

Agency Collaborations:

- SFHSA is working with a number of agencies to implement the recommendations of the Disproportionality Project.
- SFHSA will increase its focus on involving agency and community partners in case planning.
- SFHSA will enhance its relationships, communication and agreements with agency and community partners.

Describe educational/training needs (including technical assistance) to achieve the improvement goals.

Technical assistance related to standardized assessment tools and processes and integration into current practices such as TDM. Staff and provider training on disproportionality, family engagement, and standardized assessment.

Identify roles of the other partners in achieving the improvement goals. SFHSA is working with a number of contracted agencies and other community partners to implement the strategies described above, including in Differential Response and Disproportionality. These partners are important in helping provide feedback as to implementation and evaluate effectiveness. Partners such as First Five will be critical in helping SFHSA move forward in developing implementation plans for specific strategies to improve outcomes for children and families. SFHSA is a national anchor site for the Annie E. Casey Foundation which further supports community partnership in furthering strategies. The FCS Core Team, a group of internal and external public and private partners, will continue to meet as an advisory body during the SIP implementation.

Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.
Resolution of confidentiality issues to encourage more joint case planning with community and inter-agency partners,.

Outcome/Systemic Factor: Measure 3G: % who reentered within 12 months of reunification

County's Current Performance: San Francisco's baseline performance is 24.8%, compared to 13.4% statewide. The current performance as of 4/04 – 3/05 is 23%.

The overall improvement target is 20.5%.

Improvement Goal 1.0 *Increase the number of child welfare workers consistently involving families, children, foster families and other partners in reunification case planning and service delivery and maintaining regular contact with families.*

Strategy 1.1	**Strategy Rationale**
Implement Icebreaker meetings where the child welfare worker, the birth family, the foster family, and the child(ren) (when appropriate) meet to share information.	The Annie E. Casey Foundation's Family to Family Initiative has found that building relationships between birth and foster families can assist in reunification. In some cases, the foster family stays involved with a family after reunification as a mentor or support. The icebreaker meeting is the first step to building that relationship.

Milestone	Timeframe	Assigned to
1.1.1 Develop an icebreaker protocol for FCS.	December 2007 *Status: SFHSA is working with Community Behavioral Health Services (CBHS) to establish a visitation program which includes early assessment of appropriate supports and interventions. The icebreaker process is being integrated into this discussion.*	RTS Program Manager F2F Coordinator

1.1.2 Establish an accountability process which can include: • on-going practice discussions and modeling into unit meetings or "special excellence sessions" • a clear role for supervisors and managers in accountability • clear expectations into performance reviews for staff at all levels.	December 2007 *Status: This will be incorporated into the strategic plan of the RDS workgroup as the icebreaker process is developed in conjunction with the visitation program revision which should be developed by September 2008.*	F2F Coordinator RDS Project Manager
1.1.3 Develop and conduct icebreaker training for 90% of child welfare workers and foster families.	March 2008 *Status: Analysis will occur following implementation. Target: December 2008*	F2F Coordinator FCS Training Officer RDS Project Manager
1.1.4 Monitor and evaluate icebreaker usage to determine 90% compliance and effectiveness.	April 2008 and on-going *Status: Analysis will occur following implementation. Target: March 2009*	Supervisors, Management Team F2F Coordinator RDS Project Manager Quality Supervision Project Manager

Strategy 1.2 Expand the information and opportunities parents have to learn about how to navigate the child welfare system and receive support in doing so.		**Strategy Rationale** [1] Since the first SIP, San Francisco has increased its efforts at parent engagement which the development of peer parent mentors, a Parent Advisory Council, and a parent support group. Providing parents with such opportunities to increase their knowledge of the child welfare system will assist them in better addressing the issues they face and provide them support in doing so, and better inform the outcome improvements efforts of the department by providing formal opportunities for parents to voice concerns and issues.	
Milestone	**Timeframe**		**Assigned to**
1.2.1 Work with the Parent Advisory Council to improve current efforts and identify specific tools, resources, or classes, such as an orientation to the child welfare system, which would promote parent engagement and understanding.		September 2009	Redesign Coordinator
1.2.2 In partnership with parents and the Court Mediators Office, review and update Court Orientation for incoming parents to maximize participationl		September 2007 *Status: This project has been suspended at the request of the Court. SFHSA is working with the Annie E. Casey Foundation support and expand its parent engagement efforts and eventual reinstatement of the Court orientation will be part of that effort as the number of parent partners are increased.*	Redesign Coordinator PAC SFHSA CoChairs

	1.2.3 In partnership with parents, La Raza, and Hunter's Point Family, work with the Annie E. Casey Foundation to explore Building a Better Future curriculum and other tools that support parent engagement and leadership development.		December 2007 *Status: This collaboration is in progress. Consultants from the Annie E. Casey Foundation will conduct the Building a Better Futures training by December 2008. Attendees will include trainers from the Bay Area Academy, who will be able to subsequently be able to replicate the training for future* participants.		Redesign Coordinator PAC SFHSA Co-Chairs
Strategy 1.3 Develop plan to incorporate evidence-based practices in engaging families.			**Strategy Rationale** The growing range of evidence-based practices provide child welfare staff, clients, and partners with specific ways to achieve permanency for families, children and youth in a way that engages families and provides community connections to support effective family functioning.		
Milestone	**1.3.1** Engage staff, clients, and community partners to identify evidence-based practices which can be utilized in San Francisco and develop an implementation plan.	**Timeframe**	September 2008	**Assigned to**	Community-Based Organization Structure Project Manager

Improvement Goal 2.0 *Reduce reunification failures due to substance abuse or mental health relapses.*				
Strategy 2.1 Ensure that all families are appropriately assessed for mental health services and linked to a comprehensive array of services.		**Strategy Rationale** [1] San Francisco's self-assessment shows that mental health is a factor in a significant number of cases where children experience reabuse or reenter care. Developmental needs to children need to be considered in the context of the family situation, e.g., the mental health issues of the parents, so that the family can be appropriately supported. Establishing stronger linkages with the mental health treatment community will assist SFHSA FCS clients to access the support they need.		
Milestone	**2.1.1** Update protocol on need to ensure appropriate developmental screening and assessment for children and youth, including the impact on the family interaction, and train staff on same.	**Timeframe**	June 2008	**Assigned to** Redesign Coordinator
	2.1.2 Work with CBHS and A Home Within to train clinicians in issues faced by families in the child welfare system.		December 2007 *Status: A training curriculum has been developed. CBHS is determining next steps for training.-*	Redesign Coordinator
	2.1.3 Partner with CBHS and First Five to review mental health funding supports and address related issues.		September 2009	Redesign Coordinator
Strategy 2.2 Ensure that all families are appropriately assessed for substance abuse services and linked to a comprehensive array of services.		**Strategy Rationale** San Francisco's self-assessment shows that substance abuse is a factor in a significant number of cases where children experience reabuse or reenter care. Establishing stronger linkages with the substance abuse treatment community will assist SFHSA FCS clients to access the support they need.		
Milestone	**2.2.1** Work with the Family Court and other key partners to determine if a Dependency Drug Court should be developed in San Francisco.	**Timefram**	October 2008	**Assigned** Planning and Evaluation Manager

	2.2.2 Develop comprehensive treatment program and related protocol for children born substance-exposed to educate and support parents, caretakers, and children.		September 2010		Redesign Coordinator
	2.2.3 Work with CBHS to improve access to substance abuse services and programs for families, to build a stronger collaboration between treatment providers and child welfare staff, and to identify areas of expansion for needed services.		September 2008		Redesign Coordinator Permanency Project Manager Community Based Services Project Manager

Improvement Goal 3.0 *Increase the percentage of families that are stabilized in the 6-month family maintenance phase following reunification.*					
Strategy 3. 1 Enhance coordination with the CalWORKS Linkages project to support and stabilize families who are reunifying.			**Strategy Rationale** San Francisco's self-evaluation shows that the stressors associated with living in poverty are a factor in a significant number of cases where children experience re-abuse or re-enter care. Establishing stronger linkages with CalWORKS services will assist SFHSA FCS clients to access the support they need.		
Milestone	**3.1.1** Implement Coordinated Case Planning Protocols for CalWORKS Families in Reunification, as stipulated by AB429.	**Timeframe**	June 2008	**Assigned to**	Linkages Coordinator FCS Crossover Project Manager
Strategy 3.2 Work with SFHSA Housing & Homeless, the San Francisco Housing Authority, and other providers to prioritize housing slots to support and stabilize families who are reunifying.			**Strategy Rationale** San Francisco's self-assessment shows that affordable housing is a factor in a significant number of cases where children reenter care. Establishing stronger linkages with housing services will assist SFHSA FCS clients to access the resources and support they need.		

