

California – Child and Family Services Review Signature Sheet

For submittal of: CSA SIP Progress Report

County	San Francisco
SIP Period Dates	2014 County Self Assessment
Outcome Data Period	Quarter 3, 2009 – Quarter 3, 2013

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California - Child and Family Services Review

City and County of San Francisco Self-Assessment

MAY 2014



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Introduction

This County Self-Assessment is the San Francisco Human Services Agency's (SF-HSA) latest response to Assembly Bill 636 (AB 636), California's 2001 Child Welfare System Improvement and Accountability Act. The intention of AB 636 is to shift child welfare services to a more outcomes-based system and to implement key reforms, such as partnering more actively with the community, sharing responsibility for child safety, strengthening families, and ensuring the fairness and equity of service delivery and outcomes. In 2002, the California Department of Social Services completed a federal review of its performance on federal outcome measures, including an analysis of the systemic factors that affected its performance, and developed an improvement plan with specific action steps and goals. To improve statewide performance, the Department of Social Services requires every county to engage in a process of self-assessment, identify areas for improvement, articulate goals, and institute plans to reach those goals.

As required by AB 636, SF-HSA must collaborate with key partners to analyze critical child welfare outcomes. These outcomes are measured by data from the statewide child welfare database. In addition to the outcome indicators, this Self-Assessment must review systemic factors that correspond to the federal review. Prioritized areas needing improvement will be addressed in a new System Improvement Plan, which also must be developed in partnership with the community. The Self Improvement Plan must be approved by the San Francisco Board of Supervisors, and both documents must be submitted to the State.

Both the County Self-Assessment and the System Improvement Plan incorporate planning for the expenditure of federal and state funds for the Promoting Safe and Stable Families, Child Abuse Intervention and Treatment, and Community-Based Child Abuse Prevention Program. This allows for an assessment, planning, and reporting process which speaks to an integrated service system from prevention through intervention and aftercare.

The development and submission of this Self-Assessment begins the fourth AB 636 cycle for San Francisco. The county's most recent Self-Assessment and System Improvement Plan were completed in 2009; the 3rd Peer Review was held in February 2014. Findings from that review are incorporated in this report, as are current improvement activities. Later this year, San Francisco will develop a new System Improvement Plan based on outcome indicators prioritized in this Self-Assessment report.

C-CFSR Planning Team & Core Representatives

C-CFSR Team

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 including Community Behavioral Health and Maternal and Child Health. Projects such as the Fatherhood Initiative as well as 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 with staff, community partners, and youth, parents, and caregivers to garner further thoughts and recommendations.

Core Representatives

A list of core representatives can be found in Attachment A. These representatives engaged in the Peer Review focus groups along with other partners representing parents, youth, foster parents, and public and private stakeholders such as the San Francisco Unified School District, Court Appointed Special Advocates, and the Juvenile Court.

The CSA Planning Process

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, and project updates including data analysis . In February and March, SF-HSA and JPD also conducted a series of focus groups as part of its Peer Review. Questions focused on the identified outcomes for the Review and timeliness to adoption, as well as other federal and state outcome measure to more broadly inform the County Self-Assessment. Findings will be shared with the stakeholders as the county moves forward with creating the new Self Improvement Plan.

Participation of Core Representatives

As described above, SF-HSA and JPD engaged all required core participants.

Stakeholder Feedback

Please refer to information on the Peer Review, which describes stakeholder feedback. Stakeholder feedback gleaned from the planning process is threaded throughout this document.

Demographic Profile

General County Demographics

San Francisco is an urban, geographically small county that has a diverse, and changing, population. Highly educated, affluent, and childless adults are migrating to the city in large numbers, making the job market intensely competitive. Other groups are leaving San Francisco for more affordable areas, including middle-income persons, families, and especially, African Americans. These 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.

According to the census, San Francisco has a growing population, increasing from 675,400 in 1980 to 815,234 in 2012. During the 1990s, much of the population growth was due to an influx of recent college graduates seeking work in the technology sector. As Figure 1 illustrates, however, many of these young adults left the county following the “dotcom bust.” Given that statistics for educational attainment have remained unchanged – over half of San Francisco adults age 25 plus have at least a bachelor’s degree, and over 70% have at least some college credit – the data suggests that well-educated, more professionally established, and more affluent adults age 35-59 are taking their place and account for most of the population growth (Figures 2 and 3). In contrast, the other age categories have remained relatively stable for the past eight years. Children account for 13% of the population, which is the lowest rate among the nation’s major metropolitan areas. By comparison, children from 15% of the population in Manhattan. In 2012, San Francisco had 109,369 residents under the age of 18.

Figure 1: SF Residents by Age Group, 2000-2010

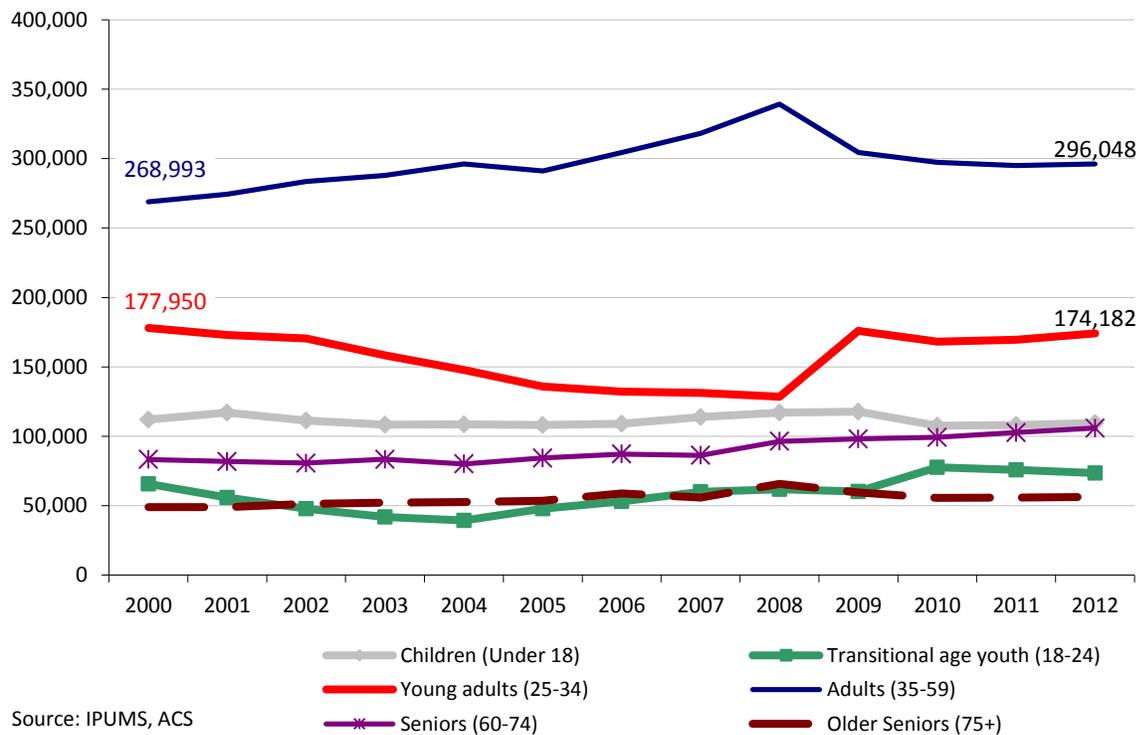
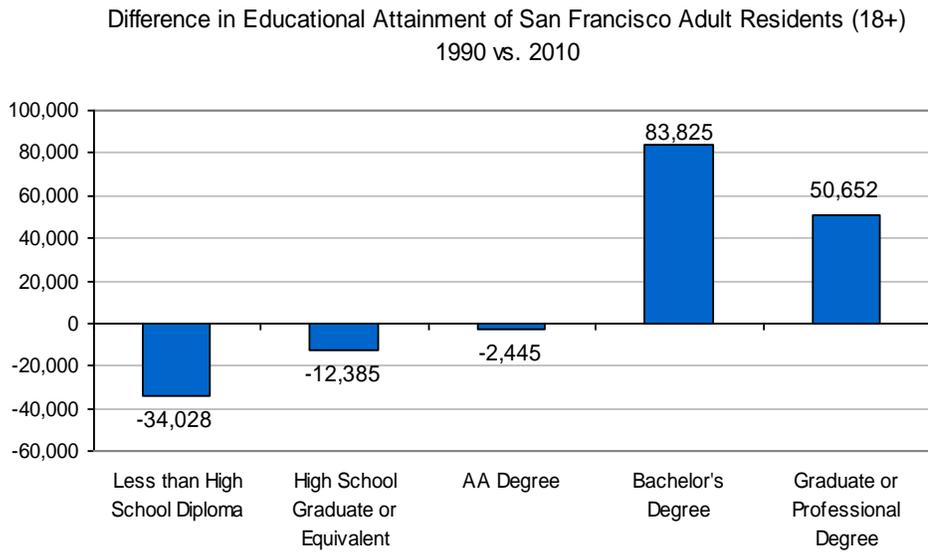
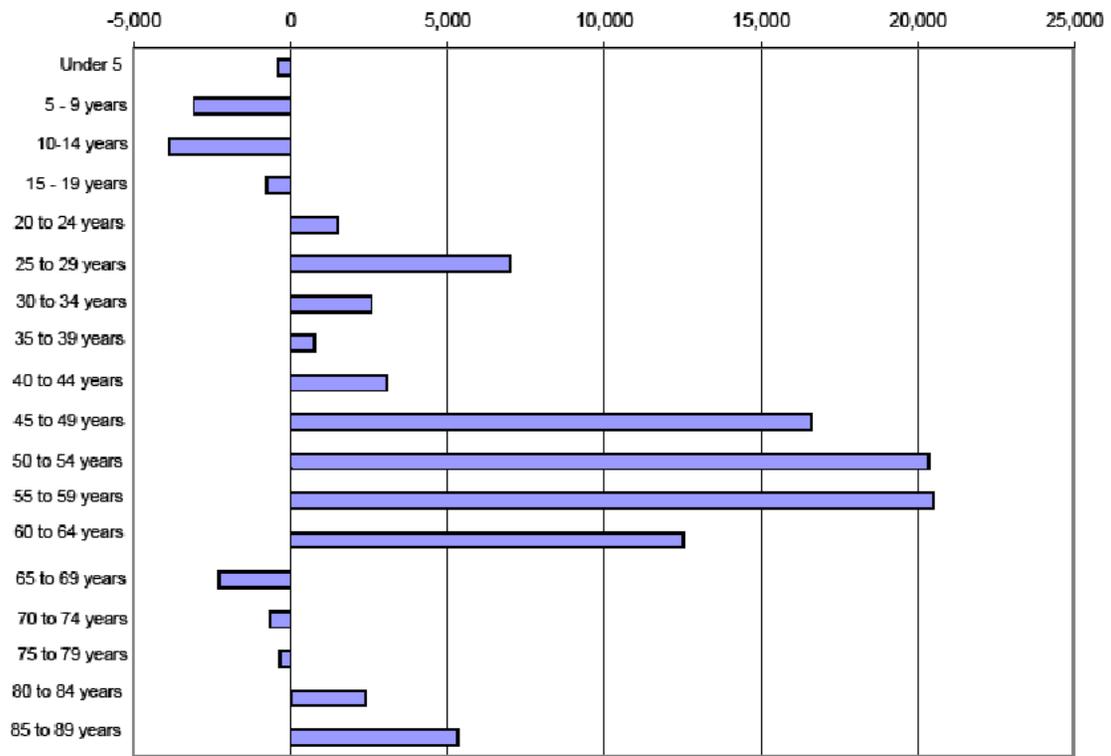


Figure 2



Source: US Census Bureau, 2000 Decennial Census and 2010 ACS

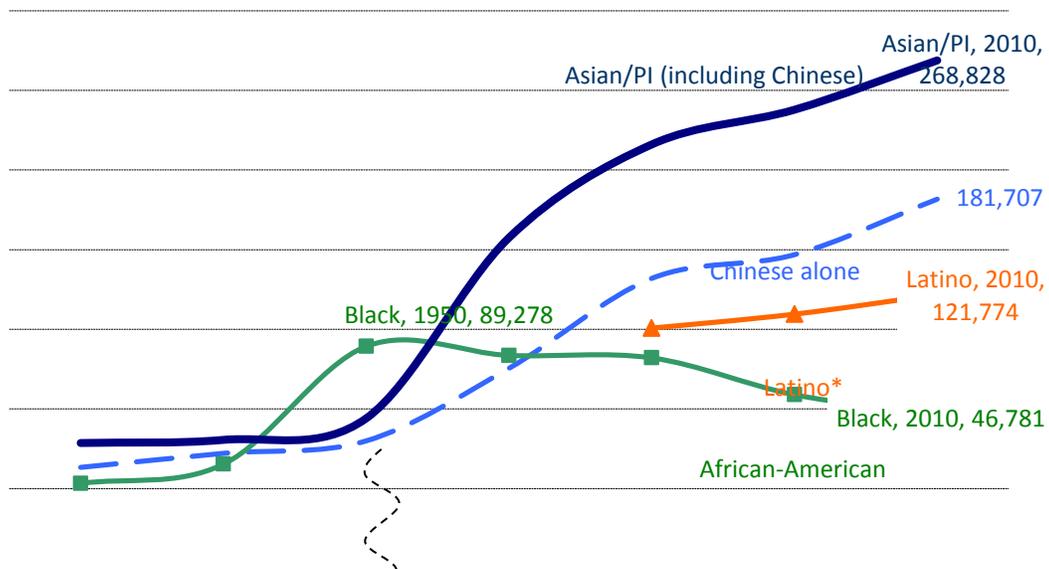
Figure 3: Change in Population by Age in San Francisco (1990-2010)



Source: 1990 and 2010 Decennial Census

Although the rate of foreign-born residents has decreased significantly compared to two years ago, San Francisco still has an uncommonly diverse immigrant population. As of 2012, 36% of San Franciscans were born in another county, compared to 27% statewide and 13% nationwide. Forty-five percent of the county's residents speak a language other than English at home. Asian and Pacific Islanders comprise a third of the total population. The proportion of African Americans, however, is declining. Since 1990, the African American population has dropped 43% (from 82,043 to 46,781). The Latino population seems relatively stable. In contrast, the Asian/Pacific Islander population has increased substantially. Between 1950 and 2010, the Asian/Pacific Islander community has grown fivefold. Over 60% of San Francisco immigrants now come from Asia (35% from China alone). Figure 4 tracks the historical changes in the city's population by race and ethnicity since 1950. Please note that data is not available for 1960 - 1970.

Figure 4: San Francisco by Largest Ethnic Minority Groups, 1930 - 2010



Source: US Census Bureau, 2010 Census

*Latinos can be any race, including Asian/Pacific Islander or African-American

Race and ethnicity are strongly linked to income, poverty, and child welfare participation. In 2012, the median household income in San Francisco was \$72,888, and the median family income was \$86,278. In comparison, the poverty level for a family of one adult and two children was \$18,498. The maximum benefit for a family on CalWORKs is \$13,860.¹ The poverty rate among individuals in San Francisco is 13.8%, and among families, the rate is 8.5%. Table 1 further highlights the income disparities by ethnicity, and suggests that people of color in San Francisco earn substantially less than their counterparts nationwide.

¹ Maximum CalWORKs benefit, including CalFresh grant.

Table 1: Racial Disparity in Income: Per Capita Income of Non-White Racial and Ethnic Groups, As a Percentage of Per Capita Income of Whites, 2012

Race	San Francisco	United States
African American	37%	56%
Asian	49%	95%
Latino	38%	48%

Source: U.S. Census, 2012 3-Year American Community Survey, MOEWD – Sustaining Our Prosperity: The San Francisco Economic Strategy, 2007

The most expensive element of living in San Francisco is housing. In the less than four years since January 2010, San Francisco's 10.1 percent unemployment rate has been more than halved to 4.4 percent, according to the latest numbers from the U.S. Bureau of Labor Statistics. The City's rebound has outpaced the recovery elsewhere. The jobless rate is 8.3 percent across California, 8.5 percent in New York City and 9.4 percent in Los Angeles.

San Francisco's population has increased notably for an already-dense 47-square-mile metropolis with little horizontal space left to grow. The City added 28,500 new residents between 2000 and 2010, for a grand total of 805,263. Then, in just the following two years alone, an additional 20,600 residents were added to the population. The population of roughly 825,000 in 2012 will have steadily increased to a milestone by 2032, when a projected 1 million people will make their home inside city limits, according to an upcoming report from the Association of Bay Area Governments. If the current population projections hold steady, The City will have grown in population by 35 percent between 2010 and 2040 -- the fastest 30-year rate of increase in nearly a century. San Francisco has not seen growth like this since the post-agrarian period between 1920 and 1950, over which the population grew by 53 percent before abruptly losing tens of thousands of residents to the 1950s exodus to the suburbs.

