

# California – Child and Family Services Review Signature Sheet

## For submittal of: SIP Progress Report

<b>County</b>	San Francisco
<b>CSA Period Dates</b>	January 2010
<b>SIP Period Dates</b>	Year Three : May 15, 2012 - May 15, 2013
<b>Outcome Data Period</b>	3rd Quarter of 2011

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\*Signatures must be in blue ink

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# California Child and Family Services Review

## Annual SIP Progress Report



Table of Contents

INTRODUCTION.....PAGE 2

SIP NARRATIVE .....PAGE 3

STATE AND FEDERALLY MANDATED CHILD WELFARE/PROBATION INITIATIVES.....PAGE 28

ATTACHMENTS

FIVE-YEAR SIP CHART .....ATTACHMENT 1



## 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 are implementing 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 a blended funding model with First 5 and Department of Children, Youth, and Families, and subsequent shared 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 significant issue.

The SIP was approved by the Board of Supervisors and the California Department of Social Services. This report describes the fourth 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.

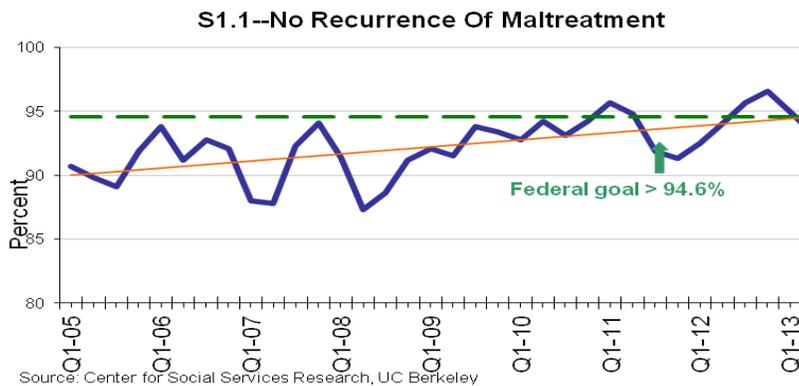
Stakeholders Participation

SFHSA meets regularly with public and community partners and stakeholders in multiple venues and forums to strengthen the initiatives and collaborations critical in achieving the outcome targets. These include the Provider Advisory Board (SFHSA monthly meeting with community partners); FRC Initiative meetings with First 5 SF, Department of Children, Youth and Families, and Community Behavioral Health Services; standing meetings with the Juvenile Court bench officers, city and panel attorneys; and multiple workgroup and coordinating meetings such as Team Decision Making, Visitation, Differential Response, SafeCare, Wraparound, Parent Education Providers, and the Parent Advisory Board.

CURRENT PERFORMANCE TOWARDS SIP IMPROVEMENT GOALS

**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 2nd quarter of 2013, FCS scored 93.3% 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 298 children in San Francisco who had substantiated referrals during the first half of the rolling year, 20 subsequently had a substantiated referral in the following half. Had four 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 93.1%.



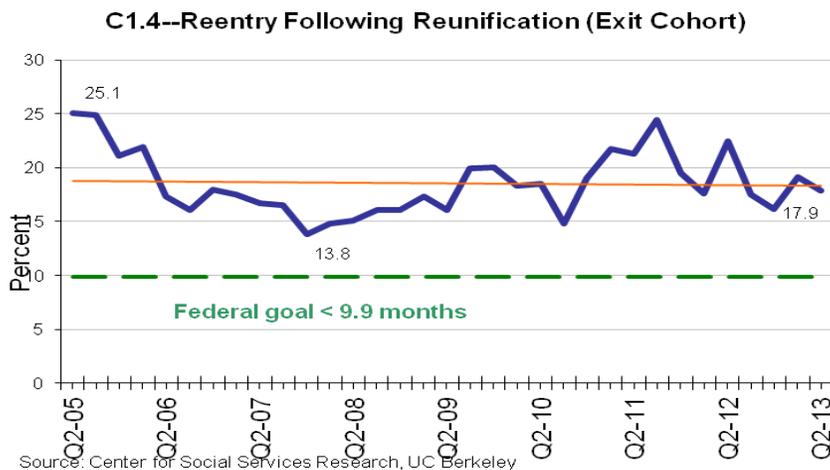
**Child Welfare Outcome C1.4: Reentry following Reunification**

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 12.5%.

Of the children who reunified with their families during the last reporting period, 17.9% subsequently returned to foster care within twelve months. In raw numbers, this means that 39 of the 218 children that reunified with their parents between July 1, 2011 and June 30, 2012 reentered foster care within one year. To meet the federal goal, no more than 21 children would have reentered care. The reentry rate one year ago was 22.5%. 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 12.5%.

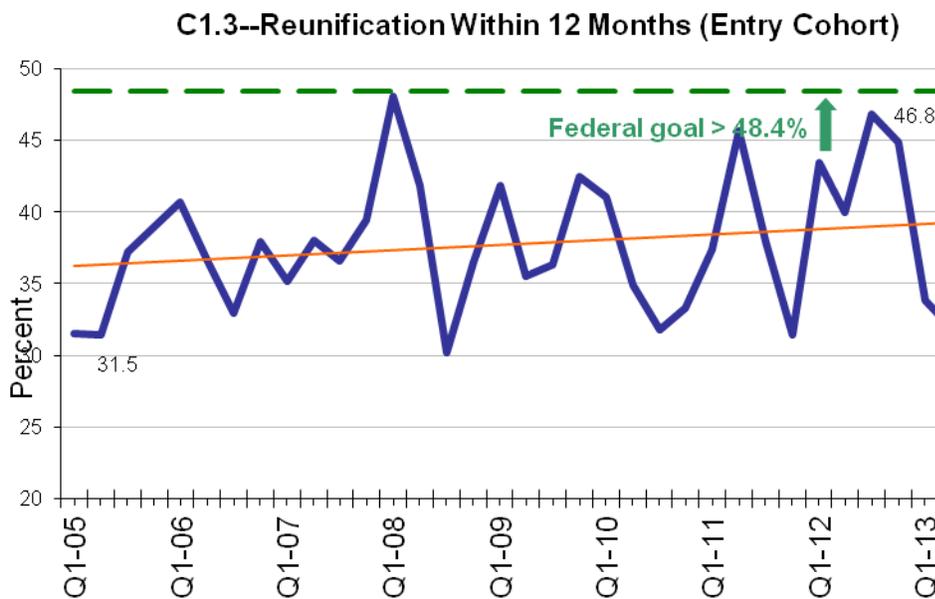
In 2009, San Francisco conducted an extensive analysis of foster care reentries analysis during the 2008/2009 fiscal year. The analysis synthesizes information from a review of research literature, case reviews for 42 children who reentered care during 2007, statistical modeling of entries occurring from 2000-2008, and qualitative information gathered from focus groups and key informant interviews. Among other key findings, it was noted that reentries are concentrated among two groups: 1) young children of substance abusing parents and 2) adolescents /youth exhibited difficult acting out behaviors. This analysis has helped guide the agency’s efforts in mitigating this outcome for families. A copy of the report has been previously provided to CDSS.

San Francisco has also conducted recent analysis on demographic and poverty trends for San Francisco families. This research indicates that controlling for poverty greatly mitigates racial disparity in the rate of children experiencing allegations, substantiation, and entries to foster care.



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) decreased from 40.0% to 31.9% in the last year. In raw numbers, this means that of the 138 children that entered care for the first time between January 1 and June 30, 2012 and stayed longer than 7 days, 44 subsequently reunified with their families within a year. Had 23 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 37.7%. The reunification measure for the exit cohort (C1.1) increased from 61.3% to 66.7% in the past year. The federal goal for this measure is 75.2% or higher. The state average is 64.2%.

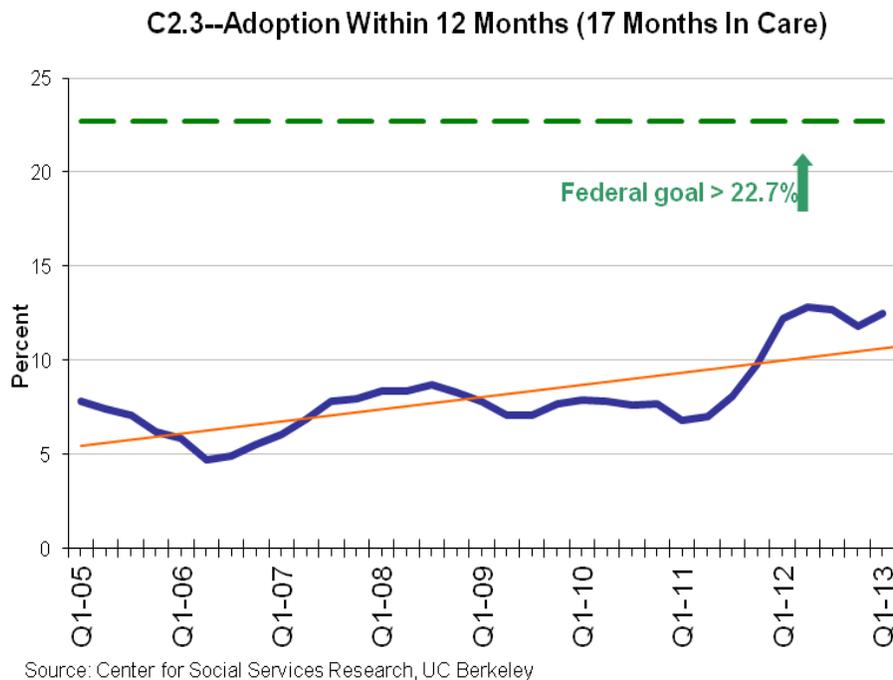


Source: Center for Social Services Research, UC Berkeley

The time to reunification from an exit cohort perspective (C1.2) increased from 8.2 months to 8.8 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 138 children that reunified between July 1, 2012 and June 30, 2013, half had been in care for less than 8.8 months. The agency's current performance on this measure does not meet the federal goal of 5.4 months or less, but it is near the state average of 8.6 months.

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

During the last year, two of the key adoptions showed significant improvement while the other measure declined. Among exits to adoptions in the last year, the percent who did so within two years of entry (C2.1) (exit cohort) dropped from 34.0% to 20.0%, remaining below the federal standard of 36.6%. The state average is 35.9%. In raw numbers, this means that 13 of the 65 children adopted during the reporting period had their adoptions finalized within two years of entering care. FCS' median time to adoption for an exiting cohort (C2.2) has fallen from a high of 43 months to 33.2 months, a notable improvement. The federal goal for this measure is 27.3 months or less, and the state average is 27.9 months. The rate of adoptions for children occurring between the 18th and 29<sup>th</sup> month in care (C2.3) nearly doubled, going from 6.8% to 12.3% (goal of 22.7%).



### STRATEGIES STATUS

#### No Recurrence of Maltreatment

The strategies designated for improving this outcome area have been implemented and largely completed; data indicates that we have improved. San Francisco's overall improvement target is to reduce the rate of recurrence of abuse/neglect to the federal goal of 94.6; as described above, San Francisco has improved on this measure over the last 8 years. During the most recent reporting period, the 2nd quarter of 2013, FCS scored 93.3%.

Strategies to reduce maltreatment focused on standardizing practice and providing appropriate and timely services and supports so that decision making is consistent and safety issues are addressed. Strategies included strengthening the implementation of Structured Decision-Making, a standardized risk assessment tool, and Differential Response, which moves child welfare from a more investigative response at the front end to one of assessment and prevention. SFHSA has also continued implementation of the Safety-organized practice model, a child welfare approaches focused on the safety of the child within the family system. Coordination with Community Behavioral Health Services (CBHS) in meeting families' mental health and substance abuse needs by assuring appropriate, timely assessment and intervention was also important in improving this outcome. Finally, San Francisco has continued implementation of several evidence-based programs to offer in-home support and parent education for families at risk of or suffering from child abuse and neglect. These programs, which include the in-home support program SafeCare, the parent education programs Triple P and Parenting Inside Out, involve partnership with public agencies such as First 5 SF and CBHS as well as local community partners.

Strategy Implementation Highlights:

*Structured Decision Making (SDM):*

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 99.3% completion rate for the SDM Hotline tool as of July 2013, and a 95.60% 12 month average completion rate for the SDM Safety assessment as of July 2013.

*Safety Organized Practice:*

FCS has continued to move forward with integrating the Safety Organized Practice (SOP) model. Bay Area Academy trainings in FY 2012/13 included trainings on it for community partners as well as attorneys and county mental health staff. The BAA also offered training on "The Three Houses" and the first 12 modules of SOP, mandatory SOP training for supervisors, and SOP trainings for TDM staff so that TDMs incorporate the model. BAA also provided individual coaching support for staff to improve family engagement through Family Team Meetings, SOP, and other tools that focus on the family's strengths, support networks, and their abilities to achieve positive outcomes.

*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 2012/13 fiscal year, the Family Resource Center providing Differential Response engaged the majority of both Differential (Path 2) and Community Response (Path 1) referrals, per the chart below, for a combined engagement rate of 65%.

<b>System Wide Differential Response Engagement Rates</b>	<b>Referrals Receiving Transitional Meetings</b> <i>#transitional meetings with child welfare and CBO staff and family/total referrals received</i>	<b>Referrals Engaged in Family Advocacy or Case Management</b> <i>#FA+CM/total referrals received</i>
<b>2012/13 Cumulative Totals</b>	212/298=71%	195/298=65%

*Evidence-based Parenting Education*

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:

**20** agencies have delivered **120** Triple P groups to **1122** unduplicated caregivers of **2064** children (**983** were ages 0 to 5). In addition, **4** agencies have run Teen Triple P, which served **56** caregivers of **115** teens. **40%** of caregivers who took a Triple P class (for ages 2-12) had a history of HSA-involvement and **71%** of caregivers who took a Teen Triple P class did. **45%** of the children of caregivers who took a class (2-12) had a history of HSA-involvement, and **71%** of teens whose caregivers took a Teen Triple P class did.

In the last year, the graduation rate for the 2-12 Triple P classes was **72%**. The rate is **66%** for all years combined, and this lower rate is due to groups being run at residential facilities (e.g., Walden House, Jelani) in FY10-11. Groups run in residential programs had much lower graduation rates because when parents dropped out (or were kicked out) of residential programs, they were no longer allowed to participate in the Triple P groups there. The graduation rate for the Teen Triple P program across all years is **77%**. Pre and post outcomes continue to demonstrate statistically significant change in all parenting, child behavior, and parental stress subscales.

The Parenting for Permanency College, the foster parent/caregiver training program that the Bay Area Academy coordinates with SFHSA, continued its collaboration with the Parent Training Institute for the coordination and delivery of the Triple P training series. PPC offered two such series offering the standard program model for care providers of children aged 2 through 12 and booster sessions for previous participants of this series. PPC also planned a Triple P series for caregivers of youth aged 13 through 17, which commenced in July 2013

Through partners 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. 1,305 clients were served through PIO in 2012; this includes families outside of the dependency system.

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. In FY 2011/12, Mt. St. Joseph/St. Elizabeth's and FSSBA opened 122 cases. Of these, 40 families completed the program, and 44 are continued with the training into the 2013/14 FY.

