

AB636 Child Welfare Services
System Improvement Plan

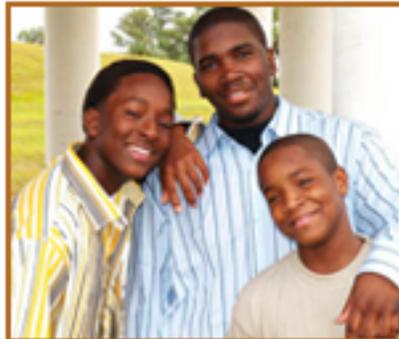
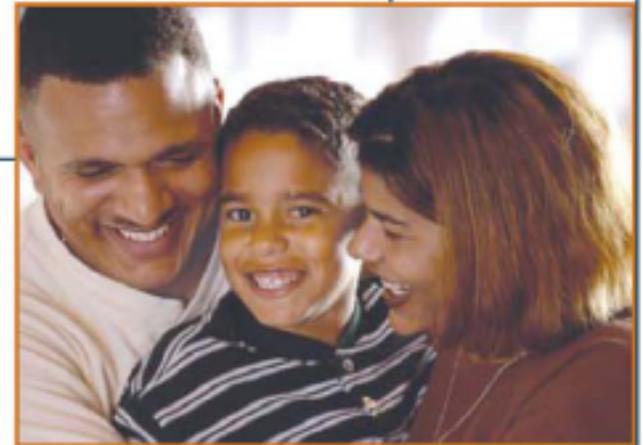


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I. Self Improvement Plan Introduction and Narrative

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

AB 636 mandates that every county undergo a self assessment, qualitative case review process, and system improvement plan every three years. It shifts child welfare services to a more outcomes-based system and promotes 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. SF-HSA and SF-JPD must analyze, in collaboration with key partners, performance on critical child welfare outcomes and develop plans to build on systemic strengths and overcome weaknesses.

In June, 2008, the State All County Information Notice (01-41-08) introduced new guidelines to integrate the SIP with the Child Abuse Prevention, Intervention and Treatment (CAPIT), Community-Based Prevention (CBCAP), and Promoting Safe and Stable Families (PSSF) Three Year Plan. Consequently this document reflects a broad continuum of strategies to improve outcomes, from early intervention and prevention strategies through aftercare supports.

This 2010 SIP marks the beginning of a third triennial cycle for SFHSA and Probation, and incorporates the findings of the 2009 Self-Assessment and the Peer Quality Case Review (PQCR) as mandated by AB636. The PQCR was completed in May 2009 by both SF-HSA and SF-JPD. In interviews with peers from selected counties, child welfare staff identified strategies to address the issue of timeliness to adoption and related concurrent planning efforts, and Juvenile Probation staff identified strategies to prevent placement and promote utilization of least-restrictive levels of care. The Self-Assessment, which outlines system strengths and areas for improvement, was also completed in 2009 through a community planning process.

San Francisco's SIP focuses on four areas for outcome improvement:

- Reduce the rate of recurrence of maltreatment
- Reduce reentry for children who come back into foster care within a year of reunification
- Increase timeliness to adoption
- Utilize least restrictive levels of care for youth in Juvenile Probation

Given the alarming overrepresentation of children of color in foster care and juvenile probation, especially African American, Native American, and Latino -- San Francisco views improvement efforts from the lens of racial disproportion. SF-HAS and SF-JPD remain engaged in a number of initiatives and projects to improve disproportion and ensure positive outcomes for children and families, like the California Disproportionality Breakthrough Series, Family-to-Family, Connected by 25, and the California Permanency for Youth Project. The SIP matrix identifies strategies that can mitigate disparity.

A. Local Planning Bodies:

Since San Francisco's initial SIP in 2004, community, public, and private agency partners have constituted the San Francisco's Child Welfare and Juvenile Probation Core Team, which has played a critical role in the development and implementation. Many of the same members have participated in development of previous CAPIT plans, allowing for smooth integration of the two processes this year. The Core Team has met eight times since September 2009 to discuss outcomes and related policies and practices. Additional presentations and consultations on the SIP were held with: the Juvenile Court Presiding Judge, the Honorable Patrick J. Mahoney; the director of San Francisco Department of Public Health's family behavioral health services, Sai-Ling Chan-Sew; Foster Parents United Board members; and the First 5 all-grantee meeting which included numerous representatives from OCAP-funded Family Resource Centers and community-based agencies. A series of staff meetings elicited input on efforts to improve outcomes and restructure the child welfare services to be more community-based.

B. SIP Summary

Process Description

As described in the introduction to this document, the Core Team from the Self Assessment reconvened to continue its work in developing the Self Improvement Plan. The findings to the Self Assessment and PQCR were integrated into the SIP through a series of four meetings of the core team. The first was an introduction and review of the Self Improvement Plan process and beginning discussion of child welfare outcomes. The second and third meetings continued the review of child welfare outcomes, and the fourth meeting focused on juvenile probation outcomes. The core team reviewed and prioritized potential strategies for meeting outcomes. SF-HSA and SF-SF-JPD presented what it believed were the outcomes most in need of improvement and sought feedback from the core team. By consensus, the team agreed. The strategies to be used to achieve those outcomes were decided upon in the final meeting of the core team, when strategies were brainstormed for each outcome and participants voted on the most promising. The following section details the relationship between the findings of the PQCR and Self Assessment and the strategies of the SIP.

The SIP process also shaped how the CBCAP/PSSF/CAPIT funding will be utilized over the next three years. Community partners representing agencies utilizing OCAP funds participated in each phase. Resulting critical strategies to improve AB636 outcomes include the prevention and intervention services offered by Family Resource Centers, ranging from information and referral to Differential Response, which are supported by OCAP funds. Center participation in family team meetings such as Team Decision Making Meetings, provision of evidence-based parent education, visitation supervision, and intensive case management activities prevent re-entry. Parent education can also be helpful for families involved in the Juvenile Probation system. Finally, for those children who cannot be reunified, recruitment and adoption strategies, in part supported by OCAP funding, are critical to achieving timely permanency.

Thematic Connections between the PQCR, County Self Assessment, and SIP Outcomes

SIP Outcome	PQCR	County Self Assessment
<i>No recurrence of maltreatment</i>	The PQCR focused on outcomes related to adoptions and to SF-JPD placements; however, it noted that most of the parents who become involved in the child welfare system are struggling with mental health and substance abuse and needed early and clear communication and support to have a successful outcome.	The assessment described San Francisco’s fluid demographics and the increasing isolation of its low-income families. It also noted that while San Francisco has made substantial progress on reducing racial disproportion of foster care, the proportion of African American children remains very high at 65%. The SIP outlines strategies for bridging family isolation and connecting parents to formal and informal support earlier, before child removal becomes necessary. It also describes the use of assessments and decision-sharing processes that are intended to minimize institutional bias.
<i>Reentry following reunification</i>	The PQCR found that while San Francisco values connections between foster and biological parents, it needed more systemic support to promote this relationship.	SF-HSA conducted an extensive analysis of its re-entry outcomes, finding that re-entries were most likely to be the very young children of addicted parents in treatment or else adolescents out of control at home. Parent relapse and continuing behavioral challenges with teenagers were the common causes of reentry. The SIP aims to improve assessments and engage families in targeted services earlier, to cultivate relationships between foster and biological parents, and to ensure that families have continuing support after reunification.
<i>Adoption within 12 months (17 months in</i>	The PQCR’s most important finding was that SF-HSA and the court shared a culture that emphasized reunification, but that this often led to sequential rather than concurrent permanency planning. It	The self assessment agreed with the PQCR’s findings that concurrent planning is not integrated. While SF-HSA has made progress in expediting adoptions, the assessment also noted the large number of adolescents in care and

SIP Outcome	PQCR	County Self Assessment
<i>care)</i>	recommended the development of alternate permanency options earlier in the case planning process. The SIP strategies for this outcome reflect the need for a stronger systemic connection with adoption and front-end staff, as well as joint training with the court to clarify and reinforce concurrent practice.	recommended continued efforts to find adoptive homes for these youth. Both the PQCR and the assessment highlighted SF-HSA’s commitment to working with the extended family and the community, and the SIP emphasizes using these connections for foster and adoptive parent recruitment.
<i>Utilization of least restrictive placement options (Juvenile Probation)</i>	The PQCR found that SF-JPD was energetic in mentoring youth and had a robust presence in the community. It recommended, however, that the department assess youth earlier to identify risk factors, especially related to mental health, and that it better coordinate services with the mental health system. By addressing needs earlier and more effectively, SF-JPD will be able to prevent more restrictive placements. The SIP strategies for this outcome highlight efforts to assess the range of youth needs, as well as the needs of their parents, and collaborate more systematically with the Department of Public Health, which oversees behavioral health services, and with SF-HSA’s child welfare program.	The assessment confirmed the PQCR findings that the Juvenile Probation Department lacks prevention resources, particularly early access to mental health, education, and parenting support. The assessment found that both Juvenile Probation and SF-HSA could improve their communication with the court. The SIP sets targets related to using more evidence-based early interventions, especially for parenting and mental health, and improving SF-JPD’s collaborations with SF-HSA, the court, and the Department of Public Health, which oversees children’s mental health services.

Summary of Outcome Target Goals

As a result of the 2009-2010 PQCR and CSA process, the following outcomes were selected as the SIP outcome measures and improvement goals:

Measure S.1.1: No Recurrence of Maltreatment

From the baseline period of January, 2004, the percentage of children with no recurrence of maltreatment had improved from 90.5% to 92.1%. In absolute numbers, of the 417 children who had substantiated referrals during the first half of the rolling year, 30 subsequently had a substantiated referral in the following half. The Core Team believed that this was a central measure of child well-being, reflective of the city's efforts to keep children safely with their families and in the community, and key to addressing racial disproportion in foster care. The improvement goals for this measure include:

1. *Expand the use of a standardized approach to assessment and placement decision-making and intervention*

SF-HSA will continue to use the Structured Decision Making tool, which uses actuarial methods to gauge risk. This will result in objective safety assessments and consistent practice, minimizing potential bias that might contribute to racial disproportion. SF-HSA will continue to offer differential response services, identifying families referred to the Hotline who may not meet the legal threshold for child abuse, but nonetheless are at risk for future maltreatment. SF-HSA collaborates with community based family support organizations to provide early outreach and intervention to these families, preventing later abuse.

2. *Ensure that child welfare staff actively involves families, a family's natural support system, and agency and community partners in case planning.*

The assessment highlighted the prevalence of behavioral health factors in cases where children experience a recurrence of maltreatment. SF-HSA is reinforcing efforts to integrate services across city departments and community based organizations so that the child welfare system is more responsive to the needs of vulnerable families. In partnership with SF-DPH, it will assess the use of the Child and Adolescent Needs and Strengths assessment for children entering foster care so as to identify and respond earlier to their mental health needs. It will also review utilization of the caretaker portions of this assessment tool to guide planning for in-home support. SF-HSA will assess families for substance abuse services.

San Francisco's geography isolates low-income families in a few concentrated neighborhoods, most often public housing developments. This is correlated with the racial disproportion. While the city intervenes with families in these neighborhoods through its respective mental health, health, juvenile probation, and child welfare programs, these efforts are often ad hoc. SF-HSA is participating in a project called SF CAN DO, which identifies families involved in multiple systems and coordinates case planning. By integrating services early, SF-HSA hopes to improve the effectiveness of its interventions. SF-HSA is also committed to wrap-around service models that draw on a range of resources, including natural supports.

3. *Increase the capacity and utilization of best evidence-based practices available to families for assessment and intervention.*

SF-HSA is working with the First 5 Commission and the city's Department of Children, Youth, and Families to adopt evidence-based parent education classes. To ensure that the classes are effective and produce the desired family outcomes, the departments will also collaborate in a rigorous evaluation. By adopting evidence-based practices, SF-HSA will uphold its responsibility to protect children, but will also minimize bias in its decisions.

Measure C1.4: Reentry following Reunification

During the most recent reporting period, approximately 17% of the children who reunified with their families subsequently returned to foster care within twelve months. The federal target is 9.9% or less; the state average is 11.3%. The core team concluded that the high rate of re-entry signaled systemic issues within child welfare and should be addressed directly. The improvement goals for this measure include:

1. 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.

According to research reviewed by the Core Team, the most important aspect of preventing re-entries into care is creating teamwork between families, relatives, foster parents, service providers, and child welfare workers. The transition back home goes smoother if the parent and foster parent have been working together to create continuity. Therefore, SF-HSA will facilitate “icebreaker” meetings with the birth family, foster family, and when appropriate, the child, to share information. SF-HSA has also expanded its parent partners program, which provides peer outreach and advocacy and has developed a Parent Advisory Council and a parent support group. To be more transparent, it will update parent handbooks and orientation materials, as well as post its procedures manual on-line for public scrutiny.

2. Reduce reunification failures due to substance abuse or mental health relapses.

SF-HSA is collaborating with SF-DPH to administer an assessment for parents that will identify their behavioral health needs early. It will also expand the focus of family team meetings such as team decision-making meetings to address issues related to relapse. It will continue to participate in the Dependency Drug Court, and will work with SF-DPH to improve parents’ access to substance abuse treatment.

3. Increase the percentage of families that are stabilized in the six-month family maintenance phase following reunification.

The Core Team concluded that the agency could work more strategically during the family maintenance phase to sustain families after reunification. SF-HSA will expand the use of the Structured Decision-Making reunification tool, which will bolster safety assessments and make practice more consistent. The team also stressed that multiple placements erode the reunification process, and emphasized stabilizing placements through wraparound and consultation services. SF-HSA will also develop a procedure for using the SDM substitute care provider tool, which will assess the appropriateness of foster homes. The Core Team stressed that in-home support is necessary for the birth family at the time of reunification. Through processes like team decision-making and wraparound services, SF-HSA will identify and mobilize community and natural supports for families prior to reunification, and it will investigate potential community-based supports for families with teenage children.

Goal C2.3: Adoption within 12 months (17 months in care)

San Francisco has a historical cohort of adolescents who entered foster care during an earlier era, which makes it difficult for SF-HSA to meet this measure, but it still wants to emphasize the adoption of adolescents and not allow them to emancipate without a permanent connection to an adult. Its latest performance on the rate of adoptions for children occurring between the 18th and 29th month of care was 7.1%, far short of the federal goal of 22.7%. The improvement goals for this measure include:

1. Systematically develop and promote effective concurrent planning practices.

According to the PQCR, San Francisco is so committed to reunification that its adoption processes are often delayed by sequential rather than concurrent planning. As a pilot, SF-HSA will be integrating adoption staff as secondary workers on court dependency and family reunification cases. This will lead to earlier consideration of adoption possibilities and will be more faithful to the goal of concurrent

planning. SF-HSA will initiate special, cross-program meetings that will include a review of the concurrent plan. Key to concurrent planning is support from the court. It is important that the agency's concurrent planning is aligned with the thinking of the court. SF-HSA will continue its standing management meetings and special initiatives with the court, and will work with the Bay Area Academy to train all involved partners.

2. Increase relative and foster parent recruitment and engagement efforts.

The Core Team believed this an important strategy for reducing racial disproportion. SF-HSA will continue its targeted recruitment effort with the San Francisco Unified School District, Seneca Center, and Family Builders to identify foster homes in children's school and neighborhoods and to conduct intensive searches for supportive relatives. It will also use the SDM relative assessment to ascertain the appropriateness of prospective placements.

3. Develop and offer relevant training, including staff and attorney training, about concurrent planning and post-adoption services, and caretaker training on adoption issues.

To consistently implement concurrent planning, SF-HSA will work with the Bay Area Academy on develop training for staff and partners. It will also develop training for caregivers on how to manage behavioral and emotional needs of foster children.

4. Continue and expand best practices related to family engagement in concurrent planning.

According to the PQCR, San Francisco demonstrates a strong commitment to including family members in decision-making and to supporting family connections. SF-HSA will expand its use of family team meetings, mandating permanency team decision-making meetings, and will continue training to support staff in adopting these best practices. It will facilitate mentoring relationships between foster parents and biological parents through icebreakers and other practices. Another critical factor in timely adoptions is court continuances. SF-HSA will continue to consult with the court on the need for concurrent planning.

Juvenile Probation: Use of Least Restrictive Placement

The PQCR found that SF-JPD lacked adequate prevention resources, including mental health, education, and parent support resources. The Core Team identified the following improvement goals:

1. Expand services available to youth and families to provide appropriate level of service delivery at time of need.

SF-JPD will improve early access to community based services such as mental health and parenting programs. It will work with SF-DPH to expand access to evidence-based therapeutic practices and wraparound services, and will work with SF-HSA and First Five to improve access to evidence-based parenting programs. With the SF-DPH, it will explore the possibility of expanding Early and Periodic Screening, Diagnosis and Treatment, a potential federal funding source for behavioral services for youth.

2. Expand collaborative efforts with public and private partners to promote assessment, intervention, and post-reunification or step-down services.

SF-JPD will expand resources through interagency collaborations. It will continue to participate in SF CANDO, a coordinated case management effort with SF-HSA, SF-DPH, and other agencies to serve families involved in multiple systems. It will also work with SF-HSA to coordinate case plans, share training, and explore family-finding supports.

3. Improve probation operations to promote best practices.

The POCR emphasized the need to strengthen educational supports for youth on probation. SF-JPD will work with the school district and the Department of Public Health to increase utilization of AB 3632, which provides mental health services in the context of educational need. To improve parent involvement, SF-JPD will explore adopting the SF-HSA pilot that provides parent partners who offer peer guidance and advocacy for parents new to the juvenile justice system. SF-JPD will also work with the court to better utilize processes such as intermediate and administrative sanctions for technical violations. It will review its use of youth assessments, which inform placement and intervention decisions, and will look for ways to standardize best practices in case plans and to engage youth.

.Child Welfare Literature Review and Related Strategies¹

Focus	Research Findings/Best Practices	Strategies Implementation	Proposed Strategies
Recur- rence of Mal- treatment	<ul style="list-style-type: none"> • Targeted interventions specific to families rather than a “one size fits all” approach so that families received individualized services • Diversified response to child abuse and neglect investigation, a graduated system for addressing child abuse and neglect investigations involving an initial assessment identify immediate steps necessary to assure child safety and family engagement in such services as may be required to support them. This offers flexibility to tailor the child protection response to the needs and circumstances of the family, to partner with families early and collaboratively rather than waiting for serious harm to occur and to remove fault finding in order to increase the possibility of parent engagement and ultimately child safety • Family Group Decision Making Models to strengthen family engagement and support by offering the family the opportunity to gather together to inform and/or make decisions affecting the child and family • Use of Decision Making Tools, standardized assessment tools to ensure a uniform approach to the safety, risk, and protective capacity of the 	<ul style="list-style-type: none"> • Differential Response at the front end, collaborating with community partner agencies, to respond early to the needs and circumstances of the family and to partner with families • Family Team Meetings including Family Group Conferencing and Team Decision Making to offer families the opportunity to make decisions on issues such as visitation and placement • Structured Decision Making, a standardized assessment tool used at the Hotline to inform safety assessments and consistent practice. • Implementation of evidence-based parenting education demonstrated to be effective • SF CANDO, a public agency collaboration to coordinate case planning for families involved in multiple systems 	<ul style="list-style-type: none"> • Strengthen assessment and service linkage for parents with substance abuse issues through partnership with Community Behavioral Health Services and provider agencies • Strengthen assessment and service linkage for parents with mental health issues through partnership with Community Behavioral Health Services • Identify early wraparound supports by reviewing the possibility of implementing evidence-based in-home support programs

¹ Further information on literature findings and best practices can be found at: http://calswec.berkeley.edu/CalSWEC/CCFSR_SIP.html, <http://www.dss.cahwnet.gov/cfswweb/PG1356.htm>, and <http://www.cachildwelfareclearinghouse.org/>.

Focus	Research Findings/Best Practices	Strategies Implementation	Proposed Strategies
Reentries into foster care	<p>adult caretaker and equity in case decisions.</p> <ul style="list-style-type: none"> • Relative placements increase successful reunification and reduces reentries • Reducing the number of foster placements decreases the likelihood of reentries. • Stays of less than 90 days, or longer stays more than 6 months, are associated with reentries. • Issues such as health, behavioral health, and unresolved problems which led to initial child welfare involvement are predictive of reentries if they not resolved by reunification. • If a parent continues to demonstrate a lack of parenting skills, it is predictive of reentry. • Families need planned reunifications, with graduated transition home, including unsupervised and overnight visits, prior to reunification, not an abrupt return home. • Worker stability and consistency increases successful reunification • Engage parent partners as community representatives who can speak to other parents 	<ul style="list-style-type: none"> • Expand Peer Parent Partners program. Parent partners engage directly with families involved in the child welfare system through joint visits with child welfare staff or participation in TDMs. They also participate in agency workgroups and projects to inform planning. • Utilize Structured Decision Making at reunification to ensure issues are resolved and family needs are met, and to partner with families • <i>The strategies identified in Recurrence of Maltreatment, above, will also promote successful reunification and reduce reentries.</i> 	<ul style="list-style-type: none"> • Expand caretaker support efforts to ensure that child’s initial placement can best serve their need, provide stability, and support permanency • Strengthen assessment and service linkages for parents with substance abuse needs • Strengthen assessment and service linkage for parents with mental health needs • Identify in-home supports at reunification to ensure appropriate safety planning and successful reunification • <i>The proposed strategies identified in Recurrence of Maltreatment, above, will also promote successful reunification and reduce reentries</i>
Time-liness to Adoption	<ul style="list-style-type: none"> • Effective concurrent planning, or the development of an alternate plan for a child in foster care if reunification does not happen, is essential to ensure early identification of a permanent family • Targeted recruitment for permanent homes, 	<ul style="list-style-type: none"> • Strengthen formal connection between adoption and front end staff, to develop appropriate concurrent plans. • Develop range of permanency options early in the case 	<ul style="list-style-type: none"> • Conduct standardized, evidence-based assessments on potential caretaker homes. • Ensure compliance with All County Letter 09-86, Notification to Relatives.

Focus	Research Findings/Best Practices	Strategies Implementation	Proposed Strategies
	<p>including early and aggressive efforts to identify birth family resources, and engaging the family in collaborative planning and decision making</p> <ul style="list-style-type: none"> • Development of post – adoptive placement and post-adoption services to address needs related to pre-natal drug exposure and sexual abuse • Open adoption practices in which the biological and adoptive families have contact • Judicial involvement can significantly impact expedited concurrent planning and permanency. 	<ul style="list-style-type: none"> • Strengthen the relationship between SFHSA and the Court. • Increase targeted recruitment for adoptive homes • Conduct trainings on concurrent planning <p>Expand the use of family team meetings to bring family voice to the concurrent planning process.</p>	<ul style="list-style-type: none"> • Identify resources for caretakers to support successful adoptions and concurrent planning training for staff and caretakers. • Facilitate the mentoring relationship between foster and biological parents through such implementation of such practices as icebreakers

Juvenile Probation Literature Review and Related Strategies

Literature findings include:

- For youth in detention facilities long term educational and mental health needs are often put on hold. Between 50 – 70 percent of incarcerated youth have a diagnosable mental illness and up to 19% might be suicidal, yet timely treatment is difficult to access in detention facilities.
- The time a youth spends in secure detention or confinement is not just time away from negative factors, but may also separate him or her from positive influences such as family and school.
- As many as 50 – 70 percent of previously confined youth are rearrested within 1 or 2 years
- Strategically matching youth with needed programming requires a cross-system commitment to the objective assessment, classification and placement of youth.
- Jurisdictions must forge new relationships with program providers, agencies and stakeholders to ensure a comprehensive continuum of care and to fill gaps in service delivery.
- The critical task is to target only those youth who need intervention services rather than to serve youth who are unlikely to commit another crime.

Research has shown that objective classification and risk assessment systems ensure that confined youth are assigned to the most appropriate program while considering public safety. Assessment system tools must be considered for when they are appropriate at different decision making points in the juvenile justice process. Key points include the initial detention decision, the decision to use dispositional alternatives, initial classification, internal classification and reclassification. At each decision point an assessment instrument is needed to categorize offenders.

