

SIP Cover Sheet

**California's Child and Family Services Review
System Improvement Plan**

County:	San Francisco
Responsible County Child Welfare Agency:	San Francisco Human Services Agency
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San Francisco SIP Annual Update

Year 2

October 12, 2012

I. Introduction

The San Francisco System Improvement Plan (the "SIP") was completed in 2010 and outlines strategies that the Human Services Agency and Juvenile Probation Department plan to implement over 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 Child Welfare System Improvement and Accountability Act of 2001. Overarching goals of child welfare outcome improvement are to achieve specified federal and state outcomes in the safety, permanency, and well-being of children and families served.

SFHSA collaborated with public and private partners to identify and develop the SIP strategies, which build on previous strategies to effect change. The current SIP incorporates the planning process for the Office of Child Abuse Prevention funding streams to create an integrated model of intervention, from prevention through aftercare. Through the realignment with First 5 and DCYF to blend funding, oversight and support of Family Resource Center services, San Francisco has developed a more efficient service system to implement many SIP strategies. Given the alarming overrepresentation of minority children and families in our system, particularly African American families, these strategies must be viewed from the lens of Disproportionality as ways to mitigate this issue.

The SIP was approved by the Board of Supervisors and the California Department of Social Services. This report describes the first year progress on the four areas targeted for outcome improvement:

Child Welfare:

- Reduce recurrence of maltreatment for children
- Reduce reentries for children who come back into foster care within a year of reunification
- Shorten time to adoption

Juvenile Probation

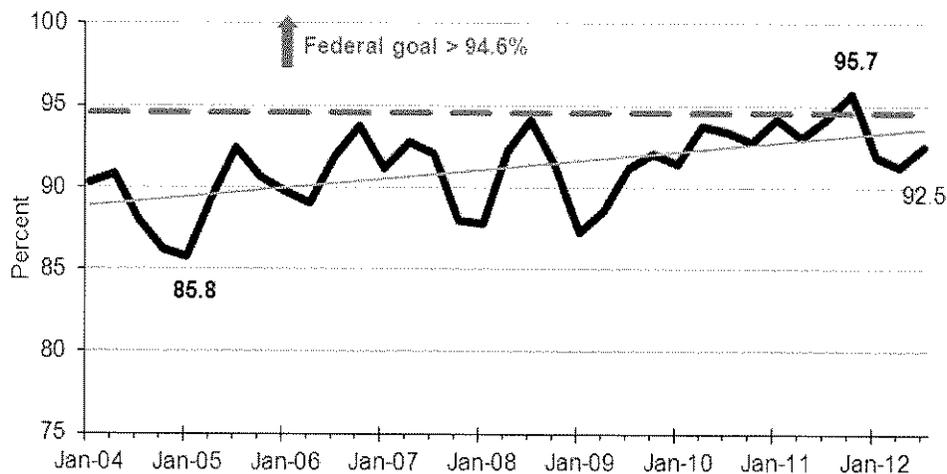
- Utilization of least restrictive levels of care.

II. County Performance in Child Welfare Outcome Measures

Child Welfare Outcome: S1.1 No Recurrence of Maltreatment

San Francisco has improved on this measure over the last 8 years, as seen by the trend line in the graph below. During the most recent reporting period, the 3rd quarter of 2011, FCS scored 92.5% on the measure for no recurrence of maltreatment (S1.1). According to UC Berkeley: "This safety measure reflects the percentage of children who were victims of a substantiated or indicated 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." To frame FCS's performance in raw numbers: of the 308 children in San Francisco who had substantiated referrals during the first half of the rolling year, 23 subsequently had a substantiated referral in the following half. Had seven fewer children experienced recurrence of maltreatment, San Francisco would have met the federal goal of 94.6% or higher; 94.6% is San Francisco's improvement target. The state average is 93.4%.

S1.1: No Recurrence of Maltreatment



Source: Center for Social Services Research, UC Berkeley

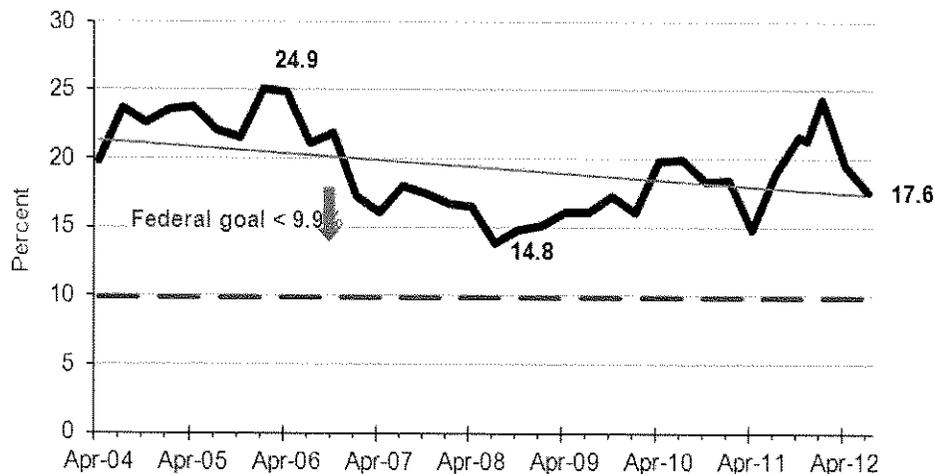
Child Welfare Outcome C1.4: Reentry following Reunification

San Francisco has long struggled with reentries, which has been a focus of the SIP since 2004, and the data indicates that there is improvement in the measure. San Francisco Family and Children's Services' (SF-FCS) performance on the federal measure for

reentries has improved since a high of 25% in 2006 to 18% in the most recent quarter. SF-FCS's current rate of reentry is somewhat higher than the state average of 12%.

Of the children who reunified with their families during the last reporting period, 17.6% subsequently returned to foster care within twelve months. In raw numbers, this means that 44 of the 250 children that reunified with their parents between April 1, 2009 and March 31, 2010 reentered foster care within one year. To meet the federal goal, no more than 24 children would have reentered care. The reentry rate in the previous reporting period was 18.5%. The historical high was 25.1% in 2004. The national goal for this measure (C1.4) is 9.9% or less; the state average is 11.8%.

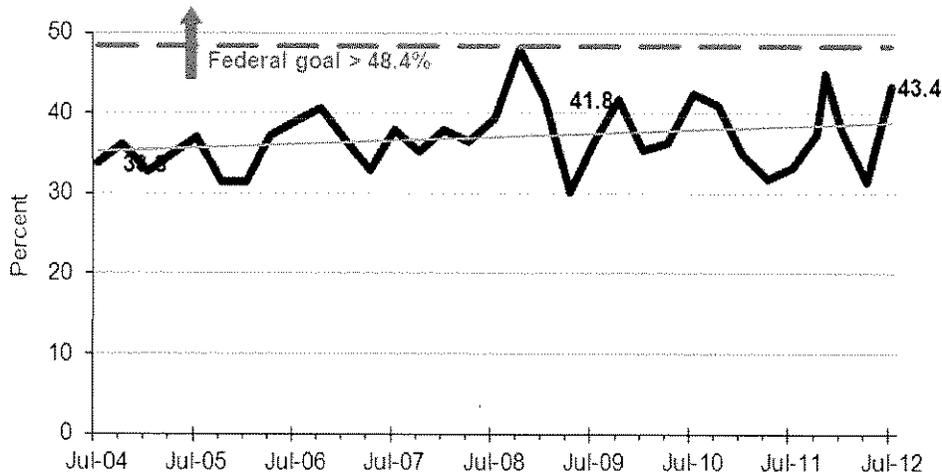
C1.4: Reentry Following Reunification (Exit Cohort)



Source: Center for Social Services Research, UC Berkeley

It is important to look at reentries in conjunction with reunification data, since there is a strong relationship between these measures. Data indicates that San Francisco reunifications are now happening more quickly, but there are fewer of them. The state child welfare system has two different measures for the timeliness of reunifications: one evaluates the results for cohorts of children *entering* care in a year; the other evaluates cohorts *leaving* care in a year. The rate of reunification within a year for the entry cohort (C1.3) increased from 37.9% to 43.4%. In raw numbers, this means that of the 129 children that entered care for the first time between October 1, 2010 and March 31, 2011 and stayed longer than 7 days, 56 subsequently reunified with their families within a year. Had 7 more of the children reunified within the timeframe, FCS would have met the federal goal of 48.4% or higher. The state average for this measure is 42.7%. The reunification measure for the exit cohort (C1.1) decreased from 66.2% to 61.4%. The federal goal for this measure is 75.2% or higher. The state average is 64.1%.

C1.3: Reunification Within 12 Months (Entry Cohort)



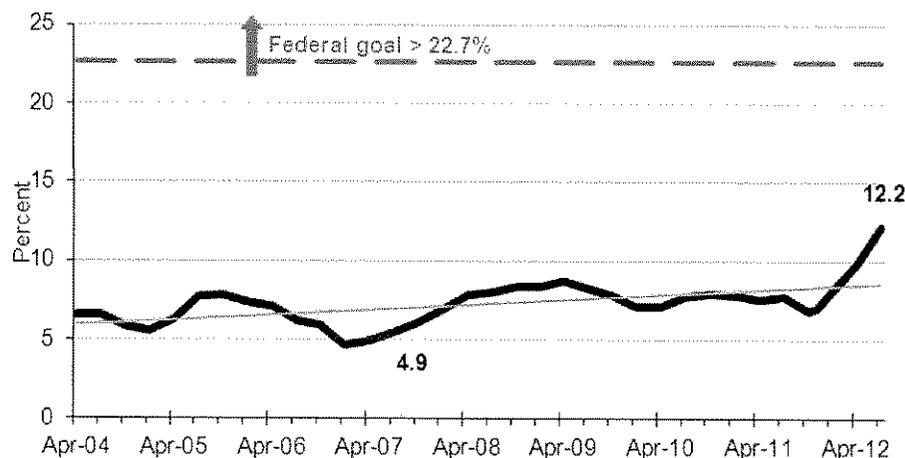
Source: Center for Social Services Research, UC Berkeley

The time to reunification (C1.2) increased slightly from 8.0 months to 8.3 months since the same period last year. This measure tracks the median time spent in care for all children that reunified during the rolling year. Of the 189 children that reunified between April 1, 2010 and March 31, 2011, half had been in care for less than 8.3 months. The agency's current performance on this measure does not meet the federal goal of 5.4 months or less, but it is slightly better than the state average of 8.7 months.

Child Welfare Outcome C2.3: Timeliness to Adoption and Concurrent Planning

During the latest quarter, two of the key adoptions showed significant improvement while the other measure declined. Adoptions within two years (C2.1) of entry into care dropped below the federal standard of 36.6% to 31.2%. The state average is 34.9%. In raw numbers, this means that 29 of the 93 children adopted during the reporting period had their adoptions finalized within two years of entering care. FCS' median time to adoption (C2.2) has fallen from a high of 43 months to 32.5 months, a notable improvement. The federal goal for this measure is 27.3 months or less, and the state average is 28.8 months. The rate of adoptions for children occurring between the 18th and 29th month in care (C2.3) nearly doubled, going from 6.8% to 12.2% (goal of 22.7%).

C2.3: Adoption Within 12 Months (17 Months In Care)



Source: Center for Social Services Research, UC Berkeley

III. Child Welfare Strategies Impacting Performance

Discussion of the impact of key strategies is below. Please refer to the updated SIP matrix for more detailed information on the status of strategies, milestones, and timeframes.

Strengthening Implementation of Statewide Safety, Risk, and Needs Assessment Tools and Evidence-Based Practices

Structured Decision Making (SDM):

This evidence-based assessment tool is a core strategy in improving outcomes for children and families. The Child Research Center (CRC) provides quarterly analysis of SDM implementation. Staff trainings have promoted consistent use of the tool, including the Family Strengths and Needs Assessment and the Substitute Care Provider assessment.

Safe Measures indicates a 96.71% completion rate for the SDM Hotline tool as of July 2012, and a 95.39% 12 month average completion rate for the SDM Safety assessment as of July 2012.

Bay Area Academy trainings on SDM in FY 2011/12 included trainings on SDM assessments in emergency response through court dependency, family maintenance, reunification, and permanency caseloads.

Differential Response:

Differential Response moves child welfare from a more investigative response at the front end to one of assessment and prevention. In partnership with First 5 and local Family Resource Centers, San Francisco offers a different response to families who come to the attention of the child welfare agency.

In the 2011/12 fiscal year, the Family Resource Centers providing Differential Response services engaged the majority of both Differential (Path 2) and Community Response (Path 1) referrals. 84% (64/76) of Differential Response (Path 2) and eighty-six percent (121/141) of Community Response (Path 1) referrals were engaged; for a combined engagement rate of eighty-five percent (185/217), per the chart below.

System Wide Differential Response Engagement Rates	Referrals Receiving Joint Visits <i># joint visits/total referrals received</i>	Referrals Receiving Transitional Meetings <i>#transitional meetings with child welfare and CBO staff and family/total referrals received</i>	Referrals Engaged in Family Advocacy or Case Management <i>#FA+CM/total referrals received</i>
2011/12 Cumulative Totals	35/217=16%	118/217=54%	185/217=85%

Evidence based parenting curriculum

Triple P

The Parent Training Institute, which is funded by the Department of Public Health, the Human Services Agency, and First 5 San Francisco, coordinates the training, rollout, and evaluation of evidence-based interventions in mental health clinics and Family Resource Centers, including Triple P Parenting. This intervention has been shown to reduce parental risk factors for child maltreatment and increase appropriate and consistent parenting practices. Triple P focuses on helping parents of children aged 2-12 improve the parent-child relationship and increase their use of effective, non-punitive parenting strategies.

San Francisco rolled out Triple P in the 2009.10 fiscal year. Since this time, the following has been achieved:

- 17 agencies have delivered 81 Triple P groups to 777 unduplicated caregivers of 1373 children (638 were ages 0 to 5).
- 350 unduplicated parents participated in Triple P in the last fiscal year.
- In the last FY two agencies ran Teen Triple P, which served 18 caregivers of 20 teens.
- 44% of caregivers who took a Triple P class had a history of HSA-involvement.
- In the last fiscal year, the graduation rate was 74%.
- Outcome measures demonstrate that there are significant change in all parenting, child behavior, and parental stress subscales. In addition, the statistically significant change seen in child behavior and parenting practices at posttest is maintained 6 months later.

The Parent Training Institute has also partnered with the Parenting for Permanency College, the new foster parent/caregiver training program that the Bay Area Academy coordinates in partnership with SFHSA, to include Triple P in that curriculum. Its inaugural session offered a unique and highly interactive training course on positive parenting and parent-child relations maintained its original eight participants over the course of the 12-week training schedule. The goal for FY 2012-2013 will be the coordination and delivery of an inaugural Spanish speaking training series for our monolingual caregivers.

Parenting Inside Out

Through parents of the San Francisco Children of Incarcerated Parents Project, San Francisco offers an evidence-based parenting curriculum in the county jail, Parenting Inside out, offered by Community Works. As of January 2012, there had been 376 graduates of PIO. This includes families outside of the dependency system.