## Reentry following Reunification

Many of the key strategies designated for improving this outcome area have been implemented and largely completed, and data indicates that we have improved in this outcome. As described above, performance on the federal measure for reentries has improved since a high of 25% in 2006 to 18% in the most recent quarter. Strategies to reduce reentries focused on strengthening family engagement and support through a variety of ways: expanding the parent partner program and related parent supports, utilizing Team Decision Making meetings to support reunification, utilization of the SDM reunification and substitute care providers tools, and utilization of in-home supports such as SafeCare and wraparound services. Appropriate supports to caregivers, including training opportunities, was offered through the Parenting for Permanency College, which incorporates Triple P into its curriculum. Team Decision Making meetings prior to reunification incorporate safety planning and relapse prevention efforts, and Linkages and SafeCare offer additional financial and in-home supports to families. Drug Dependency Court has continued through the San Francisco Unified Family Court.

Coordination with Community Behavioral Health Services (CBHS) was important in meeting this particular outcome, not only by assuring appropriate, timely assessment and intervention, described above, but through reviewing utilization of EPSDT funds and determining opportunities for expansion. This is an ongoing effort in partnership with CBHS and the Controller's office, and is being incorporated into the larger work of the Katie A. planning and implementation.

In spite of extensive implementation of the majority of strategies to improve reentry outcomes, San Francisco has continued to struggle with developing an icebreaker strategy. Icebreakers do happen informally at visits offered by community partners, but there is no formalized, consistent practice around this. There are multiple reasons why SFHSA has had difficulty with icebreakers, but staffing and budget constraints are the primary reasons. The designated leadership for the project implementation has also changed multiple times and impacted the commitment to moving this strategy forward.

## Strategy Implementation Highlights

### *Structured Decision Making (SDM)*

Utilization of the SDM Family Strengths and Needs Assessment has continued to be strong. Timeliness is monitored in the Monthly Measures supervisory tool, and SFHSA works with CRC to review compliance. As of 09/13/13 SFHSA is at 75% compliance (the state average is 55%)

Relative/NREFM & Licensing staff continues to use the Provision of Care Assessment and the Support Assessment SDM tools at the intake and annuals for both groups of care providers. Administrative reviews are scheduled as needed based on scoring to identify needed support for caregivers and ensure successful placement.

#### *Family Engagement and Support*

SFHSA partners with Community Behavioral Health Services and the Native American Health Center to offer 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. 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 contracts 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. Please see the above section for more detailed information.

#### *Caregiver Support:*

SB163 Wraparound services were provided to 253 children in FY 2011/12; 66% were referred from SFHSA, 26% from Juvenile Probation Department, 6% from Adoption Assistance Program, and 2% from Mental Health.

Children enrolled saw significant improvements in school behavior, oppositional presentation, anger control, and social risk taking; averaging 13% decrease in CANS ratings in these domains.

Please see above section for implementation of Triple P and the Parenting for Permanency College.

#### Adoption within 12 months (17 months in care)

San Francisco has largely implemented the strategies targeted towards this outcome, and data indicates that we have improved significantly in two of the key outcomes measures; please see above for further discussion. Strategies affecting this measure have focused on concurrent planning and training and support for caregivers so that potential permanency plans may be identified early and supported appropriately to ensure a successful placement.

The county has made great efforts to sustain and enhance permanency across the life of a case, and enhance and expand caregiver recruitment, training and support. Strategies included improving concurrent planning through strengthening the formal relationship between front

end and adoption staff and developing permanency options early in the case. Family finding in the front end, multi-agency reviews of concurrent plans, training for staff and partners in family finding practices, expansion of family team meetings, targeted recruitment through partnerships with SFUSD and community partners such as Seneca and Family Builders, and utilization of the SDM caretaker tool all contribute to early development of sustainable permanency plans. San Francisco revised and reissued its contracted kinship support services to expand services and support to child welfare families that promote movement to adoption and KinGap. Caregiver training utilizes Triple P and other advanced trainings to provide information about and interventions for specific behavioral, emotional or medical issues children may experience, so that caregivers (both foster and relative) are better equipped to assist children.

As described above, San Francisco has not successfully implemented the icebreaker strategy, which was identified as a way to improve timeliness to adoption. Staffing and budgetary constraints impacted the ability to move forward with this strategy.

### Strategy Implementation Highlights

#### *Structured Decision Making (SDM):*

Relative/NREFM & Licensing staff uses the Provision of Care Assessment and the Support Assessment SDM tools at the intake and annuals for both groups of care providers. As needed based on scoring subsequent Administrative Reviews are conducted with the Program Director, Relative/NREFM/Licensing supervisor and worker, the placement supervisor and worker, and other participants as needed. The focus is to identify areas of support for the placement staff and care providers. These tools help determine the level of support needed by the caregiver to ensure a successful placement.

#### *Family Finding and Concurrent Planning*

Under AB 938, San Francisco County is required to make an effort to notify all known adult relatives (to the fifth degree) of any youth detained in foster care within 30 days of detention. The objective of Relative Notification is reunification of the youth with parents or placement with family and a reduction in the number of placements, particularly non-familial placements. Seneca has assisted the county with this process since February 2011. Seneca has also assisted the county in providing relative notification services to youth detained in Juvenile Hall for more than 10 days since January 2012.

As of June 2012, 471 youth detained in foster care and 107 youth detained for more than 10 days at Juvenile Hall have received Relative Notification Services. This program has more than doubled the potential network of adults for most of the youth served.

San Francisco Foster Youth Services program staff have participated in and coordinated the participation of school site staff in support service meetings (i.e. IEP, SST, TDM meetings) to ensure appropriate school placement and school stability. FYS and school site staff participated in one hundred thirteen (113) TDMs; serving 141 unduplicated youth.

FYS staff, funded through the Our Community, Our Children collaborative project, participated in TDMs and assisted with the identification of potential caregivers that would allow youth to remain in their school of origin despite home placement changes. This project supports a school-based recruitment campaign to increase the number of foster and adoptive parents in San Francisco. Through these efforts twenty-nine (29) legal permanent placements were confirmed, one hundred seven (107) youth were provided child-specific permanency support, and over fifteen hundred people participated in informational sessions on foster youth and permanency.

#### *Caregiver Support:*

The Planning for Permanency College (PPC) offered multiple trainings for prospective foster parents during the 12/13 FY. This included 3 Triple P series for caregivers of children aged 2-12, 4 cycles of substance abuse/HIV infant program training (1 of which was in Spanish), and the addition of advanced training courses. These advanced courses were designed to provide ongoing learning and support post licensure or placement, and included 2-part conflict resolution training, ABCs of baby care, and a Celebrate Communication workshop aimed at improving care provider-adolescent communication and reflective listening skills. PPC also planned a Triple P series for caregivers of children aged 13-17, which commenced in July 2013.

Please see above section for additional information on the implementation of Triple P and the Parenting for Permanency College as well as for SafeCare.

## **OTHER SUCCESSES/PROMISING PRACTICES**

### **Family Resource Center Initiative:**

The Family Resource Center Initiative, begun in 2009, is a joint initiative between First 5 San Francisco, the Department of Children Youth and Their Families (DCYF), and San Francisco Human Services Agency- Family and Children Services (SFHSA FCS) which helps fund 25 Family Resource Centers (FRCs) throughout San Francisco. Up to \$10,617,721 is allocated annually to 17 neighborhood-based and 8 population focused FRCs, as defined below:

- **Neighborhood-Based FRCs:** target services to families in a specific geographic neighborhood.

- **City-Wide Population-Focused FRCs:** offer specialized knowledge, skills, and expertise to meet the unique needs of particular groups of families who may reside throughout San Francisco. Services are targeted for immigrant families, LGBTQ parents and their children, homeless/underhoused families, families of children with special needs, pregnant and parenting teens, and families with young children exposed to violence.

Family Resource Center funding is allocated based on the types of services offered. There are three Family Resource Center types, which receive funding based on the type of classification they have: Basic, Comprehensive, or Intensive. Federal, state and local funding from the three departments thus supports a broad continuum of services from prevention through aftercare offered by the FRCs, including Differential Response and parent education, a continuum which is critical in helping SFHSA achieve good outcomes for children and families.

Evaluation is also coordinated through the Initiative. San Francisco contracts with Mission Analytics to provide analysis of the FRC programs drawing primarily on data from the First 5 San Francisco Contract Management System (CMS) database and from the Child Welfare Services/Case Management System (CWS/CMS). These data are supplemented with data from surveys completed by participants and from data collection tools used specifically for case management and parenting education activities.

#### **OUTCOME MEASURES NOT MEETING STATE/NATIONAL STANDARDS**

C1.3 Reunification within 12 months (entry cohort) has been a challenge for San Francisco; this measure declined 23.7% from 5 years ago, and is currently at 31.9%, below the national standard of 48.4%. Since SFHSA's initial SIP, the agency has put together a number of strategies which can impact reunification, including visitation and parent education supports. However, San Francisco's foster care population has declined significantly and it may be that the children in care have been removed from more complicated situations which need longer to remediate. Although the exit cohort reentry measure C1.4 indicates declining performance, the most recent year has shown improvement.

The C4 placement stability composite score declined somewhat (5.2%) from five years ago. This is due to San Francisco's efforts to move children in long term care to permanency and step them down from higher levels of care to family settings. The Residentially-based Services congregate care reform project is an example of this effort.

Measure 4A siblings placed together declined in last 5 years. The availability of foster homes for larger groups of children can be limited and impacts the ability to keep sibling groups together. The family finding and recruitment efforts described above in this document are strategies to remedy that.



## Juvenile Probation 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 third year progress on the areas targeted for outcome improvement. The over-arching goal is the utilization of least restrictive levels of care to reduce the number of youth in placement. During this reporting year JPD has introduced programs delivered within the Probation Department to address identified gaps in services needed to assist in the youth's success at home and in the community. In conjunction with that target, JPD has also focused on comprehensive reentry case planning and aftercare services for youth returning to the community from any long term placement. JPD has established a collaborative team approach in the development and implementation of reentry plans for youth. Recognizing that the critical components of the team are the youth and his or her family, the youth is involved in decision-making at each critical stage. The family is involved in team meetings throughout the case planning process relating to education, treatment and therapy plans.

## Juvenile Probation SIP Progress Narrative

### Stakeholders Participation

The San Francisco Juvenile Probation Department continues to expand collaborative efforts with our community partners and stakeholders. These include our participation in the weekly Multi-Agency Services Team meeting (MAST) with the Department of Human Services (HSA), the Department of Public Health (DPH), the School District and many of our community partners who provide intensive of mental health treatment. Youth who are high-risk or stepping down from placement are discussed and appropriate service needs and plans are developed and implemented.

In addition, community partners actively participate in weekly Multi-Disciplinary Team (MDT) meetings, Interagency Case Review Team (ICRT) and Juvenile Collaborative Re-entry Team meetings (JCRT). The JPD continues to build on these relationships to effectively assess the youth 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 support 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 if removal from the primary caregiver should occur. 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.

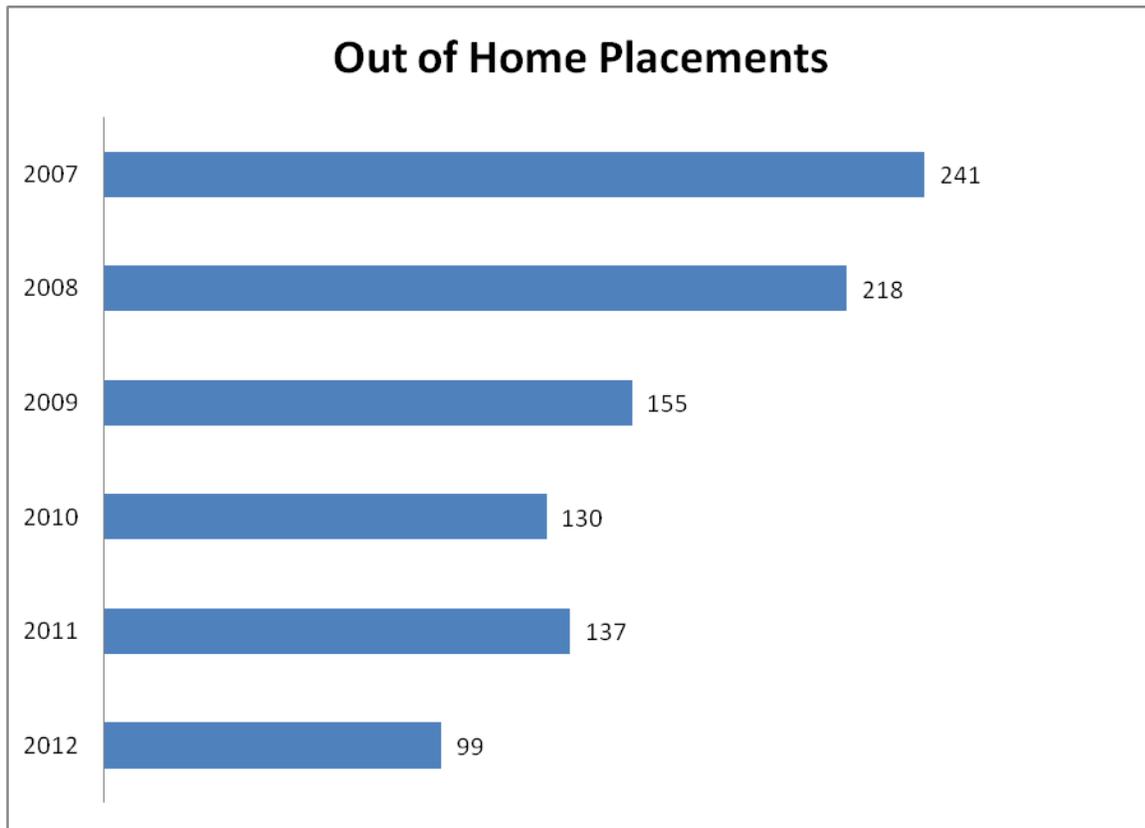
JPD continues to engage the Court in the use of evidence driven case planning, and service. JPD and CBHS jointly sponsored a workshop in spring of 2012 that the judges requested on EBP regarding substance-abuse treatment services.

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

### **Current Performance Towards SIP Improvement Goals**

San Francisco's primary goal is to reduce the need for youth to be sent to an out-of-home placement setting. The chart below describes the success achieved in this area in 2012. For the first time, the number of youth ordered to an out of home placement is less than 100. The chart below describes the continual reductions in this area over the past five years and during the

most recent reporting period. The percentage of youth placed out-of-home has been reduced by 59% from 2007 to 2012.



**Improvement Goal 1.0**

**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. Evidence based programs that JPD continues to utilize that remain effective in reducing OOH commitments or identifying appropriate service levels 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 4) Juvenile Collaborative Re-entry Team (JCRT).

*The four (4) ongoing programs, all of which began in 2010 (2011) continue to serve as effective probation partners. The four programs are: MST, AIIM Higher, JCRT (now JCRU) and ISCS. Each is described below.*

### **Multi-Systemic Therapy (MST)**

The primary goals of MST treatment are to eliminate or significantly reduce the frequency and severity of the youth's referral behavior(s) and empower parents with the skill and resources needed to independently address the inevitable difficulties that arise in raising children and adolescents, and to empower youth to cope with family, peer, school, and neighborhood problems.

MST served 33 JPD youth in 2012. This is lower than the 83 youth served during 2011 primarily MST downsized from 2 MST teams to 1 team (as explained in the previous section on Youth Transitional Services (YTS). However, when we combine the youth served by MST (33) with the youth served by YTS (24) we served a total of 57 youth through these services. The reduction in MST capacity was met with an increased utilization of wraparound services for those eligible families.

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: 96% 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:

- 95% are in school and/or working
- 88% have completed treatment
- Only 4% cases closed due to low engagement.
- 96% are involved in pro social activities.
- Only 7% 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, 2012 – December 31, 2012. 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.