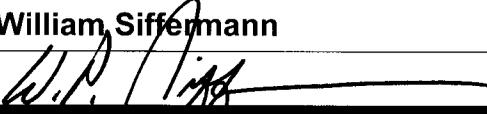
Examples of alternatives to secure detention include outright release. A study from Kentucky found that when criteria for detaining youth were strictly followed by the court, more children were released home.

Federal mandates to reduce the number of youth held in secure detention have fostered the development of various enhanced supervision programs. Other examples include diversion, intensive supervision, and community-based treatment and therapy, like Functional Family Therapy, Cognitive Therapy for Trauma, wraparound programs, and Multisystemic Therapy.

For additional information, please refer to the executive summary for the Peer Quality Case Review (Appendix A), the executive summary for the County Self Assessment (Appendix C), and the Logic Model for Outcome Improvement Strategies (Appendix D).

Part II: Child Welfare/Juvenile Probation

II. A 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
Period of Plan:	May 15, 2010 through May 15, 2010
Period of Outcomes Data:	Quarter ending: Q4 2009
Date Submitted:	
County System Improvement Plan Contact Person	
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Submitted by each agency for the children under its care	
Submitted by:	County Child Welfare Agency Director (Lead Agency)
Name:	Debby Jeter
Signature:	
Submitted by:	
	County Chief Probation Officer
Name:	William Siffermann
Signature:	
Board of Supervisors (BOS) Approval	
BOS Approval Date:	
Name:	
Signature:	

II.B: Child Welfare Services/Juvenile Probation Narrative

The third and principal component of the AB636 process, the System Improvement Plan (the “SIP”) is the operational agreement between county and the State, outlining how the county will improve its system to provide better outcomes for children, youth, and families. Quarterly data reports track the county’s progress in improving outcomes. This year, counties receiving state child abuse prevention, intervention, and treatment funding must also include a CAPIT/CBCAP/PSSF 3 year plan with the SIP.

San Francisco’s SIP also reflects California’s increasing utilization of evidence-based practices, those practices that have empirical research supporting their efficacy, to effect change in the child welfare and juvenile justice systems. At the state level, the Program Improvement Plan (the “PIP”) identifies specific strategies prioritized for implementation in these systems in California. These state strategies include the following which are integrated into the San Francisco SIP:

- Expand use of participatory case planning strategies
- Sustain and enhance permanency efforts across the life of a case
- Enhance and expand caregiver recruitment, training and support
- Sustain and expand staff/supervisor training
- Expand options and create flexibility for services and supports to meet the needs of children and families
- Strengthen implementation of the statewide safety, risk, and needs assessment system

The following principles guided the SIP process:

- The entire community is responsible for child, youth and family welfare.
- To be effective, the child welfare system must embrace the entire continuum of prevention, intervention and services.
- Engagement with consumers and the community is vital to promoting safety, permanence and well-being.
- Fiscal strategies must be arranged so that services reflect the needs of all children and families.
- Transforming the child welfare system is a process that involves removing traditional barriers within our system, and other systems.

CWSOIP

San Francisco uses CWSOIP funds to support the Differential Response, peer parent mentors and advocates to promote parent engagement, and enhanced visitation supervision for families in reunification. Specific partnerships under Differential Response allow San Francisco to provide tailored services based on the needs of the family. These include:

- *New Beginnings*: A partnership with the Homeless Prenatal Program, New Beginnings offers prevention and early intervention services for pregnant women experiencing substance abuse. Peer parent mentors engage the families and link to appropriate interventions and supports.
- *Domestic Violence Intervention*: Partnerships with the Riley Center and Positive Directions Equals Change allow for a targeted response for parents experiencing domestic violence. The

Riley Center works with the parent suffering the abuse, while the program at Positive Directions provides intervention for the batterer.

- *Family Resource Centers:* Through partnerships with several Family Resource Centers providing Differential Response Path 1 and 2, San Francisco offers effective language and culturally sensitive services in targeted communities. In addition, one FRC, Instituto Familiar de la Raza, triages Differential Response referrals to ensure appropriate coordination and response between the FRCs. Partner agencies are:
 - APA Family Support Services (formerly Asian Perinatal Advocates), Chinatown
 - Asian Pacific Islander Family Resource Network
 - Bayview TLC Family Resource Center (a program of the YMCA)
 - Economic Opportunity Council, Potrero Hill
 - Instituto Familiar de la Raza, Mission neighborhood
 - OMI (a program of the YMCA), Ocean/Merced/Ingleside neighborhood
 - Sunset Family Resource Center
 - Western Addition (a program of the YMCA)

II. C: SIP Matrix

Outcome/Systemic Factor:
S1.1 No Recurrence of Maltreatment

County's Current Performance:
 San Francisco's baseline performance in 2002 was 90.5 %. Our current performance as of the last reporting period, 7/1- 12/31/08, was 91.5%

 Our overall improvement target is to reduce the rate of recurrence of abuse/neglect is the federal goal of 94.6%. This is a difference of 3.1 % from the last reporting period (13 children).

Improvement Goal 1.0
 Expand the use of a standardized approach to assessment and placement decision making and intervention.

Strategy 1. 1 Continue the use of Structured Decision Making (SDM), a standardized risk assessment tool, at the Hotline.	<input type="checkbox"/>	CAPIT	Strategy Rationale Standardized risk assessment ensures appropriate safety assessments and consistent practice. Consistent use of SDM will reduce disproportionality.
	<input type="checkbox"/>	CBCAP	
	<input type="checkbox"/>	PSSF	
	<input checked="" type="checkbox"/>	N/A	

Milestone	1.1.1 Continue to monitor individual and unit compliance for SDM to identify issues and ensure 90% compliance.	Timeframe	Quarterly on-going	Assigned to	SDM Program Manager, Program Directors and Supervisors
	1.1.2 Review and discuss Division's overall implementation and performance on a regular basis, including discussion on impact on African American families.		Quarterly on-going		Management Team, SDM Program Manager
	1.1.3 Integrate SDM and Signs of Safety, a strengths-based, safety-organized approach to child welfare casework which expands the risk assessment to include strengths and signs of safety which provide a basis for stabilizing and strengthening the family.		June 2011		SDM Program Manager
	1.1.4 Conduct SDM case reading by supervisors and/or Program Directors		August 2011		SDM Program Manager
	1.1.6 Explore SDM risk assessment tool by CalWORKS social worker for common families,		August 2011		SDM Program Manager

	and by the Differential Response liaison for Path 1 families				
Strategy 1. 2 Continue to improve Differential Response.		<input type="checkbox"/> CAPIT	Strategy Rationale Partnership with community agencies through Differential Response allows SFHSA FCS to screen in vulnerable families and link them to supports and services they need, even if a child welfare case is not opened. Providing early intervention and support will reduce Disproportionality.		
		<input type="checkbox"/> CBCAP			
		<input checked="" type="checkbox"/> PSSF			
		<input type="checkbox"/> N/A			
Milestone	1.2.1 Continue partnership with First 5 and contracted community-based organizations to ensure appropriate DR referrals and supports.	Timeframe	On-going	Assigned to	DR Program Manager
	1.2.2 In partnership with First 5 and contracted community-based organizations, continue quarterly review of utilization and outcome of Differential Response referrals.		Quarterly		DR Program Manager
	1.2.3 In partnership with First 5 and contracted community-based organizations, expand to additional contracted community-based organizations who may be able to offer Differential Response.		July 2012		DR Program Manager
	1.2.4 Continue to integrate proper utilization of SDM assessment from the Hotline through Family Maintenance to ensure appropriate DR Path 1 and Path 2 referrals.		Quarterly		DR Program 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		<input type="checkbox"/> CAPIT	Strategy Rationale San Francisco’s Self-Assessment shows that mental health remains a significant factor in cases where children experience recurrence of maltreatment. Establishing stronger linkages for parents with the mental health treatment community will help SFHSA FCS clients access the support they need. This strategy builds on previous SIP strategies to continue to strengthen system integration and service delivery.		
Ensure that all families are appropriately assessed for mental health services and linked to a comprehensive array of services.		<input type="checkbox"/> CBCAP			
		<input type="checkbox"/> PSSF			
		<input checked="" type="checkbox"/> N/A			
Milestone	2.1.1 In partnership with Community Behavioral Health Services, review the use of the CANS (Child and Adolescent Needs and Strengths assessment) for children entering foster care to determine next steps, including identification of training needs, to ensure proper utilization.	Timeframe	June 2011	Assigned to	Redesign Program Manager
	2.1.2 In partnership with Community Behavioral Health Services, review utilization of the caretaker portions of the CANS to ensure appropriate in-home supports.		June 2011		Policy Program Manager
	2.1.3 In partnership with CBHS, assist in Implementation of the San Francisco Urban Trails, a multi-agency collaborative through the Children’s System of Care that will specifically work with Native American children and families that will specifically work with Native American children and families that is under being coordinated by Children’s System of Care.		June 2011		DR Program Manager
Strategy 2. 2		<input type="checkbox"/> CAPIT	Strategy Rationale San Francisco’s Self-Assessment shows that substance abuse remains a significant factor in recurrence of maltreatment as well as reentries. Establishing stronger linkages with the substance abuse treatment community will assist SFHSA FCS clients to access the support they need.		
Ensure that all families are appropriately assessed for substance abuse services and linked to a comprehensive array of services.		<input type="checkbox"/> CBCAP			
		<input type="checkbox"/> PSSF			
		<input checked="" type="checkbox"/> N/A			

Milestone	2.2.1 In partnership with Community Behavioral Health Services, integrate SFHSA into planning and coordination efforts with substance abuse residential treatment programs for mothers and children.	Timeframe	December 2010		Assigned to	Policy Program Manager
	2.2.2 Through this collaboration, identify plan to improve service delivery and coordination for families experiencing substance abuse.		June 2013			Policy Program Manager
Strategy 2.3 Expand SFCANDO (<u>S</u> trength from <u>F</u> amilies, <u>C</u> ommunities, <u>A</u> gencies, and <u>N</u> eighborhoods, <u>D</u> eciding as <u>O</u> ne), a public agency partnership between SFHSA, Juvenile Probation, Adult Probation, and Department of Public Health. SFCANDO seeks to coordinate case plans and service delivery for families in targeted neighborhoods who are involved with two or more of these agencies.		<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A		Strategy Rationale SFCANDO was implemented in Nov. 2009 for families served through the Bayview 3 rd St. office. The principles of SFCANDO are fundamental in practice for all FCS-involved families.		
Milestone	2.3.1 1 In partnership with Bay Area Academy, expand SFCANDO training to all FCS staff.	Timeframe	September 2010		Assigned to	SF CANDO and Training Program Managers
	2.3.2 Develop SF CANDO database and tracking methods.		June 2011			SF CANDO Program Manager
Strategy 2.4 Determine ability to provide wraparound supports earlier in the life of a case.		<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A		Strategy Rationale Literature reviews cite the important of early intervention in abuse and neglect. Research demonstrates that trauma and neglect at an early age can lead to significant issues throughout the lifespan. Addressing concerns early can reduce long-term effects.		
Milestone	2.4.1 Explore possibility of piloting in-home supports through such programs as SafeCare, an evidence-based in-home support program for families with young children	Timeframe	July 2011		Assigned to	DR Program Manager

Improvement Goal 3.0 Increase the capacity and utilization of best and evidence-based practices available to families for assessment and intervention.						
Strategy 3. 1 Increase the availability and utilization of evidence-based parenting education curriculum.		<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input checked="" type="checkbox"/> PSSF <input type="checkbox"/> N/A	Strategy Rationale A key purpose of best and evidence-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; this should also impact disproportionality.			
Milestone	3.1.1 In partnership with the Parenting Institute, build on the Triple P pilot to establish Triple P parenting programs, an evidence-based parenting curriculum, at local Family Resource Centers.	Timeframe	July 2011		Assigned to	Parenting Education Program Manager
	3.1.2 In partnership with Parenting Institute, review funding streams for Triple P expansion to maximize resources.		July 2011			Parenting Education Program Manager
	3.1.3 Continue partnership with SFCIPP (San Francisco Children of Incarcerated Parents' Project) to offer "Parenting Inside Out," an evidence-based parenting curriculum normed on an incarcerated population.		On-going quarterly meetings			Incarcerated Parent Project Manager
Strategy 3. 2 Increase the availability and utilization of evidence-based assessment tools.		<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	Strategy Rationale Standardized risk assessment ensures appropriate safety assessments and consistent practice. Consistent use of SDM will reduce disproportionality.			
Milestone	3.2.1 Explore utilization of SDM risk assessment by Family Resource Center Differential Response liaison, and share information with families.	Timeframe	September 2010		Assigned to	SDM/DR Program Manager

Describe any additional systemic factors needing to be addressed that support the improvement plan goals: Development of policy and protocol, and issuance via child welfare handbook sections, to officially recognize, acknowledge, and endorse best practice. 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. Areas to be considered include racial disproportionality, father involvement, and undocumented/immigrant issues.

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, standardized assessment, and mental health and substance abuse issues.

Identify roles of the other partners in achieving the improvement goals.
 SFHSA is working with public partners and a number of contracted agencies and community partners to implement the strategies described above, including Differential Response. These partners are important in providing feedback to implementation and evaluation. Partners such as First 5 and Community Behavioral Health Services are critical in helping SFHSA move forward in strategy implementation. 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.
 Advocacy to resolve MediCal issues for children and youth residing out-of-county.

Outcome/Systemic Factor: C1.4, Reentry following Reunification					
County's Current Performance: San Francisco's baseline performance from July 2001 through June 2002 is 21%. The overall improvement target is 15%. In the most recent quarter -- October, 2007 through September, 2008 -- 19.9% of children who were reunified subsequently came back into care within twelve months. In raw numbers, 47 children came back into care. The national goal for this measure (C1.4) is 9.9% or less; the state average is 11.6%. For San Francisco to have met the federal goal in the last quarter, no more than 23 children would have re-entered care.					
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 Implement icebreaker meetings where the child welfare worker, the birth family, the foster family, and the child(ren) (when appropriate) meet to share information.		<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	Strategy Rationale 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	1.1.1 Develop an icebreaker protocol for FCS	Timeframe	Q4 2011		Assigned to
	1.1.2 Develop and conduct icebreaker training for 90% of child welfare workers and for community partners.		Q1 2012		
	1.1.3 Monitor and evaluate icebreaker usage to determine 90% compliance and effectiveness.		Q2 2012		
Strategy 1. 2 Expand the information and opportunities parents have to learn about navigating the child welfare system and receive support in doing so.		<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	Strategy Rationale Since the first SIP, San Francisco has expanded its parent engagement efforts through development of parent partners, a Parent Advisory Council, and a parent support group. Providing parent 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 outcome improvement efforts by providing formal opportunities for parents to voice concerns and issues. A recent study by the		

				Child Welfare Research Group of Contra Costa's parent partner program demonstrates that such efforts are effective and promotes better outcomes for families.
Milestone	1.2.1 Develop a sustainability plan for parent partners to ensure positions funded through the federal subsidy continue after the subsidy has expired.	Timeframe	June 2011	Assigned to
	1.2.2 Update parent handbooks and orientation materials.		December 2010	
				FCS Deputy Director Parent Partner Program Manager
				Handbook Manager

Improvement Goal 2.0				
Reduce reunification failures due to substance abuse or mental health relapses.				
Strategy 2. 1				Strategy Rationale San Francisco's self-assessment shows that mental health remains 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., parents' mental health, so that the family can be appropriately supported. This strategy builds on successful Community Behavioral Health Services partnership strategies identified in the previous SIP.
Ensure that all families are appropriately assessed for mental health services and linked to a comprehensive array of services.		<input type="checkbox"/>	CAPIT	
		<input type="checkbox"/>	CBCAP	
		<input checked="" type="checkbox"/>	PSSF	
		<input type="checkbox"/>	N/A	
Milestone	2.1.1 Work with CBHS as they implement the ANS (Adult Needs and Strengths Assessment) for parents in the child welfare system.	Timeframe	June 2012	Assigned to
	2.1.2 Work with CBHS to map out services funded by respective departments (SFHSA, First 5, DCYF, CBHS) to determine service gaps and identify next steps.		June 2012	
	2.1.3 Expand safety planning and relapse prevention efforts through family team meetings such as Permanency Team Decision Meetings.		June 2012	
				Redesign Program Manager
				Redesign Program Manager
				TDM and Family Conference Program Manager and Director, SF CANDO Manager

Strategy 2. 2 Ensure that all families are appropriately assessed for substance abuse services and linked to a comprehensive array of services.		<input type="checkbox"/>	CAPIT	Strategy Rationale San Francisco's Self-Assessment shows that substance abuse remains a significant factor foster care reentries. Establishing stronger linkages with the substance abuse treatment community will assist SFHSA FCS clients to access the support they need and ensure successful reunification.	
		<input type="checkbox"/>	CBCAP		
		<input type="checkbox"/>	PSSF		
		<input checked="" type="checkbox"/>	N/A		
Milestone	2.2.1 Continue to work with the Family Court and key partners in the Drug Dependency Court to strengthen parents' opportunities to address substance abuse and pursue family reunification.	Timeframe	On-going quarterly meetings		Assigned to
	2.2.2 Work with Community Behavioral Health Services to improve access to substance abuse services and programs for families, to build stronger collaboration between treatment providers and child welfare staff, and to identify areas of expansion for needed services.		June 2012		
					Policy Program 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 Expand the utilization of SDM reunification tool to promote successful reunification.		<input type="checkbox"/> CAPIT	Strategy Rationale Standardized risk assessment ensures appropriate safety assessments and consistent practice. Expanding the use of the tool to key decision points involving placement and return home help ensure successful reunification, and the reduction of disproportionality.		
		<input type="checkbox"/> CBCAP			
		<input type="checkbox"/> PSSF			
		<input checked="" type="checkbox"/> N/A			
Milestone	3.1.1 Develop and conduct training for use of the SDM reunification tool.	Timeframe	Q2 2011		Assigned to
	3.1.2 Monitor and evaluate SDM reunification tool usage to determine 90% compliance and effectiveness.		Q2 2012		
				SDM Program Manager. Training Manager	
				SDM Program Manager, Program Directors	
Strategy 3. 2 Expand “First Placement is the Best Placement” efforts.		<input type="checkbox"/> CAPIT	Strategy Rationale The literature indicates that placement stability and type of placement are related to successful reunification. Developing strategies that help ensure a good foster care experience for a child and their parents will promote successful reunification and permanency, and builds on milestone 3.1.2 above.		
		<input type="checkbox"/> CBCAP			
		<input type="checkbox"/> PSSF			
		<input checked="" type="checkbox"/> N/A			
Milestone	3.2.1 Establish support/wraparound/consultation to foster families, kin placement providers, and mentors, including effective tools for dealing with behavioral and emotional problems and support in the implementation of these.	Timeframe	June 2012		Assigned to
	3.2.2 Develop policy and procedure for use of the SDM substitute care provider tool at time of placement.		December 2012		
	3.2.3 Develop and conduct training for use of the SDM substitute care provider tool at placement.		June 2013		
				Licensing Program Manager, Training Manager	
				SDM Manager	
				SDM Manager, Training Manager	
	3.2.4 Investigate and discuss using evidence-based parenting education curriculum embedded within foster parent training.		June 2011	Foster Parent Training Program Manager	

Strategy 3.3 Provide in-home supports to families at time of reunification		<input type="checkbox"/>	CAPIT	Strategy Rationale The literature indicates that families with unresolved service needs have a higher likelihood of reentry. Ensuring appropriate supports at the time of reunification will help support families' continued progress and success. San Francisco's Self Assessment also indicated that younger children and teenagers are more likely to reenter, so that service supports need to be targeted to those age groups.	
		<input type="checkbox"/>	CBCAP		
		<input checked="" type="checkbox"/>	PSSF		
		<input type="checkbox"/>	N/A		
Milestone	3.3.1 Explore the possibility of implementing SafeCare, an evidence-based in-home support program for families with young children	Timeframe	June 2011	Assigned to	Deputy Director
	3.3.2 Identify and engage indigenous and community family supports prior to reunification through such processes as SB163 Wraparound and Team Decision Making.		On-going		Program and Project Managers
	3.3.3 In partnership with community agencies, identify possible community-based supports for families with teenage children to ensure appropriate services.		June 2013		FRC Liaison Managers
	3.3.4 Strengthen access and immediacy of CalWORKS/Family Reunification family supportive services.		September 2010		Linkages Program Manager
	3.3.5 Explore Linkages "Aftercare" meetings to ensure in-home supports		December 2010		Linkages Program Manager

Describe any additional systemic factors needing to be addressed that support the improvement plan goals.

Development of policy and protocol, and issuance via child welfare handbook sections, to officially recognize, acknowledge, and endorse best practice. 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. Areas to be considered include racial disproportionality, father involvement, and undocumented/immigrant issues.

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

Staff and provider training on disproportionality, family engagement, standardized assessment tools, mental health and substance abuse resources, services, and related issues including safety planning and relapse prevention.

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

Partnerships with both private and public providers, including CBHS and First 5, are critical in strategy implementation. SFHSA continues to work with a number of internal and external partners to reduce reentries and has formal agreements with these partners to implement a number of strategies including TDM and foster recruitment and placement supports.

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.

Outcome/Systemic Factor: C2.3, Adoption within 12 months (17 months in care)						
County's Current Performance: San Francisco's baseline performance in July 2002-June 2003 was 6%. In the last reporting period, July-December 2008, the rate of adoptions for children occurring between the 18 th and 29th month in care (C2.3) decreased from 7.6 to 7.1 percent (goal of 22.7%). The overall improvement target is to increase adoption within 12 months to the federal target of 22.7% .						
Improvement Goal 1.0 Systemically develop and promote effective concurrent planning practices.						
Strategy 1. 1 Develop stronger formal connection with adoption and other agency staff, including front end staff.		<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	Strategy Rationale The SF PQCR found that to practice effective concurrent rather than sequential planning, SFHSA must promote stronger systemic connection with adoption and front end staff.			
Milestone	1.1.1 Conduct pilot assigning adoption staff as secondary workers on court dependency and family reunification cases.	Timeframe	December 2010		Assigned to	Adoptions, Court Dependency, and Family Services Units supervisors and workers
	1.1.2 Evaluate pilot findings.		June 2011			Adoptions, Court Dependency, and Family Services Units directors and supervisors, Policy & Planning analyst
	1.1.3 Develop policy and procedure based on pilot findings to determine on-going secondary assignment selection and process.		December 2011			Adoptions, Court Dependency, and Family Services Units directors and supervisors, Handbook Coordinator
Strategy 1. 2 Develop full range of permanency options early in the case.		<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	Strategy Rationale The SF PQCR found that to practice effective concurrent rather than sequential planning, SFHSA must promote the development of a full ranger of permanency options early on in the case. With cross program discussion and oversight, racial disparity and disproportionality will be reduced.			