Housing prices have risen over 25 percent since 2011 and the city's housing costs are almost three times the national average.^{2,3} The City's rent median -- the midpoint on the spectrum of prices -- outpaces all other U.S. cities at \$1,463 per month, according to recent U.S. census figures. The median rent for a two-bedroom apartment is currently \$3,875.⁴ Currently, nearly 40 percent of San Francisco rental properties demand at least 35 percent of tenants' total income. At last glance on the Trulia real estate listings Web site, the median cost of buying a home was \$850,000, nearly \$200,000 more than it was five years ago and more than double what it was in 2000.⁵

Although the median household income in San Francisco seems relatively high at \$70,040, San Francisco has the largest income inequality of the nine Bay Area counties. Poverty rates exceed the city/county average for the following groups of people: females, people age 65 and older, African Americans, people of "other" race, people of two or more races, Latinos, and female heads of households. Figure 5 illustrates how the proportion of low-income families has remained relatively stable over the last thirty years, the proportion of middle-income families has decreased, and the proportion of higher-income

² Priceonomics. The San Francisco Rent Explosion. July 2013. Accessed April 10, 2014: <http://priceonomics.com/the-san-francisco-rent-explosion>

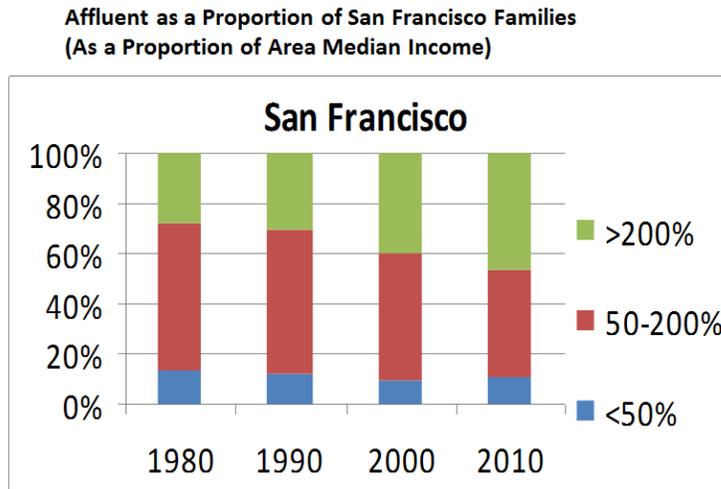
³ National Center for Policy Analysis. How Differences in the Cost of Living Affect low-Income Families. November 2013. Accessed April 10, 2014: <http://www.ncpa.org/pub/ib133>

⁴ Ibid

⁵ SF Examiner 12/29/2013

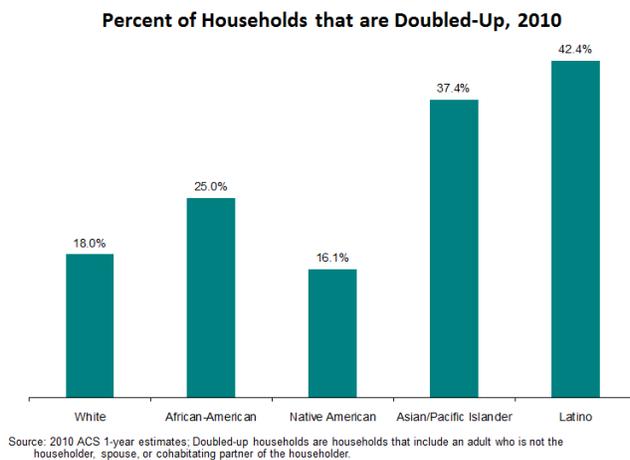
families has increased. Data suggests that a coping mechanism that families use to afford living in the city is “doubling-up,” especially among Asian/Pacific Islander (37%) and Latino (42%) families (see figure 5).⁶

Figure 5



Source: Census Bureau

Figure 6



Homelessness is the single most complex, urgent challenge facing San Francisco’s vulnerable families. According to a recent point-in-time homeless count (Applied Survey Research, 2011), San Francisco had 6,455 homeless persons. Ten percent were persons in families, and they comprised 3% of the unsheltered and 16% of the sheltered populations. Two hundred and four families are currently waiting for space in San Francisco’s homeless family shelters. The shelter system only has capacity for 142 families.

⁶ Doubled-up households are households that include an adult who is not the householder, spouse, or cohabitating partner of the householder.

Child welfare is enmeshed with San Francisco's housing instability. Sixteen percent of all active child welfare cases between 2010 and 2011 were found to involve a parent who, at some point during the case, was homeless. A data match for one night of shelter residents found that 11% of children in shelter had an open case within the last two years; 18% had been the subject of a child maltreatment referral.

In surveys, child welfare workers express frustration with the futility of the housing search – lists, lists, lists – and the long wait for even a shelter bed. Reunification timelines add pressure. Workers sometimes require that families enter residential drug treatment programs, not because the parent's level of addiction requires a residential setting, but so that the family can have housing. However, residential programs seldom take more than one child, and do not accept teenage children. Workers often have to refer families to housing lists in other counties, resulting in children leaving their schools and neighborhoods behind in order for the family to have housing and stay together. Workers also assist with relative searches, and when the relative's home meets basic standards, sometimes have no choice but to accept doubling up.

Research finds that child welfare workers, as well as family court judges, realize the hurdles that inadequate housing present, but often feel the challenge is insurmountable (Shdaimah, 2009). They feel unable to address the multiple needs of homeless families (Courtney et al., 2004) and instead emphasize services. Courtney et al. (2004) found that child welfare interventions that are not designed to assist families in finding and maintaining stable housing are not likely to be effective. Farrell et al. (2010) found that while service utilization by homeless families may lead to case closure, it does not lead to permanent housing. And homelessness, as Cowal et al. (2002) suggested, can have a lasting detrimental effect on family functioning and stability, even after housing is found. Park et al. (2004) found that longer stays in shelter were associated with a higher likelihood of child welfare involvement. No wonder that Harburger and White (2004) emphasized that some child removals could be prevented with more extensive cooperation between child welfare and housing systems.

In response to these pressures, SF-HSA applied for and received a grant from the federal Administration of Children and Families to integrate the two service spheres and incorporate a "housing first" principle into child welfare. Please refer to subsequent sections for a description of the agency's project.

Low-income persons are also changing neighborhoods. As relatives are leaving – including the aunts, uncles, and siblings who form the informal support network for low-income and vulnerable parents – poverty is being compounded by isolation. Figure 7 illustrates the changes in poverty levels by neighborhood between 2000 and 2010. Green areas indicate net losses in the number of low income persons, suggesting possible gentrification, while red areas indicate increasing concentration (and likely severity) of poverty. Figure 8 illustrates the areas of the city that have the highest concentrations of poverty. The Bayview Hunters Point area continues to have the highest number of impoverished families in the city, but Chinatown now has more than the Western Addition, a historically African American neighborhood that is now a checkerboard of gentrification.

Table 2 provides detailed context for the discussion of child and family well-being in San Francisco.

Table 2: County self-assessment required data elements

Description	Data
Active tribes in the county ⁷	San Francisco does not have Indian reservations. However, according to the 2008-2013 American Community Survey, there are 3,690 American Indians and Alaskan Natives residing in the county. Specified tribes identified in the census included Cherokee, Navajo, Blackfeet, and Apache.
Number of children attending school ⁸	57,860
Number of children attending special education classes ⁹	6,373
Number of children participating in subsidized school lunch programs ¹⁰	30,013 (or 54%) of the children attending San Francisco public schools receive subsidized school lunches.
Number of children who are leaving school prior to graduation ¹¹	During the 2012-2013 school year, the San Francisco Unified School District reported 19,024 students enrolled into grades 9-12. Of these students, 911 (or 4.8%) left school prior to graduation. The 4-year derived dropout rate – an estimate of the percent of students who would drop out in a four-year period based on data collected for a single year – was 18%.
Number of children on child care waiting lists ¹²	3,305
Number of children receiving age-appropriate immunizations ¹³	88% (6,588 total kindergarten enrollments)
Number of babies who are born with a low-birth weight ¹⁴	7% (612 of 8,805 total births in 2011)

⁷ US Census Bureau. 2008-2012 American Community Survey. Data retrieved on April 9, 2014 from:

<http://factfinder.census.gov/>

⁸ California Department of Education. Data retrieved on April 9, 2014 from: <http://dq.cde.ca.gov/dataquest/>

⁹ Ibid.

¹⁰ Ibid.

¹¹ Ibid.

¹² San Francisco Human Services Agency, Centralized Eligibility List, April 2014.

¹³ California Department of Health Services, Immunization Branch. 2013-2014 Kindergarten Assessment Results.

¹⁴ CKidsCount.Org. 2011 Data Retrieved on April 9, 2014 from: <http://datacenter.kidscount.org/data/tables/5425-low-birthweight-babies?loc=6&loct=3#detailed/3/61,69-70,80,88,90-92/false/867,133,38,35,18/any/11984,11985>

Description	Data
Number of children born to teen parents ¹⁵	281 of 8,805 total births (3.2% or 32 per 1,000)
Number of families receiving Public Assistance (CalWORKs) ¹⁶	As of March 2014, there were 4,360 families participating in the CalWORKs program.
Number of families living below poverty level ¹⁷	13,119 out of 154,339
Number of families with no health insurance ¹⁸	9%
County unemployment rate ¹⁹	5.3%

Child Maltreatment Indicators

Linking birth records with data from the statewide Child Welfare Services/Case Management System (CWS/CMS) provides information about the full population of children born in San Francisco, including risk factors for maltreatment. The data reported below were derived from the birth records of children born in San Francisco in 2006 and 2007 and were matched to CWS/CMS records through each child's fifth birthday²⁰. The following are notable characteristics of parents and their children.

- ❖ Between 2006 and 2007, 25,776 children were born.
- ❖ Although prenatal care began during the first trimester for a majority of children, 2,981 children (11.6%) were born to mothers who received prenatal care that started late or not at all.
- ❖ A plurality of children (40.6%) was born to mothers of White race/ethnicity. A total of 3.2% of children were born to teen mothers.
- ❖ 6,404 births were paid for by public health insurance, 24.8% of all children born.
- ❖ Paternity was missing for 5.1% of children overall, with 14.8% among births covered by public health insurance missing paternity compared to 1.9% of births covered by private insurance.

A number of these socio-demographic and health characteristics are associated with elevated risk being *reported* for maltreatment by the age of five. Adjusting for multiple factors, the following patterns emerge.

- ❖ 2,106 children were reported to SF-HSA for alleged child abuse or neglect before the age of 5, 8.2% of children.
- ❖ Notable differences emerged in the likelihood of being reported to SF-HSA. Overall, 12.9% of children who were low birth weight (< 2500g) were reported compared to 7.7% of children who were not. In relative terms, that meant that a low-birth-weight child had a 67.0% greater likelihood

¹⁵ Ibid.

¹⁶ CalWin

¹⁷ 2010-2012 American Community Survey, Table S1702

¹⁸ 2011-2012 California Health Interview Survey (CHIS)

¹⁹ United States Department of Labor, Bureau of Labor Statistics. Data retrieved on April 8, 2014 from: <http://www.bls.gov/>

²⁰ Putnam-Hornstein, E., Mitchel, M., & Hammond, I. (2014). *A Birth Cohort Study of Involvement with Child Protective Services before Age 5: San Francisco*. Children's Data Network.

of being reported for abuse or neglect (RR: 1.67***; 95% CI: 1.49, 1.88, indicating statistical significance).

- ❖ After adjusting for other factors, the heightened risk associated with low birth weight diminished in magnitude, but was still statistically significant (RR: 1.23***; 95% CI: 1.10, 1.38).
- ❖ An inverse relationship was observed between a child's risk of being reported for alleged maltreatment and maternal age. Among children born to teen mothers, 30.5% were reported. In contrast, only 4.7% of children born to a mother age 30 or older were reported. Before adjusting for other factors, children of teen mothers were almost 6.5 times as likely to be reported to SF-HSA as were those born to mothers age 30 or older (RR: 6.49***; 95% CI: 5.74, 7.33).

The following patterns emerge among the cumulative number of children *substantiated for* maltreatment.

- ❖ 676 children were substantiated as victims of abuse or neglect before age 5, 2.6% of all children born.
- ❖ Notable differences emerged in the likelihood of being substantiated as victims. Among children whose births were covered by public insurance, 8.0% were substantiated as victims of maltreatment before age 5, compared to less than 1.0% among children with non-public insurance. Before adjusting for other factors, public insurance was associated with a 9 times greater risk of substantiation (RR: 9.22***; 95% CI: 7.76, 10.96). In the adjusted model, the risk ratio was weaker, but the relative difference was still large (RR: 2.37***; 95% CI: 1.88, 2.99).
- ❖ Risk of substantiated maltreatment varied with the commencement of prenatal care. Although representing only a small percentage of births overall, nearly 2 in 5 children with no recorded prenatal care were subsequently substantiated for abuse or neglect, 23 times the rate of children whose prenatal care began during the first trimester before adjusting for other factors (RR: 23.20***; 95% CI: 18.55, 29.02) and 3 times greater after adjustments were made (RR: 3.11***; 95% CI: 2.38, 4.07).

The following patterns emerge among the cumulative number of children placed in foster care before age 5.

- ❖ 323 total children spent time in foster care before age 5. This represents 1.3% of all children born.
- ❖ Characteristic differences emerged in the likelihood of being placed in foster care. Maternal education was strongly correlated with the likelihood of foster care placement before age 5. The cumulative percentage of children placed in foster care across levels of maternal education ranged from less than 0.1% of children born to college graduates compared to 4.4% of children whose mothers had not finished high school.
- ❖ Among children for whom paternity was not established, 11.0% entered foster care at some point before age 5. The comparable share of children entering foster care was less than 1.0% among those with established paternity. Overall, missing paternity was associated with a 15 times greater risk of foster care placement (RR: 14.96***; 95% CI: 12.10, 18.50). After adjusting for other factors, the observed risk of foster care placement for children with missing paternity remained 2.5 times that of children with established paternity (RR: 2.51***; 95% CI: 1.97, 3.19).

Finally, some notable trends emerge when comparing the overall number of births, reports, substantiations, and placements in San Francisco with children statewide:

- ❖ Overall, 1,085,745 children were born in California in 2006 and 2007.
- ❖ Infants born in San Francisco represented 2.4% of births statewide.
- ❖ In California, 14.8% of children were reported to CPS, 5.1% were substantiated as victims of abuse or neglect, and 2.2% spent time in foster care before age 5.
- ❖ The cumulative percentage of children reported for alleged abuse or neglect ranged from less than 8.0% to more than 30.0% across California counties.
- ❖ The cumulative percentage of children substantiated as victims of abuse or neglect varied by county, from less than 2.0% to more than 16.0% of all children born.
- ❖ Across counties, the percentage of children who spent time in foster care before reaching their fifth birthday ranged from less than 0.5% to more than 7.0%.

A primary implication of the information revealed by these linked data is that the number of children reported for maltreatment, substantiated as victims, and placed into foster care in a given year dramatically undercounts the risk of child welfare involvement over time. 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.

Children under age 5 are acutely vulnerable to maltreatment. Understanding the socio-demographic and health characteristics of children associated with the greatest risk of abuse or neglect helps to identify prevention strategies.

Family Structure and other Sociodemographics

Selected socio-demographic characteristics of San Francisco are presented in the table below. These indicators 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.

Table 3: San Francisco Selected Demographic Characteristics

Characteristic	N	%
Residents with less than a high school education	86,953	14%
African American	5,358	15%
White	8,400	3%
Hispanic	20,558	26%
Linguistically isolated residents	45,419	14%
Single, female-headed households	10,711	19%
African American	2,228	62%
White	2,963	14%
Hispanic	2,548	27%
Single, female-headed households in poverty	3,034	22%
African American	1,113	39%
White	339	10%

Characteristic	N	%
Hispanic	748	24%
Residents who moved in the past five years	127,490	38%
Elderly residents	109,842	14%
Child to adult ratio	-	12%
Adult male to female ratio	-	1.03
Renter occupied units	222,165	64%
African American	16,234	76%
White	117,728	65%
Hispanic	28,316	74%

Data Source: 2010 American Community Survey and Summary File 1

Housing

While a wave of families has left the city for more affordable communities for more than a decade, it may be that those who remained behind have not had the resources to leave. The trends in housing costs and population shifts described above suggest that while the absolute number of children and families with low economic resources is declining in San Francisco, many of those who remain here are the most needy. This volume of children exposed to conditions associated with an elevated risk of maltreatment is declining, they are persistently high among certain racial/ethnic groups – the groups that tend to have high rates of poverty. Social and child welfare services for families remain important to their well-being and safety; although the intensity of those services may need to increase in order to specifically address these shifting demographics. This should serve to improve foster care outcomes in the form of decreased length of stay, increased permanency rates, and decreased entry and reentry rates.