Expansion of Participatory Case Planning Strategies

Family Engagement

SFHSA has partnered with Community Behavioral Health Services and the Native American Health Center to implement Urban Trails San Francisco, which provides a culturally rich package of services and support to help self-identified Native American youth and their families balance emotional, spiritual, mental, and physical aspects of life. The Urban Trails MOU was signed in Jan 2009; and kickoff was 9/10. Services include case management, counseling and therapy, traditionalists, talking circles, education advocacy, and substance abuse counseling. The project is funded by the federal Substance Abuse and Mental Health Services Administration.

SFHSA has also contracted with Family Support Services of the Bay Area and Mt. St. Joseph/St. Elizabeth's to implement SafeCare, a new evidence-based in-home targeted early intervention family preservation home visiting program. SafeCare is an evidence-based training curriculum for parents who are at-risk or have been reported for child maltreatment. Parents receive weekly home visits to improve skills in several areas, including home safety, health care, and parent-child interaction. Since November, 2011, the project has served 75 parents and 75 children.

Family Team Meetings

In April 2011, staff from the Center for Restorative Justice met with child welfare managers and supervisors to debrief recent trainings on family team meetings, discuss next steps towards implementation of a Family Team Meeting model, including development of an advisory group. Since that time, SFTP staff and consultants began to meet less with units and more with individuals when it came to spreading the word about family engagement. Offering weekly support through coaching and mentoring with Ryan Pickerell and Veronica Piper-Jefferson was the next step in spreading family strength practice. Both consultants have continued to educate themselves on Safety Organized Practice, which they are integrating into meetings, admin reviews, coaching, and have trained the new hires on the benefits of the practice. On January 25th, 2012 SFTP began having both of the consultants available to staff for coaching, mentoring, as well as staff being allowed the opportunity to earn training credit as a bonus for using the consultants. SFTP is excited to be able to continue offering staff the ability to utilize the consultants for assistance with family engagement using FTM/SDM and SOS tools when working with families.

Sustaining and Enhancing Permanency Efforts across the Life of a Case

As a result of the 2009 Peer Quality Case Review (PQCR), SFHSA has developed several mechanisms to strengthen relationships across program in supporting permanency for children. Specific adoption workers are now assigned to different parts of program as a resource and liaison. Bypass cases, or cases in which reunification services are not offered because of specific, legally defined circumstances, now receive secondary assignment of an adoption worker. SFHSA also implemented an interagency meeting to assess concurrent planning for children, the MAP meeting, described below.

MAP

FCS initiated MAP (Meeting to Assess Permanency) in March, 2010. MAP grew out of the Peer Quality Case Review, a qualitative case review process, as a result of information shared by Stanislaus county about a similar meeting held there. The focus

is to ensure appropriate and timely concurrent planning. Attendees include not only child welfare supervisors and managers but Family Builders, Seneca Center, and mental health and permanency consultants. In 2011, the Casey Family Foundation awarded SFHSA \$35,000 to support the Permanency Consultant in the MAP meeting as well as with specific case consultation and other permanency efforts. MAP has prioritized cases 3 to 6 weeks post-detention as well as cases of children aged 0-5. In the last fiscal year, 182 new children were discussed in MAP in addition to follow-up on cases that had been previously presented.

Permanency Mediation

SFHSA utilizes the mediation services of Consortium for Children for biological and adoptive families to resolve issues and promote permanency. Between July 1, 2011 and June 30, 2012, the Consortium for Children conducted 73 mediations for San Francisco and reached agreement in all but 6 of those cases.

Court

SFHSA partners with the Family Court in the implementation of two specialty courts, Zero to Three, and Drug Dependency Court. Partners include multiple public and private agencies such as Community Behavioral Health Services, Homeless Prenatal Program, Infant Parent Program, and CASA.

In June, 2012, San Francisco completed its three year formal participation in the 0-3 program, which was federally funded through the 0-3 Foundation. SFHSA has identified funding to maintain the program locally.

During the three years of the ZTT project, 70 children and 62 families were served. Of the 56 dismissed cases, 29 children were adopted, 20 were reunified, and 7 caregivers become legal guardians. Of the 14 still-active cases, 3 children are with a parent, 10 children are in adoptive homes, and 1 with a caregiver who wants to become legal guardian.

Enhancing and Expanding Caregiver Recruitment, Training and Support

Family Finding:

SFHSA supports family finding efforts from intake through permanency services:

Using SB163 wrap savings, Seneca Center provides staff to conduct initial family finding within 30 days. Seneca also provides relative notification services for children entering care. In the 2012/13 FY, Seneca is expanding their Relative Notification program to

increase engagement with families regarding permanency, Seneca will continue to notify all relatives of children entering into foster care. Additionally, in a randomly selected subset of cases, they will also support social workers in organizing and facilitating family team meetings, and provide coaching in how to use family team meetings to improve permanency outcomes for children. Seneca rolled out their new "Relative Notification Plus" program on August 1st, and they anticipate expanding the program in the coming months as they hire new staff.

SFHSA uses PSSF dollars, among other funds, to contract with Family Builders to provide family finding, permanency support for children who have been in foster care for extended periods. Family Builders also provides adoption recruitment, which is funded by PAARP (Private Adoption Agency Reimbursement Program). As part of their work, Family Builders provides consultation, training, and direct case support to child welfare staff to increase permanency outcomes for children. This includes one-to-one coaching sessions with staff, participation in the MAP meeting described above, and participation in Permanency Team Meetings on specific cases.

Targeted Recruitment:

SFHSA partners with the San Francisco Unified School District to identify caretakers who are part of a child's school community. In the 2011/2012 school year, 31 children were placed through this project. More information is available on the Foster Youth Services page on the SFUSD website, <http://www.healthiersf.org/FYS/Programs/fysYouthParent.php>.

Training and Support for Caretakers

SFHSA has worked closely with the Bay Area Academy to develop a foster parent/caregiver training program that utilizes appropriate evidence-based and evidence-informed curriculum to support and engage caregivers in a variety of interventions and supports. In 2011, San Francisco implemented its Parenting for Permanency College, which included roll out of the core training series: Pre-Service, SA/HIV & Triple P, the addition of advanced training courses, and planning for three large events. Participants can include parents, relatives, and foster parents, including FFA foster parents, in various trainings.

Also in 2011, SFHSA revised the scope of its Kinship contract to expand services and support to child welfare families that promote movement to adoption and KinGap. Two contracts were subsequently issued.

The first contract is with Family Support Services of the Bay Area (FSSBA), which assists relatives of the children with the goal of completing legal guardianship agreements. This county-funded program provides support and encourages legal permanency with

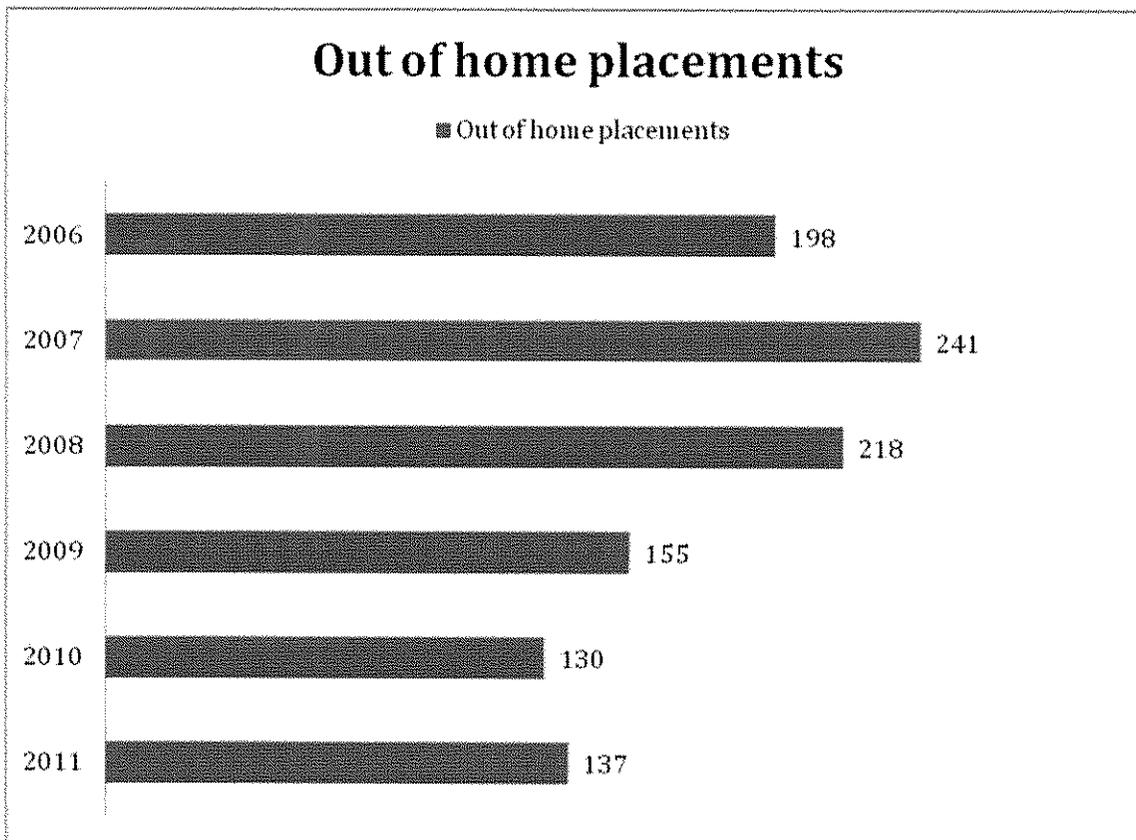
relatives, offering assistance to relative care providers who are eligible, in the process of, or have obtained legal guardianship of a court dependent child or youth and dependency has subsequently been dismissed.

A second contract with Edgewood Center utilized a combination of state, and local funding to provide community-based services for kinship care providers for children who are or have been involved in the dependency system or are at risk of dependency. Relative and NREFM care families have a range of needs including, but not limited to short-term crisis, income/resource issues, housing problems, substance abuse issues, domestic violence, stress, and household safety. These services include assessment, information and referral, short-term crisis case management, support groups, peer counseling, parent education workshops, social and recreational activities, Independent Living Skills, respite, and age-specific programs for children. Additionally, Edgewood collaborates with other agencies to provide medical, legal, housing, education, advocacy, mental health, and other community services.

IV. County Performance in Juvenile Probation Outcome Measures and Strategies

Introduction

The San Francisco Juvenile Probation Department (JPD) System Improvement Plan (SIP) outlines the steps that JPD has implemented to improve outcomes for youth via the utilization of least restrictive levels of care. This report describes the second year progress on the areas targeted for outcome improvement. Our over-arching goal is to reduce the number of youth in placement and have a positive impact on the youth as they transition home from placements. The chart below describes the success we had in this area in 2011.



Improvement Goal #1: Expand programs and services available to youth and families to provide appropriate level of service delivery at time of need.

JPD's partnership and collaboration with Community Behavioral Health Services has been integral in the participation, assessment and linkage of JPD youth and their families to address the appropriate level of service and treatment. Four programs vital to our efforts to improve services for this population are: 1) Multi-Systemic Therapy (MST);

2) AIIM Higher (Assess, Identify Needs, Integration Information and Match to Services),
3) Intensive Supervision and Clinical Services (ISCS) and the 2) Juvenile Collaborative
Re-entry Team (JCRT).

In 2011 Probation has had discussions with Seneca Centers regarding the implementation of an Aggression Replacement Therapy program beginning in 2012. This is a 12 week group training program focusing on social skills, anger control, and moral reasoning.

Discussions with all stakeholders surrounding the expansion of JCRT began during this reporting year of 2011. By year end all community partners had made a commitment to expand this program to include all youth returning from long term commitments including out of home placement and San Francisco's Log Cabin Ranch.

These programs and interventions expand options and create flexibility for services and supports to meet the needs of children and families.

MST served 83 JPD youth in 2011. MST statistics reflect the success this evidence-based service has had with JPD families. Recidivism being one of the most difficult barriers to overcome and one of the most important measurements of success when working with Juvenile Justice involved youth, evidence shows: 71% of the JPD youth whose families receiving MST services did not recidivate. Other data that indicates the success of the families and youth involved in MST include:

- 80% are in school and/or working
- 65% have completed treatment
- Only 10% cases closed due to low engagement.
- 69% are involved in pro social activities.
- Only 18% of the MST youth placed in OOHP

The following is a review of the performance of the MST San Francisco Program from the time period of January 1, 2011 – December 31, 2011. The data below provides a comparison of the program in San Francisco to the national average of MST providers across the U.S. from March 1, 2005 thru November 1, 2007 totaling 14,619 youth. This data represents the most recent, available national averages available from MST Services. The data is compiled from our two teams.

Item	Performance Indicator	Target Thresh old	National MST Average	MST San Francisco	Green Zone	Yellow Zone	Red Zone
1	Number of Youth Served			83			
ULTIMATE OUTCOMES REVIEW							
2	% Youth Discharged to Home		84.1%	74.55%	>88%	80-87.9%	<80%
3	% Youth in School/Working		83.0%	80.00%	>85%	75-84.9%	<75%
4	% Youth No New Arrests in Treatment		79.7%	70.91%	>85%	75-84.9%	<75%
Case Progress Review							
5	% Youth Completing Treatment	85%	78.8%	65.45%	>84%	75-83.9%	<75%
6	% Closed due to Low Engagement		8.4%	10.45%	0-6%	6.01-9.9%	>>10%
7	% of Youth Placed		12.8%	17.91%	<=11%	11.01-15.9%	>16%
8	Average length of Stay in Treatment	90-150	129.53	110.85	100-140%	85-99, 141-155	<85 >155

Item	Performance indicator	target thresho ld	National MST Average	MST San Francisco	Green Zone	Yellow Zone	Red Zone
	% of youth involved in pro social activities			69.09			<50%
	% of cases where changes were sustained			61.82%			<50%
							<50%

