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California – Child and Family Services Review Signature Sheet

For submittal of: CSA [ ] SIP [x] Progress Report [ ]

County	San Francisco
SIP Period Dates	October 14 2014 through October 13 2019
Outcome Data Period	

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California - Child and Family Services Review

System Improvement Plan

OCTOBER 15, 2014 – OCTOBER 14, 2019

Rev. 12/2013

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Introduction

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

AB 636 mandates that every county undergo a self assessment, qualitative case review process, and system improvement plan every five years. It shifts child welfare services to a more outcomes-based system and promotes key reforms, such as partnering more actively with the community, sharing responsibility for child safety, strengthening families, and assuring the fairness and equity of service delivery and outcomes. SF-HSA and SF-JPD must analyze, in collaboration with key partners, performance on critical child welfare outcomes and develop plans to build on systemic strengths and overcome weaknesses.

The SIP incorporates planning for expenditures and strategies related to the Office of Child Abuse Prevention (OCAP) programs: Child Abuse Prevention, Intervention and Treatment (CAPIT), Community-Based Prevention (CBCAP), and Promoting Safe and Stable Families (PSSF) programs. Consequently this document reflects a broad continuum of strategies to improve outcomes, from early intervention and prevention through aftercare supports.

This 2014 SIP marks the fourth SIP cycle for SFHSA and Probation, and incorporates the findings of the 2014 Self-Assessment and Peer Review as mandated by AB636. The Peer Review was completed in February, 2014 by both SF-HSA and SF-JPD. In interviews with peers from selected counties, child welfare staff identified strategies to address the issue of timeliness to reunification, and Juvenile Probation staff identified strategies to increase educational outcomes. The Self-Assessment, which outlines system strengths and areas for improvement, was also completed in May, 2014 through a community planning process.

San Francisco's SIP focuses on three goals for outcome improvement:

- Increase timeliness to reunification for children in foster care
- Reduce reentry for children who come back into foster care within a year of reunification
- Increase timeliness to successful reunification for youth involved with Juvenile Probation.

The strategies selected to achieve these goals target specific systemic factors impacting service delivery and outcomes. For child welfare, these include the county's case review and quality assurance systems, workforce development (i.e., staff, caregiver, and service provider training), and extensive public and private agency cross-system planning, collaboration, and program implementation. Juvenile Probation strategies speak to better utilization of case management information systems and strengthening agency collaborations. These broader system structures provide the foundation essential to meet and sustain outcome improvement goals, and are critical components of a larger agency vision to build a climate and culture that promotes innovation, partnership, and performance.

San Francisco also seeks to impact racial disparity through the SIP strategies. Given the continued and significant overrepresentation of children of color in foster care and juvenile probation, especially African American, Native American, and Latino children, San Francisco views improvement efforts from the lens of racial disproportion. SF-HSA and SF-JPD remain engaged in a number of initiatives and projects to improve disproportion and ensure positive outcomes for children and families, including the use of standardized risk assessment tools and safety organized practices.

SIP Narrative

C-CFSR Team and Core Representatives

Community and public and private agency partners constitute the child welfare / juvenile probation Core Team, which has played a critical role in Self Improvement Plan development and implementation since San Francisco's initial plan. SF-HSA and the San Francisco Juvenile Probation Department (JPD) have met with public and private partners in multiple venues to present data analysis and program information, and elicit their experience, ideas, and support regarding San Francisco's performance on the designated outcomes and improvement efforts. Meeting venues included the bimonthly Family and Children's Services Provider Advisory Council, public and private partner community forums regarding the implementation of Katie A., and multiple planning and coordination efforts with Family Resource Centers, First Five San Francisco, the Department of Children Youth, and Their Families, and Department of Public Health divisions such as Community Behavioral Health and Maternal and Child Health. Projects like the Fatherhood Initiative and Urban Trails, a partnership with the Native American Health Center focusing on Native American and indigenous youth and families, provided valuable insight into outcome improvement efforts. In addition, a series of focus groups was conducted

this year with staff, community partners, youth, parents, and caregivers to garner further thoughts and recommendations. A list of core representatives can be found in Attachment A.

SF- HSA and JPD presented and discussed data and information relating to AB 636 outcomes at the meeting venues and planning processes described above and facilitated group discussion regarding stakeholder insight into outcome improvement. Presentations included the Quarterly Data Report, SafeMeasures data, county demographic information and related mapping and graphs, project updates including data analysis, and information on OCAP funded strategies. Additional Core Team meetings were held in July to review and finalize proposed strategies for the SIP.

CHILD WELFARE PRIORITIZATION OF OUTCOME DATA MEASURES/SYSTEMIC FACTORS AND STRATEGY RATIONALE

San Francisco Human Services Agency has selected outcomes C1.3, Timely Reunification within 12 months, and C1.4, Reentry following Reunification, as priorities for the 2014-2019 SIP for the following reasons:

- Performance on reunification within 12 months, C1.3, decreased from 30.2% in the baseline period to 27.0% in the most recent reporting period, 4/1/12 through 9/30/12;
- Performance on the reentry measure C1.4 has shown inconsistent improvement in spite of numerous efforts as outlined in previous SIP reports;
- Approximately 20% of the children who reunified with their families during the most recent reporting period of 10/1/11 through 9/30/12 subsequently returned to foster care within twelve months.
- Stakeholders agree that successful reunification is a priority for San Francisco
- Reunification directly impacts reentry statistics, e.g., declining performance on reentries may suggest that children are reunifying before enough supports are in place to stabilize families;
- Improved reunification and reentry statistics will help improve other outcome measures;
- Successful reunification is the prioritized permanency plan for children and families.
- Strategies intersect with agency efforts to improve designated systemic factors impacting these and other outcomes: case review system, quality assurance system, workforce development (training for staff, caretakers, and service provider training), and agency collaboration.
- Strategies are aligned with agency vision to build a climate and culture that promotes innovation, partnership, and performance.

JUVENILE PROBATION PRIORITIZATION OF OUTCOME DATA MEASURES/SYSTEMIC FACTORS AND STRATEGY RATIONALE

San Francisco Juvenile Probation has modified the agency's prioritized focus to C1.3 Timely Reunification for youth in foster care successfully completing their programs and reunification. Probation's initial focus as identified in the Peer Review and County Self Assessment (CSA) was 8A, enhancing educational outcomes for youth placed in out of home placement (OOHP), by focusing efforts and collaborative strategies to assure eligible youth obtain their high school diploma or its equivalence prior to re-entering the community. During the CSA, it was revealed that San Francisco Juvenile Probation was successfully graduating youth from programs with their diploma or its equivalence. Instead, there existed a need to develop strategy around tracking measures and parental/family engagement as a prevention mechanism to support youth in placement and during their transition and re-entry into the community.

As a result, for the 2014-2019 SIP cycle, San Francisco Juvenile Probation has prioritized providing support and stability for youth and their families when entering the delinquency system as well during placement and re-entry into the community. San Francisco is working to engage families entering the system by providing services to both educate them about probation and to offer services that will assist families in developing techniques and strategies that promote long term resiliency and increase pro-social family relationships. For youth who require placement due to the seriousness of the offense and the need for community safety, Juvenile Probation in collaboration with the Department of Public Health applied for and was awarded a Second Chance Act grant to support and provide evidence-based, intensive family therapy services for youth and their families involved in long term care and during their transition home. Re-entry for Probation youths is defined as when the youth successfully completes their treatment goals and the order for Out of Home Placement (OOHP) is vacated by the Court. The youth generally returns home to the parent, guardian, or relative from whom he/she were removed. The youth may still be on Probation but he/she are no longer in Foster Care Placement.

Three months before a youth completes their treatment goals, staff from the Juvenile Collaborative Reentry Unit (JCRU) begin developing the youth's case plan in preparation for the youth's return to the community. Mindful case plans are created, service referrals are made and linkage to services put in place in preparation for their re-entry. Upon re-entry, Juvenile Probation works with the youth and family to maintain positive changes made in treatment and supervision of the youth to assure Court compliance for six months to a year before the youth's Probation and Court Jurisdiction is dismissed. However, if the youth commits another offense while on supervision probation with JCRU after the Order of Out of Home Placement is vacated that results in a sustained petition; then the youth can be committed to OOHP again, Log Cabin

Ranch, Juvenile Hall or the Department of Justice (DJJ) depending on the best interest of the youth and the safety of the community. According to Juvenile Probation's database, the Juvenile Justice Information System (JJIS), in 2011 five youth had new sustained petitions after being returned home and were committed to OOHP again. These numbers could be higher if OOHP was vacated at an earlier date, such as after the 30 day trial at home was completed. However, it is a practice in San Francisco Juvenile Probation that OOHP is not vacated for 3-6 months after the youth has been returned home. In 2012 there was one youth who reoffended and had a sustained petition after being returned home. However, there were youth who were home on a trial basis and whose OOHP orders had not been vacated; they failed either the trial visit at home or conditions of Probation, and were returned to Foster Care and replaced.