Item	Performance Indicator	Target Thresh old	National MST Average	MST San Francisco	Green Zone	Yellow Zone	Red Zone
1	Number of Youth Served			33			
<b>ULTIMATE OUTCOMES REVIEW</b>							
2	% Youth Discharged to Home		84.1%	89.29%	>88%	80-87.9%	<80%
3	% Youth in School/Working		83.0%	92.86%	>85%	75-84.9%	<75%
4	% Youth No New Arrests in Treatment		79.7%	96.43%	>85%	75-84.9%	<75%
<b>Case Progress Review</b>							
5	% Youth Completing Treatment	85%	78.8%	87.50%	>84%	75-83.9%	<75%
6	% Closed due to Low Engagement		8.4%	3.5%	0-6%	6.01-9.9%	=>10%
7	% of Youth Placed		12.8%	7.14%	<=11%	11.01-15.9%	=>16%
8	Average length of Stay in Treatment	90-150	129.53	139.29	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
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	% of youth involved in pro social activities			95.83			<80%
	% of cases where changes were sustained			91.67%			<75%

**AIIM Higher**

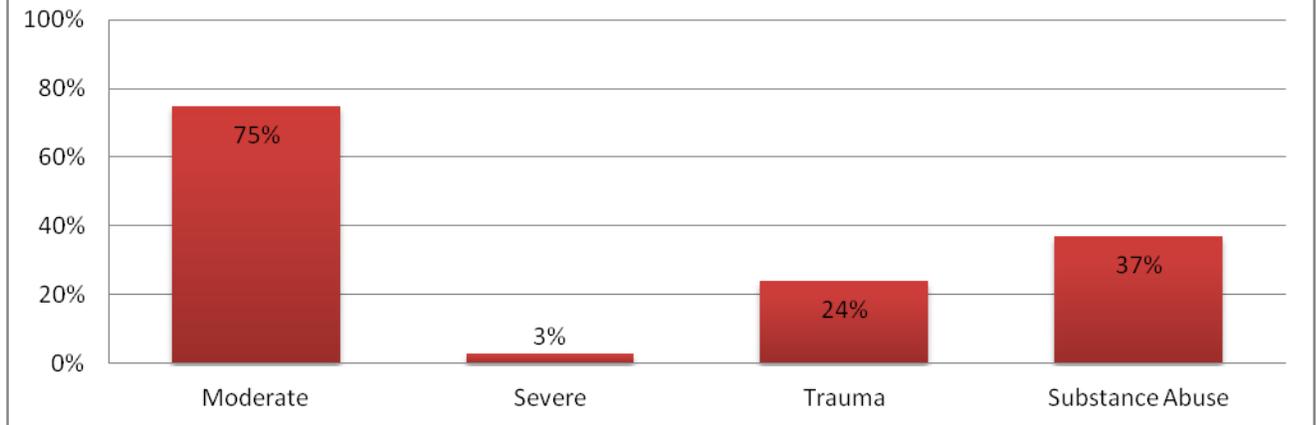
AIIM Higher is a partnership between Probation, Department of Public Health, and Seneca Center with the goal of screening and assessing youth with mental health needs and linking youth to targeted services.

In 2012, 310 youth were screened or 66% of the 465 youth booked at Juvenile Hall. One hundred and sixty (over 1/3<sup>rd</sup> of the juvenile hall population) were offered SF AIIM Higher Services. These services included: 1) consultation with probation officers about youth needs, 2) provision of resources and referral information, 3) linkage to treatment and 4) a comprehensive assessment, transition planning, linkage and treatment engagement process.

The Crisis Assessment Tool-10 (CAT-10) was used to determine whether youth had indicators of SMI. The CAT-10 provides an acuity (mild, moderate, severe) and total needs score corresponding to a level of care based on seven key items (suicide risk, danger to others, judgment, psychosis, impulsivity, 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 three areas that included trauma, anxiety, and substance abuse.

Among the 160 youth that participated in SF AIIM Higher, 75% (N=120) had moderate acuity and needs requiring intensive community based care and 3% (N=5) had severe acuity and needs requiring residential treatment or hospitalization. Twenty-four percent (N=38) and 37% (N=59) had significant problems with substance abuse. This data led to the discussion of an outpatient substance abuse therapy program and the integration of AARS as a referral services for JPD youth. (Figure 1)

**Figure 1. Behavioral Health Acuity and Needs of AIIM Higher Youth in 2012**

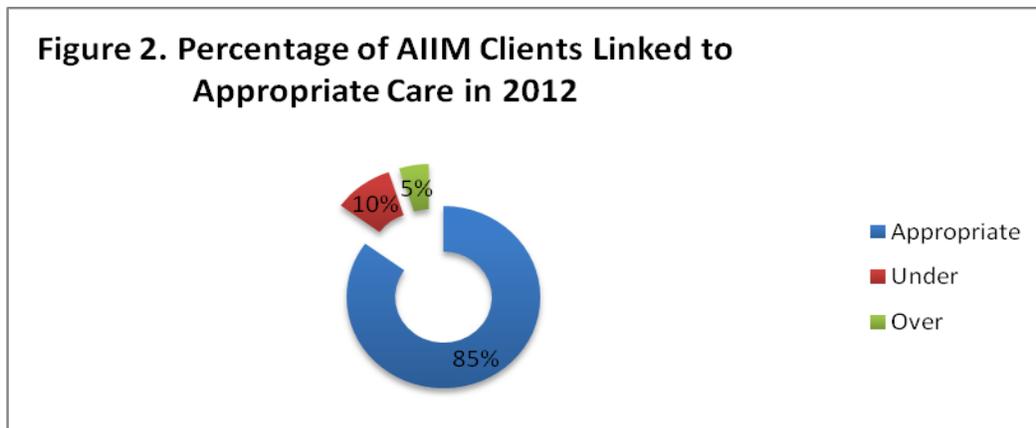


Of these 160 youth, 60% (N=96) received comprehensive services including a CANS (Child and Adolescent Needs and Strengths) assessment. The CANS is both an assessment and a planning tool that identifies actionable needs across eight domains and the response and level of service most appropriate to meet those needs

AIIM Higher participants are referred to services based on their particular combination of needs and strengths, for example greater strengths and fewer needs should result in a lower level of care. Recommended and actual linkages are organized into five service tiers (Tier 1 prevention, Tier 2 Outpatient, Tier 3 Intensive Community, Tier 4 Residential and Tier 5 Crisis and Hospitalization).

The extent to which the CANS-based recommendations are translated into an actual collaborative juvenile justice-behavioral health plan that results in linkage and treatment engagement in appropriate care is a measure of AIIM’s effectiveness. In 2012, 85% of JPD/SF AIIM Youth were linked to appropriate levels of care.

**Figure 2. Percentage of AIIM Clients Linked to Appropriate Care in 2012**

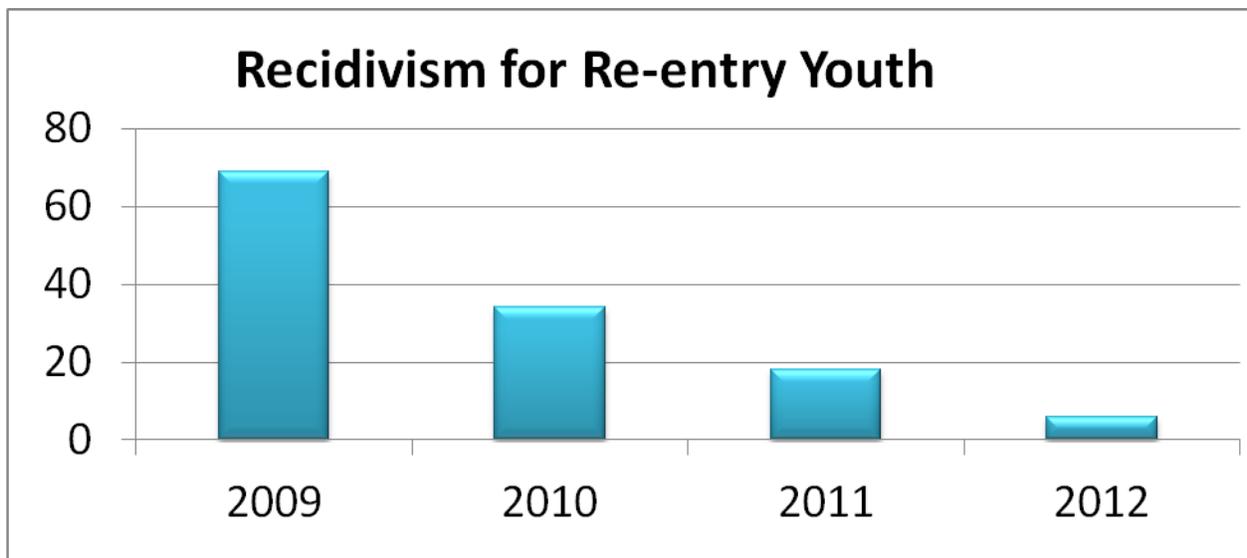


### JCRT/JCRU (Juvenile Collaborative and Re-entry Team)

The most recent internal JPD initiative is the expansion of JCRT into the Juvenile Collaborative Reentry Unit - JCRU. Discussions with all stakeholders surrounding the expansion of JCRT began during this reporting year of 2012. 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. Previously, with JCRT, only clients of public defender attorneys were eligible for these services. With the expansion of this model to JCRU, all JPD clients returning from OOHP are entitled to these services in including all youths committed to Log Cabin Ranch.

JCRU 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, strengthening engagement and connectivity to appropriate programs and services, and returning youths to their community wrapped with a high degree of guidance, assistance and support. During 2012, 56 youths participated in this intensive, wrap-around program which partners the Juvenile Probation Department (JPD), the office of the Public Defender, a Case Coordinator and CJJC (the Center on Juvenile and Criminal Justice) who provides a case manager, and the judge of the Juvenile Court.

Historically, the rate of recidivism for this population is quite high. However, as the graph below indicates, San Francisco JPD and its partners have tremendously reduced the recidivism of youth returning from an out-of-home placement.



For the youth served in 2012:

98% have not been re-committed to a residential facility due to a technical violation

95% have not been adjudicated due to a criminal offense.

95% 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 67% for improvement with anti-social behavior to 74% for perception of social support. The JCRU model is in its first year of implementation and the department will continue to track outcomes to measure short and long term outcomes.

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 2012 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 service delivery model.

### **Intensive Supervision Clinical Services (ISCS)**

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 continue to use the ISCS program 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 youth, 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 2012, ISCS served 274 unduplicated youth, an increase of 82 youth from 2011. All collaborators and partners in this program meet monthly.

These meetings continue to provide an excellent opportunity to address openings, concerns and problem solve.

### **New services created and implemented during 2012**

During this reporting year JPD has introduced new programs 3 of which are delivered within the Probation Department to address identified gaps in services needed to assist in the youth's success at home and in the community. the presence of community partners on-site enhances the communication between youth, service provider, and Probation Officer while providing a neutral and safe environment in which the services can be delivered.

**Aggression Replacement Therapy:** In 2012 Probation began discussions with Seneca Centers regarding the implementation of an Aggression Replacement Therapy program. This A.R.T. Program has been modified to an 8 week group training program focusing on social skills, anger control, and moral reasoning. Sessions began in November, 2012, with 8 students, 4 of whom completed the session and graduated. Sessions are held twice/week and last for 2 months. The A.R.T. sessions have continued through 2013 and in next year's report, outcome data will be provided.

**Anger Management for Domestic Violence Youth:** During 2012, Probation began discussions with Horizons Unlimited, a local and well established community based organization, to provide Anger Management Classes directed specifically to youth who have committed acts of domestic violence.

**Substance Abuse Counseling:** During 2012, Probation initiated discussion with Asian American Recovery Services (AARS), a community-based agency that provides both individualized and group substance abuse treatment. JPD identified the need for a local outpatient substance abuse program as many youth are abusing substances in order to deal with past and current traumas.

**Youth Transitional Services (YTS):** YTS is a partnership with Seneca Center that grew out of the MST program. The initial function of the second MST team was to manage the over flow of referrals and to provide direct access to youth graduating from Log Cabin Ranch. In 2011 there was a core group of youth re-entering the community that were not age eligible for MST. Specifically, this resource was born out of concerns regarding the needs of Transitional-Aged youth. YTS addressed the needs by providing clinical case management for youth 17 years of age and older. In 2012 YTS received a total of 24 referrals in 2012.

## **Improvement Goal 2.0**

### **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, 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, Inter-agency Case Review Team (ICRT) and Juvenile Collaborative Re-entry Team meetings (JCRT). The Department continue to build on these relationships as we work together to assess youth for risk and need, establish case plans to help prevent the removal from the home, and develop aftercare plans to assist youth and their families as they transition home.

JPD continues to build the relationship with Seneca Center as it supports 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.

JPD continues to work on the engagement of extended family members as a consideration of a possible placement in lieu of a group home placement. The activities include extended family members in the development of a re-entry plan.

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 engages the Court in the use of evidence driven case planning and service. JPD and CBHS jointly sponsored a workshop in spring of 2012 that the judges requested on EBP regarding substance-abuse treatment services, which included AIIM High and explanations of the CAT, CANS and linkages.

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

### **Improvement Goal 3.0**

#### **Improve probation operations to promote best practices**

Juvenile Probation continues to strengthen educational supports for youth through our partnership with San Francisco Unified School District (SFUSD). JCRT meets with SFUSD to identify the most appropriate school placement for youth returning to the community. In the past, children returning from placement had to wait up to three weeks for a school assignment. The team now meets regularly with SFUSD to identify the most appropriate school match based on the youth's academic progress while still in the placement rather than wait until the youth re-enters the community.

In 2012 the Juvenile Probation Department was awarded a grant to expand the current JCRT program and will establish a Reentry Unit within the San Francisco Juvenile Probation Department. The JCRU or Juvenile Collaborative Reentry Unit will expand to include youth represented by the Private Bar and youth returning from Log Cabin Ranch School.

JPD continues outreach efforts and education to parents with the writing, publishing and distribution of "The Parent Guide to the Juvenile Justice System". To expand parent engagement, JPD and our parent partners through "Families Understanding the System", CBO's, the Youth Commission, and MST staff, developed and published an orientation guide book distributed to all parents involved with the Juvenile Probation Department. The guide book is available on the Juvenile Probation website and translated in 5 different languages.

Unfortunately, our parent partners with, "Families Understanding the System" was not sustainable; however, JPD took two major steps in trying to create a Parent Advisory and Support Group. Chief Siffermann engaged parents on Saturdays prior to visiting meeting individually with many of our families. JPD will continue to work on establishing a more concrete parent support group or mechanism to utilize their input whenever possible.

In 2009 JPD developed an Orientation program for youth and their parents known as the Juvenile Advisory Council (JAC). The JAC consists of a group of young adults between the ages of 18 –25 who successfully completed juvenile probation. JAC members facilitate the monthly probation orientations, are active members in the Saturday PEP program, and have developed a prevention presentation, called “Challenges and Consequences”.

The probation orientation requires the participation of both the youth and parent and was established to explain the terms and conditions of probation in terms that are clear, concise and geared to the population we serve. They are taught how to navigate through the system, work collaboratively with the Probation Officers, and find support from other parents. 104 parents and youth attended these Orientations during 2012.

A 3 year analysis conducted in 2012 indicated that 82% of the youth attending these orientations successfully completed probation and youth that participated in these orientations had a 32% lower recidivism rate than the control group of youth that didn’t attend an orientation.

JPD developed and leads a community based 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 and their parents participate.