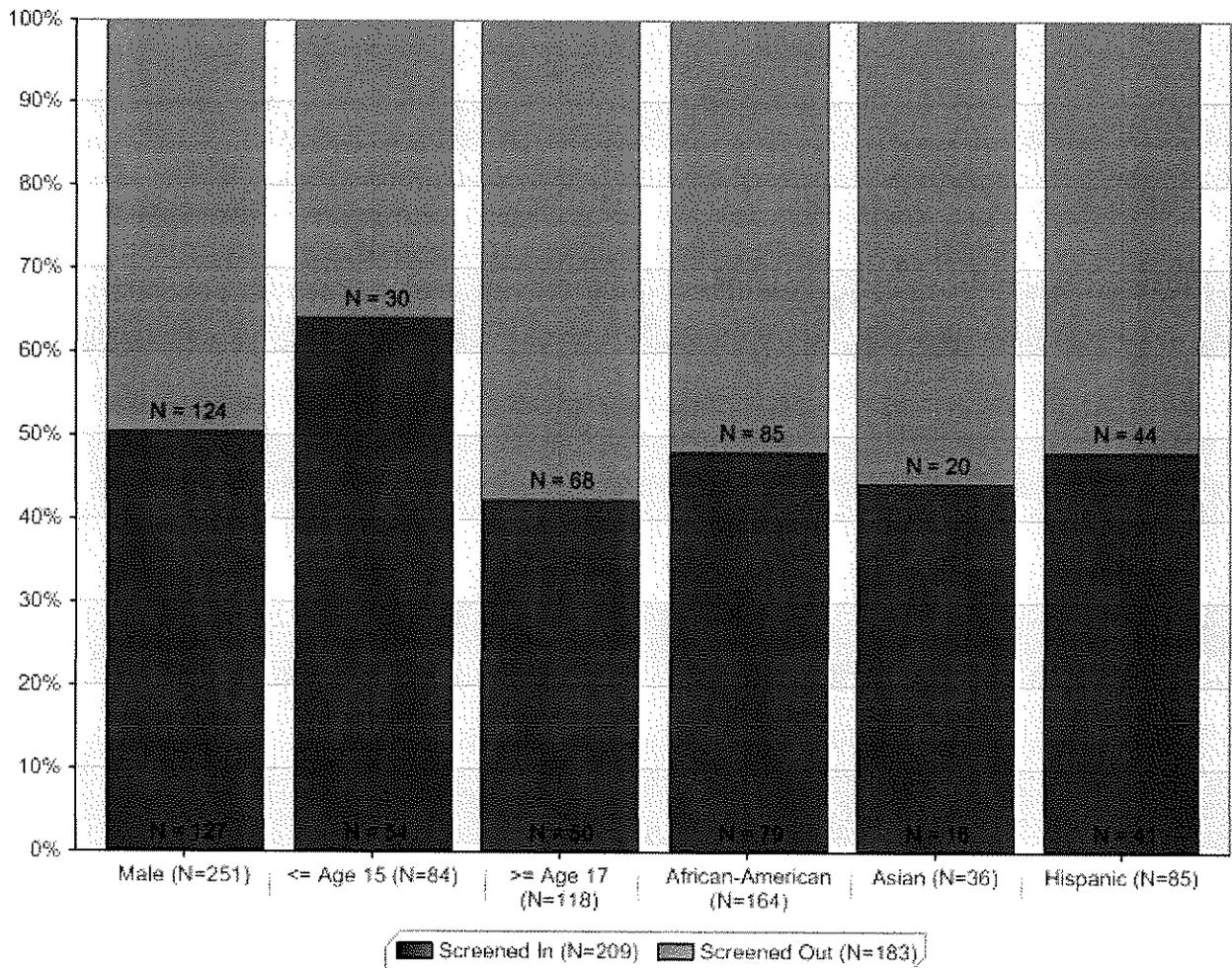
AIIM Higher has been fully integrated with Probation Services. The services provided by AIIM higher continue to expand and serve youth with prior or current need of mental health services. AIIM Higher staff are provided office space in the center of the Juvenile Probation Department (JPD) and participate as partners in several meetings. Most notably, they participate in our Interagency Case Review, where the needs of recently detained youth are discussed and determination is made whether youth meet criteria for a CAT (Crisis Assessment Tool) or screen in for a CANS (Child and

Adolescent Needs and Strengths) assessment. Case plans are initially developed and linkages to services are provided for the youth and their families.

In 2011, 392 youth were screened or 67% of the 587 youth booked at Juvenile Hall. Two hundred and nine (over 1/3rd of the juvenile hall population) were offered SF AIIM (Assess, Identify Needs, Integrate Information, and Match to Services) Higher Services. This included 1) consultation with probation officers, 2) resource and referral, 3) linkage to services, or our most comprehensive service 4) assessment, planning, linkage and treatment engagement.

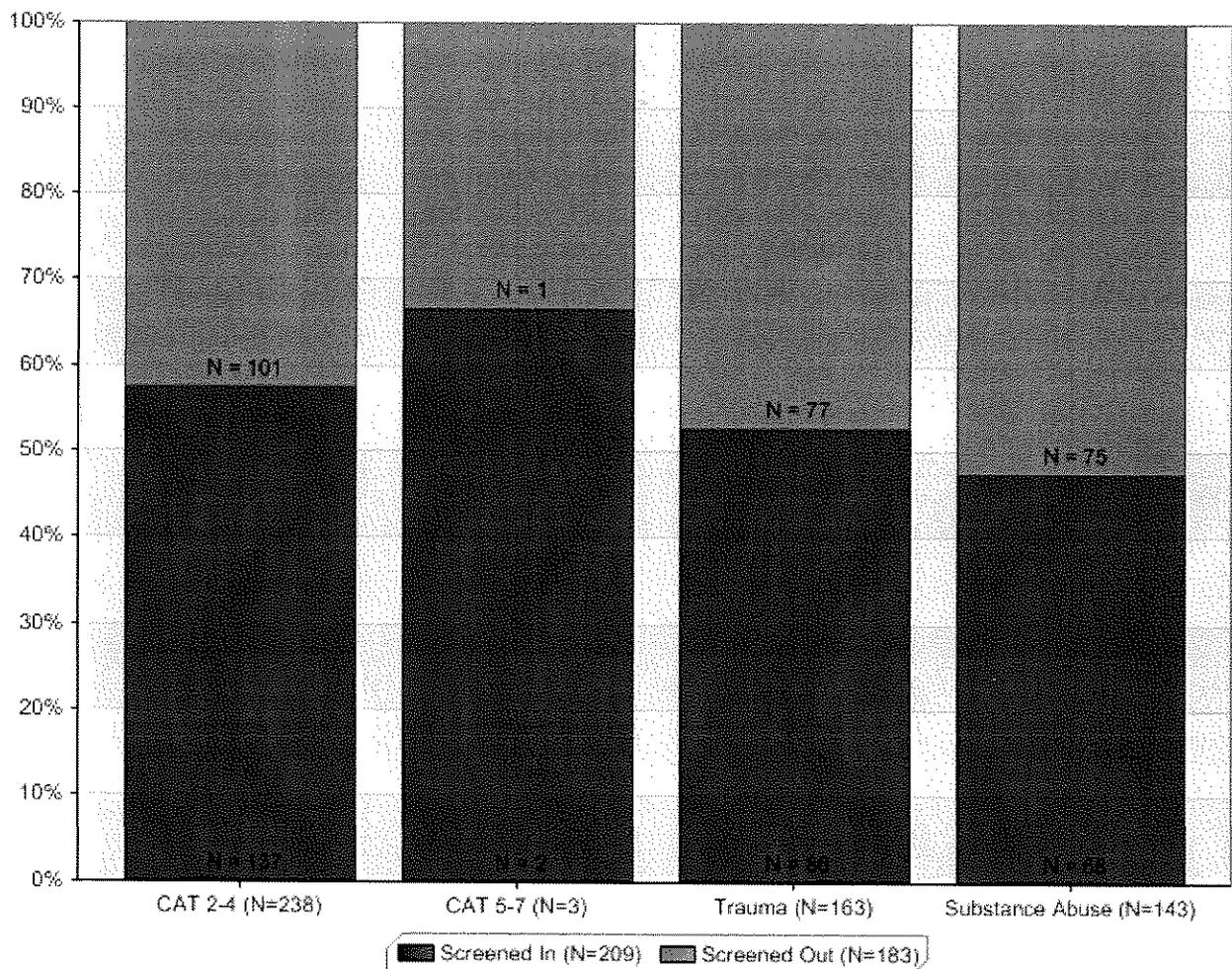
Youth were determined to be eligible for AIIM based on the following criteria: SF residency, under 19, serious mental illness (SMI), not currently engaged in services, and/or prior "failed" community treatment episodes/placements. AIIM Higher youth were 61% (N=127) male, 38% African American, 20% Hispanic and 8% Asian/API. They tended to be younger adolescents (64% were 15 and under; see Chart 1 below).

Chart 1. Demographic Characteristics of youth screened in vs. screened out (N=392).



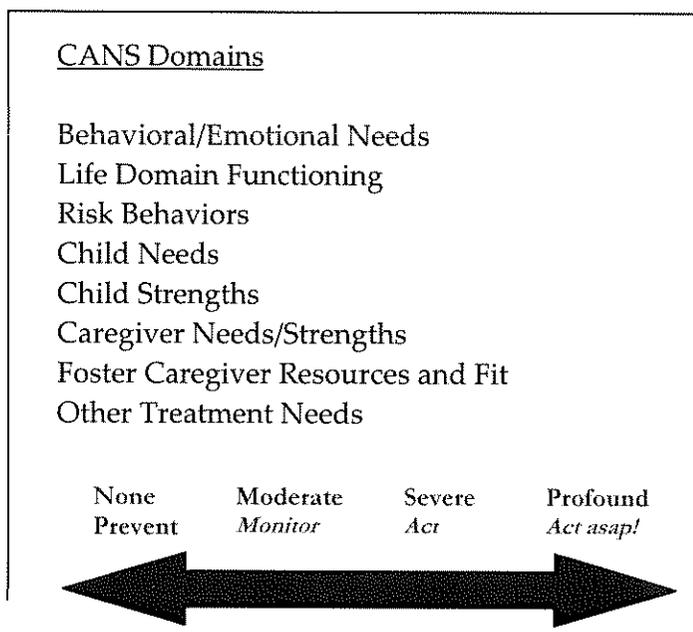
The Crisis Assessment Tool-10 (CAT-10) was used to determine whether youth had indicators of SMI. The CAT-10 provides a total needs based on 7 key items (suicide risk, danger to others, judgment, psychosis, impulsivity/hyperactivity, depression and anger control.); however, youth with no current needs on these key items could screen in on the basis of other clinical concerns in 3 additional areas: trauma, anxiety, and substance abuse. Of these 209 youth, 137 (66%) had an elevated to high risk level of need (CAT 2-4). Two (1%) had an acute level of need (CAT 5-7). Youth had significant problems with trauma, anxiety, and/or substance abuse. Forty-one percent had trauma symptoms. And 33% had clinically significant substance abuse problems (See chart 2 below).

Chart 2. BH-Probation SF AIIM Team using the CAT to identify youth with SMI (N=392)



Of these 209 youth, 64% (N=134) received comprehensive services including a CANS (Child and Adolescent needs and Strengths) assessment. The CANS is both an assessment and planning tool that identifies across 8 domains (See Figure 1) actionable needs and the response and level of service most appropriate to meet those needs.

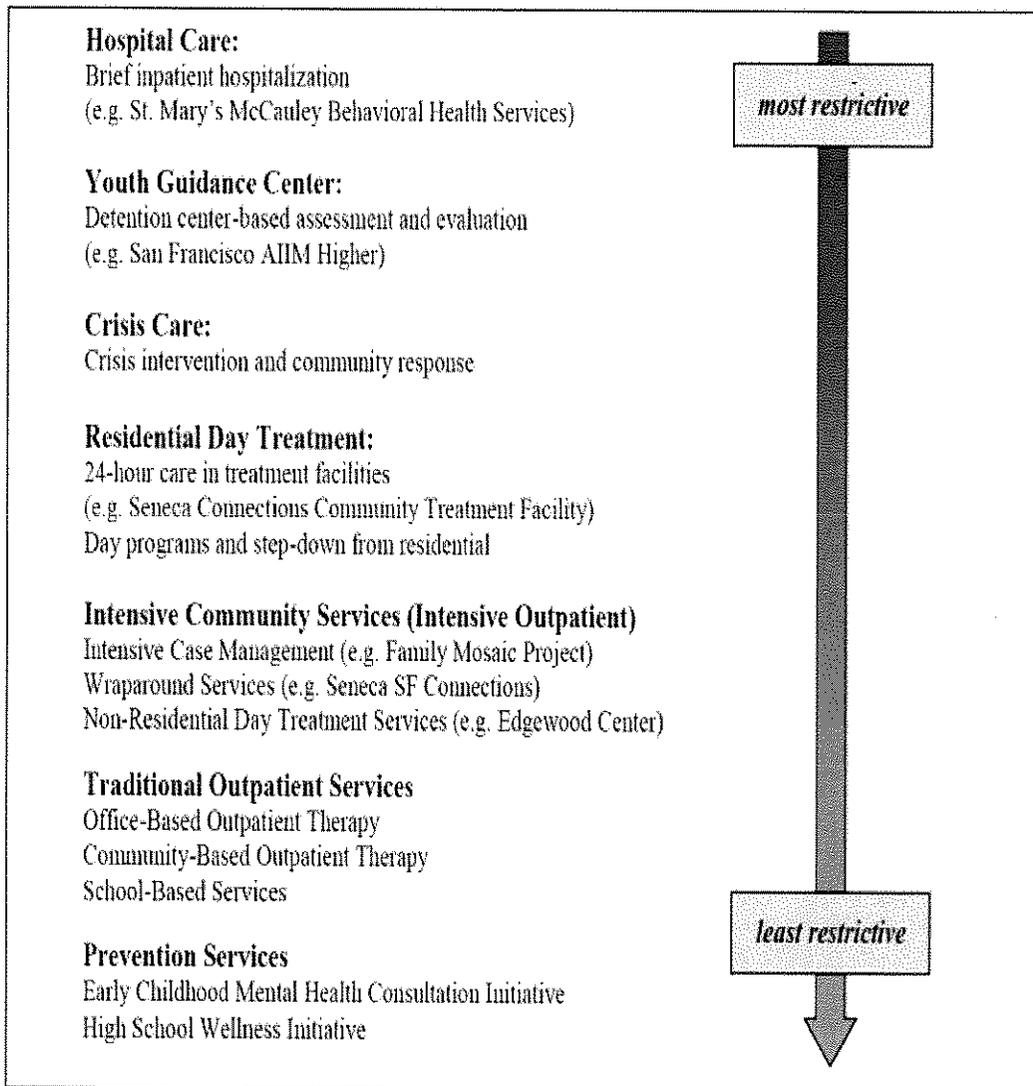
Figure 1. CANS Domains



AIIM Higher participants admitted into the program are referred to services based on their level of need. Not all participants are successfully linked to these services. The extent to which the CANS-based recommendations are translated into an actual plan that results in linkage and engagement is a measure of the effective implementation of the AIIM Higher program.