Substance abuse

The number of admissions for treatment for alcohol and other drugs in 2008 was approximately 21,700 in San Francisco: 67 percent were male and 33 percent were female.

TABLE 4: SAN FRANCISCO 2008 ADMISSIONS FOR TREATMENT FOR ALCOHOL AND OTHER DRUGS

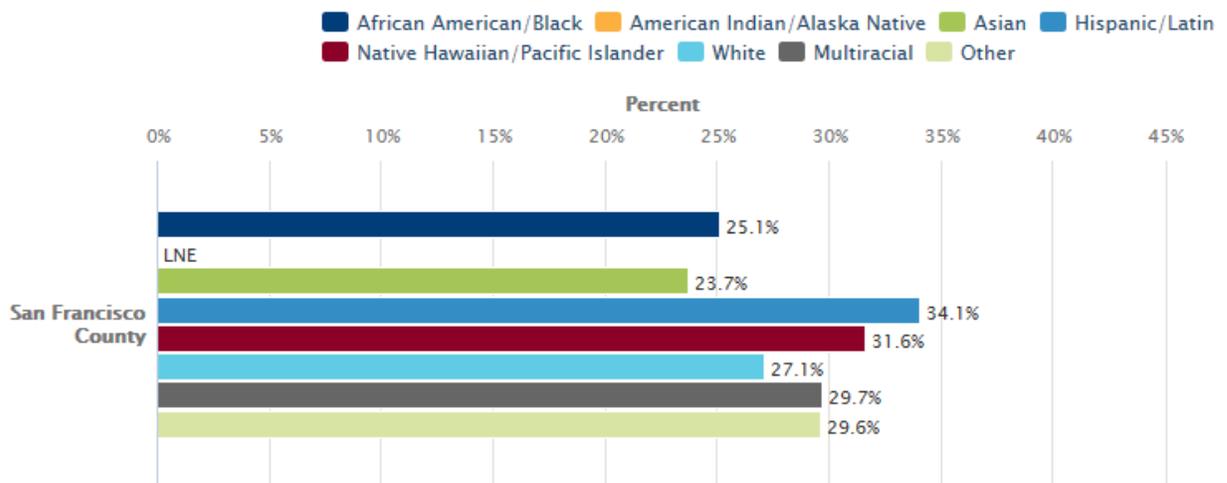
Race/Ethnicity	Treatment Admissions
Non-Hispanic White	40%
Non-Hispanic Black	30%
Hispanic	17%
All Other	9%
Asian/Pacific Islander	4%

Treatment admissions in San Francisco were less likely than California admissions to report primary methamphetamine, more likely to report alcohol, and more likely to report smoked cocaine.²¹

Mental Health

Over one quarter of youth in San Francisco report feelings of depression. Hispanic / Latino youth stand out as being somewhat more likely to report depression. For children entering foster care or beginning a family maintenance case, San Francisco’s Katie A. implementation includes Child and Adolescent Needs and Strengths Assessment screening which should improve the process of identification and triage of mental health needs among children in the child welfare system.

Figure 9: Depression-Related Feelings, by Race/Ethnicity: 2008-2010
(Race/Ethnicity: All; Answer: Yes)



Data Source: [As cited on kidsdata.org](http://kidsdata.org), California Department of Education, California Healthy Kids Survey (WestEd). Percentage of students in grades 7, 9, and 11 reporting whether in the past 12 months, they had felt so sad or hopeless almost every day for two weeks or more that they stopped doing some usual activities, by race / ethnicity.

Child Fatalities

Concomitant with statistics on poverty, pre-natal infant mortality rates were highest among the black population at 30.7% compared to 2.9% for white mothers.²²

Schools and Employment

With only 13.5 percent of its population under 18 years old, San Francisco has the fewest minors of any major city in the U.S.

²¹ U.S. Department of Health and Human Services

²² Community Health Status Assessment: City and County of San Francisco, July 2012

Table 5: Proportion of households with children under age 18 by neighborhood(2010)

Proportion of households with children under age 18	Neighborhood Percent
Visitacion Valley	50
Bayview	48
Crocker Amazon	44
Excelsior	44
Ocean View	41
Russian Hill	10
Castro/Upper Market	10
South of Market	9
Nob Hill	9
Financial District	6

Approximately 30% of San Francisco children attend private school, especially white children, as reflected in the table below.

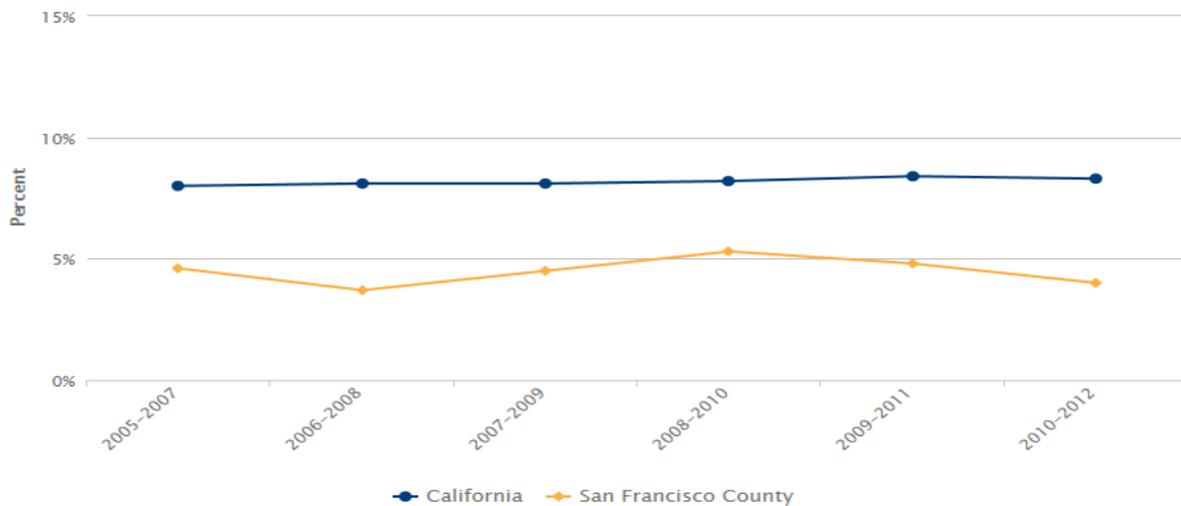
Table 6: San Francisco Unified Numbers of Children by Race / Ethnicity

Race / Ethnicity	Count
Hispanic or Latino	13,078
White	5,924
Asian	22,326
African American	6,046
Other	5,235
Not reported	2,531
Total school pop.	55,140

Students in foster care were classified with a disability at twice the rate of the comparison groups. Among students with disabilities, students in foster care were about five times more likely to be classified with an emotional disturbance than other students. Thirty two percent of students in foster care changed schools during the school year. Fifteen percent of students in foster care were enrolled in the lowest-performing schools and 2% were enrolled in the highest performing schools.

Students in San Francisco are less likely than are students statewide to be working or remain in school.

Figure 10: Teens Not in School and Not Working, by County²³ 2005-2007 to 2010-2012



Data Source: [As cited on kidsdata.org](http://kidsdata.org), U.S. Census Bureau, American Community Survey (Dec. 2013).

Estimated percentage of teens ages 16-19 that are not enrolled in school (full- or part-time) and not working (full- or part-time). Teens who are not working include those who are looking for work and those who are not in the labor force.

Child Welfare and Probation Population

Table 7 summarizes the City and County of San Francisco child welfare participation rates for the 2009 and 2013 calendar years, and clearly illustrates three trends. First, San Francisco has received around the same number of referrals each year. Second, the San Francisco substantiated referral rate has dropped from 20% to 12%. Third, the number and rate children and youth being brought into care and currently in care, has fallen substantially. San Francisco now has 20% fewer children entering foster care for the first time and has approximately one third fewer children in care.

Table 7: Number and Rate of Referral, Substantiation, Entry, and In-Care over Time

	Total		Rate per 1,000 children	
	2009	2013	2009	2013
Referrals	5,604	5,524	53.5	46.1
Substantiated referrals	1,103	661	10.5	5.5
First entries	304	245	2.9	2.0
Total entries	400	325	3.8	2.7
In care (July)	1,290	862	12.3	7.2

Source: California Child Welfare Indicators Project http://cssr.berkeley.edu/ucb_childwelfare

²³ 20,000 residents or more

Figure 11 indicates the types of allegations received for the 2009 and 2013 calendar years. General neglect remains the most common allegation type. Physical abuse declined as a share of all allegations, while the identification of at risk siblings increased.

Figure 11: Number and Percent of Maltreatment Referrals by Allegation Type, 2009 and 2013

Allegation Types (2009)

Allegation Type	Number	%
Physical	1,610	29%
General Neglect	1,681	30%
At Risk, sibling abused	657	12%
Sexual	568	10%
Caretaker Absence	196	4%
Emotional	609	11%
Substantial Risk ★	233	4%
Severe Neglect	42	
Exploitation	8	
Total	5,604	

Allegation Types (2013)

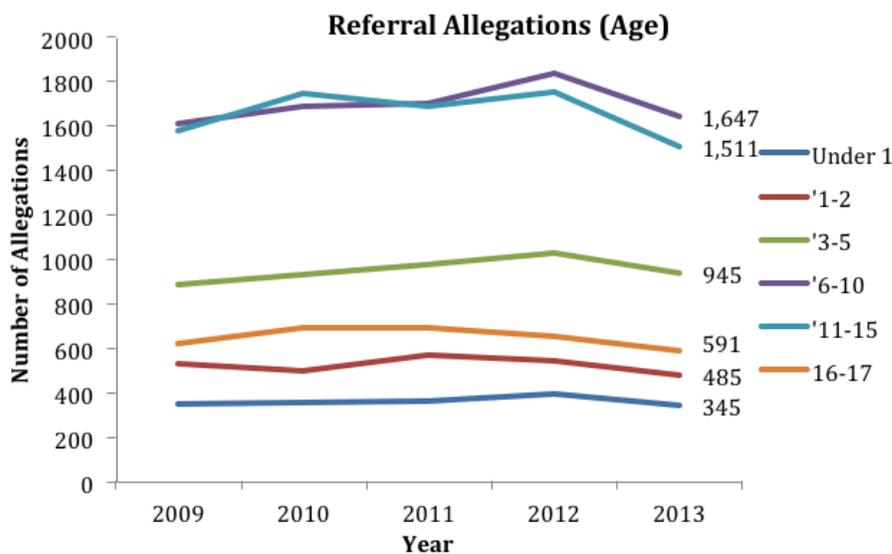
Allegation Type	Number	%
Physical	1,375	25%
General Neglect	1,711	31%
At Risk, sibling abused	1,044	19%
Sexual	495	9%
Caretaker Absence	151	3%
Emotional	701	13%
Severe Neglect	34	
Exploitation	13	
Total	5,524	

★ Substantial Risk no longer used as a category after 2009

Source: California Child Welfare Indicators Project http://cssr.berkeley.edu/ucb_childwelfare/Allegations

Figure 12 indicates that in San Francisco the majority of allegations occur for children under the age of 1 or between 11 and 15.

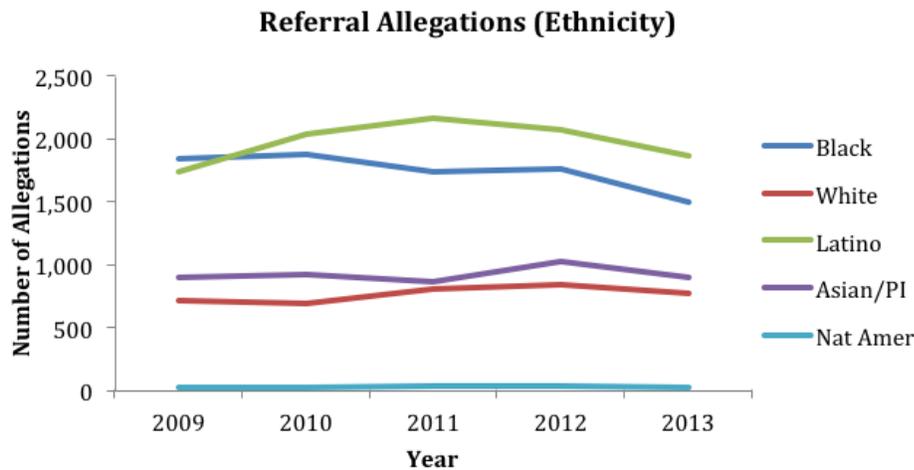
Figure 12: Number of Maltreatment Referrals by Age and Referral Year



Source: California Child Welfare Indicators Project http://cssr.berkeley.edu/ucb_childwelfare

Over the past five years Latino children were more likely than any children of any other race/ethnicity to be reported for maltreatment (see Figure 13). In 2013 67% of allegations were made on a child of Latino or African American race/ethnicity. More than one third (37%) of allegations were made on children from a Latino ethnic background.

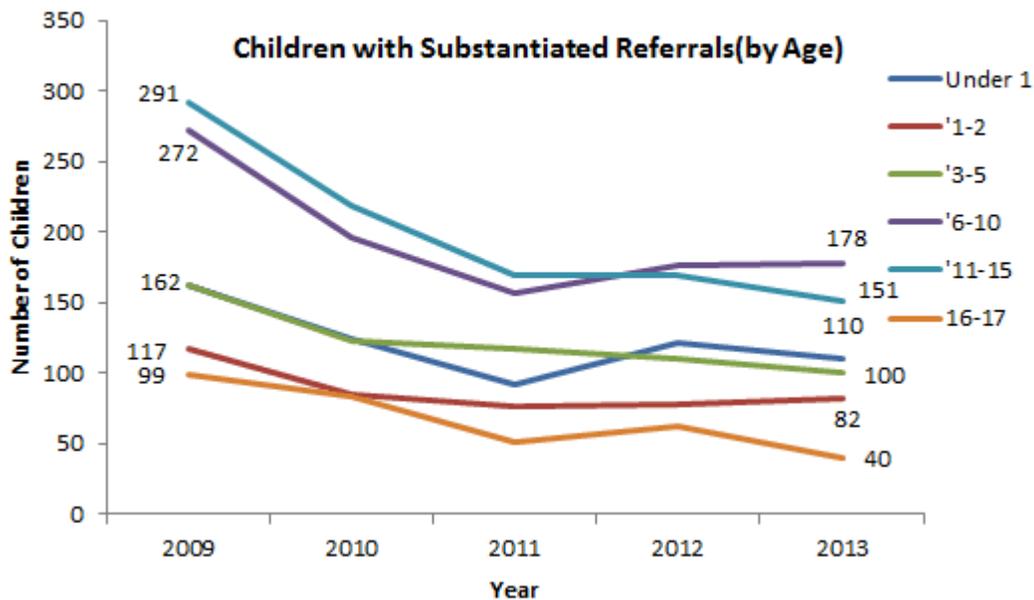
Figure 13: Number of Maltreatment Referrals by Race/Ethnicity and Referral Year



Source: California Child Welfare Indicators Project http://cssr.berkeley.edu/ucb_childwelfare

The number of substantiations per year for all age ranges declined significantly from 2009 to 2011. Since 2011, most age groups have experienced around the same amount of substantiations per year. However, children between the ages of 11 to 17 continue to see a decline in substantiations (Figure 14). During this five-year period, San Francisco has implemented a differential response program. One possibility is that increasing the service alternatives to formal child welfare involvement may influence the decision to substantiate an allegation.