Milestone	1.2.1 Initiate MAP (Meeting to Assess Permanency), a cross program meeting to assist the child welfare worker in early identification of placement needs, including review of concurrent plan and an earlier, thorough identification and assessment of relatives.	Timeframe	June 2010		Assigned to	Adoptions Program Director
	1.2.2 Develop and conduct training for all ER, CPC, search staff in family finding practices.		June 2011			ER and CPC Program Managers, Permanency Project Manager
Strategy 1.3 Strengthen the relationship between SFHSA and the Juvenile Dependency Court.		<input type="checkbox"/> CAPIT		Strategy Rationale The PQCR determined that the Court process can better support concurrent planning. County culture negates adoption as a permanent plan due to family relationships, emotional connections with caregivers and/or concern with post-adoption lack of resources. Improving the relationship with Court would help shift county culture towards supporting concurrent planning while still working towards reunification as appropriate.		
		<input type="checkbox"/> CBCAP				
		<input type="checkbox"/> PSSF				
		<input checked="" type="checkbox"/> N/A				
Milestone	1.3. Continue standing management meetings between the bench, Court personnel, and SFHSA.	Timeframe	On-going bimonthly meetings		Assigned to	Program Director, Deputy Director
	1.3.2 In partnership with the Bay Area Academy, conduct joint trainings between court, attorney and agency staff on such topics as developmental and mental health issues for children and families and child welfare best practices.		December 2011			Training Program Manager
	1.3.3 Continue to collaborate with the Court on Zero to Three, a federally-funded project designed to promote the best developmental outcomes for infants and toddlers removed from parental custody due to abuse or neglect.		Monthly meetings throughout project duration			Front End Program Director, 0-3 Program Manager, Deputy Director

Improvement Goal 2.0						
Increase relative and foster parent recruitment and engagement efforts.						
Strategy 2. 1		<input type="checkbox"/>	CAPIT	Strategy Rationale SF demonstrates best practices around recruitment of non-traditional adoptive families and open adoptions. This strategy builds on those efforts to identify potential adoptive homes earlier in a case. Focused recruitment based on children’s family connections and neighborhoods and schools will reduce racial disparity and disproportionality		
Increase targeted recruitment for adoptive homes.		<input type="checkbox"/>	CBCAP			
		<input checked="" type="checkbox"/>	PSSF			
		<input type="checkbox"/>	N/A			
Milestone	2.1.1 Continue targeted recruitment project with San Francisco Unified School District and identified community partner agency to identify foster homes in children’s school and neighborhood communities.	Timeframe	On-going		Assigned to	Permanency and Recruitment Program Managers
	2.1.2 In partnership with Family Builders and/or other adoption community partners, identify potential adoptive homes willing to accept placement of children entering foster care.		September 2010			Permanency and Recruitment Program Managers, Child Assessment Center Program Director and Supervisor
	2.1.3 In partnership with Seneca Center, and Family Builders, continue and expand Family Finding efforts for children both entering care and in long-term placement without an identified permanent plan.		December 2010			Front end and Permanency Program Directors and Managers
	2.1.4 Evaluate findings from recruitment and family finding projects to evaluate compliance and effectiveness.		June 2011 and ongoing			Front end and Permanency Program Directors and Managers, Policy and Planning analyst
Strategy 2. 2		<input type="checkbox"/>	CAPIT	Strategy Rationale Utilization of the SDM relative assessment will provide evidence-based information as to the efficacy of placements to promote permanency. An objective tool will improve racial disparity and disproportionality		
Conduct standardized, evidence-based assessments on potential caretaker homes.		<input type="checkbox"/>	CBCAP			
		<input type="checkbox"/>	PSSF			
		<input checked="" type="checkbox"/>	N/A			

Milestone	2.2.1 Develop related policy and procedure on utilization of SDM tool.	Timeframe	January 2012		Assigned to	SDM Program Manager
	2.2.2 In partnership with the Bay Area Academy, conduct trainings on utilization of SDM caretaker assessment.		September 2012			Training Program Manager
	2.2.3 Evaluate findings from utilization of SDM caretaker assessment to evaluate compliance and effectiveness.		December 2012 and on-going			SDM Program Manager, Policy and Planning analyst
Strategy 2.3 Develop and implement procedures to ensure compliance with All County Letter 09-86, Notification to Relatives.			<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	Strategy Rationale CDSS has issued instructions to ensure due diligence in identifying, notifying and engaging relatives and to provide notice to those relatives when a child is removed from their home. This policy underscores the importance of relative participation and support in all aspects of a child's life. Data in SF demonstrates that children in relative placements have better outcomes than those in county foster or group homes, which is also supported by other research. Expanding the pool of potential relative placements increases the likelihood of relative placement and subsequently permanency for children and reduce racial disparity and disproportionality.		
Milestone	2.3.1 Develop policy and procedures on how relatives of a child removed from home may identify themselves to SFHSA and be provided with notices as required by statute.	Timeframe	June 2011		Assigned to	Front end Program Director, Handbook Program Manager
	2.3.2 Develop and conduct related training for agency staff, including on CMS data entry.		December 2011			Training Program Manager
	2.3.3 Evaluate CMS findings to evaluate compliance and effectiveness.		June 2012			Front End Program Director, Policy and Planning analyst

Improvement Goal 3.0						
Develop and offer relevant training, including staff and attorney training around concurrent planning and post-adoption services, and caretaker training on adoption issues.						
Strategy 3. 1 Identify resources for caretakers to support successful adoptions and develop related materials and concurrent planning training for staff and caretakers.		<input type="checkbox"/>	CAPIT	Strategy Rationale Services are needed at key transition points to help ensure successful adoption. The PQCR determined that in order to educate caretakers and families on adoption, and promote and support families in adopting children, PSWs, caretakers, community partners, and attorneys needed information on what community services were available to these families. Appropriate and timely supports will help reduce racial disparity and disproportionality.		
		<input type="checkbox"/>	CBCAP			
		<input type="checkbox"/>	PSSF			
		<input checked="" type="checkbox"/>	N/A			
Milestone	3.1.1 Compile information of resources and services for post-opt and adoption families.	Timeframe	September 2010		Assigned to	Adoptions Program Manager and Director
	3.1.2 Distribute information to staff, caretakers, community partners and attorneys.		June 2011			Adoption Program Manager and Director
	3.1.3 Incorporate information into related permanency trainings for staff, caretakers, community partners, and attorneys.		December 2011			Training Program Manager, Adoption Program Manager and Director
	3.1.2 Remodel kinship contracted services to expand services and support to child welfare families that promote movement to adoption and KinGap.		December 2011			Kinship Services Manager
Strategy 3. 2 Develop trainings on concurrent planning to promote exploring multiple options for children simultaneously, including recruitment and relative placements.		<input type="checkbox"/>	CAPIT	Strategy Rationale The PQCR determined that the county culture in SF strongly promotes reunification which leads to sequential rather than concurrent planning. Training is critical for all key partners to effect necessary practice changes and promote permanency, thus also reducing racial disparity and disproportionality.		
		<input type="checkbox"/>	CBCAP			
		<input type="checkbox"/>	PSSF			
		<input checked="" type="checkbox"/>	N/A			

Milestone	3.2.1 In partnership with the Bay Area Academy, conduct trainings for staff and partners, including attorneys, around best concurrent planning practices.	Timeframe	December 2011		Assigned to	Training Manager
	3.2.2 In partnership with the Bay Area Academy, identify appropriate evidence-based training program, such the web-based Foster Parent College, to support and engage caregivers by providing information about and interventions for specific behavioral or emotional issues affecting children in their care.		June 2011			Foster Parent Program Manager, Training Manager
	3.2.3 In partnership with the Bay Area Academy, conduct selected training for caregivers prior to adoption to inform them of permanency options, related services, and information about parenting children with special needs.		June 2012			Foster Parent Program Manager, Training Manager
Strategy 3.3 Redesign the continuum of foster parent training, including PRIDE (Parent Resources for Information, Development, and Education), Medically Fragile Infants, and Options for Recovery, with integrated and systematic reinforcement of permanency and engagement principles.			<input type="checkbox"/> CAPIT	Strategy Rationale: Literature reviews indicate that foster and adoptive families must be well-prepared and supported to sustain successful placements; yet at the same time, recruitment, preparation and support of these families is one of the most challenging aspects of concurrent planning. Developing an integrated training model will better provide a range of support and interventions accessible to foster parents to ensure successful placements and increase permanency.		
			<input type="checkbox"/> CBCAP			
			<input type="checkbox"/> PSSF			
			<input checked="" type="checkbox"/> N/A			
Milestone	3.3.1 In partnership with the Bay Area Academy, meet with foster family agencies, child welfare staff including licensing and Special Care Increments rate staff, community college, and permanency consultants, and Public Health staff to create a framework for training.	Timeframe	July 2011		Assigned to	Training Program Manager, Policy Program Manager
	3.3.3 Design and restructure training, including coordinating contracts and schedules, acquiring curriculum, and preparing trainers.		December 2011			Training Program Manager, Policy Program Manager
	3.3.4 Implement new Foster Parent Training Program based on redesigned model.		July 2012			Training Program Manager, Policy Program Manager

Improvement Goal 4.0					
Continue and expand best practices around family engagement in concurrent planning.					
Strategy 4. 1		<input type="checkbox"/>	CAPIT	Strategy Rationale The SF PQCR demonstrated that HSA supports family voice and family's choice in determining concurrent planning decision, and recognizes and supports family connections. This strategy builds on these strengths to further promote permanency.	
Expand the use of family team meetings.		<input type="checkbox"/>	CBCAP		
		<input checked="" type="checkbox"/>	PSSF		
		<input type="checkbox"/>	N/A		
Milestone	4.1.1 Continue Permanency Planning Mediation through the California Children's Consortium, a non-adversarial, neutral and confidential intervention to help parents and caretakers when reunification is not possible and another permanent plan, like adoption, is necessary.	Timeframe	On-going	Assigned to	Program Directors and Supervisors
	4.1.2 Mandate Permanency Team Decision Meetings for permanent placements including adoptive placements.		December 2011		Program Directors and Supervisors, TDM Program Manager
	4.1.3 Expand SF CANDO beyond Bayview/Hunter's Point area		June 2013		SFCANDO Program Manager
	4.1.4 Ensure staff and partners involved in TDMs have training and support for their role in the TDM meeting to encourage full participation in the meeting and ensure live decisions.		December 2012		TDM Program Manager and Director, Training Program Manager
	4.1.5 Develop policy and procedure with corresponding flowchart and matrix for child welfare staff and community partners		December 2011		Handbook Program Manager
	4.1.6 Establish policy and protocol for Linkages case coordination meetings for department wide implementation		June 2013		Linkages Program Manager
Strategy 4. 2		<input type="checkbox"/>	CAPIT	Strategy Rationale A good relationship between the caretaker and parent improves placement stability, which the literature demonstrates is important to permanency. Developing and supporting this critical relationship will promote permanency through	
Facilitate the development of a mentoring relationship between foster and biological parents through such implementation of such practices as icebreakers.		<input type="checkbox"/>	CBCAP		
		<input type="checkbox"/>	PSSF		
		<input checked="" type="checkbox"/>	N/A		

				reunification, or, if that is not possible, adoption or guardianship.
Milestone	4.2.1 Develop an icebreaker protocol for FCS.	Timeframe	December 2011	
	4.2.2 In partnership with the Bay Area Academy, develop and conduct training for child welfare staff, caretakers, and partners.		June 2012	
	4.2.3 Monitor and evaluate icebreaker usage to determine compliance and effectiveness.		December 2012 and ongoing	
			Assigned to	Foster Parent Program Manager
				Foster Parent Program Manager, Training Program Manager
				Foster Parent Program Manager, Planning and Evaluation Manager

<p>Describe any additional systemic factors needing to be addressed that support the improvement plan goals.</p> <p>Development of policy and protocol, and issuance via child welfare handbook sections, to officially recognize, acknowledge, and endorse best practice. 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. Areas to be considered include racial disproportionality, concurrent planning and permanency, father involvement, and undocumented/immigrant issues.</p>
<p>Describe educational/training needs (including technical assistance) to achieve the improvement goals.</p> <ul style="list-style-type: none"> • 56% of San Francisco children in foster care are placed out of county, primarily in the Bay Area. CDSS can assist by providing contact and resource information of available services in other counties. • In the PQCR, ICPC delays were cited as an impediment to timely permanency. CDSS can assist in contacting other states to resolve ICPC problems.
<p>Identify roles of the other partners in achieving the improvement goals.</p> <p>The bench and panel attorneys have critical roles in supporting concurrent planning efforts. Court continuances were cited by both child welfare staff and focus groups at the PQCR as being significant impediments to timely permanency.</p> <p>The literature identifies the critical role of foster parents as mentors for parents and in achieving permanency through reunification or adoption.</p>
<p>Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.</p> <p>Advocacy to resolve MediCal issues for children and youth residing out of county. Advocacy to address impasses and delays in the ICPC process which delay permanency, sometimes for several years.</p>

Outcome/Systemic Factor: Utilization of Least Restrictive Placement Options (Juvenile Probation)					
County's Current Performance: Juvenile Probation achieved a 9.5% decrease in the number of youth in Out of Home Placement from 2008 to 2009.					
Goal: Continue to decrease the number of youth in Out of Home Placement. Target is to decrease youth in out-of-home placement by an additional of 5%.					
Improvement Goal 1.0 Expand programs and services available to youth and families to provide appropriate level of service delivery at time of need.					
Strategy 1. 1 Provide early access to community-based services such as mental health and parenting programs.		<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input checked="" type="checkbox"/> PSSF <input type="checkbox"/> N/A	Strategy Rationale The literature indicates that early intervention is a protective factor in preventing placement for youth in the probation system. Expanding early access to such services will reduce entries into care. The PQCR also recommended increased resources for mental health and parenting education services.		
Milestone	1.1.1 In partnership with CBHS, expand capacity and utilization of evidence-based therapeutic practices such as Multisystemic Therapy and Functional Family Therapy.	Timeframe	June 2011	Assigned to	Probation Services Director
	1.1.2 In partnership with CBHS, FCS, and First 5, build on the county's evidence-based parenting programs, such as the Incredible Years and Triple P, to offer parent education focused on teens.		June 2012		Probation Services Director
	1.1.3 Continue AIIM Higher (Assess, Identify Needs, Integrate Information, and Match to Services), a partnership between the San Francisco Juvenile Probation Department and the Department of Public Health's Child, Youth and Family System of Care to provide data-driven assessment, planning, and linkage services that engage juvenile justice-involved youth and their families in targeted and effective community-based interventions.		On-going		Community-Based Organization Liaison

Strategy 1. 2 Review the mental health supports to expand early intervention and step-down services.		<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	Strategy Rationale Many youth and families in the Juvenile Probation system struggle with mental health issues. Appropriate linkage to mental health services can help provide assessment and intervention needed to support families and youth. The PQCR also recommended increased resources for mental health services.		
Milestone	1.2.1 In partnership with CBHS, review linkage of EPSDT with clinical services for probation youth and families to expand service delivery.	Timeframe	On-going monthly meetings		Assigned to
	1.2.2 In partnership with CBHS, conduct training on mental health symptomatology for all juvenile probation officers.		June 2011		
	1.2.3 In partnership with CBHS, conduct training on group work process for juvenile probation officers.		June 2011		
Strategy 1. 3 Expand supportive services for youth and families to ensure successful step-down from higher level placement.		<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	Strategy Rationale Services are needed at key transition points to provide the appropriate level of supports necessary from residential to family-like settings.		
Milestone	1.3.1 In partnership with CBHS, FCS, and the county wraparound provider, identify youth appropriate for wraparound services to support step down.	Timeframe	Since December 2009 and on-going at weekly JCRT meetings		Assigned to
	1.3.2 In partnership with CBHS, conduct training on stages of change (specific focus on promising strategies used at various stages of change) for juvenile probation officers.		September 2011		

Improvement Goal 2.0					
Expand collaborative efforts with public and private partners to promote assessment, intervention, and post-reunification or step-down services.					
Strategy 2. 1 Continue interagency collaborations which support coordinated intake, case planning and/or service delivery.		<input type="checkbox"/>	CAPIT	Strategy Rationale Interagency collaborations expand the available services and supports, streamline case planning efforts, and reduce duplication of services across partner agencies, all of which provide more efficient, effective supports to families.	
		<input type="checkbox"/>	CBCAP		
		<input type="checkbox"/>	PSSF		
		<input checked="" type="checkbox"/>	N/A		
Milestone	2.1.1 Continue collaboration with SFCANDO, a coordinated case management approach between public agencies for families in targeted neighborhoods involved in more than one system.	Timeframe	On-going		Assigned to
	2.1.2 Continue collaboration with MAST (Multi-Agency Services Team) for high-need children and youth		On-going weekly meeting		
	2.1.3 Continue to include partners in JPD-led meetings including the MDT and Interagency Case Review Team.		On-going		
Strategy 2. 2 Strengthen partnership with FCS to develop concurrent planning practices for families.		<input type="checkbox"/>	CAPIT	Strategy Rationale Improving concurrent planning practices will assist in identify more family-like settings for probation youth earlier in the case. The PQCR also recommended that communication be stronger between the two agencies and this helps support that recommendation.	
		<input type="checkbox"/>	CBCAP		
		<input type="checkbox"/>	PSSF		
		<input checked="" type="checkbox"/>	N/A		
Milestone	2.2.1 Explore family-finding supports for youth in the probation system.	Timeframe	December 2010		Assigned to
	2.2.2 , Conduct cross agency training around family finding and identification of extended family members.		June 2011		
	2.2.3 Conduct cross agency training around concurrent planning and placement best practices.		June 2011		
				Juvenile Probation Administration	
				Juvenile Probation Administration, Training Officer, and Community-Based Organization Liaison	
				Juvenile Probation Administration, Training Officer, and Community-based Organization Liaison	

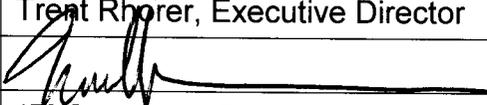
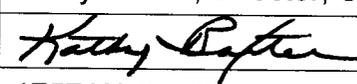
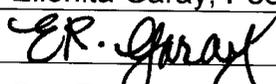
<p>Strategy 2.3</p> <p>Strengthen relationship with the Juvenile Court.</p>		<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	<p>Strategy Rationale The PQCR recommended that JPD strengthen its relationship with the Court to promote best outcomes for youth and families and streamline probation officer efforts.</p>	
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Milestone</p>	<p>2.3.1 Expand restorative justice efforts through continued participation in JCERT (Juvenile Collaborative Court Reentry Team), which provides specialized reentry to reduce recidivism and improve public safety through judicial oversight.</p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Timeframe</p> <p>Quarterly Meetings; On-going since December 2009</p> <p>JCRT Team weekly meeting with dedicated Juvenile Court Judge.</p> <p>JCRT Administrative group meets monthly to provide oversight.</p> <p>On-going bimonthly (at minimum) meetings</p> <p>Beginning July 2010</p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Assigned to</p>	<p>JCRT Team and Administrative Group</p>
	<p>2.3.2 Continue participation in regular meetings with the Judge and Bench officers to share information, plan and problem solve.</p>			<p>JPD Chief Probation Officer, Assistant Chief Probation Officer, Director of Administrative Services, Probation Services Director</p>
	<p>2.3.3 Provide the court with necessary information on evidence-based and best practices to support implementation and the connection of the youth to the appropriate level of care.</p>			<p>Training Officer, Probation Services Director</p>

Improvement Goal 3.0					
Improve probation operations to promote best practices.					
Strategy 3. 1 Strengthen educational supports for youth and partnership with SFUSD.		<input type="checkbox"/>	CAPIT	Strategy Rationale The literature reveals that a variety of educational issues impact prevention of placement. Improving educational supports will help maintain more youth at home.	
		<input type="checkbox"/>	CBCAP		
		<input type="checkbox"/>	PSSF		
		<input checked="" type="checkbox"/>	N/A		
Milestone	3.1.1 In partnership with CBHS and SFUSD, increase utilization of AB3632 for probation youth as appropriate.	Timeframe	Quarterly On-going since December 2009		Assigned to
	3.1.2 In partnership with SFUSD and FCS, review AB490 protocols to assess implementation through formalized collaboration between the JCRT Team and SFUSD AB 490 Coordinator.		Quarterly as needed On-going since March 2010		
	3.1.3 Increase mediation with youth and families as part of truancy prevention through formal collaboration between Probation Services Director and San Francisco Unified School District by increased participation in Truancy Assessment Referral Center, Student Advisory Review Board to address habitual and chronic truancy.		Monthly Hearing August 2010 and on-going		
Strategy 3. 2 Expand parent engagement strategies and family systems approach.		<input type="checkbox"/>	CAPIT	Strategy Rationale Parents in the Delinquency Court are not entitled to legal representation as parents in the Dependency Court, nor do they have the same accountability. Thus the process can be confusing and difficult. Engagement of parents is critical in supporting best outcomes for the youth and family.	
		<input type="checkbox"/>	CBCAP		
		<input type="checkbox"/>	PSSF		
		<input checked="" type="checkbox"/>	N/A		

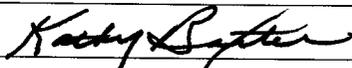
Milestone	3.2.1 Continue formal engagement with parents through existing parent group of Families Understanding the System and utilize their input whenever possible to make system improvements that benefit youth and their families."	Timeframe	December 2011		Assigned to	Chief Probation Officer
	3.2.2 Provide training for parent partners, both in probation and involved in other systems such as FCS and wrap, on the Juvenile Probation system, modeled on monthly orientation meeting for Youth and Parents.		June 2011	Assistant Chief Probation Officer, Probation Services Director, and Placement Unit Supervisor		
	3.2.3 Include parent representation in key meetings, such as parent partner representation on MAST and parent participation in meetings about placement options.		December 2011	Assistant Chief Probation Officer, Probation Services Director, and Placement Unit Supervisor		
Strategy 3.3 Utilize the court process more effectively to promote good outcomes for youth.		<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A		Strategy Rationale This strategy builds on 2.3, above, to enable Probation Officers to		
Milestone	3.3.1 Utilize more effective intermediate and administrative sanctions for technical violations by identified evidence-based tools for probation officers to use as graduated responses to youth's behavior, and revising related case management policy accordingly.	Timeframe	December 2010		Assigned to	Probation Services Director, Training Officer
	3.3.2 Revise court report formats to better provide pertinent information.		Monthly meetings or as needed Beginning February 2010 and on-going	Probation Services Director, Placement Unit Supervisor, and IT Director		
	3.3.3 In collaboration with Administrative Office of the Courts, provide Court training for Juvenile Probation placement officers.		June 2010	Training Officer		

<p>Strategy 3. 4 Expand the use of a standardized approach to assessment and placement decision making and intervention.</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	<p>CAPIT CBCAP PSSF N/A</p>	<p>Strategy Rationale Standardized tools ensure appropriate safety assessments and consistent practice. Consistent use of such tools will reduce disproportionality.</p>
<p>3.4. Monitor utilization of the YASI (Youth Assessment and Screening Tool) through monthly supervisory review to ensure more timely and regular usage to guide decision-making.</p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Timeframe</p>	<p>June 2010 and on-going</p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Assigned to</p> <p>Probation Services Director, Supervisors</p>
<p>3.4.2 Update policy, protocols and training for the YASI based on compliance findings and establish related training schedule.</p>		<p>September 2010</p>	<p>Probation Services Director, Training Officer, and Supervising Probation Officers</p>
<p>Describe any additional systemic factors needing to be addressed that support the improvement plan goals.</p>			
<p>Juvenile Probation needs to revise policies, use technology more effectively, and build capacity among first line supervisors as supervisors will be critical to the success of the improvement plan goals.</p>			
<p>Describe educational/training needs (including technical assistance) to achieve the improvement goals.</p>			
<p>Mental Health Symptomology, Cross agency participation in training events, Title IV-E requirements and updates, Placement Officers Court Training, Stages of Change, Group work process</p>			
<p>Identify roles of the other partners in achieving the improvement goals.</p>			
<p>SFUSD will provide more targeted and appropriate placements in school for youth returning from out of home placement.</p>			
<p>Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.</p>			
<p>Juvenile Probation Administration is currently working on an implementation plan for AB 938 regarding probation officers to exercise due diligence to identify and engage relatives when a child is removed from the home or may be in need of out of home placement.</p>			

CAPIT/CBCAP/PSSF Contact and Signature Sheet

Period of Plan:	May 15, 2010 through May 15, 2013
Date Submitted:	
Submitted by:	Board of Supervisor Designated Public Agency to Administer CAPIT/CBCAP/PSSF programs
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Signature:	
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Submitted by:	Child Abuse Prevention Council (CAPC) Representative
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Signature:	
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Phone & E-mail:	(415) 565-7283; kathy.baxter@sfcapc.org
Submitted by:	Parent Consumer/Former Consumer (Required if the parent is not a member of the CAPC)
Name & title:	Ellenita Garay, Peer Parent Advocate
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CAPIT/CBCAP/PSSF Contact and Signature Sheet (continued)

Submitted by:	PSSF Collaborative Representative, if appropriate
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Board of Supervisors (BOS) Approval	
BOS Approval Date:	
Name:	
Signature:	

III.B: CAPIT/CBCAP/PSSF PLAN

Structure and Role of the Child Abuse Prevention Council

The San Francisco Human Services Agency supports the local designated child abuse prevention council through allocations exceeding state and federal funds and is an active participant in child welfare redesign and child abuse prevention efforts. The San Francisco Board of Supervisors has designated the San Francisco Child Abuse Council as the local child abuse prevention council, as described by California Welfare and Institutions Code Section 18982. The Council is a multidisciplinary, collaborative body comprised of members interested in child abuse prevention, including:

- ❖ Public Agencies (*Mental and Public health, child welfare*)
- ❖ SF District Attorney's Office
- ❖ SF City Attorney's Office
- ❖ SF General Hospital (*Doctors, Nurses, Practitioners*)
- ❖ SF Police Department Juvenile Division
- ❖ SF Unified School District
- ❖ Parents and SF Residents
- ❖ Stakeholders
- ❖ Business and Civic Associations

The lead agency for the Council is the San Francisco Child Abuse Prevention Center. It is responsible for the provision of the city's mandated reporter training and staffing for the Council subcommittees. CAPC focuses on child abuse awareness, education, prevention, and intervention.