SIP improvement goals for San Francisco Juvenile Probation Department (JPD) to improve timely reunification outcomes include addressing systemic issues around the county's case management information system. This involves increasing data entry and integrity into the CWS/CMS system so that the work of the Department is adequately reflected. Training for CWS/CMS is ongoing due to continued legislative changes. Probation is in its third year of entering data into the CWS/CMS system and Probation's overall goal is that data in CWS/CMS will mirror the data in JJIS.

Another goal for JPD is to provide support and services for youths and families to reduce removals, prepare for reunification in the event removal must occur, and prevent subsequent removal. JPD will begin to focus on engagement of families in order to prevent removal, support families when youth are removed, and support the youth and family during the transition home. Probation recognizes that separation of the family is a traumatic event and is looking to provide concurrent services to the family while the youth is in treatment that will support the youth's behavior change. Providing these services concurrent to the youth's program will make the transition back home easier on the youth and family; therefore, vacating OOHP preferably within 30- days, and no more than 60 days, and most importantly, resulting in a successful completion of Probation and dismissal of the Court's Jurisdiction.

Probation has made great strides to reduce the number of youth committed to OOHP. However for those youth who are committed to OOHP, JPD has looked at various factors impacting stability upon reentry/reunification. Youth attainment of a High School Diploma/GED upon reunification is one such successful component that the Department has achieved. The CSA process revealed that youth did not feel great achievement of having their Diploma/GED because they did not have employment or stable housing. Employment and Housing were major concerns for youth during reunification. The Department's goal is to work with the youths and various partners to develop realistic, attainable Independent Living goals and to help them achieve those goals. To assist youth in obtaining employment the department offers

a Life Skills program prepare youth with interviewing skills, resume preparation and linkage to community partners for appropriate job placement.

Housing continues to be a major issue in San Francisco. Affordable housing is scarce and makes it difficult for youth to maintain community supports. A continued goal for Probation is to reach out to nearby counties and make connections to housing that could potentially support youth and young adults re-entering the community or who cannot return home. Probation has already established a relationship with a few agencies such as Fifth Street Housing. Additionally, youth in out of home care will be encouraged to participate and engage in ILSP workshops, including housing assistance, to help prepare for Independent Living.

The CSA process revealed that youth felt disconnected from their communities and families; this could result in youth homelessness. Therefore another goal is to develop and maintain youth's viable connections to their communities. Thirty percent of youth committed to OOHP were placed in out of state facilities. Youth stays in these facilities tended range from 12 s to 24 months, the norm when a youth is committed to OOHP in lieu of a commitment to the state correctional facility, the Division of Juvenile Justice. The Department's strategies include partnering with county and community agencies to engage youth and their families during the various stages of involvement in the Juvenile Justice System.

The CSA process also identified the Department's need to increase support and services for youth and families when youth are at risk for removal. With the Title IVE waiver, probation is moving to implement programs such as a Peer Parent Partner, Wraparound services for youth and families who would otherwise not be eligible, and other programs and services to support the families and prevent the need for out of home care. Additionally, for those youth who unfortunately end up in care, the goal will be to provide services to support the family maintain engagement and assist in reducing the length of stay in Foster Care.

CHILD WELFARE FOCUS AREA

C1.3 Reunification within 12 Months (Entry Cohort) SF-HSA's performance on reunification declined during the most recent reporting period (April 1, 2012 to September 30, 2012). The state child welfare system has two similar measures for the timeliness of reunifications: one evaluates the results for cohorts of children *entering* care around the same time; the other evaluates cohorts *leaving* care together. The rate of reunification within a year for the entry cohort (C1.3) decreased to 10.7% in the most recent quarter and decreased from 30.2% in the

baseline period to 27.0% in the current period. The federal target is currently under revision and once finalized will allow San Francisco to draw comparison between the target and local performance.

The likelihood of reunification increases up to about 18 months (42%), and the likelihood of adoption increases through 36 months (20%). Together, this information suggests two main conclusions: 1) while reunifications are not occurring as quickly as desired, many more occur between 12 and 18 months, and 2) adoptions tend to take longer than reunifications, and many children – particularly infants – exit the system through adoption.

Reunification may occur more slowly because San Francisco relies heavily on kinship foster care. Kin placements tend to be less likely and slower to resolve to reunification because they represent a desirable, safe, and stable home for children compared to non-relative care with strangers.

San Francisco's 2014 Peer Review focused on this particular outcome, and included data analysis, literature review, focus groups, and peer to peer interviews with staff from San Francisco and designated counties on specific cases. The high rate of children placed out of county and the significant scarcity and cost of housing in San Francisco were identified as two key factors impacting the county's ability to reunify families timely.

The Peer Review identified strengths and challenges that were corroborated by a review of the literature. For SF-HSA the following was noted:[1]

- Each worker change reduced the odds of obtaining permanency by 52%;
- Each additional placement reduced the odds by 32%;
- Extremely low income families were 90% less likely to achieve permanency in 12 months;
- Each day of visitation tripled the odds of family reunification within 12 months;
- SF-HSA staff made clear identification of a permanency goal a priority and key permanency decisions were made early and acted upon (especially with younger children), helping to ensure timely permanency for children.

Practices that enhanced timely reunification included the following:

- Engaging parents in all permanency decision making;
- Using family teaming to focus on safety behaviors of parents and focused change; and

[1] Department of Human Services, Practice Bulletin, July 2008 www.childwelfare.gov

- Understanding parent ambivalence about parenting. Deeply felt or consistent ambivalence about parenting is an indicator that a parent may have difficulties in fulfilling the parent role and responsibilities.

San Francisco **expects to achieve its Target Improvement Goal of 30% by October of 2019.**

Please note that this target improvement and the additional SIP target improvements identified for child welfare and probation align with Continuous Quality Improvement efforts and by the federal government to a county's own baseline. All SIP target improvements are a 10% increase from the baseline of a 3 year average, which is also consistent with San Francisco's IV-E Waiver plan targets.

C1.4 Reentry Following Reunification

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

Declining performance on reentries may suggest that children are reunifying too quickly, before enough supports are in place to stabilize families. Reentries vary by age and race/ethnicity. Reunifications are generally more successful for younger children, and reentry is most likely among black children, followed by white children. Latino and Asian/P.I. children are much less likely to reenter care.

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

Reentries have been a focus of SF-HSA's previous System Improvement Plans, and many strategies have been implemented to remediate it including the use of standardized risk assessment tools, increased parent and caregiver engagement, and evidence-based training curricula. In spite of these efforts, reentries continue to be a significant challenge. The Peer Review identified the significant number of out-of-county placements as a key factor contributing to the reentry rate. While many of these children are placed with relatives, there are still tremendous challenges with out-of-county MediCal billing, access to services, and the impact on visitation due to the logistical difficulties of Bay Area transportation.

San Francisco expects to achieve its Target Improvement Goal of 18%, by October of 2019.

San Francisco has identified the strategies below to increase timely, successful reunification and reduce reentries. These strategies are incorporated in the department's work to move agency culture to become more accountable, data-driven, performance-oriented, and team-focused. Thus the SIP strategies are part of this broader vision, and several key systemic factors impact both the SIP and the larger work: strengthening case review and quality assurance systems, deepening workforce development and leadership, and partnering with public and private agencies to strategize across systems in identifying, developing, and implementing targeted activities. These will help ensure accountability, provide structure for an integrated system response in addressing child maltreatment, and increase the county's ability to respond effectively to families' and children's needs, ultimately improving outcomes for them.

Through implementation of these strategies, San Francisco expects to increase timely reunifications by 10% and reduce reentries by 10%.

Strategy 1: Ensure a safety assessment and planning process that is rigorous, balanced, culturally sensitive, and effectively engages the family. At the point of initial contact and continuing through the case, child welfare staff must engage families in a way that acknowledges and supports the family's experience while identifying and targeting the specific behaviors impacting child safety. This is tantamount to partnering with families in developing and implementing effective safety and case plans. Safety Organized Practice, the Child and Family Team meeting, collaboration with parent partners, conscious inclusion of fathers, and correct implementation of standardized risk assessment tools support a successful assessment process and subsequent interventions. San Francisco's collaboration with the regional child welfare training organization, the Bay Area Academy, will allow the county to expand training and coaching in SOP, assessment and family engagement to staff, county agency partners, community-based organizations, and caregivers. .

Strategy 2: Intensify Prevention by Strengthening the Family Network and Supports

Prevention and partnership are cornerstones of a comprehensive service delivery system; inclusion of a family's natural family and community network help families access support throughout child welfare intervention and after the professionals are involved. Participatory meetings offer opportunities to engage with the family and their network in case planning. However, San Francisco, like other jurisdictions, employs multiple family meeting models. Developing a consistent approach and framework across these will reduce confusion for both staff and families and support better collaboration between them. Through the local implementation of Katie A., San Francisco is working with Department of Public Health's Community Behavioral Health Services division, California Institute for Behavioral Solutions

(CIBHS), community partners, and the Bay Area to develop a meeting model framework that can be implemented systemically.