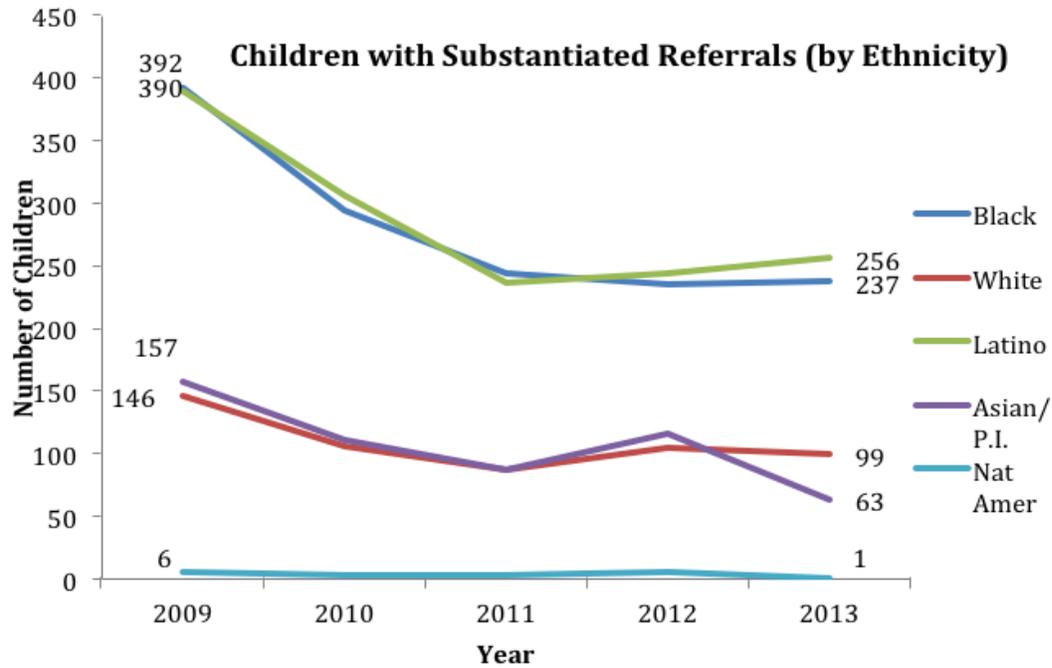
Figure 14: Number of Substantiated Referrals by Age and Referral Year



Source: California Child Welfare Indicators Project http://cssr.berkeley.edu/ucb_childwelfare

African American and Latino children continue to have the highest levels of substantiated referrals. In 2009 they represented 73% of substantiated referrals; in 2013, 75% (Figure 15).

Figure 15: Number of Substantiated Referrals by Race/Ethnicity and Referral Year



Source: California Child Welfare Indicators Project http://cssr.berkeley.edu/ucb_childwelfare

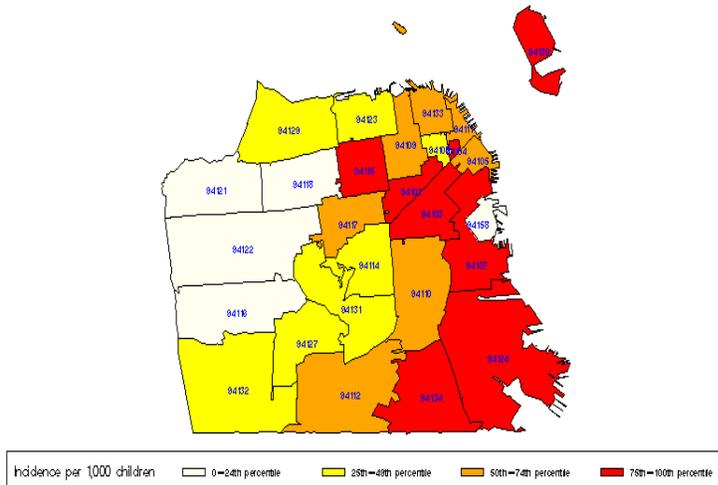
From 2009 to 2013 the following zip codes received fewer allegations per 1,000 children: 94116, 94111, 94105, 94117 and 94114. The following zip codes increased: 94108 and 94132. The following zip codes continue to show where the majority of allegations, per 1,000 children are received: 94103, 94107, 94108, 94112, 94124, 94130 and 94134 (Figure 16). These neighborhoods are the persistent pockets of poverty in San Francisco.

Figure 16: Allegation Rates by Zip Code, 2009 and 2013

California Child Welfare Indicators Project (CCWIP) at University of California Berkeley

Children age 0 to 17, with an Allegation of Maltreatment: Incidence Rates per 1,000

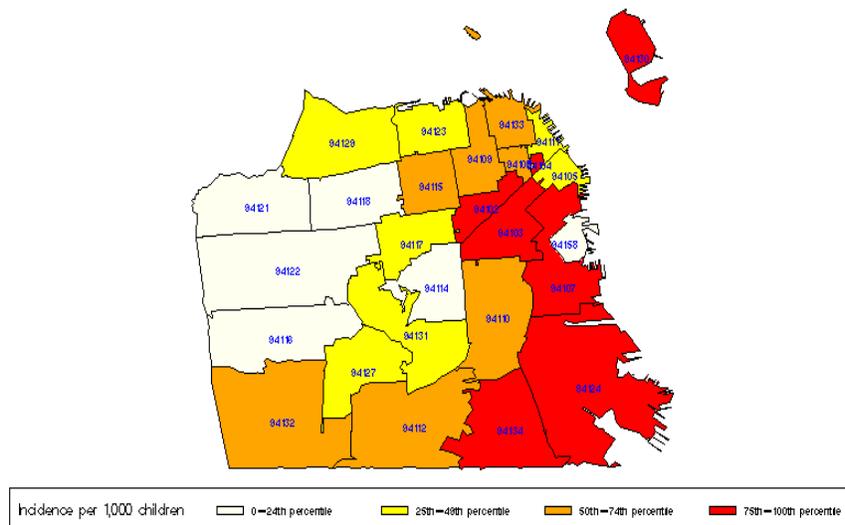
Ethnic Group: All
 Agency Type=Child Welfare
 San Francisco
 Jan 1, 2009 to Dec 31, 2009



California Child Welfare Indicators Project (CCWIP) at University of California Berkeley

Children age 0 to 17, with an Allegation of Maltreatment: Incidence Rates per 1,000

Ethnic Group: All
 Agency Type=Child Welfare
 San Francisco
 Jan 1, 2013 to Dec 31, 2013



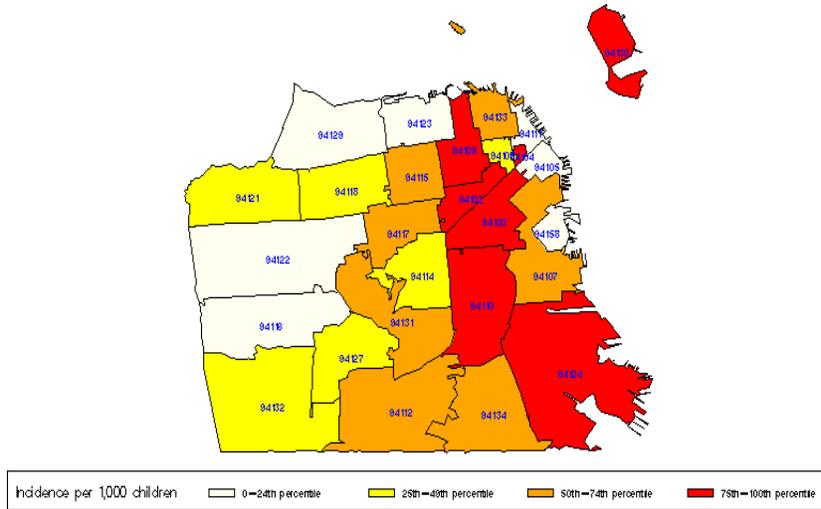
Source: California Child Welfare Indicators Project http://cssr.berkeley.edu/ucb_childwelfare

From 2009 to 2013 the following zip codes received fewer Entries to Foster Care per 1,000 children: 94107, 94108, 94115, 94116, 94122 and 94132. The following zip codes increased: 94104, 94109, 94110, 94112 and 94127. The following zip codes show where the majority of Entries to Foster Care, per 1000 children were received in: 2013; 94102, 94103, 94104, 94109, 94110, 94124 and 94130 (Figure 17).

Figure 17: Entries to Foster Care by Zip Code, 2009 and 2013

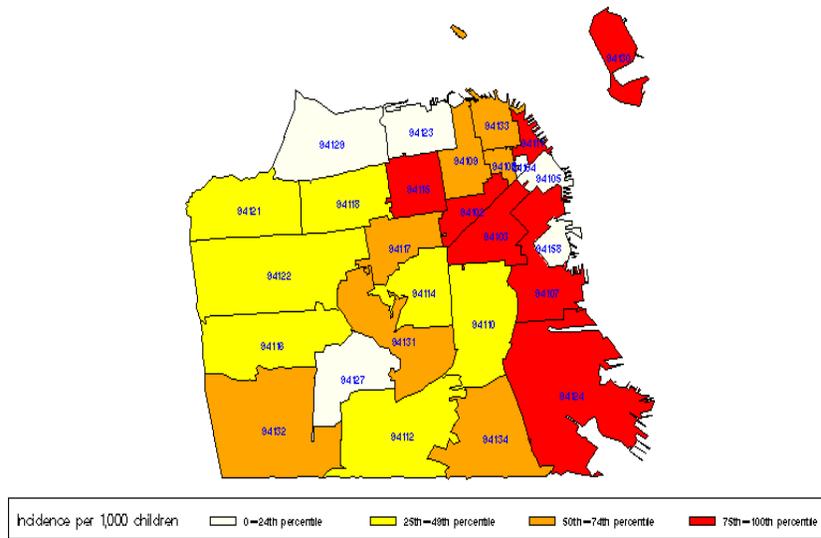
California Child Welfare Indicators Project (CCWIP) at University of California Berkeley

Children age 0 to 17, with Entries to Foster Care: Incidence Rates per 1,000
 Ethnic Group: All
 Agency Type=Child Welfare
 San Francisco
 Jan 1, 2013 to Dec 31, 2013



California Child Welfare Indicators Project (CCWIP) at University of California Berkeley

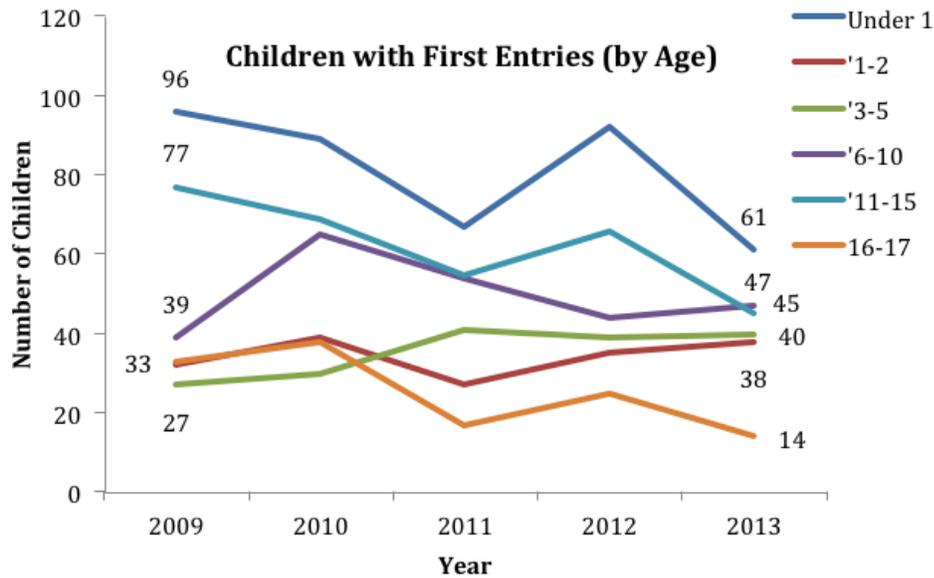
Children age 0 to 17, with Entries to Foster Care: Incidence Rates per 1,000
 Ethnic Group: All
 Agency Type=Child Welfare
 San Francisco
 Jan 1, 2009 to Dec 31, 2009



Source: California Child Welfare Indicators Project http://cssr.berkeley.edu/ucb_childwelfare

Figure 18 indicates that babies, followed by 11 to 15 year olds represent the largest groups entering foster care for the first time. The trend is persistent over time. The pattern is typical of most jurisdictions: infants and teens represent distinct developmental periods requiring caregivers to have distinct skills and support in order to maintain children’s safety and well-being.

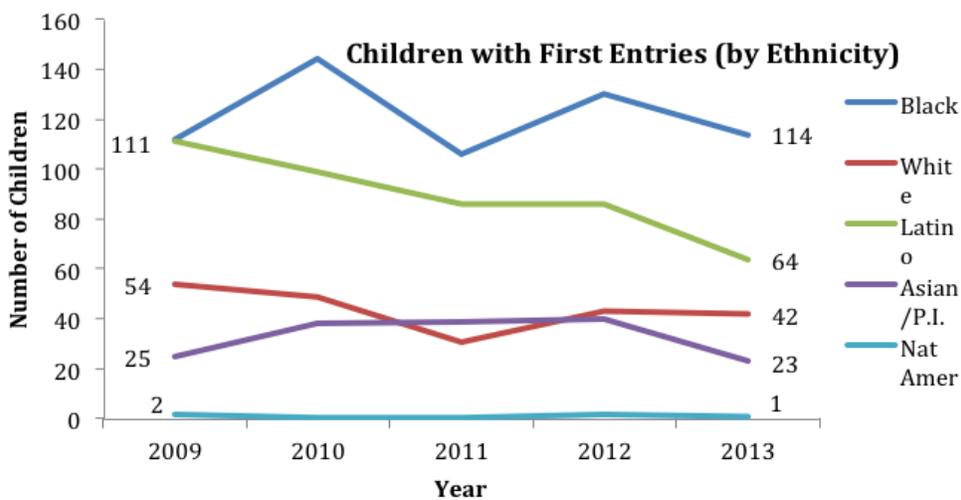
Figure 18: Number of First Entries by Age Group and Entry Year



Source: California Child Welfare Indicators Project http://cssr.berkeley.edu/ucb_childwelfare

As shown in Figure 19, black children are now less likely to be reported yet they continue to be removed (first entry) at a greater rate than Latino children.

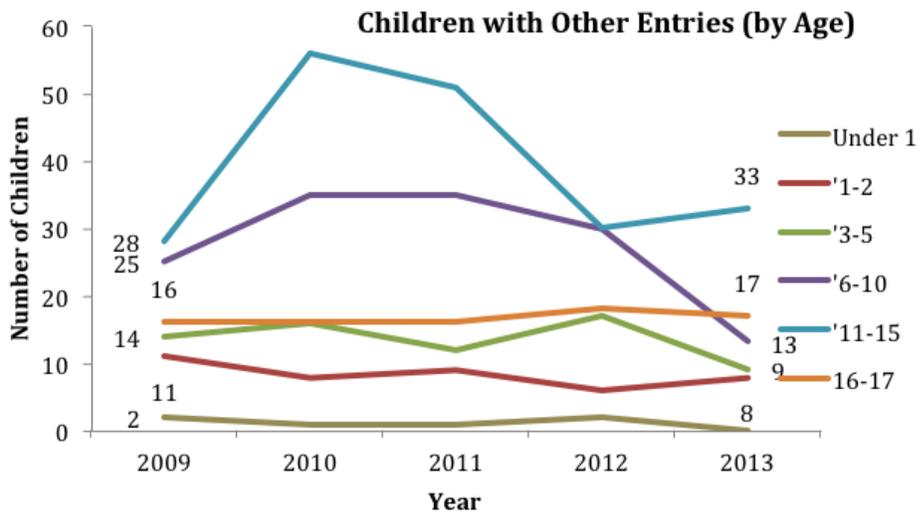
Figure 19: Number of First Entries by Race/Ethnicity and Entry Year



Source: California Child Welfare Indicators Project http://cssr.berkeley.edu/ucb_childwelfare

Figure 20 shows that children between 6 and 15 years of age have seen the most changes in the five-year period. Children age 11 to 15 remain most likely to return to care.