Youth participating in the PEP meet twice a month. The first session consists of parent and youth workshops based on evidence based curriculum from the Carey Guides. The second session consists of a meaningful community service that impacts individuals less fortunate. 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.

PEP underwent an evaluation by a Masters Graduate Student for her Master’s Thesis. The analysis revealed that youth 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. The analysis revealed 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.

The final program Probation implemented is the Teen Outdoor Experience (TOE) camping trip, which is a partnership with Juvenile Probation, Recreation and Parks, Police Department and several Community Based Agencies. The TOE is an outgrowth of discussion with the Mayor’s office to find a long-term and successful intervention with our most high risk youth. The program consists of multiple pre-camping orientations, essay writing, a camping trip and job placement. The actual camping trip to Yosemite includes such activities as archery, mountain bike riding, fishing, sports, hiking, talent shows, and visiting Hetch Hetchy. Youth who

successfully complete the TOE are provided employment through Recreation and Parks. Several TOE graduates now serve as ‘peer leaders’ on these trips.

### **Future Challenges**

JPD is quite pleased with its successes in these endeavors over the past few years. However, important challenges remain. Among these challenges are:

- 1) With the goal of reducing the number of youth in placement, the enactment of AB12 has presented itself with some challenges. Many youth who reach their placement goals are being maintained in placement in order access eligibility and AB12 benefits.
- 2) Parent support services: JPD recognizes that we must continue to build on our integration of parent partners in our decision making and support services. JPD would like to establish evidence based parent support group to help transition youth and their families from the Juvenile Justice System.
- 3) Support Services Coordinator. Recognizing the value of our community partners, JPD has dedicated a Probation Officer to act as a liaison between Probation and community agencies. This enhances the coordination and monitoring of programs and the ability to quickly problem solve. However, due to limited resources the department struggles to maintain this position.

## *State and Federally Mandated Child Welfare/Probation Initiatives*

### **Fostering Connections after 18 Program**

In 2011, San Francisco began preparing for implementation of AB12/Extended Foster Care in compliance with the federal law Fostering Connections to Success and Increasing Adoptions Act of 2008. The California bill extended foster care eligibility to youth in foster care from the age of 18 to 21. San Francisco welcomed stakeholder input and provided extensive training to child welfare staff and community partners. Related policies and protocols were developed and issued. As of July 1, 2012, 11 out of 126 non minor dependents were in supportive transition (88%). This increased to 94% as of July 1, 2013, when San Francisco served 197 out of 209 non minor dependents in supportive transition.

### **Katie A.**

Katie A. v. Bonta refers to a class action lawsuit filed in federal district court in 2002 concerning the availability of intensive mental health services to children in California who are either in foster care or at imminent risk of coming into care. San Francisco mental health and child

welfare departments are working together to ensure that the requirements of the settlement agreement are met at the county level, developing an appropriate assessment and array of coordinated, comprehensive, community-based services for this population.

San Francisco conducted a two-day stakeholders' summit in March, 2013, and through this summit defined our vision for Katie A. implementation:

*Design an attachment and trauma focused system with a shared framework that is information driven, integrated, and innovative to support the health, safety, permanency and well-being of children, youth and families that have been involved in or at risk of involvement in Foster Care, Probation, Special Education and are struggling with the complications of behavioral health issues. The goal is to design a system that will serve the Katie A. and non-Katie A. children and families alike.*

San Francisco's service delivery plan identifies the following desired changes in developing a trauma and resilience-focused model that will guide our implementation:

- A. Assessment: Engagement Oriented, Comprehensive and Individualized*
- B. Triage: Focused on Permanency and Well Being Through Reflective and Collaborative Decision Making.*
- C. Service Network: The Right Treatment in the Right Place.*

To put these principles into practice CBHS and HSA have formed a joint implementation and oversight management structure, and through this structure have begun to develop and clarify interagency policies, brainstorm strategies for overcoming barriers to full implementation, and refine the system's methodology for integrating assessment, planning and service access. Both agencies are working together to utilize a PDSA (Plan Do Study Act) implementation approach in initiating changes that will help improve mental health access and service delivery for the child welfare population.



## San Francisco SIP Matrix

**Outcome/Systemic Factor:**

**S1.1 No Recurrence of Maltreatment**

**County's Current Performance:**

San Francisco's baseline performance in 2002 was 90.5 %. Our current performance as of the last reporting period, July to December 2012, was 93.3%. This is compared to 94.0% 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%.

**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"/>            | <b>CAPIT</b> |
| <input type="checkbox"/>            | <b>CBCAP</b> |
| <input type="checkbox"/>            | <b>PSSF</b>  |
| <input checked="" type="checkbox"/> | <b>N/A</b>   |

**Strategy Rationale Standardized** risk assessment ensures appropriate safety assessments and consistent practice. Consistent use of SDM will reduce disproportionality.

<b>Milestone</b>	1.1.1 Continue to monitor individual and unit compliance for SDM to identify issues and ensure 90% compliance.	<b>Timeframe</b>	Quarterly on-going  <u><b>October 2012 Update:</b></u>  Monitoring and review meetings continue in unit meetings, section meetings, and trainings for both workers and supervisors. Child welfare staff utilizes the SDM dashboard in Safe Measures to	<b>Assigned to</b>	SDM Program Manager, Program Directors and Supervisors
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	<p>review completion rates.</p> <p><b><u>October 2013 update:</u></b> On-going</p>	
<p><b>1.1.2</b> 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><b><u>October 2012 Update</u></b></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><b><u>October 2013 Update:</u></b> On-going. Safe Measures indicates a 99.3% completion rate for the SDM hotline tool as of July 2013, and a 95.6% 12 month average completion rate for the SDM Safety assessment as of July 2013.</p>	<p>Management Team, SDM Program Manager</p>

	<p><b>1.1.3</b> 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</p> <p><b><u>October 2012 Update:</u></b></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><b><u>October 2013 Update:</u></b> Trainings in 2012/13 included The Three Houses and 12 modules as well as trainings specific to community partners and attorneys, TDM staff, and child welfare supervisors.</p>	<p>SDM Program Manager</p>
	<p><b>1.1.4</b> Conduct SDM case reading by supervisors and/or Program Directors</p>	<p>August 2011</p> <p><b><u>October 2012 Update</u></b></p> <p>The case reading is incorporated into supervision through the individual and</p>	<p>SDM Program Manager</p>

			unit sessions described above in 1.1.1. <b>October 2013 Update:</b> On-going	
	<b>1.1.6</b> Explore SDM risk assessment tool by CalWORKS social worker for common families, and by the Differential Response liaison for Path 1 families		August 2011  <b>October 2012 Update</b>  CalWORKS social workers reviewed the SDM risk assessment tool for use in their pilot, and after review ultimately selected an alternate tool.	SDM Program Manager
<b>Strategy 1. 2</b> Continue to improve Differential Response.		<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input checked="" type="checkbox"/> PSSF <input type="checkbox"/> N/A	<b>Strategy Rationale Partnership</b> 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.	
<b>Milestone</b>	<b>1.2.1</b> Continue partnership with First 5 and contracted community-based organizations to ensure appropriate DR referrals and supports.	<b>Timeframe</b>	On-going  <b>October 2012 Update</b>  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	<b>Assigned to</b>  DR Program Manager

	<p>and protocol, and trainings.</p> <p><b><u>October 2013 Update:</u></b> Ongoing</p>	
<p><b>1.2.2</b> In partnership with First 5 and contracted community-based organizations, continue quarterly review of utilization and outcome of Differential Response referrals.</p>	<p>Quarterly</p> <p><b><u>October 2012 Update</u></b></p> <p>The DR Program Manager continues to meet regularly with DR providers as well as with First 5 staff</p> <p>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><b><u>October 2013 Update:</u></b> Ongoing</p>	<p>DR Program Manager</p>
<p><b>1.2.3</b> In partnership with First 5 and contracted community-based organizations, expand to additional contracted community-based organizations that may be able to offer</p>	<p>July 2012</p>	<p>DR Program Manager</p>

	Differential Response.	<p><b><u>October 2012 Update</u></b></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><b>1.2.4</b> Continue to integrate proper utilization of SDM assessment from the Hotline through Family Maintenance to ensure appropriate DR Path 1 and Path 2 referrals.</p>	<p>Quarterly</p> <p><b><u>October 2012 Update:</u></b></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><b><u>October 2013 Update:</u></b> On-going. Safe Measures indicates a 99.3% completion rate for the SDM hotline tool as of July 2013, and a 95.6% 12 month average completion rate for the SDM Safety assessment as of</p>	DR Program Manager

			July 2013.		
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<b>Improvement Goal 2.0</b>			
Ensure that child welfare staff actively involves families, a family's natural support system, and agency and community partners in case planning.			
<b>Strategy 2. 1</b>		<input type="checkbox"/> <b>CAPIT</b> <input type="checkbox"/> <b>CBCAP</b> <input type="checkbox"/> <b>PSSF</b> <input checked="" type="checkbox"/> <b>N/A</b>	<b>Strategy Rationale</b>
Ensure that all families are appropriately assessed for mental health services and linked to a comprehensive array of services.			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.
<b>Milestone</b>	<b>2.1.1</b> 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.	<b>Timeframe</b>	<b>Assigned to</b>
		June 2011  <u><b>October 2012 Update</b></u>  CBHS has utilized the CANS to review treatment progress trends for children participating in specific programs, including Residentially Based Services and therapeutic visitation.  <u><b>October 2013 update:</b></u> Utilization of the CANS is being incorporated into the larger planning efforts of Katie A. Community Behavioral Health Services is piloting a revised 2 page version of the CANS to improve utilization.	Redesign Program Manager

<p><b>2.1.2</b> In partnership with Community Behavioral Health Services, review utilization of the caretaker portions of the CANS to ensure appropriate in-home supports.</p>	<p>June 2011</p> <p><b><u>October 2012 Update</u></b></p> <p>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</p> <p><b><u>October 2013 Update:</u></b> Ongoing</p>	<p>Policy Program Manager</p>
<p><b>2.1.3</b> 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 are under being coordinated by Children’s System of Care.</p>	<p>June 2011</p> <p><b><u>October 2012 Update</u></b></p> <p>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, mental, and physical aspects of life. The Urban</p>	<p>DR Program Manager</p>

			<p>Trails MOU was signed in Jan 2009; and kickoff was 9/10.</p> <p>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><b>October 2013 Update:</b> Ongoing</p>		
<p><b>Strategy 2. 2</b></p> <p>Ensure that all families are appropriately assessed for substance abuse services and linked to a comprehensive array of services.</p>		<input type="checkbox"/> <b>CAPIT</b> <input type="checkbox"/> <b>CBCAP</b> <input type="checkbox"/> <b>PSSF</b> <input checked="" type="checkbox"/> <b>N/A</b>	<p><b>Strategy Rationale</b> 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>		
<b>Milestone</b>	<p><b>2.2.1</b> 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>	<b>Timeframe</b>	<p>December 2010</p> <p><b>October 2012 Update</b></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</p>	<b>Assigned to</b>	<p>Policy Program Manager</p>

		<p>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 sites. Award notification is pending.</p> <p><b>October 2013 Update:</b> The Strengthening Families Program continues to be offered through Community Behavioral Health Services.</p>	
	<p><b>2.2.2</b> Through this collaboration, identify plan to improve service delivery and coordination for families experiencing substance abuse.</p>	<p>June 2013</p> <p><b>October 2013 Update:</b> The Strengthening Families Program continues to be offered through Community Behavioral Health Services.</p>	<p>Policy Program Manager</p>
<p><b>Strategy 2.3</b></p>		<p><input type="checkbox"/> <b>CAPIT</b></p>	<p><b>Strategy Rationale</b> SFCANDO was implemented in Nov. 2009 for</p>

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.		<input type="checkbox"/>	<b>CBCAP</b>	families served through the Bayview 3 <sup>rd</sup> St. office. The principles of SFCANDO are fundamental in practice for all FCS-involved families.	
		<input type="checkbox"/>	<b>PSSF</b>		
		<input checked="" type="checkbox"/>	<b>N/A</b>		
<b>Milestone</b>	<b>2.3.1 1</b> In partnership with Bay Area Academy, expand SFCANDO training to all FCS staff.	<b>Timeframe</b>	September 2010  <b><u>October 2012 Update:</u></b>  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.	<b>Assigned to</b>	SF CANDO and Training Program Managers
	<b>2.3.2</b> Develop SF CANDO database and tracking methods.		June 2011  <b><u>October 2012 Update:</u></b>  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.		SF CANDO Program Manager

<b>Strategy 2.4</b>  Determine ability to provide wraparound supports earlier in the life of a case.	<input type="checkbox"/>	<b>CAPIT</b>	<b>Strategy Rationale</b> 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
	<input checked="" type="checkbox"/>		
	<input checked="" type="checkbox"/>	<b>CBCAP</b>	

		<input type="checkbox"/>	<b>PSSF</b>	concerns early can reduce long-term effects.	
		<input checked="" type="checkbox"/>	<b>N/A</b>		
<b>Milestone</b>	<b>2.4.1</b> Explore possibility of piloting in-home supports through such programs as SafeCare, an evidence-based in-home support program for families with young children	<b>Timeframe</b>	<p>July 2011</p> <p><b><u>October 2012 Update</u></b></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><b><u>October 2013 Update:</u></b></p> <p>In FY 2012/13, 122 families received SafeCare services. Of</p>	<b>Assigned to</b>	DR Program Manager

		these, 40 completed the program, and 44 are continuing to receive services.		
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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.

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

**Strategy Rationale**

A key purpose of best and evidence-based practice is to ensure that children are consistently protected from harm while removing as much subjective bias as possible from the decision-making process; this should also impact disproportionality.

<p><b>3.1.1</b> 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.</p>	<p>July 2011</p> <p><b><u>October 2012 Update</u></b> 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.</p> <p><b><u>October 2013 update:</u></b> Since 2009, 20 agencies have delivered 120 Triple P groups to 1122 unduplicated caregivers of 2064 children (983 were ages 0 to 5). 4 agencies have run Teen Triple P, which served 56 caregivers of 115 teens. 40% of caregivers who took a Triple P class (for ages 2-12) had a history of HSA-involvement and 71% of caregivers who took a Teen Triple P class did. 45% of the children (aged 2-</p>	<p>Parenting Education Program Manager</p>
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12) and 71% of teens whose caregivers took a Teen Triple P class had HAS-involvement.

In the last year, the graduation rate for the 2-12 Triple P classes was 72%. The graduation rate for the Teen Triple P program across all years is 77%.

The information about the pre-post outcomes continues to demonstrate statistically significant change in all parenting, child behavior, and parental stress subscales.