Expansion of wraparound services will further help identify and strengthen family networks. San Francisco plans to issue a new wraparound RFP in 2015, and through its IVE waiver participation will expand wraparound to serve families who have not previously qualified for the program, including families engaged voluntarily with the agency.

San Francisco families frequently face significant housing challenges given the scarcity and cost of local real estate, and lack of this basic need creates an additional and significant barrier. Increasing housing supports through the Families Moving Forward Grant and legislative advocacy will help address this need.

Strategy 3: Increase visitation supports. Visitation is the heart and linchpin of reunification; studies indicate that if families visit, they reunify (Wildfire, J. Barth, R.P. & Green, R.L. (2007). Reunification of children from foster care at 18 months: Findings from the National Survey of Child and Adolescent Well-Being. (pp. 155-170). IN R. Haskins, F. Wulczyn, & M.B. Webb (Eds.). Child Protection: Using research to improve policy and practice. Washington, D.C.: Brookings). Visitation provides a critical opportunity to offer support, coaching and education to increase parental capacity and strengthen the family relationship. San Francisco has a comprehensive and progressive visitation model, but capacity is limited and implementation inconsistent. The county has expansive Court orders around visitation, but because a majority of the children in care are placed out of county, there are significant challenges around transportation and visitation supervision.

Strengthening and deepening the visitation model through analysis, partnership with agencies located in other Bay Area counties, training and increased capacity will allow for more effective implementation and ultimately increase successful reunification. The Bay Area Academy is assisting the county in visitation training needs, and community providers also engaged in visitation development includes Community Behavioral Health, private clinical provider agencies, San Francisco First 5 and designated Family Resource Centers. San Francisco's plan to improve agency culture and climate to support data-driven, performance oriented practice will also facilitate more structured and effective implementation of the existing visitation model.

Strategy 4: Change agency culture to become more accountable, data-driven, performance-oriented and team-focused

Any plan is only as effective as its implementation, and in actualizing all planning from specific case plans to this 2014 SIP, San Francisco must ensure timely, consistent, appropriate casework practice, conduct and review data analysis, and utilize that information to better inform planning efforts. For families themselves, action plans developed in participatory meetings like TDMS, as well as case plans, are essential tools in driving successful permanency outcomes, and they must be acted on with urgency to achieve timely success.

Consistent policy and practice was identified as a need not only in the Peer Review, but in a recent audit conducted by the California State Controller's Office. The agency is creating two units, a Policy Unit and Continuous Quality Improvement (CQI) Unit that will create and issue policy and protocols around casework practice and review cases for appropriate and consistent implementation of these policies. Findings will inform on-going planning.

This year, SFHSA, along with partner agencies the University of California, Berkeley, and Seneca Family of Agencies, was selected to participate in a federally funded workforce initiative through National Child Welfare Workforce Institute. The purpose of the initiative is to build a climate and culture that promotes innovation, partnership, and performance. The planning process is based on a central theme of continuous quality improvement, expecting that an organization will engage in an ongoing process to identify needs; assess and gather data; analyze supply, demand, and gaps; implement specific interventions to close those gaps; monitor progress; and evaluate impact. Activities include:

- Measuring, monitoring and improving agency culture and climate
- Development and systemically implementing a model and protocol for continuous quality improvement that supports workforce development as well as other key practice initiative including this System Improvement Plan.
- Integrating the protocol into the Core Practice Model
- Training, coaching, and supporting staff at all levels to support and implement the Practice Model and Continuous Quality Improvement Protocol, and
- Leadership and workforce development via the Leadership Academy for Middle Managers and Supervisors (LAMM and LAS).

These will ultimately impact safety, permanency, and well-being of children, youth and families through organizational interventions, change leadership, and workforce development.

Strategy 5: Strengthen cross system strategic planning, service coordination and partnership with Public and Private Partners to respond as an integrated system to child maltreatment and holistically serve families

San Francisco has multiple partnerships with public and private agencies to deliver an expansive service array from prevention through intervention and aftercare. The City demonstrates best practices regarding infrastructure, with blended funding, flexible resources and service availability to meet families' needs; these have been shown to increase a fami'ies' ability to provide safety for their child(ren) over time and help them achieve individualized, positive lasting change. The Family Resource Center initiative, Child Advocacy Center, Drug Dependency Court, and the Fatherhood Initiative are all examples of such practices.

However, the Peer Review noted that service providers tend to serve families only from within their own model and system, which can result in a lack of communication and integration with a holistic case plan and set back reunification efforts. The relationship with the Court is particularly important in successful concurrent planning. Partnership with Golden Gate Regional Center (GGRC) is another example of a relationship that SFHSA is working to strengthen. . SFHSA has begun discussion with GGRC about how best to do this, and GGRC is starting to participate in the weekly interagency meeting to discuss how to best serve families and children needing intensive services. Further collaboration, expanding service delivery to a broader range of parents and children, serving families more holistically between service providers and the Department will enhance overall service delivery. SFHSA's partnership with the new Child Advocacy Center offers the structure, support and opportunity to work with other county private and public partners in improving system response to child maltreatment.

Strategy Evaluation and Monitoring: The county will utilize quarterly AB636 data reports, SafeMeasures, and the CQI unit's data reviews and analysis to evaluate and monitor strategy implementation. Special projects codes in CWS/CMS will be used as necessary on specific project implementation, including wraparound, the IVE waiver, and Katie A. implementation. Reporting for the IVE waiver, Katie A. implementation, and NCWII workforce initiative will also inform the SIP implementation.

C1.3 Timely Reunification within 12 Months

Juvenile Probation has found that to improve timely reunification for youth who successfully complete their treatment, the focus should be on prevention, maintenance and stability in transitioning home. As JPD discovered, the possession of the high school diploma or its equivalence was not sufficient when there was still a need to establish stability and self sufficiency in the transition home. Although San Francisco Probation maintains data regarding foster care youth in the Juvenile Justice Information System (JJIS), greater effort and focus will be to input this information in the state system, CWS/CMS. Transition into this system has had many hurdles for the Placement Unit.

San Francisco is making data entry into CWS/CMS a main focus for the next five years and will first need to establish a base line in the state reporting system. Internal analysis shows that a total of 322 youth were committed to out of home placement in 2010 through 2012. Of these, 80 returned home within 12 months, a 24.8% reunification rate. For the purposes of this strategic plan, JPD will establish a target improvement goal of 30%, which can be reviewed as necessary as data entry in CWS/CMS becomes more consistent.

San Francisco Juvenile Probation expects to achieve its Target Improvement Goal of 30% by October 2019.

Strategy 1: Probation will focus on compliance with statutory obligations with CWS/CMS so outcomes are tracked and measured.

San Francisco Juvenile Probation has identified several strategies to assist in achieving its overarching goal of reunification and stability in transition during re-entry. The first strategy is to establish a baseline of data in CWS/CMS through the following activities in order to compare to the national standard:

- Schedule ongoing training for staff and to address continued legislative changes and updates in Probation's responsibilities.
- Provide supervisory monitoring and oversight on compliance in entering month to month data into CWS/CMS systems

- Maintain compliance with data entry in the fields for: Education, NYTD, ILSP, Age and the SOC158 in CWS/CMS systems
- Establish base line percentages for Probation to measure compliance

Strategy 2: Provide early access to Community Based Services that are culturally competent, and engages the family to prevent the need for removal.

San Francisco Juvenile Probation's second strategy is to build effective linkage and community support to prevent the need for removal. Literature indicates that early intervention is a protective factor in preventing placement for youth in the probation system. Expanding early access to functional family services will reduce entries into care. JPD will focus on improving parental engagement to assist youth and their families with developing techniques and strategies to promote long term resiliency and increase pro-social intra family relationships. If removal becomes necessary, parental engagement and partnership at the point of entry into the delinquency system will assist in the achieving the overarching goal for earlier, timely **r**eunification and stability when youth transition home. Related activities include:

- Refer families to the Probation Orientation program sponsored by Probation's Juvenile Advisory Council (JAC)
- Implement a family support program, Family Forum, which supports higher levels of family functioning
- Expand wraparound services to include high risk families who were not eligible under SB163, but are now as a result of the Title IVE Waiver

Strategy 3: Improve outcomes for all youth returning home from foster placement by providing intensive family supports while in placement, when exiting placement, and during their transition back into the community.