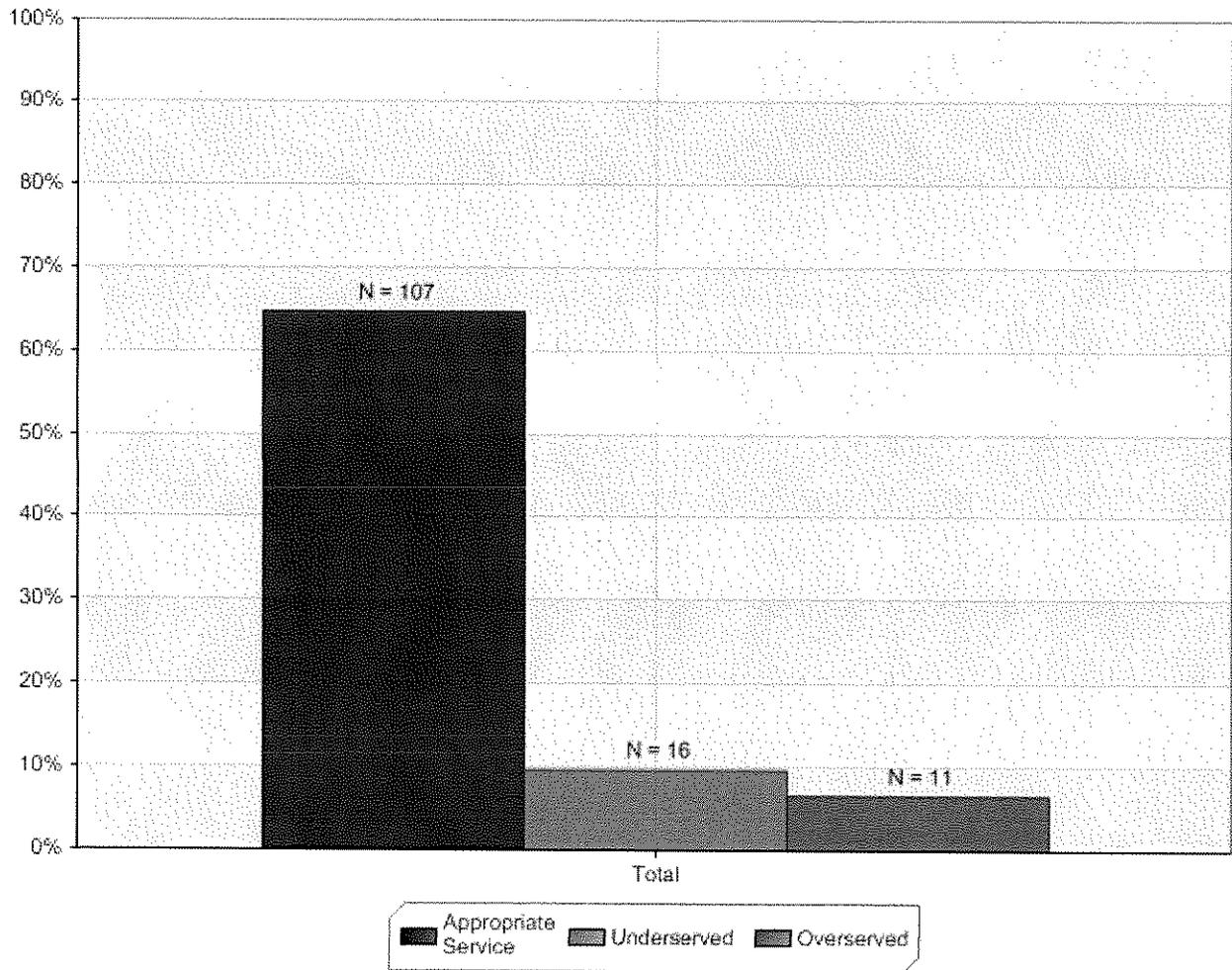
Recommended and actual linkages are organized into four tiers (Tier 4, hospital/juvenile hall/crisis- Tier 1, outpatient) with a higher tier representing a higher level of care (See Figure 2).

Figure 2. Child, Youth & Family System of Care LOC Tiers



In 2011, 80% of SF AIIM youth (N=107; see chart 3 below) were linked to an appropriate level of care.

Chart 3. Percentage of youth who received an appropriate level of care (N=134)



JCRT (Juvenile Collaborative and Re-entry Team): provides coordinated and comprehensive reentry case planning and aftercare services to high need youth in out of home placement with the goals of reducing recidivism and placement failure when exiting out-of-home placement and returning to their community. During 2011, 58 youth participated in this intensive, wrap-around program which partners the Juvenile Probation Department (JPD), the office of the Public Defender, a Youth Advocate and CJCJ (the Center on Juvenile and Criminal Justice) who provides a case manager. Historically, the rate of re-offending for this population is quite high. For the youth served in 2011:

- 91% have not been re-committed to a residential facility due to a technical violation
- 86% have not been adjudicated due to a criminal offense.
- 75% of the youth are being served by evidence-based models or programs.

Just as important are the positive behavioral changes we are seeing in JCRT youth. The percents of positive behavior changes are measured in eight domains, and they range from 66% for substance abuse to 94% for perception of social support.

Other impacts for youth served by JCRT include:

- Increased advocacy with the school district for proper placement
- Support policy changes for dual system youth.
- Partnering with the Guardian Scholars Program at San Francisco City College, which provides support for students exiting the Dependency and Delinquency systems as they work towards their college success.

During 2011 JPD began communication with all stakeholders regarding the expansion of the JCRT program. By year end, all stakeholders were committed to serving a more expansive population. In 2012, JPD received a new grant of over \$480,000 which will extend the intensive

Intensive Supervision Clinical Services Program: The Department of Public Health's Child, Youth and Family System of Care in partnership with JPD and the Department of Children Youth and Families launched an innovative and new approach to address the behavioral health needs of JPD's most vulnerable youth and families.

The Intensive Supervision and Clinical Services program combines the monitoring and structure of intensive supervision with an array of clinical services and evidence-based practices targeted to address critical needs and increase the strengths of you, their families/caregivers. This combination of services has shown to be more effective for this population of youth than intensive supervision alone. The main goals are: preventing recidivism, promoting healthy development and functioning in youth and increasing public safety.

There are five agencies involved in ISCS. In 2011, ISCS served 192 unduplicated youth, which is 24% above target. All collaborators in this program meet monthly. These meetings continue to provide an excellent opportunity to address openings, concerns and problem solve.

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

The Juvenile Probation Department (JPD) continues to expand collaborative efforts with our community partners, the San Francisco Human Services Agency (SFHSA), the Department of Public Health (DPH), the Court and Seneca Centers. The Juvenile Probation Department has continued its collaboration with SFHSA, DPH, the School District and Seneca in the weekly participation at MAST (Multi-Agency Services Team).

Youth who are high-risk or stepping down from placement are discussed and appropriate service needs and plans are developed and implemented.

In addition, our community partners continue to be involved in our weekly Multi-Disciplinary Team (MDT) Committee meetings, Interagency Case Review Team (ICRT) and Juvenile Collaborative Re-entry Team meetings (JCRT). We continue to build on these relationships as we work together weekly to assess the youth for risk and need, establish case plans to address these concerns to prevent the removal from the home as well as develop aftercare plans to assist youth and their families as they transition home.

JPD continues to build the relationship with Seneca Center as they assist Probation with Family Finding efforts whenever a youth is at risk of entering foster care. Seneca's Relative Notification Coordinator (RNC) attends the weekly MDT Meetings. The Relative Notification Coordinator is provided a daily list of youth who have been detained for 11 days or longer. JPD believes beginning the family finding strategies early in the adjudication process can only serve to strengthen the ability for a youth to remain with family. Efforts to locate extended family members for pre-adjudicated youth as well as those presented at MDT, has been actively occurring during this reporting period. Family Findings efforts help expand the use of participatory case planning strategies, sustain and enhance permanency efforts across the life of a case, and enhance and expand caregiver recruitment, training, and support efforts.

Partnership with the Court continues to be enhanced through meetings between the Bench, the Chief Probation Officer and Assistant Chief. These meetings are held bi-weekly, occur in a variety of forums and can be individual when necessary. The Delinquency Administrative Meeting which includes the dept. heads of JPD, the Public Defender and District Attorney's office, Judges, Court Staff, and the Conflict Panel continue to meet bi-monthly. JPD also participates in a bi-monthly meeting between the Bench Officers and the Department of Public Health to exchange information and discuss any departmental concerns.

In addition, JPD has three specialty courts that meet monthly: Youth Family Violence Court, Principal Center Collaborative and Wellness Court. These Courts are designed with a unique collaboration between all system partners and includes an intimate discussion of all cases presented before the Court. All system partners work together to share information and develop a case plan that will best serve the youth and families involved in these Courts.

JPD continues to engage the Court in the use of evidence driven case planning, and service. JPD and CBHS jointly sponsored a workshop in spring of 2011 that the judges requested on EBP regarding substance-abuse treatment services.

These court-related strategies help expand options and create flexibility for services and supports to meet the needs of children and families.

Improvement Goal #3: Improve probation operations to promote best practices

Juvenile Probation continues to strengthen educational supports for youth in their partnership with San Francisco Unified School District (SFUSD). JCRT met with SFUSD to create a plan for identifying the most appropriate school placement for JCRT youth returning to the community. In the past, children returning from placement had to wait up to three weeks before receiving a school assignment, which was usually in one of the City's underperforming schools or in the child's previous school where relationships may have been strained. The team now meets regularly with SFUSD to identify the most appropriate school match based on the youth's academic progress while in placement and other needs. The team also works with the District so the transition is timely and seamless.

Given the great outcomes from youth participating in JCRT, during 2011 all stakeholders involved with the JCRT team committed to serving a more expansive population. In 2012 the Juvenile Probation Department was awarded a grant of over \$480,000 to expand the current JCRT program and will establish a Reentry Unit within in the San Francisco Juvenile Probation Department. The JCRU or Juvenile Collaborative Reentry Unit will include representation from Probation, the Public Defender's Office, the Private Bar Panel and the Center on Juvenile and Criminal Justice. This program will be overseen by a dedicated judge in the Office of Collaborative Justice Programs of the Superior Court of California. The initiative will serve up to 150 unduplicated youth per year and serve all youth returning from long term commitments including out-of-home placements and San Francisco's Log Cabin Ranch.

JPD has been successful increasing in formal out-reach and education to parents with the writing, publishing and distribution of "The Parent Guide to the Juvenile Justice System" To expand parent engagement, JPD, in partnership with parent partners (Families Understanding the System), parent CBO's, the Youth Commission, and MST, wrote and published the guide book which are distributed to parents during their first visit to the Juvenile Justice Center and available on the Juvenile Probation website. These guides have been translated and are available in 5 different languages. This parent guide book is given to parents upon their first visit to their youth upon detention. Copies of the guidebook are on the counter of the entrance to JH.

Unfortunately, "Families Understanding the System" was not sustainable however JPD took two major steps in trying to create Parent Advisory and Support Groups. Chief Siffermann engaged parents on Saturdays when entering the facility for visiting and has

met individually with numerous parents. JPD will continue working with Parent Support groups and utilize their input whenever possible.

In our continued effort to engage and educate parents, JPD has established the Juvenile Advisory Council (JAC), a monthly Probation Orientation Program facilitated by JAC on the first Saturday of each month. This orientation is provided to all youth recently placed on Probation and their parents. The Juvenile Advisory Council is a group of successful probationers of the past now ages 18 – 25 years of age. Through this program youth and their parents are educated about probation in terms that are clear, concise and geared to the population we serve. Parents are an integral part of this orientation and are required to attend. This forum is an effective way of engaging parents and affords an opportunity to answer their questions. They are taught how to navigate through the system, work collaboratively with the Probation Officers, and find support from the other parents. Ninety six parents attended these Orientations during 2011.

In addition, JPD developed and implemented community based Saturday service program as an alternative to secure detention for Violations of Probation (VOP). This program is referred to as the Probation Enhancement Program (PEP). The PEP establishes personal accountability for the youth and develops individual competencies as both the youth on probation and their parents participate.

Youth referred to PEP by their Deputy Probation Officer (DPO) meet twice a month on Saturdays: the first session is a 3 hour session that the parents attend along with their child. After the first ½ hour of meeting as a group, parents and youth are broken into 2 groups. The parent group facilitated by a DPO and Social Worker, is designed to provide parents with support, a safe place for talking about the challenges of having a teenager on probation, and to learn strategies from other parents in dealing with the challenges presented by their child. The youth section, led by a CBO leader and a DPO, focuses on the improvement of decision-making skills. The activities include: discussions, written responses, and role playing and is derived from an evidence based curriculum from The Carey Guides. The last activity the youth complete is to list their dreams, which are then shared with the parents as the session closes. The 2nd Saturday session is attended just by the youth where they perform a meaningful Community Service, meaning they perform tasks designed to help others less fortunate. This helps the young people realize that there is an outside world bigger than them and others with much more serious problems that they are able to assist. At the end of the Community Service day, all youth participates write a 1 page reflection of their experiences of the past two weeks. PEP offers an evidence-based educational component for the youth, parenting skills for the parents and group discussions. This program provides parents with support, ideas, and direction for successfully working with their teenager during this difficult time all the while providing accountability to their children.

Both PEP and the Saturday orientation underwent evaluation by Master Graduate Students who did their respective Master's theses on one of these programs. The Probation Orientation analysis revealed that youth who participate through this orientation are 75% less likely to re-offend, either for a new law offense or a violation of probation. The youth completing the PEP Saturday program were shown to have a 25% lower recidivism rate than the control group of youth on probation from 2006 – 2009. Each analysis did reveal that youth 16 years old were more likely to recidivate than any other age group, and that for the PEP youth, for those that did recidivate, the average # of days from PEP to recidivism was 68 days – i.e., slightly more than 2 months. This has led us to conclude we need to develop a type of mid-term support program for these youth. These efforts describe parent and youth engagement and intervention strategies which help expand participatory case planning and provide flexible, responsive services and supports to meet families' needs.

II. C: SIP Matrix

1

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, April to September 2011, was 92.5%. This is compared to 95.7% for the same quarter one year ago.

Our overall improvement target is to reduce the rate of abuse/neglect recurrence to the federal goal of 94.6%. This represents a difference of 7 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	

Quarterly on-going

October 2012 Update:

Monitoring and review meetings continue in unit meetings, section meetings, and trainings for both workers and supervisors. Child welfare staff utilize the SDM dashboard in Safe Measures to review completion rates.

Quarterly on-going

October 2012 Update

The CRC continues to provide quarterly analysis of SDM implementation. Safe Measures indicates a 96.71% completion rate for the SDM Hotline tool as of July 2012, and a 95.39% 12 month average completion rate for the SDM Safety assessment as of July 2012.

Milestone	Timeframe	Assigned to
<p>1.1.1 Continue to monitor individual and unit compliance for SDM to identify issues and ensure 90% compliance.</p>	<p>Quarterly on-going</p> <p>October 2012 Update:</p> <p>Monitoring and review meetings continue in unit meetings, section meetings, and trainings for both workers and supervisors. Child welfare staff utilize the SDM dashboard in Safe Measures to review completion rates.</p>	<p>SDM Program Manager, Program Directors and Supervisors</p>
<p>1.1.2 Review and discuss Division's overall implementation and performance on a regular basis, including discussion on impact on African American families.</p>	<p>Quarterly on-going</p> <p>October 2012 Update</p> <p>The CRC continues to provide quarterly analysis of SDM implementation. Safe Measures indicates a 96.71% completion rate for the SDM Hotline tool as of July 2012, and a 95.39% 12 month average completion rate for the SDM Safety assessment as of July 2012.</p>	<p>Management Team, SDM Program Manager</p>

<p>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.</p>		<p>June 2011 <u>October 2012 Update:</u></p> <p>Through the Bay Area Academy's San Francisco Training Project, SFHSA has offered a series of Signs of Safety related trainings for staff and partners. This includes training on "The Three Houses," as well as beginning the nine modules in March 2012 (one per month) that will cover all aspects of Safety Organized Practice. Staff may meet individually with permanency consultants in order to work on improving family engagement through family team meetings, Safety Organized Practice, and other tools that focus on the family's strengths, support networks, and their own abilities to create positive outcomes.</p>		<p>SDM Program Manager</p>
<p>1.1.4 Conduct SDM case reading by supervisors and/or Program Directors</p>		<p>August 2011 <u>October 2012 Update</u></p> <p>The case reading is incorporated into supervision through the individual and unit sessions described above in 1.1.1.</p>		<p>SDM Program Manager</p>
<p>1.1.6 Explore SDM risk assessment tool by CalWORKS social worker for common families, and by the Differential Response liaison for Path 1 families</p>		<p>August 2011 <u>October 2012 Update</u></p> <p>CalWORKS social workers reviewed the SDM risk assessment tool for use in their pilot, and after review ultimately selected an alternate tool.</p>		<p>SDM Program Manager</p>

<p>Strategy 1. 2 Continue to improve Differential Response.</p>		<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input checked="" type="checkbox"/> PSSF <input type="checkbox"/> N/A	<p>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.</p>
<p>1.2.1 Continue partnership with First 5 and contracted community-based organizations to ensure appropriate DR referrals and supports.</p>		<p>On-going <u>October 2012 Update</u></p> <p>The DR Program Manager continues to meet monthly with DR providers as well as with First 5 staff, partnering together to develop DR - related best practices, policy and protocol, and trainings.</p>	<p>DR Program Manager</p>
<p>1.2.2 In partnership with First 5 and contracted community-based organizations, continue quarterly review of utilization and outcome of Differential Response referrals.</p>	<p>Timeframe</p>	<p>Quarterly <u>October 2012 Update</u></p> <p>The DR Program Manager continues to meet regularly with DR providers as well as with First 5 staff Quarterly narrative, numerical, and outcome cumulative reporting by service providers. San Francisco First 5 has implemented a web-based contract management system which tracks outcomes which is shared with all involved agencies. FRCs meet regularly with SFHSA in multiple venues to strengthen partnerships and ensure program success.</p>	<p>Assigned to</p> <p>DR Program Manager</p>
<p>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.</p>		<p>July 2012 <u>October 2012 Update</u></p> <p>The Family Resource Center contracts were RFP'd in the last quarter of the 2011/2012 FY. The capacity for Differential Response will be expanded to include new provider agencies.</p>	<p>DR Program Manager</p>
<p>1.2.4 Continue to integrate proper utilization of</p>	<p>Milestone</p>	<p>Quarterly</p>	<p>DR Program Manager</p>

SDM assessment from the Hotline through Family Maintenance to ensure appropriate DR Path 1 and Path 2 referrals.