	<p><b>3.1.2</b> In partnership with Parenting Institute, review funding streams for Triple P expansion to maximize resources.</p>	<p>July 2011</p> <p><b><u>October 2012 Update</u></b></p> <p>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. 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>Parenting Education Program Manager</p>
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Milestone	3.1.3 Continue partnership with SFCIPP (San Francisco Children of Incarcerated Parents' Project) to offer "Parenting Inside Out," an evidence-based parenting curriculum normed on an incarcerated population.	Timeframe	Assigned to
		<p>On-going quarterly meetings</p> <p><b><u>October 2012 Update</u></b></p> <p>Ongoing quarterly meetings continue with SFCIPP. As of June 2012, there had been 480 graduates of Parenting Inside Out.</p> <p><b><u>October 2013 update:</u></b> Parenting Inside Out served 1305 clients in 2012; this includes clients outside of the dependency system.</p>	<p>Incarcerated Parent Project Manager</p>

<b>Strategy 3. 2</b> Increase the availability and utilization of evidence-based assessment tools.		<input type="checkbox"/> <b>CAPIT</b> <input type="checkbox"/> <b>CBCAP</b> <input type="checkbox"/> <b>PSSF</b> <input checked="" type="checkbox"/> <b>N/A</b>	<b>Strategy Rationale</b> Standardized risk assessment ensures appropriate safety assessments and consistent practice. Consistent use of SDM will reduce disproportionality.
<b>Milestone</b>	<b>3.2.1</b> Explore utilization of SDM risk assessment by Family Resource Center Differential Response liaison, and share information with families.	<b>Timeframe</b>	<b>Assigned to</b>
		September 2010  <u><b>October 2012 Update</b></u>  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.	SDM/DR Program Manager

**Describe any additional systemic factors needing to be addressed that support the improvement plan goals:** Development of policy and protocol, and issuance via child welfare handbook sections, to officially recognize, acknowledge, and endorse best practice. SFHSA will ensure that all staff and providers are clearly and consistently trained on policy and practice improvements and that an accountability system is in place to monitor consistent, agency-wide implementation. Areas to be considered include racial disproportionality, father involvement, and undocumented/immigrant issues.

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

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

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

SFHSA is working with public partners and a number of contracted agencies and community partners to implement the strategies described above, including Differential Response. These partners are important in providing feedback to implementation and evaluation. Partners such as First 5 and Community Behavioral Health Services are critical in helping SFHSA move forward in strategy implementation. The FCS Core Team, a group of internal and external public and private partners, will continue to meet as an advisory body during the SIP implementation.

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

Advocacy to resolve MediCal issues for children and youth residing out-of-county.



**Outcome/Systemic Factor:**

**C1.4, Reentry following Reunification**

**County's Current Performance:**

San Francisco's baseline performance from April 2001 to March 2002 was 21.7%. Our current performance as of the last reporting period, July 2011 to June 2012, was 17.9%. This is down from 22.5% 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%.

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

**Strategy 1. 1**

Implement icebreaker meetings where the child welfare worker, the birth family, the foster family, and the child(ren) (when appropriate) meet to share information.

- CAPIT**
- CBCAP**
- PSSF**
- N/A**

**Strategy Rationale** Building relationships between birth and foster families can assist in reunification. In some cases, the foster family stays involved with a family after reunification as a mentor or support. The icebreaker meeting is the first step to building that relationship.

<b>Milestone</b>	1.1.1 Develop an icebreaker protocol for FCS	<b>Timeframe</b>	December 2011	<b>Assigned to</b>	RTS Program Director and Manager
			<p><b><u>October 2012 Update</u></b></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</p>		

	<p>and a protocol is expected by the end of 2013.</p> <p><b><u>October 2013 Update:</u></b> An icebreaker protocol has not been developed due to staffing and budgetary limitations.</p>	
<p><b>1.1.2</b> Develop and conduct icebreaker training for 90% of child welfare workers and for community partners.</p>	<p>January 2012</p> <p><b><u>October 2012 Update</u></b></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><b><u>October 2013 Update:</u></b> This strategy has not been implemented due to staffing and budgetary constraints.</p>	<p>Training Program Manager</p> <p>RTS Program Director and Manager</p>

	<p><b>1.1.3</b> Monitor and evaluate icebreaker usage to determine 90% compliance and effectiveness.</p>		<p>June 2012</p> <p><b><u>October 2012 Update:</u></b></p> <p>This will be implemented at the time the icebreaker protocol is finalized, training has occurred and implementation has begun.</p> <p><b><u>October 2013 Update:</u></b> This strategy has not been implemented due to staffing and budgetary constraints.</p>		<p>Supervisors, Management Team RTS Program and Project Managers</p>
	<p><b>Strategy 1. 2</b> Expand the information and opportunities parents have to learn about navigating the child welfare system and receive support in doing so.</p>	<input type="checkbox"/>	<p><b>CAPIT</b></p>	<p><b>Strategy Rationale</b> 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>	
		<input type="checkbox"/>	<p><b>CBCAP</b></p>		
		<input type="checkbox"/>	<p><b>PSSF</b></p>		
		<input checked="" type="checkbox"/>	<p><b>N/A</b></p>		
<p><b>Mile</b></p>	<p><b>1.2.1</b> Develop a sustainability plan for parent partners to ensure positions funded through the</p>	<p><b>Tim</b></p>	<p>June 2011</p>	<p><b>Assi</b></p>	<p>FCS Deputy Director</p>

federal subsidy continue after the subsidy has expired.	<p><b><u>October 2012 Update</u></b></p> <p>Parent partners are supported with SB163 wraparound savings as well as CalWORKS training funds to hire peer parents.</p> <p><b><u>October 2013 update:</u></b> Ongoing</p>	Parent Partner Program Manager
1.2.2 Update parent handbooks and orientation materials.	<p>December 2010</p> <p><b><u>October 2012 Update</u></b></p> <p>The parent handbook was updated and distributed in 2011.</p>	Handbook Manager

<b>Improvement Goal 2.0</b>			
Reduce reunification failures due to substance abuse or mental health relapses.			
<b>Strategy 2. 1</b>  Ensure that all families are appropriately assessed for mental health services and linked to a comprehensive array of services.	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<b>CAPIT</b> <b>CBCAP</b> <b>PSSF</b> <b>N/A</b>	<b>Strategy Rationale</b>  San Francisco’s self-assessment shows that mental health remains a factor in a significant number of cases where children experience reabuse or reenter care. Developmental needs to children need to be considered in the context of the family situation, e.g., parents’ mental health, so that the family can be appropriately supported. This strategy builds on successful

				Community Behavioral Health Services partnership strategies identified in the previous SIP.	
<b>Milestone</b>	2.1.1 Work with CBHS as they implement the ANS (Adult Needs and Strengths Assessment) for parents in the child welfare system.	<b>Timeframe</b>	June 2012	<b>Assigned to</b>	Redesign Program Manager
			<p><b><u>October 2012 Update</u></b></p> <p>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><b><u>October 2013 Update:</u></b> Ongoing</p>		
	2.1.2 Work with CBHS to map out services funded by respective departments (SFHSA, First 5, DCYF, and CBHS) to determine service gaps and identify next steps.		June 2012		Redesign Program Manager
			<p><b><u>October 2012 Update</u></b></p> <p>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><b><u>October 2013 Update:</u></b> EPSDT utilization is being incorporated into</p>		

			the larger work of Katie A planning and implementation.		
	<b>2.1.3</b> Expand safety planning and relapse prevention efforts through family team meetings such as Permanency Team Decision Meetings.		<p>June 2012</p> <p><b><u>October 2012 Update</u></b></p> <p>Permanency TDMS were mandated as of October 2011, and policies and procedures for TDMS were subsequently updated.</p> <p><b><u>October 2013 Update:</u></b> The Bay Area Academy provided SOP training for TDM staff in FY 2012/13 so that TDMs can better incorporate the SOP model.</p>		TDM and Family Conference Program Manager and Director, SF CANDO Manager
<b>Strategy 2. 2</b>		<input type="checkbox"/> <b>CAPIT</b> <input type="checkbox"/> <b>CBCAP</b> <input type="checkbox"/> <b>PSSF</b> <input checked="" type="checkbox"/> <b>N/A</b>		<b>Strategy Rationale</b>	
Ensure that all families are appropriately assessed for substance abuse services and linked to a comprehensive array of services.				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.	
<b>Milestones</b>	<b>2.2.1</b> Continue to work with the Family Court and key partners in the Drug Dependency Court to	<b>Time frame</b>	On-going quarterly meetings	<b>Assistance</b>	Dependency Drug Court Program Manager

<p>strengthen parents' opportunities to address substance abuse and pursue family reunification.</p>	<p><b><u>October 2012 Update</u></b></p> <p>Ongoing quarterly meetings continue with representatives from multiple agencies including Homeless Prenatal Program, the Court, Juvenile Probation, SFHSA, and Community Behavioral Health Services.</p> <p><b><u>October 2013 Update:</u></b> Ongoing</p>	
<p><b>2.2.2</b> 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>June 2012</p> <p><b><u>October 2012 Update</u></b></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</p>	<p>Policy Program Manager</p>

average.

**October 2013 Update:**  
Strengthening Families continues to be offered through CBHS.

<b>Improvement Goal 3.0</b>					
Increase the percentage of families that are stabilized in the 6 month family maintenance phase following reunification.					
<b>Strategy 3. 1</b>		<input type="checkbox"/> <b>CAPIT</b> <input type="checkbox"/> <b>CBCAP</b> <input type="checkbox"/> <b>PSSF</b> <input checked="" type="checkbox"/> <b>N/A</b>	<b>Strategy Rationale</b> 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.		
<b>Milestone</b>	3.1. Develop and conduct training for use of the SDM reunification tool.	<b>Timeframe</b>	June 2011  <u><b>October 2012 Update</b></u>  Trainings in SDM tools from ER through permanency placements were held in 2011, as well as advanced SDM training for supervisors.	<b>Assigned to</b>	SDM Program Manager. Training Manager
	3.1.2 Monitor and evaluate SDM reunification tool usage to determine 90% compliance and effectiveness.		June 2012  <u><b>October 2012 Update</b></u>  SDM Risk Reassessment Timeliness is monitored in Monthly		SDM Program Manager, Program Directors

			<p>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.</p> <p><b><u>October 2013 Update:</u></b> SDM Family Strengths &amp; Needs Assessment tool is monitored in the Monthly Measures supervisory tool, and SFHSA works with CRC to review compliance. As of 9/13/13, SFHSA is at 75% compliance, compared to the state average of 55%.</p>		
<p><b>Strategy 3. 2</b> Expand “First Placement is the Best Placement” efforts.</p>		<input type="checkbox"/> <b>CAPIT</b> <input type="checkbox"/> <b>CBCAP</b> <input type="checkbox"/> <b>PSSF</b> <input checked="" type="checkbox"/> <b>N/A</b>	<p><b>Strategy Rationale</b> 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.</p>		
<p><b>Milestone</b></p>	<p><b>3.2.1</b> 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.</p>	<p><b>Timeframe</b></p>	<p>June 2012</p> <p><b><u>October 2012 Update</u></b> Through the Bay Area Academy’s SF Training Project program,</p>	<p><b>Assigned to</b></p>	<p>Licensing Program Manager, Training Manager</p>

		<p>SFHSA implemented the Parenting for Permanency College 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 NREFMs.</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><b><u>October 2013 Update:</u></b> PPC offered 2 Triple P series for caregivers of children aged 2-12 in FY 2012/13. PPC also planned a Triple P series for caregivers of children aged 13-17, which commenced in July 2013.</p>	
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<p><b>3.2.2</b> Develop policy and procedure for use of the SDM substitute care provider tool at time of placement.</p>	<p>December 2012</p> <p><b><u>October 2012 Update</u></b></p> <p>Cases the tool ranks as high 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 staff are using the tool. A flow chart has been drafted to help with this.</p>	<p>SDM Manager</p>

<p><b>3.2.3</b> Develop and conduct training for use of the SDM substitute care provider tool at placement.</p>	<p>June 2013</p> <p><b><u>October 2012 Update</u></b></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 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 has been utilizing these two tools consistently since the training.</p> <p><b><u>October 2013 Update:</u></b> Relative/NREFM &amp; Licensing staff continue to use the Provision of Care Assessment and the Support Assessment SDM tools at the intake and annuals for both groups of care providers. Administrative reviews are scheduled as needed based on scoring to identify needed support</p>	<p>SDM Manager, Training Manager</p>

		for caregivers and ensure successful placement.	
	<p><b>3.2.4</b> Investigate and discuss using evidence-based parenting education curriculum embedded within foster parent training.</p>	<p>June 2011</p> <p><b><u>October 2012 Update</u></b></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><b><u>October 2013 update:</u></b> PPC offered multiple trainings for prospective foster parents during the 12/13 FY. This included 3 Triple</p>	<p>Foster Parent Training Program Manager</p>

			P series for caregivers of children aged 2-12. PPC also planned a Triple P series for caregivers of children aged 13-17, which commenced in July 2013.		
<b>Strategy 3.3</b> Provide in-home supports to families at time of reunification		<input type="checkbox"/> <b>CAPIT</b> <input type="checkbox"/> <b>CBCAP</b> <input checked="" type="checkbox"/> <b>PSSF</b> <input type="checkbox"/> <b>N/A</b>	<b>Strategy Rationale</b> The literature indicates that families with unresolved service needs have a higher likelihood of reentry. Ensuring appropriate supports at the time of reunification will help support families' continued progress and success. San Francisco's Self Assessment also indicated that younger children and teenagers are more likely to reenter, so that service supports need to be targeted to those age groups.		
<b>Milestone</b>	<b>3.3.1</b> Explore the possibility of implementing SafeCare, an evidence-based in-home support program for families with young children	<b>Timeframe</b>	June 2011  <u><b>October 2012 Update</b></u>  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	<b>Assigned to</b>	Deputy Director

		<p>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><b><u>October 2013 Update:</u></b></p> <p>In FY 2012/13, Mt. St. Joseph/St. Elizabeth's and FSSBA opened 122 cases. Of these, 40 families completed the program, and 44 are continued with the training into the 2013/14 FY.</p>	
	<p><b>3.3.2</b> Identify and engage indigenous and community family supports prior to reunification through such processes as SB163 Wraparound and Team Decision Making.</p>	<p>On-going</p> <p><b><u>October 2012 Update</u></b></p>	<p>Program and Project Managers</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.

**October 2013 Update:** SB163 Wraparound services were provided to 253 children in FY 2011/12; 66% were referred from Human Services Agency, 26% from Juvenile Probation Department, 6% from Adoption Assistance Program, and 2% from Mental Health AB3632. Children enrolled saw significant improvements in school behavior, oppositional presentation, anger control, and social risk taking; averaging 13% decrease in CANS ratings in these domains.

	<p><b>3.3.3</b> In partnership with community agencies, identify possible community-based supports for families with teenage children to ensure appropriate services.</p>	<p>June 2013</p> <p><b><u>October 2012 Update</u></b></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><b><u>October 2013 Update</u></b></p> <p>4 agencies have run Teen Triple P, which served 56 caregivers of 115 teens. 71% of these caregivers had a history of SFHSA involvement.</p>	<p>FRC Liaison Managers</p>
	<p><b>3.3.4</b> Strengthen access and immediacy of CalWORKS/Family Reunification family supportive services.</p>	<p>September 2010</p> <p><b><u>October 2012 Update</u></b></p> <p>As reported in the May 2011 update, TDM Workgroup, Linkages staff worked with TDM staff to develop a</p>	<p>Linkages Program Manager</p>

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.

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. 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><b><u>October 2013 Update:</u></b> There were 137 Linkages meetings in FY 12/13. SFHSA will not pursue the draft evaluation described above due to data matching issues.</p>	
	<p><b>3.3.5</b> Explore Linkages “Aftercare” meetings to ensure in-home supports</p>	<p>December 2010</p> <p><b><u>October 2012 Update</u></b></p> <p>In the last quarter, SFHSA has begun to offer Linkages aftercare meetings as a voluntary option for families.</p>	<p>Linkages 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.**

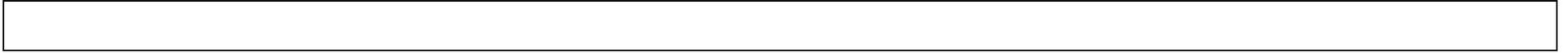
Staff and provider training on disproportionality, family engagement, standardized assessment tools, mental health and substance abuse resources, services, and related issues including safety planning and relapse prevention.