Probation's third strategy is sustainability of gains made to prevent recidivism and reentry. To do so, JPD will utilize assessments made while the youth were in placement, to develop treatment plans that address areas of need. Using the assessment and treatment plan to guide

the process helps the youth work to effect behavior change while in placement and many can make great strides. family finding should be utilized prior to youth returning to the community to explore alternative re-entry plans so there is no delay in return to a family setting once the treatment goals are completed. For some probation youth, returning home to the same community may not be the best re-entry plan as a result of safety issues and negative peer involvement within that community. Probation seeks to build on parental engagement during placement and throughout the transition and re-entry phase. Probation is looking to build a peer Parent support program for families in order to assist with the trauma of removal for all youth. Probation should continue to build connections to community collaborations, positive peer groups, and positive cultural experience including the LGBTQ community. Probation will ensure connection with ILSP while youth are in foster care and upon exiting foster care. The following strategies outline these efforts to sustain successful and timely reunification:

- Review and improve current CWS/CMS data entry so outcomes are accurately represented
- increase utilization of wraparound services for youth who are stepping down from congregate care to family settings continue to build the capacity of the JCRU team to support re-entry into the community by providing intensive probation supervision in addition to wrap services and the Independent Living Skills Program
- help build the capacity of families to achieve successful, timely reunification though parental engagement (e.g., -first program, track, family forum)
- continue to support and promote regular contact and family visits between the youth and family while the youth is out of home
- While youth are in placement, continue to work on family finding and identifying natural supports
- stay focused on creating life-long connections and healthy permanency

Strategy 4: Expand supportive services for youth to ensure Stability and Independence in their transition into adulthood from placement

The fourth Probation strategy is success, stability and independence for youth transitioning from placement adulthood. Probation will continue to explore the benefits and challenges of foster care youth remaining in their own communities as well as re-entry into new communities different from where they were removed. Probation will also work on preparing youth for employment through pursuit of p aftercare support for job retention and continuing to host on site job fairs. Probation will continue to pursue housing resources in the community for youth,

including developing a relationship with the Housing and Homeless Division of HSA. Probation will also continue to explore resources for adult services. Strategies promoting viable transitions to adulthood include all those outlined in strategy 2, above, and:

- Prepare linkage to employment training/job corps/job readiness
- Support youth through transition vocational or higher education
- Develop more housing and family placement opportunities for young adults- (e.g., 5th street housing/housing authority)
- Develop a handbook about adult services for youth transitioning into adulthood.

PRIORITIZATION OF DIRECT SERVICE NEEDS

The planning process described above involved discussion of OCAP-funded strategies and built on long-standing collaboration through the Family Resource Center initiative in identifying priority direct service needs. The FRC initiative was developed through collaborative planning with three city agencies, SF-HSA, First Five San Francisco, and the Department of Children, Youth, and Their Families, and non-profit FRC providers. The city departments pool their resources, including OCAP dollars, to focus the services offered by the centers and to conduct a more formal program evaluation. This maximizes city and country resources to sustain a service delivery continuum from prevention through aftercare that supports key goals and objectives more directly, including AB 636 performance measures.

As described in the 2014 San Francisco County Self-Assessment report, selected socio-demographic characteristics of San Francisco are found in the child welfare literature to be associated with maltreatment. Overall, rates of residents with less than a high school education, households headed by a single female, single female- headed households in poverty, and renter-occupied units are particularly high for African American and Hispanic families. Children under age 5 are acutely vulnerable to maltreatment.

San Francisco's network of Family Resource Centers offer a variety of activities designed to foster five protective factors in reducing child maltreatment; these five factors form the foundation of the Strengthening Families approach utilized by the FRC initiative:

- Provide Concrete Support in Times of Need
- Increase Parental Resilience
- Increase Knowledge of Parenting and Child Development
- Support the Social and Emotional Competence of Children
- Build Parents' Social Connections

Research suggests that the Protective Factors can reduce the likelihood of child abuse and neglect in a family. Research also demonstrates that these same factors help build family strengths and create a family environment promoting optimal child and youth development. (http://www.cssp.org/reform/strengthening-families/2014/SFoverview.pdf)

The vision of the FRC Initiative reflects the this same approach: to create a coordinated City-wide system of FRCs that strengthen families and communities to ensure healthy childhoods for San Francisco's children and youth by funding FRCs to:

1) Provide families with access to services and opportunities
2) Build parent knowledge and skills
3) Provide intensive support services for families in need
4) Promote community development.

[First 5 San Francisco, "Notice of Funding Availability for Family Resource Center Initiative", March 2009]

These activities reflect the five protective factors to reduce child maltreatment and achieve good outcomes for families. This includes the specific activities OCAP funds. The evidence-based parent education curricula SafeCare and Triple P (Positive Parenting Program) focus on families with young children and are shown to be effective in impacting child maltreatment. The Family Resource Center initiative offers numerous supports for families at risk of or involved in the child welfare system, notably Differential Response, FRC participation in Team Decision Making meetings, and community-based visitation supervision for families in reunification. The SF Child Abuse Prevention Center, also an FRC, engages in broader community outreach and education efforts and provides mandated reporter education and public partner coordination.

Following are the statewide initiatives in which the county is engaged. As described above, San Francisco will address the systemic factors that support child welfare and probation placement initiatives and strategies by focusing specifically on developing a more performance-driven, data-informed culture and climate (via the NCWWI Workforce Development grant) and developing infrastructure for CQI and policy development.

Congregate Care Reform: San Francisco is one of four pilot sites for the Residentially Based Services (RBS) program, the model for much of the program and fiscal discussion and planning for Congregate Care Reform. This program seeks to move residential treatment from a place-based intervention to a community-oriented program. As of June 30, 2014, 68 children and youth have been enrolled in RBS. To date, 24 graduated to biological parents, adoptions, relatives, intensive treatment foster homes, , or emancipation/Independent Living Programs. 23 exited early to AWOL, a higher level of care, or juvenile incarceration. The program viability is at risk because assumptions behind the financial model do not meet the actual expenses of residential stays and community based services. As the program expands through congregate care reform, anticipated programmatic changes and the greater economy of scale will reduce the fiscal restraints.

Fostering Connections after 18 Program (AB 12): AB 12 began on January 1, 2012. SF-HSA expects that the program will serve about 325 youth per year, or 90% of the eligible population. Case management includes monthly visits and specialized advocacy in housing, education, and employment to help youth manage their transition to adulthood. Many youth served by the Juvenile Collaborative Reentry Unit have transitioned to extended foster care. As of October 8, 2014 , JPD has 45 non-minor dependents. JPD has reached out to its community partners for assistance with clinical and case management services and has expanded its internal life skills and employment program to now serve youth up to 21 years of age.

Katie A. - Interagency Services Collaborative (iASC): Katie A. v. Bonta refers to a class action lawsuit filed in federal district court in 2002 concerning the availability of intensive mental health services to children in California who are either in foster care or at imminent risk of

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

To put this vision into practice, the Department of Public Health and SF-HSA created a local name for the public agency partnership -- the Interagency Services Collaborative (iASC) -- and formed a joint implementation and oversight management structure. Both agencies are working together on a "Plan Do Study Act" implementation approach in initiating changes that will help improve mental health access and service delivery for the child welfare population.

Specific actions include the following:

1. Develop and implement of a one page Child Adolescent Needs and Strengths Assessment completed by county or provider clinicians to expedite mental health assessment and treatment recommendations and service coordination.

2. Expand child and family team meetings to include mental health representation and peer parent advocates from either the child welfare or mental health systems.

3. Expand Department of Public Health contracts to allow Intensive Treatment Foster Care and wraparound providers to offer Intensive Care Coordination and In Home Behavioral Supports to children meeting the eligibility criteria set forth in the Katie A. settlement (i.e. subclass criteria).

4. Develop a data extract that utilizes information from CWS/CMS and CalWIN in coordination with mental health services that children are receiving to ensure children who are in or at risk of the meeting subclass criteria receive the appropriate level of intervention.

3. Conduct Intensive Treatment Foster Care rate approvals and renewals with the county interagency meeting so that children in Intensive Treatment Foster Care receive the appropriate level of mental health intervention.

4. Pilot Team Decision Making Meeting Facilitators conducting child and family team meetings for children eligible for Katie A.

5. Develop a shared coaching and supervision model for child welfare and mental health staff.

In May, 2014 San Francisco identified 414 children and youth potentially eligible for Katie A. Of these, 165 were confirmed as subclass members, and 107 were receiving either Intensive Care Coordination and/or In-Home Behavioral Services. All of the 165 were receiving some form of mental health assessment and/or intervention. Working across the databases for these two public entities has numerous challenges. San Francisco is continuing to refine its data collection, working between the CWS/CMS database and the Avatar Mental Health billing system (for MediCal Early and Periodic Screening, Diagnostic, and Treatment services) to identify eligible children and confirm the mental health interventions they are receiving.

Resource Family Approval (RFA): San Francisco is one of the pilot counties conducting early implementation of RFA, which creates one pathway for all types of care providers to be assessed, evaluated and trained. Once a provider is approved, he/she is able to provide care for all types of placements (e.g., foster and adoptive placements) without having to obtain additional approvals, finger prints, or home studies. RFA simplifies the process for child and youth to move into permanency settings without delays. Outcomes include: enhanced access to permanency for children and youth in foster care; usage of same standards for all types of placements; improved care provider support; and improved home recruitment and retention.