Milestone	Timeframe	Assigned to
3.2.1.Map the percentage of Family Reunification cases with supportive housing units to determine program coordination between FCS and Housing & Homeless, as well as other city agencies.	June 2007 *Status: The Planning and Evaluation unit has conducted a series of data mapping analysis including removal addresses and current placements by zip code and removal addresses. This analysis will inform the Communities of Opportunity and SF CanDo efforts to collocate services in targeted neighborhoods. Colocation of SFHSA staff with these public agency partners is planned for fall of 2008.*	Planning and Evaluation Manager
3.2.2 Identify plan for program coordination.	March 2008 *Status: SFHSA is in partnership with Department of Children Youth and Families and other public and private agencies to implement the SF CanDo Project which will promote joint case management of families in targeted locations. Colocation of SFHSA staff with these public agency partners is planned for fall of 2008.*	Project Manager

Strategy 3.3 Review and revise visitation practices and protocols to increase the number of parents visiting and provide parents and caregivers with hands-on training and support			**Strategy Rationale** San Francisco's PQCR, which explored reentries for children aged 0 – 5, identified visitation barriers as a key issue preventing successful reunification. Research demonstrates that parents who visit reunify. By establishing visitation practices in a teaching modality which includes not only the parents, but children, youth, and caretakers, parents will be better able to parent successfully upon reunification.	
Milestone	**3.3.1** Identify best practice models that can be implemented in San Francisco.	**Timeframe**	September 2007 *Status: The Visitation Workgroup was convened in June 2007 and has developed a strategic plan to improve visitation practices in San Francisco. A number of best practice models have been researched and considered in the development of the strategic plan. In April, 2008, nationally recognized visitation expert Rose Wentz trained FCS supervisors and FRC staff on best practices in visitation. She is providing this training of FCS line staff in May and June, 2008.*	**Assigned to** Redesign Coordinator
	3.3.2 Determine implementation plan and funding for selected practices.		December 2008	Redesign Coordinator
	3.3.3 Review protocols on visitation prior to reunification and revise as necessary to encourage supportive, progressive visitation prior to reunification when appropriate.		December 2008	Redesign Coordinator
Strategy 3.4 Ensure that families are engaged in the TDM process as appropriate.			**Strategy Rationale** TDMs engage the family at times of critical case decision to ensure that all relevant information can be considered. SFHSA has just rolled out PP/FR TDMs to prepare families for reunification or other permanent placement.	

Milestone	Timeframe	Assigned to
3.4.1 Through the Family Violence Prevention Fund grant, expand SFHSA and community partner ability to address issues of domestic violence in TDMs.	December, 2007 *Status: The FVPF will provide training to FRC staff in May 2008 on domestic violence issues and the impact on TDMs. Both FRC and TDM staff have been engaged in the training development.*	TDM Manager F2F Coordinator Family Preservation Coordinator
3.4.2 Work with the Family Violence Prevention Fund to provide TDM facilitators with intervention techniques to address issues of domestic violence in Team Decision Making meetings.	December, 2007 *Status: Through a technical assistance grant with the Family Violence Prevention Fund to strengthen practices around domestic violence. the FVPF TA team provided monthly consultation (by phone or in person) to TDM facilitators to promote use of in-the-moment strategies for facilitators of TDMs when domestic violence is present or suspected, and develop additional strategies and enhance practice of facilitators in these situations.*	TDM Manager F2F Coordinator
3.4.3 Determine firewalls in relationship to problem areas and related protocols and communication plan, including utilization of TDMs when parents and partners request it..	September 2008	TDM Manager F2F Coordinator
3.4.4 Review TDM data to ensure that 90% of TDMS occur for every decision point and to determine impact on outcomes, and disseminate findings on a quarterly basis to management, staff, and partners.	September 2007 and on-going *Status: SFHSA instituted a new firewall for TDM in 2006 that resulted in a 16% increase in TDMs in 2007.*	TDM Manager F2F Coordinator Quality Supervision Project Manager

Strategy 3.5 Develop systemic effort to promote positive relationships with the Court		**Strategy Rationale** [1] San Francisco's PQCR indicated that a positive relationship between SFHSA and the Juvenile Court was critical both in supporting staff in their role and in achieving good outcomes for families.		
Milestone	**3.5.1** Provide staff training on Court-related issues such as testifying.	**Timeframe** December 2008	**Assigned to**	Training Officer Court Project Manager
	3.5.2 Improve administrative communications with the Court through standing monthly Judge's meeting	December 2008		Court Project Manager
	3.5.3 Assess current confidentiality constraints to determine recommendations for regulatory changes.	September 2010		Court Project Manager

Strategy 3.6 Establish support/wraparound/consultation to foster families, kin, placements providers, and mentors.		**Strategy Rationale** There continues to be a need for comprehensive identification of existing services to all types of caregivers and providers, and to coordinate services accordingly to ensure that placements are maintained by providing all youth and their caregivers with the most appropriate support services.		
Milestone	**3.6.1** Establish support groups and consultation for foster parents, including specific supports for Spanish-speaking parents.	**Timeframe** October 2007 *Status: SFHSA is currently providing space so that foster parents may conduct supports groups on a regular basis. This includes a support group for Spanish-speaking foster parents. In addition, the RDS Workgroup is realigning its foster parent training as part of its strategic plan implementation. This is in partnership with the Bay Area Academy, City College, and CBOs Edgewood and Seneca.*	**Assigned to**	F2F Coordinator RTS Manager

3.6.2 Provide joint trainings for foster parents and staff, including training on foster parents' key role as partners in supporting reunification.	September 2008	Training Officer RTS Manager Permanency Manager
3.6.3 Outstation Spanish-speaking recruiter at 3120 Mission St. Office on designated days during the week.	December 2007 *Status: FCS is currently undergoing a reorganization of staff assignment which will conclude in July 2008. Once that is completed, the RDS Workgroup will identify this strategy as part of its strategic plan.*	RTS Manager FCS Manager F2F Coordinator

Strategy 3.7 Expand supports to families post-reunification.			**Strategy Rationale:** The SFHSA PQCR indicated that ensuring and expanding aftercare supports, included extension of family maintenance services, was critical in ensuring good outcomes for reunifying families.		
Milestone	**3.7.1** Review and revise protocol per ACL instruction extending Family Maintenance Services	**Timeframe**	December 2007 *Status: This policy has been drafted and is awaiting finalization.*	**Assigned to**	DR Manager Permanency Manager
	3.7.2 Train staff on protocol revision.		March 2008 *Status: Training will occur once the policy is finalized. Target: August 2008*		Training Officer Permanency Manager
	3.7.3 Monitor effect on successful reunification.		March 2008 and on-going *Status: Analysis will occur once the policy has been finalized and implemented. Target: December 2008*		Management Team Supervisors Permanency Manager Quality Supervision Project Manager
	3.7.4 Review resources to expand peer parent aftercare supports for families.		September 2009		Permanency Manager

Improvement Goal 4.0 *Reduce Disproportionality of Children of Color, including African American, Native American, and Latino children, who reenter care.*	
Strategy 4. 1 Build on service enhancement committees to address and integrate issues of disproportionality.	**Strategy Rationale** The Annie E. Casey Foundation awarded SFHSA the opportunity to participate in the Disproportionality FSC, along with several other sites throughout the country. Through this effort we began to address overrepresentation through ongoing service enhancement development and implementation. Overrepresentation is so extensive it needs to be considered in all facets of service provision and delivery as well as policy and practice developments and changes.