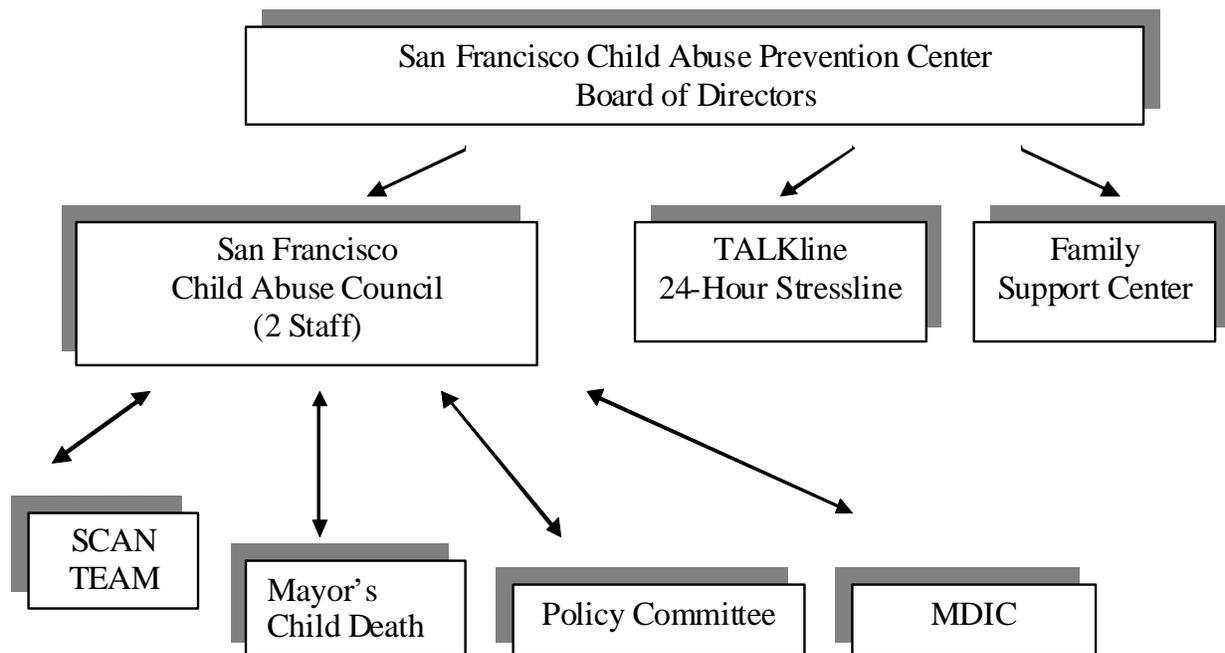
The role of the San Francisco Child Abuse Council is threefold:

1. To develop and advocate for specific policies and system improvements to provide education and awareness regarding child abuse prevention and to prevent the occurrence of child abuse and/or neglect.
2. To raise public and child safety awareness through marketing campaigns, training, distribution education materials and information.
3. To coordinate interagency collaboration through the convening of / participation in various subcommittees and activities (e.g. SCAN Team, which reviews the most serious cases of child abuse to Child Death Review Team, Mayor's Child Sex Trauma Committee, Multi-Disciplinary Interview Center and the Family & Children's Services /Juvenile Probation Core Team)

Each year the Council provides prevention education and training to approximately 5,000 schoolchildren in safety awareness and assertiveness, and to approximately 5,000 child-serving professionals in how to identify and report suspected child abuse and neglect. The Council educates the public, policy makers and legislators about child abuse prevention and awareness, and it convenes or participates in cross-organization meetings about child welfare services. The Council also creates and disseminates information such as the Guide on Child Abuse to shelters serving homeless persons and battered women. The host agency for the Council is the San Francisco Child Abuse Center, which is also a family resource center and provides primary prevention and awareness services including a 24-hour phone counseling line for parents.

San Francisco’s CAPC serves as an integral component of the county’s child abuse and neglect prevention strategy. CAPC helps coordinate the county’s child abuse and neglect prevention and family support efforts through staffing, public awareness and mandated reporter trainings; child safety and prevention workshops for parents, teachers and students, advanced workshops on child abuse prevention and treatment for professionals, informational seminars for child welfare staff; consultation with and technical assistance for community based providers as requested; participation in Bay Area Regional Child Abuse Council Coalition meetings and coordination efforts and member of state death review team. Committees include: Mayor’s Child Sex Trauma Advisory Committee to implement the Multi-Disciplinary Interview Center at SF General Hospital; SCAN (Suspected Child Abuse and Neglect) meetings and consultation; Child Death Review Team; and Monthly Child Abuse Policy Meetings (multidisciplinary team). The CAPC Director is and other CAPC members have been involved in the FCS/JPD Core Team meeting in the development of San Francisco’s 2009 Self Assessment and 2010 SIP. For information on CAPC funding, please refer to Appendix E.

The structure of the SF-CAPC is illustrated below:



Promoting Safe and Stable Families Planning Committee

As part of SF-DHS Families and Children Division’s continued realignment of activities and initiatives to better address and achieve our service enhancement and system improvement goals, the Promoting Safe and Stable Families Committee is now integrated with the SF-CACO. Both groups, while operating simultaneously in the past, also operated independently. To facilitate this coordination, both the Executive Director of the Child Abuse Prevention Center and staff from the

SF-CACO attend monthly meetings with other Family Resource Center Director's to discuss and strategize on the specifics of the integration.

The PSSF Collaborative will be integrated into the FCS/JPD Core Team and convened annually in collaboration with the SF-CACO and the Family & Children's Services Division (SF-FCS) - Human Services Agency (SF-HSA). Members include public and community-based service providers and community representatives from the following disciplines and/or services areas such as: First Five, Department of Children Youth and Their Families, HSA Funded Family Resource Centers, Support for Families with Children of Disabilities, SF Unified School District, Department of Public Health, SF Children's Council, and parent, foster parent, and youth representatives. Information sharing, lessons learned, updates on progress towards implementing initiatives and opportunities for problem-solving and strategy development are seen as essential agenda items for discussion during each convening.

County Children's Trust Fund Commission

The San Francisco Human Services Commission is the designated body to oversee the San Francisco's Children's Trust Fund. The Human Services Commission and Board of Supervisors establish the criteria for uses of the Trust Fund in accordance with the Welfare and Institutions Code and California regulations. San Francisco Human Services Agency will develop annual plans for utilization of the trust funds to support child abuse and neglect prevention and intervention programs operated by private nonprofit organizations or public institutions of higher education with recognized expertise in fields related to child welfare, and will present to the Human Services Commission for review. The Human Services Agency will also prepare an annual report which includes information on the types of programs funded, target populations benefiting from them, and the amount of each revenue source and amount disbursed to the programs. This report will be posted to the SF-HSA website at www.sfhsa.org.

Parent Consumers

SFHSA has made significant process in expanding parent partner efforts. In 2009, SFHSA hired 10 Peer Parents through its CalWORKS internship program using federal subsidies. In addition, a Coordinator and two permanent parent partners were hired utilizing wraparound savings. Peer parents are stationed at various offices in order to spread the parent representation throughout the work. Peer Parents participate in the Core Team as well as Parent Advisory Committee, Breakthrough Series Collaboratives, the SF CANDO project and other workgroups and projects. They also engage directly with families involved in the child welfare system through joint visits with child welfare staff or participation in TDMs. The Building a Better Futures Training, which was provided to parent partners, staff, and community partners by the Annie E. Casey Foundation as part of SF-HSA's Family to Family grant, is designed to assist parent partners, child welfare staff, resource fathers and mothers and community in fulfilling their roles more effectively through successful parent engagement. Parent partners are also eligible to attend child welfare trainings through the Bay Area Academy

SF-HSA continues to collaborate with the City College of San Francisco, the Edgewood Center for Children and Families, and Seneca to provide specialized IV-E trainings for staff of community based organizations, group homes, foster family agencies, foster parents and Family and Children's Services staff. The training curriculum is designed to build and strengthen agency and care provider capacity to meet AB 636 outcomes and serve San Francisco children and youth in foster care.

SF-HSA collaborates with the Family Resource Center Network (FRCs), as well as with public partner agencies First 5 and DCYF, to establish provider training through the network to the FRCs. In this way, training is provided to the staff and contractors for CAPIT/CBCAP/PSSF funds. Consultation and training is a high priority in the First 5 agency budget to support the efforts of the FRCs. Additional training dollars are leveraged through SF-HSA's contract with the Bay Area Academy and trainings are also open to staff, liaisons, FRCs and community partners, and caretakers.

The Designated Public Agency

SF-HSA is the designated public agency for CAPIT/CBCAP/PSSF funding. In 2009, SF-HSA participated in an extensive Family Resource Center contract realignment with First Five SF and Department of Children, Youth and Families. As all three agencies were contracting with the same providers, creating duplicative contracting and reporting processes and uncoordinated service delivery. DCYF and SF-HSA have budgeted to work order funds, including OCAP funds, to San Francisco First Five which subsequently issued an RFP for family resource center services. A three tiered system was developed based on neighborhood need, which included; basic FRC services; comprehensive services; and intensive services. The comprehensive and intensive levels provide child welfare- specific services and include visitation support, differential response, and participation in team decision making meetings. Funding was based on the tiers of service the FRC offered, and the three public partners worked closely together in developing and issuing the request for proposals, in determining the selected agencies. The departments continue to work closely in overseeing program implementation and monitoring. San Francisco First 5 has implemented a web-based contract management system which tracks outcomes which will be shared with all involved agencies. This realignment provides more efficient, coordinated service delivery and better collaboration and service integration between the public and private partners.

Part of the FRC realignment described above includes the development of a Parent Training Institute, with the coordinator housed at Community-Behavioral Health Services. Several of the FRCs are piloting the evidence-based Triple P parenting education program for families, including child welfare families, who have children at home.

The designated Program Managers work closely with First 5 to ensure programmatic oversight of PSSF/CTF/CAPIT/CBCAP contractors. This oversight includes the use of standardized service descriptions (aligned with OCAP definitions) and a web-based contract monitoring system which tracks service and outcomes objectives. First 5 and SFHSA staff, including program, budget and contracts staff, coordinate closely to ensure fiscal monitoring, competitive bid processes and awards, certification of contracts by the controller, invoice review and processing and annual (when needed) renewals or other contract modifications.

Fiscal Narrative

The City and County of San Francisco maintains discrete fiscal codes (known as "index codes") for items to be claimed to the four PSSF categories and to CAPIT/CBCAP. These index codes are used for creating budgets, setting up contract encumbrances, making payments in our financial system, and tracking those payments for reporting on the quarterly County Expenditure Claim. In addition, contract folders are kept for each contract, which include contract documents, contractor invoices and records of each payment processed. For the PSSF funds budgeted to be work ordered to San Francisco

First 5, First 5 retains original invoices and payment documents but will submit copies to SFHSA for review before SFHSA pays First 5.

SFHSA does not use PSSF or CAPIT/CBCAP dollars to supplant other funds. This county has invested over \$4,000,000 in county general fund for child welfare prevention related services and programs. This is county funding far beyond the approximately \$463,000 in PSSF, CAPIT, and CBCAP funds that San Francisco anticipates in future allocations, and the approximately \$176,000 annually received in CCTF funds. Despite mandated local county general fund reductions as well as state allocation reductions, SFHSA has been able to maintain approximately the same amount of funding towards Family Resource Centers, however some other family support contracts have seen significant reductions.

Please refer to Appendix E for the Expenditure Summary of PSSF funding.

Local Agencies – Request for Proposal

SFHSA assures the following is true:

- A competitive process was used to select and fund programs
- Priority was given to private, nonprofit agencies with programs that serve the needs of children at risk of abuse or neglect and that have demonstrated effectiveness in prevention or intervention
- Agencies eligible for funding provided evidence that demonstrates broad-based community support and that proposed services are not duplicated, are based on needs of children at risk, and are supported by a local public agency
- Projects funded shall be culturally and linguistically appropriate to the populations served
- Training and technical assistance shall be provided by private, nonprofit agencies to those agencies funded to provide services
- Services to minority populations shall be reflected in the project funding
- Projects funded shall clearly be related to the needs of children, especially those 14 years old and younger
- San Francisco complied with federal requirements to ensure that anyone who has or will be awarded funds has not been suspended or debarred from participation in an affected program
- Non-profit subcontract agencies can submit data electronically
- For CAPIT funds, priority for services shall be given to children who are at high risk, including children who are served by SFHSA for abuse and neglect, and other children who are referred for services by legal, medical, or social service agencies
- For CAPIT funds, the agency funded shall demonstrate the existence of a 10% cash or in-kind match, other than funding provided by CDSS

Goals/Outcomes/Evaluation

Client Satisfaction and Engagement Outcomes

Clients are involved with each of the programs. Programs are required to elicit client feedback on services as part of their contracts and outcome objectives. Depending on the program, client satisfaction is measured at the end of services or based on a specific time period. Additionally, most of the programs have former clients on their boards or committees.

In partnership with First 5, FCS tracks the number of unduplicated families receiving services. This includes the participation of families in various services including case management, family advocacy, support groups, information and referral, respite, parenting classes, and many other services.

The Family Resource Centers and systems track several outcomes including comfortable environment, availability and responsiveness of staff, and connection to services. These measure how families perceive the responsiveness of services.

Short-Term Outcomes

Short term outcomes reflect changes in knowledge, attitudes, skills and aspirations of participants within a relatively short period of time, for example, a parent's increase in knowledge and skills for informational workshops, nutrition classes, and parenting classes. San Francisco uses several short-term outcomes which are evaluated by the contracted service providers through such measures as pre and post tests or parents' perception of what they learned.

Intermediate Outcomes

Intermediate outcomes are primarily changes in applied skills and behavior. For the case management and family advocacy services, contract agencies utilize the Family Development Matrix to assess families' strengths and needs and to determine parent / family progress towards achieving service plan goals and improved family functioning.. The resulting data looks at changes families have made and links to the interventions impacting those changes.

Long-Term Outcomes

Long-term outcomes are broad statements reflecting long-term changes, primarily in status and conditions; they are also called goals or impacts. For long-term outcomes, FCS will track AB636 outcomes. While the PSSF and CAPIT funds only partially impact these numbers, they are part of the overall strategies to improve these numbers. These larger outcomes include the rate of first time entries into care, recurrence of abuse of children who remain with their families, and the rate of re-entries into foster care. Public awareness and primary prevention goals will be monitored by noting the rate of referrals to the child welfare system.

These strategies are examined outside the contracting process. They are reviewed with the Core Team, which helps plan San Francisco's strategies to improve on the AB 636 outcomes. SFHSA managers and staff and the community partners providing services are actively involved in the core team and key committees with child welfare redesign.

Peer Review Activities for CBCAP

FRCs receiving CBCAP funds participate in the San Francisco Family Support Network (SFFSN), a unique partnership of the stakeholders in the Family Support field: families, community-based organizations, public departments, and private foundations. The agencies receiving CBCAP funding, APA and SF CAPC, are part of this network. The SFFSN was founded in June 2004, building on the San Francisco Starting Points Initiative's Strategic Plan for Supporting Families.

The mission of the San Francisco Family Support Network is to work collectively to achieve quality programs, coordination of resources, and policies that support all San Francisco families. Its vision is

that all San Francisco families have access to high quality Family Support services which will support their optimal development.

The SFFSN focuses primarily on these areas of work:

1. Coordination & Networking - Promoting an effective, coordinated system of care for San Francisco's families by serving as the coordinating body for Family Support practice. Increasing connectedness, coordination, cooperation, and collaboration amongst members.
2. Policy & Planning - Promoting the development of policies that support San Francisco's families and providing input into initiatives supporting/affecting families.
3. Promotion of Best Practice - Raising awareness of what quality Family Support is and promoting a common language, standards, and evaluation of it.
4. Technical Assistance and Training – Certifying providers on the Family Support Standards and providing support to them to work most effectively with families.

Through participation in the SFFSN, agencies are able to access peer review processes and support from a range of community and public partner agencies and strengthen the network in San Francisco supporting families and children. Through the SFFSN, agencies can request coaching from other peer agencies and SFFSN staff to improve program implementation. SFFSN also taps local partners who perform well in particular areas to offer training to their peer agencies. The SFFSN connects agencies requesting a more in-depth level of peer review to Strategies, the statewide Family Support technical assistance organization, which has developed a comprehensive peer review program.

The Family Support Standards were created in 2007 by the San Francisco Family Support Network (SFFSN) to promote best practice by defining how the nine principles of Family Support developed by Family Support America are applied programmatically. Each Standard includes indicators of both minimum quality and high quality. The Family Support Standards are designed to be used by Family Support providers, public departments, and private foundation as a tool for planning, providing, and evaluating quality services. The SFFSN provides training and technical assistance to ensure their successful application, including offering a bi-monthly certification training.

The Standards are reviewed and revised annually by SFFSN evaluation committee with all SFFSN members (community-based organizations, public departments, and private foundations) invited to participate. The Standards are used as part of the site visit review process with programs doing a self assessment first and the county Program Officer reviewing the assessment during site visits. The SFFSN has also developed a participant program assessment tool, adopted by the county, by which parents can provide their perception of the agency's application of the Standards.

Additionally, the FRCs participate in committees through the SFFSN (training, evaluation, and policy) and SFHSA workgroups (Visitation, Team Decision Making, and Differential Response). FR participation informs practice and policy. Finally, the FRC Initiative Evaluation workgroup helps to inform the FRC evaluation process and has had direct impact on the design of the work.

Service Array

San Francisco has a rich array of family support services, built over decades of concern about the well-being of families living in a dense, expensive city. Several of the city's family support programs were started in the 1800s. It is built on a network of family support providers, especially Family Resource Centers. San Francisco formed the first child abuse prevention council in the state. The University of California at San Francisco opened the first modern family resource center in the early 1970s, *before* passage of the 1974 Child Abuse Prevention and Treatment Act (CAPTA). In response to the crack cocaine epidemic of the 1980s, SF-HSA began developing more community based programs to support families affected by substance abuse and keep their children out of foster care. The Family Preservation and Support Service Program Act of 1993 helped SF-HSA to support and expand the family resource center network into underserved neighborhoods.

Today SF-HSA supports a network that includes multiple family resource centers, including one in the neighborhood with the highest child welfare prevalence rate, Bayview Hunters Point. It has centers that specifically work with the Asian and Latino communities, and it provides phone counseling services in multiple languages. Some centers have a clinical orientation and others that are grassroots programs that mobilize peer support. The network provides in-home and center-based services. It includes faith-based providers like Mount St. Joseph/St. Elizabeth, which provides in home supportive services. SF-HSA has also reached out to the faith community, including the pastors of African American churches, to recruit foster parents. These programs serve families at every stage, from primary prevention to after-care.

In FY10-11, SFHSA will invest \$7.4 million, including \$3.76 million in family resource centers. Because San Francisco is a combined city and county, approximately 30% of SF-HSA's annual budget has been drawn from local general funds. It often used these funds to overmatch state and federal money, to pilot new programs, and to enhance the capacity of the family support network. Budget challenges continue next year, and SF-HSA will make try to minimize the impact on families, but successive years of budget cuts have frayed the continuum of care.

For further detail, please refer to Attachment E regarding CAPIT/CBCAP/PSSF expenditures.

Description of Services

Services for Special Needs Children and Families

Special Needs Services for families and children has been identified as a priority within the Family Preservation and Support Program in previous years and most recently, reaffirmed as a 2005-2008 priority during the planning sessions with child welfare staff and community providers. Two primary goals are essential to ensuring these families and children are served effectively:

- (1) To enhance the capacity of community-based providers to identify, assess and support families who have children with learning, emotional, and physical disabilities and
- (2) To facilitate improved access for families to the information, resources and 1-on-1 peer support/mentoring that will enable them to effectively care for their special needs child(ren).

SFHSA FCS contracts with Support for Families of Children with Disabilities for the provision technical assistance, training, parent mentoring and on-site drop-in support groups

(at FRCs) to enable family resource centers and child welfare staff to work more effectively with children who have learning, emotional and/or physical disabilities.

Services and the delivery of services targeted to children at risk for abuse or neglect

SF-HSA funds family resource center programs to provide outreach to families identified through the differential response assessment of the hotline. These community based organization staff engage families that have been assessed to be at risk, but who have not yet reached the threshold of child maltreatment. Their outreach staffs makes home visits and use the child abuse reporting incident to mobilize these families to seek support. In addition, families can identify themselves as needing support and seek services on a drop-in basis at the resource centers.

Prioritizing Children At-Risk of Abuse and Neglect and Services for Children Ages Under 14

All programs funded as part of the Family Preservation and Support Program give priority to children who are at-risk of child abuse and neglect, more likely to be removed and/or come to attention of the child welfare system. Language is incorporated into each family resource center service contract that specifies target population (e.g. 85% of families served will have at least one child 0-12, 65% at least one child 0-5; Services are designed to be prevention orientated and strength-based in an effort to support and families with children at risk of abuse and/or neglect). Other contract providers within the Family Preservation and Support Program serve children ages 0-18, but are generally directed to families with young children. Teen services, such as the Independent Living Skills Program, are part of separate program and funding streams.

Many families access the family resource centers and family support/preservation programs through referral by a child welfare worker. Several contracted providers have also been collaborating around differential response, which will direct many families evaluated out by the child abuse hotline to their services.

Services Based on Unmet Needs

These services are designed to address unmet needs or needs that would be unmet if not for these services. Some of these services have been in place for several years and in some cases solely provided to the specific target population of children at risk for child abuse and neglect and/or more likely to be removed and enter into the child welfare system. The services, specifically PSSF, were first identified through a planning process for the early Family Preservation/Family Support Funds. Certain areas such as the community-based, supervised visitation to promote positive family interactions in natural settings (aka enhanced visitation), and a team decision-making community partnership pilot were identified as priority over the years and incorporated into the program.