**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:**

<b>C2.3, Adoption within 12 months (17 months in care)</b>			
<b>County's Current Performance:</b>			
<p>San Francisco's baseline performance in April 2002 to March 2003 was 4.7%. Our current performance as of the last reporting period, July 2012 to June 2013, the rate of adoptions for children occurring between the 18<sup>th</sup> and 29<sup>th</sup> month in care (C2.3) was 12.3%. This is similar to the rate from the same quarter one year ago, 12.8%.</p> <p>The overall improvement target is to increase adoption within 12 months to the federal target of 22.7%.</p>			
<b>Improvement Goal 1.0</b>			
<b>Systemically develop and promote effective concurrent planning practices.</b>			
<b>Strategy 1. 1</b>		<input type="checkbox"/> <b>CAPIT</b> <input type="checkbox"/> <b>CBCAP</b> <input type="checkbox"/> <b>PSSF</b> <input checked="" type="checkbox"/> <b>N/A</b>	<b>Strategy Rationale</b>
<b>Develop stronger formal connection with adoption and other agency staff, including front end staff.</b>			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.
<b>Milestone</b>	1.1.1 Conduct pilot assigning adoption staff as secondary workers on court dependency and family reunification cases.	<b>Timeframe</b>	<b>Assigned to</b>
		<p>December 2010</p> <p><b><u>October 2012 Update</u></b></p> <p>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>	Adoptions, Court Dependency, and Family Services Units supervisors and workers

<p><b>1.1.2 Evaluate</b> pilot findings.</p>	<p>June 2011</p> <p><b><u>October 2012 Update</u></b></p> <p>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 &amp; Planning analyst</p>
<p><b>1.1.3</b> Develop policy and procedure based on pilot findings to determine on-going secondary assignment selection and process.</p>	<p>December 2011</p> <p><b><u>October 2011 Update</u></b></p> <p>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 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>Adoptions, Court Dependency, and Family Services Units directors and supervisors, Handbook Coordinator</p>
<p><b>Strategy 1. 2</b></p>	<p><input type="checkbox"/> <b>CAPIT</b></p> <p><input type="checkbox"/> <b>CBCAP</b></p>	<p><b>Strategy Rationale</b></p>

<b>Develop full range of permanency options early in the case.</b>	<input type="checkbox"/>	<b>PSSF</b>	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.
	<b>X</b>	<b>N/A</b>	

<b>Milestone</b>	<p><b>1.2.1</b> 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>	<b>Timeframe</b>	<p>June 2010</p> <p><b><u>October 2012 Update</u></b></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</p>	<b>Assigned to</b>	<p>Adoptions Program Director</p>
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		children aged 0-5. <b><u>October 2013 Update</u></b> In FY 12/13, 235 cases were reviewed at MAP.	
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<b>1.2.2 Develop</b> and conduct training for all ER, CPC, and search staff in family finding practices.	<u>June 2011</u>	ER and CPC Program Managers, Permanency Project Manager
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**October 2012 Update**

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 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.

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><b>October 2013 Update:</b>  Trainings in 2012/13 on SOP included The Three Houses and 12 modules as well as trainings specific to community partners and attorneys, TDM staff, and child welfare supervisors.</p>	
<p><b>Strategy 1. 3</b>  Strengthen the relationship between SFHSA and the Juvenile Dependency Court.</p>		<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	<p><b>Strategy Rationale</b>  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.</p>	
<p><b>Milestone</b></p>	<p><b>1.3. Continue</b> standing management meetings between the bench, Court personnel, and SFHSA.</p>	<p><b>Timeframe</b></p>	<p>On-going bimonthly meetings  October 2013 Update: Ongoing</p>	<p><b>Assigned to</b>  Program Director, Deputy Director</p>
	<p><b>1.3.2 In</b> partnership with the Bay Area Academy, conduct joint trainings between court, attorney</p>		<p>December 2011</p>	

<p>and agency staff on such topics as developmental and mental health issues for children and families and child welfare best practices.</p>	<p><b><u>October 2012 Update</u></b></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 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>Training Program Manager</p>
<p><b>1.3.3</b></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>Monthly meetings throughout project duration</p> <p><b><u>October 2012 Update</u></b></p> <p><b><i>In June, 2012, San Francisco completed its three year formal participation in the project.</i></b></p>	<p>Front End Program Director, 0-3 Program Manager, Deputy Director</p>

		<p><b><i>SFHSA has identified funding to maintain the program locally and plans to expand the age of children served through age 5.</i></b></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 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.</p>	
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<b>Improvement Goal 2.0</b>			
Increase relative and foster parent recruitment and engagement efforts.			
<b>Strategy 2. 1</b>		<input type="checkbox"/> <b>CAPIT</b> <input type="checkbox"/> <b>CBCAP</b> <input checked="" type="checkbox"/> <b>PSSF</b> <input type="checkbox"/> <b>N/A</b>	<b>Strategy Rationale</b>
Increase targeted recruitment for adoptive homes.			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
<b>Milestone</b>	<b>2.1.1</b> 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.	<b>Timeframe</b>	On-going  <u><b>October 2012 Update</b></u>  This project has continued; in FY 2011/12, 31 children were placed through the project.  <u><b>October 2013 Update:</b></u> Ongoing. FYS program staff have participated in and coordinated the participation of school site staff in support service
		<b>Assigned to</b>	Permanency and Recruitment Program Managers

	<p>meetings (i.e. IEP, SST, TDM meetings) to ensure appropriate school placement and school stability. FYS and school site staff participated in one hundred thirteen (113) TDMs; serving 141 unduplicated youth. FYS staff, funded through the Our Community, Our Children collaborative project, participated in TDMs and assisted with the identification of potential caregivers that would allow youth to remain in their school of origin despite home placement changes.</p>	
<p><b>2.1.2</b> 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>September 2010</p> <p><b><u>October 2012 Update</u></b></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>Permanency and Recruitment Program Managers, Child Assessment Center Program Director and Supervisor</p>
<p><b>2.1.3</b> In partnership with Seneca Center, and Family Builders, continue and expand Family</p>	<p>December 2010</p>	<p>Front end and Permanency Program</p>

<p>Finding efforts for children both entering care and in long-term placement without an identified permanent plan.</p>	<p><b><u>October 2012 Update</u></b></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 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. 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</p>	<p>Directors and Managers</p>
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	<p>anticipate expanding the program in the coming months as they hire new staff.</p> <p><b><u>October 2013 Update:</u></b>  As of June 2012, 471 youth detained in foster care and 107 youth detained for more than 10 days at Juvenile Hall have received Relative Notification Services. This program has more than doubled the potential network of adults for most of the youth served.</p>	
<p><b>2.1.4</b> Evaluate findings from recruitment and family finding projects to evaluate compliance and effectiveness.</p>	<p>June 2011 and ongoing</p> <p><b><u>October 2012 Update</u></b>  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>Front end and Permanency Program Directors and Managers, Policy and Planning analyst</p>
<p><b>Strategy 2. 2</b>  Conduct standardized, evidence-based assessments on</p>	<input type="checkbox"/> <b>CAPIT</b> <input type="checkbox"/> <b>CBCAP</b> <input type="checkbox"/> <b>PSSF</b>	<p><b>Strategy Rationale</b>  Utilization of the SDM relative assessment will provide</p>

potential caretaker homes.		<b>X</b>	<b>N/A</b>	evidence-based information as to the efficacy of placements to promote permanency. An objective tool will improve racial disparity and disproportionality	
<b>Milestone</b>	<b>2.2.1</b> Develop related policy and procedure on utilization of SDM tool.	<b>Timeframe</b>	January 2012	<b>Assigned to</b>	
	<b>2.2.2</b> In partnership with the Bay Area Academy, conduct trainings on utilization of SDM caretaker assessment.		September 2012  <b><u>October 2012 Update</u></b> Trainings occurred in the first quarter of 2011.		SDM Program Manager  Training Program Manager
	<b>2.2.3</b> Evaluate findings from utilization of SDM caretaker assessment to evaluate compliance and effectiveness.		December 2012 and on-going  <b><u>October 2012 Update</u></b> 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.  <b><u>October 2013 Update:</u></b> Data presented by SCP in August indicates that San Francisco is trending well on recurrence of		SDM Program Manager, Policy and Planning analyst

			maltreatment and placement stability measures impacted by the use of this tool.		
	<p><b>Strategy 2.3</b></p> <p>Develop and implement procedures to ensure compliance with All County Letter 09-86, Notification to Relatives.</p>	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	<p><b>Strategy Rationale</b></p> <p>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.</p>		
<b>Milestone</b>	<p><b>2.3.1</b> 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>	<b>Timeframe</b>	<p>June 2011</p> <p><u><b>October 2012 Update</b></u></p> <p>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.</p>	<b>Assigned to</b>	<p>Front end Program Director, Handbook Program Manager</p>

	Seneca Center is providing staff to assist with identification and contact of relatives per statute.	
<p><b>2.3.2</b> Develop and conduct related training for agency staff, including on CMS data entry.</p>	<p>December 2011</p> <p><b><u>October 2012 Update</u></b></p> <p>Seneca Family Finding staff provided training in 2011 for staff.</p>	<p>Training Program Manager</p>
<p><b>2.3.3</b> Evaluate CMS findings to evaluate compliance and effectiveness.</p>	<p>June 2012</p> <p><b><u>October 2012 Update</u></b></p> <p>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>

		<p><b><u>October 2013 Update</u></b></p> <p>As of June 2012, 471 youth detained in foster care and 107 youth detained for more than 10 days at Juvenile Hall have received Relative Notification services, significantly increasing the potential network of adults for these youth.</p>	
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<b>Improvement Goal 3.0</b>			
<b>Develop and offer relevant training, including staff and attorney training around concurrent planning and post-adoption services, and caretaker training on adoption issues.</b>			
<b>Strategy 3. 1</b>		<input type="checkbox"/> <b>CAPIT</b> <input type="checkbox"/> <b>CBCAP</b> <input type="checkbox"/> <b>PSSF</b> <input checked="" type="checkbox"/> <b>N/A</b>	<b>Strategy Rationale</b>
Identify resources for caretakers to support successful adoptions and develop related materials and concurrent planning training for staff and caretakers.			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.
<b>Milestone</b>	<b>3.1.1</b> Compile information of resources and services for fost-opt and adoption families.	<b>Timeframe</b>	<b>Assigned to</b>
		September 2010  <b><u>October 2012 Update</u></b>  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 fost-opt and adoptive families. 211	Adoptions Program Manager and Director

		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.	
	<b>3.1.2</b> Distribute information to staff, caretakers, community partners and attorneys.	<p>June 2011</p> <p><b>October 2012 Update</b></p> <p>This information was distributed per above and remains available on the 211.org website.</p>	Adoption Program Manager and Director
	<b>3.1.3</b> Incorporate information into related permanency trainings for staff, caretakers, community partners, and attorneys.	<p>December 2011</p> <p><b>October 2012 Update</b></p> <p>Permanency training is occurring through the BAA's SFTP, which has offered more coaching, mentoring and small unit discussions. The contracted "coaches/mentors," focused on family engagement and permanency through an SOP framework.</p>	Training Program Manager, Adoption Program Manager and Director
	<b>3.1.2 Remodel</b> kinship contracted services to expand services and support to child welfare families that promote movement to adoption and KinGap.	<p>December 2011</p> <p><b>October 2012 Update</b></p>	Kinship Services Manager

		<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><b>Strategy 3. 2</b></p> <p>Develop trainings on concurrent planning to promote exploring multiple options for children simultaneously, including recruitment and relative placements.</p>	<input type="checkbox"/>	<p><b>CAPIT</b></p>	<p><b>Strategy Rationale</b></p> <p>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>
	<input type="checkbox"/>	<p><b>CBCAP</b></p>	
	<input type="checkbox"/>	<p><b>PSSF</b></p>	
	<input checked="" type="checkbox"/>	<p><b>N/A</b></p>	

<p><b>3.2.1</b> In partnership with the Bay Area Academy, conduct trainings for staff and partners, including attorneys, around best concurrent planning practices.</p>	<p>December 2011</p> <p><b><u>October 2012 Update</u></b></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, CBs and Probation when understanding the complex 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><b><u>October 2013 Update:</u></b> Trainings in FY 12/13 for community partners and attorneys included Child Welfare 101; Visitation: The Purpose and the Process; and Safety Organized Practice.</p>	<p>Training Manager</p>
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	<p><b>3.2.2</b> 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>June 2011</p> <p><b><u>October 2012 Update</u></b></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>
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Milestone		Timeframe		Assigned to	
	<p><b>3.2.3</b> 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><b><u>October 2012 Update</u></b></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>

<b>Strategy 3.3</b>  Redesign the continuum of foster parent training, including PRIDE (Parent Resources for Information, Development, and Education), Medically Fragile Infants, and Options for Recovery, with integrated and systematic reinforcement of permanency and engagement principles.	<input type="checkbox"/>	<b>CAPIT</b>	<b>Strategy Rationale:</b> Literature reviews indicate that foster and adoptive families must be well-prepared and supported to sustain successful placements; yet at the same time, recruitment, preparation and support of these families is one of the most challenging aspects of concurrent planning. Developing an integrated training model will better provide a range of support and interventions accessible to foster parents to ensure successful placements and increase permanency.
	<input type="checkbox"/>	<b>CBCAP</b>	
	<input type="checkbox"/>	<b>PSSF</b>	
	<input checked="" type="checkbox"/>	<b>N/A</b>	

<p><b>3.3.1</b> 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><b><u>October 2012 Update</u></b> 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 NREFMs.</p> <p>SFTP 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</p>	<p>Training Program Manager, Policy Program Manager</p>
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			<p>“Back to Basics” one-time refresher sessions</p>		
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Milestone	3.3.3 Design and restructure training, including coordinating contracts and schedules, acquiring curriculum, and preparing trainers.	Timeframe	Assigned to
		<p>December 2011</p> <p><b><u>October 2012 Update:</u></b></p> <p>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 &amp; Triple P, the addition of advanced training courses, and planning for three large events.</p>	<p>Training Program Manager, Policy Program Manager</p>