October 2012 Update:

The CRC continues to provide quarterly analysis of SDM implementation. Safe Measures indicates a 96.71% completion rate for the SDM Hotline tool as of July 2012, and a 95.39% 12 month average completion rate for the SDM Safety assessment as of July 2012.

Improvement Goal 2.0

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

Strategy 2.1

Ensure that all families are appropriately assessed for mental health services and linked to a comprehensive array of services.

<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.
<input type="checkbox"/>	CBCAP	
<input type="checkbox"/>	PSSF	
<input checked="" type="checkbox"/>	N/A	

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.

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.

Timeframe

June 2011
October 2012 Update
CBHS has utilized the CANS to review treatment progress. Trends for children participating in specific programs, including Residentially Based Services and therapeutic visitation.

June 2011
October 2012 Update
CANS clinicians complete the caretaker portion of the CANS. Because it is scored from information given to them by the PSW on the parents /caregivers of the children detained, it can often factor into the overall recommendation on the level of care

June 2011

October 2012 Update

SFHSA has partnered with CBHS and the Native American Health Center to implement Urban Trails San Francisco, which provides a culturally rich package of services and support to help self-identified Native American youth and their families balance emotional, spiritual,

Assigned to

Redesign Program Manager

Policy Program Manager

DR Program Manager

Milestone

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.

	<p>mental, and physical aspects of life. The Urban Trails MOU was signed in Jan 2009; and kickoff was 9/10. Services include case management, counseling and therapy, traditionalists, talking circles, education advocacy, and substance abuse counseling. The project is funded by the federal Substance Abuse and Mental Health Services Administration.</p>											
<p>Strategy 2. 2 Ensure that all families are appropriately assessed for substance abuse services and linked to a comprehensive array of services.</p>	<table border="1"> <tr> <td><input type="checkbox"/></td> <td>CAPIT</td> <td rowspan="3"> <p>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.</p> </td> </tr> <tr> <td><input type="checkbox"/></td> <td>CBCAP</td> </tr> <tr> <td><input type="checkbox"/></td> <td>PSSF</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>N/A</td> <td></td> </tr> </table>	<input type="checkbox"/>	CAPIT	<p>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.</p>	<input type="checkbox"/>	CBCAP	<input type="checkbox"/>	PSSF	<input checked="" type="checkbox"/>	N/A		<p>December 2010 <u>October 2012 Update</u></p>
<input type="checkbox"/>	CAPIT	<p>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.</p>										
<input type="checkbox"/>	CBCAP											
<input type="checkbox"/>	PSSF											
<input checked="" type="checkbox"/>	N/A											
<p>Milestone</p> <p>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.</p>	<p>Timeframe</p> <p>In partnership with Community Behavioral Health Services, the National Council on Alcoholism is piloting a Strengthening Families evidence-based program for families with substance abuse issues. SFHSA has been involved in this effort. The program is offered at 7 different community-based agencies and is available in English, Spanish and Chinese. First year evaluation results were above the national average.</p> <p>SFHSA has worked with local partners, including the Infant Parent Program and Child Trauma Research Project, First 5 SF and CBHS, to develop a submit a federal grant which would target child care centers providing care for children in the child welfare system, including child care in residential treatment</p>	<p>Assigned to</p> <p>Policy Program Manager</p>										

<p>2.2.2 Through this collaboration, identify plan to improve service delivery and coordination for families experiencing substance abuse.</p>		<p>June 2013</p>	<p>sites. Award notification is pending.</p>	<p>Policy Program Manager</p>
<p>Strategy 2.3 Expand SFCANDO (Strength from Families, Communities, Agencies, and Neighborhoods, Deciding as One), 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.</p>		<p><input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A</p>	<p>Strategy Rationale SFCANDO was implemented in Nov. 2009 for families served through the Bayview 3rd St. office. The principles of SFCANDO are fundamental in practice for all FCS-involved families.</p>	<p>SF CANDO and Training Program Managers</p>
<p>2.3.1.1 In partnership with Bay Area Academy, expand SFCANDO training to all FCS staff.</p>		<p>September 2010 October 2012 Update: As stated in the May 2011 Update, SFCANDO was incorporated into SFHSA's expansion and improvement of family team meetings and is no longer a stand-alone program.</p>		<p>SF CANDO Program Manager</p>
<p>2.3.2 Develop SF CANDO database and tracking methods.</p>		<p>June 2011 October 2012 Update: As stated in the May 2011 Update SF CANDO has been incorporated into SFHSA's efforts to expand and improve family team meetings, and is no longer a stand-alone program.</p>		<p>SF CANDO Program Manager</p>
<p>Strategy 2.4 Determine ability to provide wraparound supports earlier in the life of a case.</p>		<p><input type="checkbox"/> CAPIT <input checked="" type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A</p>	<p>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.</p>	<p>DR Program Manager</p>
<p>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</p>	<p>Timeframe</p>	<p>July 2011 October 2012 Update SFHSA has contracted with Family</p>	<p>Assigned to</p>	

	<p>Support Services of the Bay Area and Mt. St. Joseph/St. Elizabeth's to implement SafeCare, a new evidence-based in-home targeted early intervention family preservation home visiting program. SafeCare is an evidence-based training curriculum for parents who are at-risk or have been reported for child maltreatment. Parents receive weekly home visits to improve skills in several areas, including home safety, health care, and parent-child interaction. Since November, 2011, the project has served 75 parents and 75 children.</p>	
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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.

		Strategy Rationale
<input type="checkbox"/>	CAPIT	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.
<input type="checkbox"/>	CBCAP	
<input checked="" type="checkbox"/>	PSSF	
<input type="checkbox"/>	N/A	

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.

Milestone

Timeframe

July 2011
October 2012 Update

Since implementing Triple P in San Francisco, 17 agencies have delivered 81 Triple P groups to 777 unduplicated caregivers of 1373 children (638 were ages 0 to 5). 350 unduplicated parents participated in Triple P in the last fiscal year. In addition, in the last FY two agencies ran Teen Triple P, which served 18 caregivers of 20 teens. 44% of caregivers who took a Triple P class had a history of HSA-involvement. In the last fiscal year, the graduation rate was 74%.

Outcome measures demonstrate that there are significant change in all parenting, child behavior, and parental stress subscales. In addition, the statistically significant change seen in child behavior and parenting practices at posttest is maintained 6 months later.

July 2011

October 2012 Update

A blended funding stream of dollars from SFHSA, Department of Children, Youth, and Families, First 5 SF, and CBHS supports the work of the Parent Training Institute.

Assigned to

Parenting Education Program Manager

Parenting Education Program Manager

3.1.2 In partnership with Parenting Institute, review funding streams for Triple P expansion to maximize resources.

<p>3.1.3 Continue partnership with SFCJPP (San Francisco Children of Incarcerated Parents' Project) to offer "Parenting Inside Out," an evidence-based parenting curriculum normed on an incarcerated population.</p>		<p>These funders meet quarterly with the Parent Training Institute to review the program implementation. Additionally, SHSA has utilized SB163 wraparound savings to support the coordination of the Triple P parent education implementation.</p> <p>On-going quarterly meetings</p> <p>October 2012 Update</p> <p>Ongoing quarterly meetings continue with SFCJPP. As of June 2012, there had been 480 graduates of Parenting Inside Out.</p>	<p>Incarcerated Parent Project Manager</p>
<p>Strategy 3. 2 Increase the availability and utilization of evidence-based assessment tools.</p>		<p><input type="checkbox"/> CAPIT</p> <p><input type="checkbox"/> CBCAP</p> <p><input type="checkbox"/> PSSF</p> <p><input checked="" type="checkbox"/> N/A</p>	<p>Strategy Rationale Standardized risk assessment ensures appropriate safety assessments and consistent practice. Consistent use of SDM will reduce disproportionality.</p>
<p>Milestone</p> <p>3.2.1 Explore utilization of SDM risk assessment by Family Resource Center Differential Response liaison, and share information with families.</p>	<p>Timeframe</p>	<p>September 2010</p> <p>October 2012 Update</p> <p>After testing an SDM-informed tool in 2011, the FRCs have continued to use a strengths-based assessment tool, the Family Development Matrix, within 30 days of intake.</p>	<p>Assigned to</p> <p>SDM/DR Program Manager</p>

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 April 2001 to March 2002 was 21.7%. Our current performance as of the last reporting period, April 2010 to March 2011, was 17.6%. This is down from 21.5% for the same quarter one year ago.

The overall improvement target is to reduce the percent of reunified children who reenter within one year to 9.9%. This represents a difference of 20 children.

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.

<p>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.</p>	<table border="1"> <tr> <td><input type="checkbox"/></td> <td>CAPIT</td> </tr> <tr> <td><input type="checkbox"/></td> <td>CBCAP</td> </tr> <tr> <td><input type="checkbox"/></td> <td>PSSF</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>N/A</td> </tr> </table>	<input type="checkbox"/>	CAPIT	<input type="checkbox"/>	CBCAP	<input type="checkbox"/>	PSSF	<input checked="" type="checkbox"/>	N/A	<p>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.</p>
<input type="checkbox"/>	CAPIT									
<input type="checkbox"/>	CBCAP									
<input type="checkbox"/>	PSSF									
<input checked="" type="checkbox"/>	N/A									
<p>1.1.1 Develop an icebreaker protocol for FCS</p>	<p>December 2011</p> <p>October 2012 Update</p> <p>SFHSA has begun to explore icebreaker protocols in partnership with the BAA's Permanency for Parenting College coordinator. This is still in the early planning phases and a protocol is expected by the end of 2013.</p> <p>January 2012</p> <p>October 2012 Update</p> <p>SFHSA and the PPC coordinator will partner to develop related training at the time the icebreaker protocol is finalized. The plan is to develop the training curriculum for child welfare staff, and incorporate these learnings into the PPC curriculum by the end of 2013.</p>	<p>Assigned to</p> <p>RTS Program Director and Manager</p> <p>Training Program Manager RTS Program Director and Manager</p>								
<p>Milestone</p> <p>1.1.2 Develop and conduct icebreaker training for 90% of child welfare workers and for community partners.</p>	<p>Timeframe</p>									

<p>1.1.3 Monitor and evaluate icebreaker usage to determine 90% compliance and effectiveness.</p>	<p>June 2012 October 2012 Update: This will be implemented at the time the icebreaker protocol is finalized, training has occurred and implementation has begun.</p>	<p>Supervisors, Management Team RTS Program and Project Managers</p>
<p>Strategy 1.2 Expand the information and opportunities parents have to learn about navigating the child welfare system and receive support in doing so.</p>	<p> <input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A </p> <p>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.</p>	<p>FCS Deputy Director Parent Partner Program Manager</p>
<p>Milestone</p> <p>1.2.1 Develop a sustainability plan for parent partners to ensure positions funded through the federal subsidy continue after the subsidy has expired.</p> <p>1.2.2 Update parent handbooks and orientation materials.</p>	<p>Timeframe</p> <p>June 2011 October 2012 Update Parent partners are supported with SB163 wraparound savings as well as CalWORKS training funds to hire peer parents. December 2010 October 2012 Update The parent handbook was updated and distributed in 2011.</p>	<p>Assigned to</p> <p>Handbook Manager</p>
<p>Improvement Goal 2.0 Reduce reunification failures due to substance abuse or mental health relapses.</p> <p>Strategy 2.1 Ensure that all families are appropriately assessed for mental health services and linked to a comprehensive array of services.</p> <p> <input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input checked="" type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A </p> <p>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</p>		

<p>Milestone</p> <p>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.</p>	<p>Timefram</p> <p>On-going quarterly meetings October 2012 Update Ongoing quarterly meetings continue with representatives from</p>	<p>Assigned to</p> <p>Dependency Drug Court Program Manager</p>
<p>Milestone</p> <p>2.1.1 Work with CBHS as they implement the ANS (Adult Needs and Strengths Assessment) for parents in the child welfare system.</p>	<p>Timeframe</p> <p>June 2012</p>	<p>appropriately supported. This strategy builds on successful Community Behavioral Health Services partnership strategies identified in the previous SIP.</p>
<p>Milestone</p> <p>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.</p>	<p>Timeframe</p> <p>June 2012</p>	<p>October 2012 Update The ANSA is now utilized by the adult services at CBHS, it is not specifically administered to the SFHSA parent population, but many of these parents do access adult SOC clinics where the assessment is provided.</p>
<p>Milestone</p> <p>2.1.3 Expand safety planning and relapse prevention efforts through family team meetings such as Permanency Team Decision Meetings.</p>	<p>Timeframe</p> <p>June 2012</p>	<p>October 2012 Update The San Francisco Controller's Office has partnered with SFHSA and CBHS to review the use of EPSDT funds in local programs; the final analysis is expected by December 2012.</p>
<p>Milestone</p> <p>2.1.1 Work with CBHS as they implement the ANS (Adult Needs and Strengths Assessment) for parents in the child welfare system.</p>	<p>Timeframe</p> <p>June 2012</p>	<p>October 2012 Update The ANSA is now utilized by the adult services at CBHS, it is not specifically administered to the SFHSA parent population, but many of these parents do access adult SOC clinics where the assessment is provided.</p>
<p>Assigned to</p> <p>Redesign Program Manager</p>	<p>Assigned to</p> <p>TDM and Family Conference Program Manager and Director, SF CANDO Manager</p>	<p>Assigned to</p> <p>TDM and Family Conference Program Manager and Director, SF CANDO Manager</p>
<p>Strategy 2.2</p> <p>Ensure that all families are appropriately assessed for substance abuse services and linked to a comprehensive array of services.</p>	<p>Strategy Rationale</p> <p>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.</p>	<p>Assigned to</p> <p>Dependency Drug Court Program Manager</p>

	<p>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.</p>
<p>multiple agencies including Homeless Prenatal Program, the Court, Juvenile Probation, SFHSA, and Community Behavioral Health Services.</p> <p>June 2012</p> <p><u>October 2012 Update</u></p> <p>In partnership with Community Behavioral Health Services, the National Council on Alcoholism is piloting a Strengthening Families evidence-based program for families with substance abuse issues. SFHSA has been involved in this effort. The program is offered at 7 different community-based agencies and is available in English, Spanish and Chinese. First year evaluation results were above the national average.</p>	
<p>Policy Program Manager</p>	

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	

3.1. Develop and conduct training for use of the SDM reunification tool.

June 2011

October 2012 Update

Trainings in SDM tools from ER through permanency placements were held in 2011, as well as advanced SDM training for supervisors.