Appendix A: Core Team Composition

	NAME	TITLE	AGENCY
1.	Adam Nguyen	Senior Planning Analyst	SF-HSA
2.	Alfred Cain	Foster Parent	
3.	Allen Nance	Assistant Chief	Juvenile Probation
4.	Amber Evans	Parent Partner	SF-HSA
5.	Amy Sample	Permanency Supervisor	Family Builders by Adoption
6.	Angela Ramos	Child Welfare Supervisor	SF-HSA
7.	Angie Dionisio	Adoption Child Welfare Worker	SF-HSA
8.	Ann Sausser	Training Coordinator	Bay Area Academy
9.	Betty Hanna	Consultant	California Consultants
10.	Betsy Eddy	Family Manager	Housing & Homeless, SF-HSA
11.	Betsy Wolfe	Director Outpatient	UCSF Infant Parent Program
12.	Charles Stanberry	Parent Partner	SF-HSA
13.	Chris Ide-Don	Education Manager	Support for Families-Family Resource Center
14.	Casey Blake	Project Manager	SF-HSA
15.	Cheron Laboissoniere	Program Consultant	California Department of Social Services
16.	Dan Kelly	Program Manager	SF-HSA
17.	Dana Mandolesi	Project Manager	HEY (Honoring Emancipated Youth)
18.	Debby Jeter	Deputy Director	SF-HSA
19.	Deborah White	Program Coordinator	Epiphany Center
20.	Delores Betha		S.F. Care
21.	Derik Aoki	Senior Program Officer	San Francisco First Five
22.	Dion Roberts	Program Manager	Housing/Homeless
23.	Ellenita Garay	Parent Partner Advocate	SF-HSA
24.	Flora Chan	Child Welfare Worker Intern	SF-HSA
25.	Gary Levene	Supervisor	Juvenile Probation Dept.
26.	Garry Bieringer	Planning & Evaluation Coordinator	Juvenile Probation
27.	Heather Davis	Budget Analyst	SF-HSA
28.	Jack Prendergast	Adoption Child Welfare Worker	SF-HSA
29.	Jay Berlin	Executive Director	Alternative Family Services FFA
30.	Jean Brownell	Project Manager	SF-HSA
31.	Jessica Mateu-Newsome	Child Welfare Supervisor	SF-HSA
32.	Jessica Recinos	Child Welfare Supervisor	SF-HSA
33.	Jill Jacobs	Executive Director	Family Builders By Adoption
34.	Juanita Herrington	Foster Parent	
35.	John Tsutakawa	Program Director	SF-HSA
36.	Judith Lefler	Assistant Director	Bay Area Academy
37.	Kathy Baxter	Director	SF Child Abuse Prevention Center (also CCTF representative)
38.	Linda Medeiros	Public Health Nurse	Dept. of Public Health
39.	Linsey Passmore	Intern	HEY (Honoring Emancipated Youth)
40.	Liz Crudo	Project Manager	SF-HSA
41.	Lonnie Webb	Educational Consultant	SFUSD

42.	Lynn Harrell	Parent Partner Advocate	SF-HSA
43.	Mary O'Grady	Project Coordinator	Zero to Three
44.	Maya Durrett	Program Director	SF Court Appointed Special Advocates
45.	Maya Webb	FYS Coordinator	SFUSD
46.	Michelle Moreno	Family Resource Services Coordinator	Instituto Familiar de la Raza
47.	Magdalyn Cain	Foster Parent	
48.	Mai Mai Ho	Executive Director	APA FRC
49.	Mari Solis	Project Manager	SF-HSA
50.	Nina Boyle	Manager	Support For Families Family Resource Center
51.	Pat Davis	Parent Partner	SF-HSA
52.	Reina M. Sanchez	OYA Coordinator Youth Representative	Bay Area Academy
53.	Robin Love	Project Manager	SF-HSA
54.	Sally Coates	Executive Director	SF CASA
55.	Sara Razavi	Executive Director	HEY (Honoring Emancipated Youth)
56.	Seanda Conley	Parent Partner	SF-HSA
57.	Sonia Gottlieb	Youth Representative	Juvenile Probation
58.	Sylvia Pizzini	Director	Seneca Center
59.	Tanya Red	DMC Coordinator	Juvenile Probation Dept.
60.	Todd Wright	Ombudsman	
61.	Toni Hines	Parent Advocate Coordinator	Hunters Point Family
62.	Wendy Edelen	Family Conferencing Facilitator	SF-HSA

Appendix B: San Francisco Peer Quality Case Review 2009

Executive Summary

San Francisco conducted the Peer Quality Case Review in May 11-15, 2009, to ensure continuous quality improvement for outcomes for children, youth, and families in the child welfare and probation systems. The Human Services Agency, Family and Children's Services (FCS), explored timeliness to adoption and related concurrent planning issues, and Juvenile Probation (JPD) examined the utilization of least-restrictive placement options. San Francisco's strong commitment to children and families, its efforts to engage families, respect their voice and choices, and support family connections is evident in the wealth of resulting information.

San Francisco actively sought the input of both county staff and partners through peer-to-peer interviews between San Francisco staff and workers from other counties, focus groups with additional county staff, community partners, relative caretakers, and family and youth. This range of information provided a wide lens into county culture and practice to identify both strengths and barriers. San Francisco invited child welfare and juvenile probation staff from a number of counties performing exceptionally well in the identified measures to participate on the interview teams and share their expertise and insight. Invited counties were Riverside, San Joaquin, Santa Clara, Shasta, and Stanislaus from child welfare, and Fresno, San Mateo, Riverside, and Santa Cruz from Probation.

The strengths and challenges identified in the PQCR were closely linked to the areas found in literature review which impact adoptions and out-of-home placement. These areas guided the development of the interview questions and helped ensure that recommendations are impactful. The PQCR identified trends related to these literature review areas and are briefly described below. More detailed information regarding the PQCR and its summary of findings and recommendations are contained within this document.

Family and Children's Services: Timeliness to Adoption and Related Concurrent Planning

Biological and Adoptive Family Characteristics:

Mental health and substance abuse are significant issues that families struggle with, and parents need to have clear and frequent communication around the court process, case plans, and concurrent planning to help them overcome ambivalence and follow through successfully on their case goals. The county strongly values positive connections between the foster and biological parent. This can both support reunification, and, when that is not possible, also promote permanency for children. However there needs to be more systemic support of promoting this relationship, for example, through the development of icebreakers.

Caseworker Characteristics:

FCS supports family voice through various forums, including TDM, and honors family's choice in determining concurrent planning decision. . There is a strong county culture, including at Court, which emphasizes reunification, and this can minimize good concurrent planning efforts as workers struggle with the tension between reunification and other permanent options for children. San Francisco highly values kin placements as well as family connectedness. Workers also recognize the need for resources to ensure successful adoptions and will recommend long-term foster care rather than adoption or guardianship to secure needed resources. Additional resources are needed, or need to be identified, for workers and caretakers to promote legal permanency.

Best Practices around Concurrent Planning:

This was the most significant finding in the PQCR. County culture and agency structure – both internally and with the Court as well – emphasize reunification, leading to sequential vs. true concurrent planning. The literature describes that true concurrent planning identifies different permanency options which are developed and reviewed throughout the life of the case. System structure needs to foster collaboration across programs, specifically the front end and adoptions, rather than supporting workers operating in silos.

Recruitment:

More foster and adoptive homes are needed in San Francisco. However, San Francisco demonstrates best practice in the selection of non-traditional adoptive homes, including single parent and gay or lesbian parents. Contracts such as with Family Builders and family-finding efforts in the front end and permanent placement units further demonstrate the effort to find permanent homes for children.

Open Adoption:

San Francisco demonstrates best practices around open adoption. FCS recognizes and supports family connections through various means including sibling placements, Permanency Planning Mediation processes and open adoptions. San Francisco values family connections and this is demonstrated by the recognition that a sense of connection with family is important for children who are adopted. Open adoption is supported and encouraged through the use of such programs as Consortium for Children and the court mediation office.

Post-Adoption Placement Services

Services are needed at key transitions points –including placement in an adoptive home and finalization – to help ensure the adoption is successful. However in San Francisco there is a lack of post-adoption services available, and lack of knowledge about what is available. Workers need this information so they can inform potential adoptive caregivers prior to termination of rights. If caregivers feel that they have the resources

they need to provide care for children with special needs, they will be more likely to move forward with the adoption process in a timely manner rather being ambivalent and needing more time.

Cultural Competency and Transracial Issues

Staff recognize the extensive cultural issues that permeate child welfare. Part of the emphasis on kin placement is because of this recognition. Staff prefer to place children with adoptive parents who share their ethnic and cultural background. The research indicates that this can be particularly important to older children.

Types of Abuse and relevant supports

Many of the children in the child welfare system have experienced sexual abuse, prenatal substance abuse, or other factors which impact their development and well-being. Adoptive parents need the appropriate resources to ensure that they can address any issues which arise as a result. Workers also understand this and are often reluctant to recommend adoption, which may not have the same kinds of resources available as long-term placement.

Juvenile Probation: Preventing Placement

Risk factors that lead to out-of-home-placement (OOHP) are complex and varied and unique to each youth, family and community. However, reductions in risk factors and increase in protective factors that cannot be changed leads to the best outcomes for reducing the need for OOHP. Greater number of risk factors is highly correlated with a higher likelihood of early-onset offending.

Child Factors

School:

While being a good student is known to be a protective factor, the opposite is also true. Children are at greater risk for OOHP if they have low intelligence, poor academic performance, weak bonds at school, poor academic motivation, or if they drop-out entirely. In addition, problem behavior in pre-school is predictive of later conduct disorder and child delinquency. San Francisco probation officers are effective at networking and fact-finding, including gathering school-related information such as IEPs and having a presence at the minor's schools. They can improve their assessments of youth to gain further insight into areas of concern which can impact case planning.

Other:

There are several other risk factors that are common amongst children in OOHP. These include things like a difficult temperament, associating with delinquent peers, significant emotional and mental health problems, early use of alcohol and drugs, and poor physical health (undernourishment and frequent illness). In an effort to battle delinquency and restrict the number of youth that require OOHP, the Juvenile Probation Department attempts to intervene in the lives of children in ways that improve social skills, boost self-esteem, improve family relationships, improve critical thinking skills, promote positive peer relationships, enable academic success, and involve youth in pro-social activities. It is a strength of the San Francisco probation officers that they have a strong presence in the community, and are strong at mentoring and building rapport with youth. There is a need for early, in-depth information gathering to develop a good case history which can delineate risk factors, including mental health, school, and child welfare histories. Training on assessment tools such as the YASI is recommended. Strengthening communication between JPD and FCS, as well as with Community Behavioral Health Services (Mental Health) is also important.

Parent Factors

As one might expect, parental antisocial behavior can be indicative of similar behavior in children. But other, less direct variables are also highly correlated with the need for OOHP. Such variables include marital discord, harsh and erratic discipline, poor parental supervision, and female head of households. Interventions with parents attempt to teach positive parenting, consistent structure, parental advocacy in the schools, and how to handle conflict within the family unit. San Francisco Probation Officers can improve early engagement with parents and relatives to explore these factors. Resources also need to be expanded to address them.

III. Community and System Factors

It is well documented that children from impoverished families that reside in poor neighborhoods are over-represented in OOHP. Children are also at greater risk if they have a history with the Department of Human Services. Another systemic factor is the lack of mental health services, especially for minority children. It is essential therefore, that the system promotes early intervention, provides early access to community-based mental health, education, parenting, and relationship services, and provides cognitive behavioral skills training for children.

Schools can also be part of the problem. The literature shows that for youth in OOHP, schools have had lower educational expectations, exclusionary discipline practices, negative perceptions about the school climate, and negative perceptions of the child's family. Outcomes may be improved if the schools develop supportive leadership, have staff that are committed to working with even the most difficult children, have consistent school-wide behavior management policies, and effective academic instruction.

In San Francisco, there is a need for expanded and focused services and community resources to address the myriad issues of probation youth. This includes development of outpatient sex-offender programs, better utilization of Log Cabin Ranch, and services located with gang areas in mind to encourage utilization. Communication between public agencies can be improved; this includes the Court so that the Court is more often in agreement with recommendations. Similarly, there is a need to improve the MDT process so that the placement recommendations are more often in agreement with that of the probation officer. It also includes improved communication between JPD and medical staff. Lower probation caseloads are also recommended.

Appendix C: San Francisco County Self-Assessment 2010 Executive Summary

The strengths and weaknesses of the child welfare and juvenile probation systems occur within the context of the San Francisco's fluid demographics. Located on the tip of a peninsula, San Francisco has a finite capacity to absorb new populations, but it has seen an influx of highly educated, affluent adults, most of whom do not have children. They have driven up the cost of housing and made the job market intensely competitive. As a result, middle-income persons, families, and African Americans are leaving San Francisco for more affordable areas.

Since race, ethnicity, and poverty are highly correlated with child welfare participation, the implications of this demographic shift are manifold. Caseloads are going down, but many of the families that come into contact with the child welfare system are highly isolated. Many of the low-income families that remained did not have the resources to leave. They no longer have the informal support of extended family who have moved elsewhere, and they are further isolated in small, contained neighborhoods that are surrounded by a rising tide of gentrification. Many San Franciscans, especially persons of color, have very high levels of income and asset poverty, making them particularly vulnerable to economic downturns. SF-HSA can provide case services, including links with housing and employment assistance, but overarching trends in the city are beyond the agency's control and are having a profound impact on the lives of low income families.

H.1 System Strengths and Areas Needing Improvements

In the first quarter of the federal fiscal year 2009, the San Francisco Human Services Agency met 5 out of the 17 federal performance goals. In contrast, the state as a whole met none. A key San Francisco strength would be the stabilization of its placements. It continues to score well above the federal goal and state averages on all three of the measures for placement stability (C4.1-C4.3). San Francisco does not have children in shelter, and it emphasizes placements with relatives, which offer stability. In fact, 54% of San Francisco's placements are with relatives or non-relative extended family members, compared to a statewide rate of 37%.

San Francisco has adopted best practices to include youth and families in case planning. It implements team decision-making meetings for removals and placement moves; it utilizes promising practices like family group decision-making. SF-HSA has also formed a parent advisory council and has hired parent peer advocates to help families navigate the child welfare system. It also has a robust array of partners to provide family support services. This includes a culturally and linguistically responsive network of family resource centers that is implementing research-based parent education. SF-HSA has pooled resources with two other city departments to support the family resource centers and evaluate outcomes. It partners frequently with SF-DPH, including to provide mental health assessments for all children coming into foster care and to provide evidence-based mental health services. These two agencies partnered with the Seneca Center to implement an SB163 wraparound program that is flexible and responsive to the unique needs of families. SF-HSA's child welfare program invests almost \$15 million in contracts with community based organizations, but as a whole the agency invests over \$168 million, including many other contracts that support families, including child care, CalWORKs, and homeless programs.

Budget reductions have limited San Francisco's service array. At the height of funding for the community network of services, families still often had to wait for critical services like counseling and substance abuse treatment. SF-HSA reduced funding to its family support network last year, and the budget challenges of the next year will once again be painful. SF-HSA

will make try to minimize the impact on families, but successive years of budget cuts have frayed the network of family support services.

Despite its commitment to enriched services and best practices, SF-HSA continues to struggle with longstanding challenges. While it has made dramatic progress in reducing the number of African American children in care, they still comprise 65% of foster children even though their proportion of San Francisco's children's population is just 9%. SF-HSA has adopted structured decision-making assessment tools to minimize bias, sensitized staff through training, and through team decision-making has included relatives and community members in decisions to remove children from their families.

SF-HSA is removing fewer children. At the same time, it has improved on the measure of not having a recurrence of maltreatment with families whose children are not removed. In the latest reporting period, 92.1% of children who were victims of a substantiated child maltreatment allegation had no additional substantiated maltreatment allegation within the subsequent six months. The federal goal for this measure is 94.6% or higher and the state average is 93.1%. For technical reasons, this measure is quite flawed, but it is the only measure available at this time that allows SF-HSA to track outcomes for children who are not removed.

SF-HSA is reunifying more children. This is reflecting on the federal measures related to its rate of reunification. In the latest reporting period, 41.8% of children were reunified within 12 months, improving from a low of 30.2%. The federal goal is 48.4%, and the state average is 45%. The median time to reunification has dramatically improved for two consecutive quarters, falling from a high of 11 months to 6.2 months. The agency's current performance on this measure is now only a few weeks longer than the federal goal of 5.4 months, and falls well below the state average of 8.4 months.

Linked to more reunifications, however, is a persistent issue of reentries into care. A study managed by the SF-HSA Self Evaluation committee found that the sooner children are reunified with their families, the greater the risk of reentries into care. This holds true for all counties. On the federal measures related to reentries, San Francisco has improved, but continues to lag behind the federal goal and the state average. In the latest reporting period, 17% of the children who reunified with their families during the reporting period subsequently returned to foster care within twelve months. The national goal for this measure (C1.4) is 9.9% or less; the state average is 11.3%. Nevertheless, SF-HSA's performance has improved from a high of 25%. The Self Evaluation group found that about one third of children reentering care were infants, typically because their mother relapsed and left a residential treatment program. An emerging trend, however, was that half of the reentries involved adolescents. Many adolescents are entering foster care for the first time because they are out of control at home, and when they are reunified, the home situation quickly deteriorates. The family support system that has evolved in San Francisco over the years has been geared toward the needs of families with young children, but the system has much less capacity for supporting families with adolescents who are abusing drugs, joining gangs, or acting out sexually. SF-HSA is continuing to discuss this phenomenon with its partners and plan possible strategies.

SF-HSA is increasing its adoptions. Though still below the federal goal, SF-HSA has improved on three of four measures related to adoptions. The number of children adopted within two years of entry increased from 32 to 33.3% in the latest quarter, nearing the federal goal of 36.6% and surpassed the state average of 30%. The median time to adoption is 29.9 months, slightly below the statewide figure of 30.5, but above the federal goal of 27.3 months. While gratified by its progress, SF-HSA recognizes that it still has many youth who have been in care for a number of years, and rather than having them emancipate, it wants to create permanency. Paradoxically, as the agency makes progress on having youth adopted, its performance on the federal measures, which emphasize adoptions within two years, will likely dip.

The PQCR identified several significant concerns about SF-HSA's adoption process. Child welfare workers and the court value reunification, and historically SF-HSA's adoption process has been sequential, with families first exhausting the possibilities for reunification before serious efforts were made to find adoptive homes. SF-HSA has begun partnering adoption workers with workers at the front end of the system to initiate concurrent planning earlier, but the agency is still transitioning to an integrated system in which permanency options are developed and reviewed throughout the course of a case. The PQCR also found that child welfare workers needed to inform potential adoptive caregivers, other service providers, and attorney and Court personnel of resources prior to the termination of parental rights, and to expand the resources available post-adoption..

Many foster children have multiple needs, and before they are likely to move forward in the adoption process, relatives and foster parents need to feel confidence that they will find needed support and resources. The PQCR also underscored the need for broader and more effective recruitment. In the future, SF-HSA would like to improve the relationship between biological and foster parents, possibly using the "icebreakers" model developed by the Annie E. Casey Foundation. Improved communication would meet multiple goals related to reunification, reducing reentries, and facilitating adoptions. SF-HSA hopes that its nascent partnership with the school district for recruitment will result in an increase in the number of qualified and compassionate adoptive and foster parents.

The PQCR found that the Juvenile Probation Department struggled with some of the same issues as child welfare, especially racial disproportion. It found that the juvenile justice system lacks prevention resources, particularly early access to mental health, education, and parenting support services. The community services that exist are not always located in neighborhoods that have high rates of gang involvement. The PQCR also recommended lower probation caseloads, and similar to SF-HSA, recommended that the Juvenile Probation Department improve its communication with the court.

H.2 Strategies for the Future

SF-HSA has a number of reforms underway, and additional ideas were raised in focus groups with staff and community partners. The strategies identified in PQCR focus groups with staff can be grouped according to safety and permanency themes.

Safety and child-well being

- ❖ *Sustain key reforms:* SF-HSA already has a number of initiatives underway, including: using the Structured Decision-Making standardized risk and safety assessment tools; implementing differential response with community partners; team decision-making meetings; coordinated case planning with child welfare and CalWORKs; and breakthrough collaborative series experiments aimed at reducing racial disproportion. The focus group participants agreed that it was important that new efforts not be at the expense of initiatives already underway.
- ❖ *Improve Hotline coverage:* The staffing for the child abuse reporting hotline was recently reconfigured to be more stable, and late in 2009 SF-HSA installed new phone technology for routing calls.
- ❖ *First placement = best placement:* The child welfare system needs to find the right placement for children at the outset to minimize disruption and improve the chances for successful concurrent planning. Expanding concurrent planning practices needed to ensure all appropriate relatives is a critical next step.

- ❖ *Substitute care provider assessment:* SF-HSA should utilize a Structured Decision-Making assessment tool for evaluating placement homes. Having stronger placements would improve the likelihood of successful reunification as well as adoptions.
- ❖ *Team decision-making for reunification:* SF-HSA utilizes team decision-making meetings on a voluntary basis for children who are being reunified or transitioning to permanency, but it has not yet made these meetings mandatory. Having a team approach to reunification and permanency would reduce the risk for reentries, in part as one forum to establish safety and relapse plans prior to reunification.

Permanency

- ❖ *Sustain reforms and effective practices:* Among the reforms that SF-HSA is already utilizing to improve permanency outcomes are: deploying peer parents as partners; enhancing its visitation program to be more therapeutic and community based; family team meetings, including team decision-making and family conferencing; partnering with the school district for recruitment of foster and adoptive parents; and placing children with relatives whenever appropriate, including family-finding in the front end as well as in permanent placement and the use of family-finding software; and breakthrough series collaborative efforts focused on disproportion and reunification.
- ❖ *Concurrent planning:* SF-HSA needs to create systemic connections between adoption workers and the front end of the child welfare system.
- ❖ *Identify pre- and post-adoption resources:* To encourage caregivers to make the commitment to adoption, SF-HSA needs to identify and communicate resources and services that can provide continuing support even when the child is no longer a dependent of the court.
- ❖ *Minimize changes in child welfare workers:* Historically, SF-HSA has maintained a number of specialized caseloads and units, including caseloads directed at specific functions, like the court dependency unit. These specialized caseloads have raised the expertise of individual workers, but have also resulted in numerous transfers between workers as cases move through the court process. In the future, SF-HSA will minimize specialized caseloads and have it be the aim of every child welfare worker to find children permanency.
- ❖ *Training:* The reorientation of child welfare workers, from reducing specialized caseloads to not sacrificing permanency at the expense of reunification, will require extensive training. In the new vision for permanency, caregivers and court staff will also require training.
- ❖ *Foster parents as mentors:* SF-HSA is exploring the Family to Family strategy of using “icebreaker” meetings to facilitate communication between biological and foster parents about the child’s needs and strengths. SF-HSA will build on this and try to cultivate the foster parents as mentors who help the biological parent manage the reunification process.

The County Self Assessment Team also developed recommendations during community forums and small group discussions. These included:

Prevention, reunification, and reducing reentries

- ❖ Improve coordination between SF-HSA and service providers;
- ❖ Improve case planning for addicted parents, including safety planning in the event of relapse;
- ❖ Develop more supportive housing;
- ❖ Strengthen family and youth engagement strategies;

- ❖ Provide more flexible therapy, more promptly;
- ❖ Provide SF-HSA representation at meetings of SF-DPH substance abuse provider meetings;
- ❖ Partner more effectively with law enforcement;
- ❖ Enhance the wraparound model to provide more social support to families at an earlier stage;
- ❖ Provide mentors to both children and parents;
- ❖ Develop youth employment opportunities and build on the interests of foster youth.

Well-being and permanency

- ❖ *Improve the SF-HSA's and JPD's relationship with the court.* Have standing meetings with court and staff, co-locate staff with the City Attorney, and sustain more specialized courts like the 0- 3 court and Dependency Drug Court. Provide attorneys, including panel attorneys, with updated pamphlets on adoption and legal guardianship. JPD needs to do more for parents in its system, including orientation and support during the court process, possibly through a parent partner program.
- ❖ *Pursue customary kinship adoptions.* New legislation allows customary tribal adoption in California, making it possible for adoptions to occur without termination of a parental relationship. It is critical that this legislation be promoted at the federal level to ensure effectiveness.
- ❖ *Educate providers about youth permanency.* Provide more information to community based organizations and the Independent Living Skills Program about youth permanency, adoption, and legal guardianship.