<p><b>3.3.4</b> Implement new Foster Parent Training Program based on redesigned model.</p>	<p>July 2012</p> <p><b><u>October 2012 Update</u></b> The new program, the Parenting for Permanency College, was rolled out in the last FY per above descriptions.</p> <p><b><u>October 2013 Update</u></b> PPC offered multiple trainings for prospective foster parents during the 12/13 FY. This included 3 Triple P series for caregivers of children aged 2-12, 4 cycles of substance abuse/HIV infant program training (1 of which was in Spanish), and the addition of advanced training courses. These advanced courses were designed to provide ongoing learning and support post licensure or placement, and included 2 part conflict resolution training, ABCs of baby care, and a Celebrate Communication workshop aimed at improving care provider-adolescent communication and reflective listening skills. PPC also planned a Triple P series for caregivers of children aged 13-17, which commenced in July 2013.</p>	<p>Training Program Manager, Policy Program Manager</p>
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<b>Improvement Goal 4.0</b>			
<b>Continue and expand best practices around family engagement in concurrent planning.</b>			
<b>Strategy 4. 1</b>		<input type="checkbox"/> <b>CAPIT</b> <input type="checkbox"/> <b>CBCAP</b> <input checked="" type="checkbox"/> <b>PSSF</b> <input type="checkbox"/> <b>N/A</b>	<b>Strategy Rationale</b>
Expand the use of family team meetings.			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.
<b>Milestone</b>	<b>4.1.1</b> 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.	<b>Timeframe</b>	<b>Assigned to</b>
		<p>On-going</p> <p><b><u>October 2012 Update</u></b></p> <p>Between July 1, 2011 and June 30, 2011 Consortium for Children completed 73 mediations for SF County and reached agreement in all but 6 of those cases</p> <p><b><u>October 2013 Update:</u></b> Consortium for Children continues to provide permanency planning medication for San Francisco. For the 2012-13 FY, SFHSA referred 27 families for mediation that resulted in 22 agreements (some referrals had</p>	Program Directors and Supervisors

		multiple agreements) and 12 No Agreements.	
	<b>4.1.2 Mandate</b> Permanency Team Decision Meetings for permanent placements including adoptive placements.	December 2011  <b><u>October 2012 Update</u></b>  Permanency TDMS were mandated in October, 2011 and the TDM policy was updated and reissued at that time.	Program Directors and Supervisors, TDM Program Manager
	<b>4.1.3</b> Expand SF CANDO beyond Bayview/Hunter's Point area	June 2013  <b><u>October 2012 Update</u></b>  Per the May 2011 Update, The SF CANDO project has been incorporated into broader FCS Family Team Meeting strategies.	SFCANDO Program Manager
	<b>4.1.4</b> Ensure staff and partners involved in TDMs have training and support for their role in the TDM meeting to encourage full participation in the meeting and ensure live decisions.	December 2012  <b><u>October 2012 Update</u></b>  The TDM workgroup meets quarterly and provides participants, including both TDM and CBO staff, with information about community	TDM Program Manager and Director, Training Program Manager

		<p>resources and services, and reviews and updates related policy and procedures.</p> <p><b><u>October 2013:</u></b> The TDM workgroup continues to meet quarterly. Training for TDM staff in 2012/13 included Safety Organized Practice to better incorporate the model into TDMs.</p>	
	<p><b>4.1.5</b> Develop policy and procedure with corresponding flowchart and matrix for child welfare staff and community partners</p>	<p>December 2011</p> <p><b><u>October 2012 Update</u></b></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><b>4.1.6</b> Establish policy and protocol for Linkages case coordination meetings for department wide implementation</p>	<p>June 2013</p> <p><b><u>October 2012 Update</u></b></p> <p>As per the previous update, A policy and protocol handbook</p>	<p>Linkages Program Manager</p>

			section was developed and issued in July 2010.		
	<b>Strategy 4. 2</b> Facilitate the development of a mentoring relationship between foster and biological parents through such implementation of such practices as icebreakers.	<input type="checkbox"/> <b>CAPIT</b> <input type="checkbox"/> <b>CBCAP</b> <input type="checkbox"/> <b>PSSF</b> <input checked="" type="checkbox"/> <b>N/A</b>	<b>Strategy Rationale</b> 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.		
<b>Milestone</b>	<b>4.2.1</b> Develop an icebreaker protocol for FCS.	<b>Timeframe</b>	December 2011  <u><b>October 2012 Update</b></u>  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.  <u><b>October 2013 Update:</b></u> An icebreaker protocol has not been developed due to budget and staffing constraints.	<b>Assigned to</b>	Foster Parent Program Manager
	<b>4.2.2</b> In partnership with the Bay Area Academy, develop and conduct training for child welfare		June 2012		Foster Parent Program Manager,

<p>staff, caretakers, and partners.</p>	<p><b><u>October 2012 Update</u></b></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 for our staff, and incorporate these learnings into the PPC curriculum by the end of 2013.</p> <p><b><u>October 2013 Update:</u></b> Due to staffing and budget constraints, icebreakers have not been developed.</p>	<p>Training Program Manager</p>
<p><b>4.2.3</b> Monitor and evaluate icebreaker usage to determine compliance and effectiveness.</p>	<p>December 2012 and ongoing</p> <p><b><u>October 2012 Update</u></b></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>

**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:**

In 2011 there were 137 youth from the Juvenile Probation that were committed to Out of Home Placement. This is a 14% commitment to OOHP in comparison with the number of petitions filed for the year. In 2012 there were a total of 99 committed which is a decrease of 28% of the number of youth in Placement from 2011 to 2012 and a 12% decrease when compared to the number of petitions filed for 2012, JPD hit a milestone having fewer than 100 youth committed to out of home placement in a calendar year.

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

**Strategy Rationale**

The literature indicates that early intervention is a protective factor in preventing placement for youth in the probation system. Expanding early access to such services will reduce entries into care. The PQCR also recommended increased resources for mental health and parenting education services.

<b>Milestone</b>	<b>1.1.1</b>	<b>Timeframe</b>	June 2011	<b>Assigned</b>	Probation Services Director
	n partnership with CBHS, expand capacity and utilization of evidence-based therapeutic practices such as Multi-Systemic Therapy and Functional Family		<b>2012 Update</b> MST is a tremendous resource for JPD families. JPD referred 83 families for MST		

<p>Therapy.</p>	<p>services in 2011.</p> <p>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.</p> <p><b><u>October 2013 Update:</u></b></p> <p>During 2012 JPD referred 33 clients to MST. During 2012 San Francisco's MST Program downsized from having two MST teams to one. This reduction was replaced by an increase in Wraparound services provided by Seneca Center.</p> <p>Referrals to Functional Family Therapy (FFT) were reduced and therefore JPD and AIIM did not refer any clients in 2012 to their services.</p> <p>See the Narrative for the SIP Progress Report for data.</p> <p>On-going</p>	
<p><b>1.1.2</b> 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.</p>	<p>June 2012</p> <p><b><u>October 2013 Update</u></b></p> <p>JPD explored the use of these programs. However, their focus was not on those families with teens.</p> <p>In 2013 the Community Assessment and Referral Center (CARC) instituted a parenting program offered in both English and Spanish which better suited JPD families. The Department began to utilize this program as a referral source for the</p>	<p>Probation Services Director</p>

	<p>families.</p> <p>JPD in collaboration with the Center for Juvenile and Criminal Justice (CJCJ) offer a parenting component to the Saturday alternative to detention program known as the Probation Enrichment Program (PEP). The program has an evidence based curriculum and addresses the youth's risks and needs as well as parent support and parent education.</p> <p>In addition, parents are expected to attend a probation orientation program facilitated by the Juvenile Advisory Council and attended by all youth placed on probation.</p> <p>On going</p>	
<p><b>1.1.3</b> Continue AIIM Higher (Assess, Identify Needs, Integrate Information, and Match to Services), a partnership between the San Francisco Juvenile Probation Department and the Department of Public Health's Child, Youth and Family System of Care to provide data-driven assessment, planning, and linkage services that engage juvenile justice-involved youth and their families in targeted and effective community-based interventions.</p>	<p>On-going</p> <p><u><b>2012 Update</b></u></p> <p>AIIM Higher has been fully integrated with Probation Services. The services provided by AIIM higher continue to expand, both in number and in outcomes.</p> <p>AIIM Higher staff participate in the JPD facilitated Inter-Agency Review Meetings held twice a week. Through information provided at this meeting it is determined</p>	<p>Community-Based Organization Liaison</p>

			<p>what youth meet criteria for CAT (Crisis Assessment Tool). When appropriate a full CANS assessment is completed. The CANS assesses strengths, risk and needs and determines the appropriate level of service for youth.</p> <p>AIIM Higher staff are also a part of weekly JPD Multi-Disciplinary Team Meetings. They provide individual and systemic consultation to Probation to assure mental health services are integrated into the probation case plan for those youth who meet criteria and are being considered for removal from the home.</p> <p><b><u>October 2013 Update</u></b></p> <p>AIIM Higher continues to provide a CAT or CANS assessment to JPD youth who meet criteria. Participants are referred to services based on their particular combination of needs and strengths. AIIM Higher provided the linkage to the program for a streamlined integrated service flow. In 2012, 310 youth were screened.</p> <p>On-going</p>		
<p><b>Strategy 1. 2</b></p> <p>Review the mental health supports to expand early intervention and step-down services.</p>	<input type="checkbox"/>	<p><b>CAPIT</b></p>	<p><b>Strategy Rationale</b> 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"/>	<p><b>CBCAP</b></p>				
<input type="checkbox"/>	<p><b>PSSF</b></p>				
<input checked="" type="checkbox"/>	<p><b>N/A</b></p>				

<b>Milestone</b>	<p><b>1.2.1</b> In partnership with CBHS, review linkage of EPSDT with clinical services for probation youth and families to expand service delivery.</p>	<b>Timeframe</b>	<p><b>On-going monthly meetings</b></p> <p><u><b>2012 Update</b></u></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. Monthly meetings continue to provide an excellent opportunity to address openings, concerns and problem solve.</p> <p><u>October 2013 Update</u></p> <p>During 2012 four new program services were made accessible to JPD youth based on our analysis of needs. Aggression Replacement Therapy (ART), Anger Management for youth involved in Domestic Violence and Outpatient Substance Abuse Counseling.</p> <p>On-going</p>	<b>Assigned to</b>	<p>Community-based Organization Liaison, Probation Services Director, Director of Administrative Services</p>
	<p><b>1.2.2</b> In partnership with CBHS, conduct training on mental health symptomology for all juvenile probation officers.</p>		<p>June 2011</p> <p><u><b>2012 Update</b></u></p> <p>Training was provided to JPD by AIIM Higher staff on the CANS assessment tool which scores diagnosis and describes</p>		<p>Juvenile Probation Training Officer</p>

	<p>symptomatology. AIIM Higher will continue to provide more training in this area.</p> <p>CBHS provided JPD training on Clinical Case Management and Supervision. This addressed Clinical Supervision services assess and treat criminogenic risk factors and mental health symptomatology.</p> <p><b><u>October 2013 Update</u></b></p> <p>During 2012 specific training in symptomatology was not provided in partnership with CBHS. However, JPD provided probation officers with the 8 hour training course: Stages of Change and Harm Reduction: Strategies to Engage Teens on 9/12/12.</p> <p>Training in this area is On-going</p>	
<p><b>1.2.3</b> In partnership with the Department of Children, Youth and their Families Violence Prevention Initiative, conduct training on group work process for juvenile probation officers.</p>	<p>June 2011</p> <p><b><u>2012 Update</u></b></p> <p><b>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.</b></p> <p><b><u>October 2013 Update</u></b></p> <p>No training in this area was conducted during this reporting year. Youth engagement strategies including groupwork will be an area of focus during the upcoming</p>	<p>Juvenile Probation Training Officer</p>

			reporting period.	
<b>Strategy 1. 3</b>		<input type="checkbox"/> <b>CAPIT</b> <input type="checkbox"/> <b>CBCAP</b> <input type="checkbox"/> <b>PSSF</b> <input checked="" type="checkbox"/> <b>N/A</b>		<b>Strategy Rationale</b> Services are needed at key transition points to provide the appropriate level of supports necessary from residential to family-like settings.
Expand supportive services for youth and families to ensure successful step-down from higher level placement.				
<b>Milestone</b>	<b>1.3.1</b> In partnership with CBHS, FCS, and the county wraparound provider, identify youth appropriate for wraparound services to support step down.  services.	<b>Timeframe</b>	<p>Since December 2009 and on-going at weekly JCRT meetings</p> <p><u>2012 Update</u></p> <p>Youth returning home from placement and youth involved in the JPD-CBHS Behavioral Health Court are the target focus for wrap-around services.</p> <p><u>October 2013 Update</u></p> <p>Youth re-entering the community from placement, our county camp and those identified through the CANS assessment as requiring a higher level of intervention are the focus for wrap referrals. As previous indicated, the Department increased utilization of wraparound services in lieu of MST.</p>	<b>Assigned to</b>
				JCRT Grant Team/Probation Services Director

	<p><b>1.3.2</b> 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.</p>	<p>September 2011</p> <p><b><u>2012 Update</u></b></p> <p>The Theory of Change training was provided by Dr. Latessa in 2010 in addition to YASI training 2 years ago. This training will continue through the Carey Guides Training</p> <p><b><u>October 2013 Update</u></b></p> <p>JPD provided probation officers with 8 hour training courses: Behavioral Interventions on 2/28/12, The Impact of Trauma on Youth 3/27/12, Stages of Change and Harm Reduction on 7/10/12 and Stages of Change with Strategies for Change on 8/23/12.</p>	<p>JPD Training Officer</p>
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<b>Improvement Goal 2.0</b>					
<b>Expand collaborative efforts with public and private partners to promote assessment, intervention, and post-reunification or step-down services.</b>					
<b>Strategy 2.1</b> Continue interagency collaborations which support coordinated intake, case planning and/or service delivery.		<input type="checkbox"/> <b>CAPIT</b> <input type="checkbox"/> <b>CBCAP</b> <input type="checkbox"/> <b>PSSF</b> <input checked="" type="checkbox"/> <b>N/A</b>	<b>Strategy Rationale</b> 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.		
<b>Milestone</b>	<b>2.1.1</b> Continue collaboration with SFCANDO, a coordinated case management approach between public agencies for families in targeted neighborhoods involved in more than one system.	<b>Timeframe</b>	<p>Ended</p> <p><b>2012 Update:</b></p> <p>Due to fiscal reasons, SFCANDO is no longer in existence. While in collaboration JPD staff attended several training and case conferences.</p>	<b>Assigned to</b>	Assistant Chief Probation Officer, Director of Probation Services
	<b>2.1.2</b> Continue collaboration with MAST (Multi-Agency Services Team) for high-need children and youth.		<p>On-going weekly meeting</p> <p><b>2012 Update:</b></p> <p>Probation is represented weekly at MAST by either the Placement Unit Supervisor or a Senior Probation Officer Supervisor.</p> <p><b>October 2013 Update:</b></p> <p>The department continues active participation on the Multi-Agency Services Team (MAST).</p>		Director of Probation Services, Senior Supervising Probation Officer, Placement Unit Supervisor