SDM Program Manager. Training Manager

Milestone

3.1.2 Monitor and evaluate SDM reunification tool usage to determine 90% compliance and effectiveness.

Timeframe

June 2012

October 2012 Update

SDM Risk Reassessment Timeliness is monitored in Monthly Measures supervisory tool, and SFHSA works with the CRC to review compliance. As of 10/10/12, SFHSA is at 71% compliance (the state average is 56%), placing us in the top 5 SDM counties.

Assigned to

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	

June 2012

October 2012 Update

Through the Bay Area Academy's SF Training Project program, SFHSA implemented the Parenting for Permanency College

Licensing Program Manager, Training Manager

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

Assigned to

	<p>in 2011, updating the caregiver training program to expand and improve upon the agency's vision of training and professional development of SF County Foster Parents, Relative Caregivers, and NREFM's.</p> <p>Strategic planning for the PPC has identified the addition of advanced training classes of priority to SF County Care Providers, as well as discussion of opportunities for a continuum of training support within our core training series (i.e., Triple P booster sessions; Pre-Service and/or SA/HIV "Back to Basics" one-time refresher sessions).</p>	
<p>3.2.2 Develop policy and procedure for use of the SDM substitute care provider tool at time of placement.</p>	<p>December 2012</p> <p><u>October 2012 Update</u></p> <p>Cases the tool ranks as are identified and a meeting is set up with the NREFM worker, supervisor, Program Manager, the child welfare worker and supervisor to identify how to assist and support the placement and the relative care provider. On the Licensing side the Foster Parent is contacted frequently by the Licensing Program Analyst to discuss how to support them through the placement. The LPA also contacts the PSW to check in on how the placement is going. Workers are comfortable with using these tools, and know how to access the web link. Next steps include ensuring child welfare workers understand how licensing</p>	<p>SDM Manager</p>

<p>3.2.3 Develop and conduct training for use of the SDM substitute care provider tool at placement.</p>	<p>staff are using the tool. A flow chart has been drafted to help with this.</p> <p>June 2013</p> <p><u>October 2012 Update</u></p> <p>The Relative/NREFM/Licensing unit and Child Protection Center (24-hour assessment center) trained with Karen Martin of the Children's Research Center in April and June, 2012 on using the the Provision of Care tool and Placement tool respectively. Licensing and Relative NREFM staff had already been using the Safety Assessment tool. Licensing/Relative NREFM staff have been utilizing these two tools consistently since the training.</p>	<p>June 2011</p> <p><u>October 2012 Update</u></p> <p>BAA/PPC continues its collaboration with the Parent Training Institute for the coordination and delivery of the Positive Parenting Program (Triple P). This unique and highly interactive training course on positive parenting and parent-child relations maintained its original eight participants over the course of the 12-week training schedule. The goal for FY 2012-2013 will be the coordination and delivery of an inaugural Spanish speaking training series for our monolingual caregivers.</p>	<p>SDM Manager, Training Manager</p>
<p>3.2.4 Investigate and discuss using evidence-based parenting education curriculum embedded within foster parent training.</p>			<p>Foster Parent Training Program Manager</p>
<p>Strategy 3.3</p> <p>Provide in-home supports to families at time of reunification</p>	<p><input type="checkbox"/> CAPIT</p> <p><input type="checkbox"/> CBCAP</p>	<p>Strategy Rationale</p> <p>The literature indicates that families with unresolved service</p>	

		<input checked="" type="checkbox"/> PSSF <input type="checkbox"/> N/A	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.
<p>3.3.1 Explore the possibility of implementing SafeCare, an evidence-based in-home support program for families with young children</p> <p>3.3.2 Identify and engage indigenous and community family supports prior to reunification through such processes as SB163 Wraparound and Team Decision Making.</p> <p>3.3.3 In partnership with community agencies,</p>	<p>Milestone</p>	<p>June 2011</p> <p><u>October 2012 Update</u></p> <p>SFHSA has contracted with Family Support Services of the Bay Area and Mt. St. Joseph/St. Elizabeth's to implement SafeCare, a new evidence-based in-home targeted early intervention family preservation home visiting program. SafeCare is an evidence-based training curriculum for parents who are at-risk or have been reported for child maltreatment. Parents receive weekly home visits to improve skills in several areas, including home safety, health care, and parent-child interaction. Since November, 2011, the project has served 75 parents and 75 children.</p> <p>On-going</p> <p><u>October 2012 Update</u></p> <p>Permanency TDMs were mandated in October, 2011, to help ensure strong family supports before reunification. The Urban Trails project has also been implemented; please refer to 2.1.3 in the reduction of maltreatment outcome section for further information.</p> <p>June 2013</p>	<p>Assigned to</p> <p>Deputy Director</p> <p>Program and Project Managers</p> <p>FRC Liaison Managers</p>

<p>Identify possible community-based supports for families with teenage children to ensure appropriate services.</p>		
<p>3.3.4 Strengthen access and immediacy of CalWORKS/Family Reunification family supportive services.</p>	<p><u>October 2012 Update</u></p> <p>San Francisco has implemented Triple P classes geared towards parents of teenagers. 2 agencies provided these classes in 2011. 12 for 18 parents of 20 teens.</p> <p>September 2010</p> <p><u>October 2012 Update</u></p> <p>As reported in the May 2011 update, TDM Workgroup, Linkages staff worked with TDM staff to develop a new form describing this program. This continues to be available at TDMS for families. Since June 2009, there have been a total of 268 Linkages meetings which have been held for child welfare and CalWORKS families; 88 of these have occurred from January through August, 2012.</p> <p>SFHSA worked with Harder & Co. to conduct analysis on 44 children whose families were engaged in Linkages meetings between October 2009 and April 2010. The data seems to suggest that clients who receive Linkages services are less likely to experience recurrence of maltreatment. However, the small size of the Linkages population makes it difficult to make broad assumptions when compared with the comparison group.</p> <p>Currently the SFHSA planning unit is reviewing Linkages data and plans to develop a draft evaluation by end of the year based on that review.</p>	<p>Linkages Program Manager</p>

<p>3.3.5 Explore Linkages "Aftercare" meetings to ensure in-home supports</p>	<p>December 2010</p> <p><u>October 2012 Update</u> In the last quarter, SFHSA has begun to offer Linkages aftercare meetings as a voluntary option for families.</p>	<p>Linkages Program Manager</p>
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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 April 2002 to March 2003 was 4.7%. Our current performance as of the last reporting period, April 2011 to March 2012, the rate of adoptions for children occurring between the 18th and 29th month in care (C2.3) was 12.2%. This is nearly twice the rate from the same quarter one year ago, 6.8%.

The overall improvement target is to increase adoption within 12 months to the federal target of 22.7%. This represents a difference of 5 children.

Improvement Goal 1.0
Systemically develop and promote effective concurrent planning practices.

<p>Milestone</p> <p>1.1.3 Develop policy and procedure based on pilot findings to determine on-going secondary assignment selection and process.</p>	<p>Timeframe</p> <p>December 2011 October 2011 Update In 2010, a handbook policy was issued for the MAP (Meeting to Assess Permanency), an interdisciplinary, multi-agency review of each child/youth's movement towards their</p>	<p>Assigned to</p> <p>Adoptions, Court Dependency, and Family Services Units directors and supervisors, Policy & Planning analyst</p>										
<p>1.1.2 Evaluate pilot findings.</p>	<p>June 2011 October 2012 Update Per above, based on analysis of secondary assignment, SFHSA now assigned adoption workers as resource, liaison, and secondary assignments as appropriate.</p>	<p>Adoptions, Court Dependency, and Family Services Units directors and supervisors, Policy & Planning analyst</p>										
<p>1.1.1 Conduct pilot assigning adoption staff as secondary workers on court dependency and family reunification cases.</p>	<p>December 2010 October 2012 Update As reported previously, specific adoption workers are now assigned to different parts of program as a resource and liaison. Bypass cases now receive secondary assignment of an adoption worker.</p>	<p>Adoptions, Court Dependency, and Family Services Units supervisors and workers</p>										
<p>Strategy 1.1 Develop stronger formal connection with adoption and other agency staff, including front end staff.</p>	<table border="1"> <tr> <td><input type="checkbox"/></td> <td>CAPIT</td> <td rowspan="3">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.</td> </tr> <tr> <td><input type="checkbox"/></td> <td>CBCAP</td> </tr> <tr> <td><input type="checkbox"/></td> <td>PSSF</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>N/A</td> <td></td> </tr> </table>	<input type="checkbox"/>	CAPIT	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.	<input type="checkbox"/>	CBCAP	<input type="checkbox"/>	PSSF	<input checked="" type="checkbox"/>	N/A		<p>December 2010</p>
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<input type="checkbox"/>	CBCAP											
<input type="checkbox"/>	PSSF											
<input checked="" type="checkbox"/>	N/A											

	<p>permanency plan. MAP participants, including adoption staff, review the concurrent plan, identify permanent placement needs of children earlier, identify and assess relatives more thoroughly. Through the MAP process, adoption workers are more quickly connected to children and youth.</p>											
<p>Strategy 1.2 Develop full range of permanency options early in the case.</p>	<table border="1"> <tr> <td><input type="checkbox"/></td> <td>CAPIT</td> <td rowspan="3">Strategy Rationale The SF PQCR found that to practice effective concurrent rather than sequential planning, SFHSA must promote the development of a full range of permanency options early on in the case. With cross program discussion and oversight, racial disparity and disproportionality will be reduced.</td> </tr> <tr> <td><input type="checkbox"/></td> <td>CBCAP</td> </tr> <tr> <td><input type="checkbox"/></td> <td>PSSF</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>N/A</td> <td></td> </tr> </table>	<input type="checkbox"/>	CAPIT	Strategy Rationale The SF PQCR found that to practice effective concurrent rather than sequential planning, SFHSA must promote the development of a full range of permanency options early on in the case. With cross program discussion and oversight, racial disparity and disproportionality will be reduced.	<input type="checkbox"/>	CBCAP	<input type="checkbox"/>	PSSF	<input checked="" type="checkbox"/>	N/A		<p>Adoptions Program Director</p>
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<input type="checkbox"/>	PSSF											
<input checked="" type="checkbox"/>	N/A											
<p>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.</p>	<p>June 2010</p> <p>October 2012 Update</p> <p>FCS initiated MAP in March, 2010. Attendees include not only child welfare supervisors and managers but Family Builders, Seneca Center, and psychological and permanency consultants. MAP has prioritized cases 3 to 6 weeks post-detention as well as cases of children aged 0-5.</p> <p>June 2011</p> <p>October 2012 Update</p> <p>Family finding training was conducted in 2011 for staff, and was also offered through the Residentially Based Services program in 2011 and 2012. In the last fiscal year, the BAA's SFTP has offered more coaching, mentoring and small unit discussions as opposed to large, more traditional</p>	<p>ER and CPC Program Managers, Permanency Project Manager</p>										
<p>Milestone</p> <p>1.2.2 Develop and conduct training for all ER, CPC, and search staff in family finding practices.</p>	<p>Timeframe</p>	<p>Assigned to</p>										

	<p>trainings. The contracted "coaches/mentors," who focused on family engagement and permanency through an SOP framework, were well utilized as word got out about their positive work.</p> <p>This fiscal year there will be continued work with facilitation of family engagement through team meetings/integration of Safety Organized Practice, SDM, as well as the work being done around "quality contacts."</p>											
<p>Strategy 1.3 Strengthen the relationship between SFHSA and the Juvenile Dependency Court.</p>	<table border="1"> <tr> <td><input type="checkbox"/></td> <td>CAPIT</td> <td rowspan="3">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.</td> </tr> <tr> <td><input type="checkbox"/></td> <td>CBCAP</td> </tr> <tr> <td><input type="checkbox"/></td> <td>PSSF</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>N/A</td> <td></td> </tr> </table>	<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		<p>Program Director, Deputy Director</p>
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<input type="checkbox"/>	CBCAP											
<input type="checkbox"/>	PSSF											
<input checked="" type="checkbox"/>	N/A											
<p>Milestone</p> <p>1.3. Continue standing management meetings between the bench, Court personnel, and SFHSA.</p> <p>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.</p>	<p>Timeframe</p> <p>On-going bimonthly meetings</p> <p>October 2012 Update</p> <p>FCS upper management continues to participate in these meetings as scheduled.</p> <p>December 2011</p> <p>October 2012 Update</p> <p>In 2011, the Zero to Three project in San Francisco hosted a cross sites training for the ZTT pilot sites in Iowa, Mississippi, Louisiana, Hawaii, Nebraska, Georgia, North Carolina, Connecticut, and Arkansas. The Judges, Child Welfare Directors and</p>	<p>Assigned to</p> <p>Training Program Manager</p>										

<p>1.3.3</p> <p>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.</p>	<p>Community Coordinators from these sites participated in a training series focusing on best practices for very young children, including developmental and mental health issues. Local bench officers, attorneys, and child welfare staff also participated.</p> <p>Monthly meetings throughout project duration</p> <p><u>October 2012 Update</u></p> <p>In June, 2012, San Francisco completed its three year formal participation in the project. SFHSA has identified funding to maintain the program locally and plans to expand the age of children served through age 5.</p> <p>During the three years of the ZTT project, 70 children and 62 families were served. Of the 56 dismissed cases, 29 children were adopted, 20 were reunified, and 7 caregivers became legal guardians. Of the 14 still-active cases, 3 children are with a parent, 10 children are in adoptive homes, and 1 with a caregiver who wants to become legal guardian.</p>	<p>Front End Program Director, 0-3 Program Manager, Deputy Director</p>
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Improvement Goal 2.0

Increase relative and foster parent recruitment and engagement efforts.

Milestone		Timeframe		Assigned to	
<p>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.</p>	<p>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.</p>	<p>On-going</p> <p><u>October 2012 Update</u></p> <p>This project has continued; in FY 2011/12, 31 children were placed through the project.</p> <p>September 2010</p> <p><u>October 2012 Update</u></p> <p>Adoption recruitment is funded through the PAARB. \$68,000 of PSSF funds were contracted to Family Builders family finding efforts for children in long-term placement.</p> <p>December 2010</p> <p><u>October 2012 Update</u></p> <p>Using SB163 wrap savings, Seneca Center provides staff to conduct initial family finding within 30 days. SFHSA also uses PSSF dollars, among other funds, to contract with Family Builders to provide family finding and permanency support for children who have been in foster</p>	<p>Permanency and Recruitment Program Managers</p> <p>Permanency and Recruitment Program Managers, Child Assessment Center Program Director and Supervisor</p>	<p><input type="checkbox"/> CAPIT</p> <p><input type="checkbox"/> CBCAP</p> <p><input checked="" type="checkbox"/> PSSF</p> <p><input type="checkbox"/> N/A</p>	<p>Strategy Rationale</p> <p>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</p>
<p>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.</p>					

Strategy 2.1

Increase targeted recruitment for adoptive homes.