Milestone	Timeframe	Assigned to
4.1.1. Expand contract with Friends Outside to provide services to incarcerated parents.	September 2007 *Status: SFHSA is expanding the Friends' Outside contract by $17,000 through a grant with Annie E. Casey to support the work of the SFCIPP (SF Children of Incarcerated Parents Project), to expand visitation with children and incarcerated parents.*	FSU Manager Disproportionality Project Manager
4.1.2 Develop a protocol to mandate use of the substance abuse field.	December 2007 *Status: The CMS workgroup will incorporate this strategy into its strategic plan. Target: September 2008*	CMS Project Manager
4.1.3 Train 90% of staff on protocol.	March 2008 *Status: Training will occur once the protocol has been developed. Target: December 2008*	Training Officer CMS Project Manager
4.1.4 Monitor data to ensure 90% compliance and impact on outcome improvement.	April 2008 and on-going *Status: Analysis will occur post implementation. Target: March 2009*	Management Team Supervisors CMS Project Manager

Describe systemic changes needed to further support the improvement goal.
SFHSA FCS will ensure that all staff and providers are clearly and consistently trained on policy and practice improvements and that an accountability system is in place to monitor consistent, agency-wide implementation.

Staff/Provider Training and Quality Assurance:

- SFHSA will ensure that all staff and providers are clearly and consistently trained on policy and practice improvements and that an accountability system is in place to monitor consistent, agency-wide implementation.
- SFHSA will ensure that all staff and providers are clearly and consistently trained on policy and practice improvements and that an accountability system is in place to monitor consistent, agency-wide implementation.

Case Review System:

SFHSA will increase its focus on involving parents, children and youth, and extended family in case planning.

Agency Collaborations:

- SFHSA is working with a number of agencies to implement the recommendations of the Disproportionality Project.
- SFHSA will increase its focus on involving agency and community partners in case planning.

SFHSA will enhance its relationships, communication and agreements with agency and community partners.

Describe educational/training needs (including technical assistance) to achieve the improvement goals.
Staff and provider training on disproportionality, family engagement, standardized assessment, mental health and substance abuse resources, services, and related issues.

Identify roles of the other partners in achieving the improvement goals. SFHSA is working with a number of internal and external partners to reduce reentries, as identified in the strategies above. SFHSA will work with these partners to access other community partners, such as other city agency efforts to address housing issues. Department of Public Health will be instrumental in addressing medical, substance abuse, and mental health issues referenced to improve and expand service delivery. SFHSA has also recently developed an MOU with SFPD in an effort to prevent unnecessary placements in the event that the primary caregiver is detained.

Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.

- Advocacy to resolve MediCal issues for children and youth placed out-of-county.
- Advocacy to modify the CWS/CMS case plan form. The existing form does not allow flexibility to create tailored, effective case plans.

Outcome/Systemic Factor: Well-being of Youth Transitioning to Self-Sufficient Adulthood

County's Current Performance:
Emancipating youth face many risks including homelessness, low educational attainment, unemployment or low-wage jobs, welfare dependency. To address these risks, SFDHS FCS has adopted several measures, including a youth initiative to ensure that all youth have a plan that guarantees housing, employment, education, training, and healthcare. SFDHS FCS has partnered with Larkin Street Youth Services to begin implementing AB427, which created the Transitional Housing Placement Program for Emancipated Foster/Probation Youth, and has partnered with other local organizations to increase scholarship funds and to create Individual Development Accounts for former foster youth. SFDHS FCS has also reorganized and expanded its Independent Living Program to coordinate with One-Stop Employment Centers, to expand its services to youth as young as 14, and to create an after-care advisor position. SFDHS FCS has joined the Honoring Emancipated Youth collaborative, and has been chosen as one of four pilot sites for the Youth Transitions Initiative, a new strategy of Family to Family.

Improvement Goal 1.0 *Increase the number of youth age 8-18 in the San Francisco foster care system that achieve permanency (adoption or legal guardianship).*

Strategy 1.1 Identify existing family, extended family, and other significant adults in a youth's life who may be able to make a lifelong connection.			**Strategy Rationale** Research shows that youth who leave foster care without a permanent connection are more often homeless, unemployed, and disconnected from any community. Current youth services focus primarily on independent living and do not often address the need for every youth to have a family-like connection when they can look for caring and support. Youth will enter adulthood more successfully when surrounded by strong, consistent role models, and more importantly, when surrounded by nurturing relationships.		
Milestone	**1.1.1** Build on CPYP pilot to expand identification of significant adults, including modifying procedures/forms/contracts, expanded partnership with community, and youth participation in various committees).	**Timeframe**	December 2008	**Assigned to**	Adoptions Manager Youth Permanence Co-Chairs Permanency Project Manager

	1.1.2 Develop and implement training to help child welfare workers and caretakers identify and evaluate every care option available to youth, including kinship care, legal guardianship and adoption, as well as the incentives and supports that can accompany those options (e.g., adoption incentives, ongoing eligibility for independent living services, etc.)		December 2008		FCS Training Officer Permanency Project Manager
	1.1.3 Develop and implement training for staff and partners on promoting permanent connections for youth, including how to discuss adoption with youth		December 2008		Adoptions Manager Permanency Project Manager FCS Training Officer

Strategy 1.2 Establish support/wraparound/consultation to foster families, kin, placements providers, and mentors.			**Strategy Rationale** There continues to be a need for comprehensive identification of existing services to all types of caregivers and providers, and to coordinate services accordingly to ensure that placements are maintained by providing all youth and their caregivers with the most appropriate support services		
Milestone	**1.2.1** In collaboration with the Child Abuse Council, establish a support group for foster parents caring for youth.	**Timeframe**	October 2007 *Status:* *The RDS Workgroup will establish this support group by December 2008 as part of its realignment of foster parent training.*	**Assigned to**	RTS Manager F2F Coordinator
	1.2.2 Develop joint trainings for new foster parents with Spanish-speaking CBOs (LaRaza).		October 2008		RTS Manager F2F Coordinator
	1.2.3 Develop training for caregivers about City College services to increase educational opportunities.		March 2009		Contract Liaison