Title IV-E Waiver: San Francisco is one of nine counties that will participate in the current Title IV-E waiver cycle, from 2014 through 2019. Title IV-E is the federal funding source for child welfare services, parts of the juvenile probation system, and foster care. California's IV-E Waiver gives counties great flexibility in the use of federal funds in exchange for a capped allocation. Under the waiver, counties can use IV-E money to fund better practice models and supportive/preventive services.

All participating counties will adopt a Safety Organized Practice (SOP) model for child welfare and Wraparound for probation youth. SOP is a collaborative practice approach which emphasizes the use of practice teams, greater family engagement, and development of individualized, behaviorally specific service plans. Wraparound is a family-centered, strengths-based planning process for creating individualized services for the child and family. San Francisco Juvenile Probation will be able to provide wraparound services to youth previously not eligible, specifically pre-adjudicated youth and those declared incompetent.

In addition, HSA will expand wraparound services to families previously not eligible, e.g., families voluntarily engaged with the department. JPD is proposing to add a Parent Partner program. These Child Welfare and Probation interventions should help to reduce admissions to foster care (including re-entries) and reduce the average length of a foster care placement (duration).

Attachment A: List of Core Representatives

CHIL	TITLE	AGENCY
Abigail Stewart-Kahn	Director of Strategic Partnerships	Child Abuse Prevention Center
Allen Nance	Chief	Juvenile Probation
Amor Santiago	Executive Director	APA Family Resource Center
Ana Pineda Martinez	Program Manager	SFHSA, CalWORKS
Betsy Wolfe	Director Outpatient	UCSF Infant Parent Program
Brenda Gilbert	Peer Parent Advocate	Hunter's Point Family
Bridget Lery	Senior Planning Analyst	SF-HSA
Carol Sentell-Bassett	Child Welfare Supervisor	SFHSA, Family & Children's
Carroll Schroeder	Executive Director	California Alliance
Celia Pedroza	Budget Analyst	SF-HSA
Cesnae Crawford	Director	Western Addition YMCA Family Resource Center
Charlene Henderson	Peer Parent Advocate	Hunter's Point Family
Chris Griffith	Probation Officer	Juvenile Probation
Dan Gallagher	Chief Operating Officer	St. Vincent's School for Boys
Dan Kelly	Director of Planning	SF-HSA
Dana Chapman	President	Foster Parents United
David Brownstein	Consultant	CDSS, Outcomes & Accountability
David Curto	Director of Contracts and Facilities	SF-HSA
David Flores	Principal Administrative Analyst, Contracts	SF-HSA
David Young	Executive Director of San Francisco Region	Edgewood Center for Children and Families
Deann Pearn	Vice President of Policy	First Place for Youth
Deanne Thornton	Manager	CDSS, OCAP
Deborah White	Program Coordinator	Epiphany Center
Dennis Lockett	Foster Parent	Foster Parent Association
Donna Delena-Vasquez	Probation Officer	Juvenile Probation Dept.
Erika Ducati	Training Coordinator	Bay Area Academy
Estela Garcia	Executive Director	Instituto Familiar de la Raza
Evelyn Daskalakis	Director	OMI YMCA Family Resource Center
Garry Bieringer	Juvenile Detention Alternative Coordinator	Juvenile Probation Dept.
Gary Levene	Supervisor	Juvenile Probation Dept.
Gloria Samayoa	MDIC Coordinator	San Francisco District Attorney
Jay Berlin	Executive Director	Alternative Family Services FFA
Jemari Foulis		SFHSA, Housing & Homeless
Jessica Mateu-Newsome	Child Welfare Supervisor	SFHSA, Family & Children's
Jill Jacobs	Executive Director	Family Builders By Adoption
Jody Friedman	Clinician	CASARC - UCSF

Johanna Gendelman	Program Analyst	SFHSA, Family & Children's
John Tsutakawa	Program Director	SF-HSA
Jonelle Fournet-Collazos	Senior Contracts Manager	SF-HSA
Judith Lefler	Assistant Director	Bay Area Academy
Juliet Halverson	Program Analyst, Foster Care Eligibility	SFHSA, Family & Children's
Kathy Baxter	Director	SF Child Abuse Prevention Center
Katie Albright	Executive Director	San Francisco Child Abuse Prevention Center
Kenneth Epstein	Director	Children, Youth & Families System of Care San Francisco Department of Public Health, Community Behavioral Health Services
Kenneth Simpson	Child Welfare Supervisor	SFHSA, Family & Children's
Kent Eagleson	Executive Director	St. Vincent's School for Boys
Kim Sawyer	Peer Parent Advocate	Hunter's Point Family
LaShonda Penn	Peer Parent Advocate	Hunter's Point Family
Laurel Kloomak	Executive Director	First Five San Francisco
Lina Evangelista	Woodside Learning Center	SFUSD
Lisa Smith	Supervisor	Juvenile Probation
Liz Crudo	Program Manager	SF-HSA
Lorraine Hanks	Foster Parent	Foster Parent Association
Lou Fox	Executive Director	Family Support Services of the Bay Area
Maria Su	Executive Director	San Francisco Dept. of Children, Youth and Families
Mark Nickell	San Francisco Program Director	Seneca Family of Agencies
Martha Ryan	Executive Director	Homeless Prenatal Program
Mary Hansell	Director	Maternal Child and Infant Health, Dept. of Public Health
Mary Jefferson	Peer Parent Advocate	Hunters Point Family
Matt Madaus	Executive Director	Edgewood Center for Children and Families
Maya Webb	Foster Youth Services Coordinator	SFUSD
Melba Maldonado	Director	Instituto Familiar de la Raza
Michelle Maas	Director	Native American Health Center CWD
Heather Bruemmer	Social Worker	Juvenile Probation Dept.
Rita Perez	Director, AIIM Higher	DPH, Community Behavioral Health Services
Salvador Lopez		SFHSA, Housing & Homeless
Sam Cobbs	Executive Director	First Place for Youth
Sara Schumann	Director	Juvenile Probation Dept.
Shanaz Mazandarani	Executive Director	A Better Way

Sharon Bell	Program Director	SF-HSA
Sister Estela Morales	Executive Director	Mt. St. Joseph's - St. Elizabeth's
Sophia Isom	Program Director	SF-HSA
Stacie Buchanan	Senior Director	Casey Family Foundation
Sylvia Deporto	Deputy Director	SF-HSA
Theresa Sanchez	Consultant	CDSS, OCAP
Toni Hines	Parent Advocate Coordinator	Hunters Point Family
Tracy Burris	Program Director	SF-HSA
Van Luong	Child Welfare Supervisor	SF-HSA
Vonica Yee	Foster Care Eligibility Supervisor	SFHSA, Family & Children's

Child Welfare 5 – Year SIP Chart

Priority Outcome Measure or Systemic Factor:

C1.3 Reunification with 12 Months (Entry Cohort)

National Standard: 48.4%

CSA Baseline Performance:

Of the children who entered care for the first time from April 1, 2012 to September 30, 2012, 27.0% were reunified with their families within 12 months of removal (34 of 126 children).

Target Improvement Goal: Increase by 10% to 30% by October of 2019

Priority Outcome Measure or Systemic Factor: C1.4 Reentry Following Reunification (Exit Cohort)

National Standard: 9.9%

CSA Baseline Performance: Of all children discharged from foster care to reunification from October 1, 2011 to September 30, 2012, 20.8% reentered foster care within 12 months of exit (42 of 202 children).

Target Improvement Goal: Decrease by 10% to 18% by October of 2019

Strategy 1: Ensure a safety assessment and planning process that is rigorous, balanced, culturally sensitive, and effectively engages the family.	☐ CAPIT ☐ CBCAP ☐ PSSF	Applicable Outcome Measure(s: • Timely Reunification • Reentries Applicable Systemic Factors: • Case Review System • Staff, Caregiver, and Service Provider Training (Workforce Development)	
	☒ N/A	☒ Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
A. Utilize Structured Decision Making comprehensively and consistently by documenting allegation changes, additions, and supervisory oversight. • Develop Policy • Conduct Training • Conduct Analysis to inform implementation and continuous quality improvement	July 2015	October 2016	FCS Program Directors
B. Expand Safety Organized Practice (SOP) training to SFHSA managers, the San Francisco Unified Family Court, and public and community partners including Community Behavioral Health Services and the Family Resource Centers.	October 2015	October 2018	FCS Program Manager