	On-going	
<p><b>2.1.3</b> Continue to include partners in JPD-led meetings including the MDT and Inter-Agency Case Review Team.</p>	<p>On-going</p> <p><b><u>2012 Update:</u></b></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 several times a week include Probation Supervisors and line staff, a representative from Human Service Agency, AIIM Higher, SPY, and SFUSD.</p> <p>JCRT continue their weekly partnership meetings led by JPD and include the Probation Officer, Public Defender, staff from CJCJ and a case manager.</p> <p>LCRS Aftercare meetings occur weekly in collaboration 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><b><u>October 2013 Update:</u></b></p> <p>At MDT a representative from Dept. of Public Health and AIIM Higher have substituted for the CBHS and MST representatives. In addition, a Relative Notification Coordinator for Family Finding is also present. This partnership continues to</p>	<p>Placement Unit Supervisor, Sr. Supervising Probation Officer, Probation Director, Juvenile Hall Director, and Log Cabin Ranch Director</p>

			be strong.		
			On-going		
<b>Strategy 2. 2</b>		<input type="checkbox"/> <b>CAPIT</b> <input type="checkbox"/> <b>CBCAP</b> <input type="checkbox"/> <b>PSSF</b> <input checked="" type="checkbox"/> <b>N/A</b>	<b>Strategy Rationale</b> Improving concurrent planning practices will assist in identify more family-like settings for probation youth earlier in the case. The PQCR also recommended that communication be stronger between the two agencies and this helps support that recommendation.		
Strengthen partnership with FCS to develop concurrent planning practices for families.					
<b>Milestone</b>	<b>2.2.1</b> Explore family-finding supports for youth in the probation system.	<b>Timeframe</b>	December 2010	<b>Assigned to</b>	Juvenile Probation Administration
			<u><b>2012 Update:</b></u> The protocol is in process as JPD continues to meet with Seneca Center to address compliance with AB938. Using SB163 wrap savings, Seneca Center has identified a staff member to assist in the identification, location and notification of adult relatives when a child is at risk for removal from the home. Seneca Center is currently providing this service for SFHSA.  Protocol is currently being established for Probation staff with a policy to follow shortly.		
			<u><b>October 2013 Update:</b></u>  JPD has an assigned a Relative Notification Coordinator (RNC). A protocol has been developed to identify youth who are at risk for out of home placement. Referral forms, notification letters and integration of the RNC into appropriate meetings to assist in the identification of the youth has been developed. In 2012, 246 youth were served		

	and 464 letters mailed.	
<p><b>2.2.2,</b> Conduct cross agency training around family finding and identification of extended family members.</p>	<p>June 2011</p> <p><b><u>2012 Update:</u></b></p> <p>The JPD Training Officer has been in communication with providers to schedule this training for all JPD staff.</p> <p><b><u>October 2013 Update:</u></b></p> <p>Training was held in February of 2012 for all probation officers. The training consisted of education around federal mandates, family finding, identification and engagement. Additional training sessions to include cross agency representation will be planned.</p> <p>On-going</p>	<p>Juvenile Probation Administration, Training Officer, and Community-Based Organization Liaison</p>
<p><b>2.2.3</b> Conduct cross agency training around concurrent planning and placement best practices.</p>	<p>June 2011</p> <p><b><u>2012 Update:</u></b></p> <p>Through SFCANDO and the Bay Area Academy, JPD and SFHSA were involved in cross agency 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</p>	<p>Juvenile Probation Administration, Training Officer, and Community-based Organization Liaison</p>

			<p>systems.</p> <p>Additional cross agency training will be discussed as we begin to plan and prepare for the next training year beginning July.</p> <p><b><u>October 2013 Update:</u></b></p> <p>JPD continues to be involved in cross agency trainings and events with our partners from the Courts, DPH, HSA and SFUSD. In 2012, representatives from our city partners gathered quarterly to establish a process to ensure services (which can include placement) are provided for youth who have significant mental health needs.</p> <p>On-going</p>		
<b>Strategy 2.3</b>		<input type="checkbox"/> <b>CAPIT</b> <input type="checkbox"/> <b>CBCAP</b> <input type="checkbox"/> <b>PSSF</b> <input checked="" type="checkbox"/> <b>N/A</b>	<b>Strategy Rationale</b> The PQCR recommended that JPD strengthen its relationship with the Court to promote best outcomes for youth and families and streamline probation officer efforts.		
Strengthen relationship with the Juvenile Court.					
<b>Milestone</b>	<b>2.3.1</b> Expand restorative justice efforts through continued participation in JCERT (Juvenile Collaborative Court Reentry Team), which provides specialized reentry to reduce recidivism and improve public safety through judicial oversight.	<b>Timeframe</b>	<p>Quarterly Meetings;</p> <p>On-going since December 2009</p> <p><b><u>2012 Update:</u></b></p> <p>The JCRT Team meetings are consistent in their occurrence and oversight. JCERT</p>	<b>Assigned to</b>	JCRT Team and Administrative Group

	<p>served 47 youth during 2010.</p> <p>JCRT Team weekly meeting with dedicated Juvenile Court Judge.</p> <p>JCRT Administrative group meets monthly to provide oversight.</p> <p><b><u>October 2013 Update:</u></b></p> <p>JCRT served 58 youth in 2011 and 53 in 2012. Recidivism for the youth served under this program continues to decline. During 2012, JPD received additional funds to expand this model to the Juvenile Collaborative Reentry Unit (JCRU) to include all youth exiting from long term placements. This will allow JPD to serve more youth under this comprehensive reentry program. See the narrative for additional data.</p> <p>On-going</p>	
<p><b>2.3.2</b> Continue participation in regular meetings with the Judge and Bench officers to share information, plan and problem solve.</p>	<p>On-going bi-monthly (at minimum) meetings</p> <p><b><u>2012 Update:</u></b></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>JPD Chief Probation Officer, Assistant Chief Probation Officer, Director of Administrative Services, Probation Services Director</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><b><u>2013 Update:</u></b></p> <p>These meetings continue to serve as an effective forum for communication and problem-solving efforts.</p> <p>On-going</p>	
	<p><b>2.3.3</b> 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><b>Beginning July 2010</b></p> <p><b><u>2012 Update:</u></b></p> <p>Our system partners through CBHS (MST, AIIM Higher, WRAP and ISCS) are evidence based programs that utilize the CANS assessment tool to identify the youth's risks and needs which in turn, identifies the appropriate level of service.</p> <p><b><u>2013 Update:</u></b></p> <p>A training workshop was conducted for</p>	<p>Training Officer, Probation Services Director</p>

			<p>judges by representatives from CBHS and a CARC Substance Abuse treatment clinician, specifically focused on evidence-based substance abuse assessment, treatment, and sobriety compliance options.</p> <p>On-going</p>	
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<b>Improvement Goal 3.0</b>			
<b>Improve probation operations to promote best practices.</b>			
<b>Strategy 3. 1</b> Strengthen educational supports for youth and partnership with SFUSD.		<input type="checkbox"/> <b>CAPIT</b> <input type="checkbox"/> <b>CBCAP</b> <input type="checkbox"/> <b>PSSF</b> <input checked="" type="checkbox"/> <b>N/A</b>	<b>Strategy Rationale</b> The literature reveals that a variety of educational issues impact prevention of placement. Improving educational supports will help maintain more youth at home.
<b>Milestone</b>	<b>3.1.1</b> In partnership with CBHS and SFUSD, increase utilization of AB3632 for probation youth as appropriate.	<b>Timeframe</b>	<b>Assigned to</b>
		Quarterly On-going since December 2009  <u><b>2012 Update:</b></u> AB3632 was red-lined by the Governor and taken out of this year's state budget.  <u><b>October 2013 Update:</b></u> AB 114 eliminated all statute and regulations related to AB 3632. The trailer bill transferred responsibility and funding for educationally related mental health services, including residential services, from county mental health and child welfare departments to education. Given the transfer of responsibility, representatives from the Court, CBHS, SFUSD, HSA and JPD have created a collaborative mental health task force to develop a system with all partners to assure services are provided for youth who have significant mental health needs and may be at risk for placement outside the	JCRT Team

	<p>home.</p> <p>On-going</p>	
<p><b>3.1.2</b> In partnership with SFUSD and FCS, review AB490 protocols to assess implementation through formalized collaboration between the JCRT Team and SFUSD AB 490 Coordinator.</p>	<p>Quarterly as needed</p> <p>On-going since March 2010</p> <p><b><u>2012 Update:</u></b></p> <p>JPD continues to be an integral part of this collaboration with the regular attendance of this meeting by the JCERT assigned Probation Officer.</p> <p>On-going</p>	<p>JCRT Team</p>
<p><b>3.1.3</b> 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.</p>	<p>Monthly Hearing</p> <p>August 2010 and on-going</p> <p><b><u>2012 Update:</u></b></p> <p>With the transfer of JPD's Director of Probation Services, monthly meetings with TARC have since been attended by JPD's Director of Administration.</p> <p>JPD staff continue to attend the SARB meetings.</p> <p><b><u>October 2013 Update:</u></b></p> <p>In 2012 JPD assigned a Probation Officer to participate in the City-wide Interagency Meeting. The purpose of the team is to provide team-based problem solving and</p>	<p>Probation Services Director</p> <p><b><u>Modify:</u></b> Probation Services Director, Director of Administration or Senior Supervising Probation Officer.</p>

			<p>support for “non-attending” or seriously struggling students, when schools have exhausted all of their resources and interventions. These are all extremely complex cases where a SARB has either already occurred, or has been deemed to be insufficient to address the myriad of complex issues facing the student and/or family. The team is comprised of representatives from SFUSD including: Pupil Services, School Health, Special Ed and County School as well as HSA, DPH, and SFPD. The Department is now participating in a multi-system collaborative as part of a statewide initiative “Keeping Kids in School and Out of the Courts” as led by the Administrative Office of the Courts.</p> <p>On-going</p>	
<p><b>Strategy 3. 2</b></p> <p>Expand parent engagement strategies and family systems approach.</p>		<input type="checkbox"/> <b>CAPIT</b> <input type="checkbox"/> <b>CBCAP</b> <input type="checkbox"/> <b>PSSF</b> <input checked="" type="checkbox"/> <b>N/A</b>	<p><b>Strategy Rationale</b> Parents in the Delinquency Court are not entitled to legal representation as parents in the Dependency Court, nor do they have the same accountability. Thus the process can be confusing and difficult. Engagement of parents is critical in supporting best outcomes for the youth and family.</p>	
<p><b>Milestone</b></p>	<p><b>3.2.1</b> 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><b>Timeframe</b></p>	<p>December 2011</p> <p><u><b>2012 Update:</b></u></p> <p>JPD, in partnership with parent partners (Families Understanding the System), 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 which is also</p>	<p><b>Assigned to</b></p> <p>Chief Probation Officer</p>

		<p>available on the Juvenile Probation website. These guides have been translated and are available in 5 different languages.</p> <p><b><u>October 2013 Update:</u></b></p> <p>Unfortunately, “Families Understanding the System” was not sustainable. The leader of the operation obtained full time employment and did not have sufficient time to devote to the development of the program and parents involved.</p> <p>JPD took some steps in trying to create a parent advisory and support group. Chief Siffermann engaged parents on Saturdays prior to visiting hours in the detention facility and met individually with numerous parents. JPD will continue efforts to establish a more meaningful and sustainable parental engagement strategy.</p> <p>On-going</p>	
	<p><b>3.2.2</b> 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>June 2011</p> <p><b><u>2012 Update:</u></b></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>Assistant Chief Probation Officer, Probation Services Director, and Placement Unit Supervisor</p>

			<p>Parents are an integral part of this orientation and are required to attend. This forum is an effective way of engaging parents, educating them on how to navigate through the system, work collaboratively with the Probation Officers, and find support from the other parents. Ninety-three (93) parents attended these Orientations during 2010.</p> <p><b><u>October 2013 Update:</u></b></p> <p>104 parents and youth attended these Orientations during 2012. Refer to the narrative section of the SIP progress report for additional information.</p> <p>On-going</p>	
	<p><b>3.2.3</b> 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><b><u>2012 Update:</u></b></p> <p>This is yet to be developed.</p>	<p>Assistant Chief Probation Officer, Probation Services Director, and Placement Unit Supervisor</p>
<p><b>Strategy 3.3</b></p> <p>Utilize the court process more effectively to promote good outcomes for youth.</p>		<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	<p><b>Strategy Rationale</b></p> <p>This strategy builds on 2.3, above, to enable Probation Officers to</p>	
<p><b>Milestone</b></p>	<p><b>3.3.1</b> Utilize more effective intermediate and administrative sanctions for technical violations by identified evidence-based tools for probation</p>	<p><b>Timeframe</b></p>	<p>December 2010</p> <p><b><u>2012 Update:</u></b></p> <p>Training on effective intermediate and</p>	<p><b>Assignee</b></p> <p>Probation Services Director, Training Officer</p>

<p>officers to use as graduated responses to youth's behavior, and revising related case management policy accordingly.</p>	<p>administrative sanctions for technical violations has been provided and are ongoing.</p> <p><b><u>October 2013 Update:</u></b></p> <p>In 2011 JPD began the development of a community based Saturday service program as an alternative to secure detention for technical violations. This program is referred to as the Probation Enhancement Program or the PEP. The PEP establishes personal accountability for the youth and develops individual competencies as both the youth on probation and their parents participate. The activities are derived from an evidence based curriculum from the Carey Guides. See SIP narrative for data on the program.</p>	
<p><b>3.3.2</b> Revise court report formats to better provide pertinent information.</p>	<p>Monthly meetings or as needed</p> <p>Beginning February 2010 and on-going</p> <p><b><u>2012 Update:</u></b></p> <p>JPD recently adopted new Court report formats for the Placement Unit that have been revised in compliance with Title IV-E.</p>	<p>Probation Services Director, Placement Unit Supervisor, and IT Director</p>
<p><b>3.3.3</b> In collaboration with Administrative Office of the Courts, provide Court training for Juvenile Probation placement officers.</p>	<p>June 2010</p> <p><b><u>2012 Update:</u></b></p> <p>Newly transferred Placement Officer's will</p>	<p>Training Officer</p>

		<p>be expected to participate in the 63 hour Placement Core training.</p> <p><b><u>October 2013 Update:</u></b></p> <p>Placement Officers participate in a variety of training programs specific to their assignment. These include sessions offered through the the Resource center for Family Focused Practice at UC Davis Extension.</p> <p>On-going</p>	
<p><b>Strategy 3. 4</b></p> <p>Expand the use of a standardized approach to assessment and placement decision making and intervention.</p>		<input type="checkbox"/> <b>CAPIT</b> <input type="checkbox"/> <b>CBCAP</b> <input type="checkbox"/> <b>PSSF</b> <input checked="" type="checkbox"/> <b>N/A</b>	<p><b>Strategy Rationale</b></p> <p>Standardized tools ensure appropriate safety assessments and consistent practice. Consistent use of such tools will reduce disproportionality.</p>
<p><b>3.4. 1</b> 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><b>Timeframe</b></p>	<p>June 2010 and on-going</p> <p><b><u>2012 Update:</u></b></p> <p>JPD has begun to emphasize value of 'bi-annual re-assessments'. The YASI committee had several meetings to review utilization. Of the 379 youth given the full assessment in 2010, 322 (86%) were either medium or high risk for re-offending.</p> <p><b><u>October 2013 Update:</u></b></p> <p>The YASI continues to be used to identify the strength, risk and needs of the youth we</p>	<p><b>Assigned to</b></p> <p>Probation Services Director, Supervisors</p>

	<p>serve. Although JPD continues to emphasize the value of assessments, the consistent use of these tools and their findings requires ongoing analysis and review.</p> <p>On-going</p>	
<p><b>3.4.2</b> Update policy, protocols and training for the YASI based on compliance findings and establish related training schedule.</p>	<p>September 2010</p> <p><b><u>2012 Update:</u></b></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><b><u>October 2013 Update:</u></b></p> <p>JPD has selected a case management system however we are still at the beginning stages of configuring our system needs. Discussions continue related to potential upgrades regarding our assessment tool. This is still in-progress.</p> <p>On-going</p>	<p>Probation Services Director, Training Officer, and Supervising Probation Officers</p>
<p><b>Describe any additional systemic factors needing to be addressed that support the improvement plan goals.</b></p> <p>Juvenile Probation has undertaken the revision of policies for the Probation Services Division. The committee will begin the revision and development of placement policies in 2013 in-line with both the mission of the department and best practice. Probation is working to enhance the use of technology to assist officers in order to streamline day to day operations and provide efficient monitoring of department expectations</p>		

and policies.

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

Regular training in Mental Health Symptomology given the increase of youth with significant mental health issues within JPD.

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

SFUSD will provide more targeted and appropriate placements in school for youth returning from out of home placement.

A large barrier in reducing the utilization of placement and or reducing the length of stay in Placement is impacted by defense attorneys and the bench who at times are inclined to utilize AB12/212 to drive their decision making.

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

Juvenile Probation Administration is currently working on an implementation plan for AB 938 regarding probation officers to exercise due diligence to identify and engage relatives when a child is removed from the home or may be in need of out of home placement.