The Self Assessment has identified a number of challenges in the child welfare and juvenile probation systems. Implementing some of the recommendations in the current budget climate may be challenging, but many of these efforts do not involve additional resources, but rather a re-orientation of the child welfare and juvenile probation systems to clear family outcomes, especially permanency. SF-HSA and the Juvenile Probation Department will be exploring these recommendations further in coming months. They will build on the team that was mobilized for the Self Assessment to develop a strategic plan, referred to by the state as a Self Improvement Plan. The Self Improvement Plan meetings will begin in January and culminate in a final report that will be submitted to the San Francisco Board of Supervisors and subsequently to the state in May, 2010.

Appendix D: Child Welfare Services Measure S1.1 – No recurrence of maltreatment

Problem: Too many children experience recurrence of maltreatment.

This safety measure reflects the percentage of children who were victims of a substantiated child maltreatment allegation within the first 6 months of a specified time period for whom there was *no additional substantiated maltreatment allegation* during the subsequent 6 months. San Francisco’s baseline performance in 2002 was 90.5 %. During the most recent reporting period (7/1/08- 12/31/08), FCS scored 91.5%. Performance on this measure has been relatively stable for the past three quarters, hovering between 91.2 and 92.1 percent. To frame FCS’s performance in raw numbers: of the 434 children in San Francisco who had substantiated referrals during the first half of the rolling year, 37 subsequently had a substantiated referral in the following half. To have reached the federal goal, no more than 24 children would have had substantiated re-referrals. Our target is to increase the rate of no recurrence of maltreatment to the federal goal of 94.6%. This is a difference of 3.1% (13 children) from the last reporting period.

Contextual factors: Current family supports (material, social, & emotional); Local service system (weakening due to budget reductions); Child characteristics (including age, presenting problems, developmental delays, physical health, and mental health); Parent characteristics (including substance abuse, mental health concerns, and poverty); Legal system (aggressive client advocacy by panel attorneys); Organizational culture and climate of the agency (reduced resources, layoffs, furloughs, and restructuring due to economic recession).

Strategic objectives →	Activities →	Outcomes / Theory of change →	Goals / Long Term Impacts
<ul style="list-style-type: none"> ▪ Continue agency efforts to improve family assessments ▪ Strengthen prevention services ▪ Reinforce family engagement efforts ▪ Strengthen service coordination across agencies and community-based providers ▪ Expand use of evidence-based parent education curriculum ▪ Support effective parent-child visitation ▪ Structure pre-planning for post-reunification services ▪ Improve quality assurance systems for case management 	<ul style="list-style-type: none"> ▪ 90% completion rate of Structured Decision Making (SDM) assessments for safety, risk, and family reunification ▪ Adult Needs and Strengths Assessments (ANS) and Child and Adolescent Needs and Strengths Assessments (CANS) ▪ Placement changes and removals will have a Team Decision-Making (TDM) meeting ▪ San Francisco Communities, Agencies, and Neighborhoods Deciding as One (SF CANDO) ▪ Differential Response and Voluntary Family Maintenance ▪ Family Resource Center (FRC) realignment and evaluation ▪ Expand access to parenting education including Incredible Years and Triple P ▪ Parent Partners, Parent Advisory Council, parent support groups ▪ Family finding ▪ Implement Celebration of Reunification (CoR) meetings ▪ Fully implement “Monthly Measures” 	<ul style="list-style-type: none"> ▪ Systematic assessment of family needs and strengths will improve service planning and promote consistent practice among program staff ▪ Inclusive case planning will empower families to maximize family strengths and resources to complete service goals ▪ Voluntary participation in community-based early interventions will mitigate families’ risk factors for re-referral ▪ Validated parenting courses will encourage use of age-appropriate interventions for behavior problems, and strengthen relationships among parents and their children ▪ On-going community support and strong relationships between birth and foster families will support timely, successful reunifications ▪ Reestablishing family ties will help increase resiliency among children and families ▪ Aftercare services will help keep families together and stable post-reunification ▪ Data sharing across agencies and monitoring of key indicators will increase accountability, identify successful interventions, and inform policymaking 	<ul style="list-style-type: none"> ▪ Fewer children experience abuse and/or neglect (PR) ▪ Children are safely maintained in their homes whenever possible and appropriate ▪ Fewer children experience repeated incidents of maltreatment (S1.1) ▪ Fewer entries into foster care ▪ Reduce racial disproportionality within foster care

Child Welfare Services Measure C1.4 – Reentry following reunification (exit cohort)

Problem: Too many children who reunify from San Francisco foster care reenter care within 12 months.

This measure tracks the percent of children who discharged to reunification during the year and then reentered foster care within 12 months. San Francisco’s baseline performance from July 2001 through June 2002 was 21%. In the latest official reporting period, from July 2007 through June 2008, 15% of children reunified returned to foster care within 12 months. In raw numbers, that means that of the 236 children who reunified during the period, 37 reentered foster care within one year. To meet the federal goal, no more than 23 children would have reentered care. The national standard for this measure is 9.9% or less; the state average is 11.3%. More current SafeMeasures data indicates that San Francisco’s performance on this measure will rise to 20% over the next two quarters. San Francisco’s goal is to reduce the rate to 15%.

Contextual factors: Current family supports (material, social, & emotional); Local service system (weakening due to budget reductions); Child characteristics (including age, presenting problems, developmental delays, physical health, and mental health); Parent characteristics (including substance abuse, mental health concerns, and poverty); Legal system (aggressive client advocacy by panel attorneys); Organizational culture and climate of the agency (reduced resources, layoffs, furloughs, and restructuring due to economic recession).

Strategic objectives →	Activities →	Outcomes / Theory of change →	Goals / Long Term Impacts
<ul style="list-style-type: none"> ▪ Continue agency efforts to improve family assessments ▪ Reinforce family engagement efforts ▪ Expand use of evidence-based parent education curriculum ▪ Support effective parent-child visitation ▪ Maintain strong placement stability for children while they are in foster care ▪ Structure pre-planning for post-reunification services and enhance the referral system ▪ Improve quality assurance systems for case management 	<ul style="list-style-type: none"> ▪ 90% completion for Structured Decision Making (SDM) reunification assessments ▪ Adult Needs and Strengths Assessments (ANS) and Child and Adolescent Needs and Strengths Assessments (CANS) ▪ 90% of reunifications will have a Team Decision-Making (TDM) meeting ▪ Dependency Drug Court ▪ Parent Partners, Parent Advisory Council, parent support groups ▪ Icebreaker meetings and mentoring ▪ Expand access to parenting education (Incredible Years, Triple P, Parenting-Inside-Out, and SafeCare) and develop a parenting education course for parents of teens ▪ Incarcerated parents project ▪ Enhanced visitation ▪ Early wraparound services ▪ Family finding ▪ Fully implement “Monthly Measures” 	<ul style="list-style-type: none"> ▪ Systematic assessment of family needs and strengths will improve service planning and promote consistent practice among program staff ▪ Inclusive case planning will empower families to maximize family strengths and resources to complete service goals ▪ On-going community support and strong relationships between birth and foster families will mitigate families’ risk factors for reentry ▪ Validated parenting courses will encourage use of age-appropriate interventions for behavior problems, and strengthen relationships among parents and their children ▪ Structured, supervised, timely, and consistent visits between parents and children will promote healthy attachments and reduce time in care ▪ Earlier wraparound services will address presenting problems before they worsen, and increase placement stability by preventing entry into higher levels of care ▪ Reestablishing family ties will help increase resiliency among children and families ▪ Monitoring key indicators will increase staff accountability and promote quality practice 	<ul style="list-style-type: none"> ▪ Fewer children re-enter foster care following reunification (C1.4) ▪ Fewer children experience abuse and/or neglect (PR) ▪ Fewer children experience repeated incidents of maltreatment (S1.1) ▪ Fewer entries into foster care overall ▪ Reduce racial disproportionality within foster care

Child Welfare Services Measure C2.3 – Adoption within 12 months (17 months in care)

Problem: Adoptions take too long to finalize.

Measure C2.3 tracks the percent of children in foster care who were discharged to adoption within a year of being in care for 17 continuous months. San Francisco’s baseline performance in July 2002 - June 2003 was 6%. In the last reporting period, July - December 2008, the rate of adoptions for children occurring between the 18th and 29th month in care (C2.3) decreased from 7.6 to 7.1 percent (goal of 22.7%). The overall improvement target is to increase the rate to the federal target of 22.7%.

Contextual factors: Current family supports (material, social, & emotional); Local service system (weakening due to budget reductions); Child characteristics (including age, presenting problems, developmental delays, physical health, and mental health); Parent characteristics (including substance abuse, mental health concerns, and poverty); Legal system (aggressive client advocacy by panel attorneys); Organizational culture and climate of the agency (reduced resources, layoffs, furloughs, and restructuring due to economic recession).

Strategic objectives →	Activities →	Outcomes / Theory of change →	Goals / Long Term Impacts
<ul style="list-style-type: none"> ▪ Expand early concurrent planning ▪ Reinforce family engagement efforts ▪ Expand school based recruitment of adoptive families ▪ Strengthen post-adoption services ▪ Strengthen relationship with the court to support adoption ▪ Improve quality assurance systems for case management 	<ul style="list-style-type: none"> ▪ Meetings to Assess Permanency (MAP) ▪ Notification to relatives ▪ Family Finding ▪ School based recruitment of adoptive families ▪ Structured Analysis Family Evaluation (SAFE) ▪ Permanency Planning Mediation ▪ Permanent placements will have a Team Decision-Making (TDM) Permanency meeting ▪ Maintain standing meetings with the court and support court related projects ▪ Fully implement “Monthly Measures” 	<ul style="list-style-type: none"> ▪ Concurrent planning beginning within 5 weeks of children entering care will help identify and prepare potential adoptive families if reunification is not possible, leading to a significant reduction in the median time to adoption, and increasing the overall rate of adoption ▪ Reestablishing family ties will help identify potential adoptive homes and strengthen family networks ▪ School based recruitment will leverage community resources to develop adoptive homes in the children’s neighborhoods and preserve their social and family networks ▪ Comprehensive evaluation of prospective adoptive families will enhance the child placement matching process ▪ Nonadversarial, voluntary mediation will bypass court hearings and allow the parties involved to agree on a permanency decision in the best interests of the child with the help of a neutral third party; parties will be more invested in the outcome because they participated in decision-making. ▪ Monitoring key indicators will increase staff accountability and promote quality practice 	<ul style="list-style-type: none"> ▪ Increase rate of adoptions for children occurring between the 18th and 29th month in care (C2.3) ▪ Increase rate of adoption for children within 24 months (C2.1) ▪ Shorten median time to adoption (C2.2) ▪ More children exit to permanency within 24 months of entering care (C3.1) ▪ Fewer youth emancipate out of the system after being in care for 3 years or longer (C3.3) ▪ Fewer children experience abuse and/or neglect (PR) ▪ Maintain low rates of adoption disruption

Juvenile Probations: Least Restrictive Placement

Problem: Too many youth are placed in residential care.

Contextual factors: Current family supports (material, social, & emotional); Local service system (weakening due to budget reductions); Child characteristics (presenting problems, developmental delays, physical health, and mental health); Parent characteristics (including substance abuse, mental health concerns, and poverty); Legal system (sanctuary city policy, aggressive client advocacy); Organizational culture and climate of the agency (reduced resources, layoffs, and furloughs due to economic recession).

Strategic objectives →	Activities →	Outcomes / Theory of change →	Goals / Long Term Impacts
<ul style="list-style-type: none"> ▪ Continue agency efforts to improve family and youth assessments ▪ Provide early access to community-based services ▪ Expand use of evidence-based parent education curriculum ▪ Continue to support coordinated intake and case planning 	<ul style="list-style-type: none"> ▪ Youth Assessment and Screening Tool (YASI) and Assess, Identify needs, Integrate information, and Match to services (AIIM) ▪ Train probation staff to recognize mental health symptoms ▪ Expand access to parenting education including Incredible Years and Triple P ▪ Expand access to mental health supports ▪ Wraparound services ▪ San Francisco Communities, Agencies, and Neighborhoods Deciding as One (SF CANDO) ▪ Multi-agency Services Team (MAST) meetings ▪ Multi-disciplinary Team (MDT) meetings ▪ Juvenile Collaborative Court Reentry Team ▪ Family finding ▪ Increase utilization of AB 3632 ▪ Parent Partners 	<ul style="list-style-type: none"> ▪ Systematic assessment of family needs and strengths will improve service planning and promote consistent practice among program staff ▪ Validated parenting courses will encourage use of age-appropriate interventions for behavior problems, and strengthen relationships among parents and their children ▪ Wraparound services will address presenting problems and enable youth to step down to lower levels of care ▪ Coordinated case planning will empower families to maximize family strengths and resources to complete service goals ▪ Reestablishing family ties will help increase resiliency among children and families ▪ On-going community support and strong relationships between birth and foster families will mitigate families' risk factors for reentry 	<ul style="list-style-type: none"> ▪ Fewer youth are placed in residential care ▪ More youth step down to lower levels of care

Appendix E: CAPIT/CBCAP/PSSF Services and Expenditure Worksheets

Three-year CAPIT/CBCAP/PSSF Services and Expenditure Summary
Proposed Expenditures
Worksheet 1

City and County of San Francisco

(1) COUNTY: San Francisco

(2) PERIOD OF PLAN: 7/1/10 thru 6/1/13

(3) YEAR: 1, 2, and 3

(4) FUNDING ESTIMATE:

CAPIT \$131,709

CBCAP: \$25,948

PSSF: \$305,001

OTHER: \$7,388,123

Line No.	Title of Program/Practice	SIP Strategy No., if applicable	Name of Service Provider, if available	CAPIT	CBCAP				PSSF					OTHER SOURCES	NAME OF OTHER	TOTAL
				Dollar amount that will be spent on CAPIT Direct Services	Dollar amount that will be spent on CBCAP Direct Services	Dollar amount that will be spent on CBCAP Infra Structure	Dollar amount that will be spent on Public Awareness, Brief Information or Referral Activities	Dollar amount of CBCAP allocation to be spent on all CBCAP activities (Sum of columns F1, F2, F3)	Dollar amount of PSSF Allocation that will be spent on PSSF activities (Sum of Columns G2, G3, G4, G5)	From Column H				Dollar amount that comes from other sources	List the name(s) of the other funding source(s)	Total dollar amount to be spent on this Program/Practice (Sum of Columns E, F4, G1, H1)
										Dollar amount of PSSF that will be spent on PSSF activities (Sum of Columns G2, G3, G4, G5)	Dollar amount of Column G1 that will be spent on Family Preservation	Dollar amount of Column G1 that will be spent on Family Support	Dollar amount of Column G1 that will be spent on Time-Limited Reunification			
A	B	C	D	E	F1	F2	F3	F4	G1	G2	G3	G4	G5	H1	H2	I
1	In Home Targeted Early Intervention	n/a	APA Family Support Services	\$66,940	\$13,188	\$0	\$0	\$13,188	\$0	\$0	\$0	\$0	\$0	\$159,303	County General Fund, including County Department of Children, Youth, and their Families	\$239,431
	In Home Targeted Early Intervention	n/a	Family Support Services of the Bay Area	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$744,721	County General Fund & TCM	\$744,721
	In Home Targeted Early Intervention and Differential Response	n/a	Mount St. Joseph - St. Elizabeth	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$301,379	County General Fund & TCM	\$301,379
2	Child Abuse Family Support Ctr - Mental Health Intervention Services	n/a	San Francisco Child Abuse Prevention Center	\$64,769	\$12,760	\$0	\$0	\$12,760	\$0	\$0	\$0	\$0	\$0	\$71,892	County General Fund	\$149,421
3	Parental Stress Hotline	n/a	APA Family Support Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$82,853	County Children's Trust Fund	\$82,853
4	Mandatory Reporter Training & Child Abuse Prevention Coordinating Council	n/a	San Francisco Child Abuse Prevention Center	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$93,224	County Children's Trust Fund	\$93,224
5	Adoptions Homefinding	C2.3, 2.1	RFP pending for new FY	\$0	\$0	\$0	\$0	\$0	\$61,000	\$0	\$0	\$0	\$61,000	\$7,235	County General Fund	\$68,235

Three-year CAPIT/CBCAP/PSSF Services and Expenditure Summary
Proposed Expenditures
Worksheet 1

City and County of San Francisco

Line No.	Title of Program/Practice	SIP Strategy No., if applicable	Name of Service Provider, if available	CAPIT	CBCAP				PSSF					OTHER SOURCES	NAME OF OTHER	TOTAL
				Dollar amount that will be spent on CAPIT Direct Services	Dollar amount that will be spent on CBCAP Direct Services	Dollar amount that will be spent on CBCAP Infra Structure	Dollar amount that will be spent on Public Awareness, Brief Information or Referral Activities	Dollar amount of CBCAP allocation to be spent on all CBCAP activities (Sum of columns F1, F2, F3)	Dollar amount of PSSF Allocation that will be spent on PSSF activities (Sum of Columns G2, G3, G4, G5)	From Column H				Dollar amount that comes from other sources	List the name(s) of the other funding source(s)	Total dollar amount to be spent on this Program/Practice (Sum of Columns E, F4, G1, H1)
										Dollar amount of Column G1 that will be spent on Family Preservation	Dollar amount of Column G1 that will be spent on Family Support	Dollar amount of Column G1 that will be spent on Time-Limited Reunification	Dollar amount of Column G1 that will be spent on Adoption Promotion & Support			
A	B	C	D	E	F1	F2	F3	F4	G1	G2	G3	G4	G5	H1	H2	I
6	Family Resource Centers (includes such services as Information & Referral, support groups, food pantries, parenting education, TDM support, enhanced visitation, and differential response liaisons.)	S1.1, 3.1; C1.4, 2.1, 3.3; C2.3, 4.1; Outcome #4, 1.1	22 organizations, which are also co-funded by the First Five Commission and the Dept of Children, Youth, and their Families	\$0	\$0	\$0	\$0	\$0	\$244,001	\$80,474	\$92,790	\$70,737	\$0	\$3,502,637	County General Fund, CWSOIP, and STOP	\$3,746,638
7	Services for Incarcerated Parents		Friends Outside	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$162,416	County General Fund and CWSOIP	\$162,416
8	Community Initiatives	n/a	San Francisco Family Support Network	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$15,000	County General Fund	\$15,000
9	Differential Response Coordination	S1.1, 1.2;	Instituto Familiar de la Raza	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$146,309	CWSOIP and County General Fund	\$146,309
10	Substance Abuse Services (Peer Parents, early intervention, case management)	S1.1, 2.2	Homeless Prenatal Program	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$604,221	CWSOIP, CWS-SPMP, and County General Fund	\$604,221

Three-year CAPIT/CBCAP/PSSF Services and Expenditure Summary
Proposed Expenditures
Worksheet 1

City and County of San Francisco

Line No.	Title of Program/Practice	SIP Strategy No., if applicable	Name of Service Provider, if available	CAPIT	CBCAP				PSSF					OTHER SOURCES	NAME OF OTHER	TOTAL
				Dollar amount that will be spent on CAPIT Direct Services	Dollar amount that will be spent on CBCAP Direct Services	Dollar amount that will be spent on CBCAP Infra Structure	Dollar amount that will be spent on Public Awareness, Brief Information or Referral Activities	Dollar amount of CBCAP allocation to be spent on all CBCAP activities (Sum of columns F1, F2, F3)	Dollar amount of PSSF Allocation that will be spent on PSSF activities (Sum of Columns G2, G3, G4, G5)	From Column H				Dollar amount that comes from other sources	List the name(s) of the other funding source(s)	Total dollar amount to be spent on this Program/Practice (Sum of Columns E, F4, G1, H1)
										Dollar amount of PSSF Allocation that will be spent on PSSF activities (Sum of Columns G2, G3, G4, G5)	Dollar amount of Column G1 that will be spent on Family Preservation	Dollar amount of Column G1 that will be spent on Family Support	Dollar amount of Column G1 that will be spent on Time-Limited Reunification			
A	B	C	D	E	F1	F2	F3	F4	G1	G2	G3	G4	G5	H1	H2	I
11	Kinship Support Services		Edgewood Center for Children & Families	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$743,701	KSSP, County General Fund	\$743,701
12	Infant Parent Program	n/a	University of California, San Francisco - UC Regents	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$57,331	CWS Services (GF)	\$57,331
13	Parenting Institute	S1.1, 3.1; Outcome #4, 1.1	Department of Public Health - Community Behavioral Health Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$284,000	County Department of Children, Youth, and their Families & Title IV-E Training funds	\$284,000
14	School-Based caregiver recruitment campaign and family support	C2.3, 2.1	San Francisco Unified School District	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$100,000	Title IV-E via AB2129 FP Recruitment and County General Fund	\$100,000
15	Family preservation planning funds	n/a	n/a	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$9,000	County General Fund	\$9,000
16	Riley Center - Differential Response & Domestic Violence Specialists	S1.1, 1.2;	St. Vincent de Paul	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$131,190	CWSOIP	\$131,190
17	Domestic Violence Specialist	S1.1, 1.2;	Department of Public Health - Community Behavioral Health Services / Positive Directions Equals Change	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$71,510	CWSOIP	\$71,510

Three-year CAPIT/CBCAP/PSSF Services and Expenditure Summary
Proposed Expenditures
Worksheet 1

City and County of San Francisco

Line No.	Title of Program/Practice	SIP Strategy No., if applicable	Name of Service Provider, if available	CAPIT	CBCAP				PSSF					OTHER SOURCES	NAME OF OTHER	TOTAL
				Dollar amount that will be spent on CAPIT Direct Services	Dollar amount that will be spent on CBCAP Direct Services	Dollar amount that will be spent on CBCAP Infra Structure	Dollar amount that will be spent on Public Awareness, Brief Information or Referral Activities	Dollar amount of CBCAP allocation to be spent on all CBCAP activities (Sum of columns F1, F2, F3)	Dollar amount of PSSF Allocation that will be spent on PSSF activities (Sum of Columns G2, G3, G4, G5)	From Column H				Dollar amount that comes from other sources	List the name(s) of the other funding source(s)	Total dollar amount to be spent on this Program/Practice (Sum of Columns E, F4, G1, H1)
										Dollar amount of Column G1 that will be spent on Family Preservation	Dollar amount of Column G1 that will be spent on Family Support	Dollar amount of Column G1 that will be spent on Time-Limited Reunification	Dollar amount of Column G1 that will be spent on Adoption Promotion & Support			
A	B	C	D	E	F1	F2	F3	F4	G1	G2	G3	G4	G5	H1	H2	I
18	SDM management reports and technical assistance including Substitute Care Provider SDM technical assistance, Subscription to Safe Measures, and Ad Hoc Analytic reports	S1.1, 1.1; C1.4, 3.1	National Council on Crime & Delinquency - Children's Resource Center	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$100,201	CWSOIP, Allocated overhead	\$100,201
19								\$0	\$0							\$0
20								\$0	\$0							\$0
21								\$0	\$0							\$0
22								\$0	\$0							\$0
23								\$0	\$0							\$0
24								\$0	\$0							\$0
25								\$0	\$0							\$0
26								\$0	\$0							\$0
27								\$0	\$0							\$0
28								\$0	\$0							\$0
29								\$0	\$0							\$0
30								\$0	\$0							\$0
31								\$0	\$0							\$0
32								\$0	\$0							\$0
33								\$0	\$0							\$0
Totals				\$131,709	\$25,948	\$0	\$0	\$25,948	\$305,001	\$80,474	\$92,790	\$70,737	\$61,000	\$7,388,123	\$0	\$7,850,781

Appendix F: CAPIT/CBCAP/PSSF SERVICES Program Description

In Home Targeted Early Intervention

APA Family Resource Center

APA Family Resource Center's Home Visitation Program provides targeted in-home early intervention to the Asian Pacific Islander community. This secondary prevention program targets low income, monolingual and newcomer, Asian Pacific Islander families with children ages 0 – 5 residing in San Francisco. Risk factors may include domestic violence, substance abuse, mental illness, newborn complications, cultural stresses, arranged marriages and social isolation. The bilingual and bicultural home visitors visit a client family weekly/biweekly, bringing the agency services to their door. They also translate for the medical providers and families during APA clinic visits. Home visitors are available in Cambodian, Cantonese, Laotian, Mandarin, Tagalog, Thai and Vietnamese. APA provides the only hospital-based, in-home support program in California for Asian Pacific Islanders. Services provided include psychosocial and screening assessments, depression screening, parent education activities in the home, case management, referral services, early childhood development and family literacy, environmental health (lead, asthma prevention), healthy nutrition, diet and exercise activities.