	1.2.4 Develop benchmarkers for KinGap families to identify potential trigger points for reentries or other areas of concern when children enter the teen years, and identify strategies to address.		March 2010		Kinship Manager Permanency Project Manager
Strategy 1. 3 Increase number of cases with finalized adoptions.			**Strategy Rationale** The number of adoptions in San Francisco has declined. Reviewing procedures to determine efficiency, as well as reviewing updated ACLs regarding KinGap legislation, will help identify appropriate cases for the Adoptions section.		
Milestone	**1.3.1** Review procedures regarding transfer of cases to Adoptions unit and revise as appropriate.	**Timeframe**	September 2007 *Status: The Organizational Structure Workgroup is conducting an interview of other counties to identify best practices and related adoption policy and protocol. The workgroup has also identified a number of barriers relating to the timeliness of adoptions and developed related takss to address this. Adoptions staff have been issued information explicating the steps necessary to ensure timely case transfers to adoptions.*	**Assigned to**	FSU and Adoptions Managers Project Manager
	1.3.2 Review KinGap procedures and revise as appropriate.		September 2007 *Status: SFHSA has issued an RFP for kinship support.*		3rd St. Section Manager Permanency Project Manager
	1.3.3 Review foster parent recruitment and education to identify ways to improve concurrent planning and reduce placement moves.		June 2008		Permanency Project Manager RTS Manager

	1.3.4 Train staff and partners on protocol changes.		December 2007 *Status: Adoptions staff have been trained on protocol regarding case transfers. As additional policy changes are clarified and developed, future training will occur for appropriate staff and partners.*		Training Officer Permanency Project Manager
	1.3.5 Monitor and evaluate number of finalized adoptions.		December 2007 and on-going *Status: The planning and evaluation unit conducted an extensive adoptions/case closures data analysis in August 2007 which is informing the efforts of the Organizational Structure Workgroup in promoting timely adoptions. Adoptions related data is also included in the quarterly trend analysis from the Planning and Evaluation staff. In 2007, the number of adoptions increased to 105 from the previous year.*		Management Team Supervisors Permanency Project Manager
Notes:					

Strategy 1.4 Identify and implement best practices to support the personal and social development of youth, including youth with special needs.			**Strategy Rationale** As part of the Connect25 Initiative, San Francisco is identifying ways to improve social development and supports of youth, including special needs youth, and to assist caretakers and staff in addressing and supporting these same issues. This will promote stability and permanence for youth and provide staff and caretakers with additional supports.		
Milestone	**1.4.1** Develop best practice guidelines for meeting the needs of Undocumented Youth and through training, supervision, etc., encourage staff and caregivers to adopt these practices.	**Timeframe**	December 2008	**Assigned to**	FSU Section Manager Permanency Project Manager

	1.4.2 Develop best practice guidelines for meeting the needs of LGBTQ youth and through training, supervision, etc., encourage staff and caregivers to adopt these practices.		December 2008		Youth Permanence Co-Chairs Permanency Project Manager
	1.4.3 Develop best practice guidelines for meeting the needs of Probation youth and through training, supervision, etc., encourage staff and caregivers to adopt these practices.		December 2008		Youth Permanence Co-Chairs Juvenile Probation Deputy Director Permanency Project Manager
	1.4.4 Develop best practice guidelines for meeting the needs of Minor parents and through training, supervision, etc., encourage staff and caregivers to adopt these practices.		December 2008		Youth Permanence Co-Chairs Permanency Project Manager
	Notes; Cross reference strategies with Mayor's Transitional Youth Task Force recommendations.				

Improvement Goal 2.0 *Ensure that of every youth who emancipates from San Francisco:*

A. 80% have sustainable (i.e., stable and/or permanent) housing for a minimum of three months following emancipation;

B. 60% demonstrate stable employment, income, or other financial support for a minimum of three months following emancipation

C. 90% know they are enrolled in health care.

Strategy 2.1 Ensure that all youth age 14 to 18 and all significant adults for youth in care are identified and are actively involve in ILSP and permanency planning.

Strategy Rationale
The involvement of all partners in case planning will help identify long-term, appropriate, and relevant supportive services while helping to build a community support system for the youth and facilitating the coordination of existing services. The equal involvement of youth in this process helps prepare them for adulthood, leadership, and additional responsibilities.

Milestone	Timeframe	Assigned to
2.1.1 Formalize a FCS policy to implement permanency planning meetings for youth aged 16 and older.	December 2008	ILSP Manager Permanency Project Manager
2.1.2 Establish training and accountability tracking for child welfare workers and other potential meeting participants about the structure and process of the permanency planning meeting.	December 2008	ILSP Manager Permanency Project Manager
2.1.3 Implement permanency planning division-wide with all identified key partners. Recognize and celebrate on-going cultural and other youth milestones or transitions with meeting participants.	March 2009	Management Team Supervisors Permanency Project Manager

Strategy 2. 2 Ensure the active involvement of youth, foster parents and relatives caregivers in ILSP.			**Strategy Rationale** When caregivers believe in and support programs for youth and are actively encouraged to participate with you, youth will more likely participate and engage as well. The presence of caregivers in youth programs will facilitate communication between support services and can increase the continuity and effectiveness of supports youth are receiving in and out of home.		
Milestone	**2.2.1** As part of the Connect25 Initiative, create a training program for caregivers, staff, and youth on teen-related issues of self sufficiency and permanency.	**Timeframe**	September 2008	**Assigned to**	ILSP Manager Permanency Project Manager Training Coordinator
Milestone	**2.2.2** ILSP staff will solicit youth and caregiver involvement in on-going planning through focus groups.	**Timeframe**	September 2008	**Assigned to**	ILSP Manager Permanency Project Manager
Strategy 2.3 Every young adult who emancipates from the San Francisco foster care system has a HEP that documents citizenship status.			**Strategy Rationale** Many youth in care repeatedly experience a change of placement and social workers. A comprehensive document of the youth's health care, education, and other information can help ensure continuity across health, educational, and other support services provided, even if a change in placement or school occurs.		
Milestone	**2.3.1** Build on the recommendations of the Foster Youth Services subcommittee to establish a procedure for developing a HEP that identifies and outlines what a HEP should include, who is responsible for what, and the process for completing it and distributing to youth.	**Timeframe**	December 2007 *Status: Policy and protocol on the HEP has been developed and will be presented to FCS staff in April 2008. The related handbook section will be issued to by June 2008.*	**Assigned to**	CMS Project Manager
Milestone	**2.3.2** Train youth to maintain their own HEP.	**Timeframe**	June 2008	**Assigned to**	ILSP Manager CMS Project Manager Permanency Project Manager

Strategy 2.4 Work with DHS Housing & Homeless and the San Francisco Housing Authority to prioritize affordable housing slots to support and stabilize youth who have emancipated from foster care.		**Strategy Rationale** Emancipating youth face many risks including homelessness, low educational attainment, unemployment or low-wage jobs, and welfare dependency. Coordinated efforts between existing aftercare supports can help develop an adequate safety net or support network to address these risks and support long-term success after emancipation.		
Milestone	**2.4.1** Work with SFHSA Housing & Homeless, the San Francisco Housing Authority, and other providers to prioritize housing slots to support and stabilize families who are reunifying.	**Timeframe**	On-going as scheduled	**Assigned to**	Management Staff
	2.4.2 Map the percentage of Family Reunification cases with supportive housing units to determine program coordination with Housing & Homeless Division and other city agencies.		June 2007 *Status: The Planning and Evalution unit has conducted a series of data mapping analysis including removal addresses and current placements by zipcode and removal addresses. This analysis will inform the Communities of Opportunity and SF CanDo efforts to collocate services in targeted neighborhoods. Colocation of SFHSA staff with these public agency partners is planned for fall of 2008.*		Planning and Evaluation Manager Project Manager