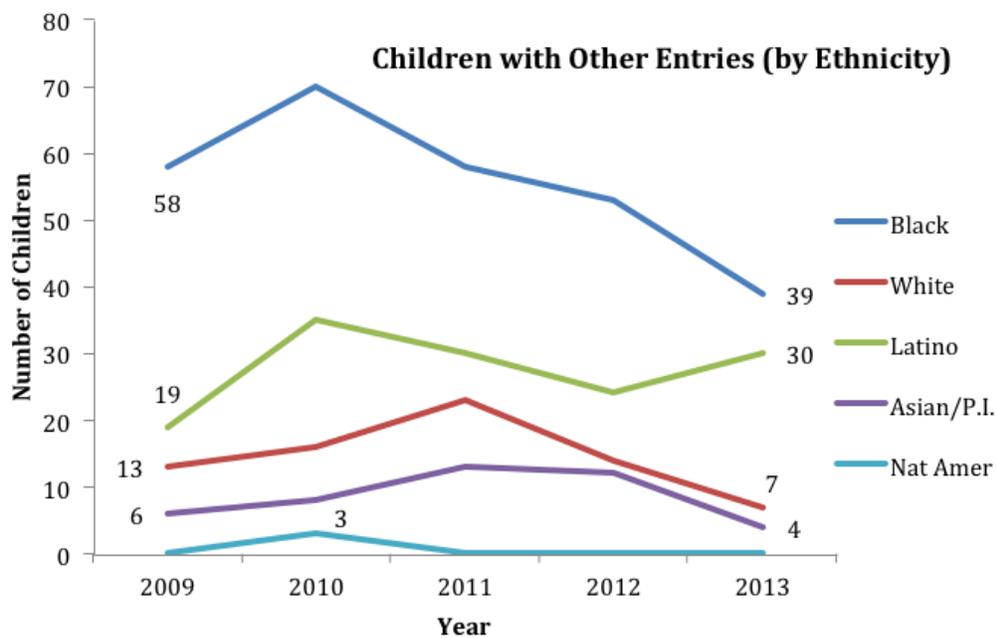
Figure 20: Number of Reentries by Age Group and Admission Year



Source: California Child Welfare Indicators Project http://cssr.berkeley.edu/ucb_childwelfare

In San Francisco the *absolute number* of reentries has declined over time among most races/ethnicities, with the exception of Latino children (Figure 21). However, as noted in Attachment B – Child Welfare Outcomes and the outcome data measures section of this report, the *rate* of reentry has risen in recent years.

Figure 21: Number of Reentries by Race/Ethnicity and Year



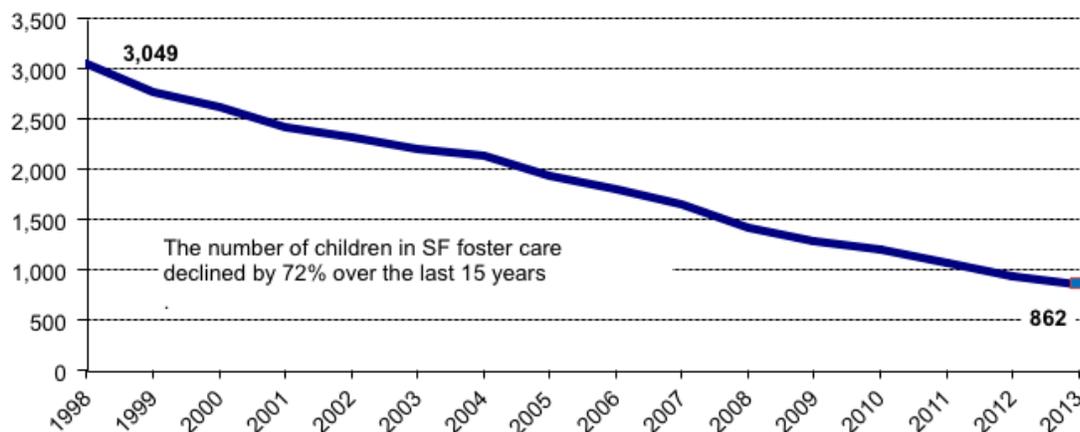
Source: California Child Welfare Indicators Project http://cssr.berkeley.edu/ucb_childwelfare

Figure 22 illustrates a decline of 72% in the number of children in San Francisco foster care over the last 15 years. As of July 1, 2013, SF-HSA had 862 children in active foster care placements. The caseload at a point in time is a function of both the rate of admission and the rate of exit. The observed caseload decline was largely due to a decrease in the number of children entering care, and less due to children leaving care faster.

Figure 22: Number of Children In Care on July 1 of Each Year

Fewer children in care

San Francisco foster care caseload, 1998-2013



Source: UC Berkeley Center for Social Services Research, CWS/CMS

Table 8 provides a breakdown of the foster care caseload by placement type. To reduce the trauma of removal, to keep communities intact, and to improve the odds of achieving permanency, SF-HSA’s long-standing policy has been to place with relatives whenever safe and feasible. As a result, San Francisco has the state’s highest percentage share of placements remaining with kin. Forty three percent of San Francisco foster children are placed in relative / non-relative extended family members (NREFM) homes. This is reduction from five years ago from 52%. (9% reduction) In contrast, Foster Family Agency homes have increased their placement share by 8%. Group Homes, County Foster Homes and Guardian Homes maintain a similar percentage share when comparing with 2009.

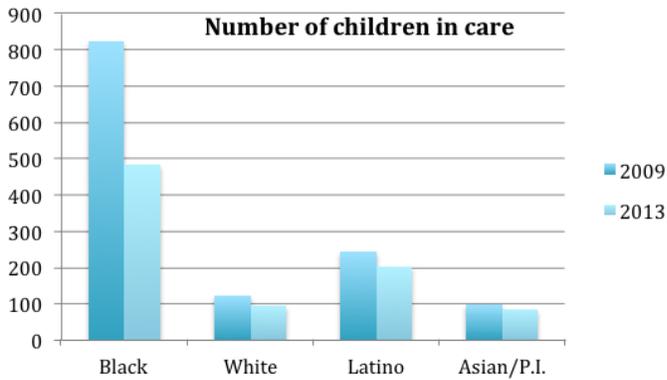
Table 8: Foster Care Placements by Type, 2009 and 2013

Placement type	July 1, 2009		July 1, 2013	
	Count	Percent	Count	Percent
Relative/NREFM Home	668	52%	371	43%
Foster Family Agency Home	236	18%	221	26%
Group Home	111	9%	86	10%

Placement type	July 1, 2009		July 1, 2013	
	Count	Percent	Count	Percent
County Foster Home	119	9%	67	8%
Guardian Home	82	7%	71	8%
Total	1290	100 %	862	100%

As shown in Figure 23, the number of children in care dropped across all ethnic groups from 2009 to 2013. Of significance, the number for African American children declined by 40%.

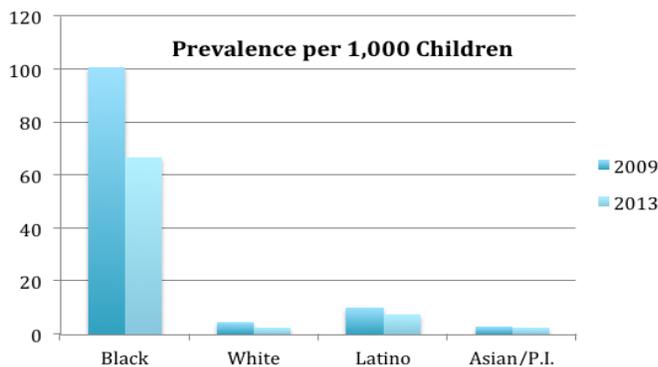
Figure 23: Number of Children in Care on July 1 by Race/Ethnicity: 2009 and 2013



Source: California Child Welfare Indicators Project http://cssr.berkeley.edu/ucb_childwelfare

Measured as a rate per thousand children in the population, the rate of foster care prevalence among African American children continues to be higher than among any other group. A partial explanation for this persistent trend is that African American children tend to use more kinship care – a placement type for which there is less urgency for families to resolve the out-of-home placement crisis and reunify compared to non-relative placements.

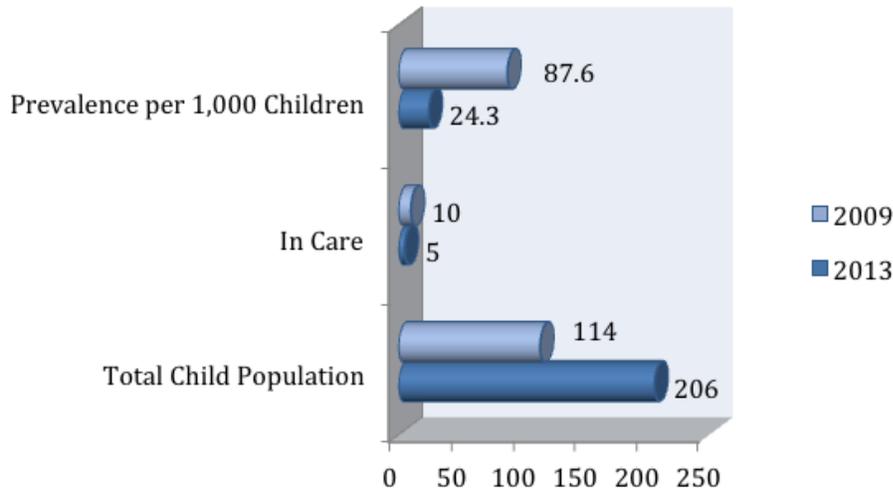
Figure 24: Foster Care Prevalence Rates by Race/Ethnicity: 2009 and 2013



Source: California Child Welfare Indicators Project http://cssr.berkeley.edu/ucb_childwelfare

The number of children in San Francisco with tribal affiliations has nearly doubled between 2009 and 2013, yet the prevalence rate of children in care has reduced from 88 to 24 per thousand for this group.

Figure 25: Number of Children with Tribal Affiliations and Foster Care Participation: 2009 and 2013



Source: California Child Welfare Indicators Project http://cssr.berkeley.edu/ucb_childwelfare

Figure 26 illustrates children in foster care by single year of age. Forty-five percent of the children in the county's foster care caseload are adolescents age 12 and above.

Figure 26: Children in Foster Care by Age

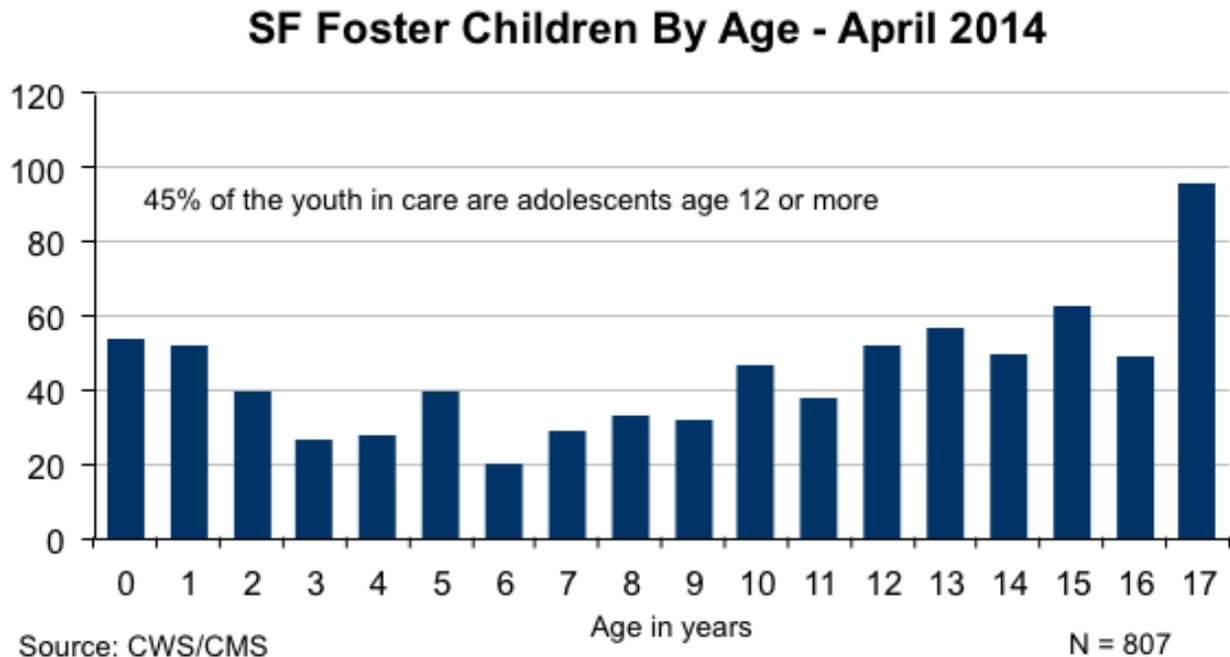
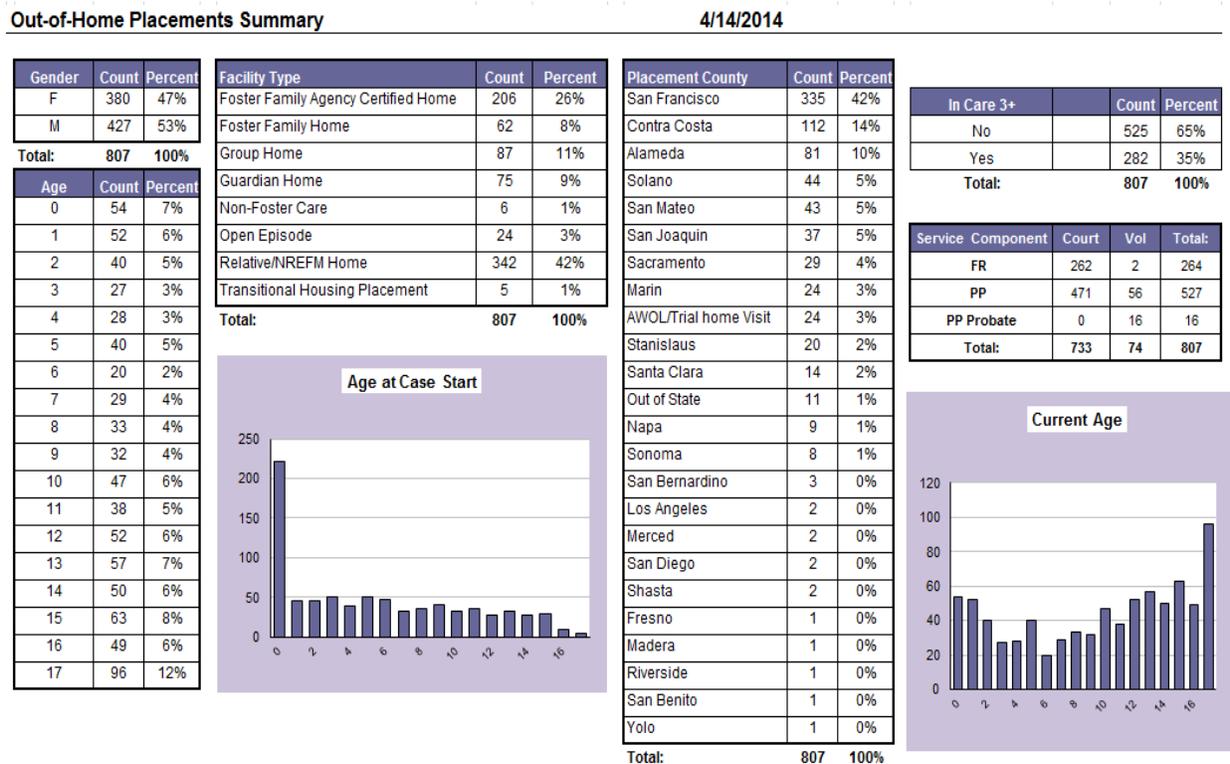


Figure 27 provides an overview of the (0-17 year old) foster care population for San Francisco as of April 1, 2014. Notably, 58% of San Francisco foster children are placed outside of the county. The children are geographically dispersed, ranging from Napa County to Southern California. Of the current foster children population more than one quarter entered care before age 1. Furthermore, 35% of the population has been in care for more than three years.