Family Support Services of the Bay Area Mt. St. Joseph St. Elizabeth's

FSSBA and St. Elizabeth's both provide in-home supportive services and case management for families, including assessment, case planning, linkages, and crisis intervention. Targeted families include those at risk of child welfare intervention, or who have active cases in the child welfare system. FSSBA also offers respite services for at-risk families.

Child Abuse Family Support Center – Mental Health Intervention Services

The San Francisco Child Abuse Prevention Center provides a variety of trainings, services, and interventions for families, among them formal clinical intervention services for San Francisco families with children under age 18 who are at risk for abuse and/or neglect. Clinical interventions include both crisis intervention and counseling or family therapy. Through its clinical program, CAPC offers prevention and intervention services to families at risk of abuse and neglect, thus improving outcomes for families by reducing the incidence of children entering the foster care system and increasing successful reunifications.

Crisis intervention includes assessment and prioritization of needs, and linkage to resources, services or support to deescalate crisis and physically or emotionally stabilize family members thereby assisting the family in regaining their previous level of functioning. Counseling or Family therapy includes formal written assessment with intensive counseling by professional staff to address issues and behaviors that negatively

affect the health, safety and well-being of the family and/or individual family members. Therapeutic interventions include but are not limited to:

- Individual therapy
- Family therapy
- Play therapy
- Therapeutic childcare

Parental Stress Hotline

APA Family Resource Network

In addition to the in-home visitation program described above, APA Family Resource Center offers an Asian-language hotline in 7 languages. APA provides phone counseling to address presenting issues identified by API parents, offering Information and referral services and follow-up with parents to ensure services were accessed and beneficial.

Mandatory Reporter Training & Child Abuse Prevention Coordinating Council *San Francisco Child Abuse Prevention Center*

SF CAPC provides public education on child abuse and relevant topics to the general community, and also provides training to mandated reporters about child abuse and child abuse reporting requirements. CAPC offers technical assistance in the areas of child abuse prevention and other relevant topics. This includes specialized, in-depth training for professionals on advanced issues in child abuse prevention and treatment, as well as technical support to community agencies as requested regarding training, development of culturally appropriate materials, and the development of resource specialists within those communities. CAPC staff serves on citywide child abuse oversight committees and offers primary prevention through San Francisco Unified School District. Please see CAPIT/CBCAP/PSSF narrative section in this report for more information about CAPC.

Adoption Home-finding

San Francisco has issued an informal bidding process to identify a contractor who will provide pre and post adoptive services and activities in the next fiscal year which will support and expedite the adoption process. This includes recruitment of appropriate adoptive applicants, provision of post-adoption services and technical assistance to facilitate adoption for San Francisco dependents. The target population is prospective adoptive applicants and San Francisco foster children in need of adoptive homes. The majority of children to be served by this contract are under the age of 14, but there is also a strong need for recruitment directed to older, harder-to-place children. The recruitment should be targeted with the understanding that the majority of San Francisco dependent children served by this contract are African-American, and the children have varying levels of special needs. The contractor shall provide recruitment and outreach and post-adoption services which can include ; trainings, support groups and services and community building activities will be provided by contractor to families in the post-adopt program, families who receive conversion home-studies, and families providing other forms of permanency.

Family Resource Centers

SF-HSA invests PSSF/CAPIT/CBCAP funds through a system of neighborhood-based family support centers. SF-HSA partners with two other San Francisco public agencies, First Five San Francisco and the San Francisco Department of Children, Youth, and Families, to combine resources and oversight activities. A three tiered system for service delivery is based on neighborhood need, which includes; basic FRC services; comprehensive services; and intensive services. The comprehensive and intensive levels provide child welfare- specific services and include visitation support, differential response, participation in team decision making meetings, and evidence-based parent education curricula. All FRCs provide prevention and early intervention services which can include information and referral, community events and celebrations, nutrition classes, food pantries, and parenting education and support groups.

As part of the Family Preservation and Support Program, the FRCs give priority to children who are at-risk of child abuse and neglect, more likely to be removed and/or come to attention of the child welfare system. Language is incorporated into each family resource center service contract that specifies target population (e.g. 85% of families served will have at least one child 0-12, 65% at least one child 0-5; Services are designed to be prevention orientated and strength-based in an effort to support and families with children at risk of abuse and/or neglect). In this way San Francisco provides an extensive network of neighborhood and population-based services tailored for those individual communities.

Services for Incarcerated Parents

Friends Outside provides services to parents incarcerated in all California prisons and all county jails whose children have active San Francisco Protective Services cases. The child may be in the care of the parent who has not been incarcerated, or in out-of-home placement. Friends Outside staff includes a case manager liaison with the prison system who is situated at the child welfare agency, and a case manager who is stationed in the San Francisco jail. Services include information requests, case plan review and acquiring parent signature, face-to-face contacts, facilitating and/or supervising visitation with children, family history interviews, assessments, family fictive kin family tree building for placement purposes, probation contacts, program referrals, Jail Orientation to services, release planning, evidence-based parenting education using the “ Parenting Inside Out” curriculum, and other activities

Community Initiatives

The San Francisco Family Support Network is a unique partnership of the stakeholders in the Family Support field: families, community-based organizations, public departments, and private foundations. Members include the agencies referenced elsewhere in this program description. The SFFSN was founded in June 2004, building on the San Francisco Starting Points Initiative’s Strategic Plan for Supporting Families. Its mission is to support and enhance the Family Support system of care. Please refer to p. [] for more information on the SFFRN.

Differential Response Coordination

Instituto Familiar de la Raza coordinates referral triage, training, quality assurance, case supervision and planning to the differential response liaisons across the various agencies. The coordinator provides direct case management services as availability allows. The goal is to strengthen, support and preserve families with who have been referred to Child Protective Services using alternative response paths, standardized assessment, family engagement techniques and community partnership. Families served include those who were referred to FCS, and evaluated out as a Path I (families are assessed as not needing a child welfare intervention, but could benefit from family support and/or other early intervention services). Path II families who are assigned for as needing child welfare intervention may also be assigned for a joint assessment with FCS staff.

Substance Abuse Services

Homeless Prenatal Program links parents to substance abuse services through peer-based, home visiting services, and case management with formal strength-based written assessments in an effort to improve family functioning, protect children adversely affected by substance abuse and provide accurate and appropriate substance abuse referrals and case management. The target population is families that are involved with Family and Children's Services affected by substance abuse. Homeless Prenatal works collaboratively with Child Welfare Workers to identify families with substance abuse issues. Homeless Prenatal staff, which include peer parents, conduct assessments, make treatment recommendations and provide support to families entering treatment programs.

Kinship Support Services

Edgewood Center for Children & Families offers the Kinship Support Services program, a comprehensive program of peer-driven, whole-family supportive services and resources to relative caregivers and non-related extended family member caregivers of children involved with FCS or at high risk of abuse or neglect, in order to strengthen and support the families and improve the care for the children. The program serves relative caregivers (San Francisco residents only) of children involved with Family & Children Services, relative caregivers (San Francisco residents only), and non-related extended family member caregivers (San Francisco residents only) of children at high-risk of abuse or neglect, and the children. Services are provided at various community-based locations and at varying times, including evenings and weekends, to enable broad participation, community inclusion and maximize program and expense coordination.

Infant Parent Program

The University of California, San Francisco's Infant Parent Program provides parent-child evaluations and a flexible combination of concrete assistance, infant-parent therapy, and developmental neuropsychological assessments to families who are clients of the San Francisco Human Service Agency because of child maltreatment, abuse or neglect. The goal of the evaluator is to assess the relationship between the infant and the primary caregiver and to determine the appropriate intervention for the family. Services provided are designed to enhance parenting skills and competence as well as children's social,

emotional and cognitive functioning so as to avoid inappropriate removal or to facilitate appropriate reunification. The families served are parents with children from birth to three years.

Parenting Institute

The Parent Training Institute is funded by the Department of Public Health, the Human Services Agency, and First 5 San Francisco. Its purpose is to improve outcomes for children and families by providing evidence-based parenting interventions to caregivers of young children with emotional or behavioral problems or who are at risk of developing such problems due to socio-economic and other risk factors. Currently, the Parent Training Institute is coordinating the training, rollout, and evaluation of two evidence-based interventions in mental health clinics and Family Resource Centers: the Incredible Years and Triple P Parenting. Both of these interventions have been shown to reduce parental risk factors for child maltreatment and increase appropriate and consistent parenting practices.

School-Based Caregiver Recruitment Campaign and Family Support

The San Francisco Unified School District is partnering with SFHSA and designated community partners to conduct a focused recruitment campaign through the district for children in the San Francisco foster care system. The campaign focuses on keeping older youth in their schools with the understanding that the school is a community. SFUSD subcontracted with a media consultant to develop a targeted media campaign, facilitate youth participation, conduct focus groups, produce and design posters, palm cards, website content, brochures and a video. Campaign materials are being promoted by Foster Youth Services Liaisons at all SFUSD schools and via the Foster Youth Services website. Four SFUSD schools are targeted for specific recruitment activities.

Differential Response and Supports for Families Experiencing Domestic Violence

In addition to the differential response provided by the Family Resource Centers, described above, two community-based programs offer particular expertise to families suffering from domestic violence. The Riley Center, a program of St. Vincent de Paul, works with parents who are victims of domestic violence, and Positive Directions Equals Changes provides intervention, including batterer's interventions classes, to the batterer. Riley Center and Positive Directions staff are stationed at SF-HSA and provide direct services supports to families through such activities as the batterer's intervention classes as well as participation on Team Decision Meetings, and on-site consultation to child welfare and CalWORKs staff to ensure appropriate support and intervention with these families.

Appendix G: San Francisco Board of Supervisor Resolutions

FILE NO. 060682

RESOLUTION NO. 405-06

1 [Approving the City and County's Three Year Plan for State-funded child abuse programs]

2
3 **Resolution approving the Three-Year County Plan for the Child Abuse Prevention,**
4 **Intervention and Treatment program (CAPIT), Community Based Child Abuse**
5 **Prevention program (CBCAP), and Promoting Safe and Stable Families program**
6 **(PSSF), and establishing the San Francisco Child Abuse Council as San Francisco's**
7 **child abuse prevention multidisciplinary coordinating body.**

8
9 WHEREAS, the San Francisco Child Abuse Council's primary purpose is to
10 coordinate the County's efforts to prevent child abuse and neglect by coordinating
11 services, raising awareness of child abuse issues, advocating for policies and system
12 improvements and training professionals; and

13 WHEREAS the Promoting Safe and Stable Families Steering Committee will
14 administer, set criteria and make recommendations to the Human Services Agency as to
15 those programs that should receive funding; and

16 WHEREAS, the Board of Supervisors of the City and County of San Francisco has
17 reviewed the proposed three-year plan; now therefore be it

18 RESOLVED that the Board of Supervisors of City and County of San Francisco
19 approves the Three-Year County Plan for the Child Abuse Prevention, Intervention and
20 Treatment program (CAPIT), Community Based Child Abuse Prevention program
21 (CBCAP), and Promoting Safe and Stable Families program (PSSF); and be it

22 FURTHER RESOLVED, That the Board of Supervisors authorizes the Human
23 Services Agency to submit this plan to the State Department of Social Services on behalf
24 of the City and County; and be it

25 FURTHER RESOLVED, that the Board of Supervisors establishes the San
Francisco Child Abuse Council as the required independent child abuse prevention council

SUPERVISOR FIONA MA, Duffy

1 to coordinate the community's efforts to prevent and respond to child abuse, as required
2 by State law.

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City and County of San Francisco

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

Tails

Resolution

File Number: 060682

Date Passed:

Resolution approving the Three-Year County Plan for the Child Abuse Prevention, Intervention and Treatment program (CAPIT), Community Based Child Abuse Prevention program (CBCAP), and Promoting Safe and Stable Families program (PSSF), and establishing the San Francisco Child Abuse Council as San Francisco's child abuse prevention multidisciplinary coordinating body.

June 27, 2006 Board of Supervisors — ADOPTED

Ayes: 11 - Alioto-Pier, Ammiano, Daly, Dufty, Elsbernd, Ma, Maxwell,
McGoldrick, Mirkarimi, Peskin, Sandoval

File No. 060682

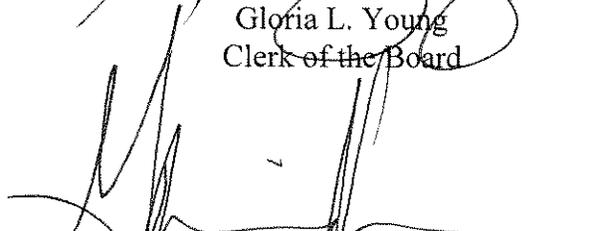
I hereby certify that the foregoing Resolution was **ADOPTED** on June 27, 2006 by the Board of Supervisors of the City and County of San Francisco.

JUN 29 2006

Date Approved



Gloria L. Young
Clerk of the Board



Mayor Gavin Newsom

FILE NO. 001009

ORDINANCE NO. 189-00

1 [Administrative Code Revisions -- Funds]

2 AMENDING CHAPTERS 8 AND 10 OF PART I OF THE SAN FRANCISCO MUNICIPAL
3 CODE (ADMINISTRATIVE CODE), BY REPEALING SECTIONS 8.35, 10.91, 10.93, 10.108,
4 10.109-2, 10.110-1, 10.117-4, 10.117-5, 10.117-17, 10.117-19, 10.117-22, 10.117-26,
5 10.117-27, 10.117-32, 10.117-34, 10.117-36, 10.117-38, 10.117-39, AND 10.117-48, AND BY
6 AMENDING SECTION 10.117-1, TO ELIMINATE FUNDS NO LONGER IN USE.

7
8 Note: Additions are underlined; deletions are in ((double parentheses)).

9
10 Be it ordained by the People of the City and County of San Francisco:

11
12 Section 1. Chapter 8 of the San Francisco Administrative Code is hereby amended by
13 repealing Section 8.35.

14 **((SEC. 8.35. SALE OF HEALTH MATERIALS.**

15 (a) Authority. Notwithstanding the provisions of Sections 8.12.2 and 8.12.3 of this
16 Code, the Director of Public Health with the approval of the Health Commission, is hereby
17 authorized to enter into agreements for the sale or use of health-related materials that the
18 Department of Public Health has developed. Such materials may include, but are not limited
19 to, pamphlets, books and videos.

20 (b) Terms of Agreement. The sales price for these materials and all other terms of the
21 agreement shall be fixed by the Director of Public Health. In determining the amount to charge
22 for the purchase or use of these materials, the Director may consider the ability of the
23 recipient to pay and the goal of promoting public health.

24 (c) Establishment of Fund. There shall be established in the treasury of the City and
25 County of San Francisco a special fund to be known and designated as the Department of

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1 Public Health Publication Fund into which shall be deposited all the monies received from the
2 sale of any and all materials pursuant to the authority of this Section.

3 (d) Use of Funds. The monies received into the fund established by this Section shall
4 be used for the Department of Public Health. Balances remaining in the fund at the close of
5 any fiscal year shall be deemed to have been provided for a specific purpose within the
6 meaning of Section 6.306 of the Charter, and shall be carried forward and accumulated in
7 said fund for the purposes recited herein.

8 (e) Reports Required. The Director of Public Health shall annually submit in writing to
9 the Mayor, the Controller, and the Board of Supervisors a report showing the total receipts for
10 the year, and a proposed plan for spending the funds available for the ensuing year, subject to
11 approval by the Board of Supervisors.))

12

13 Section 2. Chapter 10 of the San Francisco Administrative Code is hereby amended
14 by repealing Section 10.91.

15 **((SEC. 10.91. COMMUNITY REDEVELOPMENT FUND.**

16 The Treasurer is hereby authorized to create a public trust fund to be known as the
17 Community Redevelopment Fund to consist of such moneys as may be legally authorized to
18 be accepted by the Redevelopment Agency for redevelopment purposes and are not required
19 by law to be deposited in any other fund.

20 The procedure for administering the Community Redevelopment Fund shall conform to
21 the provisions of the Charter and the annual appropriation ordinances of the City and County.

22 All expenditures from the fund shall be subject to the approval of the Redevelopment
23 Agency of the City and County and shall be made exclusively for the purposes for which the
24 moneys were received.

25

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1 The Controller shall maintain separate accounting records for such Community
2 Redevelopment Fund. All disbursements from the fund shall be made by Controller's
3 warrant.))

4
5 Section 3. Chapter 10 of the San Francisco Administrative Code is hereby amended
6 by repealing Section 10.93.

7 **((SEC. 10.93. FUNDS FROM VETERANS' ADMINISTRATION - AUTHORITY TO ACCEPT.**

8 The Controller is hereby authorized and directed to accept warrants issued by the
9 Administrator of Veterans' Affairs of the Veterans' Administration drawn in favor of the City
10 and County on the treasury of the United States; and to deposit the funds from such warrants
11 in a special account. The funds shall be used exclusively for the purposes of paying to
12 vendors who have been authorized by the Veterans' Administration to furnish equipment to
13 trainees in City and County employment and who have actually furnished such equipment to
14 such trainees and to reimburse any employee eligible for benefits under the training program
15 to the extent that the Veterans' Administration has authorized such payment.))

16
17 Section 4. Chapter 10 of the San Francisco Administrative Code is hereby amended
18 by repealing Section 10.108.

19 **((SEC. 10.108. ACCEPTANCE FOR LOG CABIN RANCH SCHOOL FOR BOYS; SPECIAL**
20 **FUND CREATED.**

21 All gifts, donations and contributions of money or kind which may from time to time be
22 offered to the City and County through any of its officers, boards and commissions for the
23 general benefit and welfare of students of the Log Cabin Ranch School For Boys are hereby
24 accepted for such purposes and any money received shall be deposited in the treasury of the
25

1 City and County in a special fund to be known as the "Log Cabin Ranch Welfare Fund," a
2 public trust.

3 All expenditures from such fund shall be made for the purposes for which such funds
4 have been received, and in accordance with the budget and other fiscal provisions of the
5 Charter.))

6
7 Section 5. Chapter 10 of the San Francisco Administrative Code is hereby amended
8 by repealing Section 10.109-2.

9 **((SEC. 10.109-2. GOLDEN GATE PARK CENTENNIAL FUND.**

10 There is hereby established a special fund for the purpose of receiving all gifts,
11 donations and contributions of money, property and personal services which may be offered
12 to the City and County of San Francisco through the Recreation and Park Commission for use
13 by the Recreation and Park Commission for purposes of the 1970 Centennial of Golden Gate
14 Park. Said special fund shall be known as the "Golden Gate Park Centennial Fund."

15 All gifts, donations and contributions of money, property and personal services which
16 may from time to time be offered to the City and County of San Francisco through its
17 Recreation and Park Commission are hereby accepted for such purposes. Expenditures from
18 this fund shall be authorized by the President of the Recreation and Park Commission and the
19 General Manager of the Recreation and Park Department.

20 Upon completion of the Centennial Year, all funds remaining in the "Golden Gate Park
21 Centennial Fund" shall be expended for the benefit and development of Golden Gate Park.))

22
23 Section 6. Chapter 10 of the San Francisco Administrative Code is hereby amended
24 by repealing Section 10.110-1.

25 **((SEC. 10.110-1. DEPARTMENT OF PUBLIC HEALTH; ACCEPTANCE OF GIFTS.**

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1 There is hereby established a special fund created for methadone treatment for the
 2 purpose of receiving all gifts, donations and contributions of money, property and personal
 3 services which may be offered to the City and County of San Francisco through the
 4 Department of Public Health for use by the Department of Public Health for purposes of
 5 methadone treatment. Said special fund shall be known as the "Department of Public Health
 6 Methadone Treatment Fund."

7 All gifts, donations and contributions of money, property and personal services which
 8 may from time to time be offered to the City and County of San Francisco through its
 9 Department of Public Health are hereby accepted for such purposes. Expenditures from this
 10 fund shall be authorized by the Director of Public Health.))

11
 12 Section 7. Chapter 10 of the San Francisco Administrative Code is hereby amended
 13 by amending Section 10.117-1, to read as follows:

14 **SEC. 10.117-1. ART COMMISSION: ESTABLISHMENT OF SPECIAL FUND ((FUNDS))**
 15 **FOR THE ARTS ((GENERALLY AND FOR PUBLIC ART MEDIA)).**

16 (a) Public Arts Fund. All revenue from programs and events which are under the
 17 supervision and control of the Art Commission shall be credited to a special fund to be known
 18 as the Public Arts Fund. The monies in said special fund are hereby appropriated exclusively
 19 for the purpose of conducting arts programs and events, the character and nature of which
 20 shall be determined by the Art Commission.

21 The Art Commission shall, on or before February 1, 1983, and thereafter on or before
 22 February 1st, annually, submit in writing to the Board of Supervisors and to its Finance
 23 Committee, a report showing the total revenue credited to said special fund to and including
 24 the date of said report and a description of the programs and events for which the revenue
 25 credited to said special fund is to be expended.

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1 (((b) Public Art Media Fund. The proceeds from the sale, exchange or exhibition of a
 2 work of art under the jurisdiction of the Art Commission as provided for in Section 1.16 of the
 3 San Francisco Administrative Code, or from the licensing of the making of a reproduction or
 4 adaptation thereof, shall be credited to a special fund to be known as the public art media
 5 fund. The monies in said special fund are hereby appropriated exclusively for the purpose of
 6 acquiring or maintaining one or more other works of art for the same public structure or
 7 purpose for which the original work of art was acquired.))

8 (b) (((c))) Accrual of Monies in the Fund ((Foregoing Funds)). The balance
 9 ((Balances)) remaining in the public art fund ((media funds)) at the close of any fiscal year
 10 shall be ((have been)) deemed to have been provided for a specific purpose within the
 11 meaning of Section 9.113 ((6.306)) of the Charter and shall be carried forward and
 12 accumulated in said fund for the purposes recited herein; except that any amount in excess of
 13 \$500,000 shall, subject to the review of the Controller, be placed in the General Fund.
 14

15 Section 8. Chapter 10 of the San Francisco Administrative Code is hereby amended
 16 by repealing Section 10.117-4.

17 **((SEC. 10.117-4. WATER QUALITY IMPROVEMENTS TRUST FUND.**

18 There is hereby created a "Special Water Quality Improvement Trust Fund," wherein
 19 shall be deposited all federal, State, and other grants, gifts, subventions, or other funds
 20 received by the City and County in consequence of or as reimbursement of expenditures of
 21 City and County funds on its facilities for sewage treatment and water pollution control. All
 22 expenditures from the fund shall be for engineering or technical investigation, construction,
 23 reconstruction, modernization, additions and betterments to water pollution control plants,
 24 sludge disposal, combined sewers overflow treatment facilities including control systems, and
 25 the following items if directly related to the design of water pollution control: engineering

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1 equipment, rental of office space, training, technical seminars, conferences and recruitment.
2 The fund shall not be used for any maintenance or operation expense. All expenditures shall
3 be authorized by the Deputy Director, Wastewater Program, and approved by the Director of
4 Public Works or in accordance with the fiscal provisions of the Charter.))

5
6 Section 9. Chapter 10 of the San Francisco Administrative Code is hereby amended
7 by repealing Section 10.117-5.

8 **((SEC. 10.117-5. DRUG ABUSE PREVENTION; ACCEPTANCE OF GIFTS THEREFOR;
9 SPECIAL FUND CREATED.**

10 All gifts, donations and contributions of money which may from time to time be received
11 by the City and County through the Police Commission for the purpose of education and
12 prevention of the use of dangerous drugs and narcotics are hereby accepted for such
13 purposes and when received shall be deposited in the treasury of the City and County in a
14 special fund to be known as the "Drug Abuse Prevention Fund," a public trust.