	<p>care for extended periods.</p> <p>In the 2012/13 FY, Seneca has expanded their Relative Notification program In an effort to increase engagement with families regarding permanency, Seneca will continue to notify all relatives of children entering into foster care.</p> <p>Additionally, in a randomly selected subset of cases, they will also support social workers in organizing and facilitating family team meetings, and provide coaching in how to use family team meetings to improve permanency outcomes for children. Seneca rolled out their new "Relative Notification Plus" program on August 1st, and they anticipate expanding the program in the coming months as they hire new staff.</p>	<p>Front end and Permanency Program Directors and Managers, Policy and Planning analyst</p>
<p>Strategy 2. 2</p> <p>Conduct standardized, evidence-based assessments on potential caretaker homes.</p>	<p>June 2011 and ongoing</p> <p>October 2012 Update</p> <p>SFHSA and Seneca had been involved in the Child Trends family finding project for children coming into care. Analysis of that project is pending.</p>	<p>Strategy Rationale</p> <p>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</p>
<p>Milestone</p> <p>2.2.1 Develop related policy and procedure on utilization of SDM tool.</p> <p>2.2.2 In partnership with the Bay Area Academy, conduct trainings on utilization of SDM caretaker assessment.</p>	<p>Timeframe</p> <p>January 2012</p> <p>September 2012</p> <p>October 2012 Update</p> <p>Trainings occurred in the first</p>	<p>Assigned to</p> <p>SDM Program Manager</p> <p>Training Program Manager</p>

<p>2.2.3 Evaluate findings from utilization of SDM caretaker assessment to evaluate compliance and effectiveness.</p>		<p>quarter of 2011. December 2012 and on-going October 2012 Update The Child Protection Center (24-hour assessment center) trained with Karen Martin of the Children's Research Center in April and June, 2012 on using the Placement tool. The CRC is continuing to work with SFHSA on reviewing this early implementation stage.</p>	<p>SDM Program Manager, Policy and Planning analyst</p>										
<p>Strategy 2.3 Develop and implement procedures to ensure compliance with All County Letter 09-86, Notification to Relatives.</p>		<table border="1"> <tr> <td><input type="checkbox"/></td> <td>CAPIT</td> <td rowspan="3">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 reduces racial disparity and disproportionality.</td> </tr> <tr> <td><input type="checkbox"/></td> <td>CBCAP</td> </tr> <tr> <td><input type="checkbox"/></td> <td>PSSF</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>N/A</td> <td></td> </tr> </table>	<input type="checkbox"/>	CAPIT	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 reduces racial disparity and disproportionality.	<input type="checkbox"/>	CBCAP	<input type="checkbox"/>	PSSF	<input checked="" type="checkbox"/>	N/A		<p>Front end Program Director, Handbook Program Manager</p>
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<input type="checkbox"/>	CBCAP												
<input type="checkbox"/>	PSSF												
<input checked="" type="checkbox"/>	N/A												
<p>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.</p>	<p>Timeframe</p>	<p>June 2011 October 2012 Update As stated in the previous update, a handbook policy outlining policy and procedure, including those of the child welfare worker, Child Protection Center (assessment center) staff, and Court Officers, was issued in January 2011. Seneca Center is providing staff to assist with identification and contact of relatives per statute. December 2011 October 2012 Update</p>	<p>Assigned to Training Program Manager</p>										
<p>2.3.2 Develop and conduct related training for agency staff, including on CMS data entry.</p>													

<p>2.3.3 Evaluate CMS findings to evaluate compliance and effectiveness.</p>	<p>Seneca Family Finding staff provided training in 2011 for staff. June 2012 <u>October 2012 Update</u> Seneca Center tracks the number of potential contacts and established contacts for relatives. Potential contacts meet the basics of the legislation by searching for relatives to the fifth degree and mailing letters informing them of a child's placement. Established contact refers to the contact the relative makes with Seneca as a follow up to this letter. In 2011, 400 total contacts were made, increasing to 454 in 2012. Of these 10 contacts were established in 2011, and 9 in 2012.</p>	<p>Front End Program Director, Policy and Planning analyst</p>
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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	

3.1.1 Compile information of resources and services for foster-opt and adoption families.

Milestone

Timeframe

Assigned to

<p>3.1.2 Distribute information to staff, caretakers, community partners and attorneys.</p> <p>3.1.3 Incorporate information into related permanency trainings for staff, caretakers, community partners, and attorneys.</p>		<p>September 2010</p> <p>October 2012 Update</p> <p>As per the previous update, FCS worked with staff at 211.org to update their website and telephone directory to include information on resources and supports for foster-opt and adoptive families. 211 informational cards were printed and distributed to child welfare staff and partners. The 221 organization conducts annual checks with the provider agencies to update contact information.</p> <p>June 2011 October 2012 Update This information was distributed per above and remains available on the 211.org website.</p> <p>December 2011 October 2012 Update Permanency training is occurring through the BAA's SFTP, which has offered more coaching,</p>	<p>Adoptions Program Manager and Director</p> <p>Adoption Program Manager and Director</p> <p>Training Program Manager, Adoption Program Manager and Director</p>
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	<p>mentoring and small unit discussions. The contracted "coaches/mentors," focused on family engagement and permanency through an SOP framework.</p>	Kinship Services Manager
<p>3.1.2 Remodel kinship contracted services to expand services and support to child welfare families that promote movement to adoption and KinGap.</p>	<p>December 2011 October 2012 Update</p> <p>Per the previous update, there was a midyear change in 2011 to the scope of work in Kinship contract to support KinGap families. An RFP was issued in the first quarter which focused on KinGAP. Family Support Services of the Bay Area and Edgewood Center are providing kinship related services.</p>	
<p>Strategy 3. 2 Develop trainings on concurrent planning to promote exploring multiple options for children simultaneously, including recruitment and relative placements.</p>	<p><input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A</p> <p>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.</p>	
<p>Milestone 3.2.1 In partnership with the Bay Area Academy, conduct trainings for staff and partners, including attorneys, around best concurrent planning practices.</p>	<p>December 2011 October 2012 Update</p> <p>In addition to the 0-3 cross sites training described in 1.3.2, above, SFTP continues collaborating with FCS's community partners' need/request of learning about Child Welfare. Margie Alber's training on "Understanding Child Welfare" continues to be a popular training that is helpful to FCS support staff, peer parents, CBO's and Probation when understanding the complex</p>	Training Manager
<p>Timeframe</p>	<p>Assigned to</p>	

<p>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.</p>		<p>system of Child Welfare.</p> <p>Another training that assists in an important collaboration is Ms. Alber's Training on Visitation: The Purpose and the Process. This has also been helpful to both FCS staff and community partners in learning new methods as well as the importance of successful visitation for families. SFTP is happy to offer these trainings on a continuous basis as requested by the department.</p>	<p>June 2011</p> <p>October 2012 Update</p> <p>Triple P is offered through foster parents and caregivers. Please see 3.3.1 below for further details.</p>	<p>Foster Parent Program Manager, Training Manager</p>
<p>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.</p>		<p>June 2012</p> <p>October 2012 Update</p> <p>The new program, the Parenting for Permanency College, was rolled out in the last FY per above descriptions.</p>	<p>Foster Parent Program Manager, Training Manager</p>	<p>Foster Parent Program Manager, Training Manager</p>
<p>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.</p>	<p><input type="checkbox"/> CAPIT</p> <p><input type="checkbox"/> CBCAP</p> <p><input type="checkbox"/> PSSF</p> <p><input checked="" type="checkbox"/> N/A</p>	<p>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.</p>		

Milestone	Timeframe	Assigned to
<p>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.</p>	<p>July 2011</p> <p>October 2012 Update</p> <p>FY 2011/12 was the inaugural year for the Parenting for Permanency College providing training and professional development to SF County Foster Parents, Relative Caregivers, and NREFM's.</p> <p>SFTTP closed FY 2011-2012 with a highly productive quarterly meeting which included representation from the following community partners: Department of Public Health, Department of Mental Health, City College San Francisco, HSA Licensing, SA/HIV PHN, and Care Provider representatives. Core and advanced training dates were publicized with the goal of increased outreach for higher participant hours in quarter one of FY 2012-2013. Similarly, community partners were advised on a new Core Master Training Calendar. Strategies to include SF County contracted care providers in both training and large event deliverables (i.e., FFA Caregivers) were discussed. This meeting also included strategic planning for the addition of advanced training classes of priority to SF County Care Providers and discussion of continuum of training support within the core training series (i.e., Triple P booster sessions, Pre-Service and/or SA/HIV "Back to Basics" one-time refresher sessions).</p>	<p>Training Program Manager, Policy Program Manager</p>

<p>3.3.3 Design and restructure training, including coordinating contracts and schedules, acquiring curriculum, and preparing trainers.</p>		<p>December 2011</p> <p><u>October 2012 Update:</u> The Parenting for Permanency College is now underway through the SF Training Project. BAA/PPC has had a very strong inaugural fiscal year in 2011/12. Year one of the contract deliverables has included the roll out of the core training series: Pre-Service, SA/HIV & Triple P, the addition of advanced training courses, and planning for three large events.</p>	<p>Training Program Manager, Policy Program Manager</p>
<p>3.3.4 Implement new Foster Parent Training Program based on redesigned model.</p>		<p>July 2012</p> <p><u>October 2012 Update</u> The new program, the Parenting for Permanency College, was rolled out in the last FY per above descriptions.</p>	<p>Training Program Manager, Policy Program Manager</p>

Improvement Goal 4.0

Continue and expand best practices around family engagement in concurrent planning.

Strategy 4.1

Expand the use of family team meetings.

<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.
<input type="checkbox"/> CBCAP	
<input checked="" type="checkbox"/> PSSF	
<input type="checkbox"/> N/A	

Milestone	Timeframe	Assigned to
<p>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.</p>	<p>On-going</p> <p>October 2012 Update</p> <p>Between July 1, 2011 and June 30, 2011 12 Consortium for Children completed 73 mediations for SF County and reached agreement in all but 6 of those cases</p> <p>December 2011</p> <p>October 2012 Update</p> <p>Permanency TDMS were mandated in October, 2011 and the TDM policy was updated and reissued at that time.</p> <p>June 2013</p>	<p>Program Directors and Supervisors</p> <p>Program Directors and Supervisors, TDM Program Manager</p>
<p>4.1.3 Expand SF CANDO beyond Bayview/Hunter's Point area</p>	<p>October 2012 Update</p> <p>Per the May 2011 Update, The SF CANDO project has been incorporated into broader FCS Family Team Meeting strategies.</p> <p>December 2012</p>	<p>SFCANDO Program Manager</p>
<p>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.</p>	<p>October 2012 Update</p> <p>The TDM workgroup meets quarterly and provides participants, including both TDM and CBO staff, with information about community resources and services, and reviews and updates related policy and procedures.</p>	<p>TDM Program Manager and Director, Training Program Manager</p>

<p>4.1.5 Develop policy and procedure with corresponding flowchart and matrix for child welfare staff and community partners</p>		<p>December 2011 <u>October 2012 Update</u></p> <p>A flow chart and matrix were completed and distributed as part of the trainings on Family Team Meetings in the last fiscal year.</p>	<p>Handbook Program Manager</p>										
<p>4.1.6 Establish policy and protocol for Linkages case coordination meetings for department wide implementation</p>		<p>June 2013 <u>October 2012 Update</u></p> <p>As per the previous update, A policy and protocol handbook section was developed and issued in July 2010.</p>	<p>Linkages Program Manager</p>										
<p>Strategy 4.2 Facilitate the development of a mentoring relationship between foster and biological parents through such implementation of such practices as icebreakers.</p>		<table border="1"> <tr> <td><input type="checkbox"/></td> <td>CAPIT</td> <td rowspan="3"> <p>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 reunification, or, if that is not possible, adoption or guardianship.</p> </td> </tr> <tr> <td><input type="checkbox"/></td> <td>CBCAP</td> </tr> <tr> <td><input type="checkbox"/></td> <td>PSSF</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>N/A</td> <td></td> </tr> </table>	<input type="checkbox"/>	CAPIT	<p>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 reunification, or, if that is not possible, adoption or guardianship.</p>	<input type="checkbox"/>	CBCAP	<input type="checkbox"/>	PSSF	<input checked="" type="checkbox"/>	N/A		<p>Foster Parent Program Manager</p>
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<input type="checkbox"/>	CBCAP												
<input type="checkbox"/>	PSSF												
<input checked="" type="checkbox"/>	N/A												
<p>4.2.1 Develop an icebreaker protocol for FCS.</p>		<p>December 2011 <u>October 2012 Update</u></p> <p>SFHSA has begun to explore icebreaker protocols in partnership with the BAA's Permanency for Parenting College coordinator. This is still in the early planning phases and a protocol is expected by the end of 2013.</p>	<p>Foster Parent Program Manager</p>										
<p>Milestone 4.2.2 In partnership with the Bay Area Academy, develop and conduct training for child welfare staff, caretakers, and partners.</p>		<p>June 2012 <u>October 2012 Update</u></p> <p>SFHSA and the PPC coordinator will partner to develop related training at the time the icebreaker protocol is finalized. We plan to develop the training curriculum</p>	<p>Foster Parent Program Manager, Training Program Manager</p>										

	<p>for our staff, and incorporate these learnings into the PPC curriculum by the end of 2013.</p> <p>December 2012 and ongoing October 2012 Update</p> <p>This will be implemented at the time the icebreaker protocol is finalized, training has occurred and implementation has begun.</p>	<p>Foster Parent Program Manager, Planning and Evaluation Manager</p>
<p>4.2.3 Monitor and evaluate icebreaker usage to determine compliance and effectiveness.</p>		

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, concurrent planning and permanency, father involvement, and undocumented/immigrant issues.

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

- 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.

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

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.

The literature identifies the critical role of foster parents as mentors for parents and in achieving permanency through reunification or adoption.

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. Advocacy to address impasses and delays in the ICPC process which delay permanency, sometimes for several years.

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 (OOHP) from 2008 to 2009.

In 2011, there were 137 ordered to Out of Home Placement, an increase of 7 from 2010 or an increase of about 5%. However, from 2007 to 2011, the OOHP commitments were reduced from 241 (2007) to 137 (2011), a decrease of 43%.

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 POCR also recommended increased resources for mental health and parenting education services.

June 2011

Probation Services Director

1.1.1 In partnership with CBHS, expand capacity and utilization of evidence-based therapeutic practices such as Multi-Systemic Therapy and Functional Family Therapy.

MST is a tremendous resource for JPD families. JPD referred 83 families for MST services in 2011.

Family Functional Therapy (FFT): JPD met with staff from the Family Service Agency, about FFT. They provided presentations to JPD staff however, only had 3 referrals for FFT during 2011.

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.

JPD had several discussions with MST via DPH staff to provide an evidence based parenting component to our Probation Enhancement Program (PEP). Changes in staffing within the MST program did not allow for the development of the program.