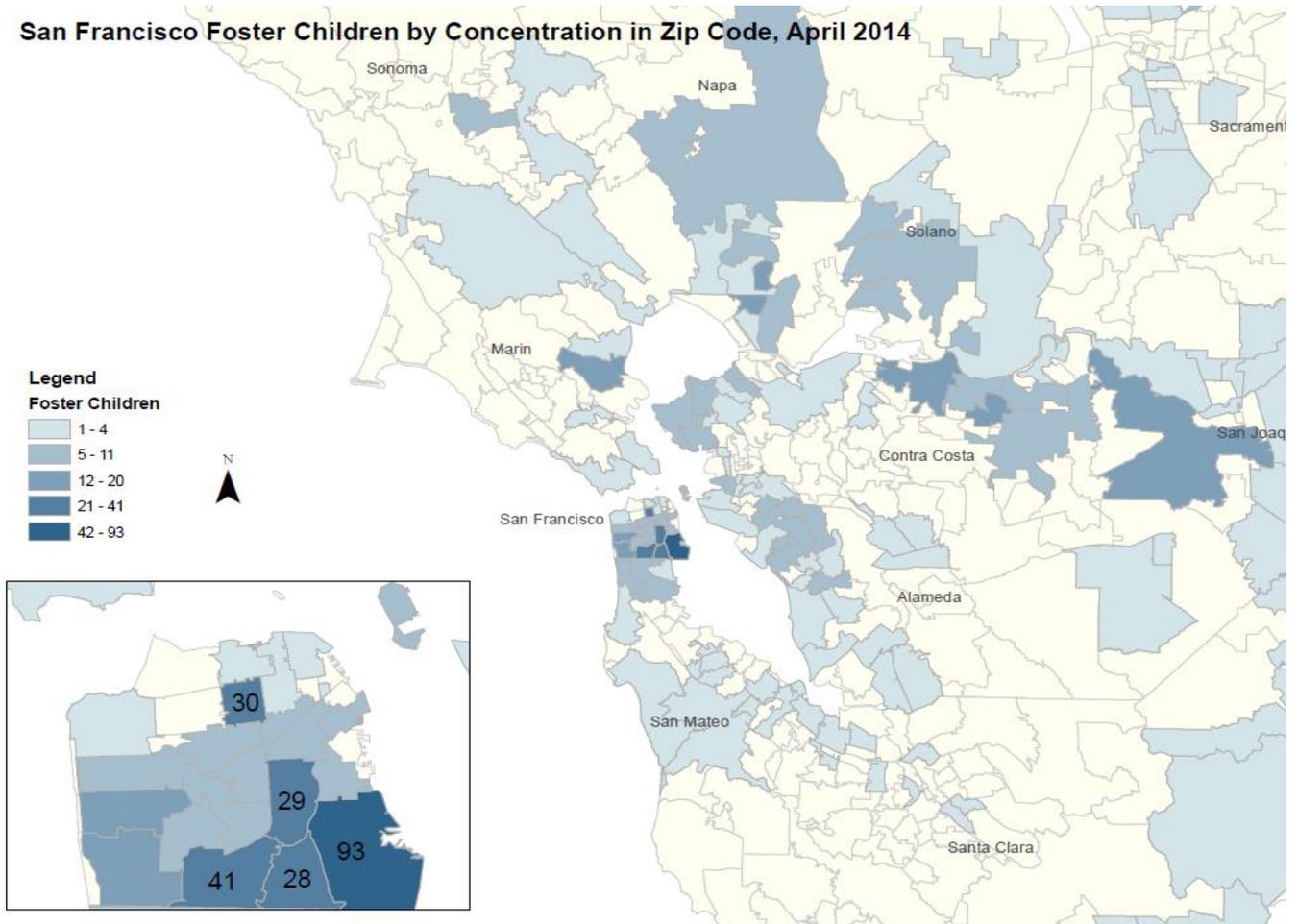
Figure 27: San Francisco Foster Care Dashboard



Source CWS/CMS

The county's small geographic size (47 square miles) and the SF-HSA's practice of prioritizing placement with relatives has led to a wide dispersal of the agency's foster children. As noted previously, San Francisco's gentrification, shrinking pool of middle-class wage-level jobs, and high cost of living have caused many families (particularly African-Americans) to cash-in on their property and relocate to other, more affordable parts of the Bay Area. As Figure 28 illustrates, most of the the City's foster children are located in the same areas as children are placed with relatives, including the Pittsburg/Antioch corridor, Vallejo, and greater East Bay Area.

Figure 28: San Francisco Foster Placements by Zip Code



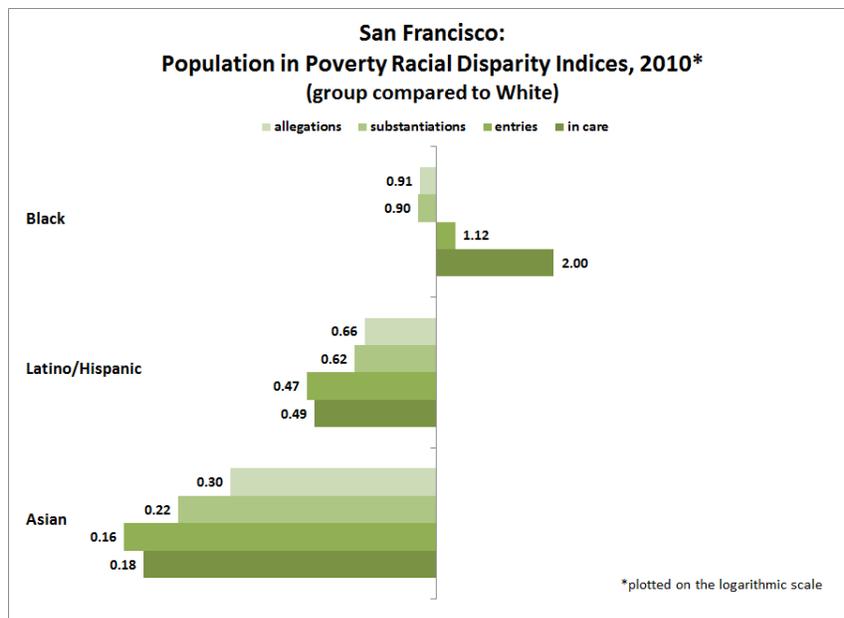
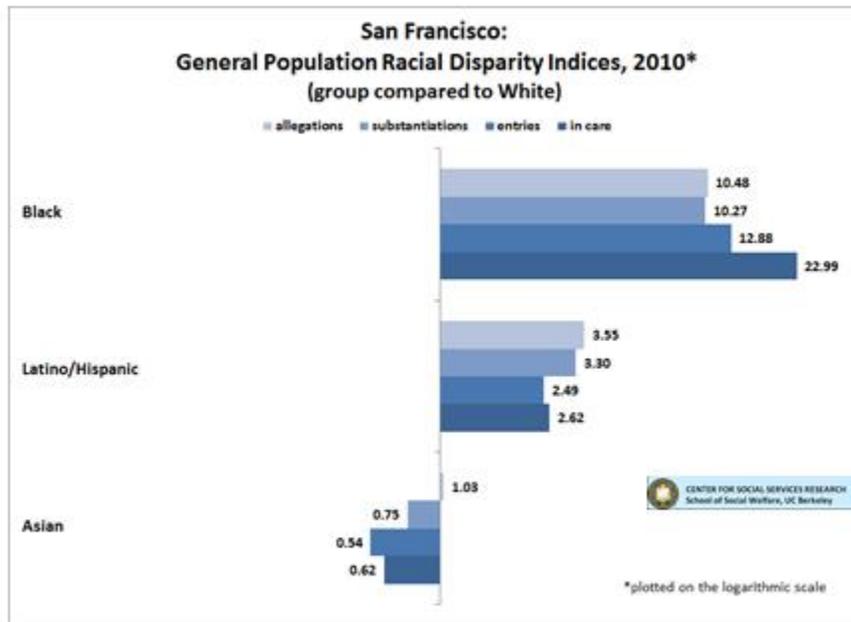
Source CWS/CMS

Figure 29 displays disparity ratios for white children compared to African American, Latino/Hispanic, and Asian/Pacific Islander children in 2010. A disparity ratio is the rate per thousand children of one race/ethnicity over the rate per thousand children of a comparison race/ethnicity. Black children in San Francisco are reported for maltreatment at a rate of over ten times the rate for white children. The disparity grows with each deeper step into the child welfare system: African American children are almost 23 times as likely to be in foster care as white children.

However, these figures do not take into account that poverty, a quality that is highly related to the risk of maltreatment, has a differential impact on children across races/ethnicities. The second graph takes this into account by restricting the display to only children living in poverty. Making this adjustment dramatically changes the picture of disparity. African American children living in poverty remain twice as likely as poor white children to be in foster care; however, they are about equally likely to enter foster care and are slightly *less likely* to be reported or substantiated. Latino/Hispanic children living in poverty are actually much less likely to be in the child welfare system at any stage of the process than are their

white counterparts who are also living in poverty. These findings complement recent national evidence at higher levels of aggregation, i.e., county and state level disparity rates²⁴.

Figure 29: Racial/Ethnic Disparity Ratios for Allegations, Substantiations, Entries, and Children in Care



Source: California Child Welfare Indicators Project http://cssr.berkeley.edu/ucb_childwelfare

²⁴ Wulczyn, F., Gibbons, R., Snowden, L., & Lery, B. (2013). Poverty, social disadvantage, and the black/white placement gap. *Children and Youth Services Review, (35)*, 65-74.

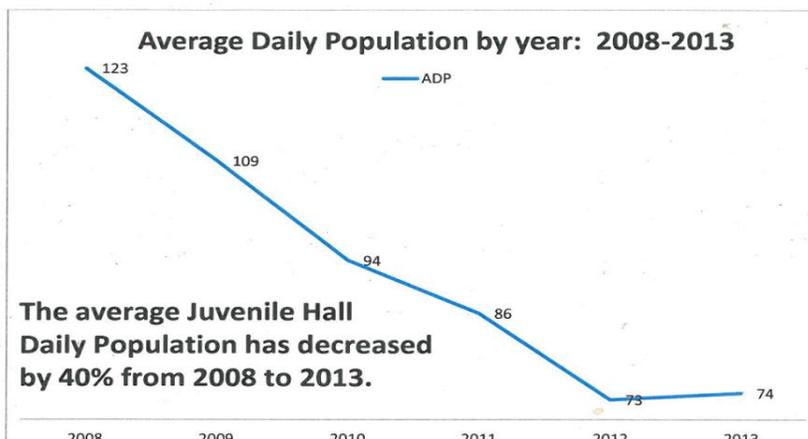
Juvenile Probation Placement Population

The San Francisco Juvenile Probation Department has undergone significant changes and reform, with the San Francisco Juvenile Hall experiencing its lowest average daily population in decades. This is attributed to a variety of factors associated with the department's reforms, both detention-based and associated with community-based interventions. The department has implemented evidence-based strategies within the institution and in collaboration with juvenile justice stakeholders.

During the past year, the department further modified its detention screening instruction after eight years of consistent use by probation officers and review by probation supervisors. In the early stages of implementation, it was clear that the adoption of a detention screening tool alone was insufficient to curtail unnecessary or inappropriate use of secure detention. Managers had to review the application of the tool and any overrides to ensure that the integrity of the instrument was not being compromised either deliberately or inadvertently. At the same time, probation officers had to seek approval from their manager in all cases where the arrest and detention of a youth was under consideration. These cases were also reviewed by division directors and the Assistant Chief Probation Officer. Even if the decision resulted in the detention of the minor, probation officers were required to plan for the youth's successful return to the community. Detention could no longer be used as punishment with no specific benefit to the minor or enhancement to public safety. Over time probation officers have learned to anticipate the questions managers will ask following a request to detain. They are now able to articulate the factors that would warrant detention. These include circumstances of immediate necessity for the safety of the minor, another individual, or the property of another.

Every youth receives a clinical screening upon entry into Juvenile Hall, by a team of health department clinicians who then partner with the probation officer and other juvenile justice stakeholders to identify a clinical service plan that can be used to guide treatment for the youth. These plans can result in early release from Juvenile Hall at the detention hearing, as opposed to requiring the youth to remain in custody pending adjudication or disposition on the matter before the court. At the same time, the lower numbers of detained youth have allowed the department to close several living units. At present, only half of the living units in the 150-bed Juvenile Hall are open. This allows staff to spend more one-on-one time with the youth and engage in more meaningful discussions regarding the challenges that impact their lives, their conduct, and their circumstances. Figure 30 below reflects the Average Daily Population of the detention center over the last 6 years. This graph shows a decrease of 40% in 2013 from 2008 and demonstrates the declining nature of the detained population since 2008.

Figure 30: Average Daily Population by Year: 2008 – 2013 (JJIS)



The use of standardized risk assessments by practitioners in each of the juvenile justice disciplines has raised the level of technical skill, professionalism, and consistency of each intervention with youth and their family. The probation department adopted the Youth Assessment and Screening Instrument as a tool to assess the various risks, needs, and protective factors associated with youth. When probation officers are able to target their interventions in a manner consistent with the risks and needs of the youth, they are more likely to have a positive impact on delinquent and other maladaptive behaviors.

The probation officers, bench officers, and managers, along with other juvenile justice stakeholders have a strong commitment to judicious use of Juvenile Hall. Maintaining this level of focus requires consistent investment in detention alternatives, community-based options for social, vocational, and treatment interventions, and ongoing collaboration and partnership amongst all stakeholders. Figure 31 below reflects the reductions that the San Francisco Juvenile Justice System has seen in 5 key decision points: all referrals, petitions filed, no petition filed, bookings, and non-bookings. While the numbers have decreased at each point, the percent of petitions filed has increased and the percent of juvenile bookings has decreased.

Figure 31: Comparison of Five Key Decision Points 2002 to 2013

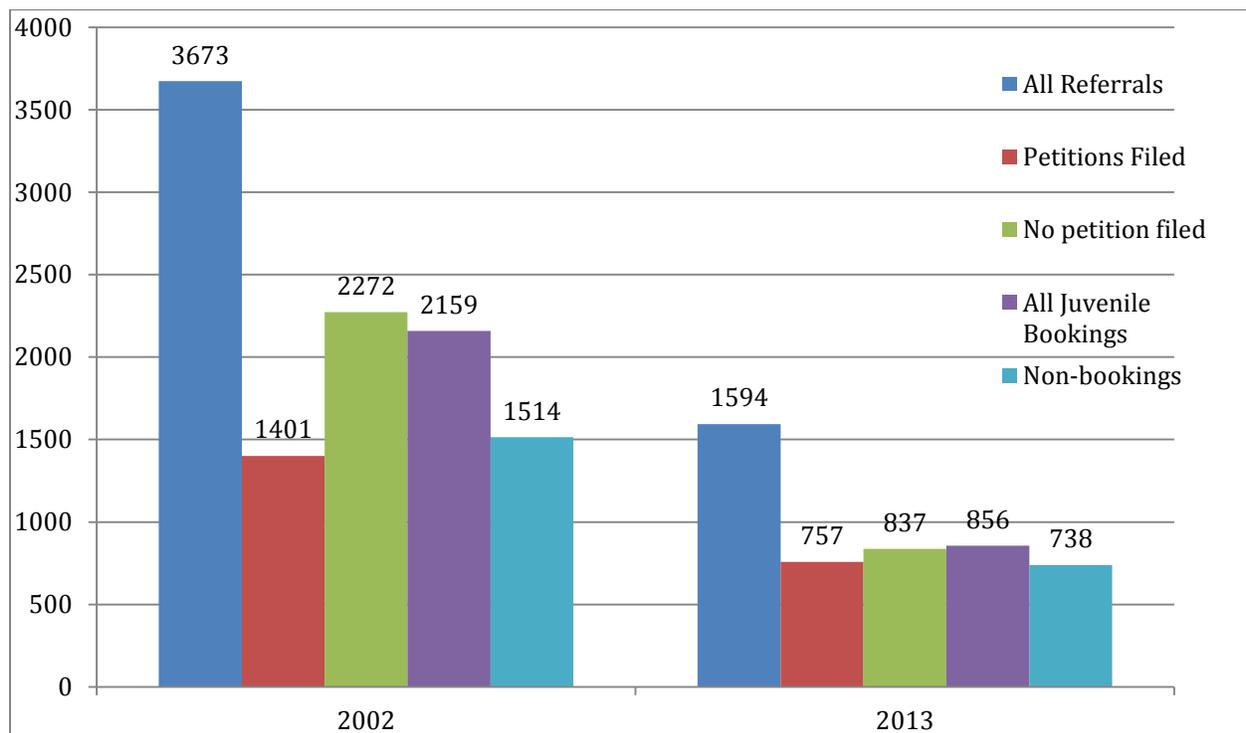
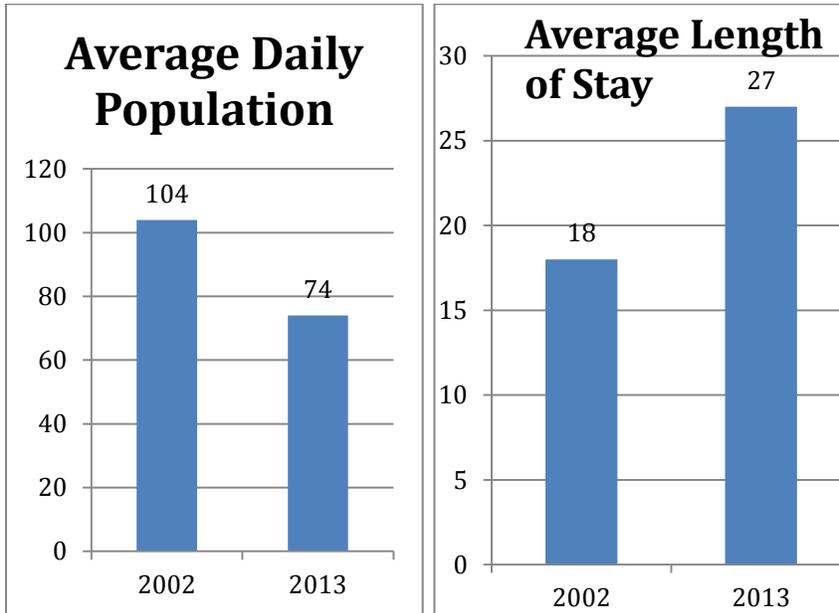


Figure 32 reflects that while the SF detained population has decreased since 2002, the Average Length of Stay has seen an increase, indicating fewer youth are staying detained but those that are detained are being detained for longer periods of time. This suggests that JPD is detaining those youth who pose the greatest risk to themselves and the community.