15 All expenditures from such fund shall be made for the purpose for which such funds
16 have been received in accordance with the budget and other fiscal provisions of the Charter
17 and upon authorization of the Police Commission or the Chief of Police.))

18
19 Section 10. Chapter 10 of the San Francisco Administrative Code is hereby amended
20 by repealing Section 10.117-17.

21 **((SEC. 10.117-17. MEDI-CAL SPECIAL FUND.**

22 (a) Established. There shall be established in the treasury of the City and County of
23 San Francisco a special fund to be known and designated as the "Medi-Cal Special Fund."
24 Into this fund shall be deposited such funds as shall be paid to the City and County by the
25 State of California pursuant to the Short-Doyle Medi-Cal program.

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1 (b) Administration and Expenditures from Fund. The monies in said special fund shall
2 be set aside for the purposes set forth in the Short-Doyle Act and expenditures therefrom shall
3 be approved by the Health Commission and the Director of Health Care Services.))
4

5 Section 11. Chapter 10 of the San Francisco Administrative Code is hereby amended
6 by repealing Section 10.117-19.

7 **((SEC. 10.117-19. RESIDENTIAL RENT STABILIZATION AND ARBITRATION BOARD**
8 **CERTIFICATION FUND; ESTABLISHMENT; DEPOSITS; EXPENDITURES.**

9 There is hereby established a special fund in the Treasury of the City and County of
10 San Francisco to be known as the Rent Board Certification Fund. That portion of the filing fee
11 paid by landlords which covers the services of an independent estimator in connection with
12 the certification of rent increases pursuant to Section 37.7(f)(1) of the San Francisco
13 Administrative Code shall be deposited in said fund.

14 Monies deposited in said fund shall, upon approval of the Executive Secretary of the
15 Residential Rent Stabilization and Arbitration Board, be expended solely for the following
16 purpose in accordance with Section 37.7(f)(1) of the San Francisco Administrative Code:

- 17 1. Hiring estimators to evaluate landlords' capital improvements, rehabilitation work
18 and energy conservation measures.

19 The balance remaining in the fund at the close of the year shall be deemed to have
20 been provided for a specific purpose within the meaning of the provisions of Section 6.306 of
21 the Charter and shall be carried forward and accumulated in said fund for the purposes
22 recited herein.))
23

24 Section 12. Chapter 10 of the San Francisco Administrative Code is hereby amended
25 by repealing Section 10.117-22.

1 **((SEC. 10.117-22. SPECIAL ALCOHOL PROGRAM TRUST ACCOUNT.**

2 There is hereby established a special trust account in the accounts of the
3 Auditor/Controller for the purpose of receiving \$50 from each fine collected from persons
4 convicted of driving under the influence of intoxicating liquor or of reckless driving, or of
5 reckless driving causing bodily injury, as mandated by Sections 23101, 23102, 23103 and
6 23104 of the Vehicle Code; and Section 1463.16 of the Penal Code, effective January 1,
7 1981.

8 Of such amounts received into the fund, five percent shall be paid to the Controller to
9 offset the administrative costs of collection and disbursement of these amounts.

10 The remainder of the amounts received shall be expended by the Division of Alcohol
11 Programs, Community Substance Abuse Services, of the Department of Public Health, for the
12 purposes set forth in law and in the regulations of the Department of Alcohol and Drug
13 Programs of the State of California.))

14
15 Section 13. Chapter 10 of the San Francisco Administrative Code is hereby amended
16 by repealing Section 10.117-26.

17 **((SEC. 10.117-26. SPECIAL ALCOHOL AND DRUG ABUSE FUND.**

18 (a) Established. There is hereby established a special fund for the purpose of receiving
19 contributions for:

- 20 (1) Prevention based television commercials;
21 (2) Prevention based radio commercials;
22 (3) Specialized communications (such as magazine ads, direct mail);
23 (4) Promotional materials (such as transportation advertising, door hangers, posters,
24 etc.); and
25 (5) Promotional activities (such as special events, luncheons).

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1 Said special fund will be known as the "Special Alcohol and Drug Abuse Prevention
2 Fund." Said special fund shall be used solely for the following purposes:

3 (1) Payment for Prevention based television commercials;

4 (2) Payment for Prevention based radio commercials;

5 (3) Purchase of required materials for the conduct of the Alcohol and Drug Abuse
6 Prevention Campaign (manuals, audio tapes, video tapes, audio-visual aids, etc.);

7 (4) Fund staff development programs in support of Alcohol and Drug Abuse Prevention
8 Campaign; and

9 (5) Other expenses incidental to the delivery of the Alcohol and Drug Abuse
10 Prevention Campaign.

11 (b) Administration and Expenditures from Fund. The monies in said special fund shall
12 be set aside for the aforesaid purposes and expenditures therefrom shall be approved by the
13 Program Chief, Community Substance Abuse Services and the Director of Health.

14 The balance remaining in the Special Alcohol and Drug Abuse Prevention Fund at the
15 close of any fiscal year shall be deemed to have been provided for a specific purpose within
16 the meaning of the provisions of Section 9.113 of the Charter and shall be carried forward and
17 accumulated in said fund for the purposes recited herein.))

18
19 Section 14. Chapter 10 of the San Francisco Administrative Code is hereby amended
20 by repealing Section 10.117-27.

21 **((SEC. 10.117-27. INFANT CAR SEAT DEPOSIT FUND.**

22 (a) Establishment of Fund. There is hereby established a special fund for the receipt of
23 revenue generated from each deposit of \$15 and processing fee of three dollars paid for the
24 use of an infant car seat that is the property of the City and County of San Francisco.
25

1 (b) Expenditures. Upon the return of an infant car seat on time and in good condition,
2 the \$15 deposited may be returned to the depositor, but if the car seat is returned dirty, late or
3 in poor condition, the deposit will be retained by the City and County of San Francisco in the
4 said Infant Car Seat Deposit Fund.

5 All expenditures of money shall be approved by the Director of Health.

6 An unexpended balance remaining in said special fund at the close of any fiscal year
7 shall be deemed to have been provided for a specific purpose within the meaning of Section
8 6.306 of the Charter and shall be carried forward and accumulated in such special fund for the
9 purpose of purchasing infant car seat replacement parts and new infant car seats.))
10

11 Section 15. Chapter 10 of the San Francisco Administrative Code is hereby amended
12 by repealing Section 10.117-32.

13 **((SEC. 10.117-32. SPECIAL ALCOHOL FUND.**

14 (a) Established. There is hereby established a special fund for receiving contributions
15 and grants for the purpose of developing and implementing the Islands of Sobriety (Sober
16 Hotels) Project (henceforth referred to as "the project").

17 Said special fund shall be known and designated as the Special Alcohol Fund. Monies
18 deposited in said fund shall be appropriated by the Board of Supervisors for the following
19 purposes:

20 (1) Procuring legal, financial, real estate and other consultation necessary for
21 development and implementation of the project;

22 (2) Promoting the project via events and activities;

23 (3) Purchasing necessary supplies and equipment;

24 (4) Purchasing, renovating, or refurbishing facilities or equipment;

25 (5) Licensing costs; and

1 (6) Other expenses necessary for development of the project and incidental to the
2 delivery of the Special Alcohol Fund.

3 The balance remaining in the Special Alcohol Fund at the close of any fiscal year shall
4 be deemed to have been provided for a specific purpose within the meaning of the provisions
5 of Section 6.306 of the Charter of the City and County of San Francisco and shall be carried
6 forward and accumulated in said fund for the purposes cited herein.))

7
8 Section 16. Chapter 10 of the San Francisco Administrative Code is hereby amended
9 by repealing Section 10.117-34.

10 **((SEC. 10.117-34. CHILDREN'S TRUST FUND; ESTABLISHMENT; PURPOSE;
11 APPROPRIATION; ACCRUAL; ADMINISTRATION; DISBURSEMENT.**

12 (a) Establishment of Fund. There is hereby established a special fund to be known and
13 designated as the Children's Trust Fund, into which shall be deposited four dollars of each fee
14 collected by the Department of Public Health at the time of issuance of any certified copy of a
15 birth certificate to a private applicant, pursuant to Section 10605 of the Health and Safety
16 Code, together with grants, gifts and bequests from private sources to be used for the
17 prevention of child abuse and neglect, any funds appropriated to the County for the fund by
18 the Legislature and any funds appropriated to the fund by the Board of Supervisors.

19 (b) Purpose of Fund. This fund is created for the purpose of funding child abuse and
20 neglect prevention and intervention programs operated by private nonprofit organizations in
21 accordance with the provisions of Chapter 11 (commencing with Section 18965) of Part 6 of
22 Division 9 of the Welfare and Institutions Code.

23 (c) Appropriation of Monies. The monies in the fund are hereby appropriated
24 exclusively to fund programs which satisfy the purpose for which the fund is created.
25

SUPERVISOR KAUFMAN
BOARD OF SUPERVISORS

1 (d) Accrual of Monies in Fund. Balances remaining in the Children's Trust Fund at the
2 close of any fiscal year shall be deemed to have been appropriated for a specific purpose
3 within the meaning of Section 6.306 of the Charter, and shall be carried forward and
4 accumulated in said fund for the purposes recited herein.

5 (e) Administration of Program. The Department of Social Services Commission shall:

6 (1) Establish criteria and priorities for determining those organizations which shall
7 receive funding under this program.

8 (2) Prepare and distribute announcements and requests for grant proposals to existing
9 child abuse and neglect prevention programs.

10 (3) Review and evaluate grant proposals and requests of private nonprofit
11 organizations to receive funding under this program.

12 (4) Recommend appropriate action on such proposals to the Board of Supervisors.

13 (5) Monitor the implementation of the program(s) approved by the Board of
14 Supervisors for funding under this program in compliance with the provisions of Section 18965
15 et seq. of the California Welfare and Institutions Code.

16 (f) Disbursements. Disbursements from the Children's Trust Fund shall be made upon
17 recommendation of the Department of Social Services Commission subject to approval by
18 resolution of the Board of Supervisors.

19 In order to defray costs resulting from the collection of the additional \$4 fee, the
20 Registrar of Vital Statistics may retain in the General Fund an amount, not to exceed 10
21 percent of the additional \$4 fee (or \$.40 per birth certificate issued). The Registrar shall
22 annually submit evidence to the Budget Analyst and the Board of Supervisors of any such
23 actual additional costs as were incurred in collection of said additional \$4 fee. These specific
24 costs shall be subject to review by the Budget Analyst, prior to submission for approval by
25 resolution of the Board of Supervisors. This shall be accomplished consistent with the Budget

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BOARD OF SUPERVISORS

1 and Fiscal provisions of the City Charter and the Administrative Code which provide for
2 annual review of department revenues and costs. Any amount retained in the General Fund
3 by the Bureau of Records and Statistics for such additional costs but not substantiated by the
4 Budget Analyst and approved by the Board of Supervisors shall also be deposited in the
5 Children's Trust Fund.))

6
7 Section 17. Chapter 10 of the San Francisco Administrative Code is hereby amended
8 by repealing Section 10.117-36.

9 **((SEC. 10.117-36. SPECIAL ALCOHOL FUND: DRINKING DRIVER AND FIRST**
10 **OFFENDER PROGRAMS.**

11 (a) Established. There is hereby established a special fund for receiving funds for
12 administrative costs imposed for monitoring, evaluating and processing the Drinking Driver
13 and First Offender Programs.

14 Said special fund shall be known and designated as the "Special Alcohol Fund:
15 Drinking Driver and First Offender Programs." Said monies deposited in said fund shall be
16 appropriated by the Board of Supervisors for the following purposes:

- 17 1. Monitoring, reviewing and evaluating program compliance;
18 2. Coordinating judicial and program activities;
19 3. Providing technical assistance regarding inter-county issues and State legislation;
20 and
21 4. Providing for other administrative tasks, duties, supplies and equipment.

22 (b) Administration of Expenditures From Fund. The balance remaining in said Fund at
23 the close of any fiscal year shall be deemed to have been provided for a specific purpose
24 within the meaning of the provisions of Section 6.306 of the Charter of the City and County of
25

1 San Francisco and shall be carried forward and accumulated in said fund for the purposes
2 cited herein.))

3
4 Section 18. Chapter 10 of the San Francisco Administrative Code is hereby amended
5 by repealing Section 10.117-38.

6 **((SEC. 10.117-38. SPECIAL ALCOHOL FUND: HARRIET STREET CENTER AND**
7 **ALCOHOLISM EVALUATION AND TREATMENT CENTER PROGRAMS.**

8 (a) Established. There is hereby established a special fund for receiving client source
9 revenues from clients at the Harriet Street Center and the Alcoholism Evaluation and
10 Treatment Center Program.

11 Said special fund shall be known and designated as the "Special Alcohol Fund: Harriet
12 Street Center and Alcoholism Evaluation and Treatment Center Programs." Monies deposited
13 in said fund shall be appropriated by the Board of Supervisors for the following purposes:

- 14 1. Client personal items;
- 15 2. Client transportation for special events;
- 16 3. Linen; and
- 17 4. Other program-related expenditures.

18 (b) Administration of Expenditures from Fund. The balance remaining in said fund at
19 the close of any fiscal year shall be deemed to have been provided for a specific purpose
20 within the meaning of the provisions of Section 6.306 of the Charter of the City and County of
21 San Francisco and shall be carried forward and accumulated in said fund for the purposes
22 cited herein.))

23
24 Section 19. Chapter 10 of the San Francisco Administrative Code is hereby amended
25 by repealing Section 10.117-39.

SUPERVISOR KAUFMAN
BOARD OF SUPERVISORS

1 **((SEC. 10.117-39. TOXIC MATERIALS SPECIAL FUND.**

2 (a) Established. There is hereby established a special fund for receiving contributions
3 from private agencies for clean-up and other costs related to toxic material spills which occur
4 within the boundaries of the City and County of San Francisco.

5 Said special fund shall be known and designated as the "Toxic Materials Special
6 Fund." Monies deposited in said fund shall be appropriated by the Board of Supervisors solely
7 for the following purposes:

8 1. Procurement of professional and other contractual services necessary for the
9 elimination and analysis of the toxic materials involved, and other related costs incurred to
10 safeguard the health of the citizens of the City and County of San Francisco;

11 2. Payment to Department of Public Health personnel for overtime incurred as a result
12 of such spills;

13 3. Purchase of necessary supplies and equipment.

14 (b) Administration of Expenditures from Fund. The balance remaining in the Toxic
15 Materials Special Fund at the close of any fiscal year shall be deemed to have been provided
16 for a specific purpose within the meaning of the provisions of Section 6.306 of the Charter of
17 the City and County of San Francisco and shall be carried forward and accumulated in said
18 fund for the purposes cited herein.))

19
20 Section 20. Chapter 10 of the San Francisco Administrative Code is hereby amended
21 by repealing Section 10.117-48.

22 **((SEC. 10.117-48. BASEBALL STADIUM FUND.**

23 (a) All donations which may from time to time be received by the City and County of
24 San Francisco for the development of a downtown baseball stadium are hereby accepted for
25

1 such purposes, and when received shall be deposited in the treasury of the City and County in
2 a special fund to be known as the "Baseball Stadium Fund."

3 (b) The monies in the Baseball Stadium Fund are hereby appropriated exclusively for
4 the purpose of developing a downtown baseball stadium and for costs incurred in the
5 administration of the Fund. Expenditures from the Baseball Stadium Fund are subject to the
6 approval of the Mayor and the Board of Supervisors. The fund shall be maintained by the
7 Controller's office, which shall record all receipts and expenditures. Should the Mayor
8 determine that a downtown baseball stadium will not be built, the donations received pursuant
9 to this ordinance shall be returned to the donors in proportion to the original amounts donated.

10 (c) Balances remaining in the Baseball Stadium Fund at the close of any fiscal year
11 shall be deemed to have been appropriated for a specific purpose within the meaning of
12 Charter Section 6.306, and shall be carried forward and accumulated in said fund for the
13 purposes recited herein.))

14
15
16
17 APPROVED AS TO FORM:
18 LOUISE H. RENNE, City Attorney

19
20
21 By: 
22 THOMAS J. OWEN
23 Deputy City Attorney
24
25

SUPERVISOR KAUFMAN
BOARD OF SUPERVISORS



City and County of San Francisco

City and County of San Francisco
City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

Tails Ordinance

File Number: 001009

Date Passed:

Ordinance amending Chapters 8 and 10 of Part I of the San Francisco Municipal Code (Administrative Code), by repealing Sections 8.35, 10.91, 10.93, 10.108, 10.109-2, 10.110-1, 10.117-4, 10.117-5, 10.117-17, 10.117-19, 10.117-22, 10.117-26, 10.117-27, 10.117-32, 10.117-34, 10.117-36, 10.117-38, 10.117-39, and 10.117-48, and by amending Section 10.117-1, to eliminate funds no longer in use.

July 24, 2000 Board of Supervisors — PASSED, ON FIRST READING

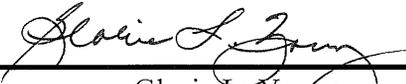
Ayes: 11 - Ammiano, Becerril, Bierman, Brown, Katz, Kaufman, Leno, Newsom, Teng, Yaki, Yee

July 31, 2000 Board of Supervisors — FINALLY PASSED

Ayes: 9 - Ammiano, Becerril, Bierman, Katz, Kaufman, Leno, Newsom, Teng, Yee
Absent: 2 - Brown, Yaki

File No. 001009

I hereby certify that the foregoing Ordinance was **FINALLY PASSED** on July 31, 2000 by the Board of Supervisors of the City and County of San Francisco.



Gloria L. Young
Clerk of the Board



Mayor Willie L. Brown Jr.

AUG 1 1 2000

Date Approved

Appendix H: Children's Trust Fund Commission Roster

The SF-HSA Human Services Commission is the designated agency to oversee the Children's Trust Fund. Commissioners are:

- Pablo Stewart, M.D., President
- Kelly Dearman, Vice President
- Anita Friedman, Ph.D.
- Scott Kahn
- George Yamasaki, Jr.

Appendix I: Child Abuse Council Roster

San Francisco Child Abuse Prevention Center Board of Directors 2010

Christopher Keane, President	<i>Attorney</i>
Dr. Chris Stewart, Co-Vice President	<i>Assistant Clinical Professor of Pediatrics, UCSF</i>
Jeana Toney, Co-Vice President	<i>Community Volunteer</i>
Natalie Delagnes Talbott, Treasurer	<i>Delagnes, Mitchell & Linder LLP</i>
Robert Callan, Jr., Secretary	<i>McGuire Real Estate Partners</i>

Alisa Baker	<i>Attorney, Levine & Baker LLP</i>
Sharon Bell	<i>Program Director, SF Human Services Agency</i>
Darrach Bourke	<i>Financial Advisor, UBS Financial Services</i>
Julia Bromley	<i>Community Volunteer</i>
Twila Brown	<i>MCAH Director</i>
Carol Caspe	<i>Wells Fargo</i>
Kate Coyne	<i>Community Volunteer</i>
Capt. John Ehrlich	<i>Captain, San Francisco Police Department</i>
Daniel Hershkowitz	<i>Scholarship Homes & Real Estate</i>
James Lee	<i>Nonprofit Consultant</i>
Isabelle Lemon	<i>Community Volunteer</i>
Katherine Mahoney	<i>Deputy City Attorney</i>
Suzanne Maloney	<i>Ketchum Advertising</i>
Mare Manangan	<i>Teacher, Marin Country Day School</i>
Patrice McElroy	<i>Judge</i>
Linda Moore	<i>Deputy District Attorney</i>
Allen Nance	<i>Assistant Chief Probation Officer</i>
Suzy Pak	<i>Vice President, Legg Mason</i>
Richard Pio Roda	<i>Attorney, Meyers Nave</i>
Marcy Potter	<i>Community Volunteer</i>
Steve Pugh	<i>Alain Pinel Realtors</i>
Heather Rodriguez	<i>Community Volunteer</i>
Wes Sen	<i>Wells Fargo</i>
Anne Symon	<i>Anne Symon Interiors</i>
Dr. Shannon Thyne	<i>Assistant Clinical Professor of Pediatrics, UCSF</i>

Honorary Directors

Linda Cannon
Lorraine Cohen
Dr. Moses Grossman
Patsy Jones
Lois Pavlow
Sue Wollack

Advisory Committee

Lane Auten
Ray Brown
Frank Caufield
Sydney Goldstein
Cheryl Jennings
Susan Kirk
Dennis Richmond
Patty Shimek
Catherine Toph

Appendix J: BOS Notice of Intent

STATE OF CALIFORNIA – HEALTH AND HUMAN SERVICES AGENCY CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

**NOTICE OF INTENT
CAPIT/CBCAP/PSSF PLAN CONTRACTS
FOR SAN FRANCISCO COUNTY**

PERIOD OF PLAN (MM/DD/YY): 5/15/2010 THROUGH (MM/DD/YY) 5/15/2013

The undersigned confirms that the county intends to contract, or not contract with public or private nonprofit agencies, to provide services in accordance with Welfare and Institutions Code (**W&I Code Section 18962(a)(2)**).

In addition, the undersigned assures that funds associated with Child Abuse Prevention, Intervention and Treatment (CAPIT), Community Based Child Abuse Prevention (CBCAP), and Promoting Safe and Stable Families (PSSF) will be used as outlined in statute.

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

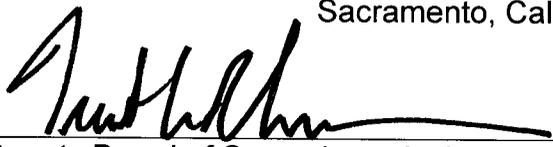
W&I Code Section 16602 (b) requires that the local Welfare Department shall administer PSSF. The County Board of Supervisors designates SF Human Services Agency as the public agency to administer PSSF.

Please enter an X in the appropriate box.

- The County intends to contract with public or private nonprofit agencies to provide services.
- The County does not intend to contract with public or private nonprofit agencies to provide services and will subcontract with _____ County to provide administrative oversight of the projects.

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

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



County Board of Supervisors Authorized Signature

6/4/10

Date

Trent Rhorer

Print Name

Director

Title

Appendix K: Glossary of Acronyms

AIIM	Assess, Identify Needs, Integrate Information, and Match to services
ANS	Adult Needs and Strengths assessment
BOS	Board of Supervisors
CANS	Child and Adolescent Needs and Strengths assessment
CAPC	Child Abuse Prevention Council
CAPIT	Child Abuse Prevention Intervention and Treatment
CAPTA	Child Abuse Prevention and Treatment Act
CBCAP	Community Based Prevention
CBHS	Community Behavioral Health Services (Mental Health)
CCTF	County Children’s Trust Fund
CoR	Celebration of Reunification meeting
DCYF	Department of Children, Youth, and Their Families
FR	Family Reunification
FRC	Family Resource Center
HEY	Honoring Emancipated Youth
JCERT	Juvenile Collaborative Court Reentry Team
MAP	Meeting to Assess Permanency
MAST	Multi-Agency Services Team
MDT	Multi-Disciplinary Team
OCAP	Office of Child Abuse Prevention
OOHP	Out of Home Placement
PIP	Program Improvement Plan

PR	
PQCR	Peer Quality Case Review
PRIDE	Parent Resources for Information, Development, and Education
PSSF	Promoting Safe and Stable Families
SAFE	Structured Analysis Family Evaluation
SCAN	Suspected Child Abuse and Neglect team
SDM	Structured Decision Making
SFCANDO	Strength from Families, Communities, Agencies, and Neighborhoods, Deciding as One
SFCIPP	San Francisco Children of Incarcerated Parents Project
SF-FCS	San Francisco Family and Children’s Services division
SFFSN	San Francisco Family Support Network
SF-HSA	San Francisco Human Services Agency
SF-JPD	San Francisco Juvenile Probation Department
SIP	System Improvement Plan
TDM	Team Decision-Making meeting
YASI	Youth Assessment and Screening Instrument