C. Increase SOP coaching capacity for staff. • Increase coaching capacity through the Bay Area Academy from part-time to full-time position • Colocate position at SFHSA fully engage staff and partners. • Conduct coaching for all child welfare case carrying workers • Expand coaching to include all child welfare staff working directly with families	October 2014	October 2017	FCS Program Manager
D. Conduct analysis of SOP impact on child welfare outcomes • This analysis will be performed as required for participation in the Title IV-E waiver.	January 2015	October 2019	Program Director
D. Through the implementation of the Katie A. initiative, work with Community Behavioral Health Services to expand the Child Adolescent Needs and Strengths (CANS) assessment to children entering the child welfare system and conduct Child and Family Team meetings with the family, child welfare worker, mental health provider, and family partner. • Develop a meeting model process • Pilot meetings through a PDSA model • Ensure expanded capacity to conduct assessments and meetings for both child welfare and mental health • Develop policy and procedure	October 2014	October 2019	FCS Program Manager

• Conduct related trainings • Analyze CANS outcomes to determine effectiveness and inform planning and implementation			
E. Expand parent partnership and engagement through the Peer Parent Advocate program and Fatherhood Initiative to ensure timely, effective engagement of all parents in safety and case planning. • Develop and issue RFP	January 2015	June 2015	Deputy Director FCS Program Manager
Strategy 2: Intensify Prevention by Strengthening the Family Network and Supports	☐ CAPIT ☐ CBCAP ☐ PSSF	Applicable Outcome Measure(s): • Timely Reunification • Reentries Applicable Systemic Factors: Agency Collaboration	
	☐ N/A	☒ Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
A. Continue implementation of participatory meetings (e.g., Team Decision Making meetings, Child and Family Team meetings, and Family Team meetings) and develop a comprehensive meeting framework that allows for fluidity and responsiveness across meeting models.	October 2014	June 2016	Program Director

B. Through the federal IV-E waiver, expand wraparound services for families who do not meet SB163 criteria, e.g., for families who have voluntary cases, after case dismissal, and/or guardianship cases. • Issue new RFP • Provider hires and trains staff • Begin service delivery	June 2015	January 2016	Program Manager
C. Continue implementation of the Families Moving Forward federal grant in partnership with Seneca Family of Agencies, the Homeless Prenatal Program, and SafeCare providers.	October 2014	September 2017	Program Manager
D. As an agency, advocate and work with public partners and legislators to address housing issues impacting families and youth.	January 2015	October 2019	Executive Staff

Strategy 3: Increase visitation supports.	☐ CAPIT ☐ CBCAP ☐ PSSF	Applicable Outcome Measures: • Timely Reunification • Reentries Applicable Systemic Factors: • Agency Collaboration • Staff, Caregiver, and Service Provider Training (Workforce Development)
	☐ N/A	☒ Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project

Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
A. Given the high number of children placed out of county, increase the ability of parents to visit their children in the county of residence by providing transportation to the parents and partnering with other counties and agencies to identify and expand visitation locations.	October 2014	October 2017	Program Director
B. Create new visitation rooms in the county agency to increase staff ability to provide supervised visitation as needed.	January 2015	January 2015	Deputy Director
C. Address visitation capacity issues by hiring 5 bachelor's level social worker staff who can supervise visitation.	October 2014	June 2015	Deputy Director
D. Conduct a visitation analysis to identify and implement recommendations in the visitation model implementation • Identify assessment options • Determine cost and funding • Conduct analysis • Review of evaluation findings to date and related program adjustments and improvements • Develop and implement plan to address findings of visitation assessment, including training and coaching supports.	July 2015	October 2018	Program Manager

E. In partnership with the Bay Area Academy, develop a comprehensive training plan based on the findings and recommendations of the visitation analysis.	January 2016	October 2017	Program Manager

Strategy 4: Change agency culture to become more accountable, data-driven, performance-oriented and team-focused.	☐ CAPIT ☐ CBCAP ☐ PSSF	Applicable Outcome Measures: • Timely Reunification • Reentries Applicable Systemic Factors: • Case Review System • Quality Assurance	
	☒ N/A	☐ Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
A. Implement a system of accountability in executing action plans developed in participatory meetings. • Identify meetings needing increased accountability and support. • Develop plan to address barriers and challenges • Implement plan • Evaluate process	January 2015	October 2016	Program Director
B. Create a Continuous Quality Improvement unit to ensure compliance and consistent implementation of identified best practices across the division. • Hire Staff • Train staff in CQI processes • Identify case review process • Inform staff • Conduct review • Review findings and determine related action plan as needed	October 2014	October 2019	Deputy Director

• Maintain on-going review processes			
C. Create a Policy Unit to develop and update policy and procedures to ensure consistent casework practice. • Hire staff • Begin protocol/handbook development • Finalize handbook • Update and revise as required	October 2014	October 2016	Deputy Director
D. Engage in the National Child Welfare Workforce Institute workforce initiative and Comprehensive Organizational Health Assessment (COHA), in partnership with University of California, Berkeley and Seneca Family of Agencies to build a climate and culture that promotes innovation, partnership, and performance. • Measure, monitor and improve agency culture and climate. • Develop and systemically implement a model and protocol for Continuous Quality Improvement (CQI) that supports the workforce change initiative and other key practice initiatives. • Integrate the protocol into a Practice Model (PM) based on the California	October 2014	October 2017	Deputy Director Program Directors

Core Practice Model. • Train, coach and support staff at all levels to support and implement the CQI and PM • Improve leadership and workforce development via the Leadership Academy for Middle Manager and Supervisors			

Strategy 5: Strengthen cross system strategic planning, service coordination and partnership with Public and Private Partners to respond as an integrated system to child maltreatment and holistically serve families	☐ CAPIT ☐ CBCAP ☐ PSSF	Applicable Outcome Measures: • Timely Reunification • Reentries Applicable Systemic Factors: • Agency Collaboration	
	☐ N/A	☐ Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
A. Partner with First 5 SF and Department of Children, Youth and Families in strengthening implementation of the Family Resource Center initiative (FRCi). • Finalize theory of change and logic model • Work with lead agency First 5 to develop and issue RFP • Partner in ongoing implementation, analysis and improvement	October 2014	October 2019	FCS Program Director and Manager

B. Actively engage in cross system strategic plan development and implementation of identified strategies at the new Child Advocacy Center, a multi-agency public/private partnership led by the San Francisco Child Abuse Prevention Center, to improve cross-system response to child maltreatment.	October 2014	October 2016	Deputy Director Program Director Program Manager
C. Partner with Community Behavioral Health to implement the Interagency Services Collaborative (iASC), the local implementation of the Katie A. initiative. • Expand child and family teams meetings to include mental health and peer parent representation from either the child welfare or mental health systems. • Develop Shared (Family, Child Welfare, and Mental Health) Case Plans, including shared formulation • Design and offer Shared Case Consultation and Coaching for the Child Welfare and Mental Health team • Conduct data analysis that utilizes information from CWS/CMS and CalWIN in coordination with data from mental health services	October 2014	October 2017	Program Manager

D. Partner with child welfare serving agencies on the Family & Children's Services Provider Advisory Board to strengthen collaboration and review data to improve outcomes. • Review and discuss provider-level outcome data provided by Chapin Hall • Determine next steps based on data findings and discussion	October 2014	October 2015	Deputy Director
E. Partner with SFPD to improve coordination and communication between agencies. • Develop a memorandum of understanding delineating how the two agencies will share information and assist each other in responding to child maltreatment.	October 2014	October 2015	
F. Strengthen linkage with the Golden Gate Regional Center through development of an MOU and identifying related opportunities for partnership and collaboration. • Participate in interagency meeting forums • Develop MOU	October 2014	December 2016	Administrative Staff
G. Strengthen the relationship with the Court and legal system to support timely permanency for all children through regular interdepartmental meetings, joint trainings, and initiatives such as the Dependency Drug Court. • Bimonthly meetings	October 2014	October 2019	Deputy Director Program Directors

• Joint Trainings (e.g., SOP) as scheduled • Work with the Court to expand DDC to include pre-filing cases			

Juvenile Probation Priority Outcome Measure or Systemic Factor: C1.3 Reunification with 12 Months (Entry Cohort)

National Standard: 48.4%

CSA Baseline Performance: 24.8% (80 of 322 youth committed to out of home placement in 2010 through 2012)

Target Improvement Goal: Increase by 10% to 27% by October of 2019 (87 of 322 youth)

Juvenile Probation 5 – Year SIP Chart

Strategy 1: Probation will focus on compliance with statutory obligations with CWS/CMS so outcomes are tracked and measured.	☐ CAPIT ☐ CBCAP ☐ PSSF ☒ N/A	Applicable Outcome Measure): Timely Reunification Applicable Systemic Factor: Case Management Information Systems ☐ Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:

A. Establish a baseline performance in CWS/CMS.	October 2014	December 2014	Director of Probation Services, Placement Supervisor
B. Improve entry of monthly contacts in CWS/CMS.	October 2014	October 2015	Director of Probation Services, Placement and JCRU Supervisors
C. Improve entry of education information in CWS/CMS.	October 2014	October 2015	Director of Probation Services, Placement and JCRU Supervisors
D. Maintain regular and updated training for staff on CWS/CMS.	October 2014	October 2015	Director of Probation Services, Placement and JCRU Supervisors