Most county programs such as First Five and Triple P cater to parents of children under 12 years of age. This

Timeframe

June 2012

Assigned to

Probation Services Director

Milestone

<p>is not the population JPD serves. This is an area still in progress.</p> <p>1.1.3 Continue AllM 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.</p> <p>AllM Higher has been fully integrated with Probation Services. The services provided by AllM higher continue to expand.</p> <p>In 2011, 392 youth were screened and 209 youth were offered AllM Higher services which could include: consultation with probation officers, resource and referrals, linkages to services or assessment, planning, linkage and treatment engagement.</p>		<p>On-going</p>	<p>Community-Based Organization Liaison</p>										
<p>Strategy 1. 2 Review the mental health supports to expand early intervention and step-down services.</p>		<table border="1"> <tr> <td><input type="checkbox"/></td> <td>CAPIT</td> <td rowspan="3"> <p>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.</p> </td> </tr> <tr> <td><input type="checkbox"/></td> <td>CBCAP</td> </tr> <tr> <td><input type="checkbox"/></td> <td>PSSF</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>N/A</td> <td></td> </tr> </table> <p>On-going monthly meetings</p>	<input type="checkbox"/>	CAPIT	<p>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.</p>	<input type="checkbox"/>	CBCAP	<input type="checkbox"/>	PSSF	<input checked="" type="checkbox"/>	N/A		<p>Community-based Organization Liaison, Probation Services Director, Director of Administrative Services</p>
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<input type="checkbox"/>	CBCAP												
<input type="checkbox"/>	PSSF												
<input checked="" type="checkbox"/>	N/A												
<p>Milestone</p> <p>1.2.1 In partnership with CBHS, review linkage of EPSDT with clinical services for probation youth and families to expand service delivery.</p> <p>DPH's Child, Youth and Family System of Care in partnership with JPD and DCYF launched an innovative and new approach to address the behavioral health needs of JPD's most vulnerable youth and families. The Intensive Supervision and Clinical Services Program offers intensive community based supports and clinical intervention. The main goals are: preventing recidivism, promoting healthy development and functioning in youth and increasing public safety.</p> <p>Monthly meetings continue to provide an excellent opportunity to address openings, concerns and problem solve.</p>	<p>Timeframe</p>		<p>Assigned to</p>										

<p>In addition, referrals are being made for Wrap services for youth at risk for removal. These cases are presented to MAST when consideration is needed.</p>		<p>Juvenile Probation Training Officer</p>
<p>1.2.2 In partnership with CBHS, conduct training on mental health symptomology for all juvenile probation officers. Trainings offered to JPD staff included Crisis Diffusion, Crisis Interventions and Brief Crisis Interventions. Trainings of this nature continue to be offered to JPD staff.</p>	<p>June 2011</p>	<p>Juvenile Probation Training Officer</p>
<p>1.2.3 In partnership with the Department of Children, Youth and their Families Violence Prevention Initiative, conduct training on group work process for juvenile probation officers. In partnership with DCYF, JPD hosted a series of 25 workshops during 2011. Community based organization staff as well as Probation Officers attended the various workshops.</p>	<p>June 2011</p>	<p>Juvenile Probation Training Officer</p>

<p>Strategy 1.3 Expand supportive services for youth and families to ensure successful step-down from higher level placement.</p>	<table border="1"> <tr> <td><input type="checkbox"/></td> <td>CAPIT</td> <td rowspan="3"> <p>Strategy Rationale Services are needed at key transition points to provide the appropriate level of supports necessary from residential to family-like settings.</p> </td> </tr> <tr> <td><input type="checkbox"/></td> <td>CBCAP</td> </tr> <tr> <td><input type="checkbox"/></td> <td>PSSF</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>N/A</td> <td></td> </tr> </table>	<input type="checkbox"/>	CAPIT	<p>Strategy Rationale Services are needed at key transition points to provide the appropriate level of supports necessary from residential to family-like settings.</p>	<input type="checkbox"/>	CBCAP	<input type="checkbox"/>	PSSF	<input checked="" type="checkbox"/>	N/A		<p>JCART Grant Team/Probation Services Director</p>
<input type="checkbox"/>	CAPIT	<p>Strategy Rationale Services are needed at key transition points to provide the appropriate level of supports necessary from residential to family-like settings.</p>										
<input type="checkbox"/>	CBCAP											
<input type="checkbox"/>	PSSF											
<input checked="" type="checkbox"/>	N/A											

<p>Milestone</p> <p>1.3.1 In partnership with CBHS, FCS, and the county wraparound provider, identify youth appropriate for wraparound services to support step down. Youth returning home from placement and those at risk for removal from home are screened and presented at MAST for approval of wraparound services.</p>	<p>Since December 2009 and on-going at weekly JCRT meetings</p>	<p>JCART Grant Team/Probation Services Director</p>
<p>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. Probation Officers were offered the following trainings: Black Family Preservation, Appropriate Boundaries in Working with Kids and Families and Building on Current Trends. Trainings continue to be ongoing</p>	<p>Timeframe</p> <p>September 2011</p>	<p>Assigned to</p> <p>JPD Training Officer</p>

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
<input type="checkbox"/>	CBCAP
<input type="checkbox"/>	PSSF
<input checked="" type="checkbox"/>	N/A

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.

Milestone	Timeframe	Assigned to
<p>2.1.1 Continue a coordinated case management approach between public agencies for families involved in more than one system.</p> <p>Case management and coordination of services is addressed through the Interagency Review Team Meeting, participation at MAST and work with AIMM Higher.</p>	<p>Modified in 2011. On-going</p>	<p>Assistant Chief Probation Officer, Probation Services Officer</p>
<p>2.1.2 Continue collaboration with MAST (Multi-Agency Services Team) for high-need children and youth.</p> <p>Probation is represented weekly by the Director of Probation Services at MAST. When unavailable, the Senior Supervising Probation Officer or Placement Supervisor attend.</p>	<p>On-going weekly meeting</p>	<p>Director of Probation Services Supervising Probation Officer Placement Unit Supervisor, Sr.</p>
<p>2.1.3 Continue to include partners in JPD-led meetings including the MDT and Inter-Agency Case Review Team.</p> <p>MDT is held weekly at JPD and includes Probation Services, Juvenile Justice Center Director, DPH (through Special Programs for Youth or SPY); Log Cabin Ranch Assistant Director, S.F. School District Counselor and a CBHS representative from MST.</p> <p>The Interagency Review Team Meetings held a few times a week include Probation Supervisors and line staff, a Supervisor or Program Manager from the Human Services Agency, AIMM Higher, SPY, and SFUSD.</p> <p>JCRT continue their weekly partnership meetings led by JPD and include the Probation Officer, Public Defender, a social worker and case manager from CJCJ.</p> <p>LCRS Aftercare meetings occur weekly in collaboration</p>	<p>On-going</p>	<p>Placement Unit Supervisor, Sr. Supervising Probation Officer, Probation Director, Juvenile Hall Director, and Log Cabin Ranch Director</p>

<p>with Probation and members of CBHS. Including the case manager from YTS (Youth Transitional Services), the MST case worker and therapist as well as the therapists from Special Programs for Youth.</p>												
<p>Strategy 2. 2 Strengthen partnership with FCS to develop concurrent planning practices for families.</p>	<table border="1"> <tr> <td><input type="checkbox"/></td> <td>CAPIT</td> <td rowspan="3"> <p>Strategy Rationale Improving concurrent planning practices will assist and identify more family-like settings for probation youth earlier in the case. The POCR also recommended that communication be stronger between the two agencies and this helps support that recommendation.</p> </td> </tr> <tr> <td><input type="checkbox"/></td> <td>CBCAP</td> </tr> <tr> <td><input type="checkbox"/></td> <td>PSSF</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>N/A</td> <td></td> </tr> </table>	<input type="checkbox"/>	CAPIT	<p>Strategy Rationale Improving concurrent planning practices will assist and identify more family-like settings for probation youth earlier in the case. The POCR also recommended that communication be stronger between the two agencies and this helps support that recommendation.</p>	<input type="checkbox"/>	CBCAP	<input type="checkbox"/>	PSSF	<input checked="" type="checkbox"/>	N/A		<p>Juvenile Probation Administration</p>
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<input type="checkbox"/>	PSSF											
<input checked="" type="checkbox"/>	N/A											
<p>2.2.1 Explore family-finding supports for youth in the probation system. Using SB163 wrap savings, Seneca Center provides a Relative Notification Coordinator to conduct initial family finding for all youth in custody 11 days or greater.</p>	<p>December 2010</p>											
<p>2.2.2, Conduct cross agency training around family finding and identification of extended family members. Family Finding training was scheduled in 2011 however, offered to Probation staff and Supervisors in February and March of 2012.</p>	<p>June 2011</p>	<p>Juvenile Probation Administration, Training Officer, and Community-Based Organization Liaison</p>										
<p>2.2.3 Conduct cross agency training around concurrent planning and placement best practices. JPD has offered training on the facilitation of family team meetings as both departments move towards enhancing and expanding family centered practice skills and continue to work with families involved in multiple systems. Additional cross agency training will be discussed as we begin to plan and prepare for the next training year.</p>	<p>June 2011</p>	<p>Juvenile Probation Administration, Training Officer, and Community-based Organization Liaison</p>										
<p>Milestone</p>	<p>Timeframe</p>	<p>Assigned to</p>										
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<p>Strategy 2.3 Strengthen relationship with the Juvenile Court.</p>	<table border="1"> <tr> <td><input type="checkbox"/></td> <td>CAPIT</td> <td rowspan="3"> <p>Strategy Rationale The POCR recommended that JPD strengthen its relationship with the Court to promote best outcomes for youth and families and streamline probation officer efforts.</p> </td> </tr> <tr> <td><input type="checkbox"/></td> <td>CBCAP</td> </tr> <tr> <td><input type="checkbox"/></td> <td>PSSF</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>N/A</td> <td></td> </tr> </table>	<input type="checkbox"/>	CAPIT	<p>Strategy Rationale The POCR recommended that JPD strengthen its relationship with the Court to promote best outcomes for youth and families and streamline probation officer efforts.</p>	<input type="checkbox"/>	CBCAP	<input type="checkbox"/>	PSSF	<input checked="" type="checkbox"/>	N/A		<p>Juvenile Probation Administration, Training Officer, and Community-based Organization Liaison</p>
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<input type="checkbox"/>	PSSF											
<input checked="" type="checkbox"/>	N/A											
<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</p>	<p>Quarterly Meetings: On-going since December 2009</p> <p>JCRT Team weekly meeting with dedicated Juvenile Court Judge.</p>	<p>JCRT Team and Administrative Group</p>										

<p>and improve public safety through judicial oversight.</p> <p>The JCRT Team meetings are consistent in their occurrence and oversight. JCERT served 63 youth during 2011.</p>	<p>JCRT Administrative group meets monthly to provide oversight.</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 continues to meet with the Court on a regular basis. The Chief and Assistant Chief meet with the Court bi-weekly in a variety of forums and individually when necessary.</p> <p>The Delinquency Administrative Meeting which includes the dept. heads of JPD, the Public Defender and District Attorney's office, Judges, Court Staff, and the Conflict Panel meet bi-monthly.</p> <p>JPD also participates in a bi-monthly meeting between the Bench Officers and the Department of Public Health to discuss any concerns and exchange information.</p>	<p>On-going bimonthly (at minimum) meetings</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>Our system partners through CBHS (MST, AllM Higher, WRAP and ICSC) are evidence based programs that utilize the CANS assessment to identify the youth's risks and needs which in turn, identifies the appropriate level of service.</p>	<p>Beginning July 2010</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
<input type="checkbox"/>	CBCAP
<input type="checkbox"/>	PSSF
<input checked="" type="checkbox"/>	N/A

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.

3.1.1 In partnership with CBHS and SFUSD, increase utilization of AB3632 for probation youth as appropriate.

AB3632 was red-lined by the Governor and taken out of this state's budget.

Quarterly
On-going since December 2009

JCRT Team

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

JCRT Team

JPD continues to be an integral part of this collaboration with the regular attendance of this meeting by the JCERT assigned Probation Officer.

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

Probation Services Director
Modify: Probation Services Director, Director of Administration or Senior Supervising Probation Officer.

The Director of Administration, Probation Services and Senior Supervising Probation Officer attended a scheduled meeting at TARC however, staff and other collaborators were unavailable. JPD was not notified regarding any subsequent meetings.
In an effort to provide consistency to the SARB process JPD is considering the assignment of a Probation staff to attend the meetings.

Milestone

Timeframe

Assigned to

Strategy 3.2

Expand parent engagement strategies and family systems

<input type="checkbox"/>	CAPIT
<input type="checkbox"/>	CBCAP

Strategy Rationale Parents in the Delinquency Court are not entitled to legal representation as parents in the Dependency

<p>approach.</p> <p>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."</p> <p>JPD, in partnership with parent partners (Families Understanding the System), parent CBO's, the Youth Commission, and MST, wrote and published a "Parent Guide to the Juvenile Justice System" which are distributed to parents during their first visit to the Juvenile Justice Center and available on the Juvenile Probation website. These guides have been translated and are available in 5 different languages.</p>		<input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	<p>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.</p>	<p>Chief Probation Officer</p>
<p>Milestone</p> <p>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.</p> <p>JPD has developed a monthly Probation Orientation Program facilitated by the Juvenile Advisory Council (JAC) on the first Saturday of each month. This training is provided to all youth placed on Probation and their parents. Through this training parents and their children are educated on what probation means, what to expect and how to successfully complete probation.</p> <p>Parents are an integral part of this orientation and are required to attend. This forum is an effective way of engaging parents and affords an opportunity to answer any questions. Parents are taught how to navigate through the system, work collaboratively with the Probation Officers, and find support from the other parents.</p> <p>Ninety-three (93) parents attended this Orientation in 2011.</p>	<p>Timeframe</p>	<p>December 2011</p> <p>June 2011</p>	<p>Assigned to</p>	<p>Assistant Chief Probation Officer, Probation Services Director, and Placement Unit Supervisor</p>
<p>3.2.3 Include parent representation in key meetings, such as parent partner representation on MAST and parent participation in meetings about placement options.</p>		<p>December 2011</p>		<p>Assistant Chief Probation Officer, Probation Services Director, and Placement Unit Supervisor</p>

This is in progress.				
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	Probation Services Director, Training Officer
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. Training on effective intermediate and administrative sanctions for technical violations has been provided in 2011 and are ongoing.		December 2010		Probation Services Director, Training Officer
3.3.2 Revise court report formats to better provide pertinent information. JPD recently adopted new Court report formats for the Placement Unit that have been revised in compliance with Title IV-E. The revision of the Disposition and Progress Report are in progress.		Monthly meetings or as needed Beginning February 2010 and ongoing		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. Probation Officer's assigned to the Placement Unit participate in the 63 hour Placement training every other year.		June 2010		Training Officer
Strategy 3.4 Expand the use of a standardized approach to assessment and placement decision making and intervention.		<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	Strategy Rationale Standardized tools ensure appropriate safety assessments and consistent practice. Consistent use of such tools will reduce disproportionality.	
Milestone	Timeframe	Assigned to		

<p>3.4.1 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>JPD has begun to emphasize value of 'bi-annual re-assessments'. The YASI committee had several meetings to review utilization.</p>		<p>June 2010 and on-going</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>JPD has reviewed and discussed upgrades regarding the following: 1) case planning training and programs, 2) case management; and 3) re-assessment for supervision units.</p>	<p>Timeframe</p>	<p>September 2010</p>	<p>Assigned to</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 is in the process of revising policies and updating our technology to include a case management system which will allow for more consistency and continuity in services and care.</p> <p>Describe educational/training needs (including technical assistance) to achieve the improvement goals.</p> <p>Continued education and training in Mental Health Symptomology, Cross agency participation in training events, Stages of Change and 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>None</p>			