	2.4.3 Establish THPP + "host" families for emancipated foster youth.		December 2007 *Status: SFHSA has contracted with two providers, First Place Funds and Edgewood, to provide THPP+ host families. First Place Funds has 10 slots which are full; Edgewood has filled 10 of 12 slots. In addition, First Place Funds has 21 scattered site units approved which can be converted to the host model if appropriate.*		ILSP Manager Permanency Project Manager
Strategy 2.5 Develop training for child welfare workers, caregivers, and community-based organizations regarding working with youth.			**Strategy Rationale** Standardized trainings for service providers and caregivers that integrate both basic youth development (with emphasis on Special Health Care Needs and Mental Health concerns) and unique challenges faced by youth in care can increase the effectiveness of services provided, create an environment appropriate to the needs of individual youth, and enhance consistency of approaches used with youth in and out of the home.		
Milestone	**2.5.1**.Work with City College to develop training for a comprehensive, developmental approach to working with youth.	**Timeframe**	September 2008	**Assigned to**	Contracts Liaison FCS Training Coordinator Permanency Project Manager
	2.5.2 Implement trainings for caregivers around fostering independence in care.		September 2009		Training Coordinator Permanency Project Manager

Strategy 2.6 Ensure appropriate medical assessments and screenings for youth.			**Strategy Rationale**: SFDPH is developing a review process to ensure that transitioning youth are appropriately linked with medical services for young adults. One of the issues they experience with foster youth is that often the appropriate screenings or assessments have not been completed for youth who may be eligible for SSI.		
Mile stones	**2.6.1** Implement a system to identify organic disabilities as appropriate in youth and provide advocacy and assistance for these youth to obtain SSI as appropriate.	Time frame	September 2010	Assigned to	Permanency Project Manager
Notes: Trainings can involve emancipated youth or trainers, i.e., from the "Youth Training Project."					

Strategy 2.7 Ensure that emancipating youth placed out-of-county are receiving appropriate emancipation services.			**Strategy Rationale :** Although SFHSA FCS maintains responsibility for youth placed out of county, services provided for youth in transition vary greatly across counties with insufficient procedures to guarantee consistency.		
Milestone	**2.7.1** Work with CBHS to improve mental health access for out-of-county youth.	Timeframe	December 2008	Assigned to	Permanency Project Manager
	2.7.2 Provide service provider catalogues and/or resource books, such as for those counties in which large percentages of San Francisco youth are placed, and ensure that they are updated annually.		December 2008		ILSP Manager Permanency Project Manager
	2.7.3 Develop a regularly scheduled "Open House" or "Open Forum" at the Teen Center for child welfare staff can meet with ILSP staff to exchange resources and discuss policy and legislation updates.		December 2008		ILSP Manager Permanency Project Manager
	2.7.4 Explore staffing and funding resources to expand teen liaison workers who can assist in securing out-of-county resources and following up with same.		December 2008		ILSP Manager Permanency Project Manager

	2.7.5 Update protocol for TILP implementation and train 90% of staff on same.		June 2008		ILSP Manager CMS Manager Training Officer
Notes: Milestones 2.6.2 through 2.6.5 were recommendations of the Out-Of-County Committee, which was convened as part of the 2004 SIP to identify issues of and propose recommendations for youth placed out-of-county.					

Strategy 2.8 Continue implementation of CC25I.		**Strategy Rationale** A formal collaboration of existing youth transition programs can help strengthen and increase consistency across services while providing a framework to achieve Goals 3 and 4 outlined here.	
Milestone	**Timeframe**		**Assigned to**
2.8.1 Develop a system for tracking basic outcomes for youth who are transitioning, will transition, or have transitioned from foster care.		December 2008	ILSP Manager Permanency Project Manager
2.8.2 Develop job opportunities and job training options for youth in and out of San Francisco through work internships, CBO partnership, and implementation of a wage subsidy program.		December 2008	ILSP Manager Workforce Development Manager Permanency Project Manager
2.8.3 Identify issues that lead foster youth to drop out of college, create plan to mediate situation, and identify support systems in every college that youth are attending from SF ILSP.		December 2008	ILSP Manager Permanency Project Manager

Milestone	Timeframe	Assigned to
2.8.4 Expand housing opportunities for youth by identifying housing needs through youth survey, identifying housing options for youth and creating a housing guide for staff, youth, and caregivers, and identifying housing needs and options at all GOALS meetings.	December 2008	ILSP Manager Chief Deputy Director Permanency Project Manager
2.8.5 Administer Ansell-Casey Life Skills assessment as part of ILP intake process for all eligible San Francisco youth. Administer only Part I for youth younger than 15.	December 2008	ILSP Manager Permanency Project Manager
2.8.6 Open Individual Development Accounts (IDAs) for all youth at age 16 who have a vocational plan and for 30 youth aged 18-24, provide financial literacy training to these same youth, and identify roles of youth leadership and community partnership boards and the necessary communication and coordination between them.	December 2008	ILSP Manager Permanency Project Manager

Improvement Goal 3.0 *Increase the % of youth graduating from high school or vocational training from 43% to 60% and increase the amount of youth emancipating with documented links to continuing education and/or vocational training from 42% to 60% (percentages determined based on profile data and analysis).*				
Strategy 3.1 Connect with an existing significant adult who can monitor school progress, attend IEPs, TDMs and other meeting forums, and communicate with the school, foster care providers, and child welfare worker.		**Strategy Rationale** Youth in foster care often lack but could greatly benefit from an advocate for their educational needs (as opposed to requirements) who is familiar with their strengths and challenges and can track their educational history even if placements or schools change.		
Milestone	**3.1.1** In partnership with Educational TA subcommittee, review procedure for assignment of education surrogates for foster youth whose caregivers are not able or willing to make educational decisions and make necessary revisions to streamline process.	**Timeframe**	September 2007 *Status: In summer 2007, SFUSD and FCS staff, including Court personnel, reviewed and updated the procedure for assignment of educational surrogates to streamline and expedite this process.*	**Assigned to** SFUSD Liaison Redesign Coordinator
	3.1.2 Train 90% staff on policy changes		October 2007 *FCS staff were informed of policy changes in September 2007.*	Training Officer Redesign Coordinator
Strategy 3.2 Continue collaboration with SFUSD and other key partners including CBHS, HEY, and CASA.		**Strategy Rationale** Cross-agency collaborations can serve to better track the numbers of youth enrolled in which schools and receiving which educational supports, and this information can be used to develop models of successful educational support. With increased communication and sharing of information and resources, educational and service providers can also address unique challenges of youth in care and help prevent inappropriate tracking or promotion.		
Miles	**3.2.1** Expand ability to provide educational advocacy for foster youth.	**Timef**	December 2009	**Assig** Redesign Coordinator

	3.2.2 Train 90% of staff on the educational rights and needs of foster youth including graduation requirements and student financial aid.		December 2007 *Status: Mental Health Advocacy, an agency that has provided educational consultation through a Stuart grant to SFHSA, conducted this mandatory training for staff in March, 2007.*	Redesign Coordinator
	3.2.3 Identify tutoring resources to ensure remedial educational services for youth are in place and inform staff and partners of same.		December 2007 *Status: A tutoring contract with FFA Alternative Family Services for children and youth in San Francisco was expanded in fall 2007 to include out-of-county youth. SFHSA also partnered with SFUSD to develop and issue instructions for tutoring access to several providers for SFHSA staff.*	SFUSD Liaison Redesign Coordinator

Improvement Goal 4.0 *Increase quality and consistency of monthly parental visitation with Juvenile Probation to support successful family reunification*				
Strategy 4.1 Collaborate with key partners, including FCS and CBHS, to support best practices around parent engagement.		**Strategy Rationale** The San Francisco PQCR identified a number of ways that probation contact with parents can be supported. Partnering with FCS and other key agencies that have experience in parental contact and supports will be important in that effort.		
Milestone	**4.1.1** Develop and implement joint training for JPD and FCS on parental contact and support.	**Timeframe**	December 2007 *Status: This training will be developed in conjunction with the Bay Area Academy in the next fiscal year.*	**Assigned to** JPD and FCS Training Officers