Strategy 2: **Intensify prevention by providing early access to Community Based Services that are culturally competent, and engages the family to prevent the need for removal.**	☐ CAPIT ☐ CBCAP ☐ PSSF ☒ N/A	Applicable Outcome Measure(s) and/or Systemic Factor(s): Timely Reunification ☒ Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
A. Continue to utilize the Juvenile Advisory Council (JAC) Orientation to serve all youth and their families to educate regarding the expectations of probation.	October 2014	October 2019	Probation Services Director, Court Officer Supervisor
B. In partnership with Seneca Center, continue implementation of the Family Forum program to assist justice involved youth and their families in developing techniques and strategies to increase prosocial intra-family relationship building.	January 2015	June 2015	Probation Services Director, Supervisors
C. Through the federal IV-E waiver, expand wraparound services to youth and families who do not meet SB163 criteria, e.g., pre-adjudicated youth or those found incompetent but "screen in" as needing the intensive level of intervention in order to prevent the need for placement. • Issue new RFP • Provider hires and trains staff	June 2015	January 2016	Probation Services Director, Intake Supervisors

• Begin service delivery			
D. Continue implementation of Treatment to Recovery with Collaboration through Knowledge (TRACK) for youth with co-occurring disorders enhancing current substance abuse programs in the community to include intensive community based services integrating mental health and substance abuse services.	October 2014	January 2017	Probation Services Director, Probation Supervisors

Strategy 3**: Improve timely reunification for all youth by providing intensive family services and supports while minor is in placement.**	☐ CAPIT ☐ CBCAP ☐ PSSF	Applicable Outcome Measure: Timely Reunification Applicable Systemic Factor: Agency Collaboration	
	☒ N/A	☒ Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
A. Assess for level of service need and when appropriate refer for wraparound services when stepping down from placement.	October 2014	October 2015	Probation Services Director, Placement and JCRU Supervisors

B. Implement the Family Intervention Recovery and Supportive Transitions Program (FIRST) to support the youth and families while the youth is in placement and to enhance JCRU services with sustainable, evidence based intensive family services prior to re-entry.	October 2014	October 2016	Director of Probation Services, Placement and JCRU Supervisors
C. Identify natural supports and create life-long connections through Family Finding efforts.	October 2014	October 2019	Director of Probation Services, Placement and JCRU Supervisors, Probation Officers
D. Through the Title IV-E Waiver, develop and implement a Peer Parent Partner program for parents with children in out-of-home placement staffed by parents who have successfully navigated the system and reunified with their children. Parent partners would encourage parents to engage in services and gain awareness of their rights and responsibilities while assisting to support one another with family reunification goals.	October 2014	October 2019	Director of Probation Services, Placement and JCRU Supervisors

CAPIT/CBCAP/PSSF
PROGRAM AND EVALUATION DESCRIPTION

PROGRAM DESCRIPTION TEMPLATE

PROGRAM NAME

SafeCare: In-Home Targeted Early Intervention/Family Preservation Home Visitation

SERVICE PROVIDER

Family Support Services of the Bay Area (FSSBA)
Mt. St. Joseph/ St. Elizabeth's

PROGRAM DESCRIPTION

FSSBA and Mt. St. Joseph/St. Elizabeth's are contracted to implement SafeCare, an evidence-based training curriculum for parents of children aged 0-5 who are at-risk of or have been reported for child maltreatment. This in-home parenting model program provides direct skill training to parents in child behavior management and planned activities training, home safety training, and child health care skills to prevent child maltreatment. These two providers are part of a larger network of SafeCare providers including APA Family Resource Center and CHDP/PHN nurses. SafeCare consists of the following modules: health; home safety; parent child interaction; and problem-solving and communication. Using this format, parents are trained so that skills are generalized across time, behaviors, and settings. Each module is implemented in approximately one assessment session and five training sessions and is followed by a social validation questionnaire to assess parent satisfaction with training. Home Visitors work with parents until they meet a set of skill-based criteria that are established for each module.

FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	Home Visitation
CBCAP	Home Visitation
PSSF Family Preservation	
PSSF Family Support	
PSSF Time-Limited Family Reunification	
PSSF Adoption Promotion and Support	
OTHER Source(s): (Specify): County General Fund, including from the Department of Children, Youth, and their Families	SafeCare

IDENTIFY PRIORITY NEED OUTLINED IN CSA

- 2,106 children were reported to SF-HSA for alleged child abuse or neglect before the age of 5, 8.2% of children.
- In San Francisco during 2013, 3.4% of children under age 5 were reported for maltreatment. However, following children from birth through age 5 reveals that 8.2% of children were reported.
- As discussed in the CSA, SafeCare has shown positive outcomes; for example in the first nine months of FY 13/14, the SafeCare providers triaged 68 referrals and opened 40 cases. Of these, 24 families completed the program. Over 95% of families have shown improvements in recognizing and minimizing home hazards, recognizing and treating sick children, and increased positive parent-child interaction. (pg 82)

TARGET POPULATION

Families with children aged 0-5 who are at-risk for child neglect and/or abuse and parents with a history of child neglect and/or abuse. Risk factors can include substance abuse, domestic violence issues, teenage parenthood, single parenthood, children with special needs, and low income. CBCAP funds will be used only for those families who are at risk for child neglect and/or abuse and will not be used for families receiving child welfare services. SafeCare services for families receiving child welfare services will be funded with CAPIT funds.

TARGET GEOGRAPHIC AREA

San Francisco; families who live out of county but are involved in San Francisco's child welfare system may also participate in the program.

TIMELINE

SIP Cycle: 10/15/14 - 10/15/2019; subject to change with notice to and approval from CDSS/OCAP.

EVALUATION

PROGRAM OUTCOME(S) AND MEASUREMENT & QUALITY ASSURANCE (QA) MONITORING

Desired Outcome	Indicator	Source of Measure	Frequency
Increased knowledge of parenting and child development	80% of parents increase direct skills in child behavior management, home safety, and child health care	Pre and post assessment included in each program module	Completed by participants at beginning and end of each module

CLIENT SATISFACTION

Method or Tool	Frequency	Utilization	Action
Satisfaction Survey	Completed by participants after each module	Surveys reviewed quarterly	Problem areas addressed by staff to resolve issues and ensure quality improvement

PROGRAM NAME

Family Resource Centers Initiative

SERVICE PROVIDER

22 community-based organizations, which are also co-funded by the First Five Commission and the Department of Children, Youth, and their Families. Please refer to the document titled "San Francisco Family Resource Center Initiative: List of Funded Grants" for a complete list of the 22 providers and further funding information.

PROGRAM DESCRIPTION

SF-HSA invests PSSF funds through a system of neighborhood-based family support centers. SF-HSA partners with two other San Francisco public agencies, First Five San Francisco and the San Francisco Department of Children, Youth, and Families, to combine resources and oversight activities. A three tiered system for service delivery is based on neighborhood need, which includes; basic FRC services; comprehensive services; and intensive services. The comprehensive and intensive levels provide child welfare- specific services and include visitation support, differential response, participation in team decision making meetings, and evidence-based parent education curricula. All FRCs provide prevention and early intervention services which can include but is not limited to information and referral, community events and celebrations, nutrition classes, food pantries, parenting education and support groups, and screening and assessments.

Evaluation is coordinated through the FRC initiative. San Francisco contracts with Mission Analytics to provide analysis of the Family Resource Center programs drawing primarily on data from the First Five San Francisco Contract Management System database and from the statewide CWS/CMS database. These data are supplemented with surveys completed by participants and data collection tools used specifically for case management and parenting education activities.

FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	
CBCAP	
PSSF Family Preservation	• Adult Education**:** One-time Workshops • Case Management • Early Childhood Education/Care & Intervention: Parent-child interactive groups • Early Development Screening • Curriculum-based Parent Education • Parent Support Groups • Parent Leadership: activities involving program planning and advisory opportunities • Linking for School Success Workshops and Advocacy (all agencies): information and resources re key academic transitions, critical school issues including placement, attendance, and academic interventions
PSSF Family Support	• Adult Education: one-time workshops • Case Management including Differential Response • Early Development Screening • Multi-disciplinary Teams: FRC participation in Team Decision Making meetings for families involved in child welfare • Curriculum-based Parent Education Parent

	Parent/Peer Support Groups
PSSF Time-Limited Family Reunification	
PSSF Adoption Promotion and Support	
OTHER Source(s): (Specify)	County General Fund, CWSOIP, STOP

IDENTIFY PRIORITY NEED OUTLINED IN CSA

- San Francisco's demographic shifts – in conjunction with the city's high cost of living, pervasive asset poverty among ethnic minorities, and high unemployment – are leading to more severe and geographically concentrated poverty, increased stress for many families, and higher-needs cases entering San Francisco's child welfare system (pg. 3). With the network of strategically placed family resource centers, SF-HSA is able to meet the needs of a diverse population of families.
- The network of family support centers is neighborhood-based so that all populations have convenient access to family support services. By deploying its services through a structure of neighborhood resource centers, SF-HSA makes its services available to families who would otherwise be isolated.
- All programs funded as part of the Family Preservation and Support Program give priority to children who are at-risk of child abuse and neglect, more likely to be removed and/or come to attention of the child welfare system. Services are designed to be prevention orientated and strength-based in an effort to support families with children at risk of abuse and/or neglect.