Figure 32: Comparison of Average Daily Population and Length of Stay 2002 to 2013



Figures 34 and 35 indicate changes that have occurred in the past decade with dispositions. They demonstrate that a large decrease in the number of youth given various dispositions (with the exception of youth transferred out of county). They also demonstrate that the largest change in terms of percentages is that 9% fewer youth were placed on wardship probation. The San Francisco Juvenile Probation Department is pleased with the significant decrease with the number of youth placed in out of home placement. In the past, youth numbered in the 200's and the trend was increasing. In 2012 and 2013, fewer than 100 youth received out of home placement. JPD believes this reflects the many changes in policy, procedure and practices that have been implemented by the department.

Figure 34: Dispositions 2002 and 2013

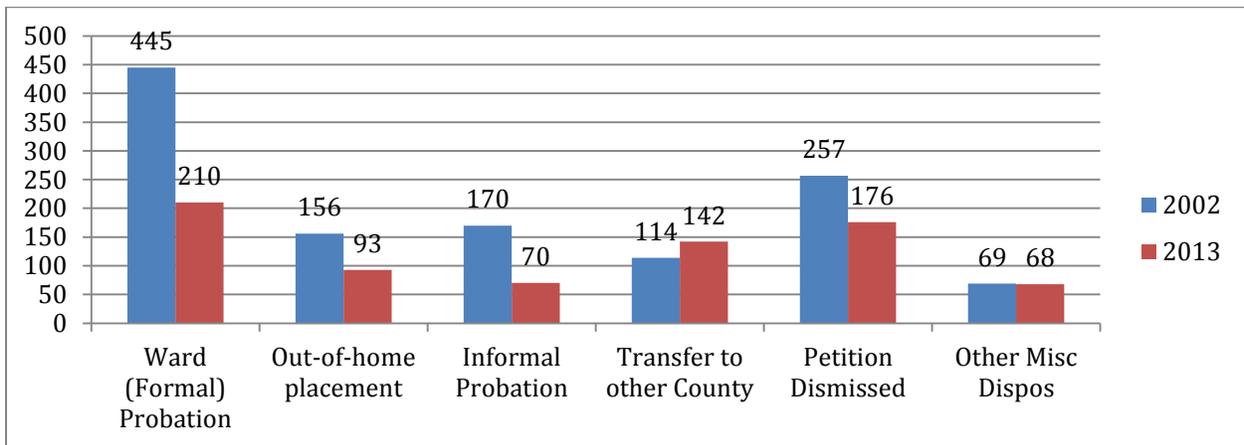
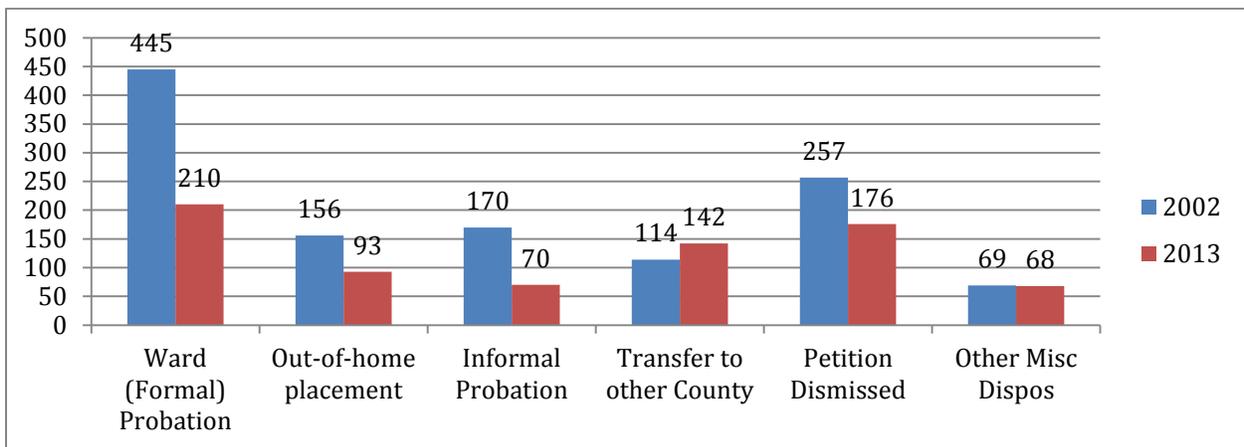


Figure 35: Percent Comparison of Dispositions: 2002 - 2013



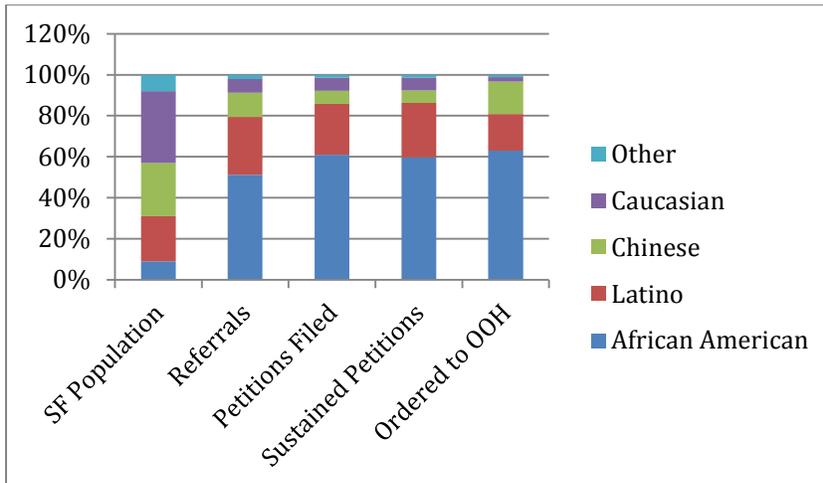
Currently, 97 youth are in placement. Fifteen to twenty additional youth with an out of home placement order are absent without leave and fifteen to twenty are in custody pending placement. At present, approximately 70 % of youth in placement are in California with the remaining 30% out of state. The majority of youth remain in placement for an average of 12 months with the exception of those who are out of state. Youth who are placed out of state have exhausted numerous in-state placements or are committed to out of home placement in lieu of the state correctional facility. These youth generally remain in placement for 18 to 24 months as a result of the seriousness of their committed offense or the intensity of the services they require for rehabilitative purposes.

Juvenile Probation Demographic Information

San Francisco Juvenile Probation remains impacted with Disproportionate Minority Contact. As shown in Figure 36, African American youth ages 10 – 18 make up 9% of the San Francisco youth population for all youth ages 10 – 18, yet African-American youth represent 51% of all referrals to the Juvenile Justice system, 61% of all petitions filed, 60% of all petitions sustained, and 63% of youth ordered to out-of-home placement. The Disproportionate Minority Contact gap between the percentages of petitions filed and youth ordered to out of home placement for African-Americans is quite small; the challenge that San Francisco faces is the hugely disproportionate number of youth that are arrested and brought to Juvenile Probation’s front door. Since so much disproportionate contact occurs before the

Department comes into contact with the youth, JPD's efforts have been focused on detention reform across the board to lower the number of youth in the system, thereby lowering the number of minority youth that are sent to out of home placement. Probation has been successful in this endeavor as seen through the reduction in out of home placement commitments from 155 in 2009 to 93 in 2013, a 40% decrease.

Figure 36



The Juvenile Collaboration Re-entry Unit is a partnership between JPD, the Public Defender, the Center for Juvenile and Criminal Justice, and the Superior Court of California that was developed to improve the outcomes for youth returning from long-term commitments. It is a fully staffed probation unit that works with dedicated social workers, case managers, a reentry court judge, and attorneys who develop and oversee intensive reentry plans for youth returning from a range of long-term commitments, including out of home placement and San Francisco's Log Cabin Ranch. The focus is proactive and comprehensive as the team identifies the risks and needs of youth in placement. The planning efforts begin soon after a youth is placed and the focus toward successful reentry intensifies as a youth gets closer to eligibility for discharge and return to the community. Reentry plans are developed and approved by the reentry court up to 90 days prior to the youth's return. The early planning allows for a seamless transition back to the youth's community and family. Components of the plan include family relationships, housing, education, employment, mental health, substance abuse treatment and social recreation. For youth returning home after attaining their diploma or GED, probation's goal is to assist the youth in enrolling in Secondary College, Vocational Training or providing employment assistance.

Public Agency Characteristics

Political Jurisdictions

San Francisco is both a city and county, giving it many advantages for the coordination of services and policies. For example, SF-HSA and the San Francisco Police Department cover the same geographical area, and SF-HSA is able to call on officers from various local stations for emergency escorts and other collaborative efforts. Similarly, governed by its own elected board, the San Francisco Unified School District is the only school district in the county. Because SF-HSA places so many children outside of San Francisco, however, it often has to juggle multiple jurisdictions in other counties.

To coordinate with school districts in other counties, SF-HSA works with the San Francisco Unified School District's Foster Youth Services staff. SF-HSA has partnered with Sacramento County of Education and San Francisco Unified School District's Foster Youth Services to use Foster Focus, a database that combines child welfare information, school district information, and Foster Youth Services case management. The database can provide a historical record of a foster youth's school records and locally has helped San Francisco Unified School District to increase participation in multi-disciplinary and family meetings such as Team Decision Making meetings. SF-HSA now has access to comprehensive school records for the school districts that participate, such as Sacramento. For mental health services, SF-HSA's staff works with the San Francisco Department of Public Health Children's Mental Health program to locate therapists and coordinate service delivery for children placed out of county.

No local tribal governments exist in San Francisco, although SF-HSA does have cases that come under tribal jurisdiction. When cases are identified, the appropriate tribal authorities are contacted regarding a possible tribal member. They are informed of the date and place of the court hearing, and tribal authorities inform SF-HSA if the tribe wants to assume sole or concurrent jurisdiction, remain party to the jurisdiction, make placement recommendations, or have input into the case plan input. Sometimes tribal governments choose not to be involved. SF-HSA has a memorandum of understanding with the Native American Health Center, the largest service provider for the county's Native American community.

County Child Welfare and Probation Infrastructure

Child Welfare

Since the last completed Self-Assessment, SF-HSA has maintained a consistent level of Masters-level Protective Services Workers. In 2006 it employed 170 protective social workers; today, 171. The majority of the Protective Services Workers are case-carrying, with a small number on specialized assignments such as Team Decision Meeting and Family Conferencing facilitation, licensing, placement, court office, and the child abuse hotline. Since 2009 the agency has increased the number of Bachelor-level Social Workers from 37 in 2009 to 51. Most of these workers have specific assignments, including licensing, noticing of tribal nations about Native American children, and working with older youth and non-minor dependents to improve permanency outcomes as they leave the child welfare system.

The Peer Review noted that policies and procedures have changed multiple times over the last few years, and the recent reorganization has left some workers feeling that they are not well prepared to manage the change in assignment (e.g., a permanent placement worker who has been reassigned to reunification). Supervisors did provide training for staff acquiring new assignments, but the agency will continue to monitor progress to assure appropriate training.

San Francisco SF-HSA was recently audited by the California State Auditor; this review identified ways that San Francisco as well the other audited counties can improve protection outcomes for children (<https://www.auditor.ca.gov/reports/summary/2013-110>). For SF-HSA, audit findings identified a need for clear policies and procedures in designated practices, such as contact for hard-to-reach families and use of the Structured Decision Making assessment tool SF-HAS is currently creating a Policy unit to develop these procedures, which should help clarify expectations and ensure consistent practice across the division.

Additional staff information:

- ❖ During last 12 months, SF-HSA program experienced a turnover rate of 7.5% in the Masters-level Protective Services Worker classification and 9.8% in Bachelor-level Social Worker classification, losing 13 and 5 staff members respectively to voluntary resignations and retirements.
- ❖ In the past 18 months, SF-HSA hired 21 child welfare workers, 90% of whom were Masters-level Protective Services Workers, 75% of whom were Title IV-E, and 10% holding other master level degrees (Counseling, Marriage and Family).
- ❖ SF-HSA does not employ title IV-E supported Bachelors-level candidates as child welfare workers.
- ❖ The average years of child welfare experience among current SF-HSA child welfare workers is 10.1.
- ❖ As of March 2013, SF-HSA child welfare workers held the following racial and ethnic identities: 1% American Indian, 20% Asian, 20% African American, 4% Filipino, 25% Hispanic and 30% White.
- ❖ Currently, SF-HSA has 35 Spanish speaking child welfare positions, 3 Cantonese speaking, and 1 Vietnamese speaking.
- ❖ The current salary range for child welfare worker classification (2940) is \$74,022 - \$94,458/yr. For the child welfare supervisor classification (2944), it is \$83,174 - \$106,132/yr.

Table 9 illustrates the average caseload size per program for Emergency Response, Court Dependency Unit, Non Court Family Maintenance Unit, Family Service Units, Supportive Transition Unit, and Adoption units as of March 2014.

Table 9: March 2014 PSW Average Caseloads²⁵

Program	# of Cases	Without 20% on Leave	With 20% on Leave	# of PSWs	# of Supervisors
Emergency Response	250	10.9	13.6	23	5
Court Dependency Unit	151	8.9	11	17	3
Non-Court Family Maintenance	44	14.7	18.3	3	1
Family Service Unit	661	15.4	19.2	43	9
Supportive Transitions Unit	512	15.1	18.8	34	3
Adoptions	111	18.5	23.1	6	1

²⁵ Factoring in 20% of staff on vacation or leave.

Juvenile Probation

The Juvenile Probation Department's budget for FY13-14 was \$36,735,789. Staff salaries and benefits account for 73% of the overall budget. None of these funds are allocated to city grant programs directly managed by the department. However, by partnering with other agencies from the City and County, JPD provides \$1.2 million to community based organizations to provide services youth. Of this \$1.2M, approximately \$946,000 is pooled with other City and County agencies to jointly fund an initiative to prevent violence in San Francisco.

The San Francisco Juvenile Probation Department is led by the Chief Probation Officer with the help of the Assistant Chief Probation Officer. The Chief oversees the Probation Services Division, Log Cabin Ranch School, and the Juvenile Justice Center.

Log Cabin Ranch School and the Juvenile Justice Center are both 24-hour, 7-day a week detention facilities. They are each staffed with a Director, Assistant Director, a few Supervisors, and numerous counselors. Both facilities currently have a few vacant positions however there is active recruitment for all open positions.

The Probation Services Division consists of a Director, Senior Supervisor, seven Unit Supervisors, and forty-five Probation Officers. Probation Services employs two eligibility workers to support the placement unit, and three social workers to support aftercare case planning and the non-minor dependent population.

The Probation Services Division has experienced a reduction in staffing levels over the last several years. Staff members were promoted to supervisory positions due to staff retirements; however, vacant positions were not backfilled. The department does not experience a significant amount of turnover and continues to be represented by an aging workforce. It is estimated that by 2016, 58% of the Probation Officer, and 50% of the Probation Supervisors will be eligible for retirement.

Figure 37 depicts the various Probation units with the Supervisor of the unit leading the column, followed by their support staff and the names of Probation Officers, Social Workers and Eligibility Workers assigned to that unit.