	4.1.2 Identify appropriate cases for SB163 Wraparound services to expand parental support efforts.		September 2007 *Status: Juvenile Probation is actively partnering with SFHSA, CBHS, and Seneca Connections to review referrals for Wraparound and partner as necessary on accepted cases. Currently there are 8 JPD cases in the Wraparound program which comprise over 11% of the total Wraparound cases.*		JPD SB163 Wraparound Representative
	4.1.3 Work with placement agencies to encourage and support parental visitation.		December 2008		JPD Management
Strategy 4. 2 Expand logistical supports to allow POs to conduct monthly visitation.		**Strategy Rationale** The San Francisco PQCR identified a number of logistical supports necessary for JPD to maintain quality monthly visit contact with parents.			
Milestone	**4.2.1** Review funding resources to determine available financial supports.	**Timeframe**	September 2007 *Status: This item is pending.*	**Assigned to**	JPD Management
	4.2.2 Prioritize supports and develop plan for implementation.		July 2007 *Status: This item is pending.*		JPD Management
	4.2.3 Determine delegation of non-placement, non-mandatory job duties to other officers to maximize PO time available for visitation.		December 2008		JPD Management
Strategy 4.3 Expand training opportunities for POs which support best practices around parental contact		**Strategy Rationale** The San Francisco PQCR identified trainings that will support the efforts of the JPD staff to conduct quality monthly visits with parents.			
Milestone	**4.3.1** Develop core training re placement practices and related procedures and protocols	**Timeframe**	December 2008	**Assigned to**	JPD Management

Improvement Goal 5.0 *Reduce Disproportionality of Children of Color, including African American, Native American, and Latino children, exiting foster care to improve well-being.*				
Strategy 5.1 Ensure accountability with TDM implementation so that a TDM is held at designated placement decision points.		**Strategy Rationale** TDMs utilize a team-based, community oriented approach to determining placement decisions for children and families. CDSS has identified TDMs as one strategy which impact disproportionality and improve outcomes for families.		
Milestone	**5.1.1** Determine TDM firewalls in relationship to problem areas and related protocols and communication plan.	**Timeframe**	March 2008 *Status: TDM firewalls have been developed and compliance has been shared with supervisors during monthly management and supervisor joint meetings. The TDM Workgroup is also reviewing the firewall process and will incorporate any changes into the TDM protocol which is currently being updated.*	**Assigned to** TDM Manager F2F Coordinator

Describe systemic changes needed to further support the improvement goals.

Case Review System:

- SFHSA FCS has recognized the need to increase the participation of youth and their birth and foster families in case planning. In response, SFDHS FCS has outlined specific approaches for involving youth and families in TDMs and other placement decisions in Strategies 2.1, 4.1, 4.3, and 5.1, and in on-going case planning under Strategies 1.1, 1.4, 2.1, 4.1, and 4.3.
- SFHSA FCS has recognized the need to increase the participation of youth and their birth and foster families in case planning. In response, SFDHS FCS has outlined strategies for increasing participation in both emancipation and after-care planning under Strategies 1.4 and 2.1.

Foster/Adoptive Parent Licensing, Recruitment and Retention:

- SFHSA FCS has recognized the need to increase supports for caretakers and foster parents who are caring for youth and has outlined specific approaches in Strategy 1.2.
- SFHSA FCS will work with the youth and his or her family and extended family to identify permanent, lifelong connections, as identified in Strategies 1.1 and 2.4.

Agency Collaborations:

- SFHSA FCS will enhance coordination and collaboration with the Probation Department as specified in Strategy 4.1.
- To strengthen agency and community collaborations in case planning, after-care support services, and training for all who provide care to youth, especially those who fall through the cracks, SFDHS FCS has developed specific action steps under Strategies 1.1, 1.4, 2.1, 2.2., 2.4., 2.5., 2.7, and 4.1.
- SFHSA FCS has addressed the need to increase community partners in case planning and decision-making by facilitating communication and collaboration across agencies regarding a youth's educational path through Strategies 3.1. and 3.2.

Management Information Systems:

- In order to address the lack of documentation of a youth's health and education history, SFDHS FCS has

developed specific steps to implement HEPs under Strategy 2.3.

- SFDHS FCS has identified and addressed the need to standardize and expand educational support services to all youth in care and educate workers about this protocol through Strategy 3.1.

Describe educational/training needs (including technical assistance) to achieve the improvement goals.

- Education and training for workers and placement providers on the supports available to youth and how to successfully navigate the systems.
- Information LTP/ILSP Unit regarding current permanency (G.O.A.L.S.) meeting procedures.

Identify roles of the other partners in achieving the improvement goals.

SFHSA is working closely with a number of grantors and agencies to ensure youth permanency. Partners can identify resources such as guides and materials from outside sources, provide expertise in particular areas such as health issues, and link SFHSA with other efforts to support the work, such as the newly developed DPH review process for transitioning youth. As stated above, the FCS Core Team will continue to meet to support, monitor, and guide the SIP implementation.

Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.

- Advocate at the State level to modify the standard TILP form to better capture the youth's strengths and needs
- Advocate at the Federal level to amend policies that restrict students (former foster care youth) from living in Federally-subsidized housing
- Advocate with local universities and other schools to allow former foster care youth to remain in student housing during school holidays

Appendix A:
Summary of the 2006 Self Assessment

San Francisco conducted its PQCR from January 30 through February 3rd, 2006. The area of focus for FCS was the reentry into foster care of children aged 0 to 5. This is the second outcome indicator in San Francisco's SIP, and is an area of concern due to the high rate of children reentering foster care after reunification (averaging about 25% over the last several years) and the vulnerability of these young children. As with other outcome indicators, a disproportionate number of African American children are affected. A review of cases for the SIP indicated that many of the reentries consisted of children in the 0 to 5 age range, and the PQCR focus was narrowed accordingly. While findings are delineated in the PQCR report submitted to CDSS earlier this year, the most significant recommendations are as follows:

Visitation

Visitation is the number one challenge staff identified in the PQCR. (At Core Team and Division meetings, staff and community partners also identified visitation as a challenge and enumerated various ways to improve it that will be incorporated in the 2007 SIP.) Quality visitation allows for not only parents to spend time with their children, but for this time to be a teaching modality providing all family members with the tools they need to interact appropriately, strengthen loving relationships, and ultimately successfully reunify. The research shows that parents who visit reunify, regardless of substance abuse, regardless of mental health issues. It is critical that visitation be an opportunity to promote healthy relationships for families.

At SF-HAS, visitation practice is fraught with issues. There are logistical difficulties of scheduling and transportation, which for San Francisco is particularly difficult given the number of children, including medically fragile infants, placed out of county and the heavy commuter traffic further compounded by limited accessibility as a peninsula. Limitations around the physical location and structure of the visiting room are another key factor. There are staffing issues as well, including training. The relationship between CWW, parent, and foster parent plays into this, too. In focus groups and through the Parent Advisory Council, parents identify other difficulties with visitation that leave them unprepared for what to expect when children return home, and afraid to act on the issues that surface for fear of subsequent removal. Visitation should provide the parent the structure and supports to feel secure and prepared for parenting.