TARGET POPULATION

San Francisco families in or at risk of involvement in the child welfare system

TARGET GEOGRAPHIC AREA

San Francisco

TIMELINE

SIP Cycle: 10/15/14 - 10/15/2019; subject to change with notice to and approval from CDSS/OCAP.

EVALUATION

PROGRAM OUTCOME(S) AND MEASUREMENT & QUALITY ASSURANCE (QA) MONITORING

Desired Outcome	Indicator	Source of Measure	Frequency
Improvements in family functioning for parent/caregivers who received differential response and other case management services.	At least 70% of families who are in crisis or at-risk in one or more key areas at baseline will move up to stable or self-sufficient in one or more of those key areas by second assessment.	The Family Development Matrix categories: Knowledge of Community Resources, Risk of Emotional or Sexual Abuse, Family Communication, and Support system.	Participants are administered the Family Development Matrix at intake and every 3 months thereafter.

Parents participating in curriculum-based parenting education series increase effective parenting strategies in response to child behavior.	At least 80% of parents at or above the thresh-hold for problematic parenting practices will demonstrate an improvement in parenting practices between pre-test and post-test.	Improvement is demonstrated by any decrease in the Total Score on the Parenting Scale between pre- and post-test for those parents who had a total score above 3.1 (problematic thresh-hold) at baseline. The Parenting Scale a 30-item self-report survey; responses are grouped into Laxness, Over-reactivity, Verbosity, and a Total Score across all factor groups.	Parents complete pre and post class series.

CLIENT SATISFACTION

Method or Tool	Frequency	Utilization	Action
Participant satisfaction is measured with the Family Resource Center Participant Assessment of Program survey developed by the San Francisco Family Support Network. This tool aligns with the national Standards of Quality for Family Strengthening and Support and assesses participants' perceptions and experiences of program quality.	The survey is administered every spring to participants in core services, including: parent workshops, parent education class series, support groups, parent/child interactive groups, and case management.	Surveys are collected and immediately entered into an excel spreadsheet that automatically tabulates a summary sheet as results are entered. Results are reviewed by staff, board, and funders in context of the national Standards of Quality for Family Strengthening and Support.	Results are used to resolve programmatic issues toward continuous quality improvement. Results are also used to determine whether programs are meeting minimum standards of quality per the national Standards of Quality for Family Strengthening and Support.

PROGRAM NAME

Adoption Services and Permanency Services

SERVICE PROVIDER

Family Builders by Adoption

PROGRAM DESCRIPTION

Family Builders by Adoption provides pre and post adoptive services including recruitment, PRIDE training, and post adoption support groups to improve permanency outcomes. The agency provides outreach for potential adoptive parents, with a focus on the African-American and Latino communities, as well as Lesbian Gay Bisexual Transgender Queer and other non-traditional communities. Family Builders has enabled SF-HSA to complete home-studies on potential adoptive families outside of San Francisco in designated Bay Area counties. Family Builders provides support and community building to adoptive parents and trainings including specialized training such as parent need surveys, educational classes, support groups, and parent-child workshops. In addition, Family Builders assists SF-HSA with: relative and family finding and engagement services and with a concurrent placement program, known as First Home. This effort strives to make the first placement the last placement, especially for newborns. In addition, Family Builders will be expanding their work to do more targeted fost-adopt recruitment within San Francisco public schools.

FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	
CBCAP	
PSSF Family Preservation	
PSSF Family Support	
PSSF Time-Limited Family Reunification	
PSSF Adoption Promotion and Support	Adoption recruitment, training, and support
OTHER Source(s): (Specify)	County general fund, federal funding

IDENTIFY PRIORITY NEED OUTLINED IN CSA

- In the 2014 Peer Review, SF-HSA staff made clear identification of a permanency goal a priority and key permanency decisions were made early and acted upon (especially with younger children), helping to ensure timely permanency for children.
- According to the literature on best practices, true permanency identifies different permanency options that are developed and reviewed throughout the life of the case. In five years up to Q3 2013, the percentage of children who were adopted after becoming legally free within the reporting period decreased from 80.5% to 71.9%. Performance ranged from 55.7% to 80.5% over the time period. This could be due to a variety of factors including but not limited to court delays, large sibling groups, a high percentage of relative placement preferring not to adopt, etc.
- In five years up to Q3 2013, the median length of stay for children who exited through adoption increased from 32.0 months to 33.1 months. Performance ranged from 30.3 to 33.1 months over the time period. Please see above for potential reasons why this fluctuated.
- Of all children in foster care for 17 continuous months or longer and not legally free for adoption on the first day of the period from October 1, 2012 to March 31, 2013, 0.7% became legally free within the next six months (3 out of 402 children).

TARGET POPULATION

Children in the child welfare system eligible for adoptive homes and permanency planning

TARGET GEOGRAPHIC AREA

San Francisco/Bay Area

TIMELINE

SIP Cycle: 10/15/14 - 10/15/2019; subject to change with notice to and approval from CDSS/OCAP.

EVALUATION

PROGRAM OUTCOME(S) AND MEASUREMENT & QUALITY ASSURANCE (QA) MONITORING

Desired Outcome	Indicator	Source of Measure	Frequency
Increased adoptive placements for children in the child welfare system	A minimum of 20 families annually will be certified for foster care and approved for adoption	Family Builders records	Reviewed annually by SFHSA contract and program staff

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CLIENT SATISFACTION (EXAMPLE* PROVIDED BELOW)

Method or Tool	Frequency	Utilization	Action
Satisfaction Survey	Utilized at 4 points along the journey towards adoption: orientation, completion of PRIDE training, homestudy completion, and finalization.	Surveys reviewed after each class series	Problem areas addressed by staff as required to resolve issues and ensure continuous quality improvement

Program Descri
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PROGRAM NAME

Mandatory Reporter Training & Child Abuse Prevention Coordinating Council Public Awareness

SERVICE PROVIDER

The San Francisco Child Abuse Prevention Center (SFCAPC) Mandated Reporter and Community Awareness

PROGRAM DESCRIPTION

Mandated Reporter and Community Education and Systems Improvements

The San Francisco Child Abuse Prevention Center educates the public and mandated reporters about child abuse and child abuse reporting requirements and provides technical assistance in the areas of child abuse prevention and other relevant topics. SFCAPC facilitates network development through its coordination of the local child Abuse Council and provides extensive community awareness activities on child abuse and neglect, including mandated reporter training.

FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	
CBCAP	Mandatory Reporter and Community Education & Child Abuse Prevention Coordinating Council network development
PSSF Family Preservation	
PSSF Family Support	
PSSF Time-Limited Family Reunification	
PSSF Adoption Promotion and Support	
OTHER Source(s): (Specify) Children's Trust Fund, County General Fund	Mandatory Reporter and Community Education & Child Abuse Prevention Coordinating Council network development

IDENTIFY PRIORITY NEED OUTLINED IN CSA

- With the support and capacity building of its network of family resource centers, SF-HSA is able to meet the needs of a diverse population of families
- Service providers tend to serve families only from within their model and system, and this can result in a lack of communication and integration with a holistic case plan, and it can set back reunification efforts. Further collaboration, expanding service delivery to a broader range of parents and children, serving families more holistically and blending between service providers and the Department could enhance overall service delivery.

TARGET POPULATION

San Francisco children, families, and residents, including children and families at risk of child maltreatment; mandated reporters

TARGET GEOGRAPHIC AREA

San Francisco

TIMELINE

SIP Cycle: 10/15/14 - 10/15/2019; subject to change with notice to and approval from CDSS/OCAP.

EVALUATION

PROGRAM OUTCOME(S) AND MEASUREMENT & QUALITY ASSURANCE (QA) MONITORING

Desired Outcome	Indicator	Source of Measure	Frequency
Mandated reporters learn reporting requirements and procedures.	85% of mandated reporters learn & are more likely to report	Trainees fill out evaluations post training surveys that measure knowledge gained and behavior change through specific questions.	Completed by trainees after session
Public education campaign is conducted via various media resources and events	An annual public awareness campaign will be conducted community wide through media	Document numbers who attend or view materials	SFCAPC documents numbers according to campaign schedule
Child Abuse Coordination meetings conducted	A minimum of 6 meetings will be held regularly through Child Advocacy Center partnership	Attendance Records	Monthly or as scheduled

CLIENT SATISFACTION

Method or Tool	Frequency	Utilization	Action
Mandated reporter training evaluation	Trainees fill out evaluations post trainings	Surveys reviewed after sessions are completed	Problem areas addressed by staff as required to resolve issues and ensure continuous quality improvement