The Child Psychotherapy Project, which provides therapy for children in foster care, is exploring the possibility of funding for a pilot involving specialized, therapeutic visitation for a small number of children aged 0 to 3. Home visits, support groups, and aftercare supports can be components of this model. This is one step towards making some improvements that needs to be supported and expanded. In addition, there are particular challenges to be considered, such as parental substance abuse, in utero exposure to substances that can create various behavioral and developmental difficulties for parents, and mental health issues that may need particular interventions and teaching modalities. If the visitation approach can be changed, the Agency will make huge inroads with system improvement and desired outcomes for children and families.

Closely linked to this are the role foster parents play in reunification and permanency, the support they receive from SF-HSA, and how the

- **Improved Coordination with Community Partners:** While children are in care, SF-HSA is able to provide stability and safety, and move them to permanency with relative speed. SF-HSA has been less effective, however, at protecting children when they are living in the community within vulnerable families. In particular, families that have been reunified are under extreme stress and need coordinated support. SF-HSA will continue efforts to better coordinate services with the non-profit organizations that are in the neighborhoods of the families it serves. This includes coordinating support for families that have been identified as at risk through the Hotline, building on the team decision making process to serve children who are coming into care or leaving care, and sustaining support for families that have been reunified. SF-HSA has also begun to work with parents in a more coordinated systemic way through its Parent Advisory Council, as well as providing direct intervention and support through contracting for peer parent intervention and support groups.
- **Strengthen Public Sector Partnerships:** The needs of at risk families in San Francisco include housing, substance abuse, mental health, and entrenched poverty. While partnerships with community-based organizations are key, it is the public sector that has the resources to meet such overwhelming needs. SF-HSA has to strengthen its partnerships with the Department of Public Health, the Housing Authority, and the School District, to meet the overwhelming needs of low-income families. SF-HSA has built better coordination amongst its own programs by expanding the Linkages project and through the CC25I work. It can continue to do so by connecting its Homeless and Housing Division more closely to child welfare

SF-HSA needs to better understand some of the issues confronting it. Further areas identified for potential statistical analysis include:

- Identifying family characteristics of children reentering the system (e.g., history, parents' age, number of children) to determine impact, if any, on successful reunification
- Identifying risk factors associated with children separated from their families
- Comparing outcomes for children who've had TDM's with those who have not
- Comparing outcomes for children placed in county with those placed out of county
- Mapping the percentage of Family Reunification cases with supportive housing units to determine program coordination
- Comparing length of time Family Maintenance was offered between children who successfully reunified and those who reentered the system
- Analyzing Court impact and rulings on outcomes
- Exploring research on outcomes of culturally and/or ethnically matching caseworkers to family to determine impact on disproportionality

numbers are duplicated. It is not a reliable profile of San Francisco foster youth who emancipate. The research literature confirms, however, that foster youth are at extreme risk for unemployment and homelessness. **The issue of transition to adulthood is particularly important because adolescents form the largest proportion of San Francisco children in care.** Preparing these young adults for independence in a city as expensive as San Francisco presents a major challenge for SF-HSA.

In 2002, the Executive Director of SF-HSA issued a youth initiative stating that "every young adult who emancipates from the San Francisco Foster Care System will have a plan that guarantees housing, employment, education, training, and healthcare." The most urgent component of this vision is housing. The Agency has contracted with a youth-serving organization to provide scattered site apartments to 31 emancipated foster/probation youth (21 single adults and 10 pregnant or parenting teens). SF-HSA has also created a project to increase scholarship funds available to current and former foster youth of San Francisco, and it has contracted to provide Individual Development Accounts for 40 emancipating or already emancipated youth. To improve employment outcomes for foster youth, the Independent Living Program has begun working with the Agency's career advancement program at the One-Stop Employment Center that SF-HSA manages.

Through its grant with CC25I, SF-HSA is working across divisions and agencies to address employment, education, and housing issues for youth. This includes identifying staff who can coordinate employment services for foster or emancipated youth from the age of 16 to 25; developed a Wage Subsidy program for 50 youth; establishing three informational kiosks for youth in San Francisco's One Stop Centers; adding 27 additional housing units through the LEASE program, First Place Funds, and THP+; policy and protocol development with SFUSD to implement AB490; and other related strategies.

SF-HSA has also reorganized its Independent Living Program, lowering the eligibility age from 16 to 14 so that youth can have support well in advance of the momentous transition to independence. To improve coordination between child welfare workers and Independent Living Program staff, the latter has been transferred into the same section as the Long Term Placement teen units.

Self Improvement Plan

In analyzing its outcomes, SF-HSA has identified several issues that will be central to its Self Improvement planning process, including:

- **Differential Response:** The recurrence of maltreatment for children left in the community is of particular concern. SF-HSA works with its community partners to use the Hotline to respond to families at earlier stages of need. It is about to expand its Differential Response staff from a single child welfare position to an entire unit. Differential Response currently works in collaboration with seven contracted partners.
- **Standardized Risk Assessment:** SF-HSA will implement Standardized Decision Making in early 2007 to ensure standardized risk assessment not only at the Hotline and Emergency Response services, but also throughout the life of a case.

services with the non-profit community be better coordinated, especially to breach the isolation of high-risk families. In 2004, SF-HSA expanded its TDM process to include not only placement changes, but situations in which staff were considering removing children from their families of origin. The Agency is now preparing for the third and final implementation phase of TDM, Reunification/Permanency TDM's, which will help prepare families for reunification. This should alleviate the risk of return into foster care by having identified aftercare services and plans, including relapse plans, in place prior to a child's return home.

Many of the issues facing families are so large, however, that only public sector agencies have the resources to meet them. They include housing, entrenched poverty, substance abuse, and mental health. Families that have their children removed in San Francisco generally fall into one of three clusters, according to their housing: 1) homeless; 2) living in public housing; and 3) living in single room occupancy hotels. SF-HSA needs to work more closely with its own Homeless and Housing Division, as well as with the Housing Authority, to better identify high risk families and help them stabilize their living situations. To address issues of poverty, SF-HSA has expanded the Linkages program to coordinate resources and case plans between its child welfare and CalWORKs program, and this initiative needs to be generalized to all SF-HSA offices. SF-HSA also needs to bolster its partnerships with the Department of Public Health, which funds substance abuse treatment and mental health services.

Family Relationships and Connections

SF-HSA does exceptionally well at maintaining children's connections with family. In large part, this is due to the Agency's commitment to placing children with relatives. Over 54% of San Francisco children in foster care are placed with relatives, compared to a statewide average of just 34%. San Francisco is concerned, however, that new AB 1695 regulations are making it much more difficult to locate relatives who can meet the state's new requirements for foster care vendorization. The Agency will be researching this development in upcoming months and exploring how to respond.

San Francisco does better than the statewide average on placing children with siblings. Two thirds of children in placement are living with at least some of their siblings, and almost half are living with all of their siblings. SF-HSA is challenged to place large sibling groups of four to ten children together. Foster homes are licensed for a designated number of beds, and homes in San Francisco tend to be small. The new AB 1695 regulations mandate that relative homes meet license standards for foster homes, including limits on the number of children per bedroom, which creates new challenges for keeping sibling groups intact.

Indian Child Welfare Act Placement Preferences

San Francisco has twenty-seven Native American children in care. Slightly over half of them are placed with relatives, while 27% are placed in either FFA's or group homes. SF-HSA wants to develop and license additional Native American foster homes. Despite small numbers in absolute terms, Native American children are at high risk for foster care. Compared to their size in the general population, they are disproportionately represented in child welfare.

Transition to Adulthood

The California Department of Social Services is not able to provide relevant data on emancipating foster youth. It can provide data from Independent Living Programs, but the numbers only reflect those youth who utilize the program, and its

Southeast appears to have isolated the most disadvantaged families, those who did not have the resources to leave. As a result, SF-HSA finds itself working with families that have more intractable needs -- substance abuse, mental illness, housing, and poverty – and fewer informal resources from kin – emotional support, financial help, babysitting, advocacy. One finding of a local study of racial disproportion in foster care is that some African American families appear to use the SF-HSA child welfare system as a means of gaining access to services.

The lack of informal, family resources is compounded by the formal service system's fragmentation. Compared to other counties, San Francisco is rich in services. These services however are not well coordinated. With the inception of Differential Response, SF-HSA now provides preventive services at the point of referral, and works with a total of seven community-based organizations to either provide services directly or link families to an appropriate one. This is a significant difference from our initial Self-Assessment two years ago, when the Agency might make a referral to an organization, but had no formal coordination for service delivery. It now provides early intervention in the hopes that a family's situation does not need to deteriorate to the point where child welfare intervention is necessary.

Although it can always do better, SF-HSA does well with timely response to reports of child maltreatment, meeting with children 95.4% of the time for 10 day response periods and 97.4% for immediate response, both rates well above statewide averages. Its rate of children being abused or neglected while in foster care (<1%) is very low, and is comparable to statewide averages, but SF-HSA would like to reduce the incidence to zero.

Permanency and Stability

SF-HSA does well in providing stable care for children and moving them to permanent living situations within a reasonable time. For example, SF-HSA is doing better than other counties on minimizing the number of moves that children experience in care. Almost 90% of the children brought into care have two or less moves in their first twelve months. Since SF-HSA does not use a shelter for initial placement, it is able to avoid a lot of short-term, temporary placements. Also, San Francisco emphasizes relative care more than other counties, and these placements are more stable.

San Francisco would like to speed up adoptions: it is slipping behind a statewide improvement in moving children to adoption within 24 months. Almost 82% of San Francisco children who were adopted had been in care for more than two years. The statewide rate was just over 70%. According to program staff, San Francisco keeps its adoptions open longer to provide additional support and because of difficulties working with the courts. During the baseline period, however, San Francisco was roughly equal to the statewide average, but the statewide rate has since improved significantly while San Francisco's rate has declined.

In reunifying children with their families, SF-HSA's most recent performance surpasses the statewide average. Among a cohort of children brought into care, 40.8% were reunified within twelve months, compared with a statewide average of 38%. San Francisco is concerned, however, that it might be reunifying children too quickly or with too little support in place. This is a longstanding concern. Of all children who entered foster care in the most recent reporting period, 14.8% of them had been in care within the previous twelve months. This is higher than the statewide average of 10.3%. In a cohort of children, 23% re-entered foster care within one year of being reunified, compared to a statewide average of 12.3%.

SF-HSA intends to work more closely with community partners to create a coordinated, wrap-around type of service system that can respond coherently to families trying to stay together or to reunify and sustain support after reunification. This requires that

Probation Recommendations

- Support staff (clerical) to do more of the DHS paperwork
- Increase number of P.O.'s to bring caseloads down to a manageable number of 25
- Integrated computer system to obtain DHS information as we deal with so many prior 300 W&I children.
- Case management system that would allow P.O.'s to access when in the field and by their supervisors so they can access and answer questions about the case when P.O. in field.
- Placement core training for all placement officers to learn how and why we fill out the forms we do and to understand reasoning of rules we may think more suitable to DHS and not making any sense to P.O.' i.e., monthly parent face to face visits.
- Division 31 updates
- Increase number of vehicles
- Have properly maintained vehicles
- Every officer should have their own cell phone provided by the Agency
- Laptop computers – especially for field notes and reports
- Have the placement provider become the lead agency for visiting with the parents as they are observing the parent/child relationships/behavior
- Delegate non-placement, non-mandatory job duties to other appropriate officers i.e. transportation.
- Set up a day or two a month that parents would come in and have face to face with Sup or other placement officer if the P.O. is in the field

System Strengths and Areas Needing Improvements

San Francisco is making encouraging strides in reducing racial disproportion and high rates of foster care placement. During the late 1980's and early 1990's, the city's foster care caseload rose rapidly, creating long-lasting disparities in the system, but for more than a decade the caseload trend has been downward with the exception of a brief rise after the 9/11 economic recession. The backdrop for this decline is the continuing flight of families from San Francisco, as fewer families remain to become involved in the child welfare system, and an evolving series of Agency initiatives to preserve families. Among the low-income families that continue to live in the city, many are facing heightened levels of isolation and vulnerability as extended family members have left. San Francisco also faces a large wave of foster youth who were removed from their families in the early 1990's, have grown up in foster care, and are reaching the age of emancipation.

The San Francisco Human Services Agency's (SF-HSA) performance on the California Child and Family Services Review outcome indicators suggests high rates of entry and re-entry into care, but relative stability while in foster care.

Children are First and Foremost Protected from Abuse and Neglect

While SF-HSA is cautious about comparing itself to statewide data, it is the only comparison available, and it creates a context for the baseline. For San Francisco, the rate of recurrence of child maltreatment is higher than the statewide performance on each of the three outcome indicators. For example, the state measure, which is based on a cohort of children reported for abuse, reveals that 14.9% of those children will have another substantiated report within twelve months, as compared to a statewide average of 12.3%. San Francisco has reduced its rate on this measure, but the statewide rate has dropped faster. The recurrence of maltreatment in homes where children were not removed is also high, 10.4%, compared to the statewide average of 8.1%.

Families in San Francisco are polarized between the affluent and the low income. In particular, the flight of families from the

Agency can work with and train them to build a team with the parents to support the child and subsequently the family. One way to encourage this is through the "icebreaker" meeting between the parent, foster parent, and worker that occurs at the first visit after removal. Through F2F, SF-HSA had planned to implement the Icebreaker at this point, but due to staffing fluctuations, that timeline has been pushed back. The Agency still plans to implement it however, likely in 2007.

Aftercare supports are also critical in preventing reentries. This includes anticipating areas of concern, e.g., relapse, and identifying and developing strong community and personal supports for the family that they can rely on to assist them in their reunification process which can continue after reunification, and after departmental intervention and supports.

Finally, the relationship between SF-HSA and the Court was identified as an area needing improvement. Workers repeatedly cited the need for better communication with the Court, both on a personal level in terms of how staff experienced the Court process, and systemically. Part of this was driven by the shortened Court time frames as a result of ASFA, but not all of it.

Staffing was a primary concern, and it is fortunate that since the PQCR was held the Agency has hired over 25 child welfare workers, with more to be hired. Similarly, SDM rollout will occur early next year (training is now underway), addressing concerns around standardized risk assessment.

Juvenile Probation Department Observations and Recommendations:

The focus area for Probation, Parental Face to Face visits with Probation as it relates to re-unification, was chosen for two reasons:

1. Although the P.O.s do have an excellent record of monthly visits to every minor in foster/group home care, they are not visiting the parents monthly, as mandated by the State. Parental face-to-face visits with Probation were sporadic at best.
2. We wanted to know if monthly face-to-face parental visits by P.O.'s were necessary for successful re-unification of the minor and parents.

Summary of Practice: Probation officers clearly knew their cases well and demonstrated above-and-beyond commitment in their work with youth. Areas of strength included JPD parent contact prior to placement and which addressed goals and minor visits, the number and quality of minor visits and attempts to coordinate parent visits with these, internal department communication and working relationships, and close proximity of minor placement. Challenge included significant resource issues, specifically the lack of cars, laptops, and cell phones. Additional challenges included caseload size, transportation logistics, language barriers, excessive paperwork exacerbated by the lack of eligibility staff, parent contact and issues, including substance abuse and mental health, Court issues and training needs.