Figure 37

Juvenile Probation Department – Probation Services Division –Rev. March 2014 (with Initials)

Main Number (415) 753-7800

All extensions have direct access by dialing
753- and then the 4 digit extension

Allen Nance, Chief Probation Officer X7556, Rm. 243
TBD-Assistant Chief Probation Officer X7558, Rm. 243
Sara Schumann, Probation Services Division Director X4416, Rm. 222
Vince Tong, Senior Supervising Probation Officer X 7591, Rm. 220
Ana Villagran, Training Officer X7676, Rm. 359

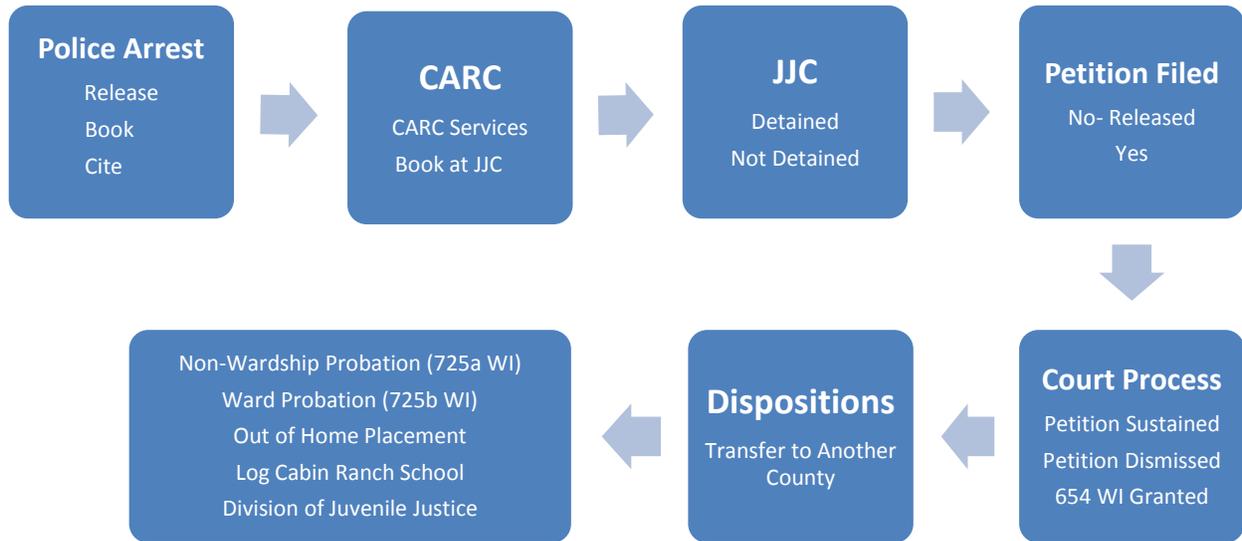
Intake Gold Jubilee Trini 1,5 350 X7559 <i>JST</i>	Intake Green Derek Horn 214A X7531 <i>D/H</i>	FITS/PS2 Roger Gainey 237A X7631 <i>RG</i>	SOP/PS3 Fred Collier 307A X7661 <i>FC</i>	Private Placement Lisa Smith 324A X7652 <i>LDS</i>	Juvenile Collaborative Re-Entry Unit Gary Levene 318A X7641 <i>GML</i>	Court Officer/Special Services Toni Powell 301 X7550	Community Support Services Room 209
Rosa Fuzopopo 332 X7623	Donato Poziferada 214 X7530	Winnie Ho 237 X7630 <i>5</i>	Amanda Llaguno 307 X7660	LaKisha Benjamin 324 X7650	Caris Lemus 318 X7640	Al Oliphant 320 X7679 <i>A/O</i>	TBD 209 X7540
Carlos Gonzalez 338 X7622 <i>3 CBG</i>	Berwly Becker, O.D. 246 X4476 <i>B/B</i>	Roginald Boy 239H X7581	Mila Baranov 307B X4420 <i>MBB</i>	Anson Dar 324C X7654 <i>AD</i>	Heather Brummer-S.W. 318C X7643	Kris Klotz <i>9</i> 345 X7577 <i>SKK</i>	Gary Biering, JDAI 209D X4411
Michael Jones 336B X7624 <i>MAJ</i>	Vivian Green 214D X7745 <i>VG</i>	Lorena De Jesus 237D X7634 <i>LD</i>	Daniel Chan <i>5</i> 307E X7665 <i>DC</i>	Dorothy Ellis 324G X7639 <i>DE</i>	Tony Husley 318F X7646 <i>TH</i>	Gabo Maldonado <i>3</i> 320 X7735 <i>GAM</i>	P.R.E.A. Coordinator James Baird 206 X7545
Linda Lane 346 X7592 <i>LL</i>	Rhonda Hutchings 214B X7658 <i>RLH</i>	Martha Lopez <i>3</i> 237G X7637 <i>ML</i>	Barbara Geimer 307D X7664 <i>BLG</i>	Chris Griffin 324F X7657 <i>CBG</i>	Domingo Jazquin-S.W. 318B X7642	Greg Mendola <i>9</i> 206 X7544	John Knox 209C X7543
Michael Murphy 342 X7876 <i>MM</i>	Jose Ledon <i>3</i> 214C X7636 <i>JL</i>	Steve Norman 237F X4424 <i>SN</i>	Kent Goughenbough 307C X7663 <i>PKG</i>	Irene Mendoza HSA 324E X7656	Michael Johnson 318G X7647 <i>MJJ</i>	Margaret Walsh <i>9</i> 336A X7621 <i>M/W</i>	Stephanie Speech 209B X7546 <i>SRB</i>
Tan Nguyen (<i>4</i>) 344 X4414 <i>TNT</i>	Lisa Randall 214F X7536 <i>LR</i>	Sam Nwigwe 239J X7583 <i>SN</i>	Ernest Logoloo, Jr. <i>13</i> 307H X4469 <i>EL</i>	Debbie Marcal HSA 324D X7655	Kwanza Morton 318 D X7644 <i>CKM</i>	Elinbeth Iniguez Steno 365 X7712	Ricardo Garcia-Acosta 209A X7620
Bill Smith, CARC 437-2300 <i>BS</i>	Barbara Ross, O.D. 214H X7593 <i>BR</i>	Crwan Smith 237E X7635 <i>CAS</i>	Yvonne Moore 302 X7671 <i>YM</i>	Jose Sanchez <i>3</i> 324H X7659 <i>JAS</i>	TBD 318E X7645	Muriel Stacklow Steno 359 X7726	
Kari Totah 340 X7623 <i>KMT</i>	Karon Sanchez <i>3</i> 214G X7537 <i>KS</i>		Kathleen Owens 307G X7667 <i>KO</i>	Donna DeLana-Vasquez 324I X7628 <i>DDV</i>			
Remie Timakoff 348 X7578 <i>PRT</i>	Bobby Uppal 214I X7539 <i>BU</i>		Moe Tamasese <i>8, 13</i> 307F X7548	Daniel Yoo 324G X7638 <i>DY</i>			
Honrietta Lee Record Room 240 X7575	Pat Young 214E X7535 <i>PMT</i>						

- Legend**
- 1 Sex Offender Cases
 - 2 Domestic Violence
 - 3 Spanish Bilingual
 - 4 Vietnamese Bilingual
 - 5 Chinese Dialects Bilingual
 - 6 Tagalog Bilingual
 - 7 Principals Center
 - 8 13 and Under
 - 9 Record Sealing
 - 10 Interstate Compact
 - 13 Samoan Bilingual

The Probation Placement Unit consists of one supervisor, and six probation officers, 2 eligibility workers and one clerical staff. All of the placement officers have a Bachelor’s Degree and one officer holds a Master’s Degree. Most placement officers have over 15 years of experience with JPD and are knowledgeable in many aspects of the Department. Most have been assigned to other units within the Department such as Intake or Supervision prior to Placement. The current average caseload in the Placement Unit is 25; however this number will be adjusted due to the recent assignment of two probation officers and the impending retirement of another. Placement officers are frequently traveling and spend minimal time in the office. Additional staff will provide an opportunity for more home visits and interaction with families. Each officer monitors various placement programs throughout California and out of state. Probation utilizes programs in Marin, Santa Clara, Solano, San Joaquin, Fresno, Los Angeles, Stockton and Stanislaus Counties. The out of state facilities currently being utilized are located in Pennsylvania, Arizona, Iowa, Michigan, and Wyoming.

The Probation Department is fully engaged in the process of improving its services in order to further improve the life outcomes of Juvenile Justice System youth, families and their victims. Figure 38 indicates how JPD processes cases.

Figure 38: JPD Case Flow Process



JPD continues to participate in many collaborative efforts with the Court, defense and prosecuting attorneys, City and County of San Francisco, and community partners. The Probation Department has designated a probation officer for each collaborative court. These include Wellness, JPD’s mental health court; SF-ACT, JPD’s court school with day treatment services; Youth Family Violence Court, JPD’s domestic violence program; and Juvenile Collaborative Re-entry Court, its re-entry program that provides aftercare case planning for youth returning from long term care. Probation officers are assigned specialized caseloads in order to become proficient in best practices, clinical skills, and administrative practices needed to implement integrated care.

With its Department of Public Health and Seneca Family Center partners, JPD houses a probation-mental health discharge planning unit designed to intercept youth with mental health and or substance use disorders and link them to the right level of services as identified by the Child Adolescent Needs and Strengths assessment. AIIM Higher, as the unit is called, conducts mental health screenings and Needs and Strengths assessments with youth and families to identify social, psychological, and interpersonal needs and strengths of youth and families. They integrate information across stakeholders to create meaningful services plans and individualized services and interventions. In addition, they match youth and families to services that are community or residentially based, culturally responsive, and can address both behavioral health and risk factors. AIIM Higher staff provides the linkage and assists in the engagement of services.

San Francisco is rich with community programs that JPD utilizes to address risks and needs and prevent the need for removal from the home. It also uses them as a step down from placement when youth re-enter the community. This includes the Intensive Supervision and Clinical Services programs which offer intensive community case management services and clinical intervention. There are five program providers who are part of one of the six different prevention strategies jointly funded by San Francisco’s

Violence Prevention Initiative. They are located in various parts of San Francisco and offer culturally competent services. Asian American Recovery Services provides prevention and substance abuse treatment services. Providers run weekly group and individual therapy sessions to address substance use. Groups are facilitated within the Probation Services Division, located in a neutral and centrally located residential area of San Francisco. In addition, partners at Seneca Family Centers facilitate weekly Aggression Replacement Therapy groups at JPD. The Department continues to utilize Multi-Systemic Therapy for families and wraparound services for the highest needs youth. The service providers offer a variety of location, language, and post and pre-adjudicated services options.

Although JPD has been successful in reducing the population of youth under its care, these youth are the highest risk. San Francisco is seeing a higher incidence of youth with severe mental health issues and co-occurring disorders. JPD has identified gaps within its system and is working with partners to develop services to address these needs. Most of the families that come to the attention of the probation department are low income families who struggle daily and are surrounded by substance abuse, dysfunction and negative influences.

All Probation Officers considering removing a youth from the home must present to the Multi-Disciplinary Team Committee, described in more detail in the service array below. This committee determines the recommendation for Disposition. Probation Officers must follow the recommendation; any disagreement must be resolved by the Director or Probation Services or Assistant Chief. When the court commits a youth to out of home placement, the case is transferred to the Placement Unit where the case is reviewed by the Placement Screening Committee. The youth's strengths, risk and needs are identified and matched with services provided by various placements. A packet identifying the youth's criminal history, education and mental health needs, and any psychological reports or Individualized Education Programs is also sent to the placements that have been identified as possible options. The youth is interviewed by the placement and once he or she is accepted, the assigned probation officer makes the necessary transportation arrangements and the minor is taken to the placement program.

Bargaining unit issues

The JPD works with several labor unions who represent clerical support, deputy probation officers, Juvenile Hall and Log Cabin Ranch counselors, Probation Supervisors, Senior Counselors, cooks, engineers, and utility workers. The department maintains its own personnel director and human resources personnel who handle recruitment, background and disciplinary investigations, and hiring. The department also meets with various labor leaders and internal union stewards regarding important areas of concern regarding operations. These communications tend to be proactive and targeted. While grievances occur periodically, issues are often resolved prior to the need for any formal grievance. The department has conducted various labor/management meetings with staff and union representatives, often resulting in joint communications to staff and enhanced decision-making for the organization. Currently the City and County Human Resources Department and Labor Unions are in negotiations and for the first time in several years layoffs are not being mentioned.

Financial/Material Resources

As a City and County, San Francisco is fortunate to benefit from local general funds. It is able to apply local funding or overmatch state and federal funding with local resources to pilot new ideas and increase the capacity of programs and projects aimed at improving the county's performance on outcome data measures. The overall budget for the child welfare program is \$130 million, the largest portion of which goes to staff salaries. During the 2013-14 fiscal year, SF-HSA overmatched its child welfare budget by \$28 million.

The city has a splendid tapestry of community based organizations, and SF-HSA often invests in partnerships to make services more accessible to clients, more culturally congruent, and more nimble. Overall, SF-HSA annual investment in contracts this year will be \$183 million, including contracts through other SF-HSA programs that also support the city’s most vulnerable families, like CalWORKs, subsidized child care, and Housing and Homeless programs. The child welfare program manages \$10.9 million in contracts with non-profits, including \$7.7 million for community based family support programs. The family resource center network (\$3.9 million) is the largest thread. In total, SF-HSA’s child welfare program is managing \$17.9 million in contracts and collaborations to improve its families’ outcomes. The table below details San Francisco’s major child welfare funds.

No.	Funding	Source	Programs and Services	FY1314 Allocation	Pub. Inter-Agency Collab.**	Flexible
1	2011 Realignment	State	Various realigned protective services programs as listed below:	22,544,317	Varies	Yes
	Adoptions	State	Adoptions basic and Improving Outcomes Allocation, safe and timely interstate placement premise, Adam Walsh	Included above	Yes	Yes
	Child Abuse Prevention, Intervention, and Treatment (CAPIT)	State	Respite, family preservation, APA Family Support Services (formerly Asian Perinatal Advocates) Hotline, SF Child Abuse Council, targeted in-home early intervention	Included above	No	Yes
	CWSOIP	State	Differential response, parent engagement, enhanced visitation	Included above	Yes	Yes
	Foster Parent Training & Recruitment (AB 2129)	State	Training and recruitment of foster parents	Included above	No	Yes
	Group Home Monthly Visits	State	Funding from the California Department of Social Services for monthly visits to foster children placed in out-of-state and in-state group home facilities.	Included above	No	Yes
				Included above		
	Kinship Support Services	State	Relative caregiver support network	Included above	No	Yes
	Kinship Emergency Fund	State	Relative placement and related supports	Included above	No	Yes
	Perinatal SA/HIV Infant Program (formerly Options for Recovery)	State	Recruitment, training, respite services	Included above	No	Yes

	Specialized Training for Adoptive Parents (STAP)	State	Training for pre/adoptive parents to facilitate adoption of HIV or substance abuse positive children.	Included above	No	Yes
	Supportive and Therapeutic Options Program (STOP)	State	Wrap-around services for prevention and aftercare	Included above	Yes	Yes
2	Community-Based Child Abuse Prevention (CBCAP)	State	Prevention services tied to Family Resource Centers.	\$25,500	Yes	Yes
3	CDE Childcare Vouchers	Federal/	Funding from the California Department of Education that prioritizes child care for non-CalWORKs-eligible families who have child protective service cases.	\$267,213	Yes	No
		State				
4	Children's Trust Fund	Local	In-home family preservation, APA Family Support Services (formerly Asian Perinatal Advocates) hotline, SF Child Abuse Council	\$138,498	No	No
5	Independent Living Skills (ILS)	Federal	Services and education to prepare youth to emancipate from foster care independently.	\$503,168	No	No
		State		Incl in 2011 Realignment	No	Yes
6	Local General Fund	Local	Child welfare staff; Overmatch to CWS, PSSF, CAPIT, AB 2129, STAP, STOP, Kinship, and ILS allocations; Clothing; Matches for CHDP, Mental Health Migration, Sub-Acute Patch, Medically Fragile Infant programs, and Rapid Support Housing Grant	\$33,023,840	Yes	Yes
7	Licensing	State	Foster family home licensing and recruitment	\$150,746	No	No
8	Promoting Safe & Stable Families (PSSF)	Federal	Family preservation, family support, adoption, time-limited family reunification	\$390,341	Yes	No
9	Rapid Support and Housing Grant	Federal	Housing, mental health, and intensive case management services for homeless families in child welfare	811,119	Yes	No

The high-level budget for the JPD for FY13-14 was \$36,735,789. Seventy-eight per cent of the department's budget comes from the general fund for the City and County of San Francisco. Included in the overall JPD budget are state public safety grants and subventions totaling \$4,628,324 and Title IV-E revenue of \$2,343,294, or 6.4% of the overall budget. The remainder of the revenue budget includes food and beverage subsidies that offset costs associated with the operation of the department's two 24/7 facilities, as well as various fees ordered by the court. The department relies heavily on its partnerships with other city and county agencies as well as public partners to provide key services and

support to juveniles under its supervision. Examples of these partnerships include the Department of Public Health’s provision of therapists and other clinicians to provide treatment and other referrals to services both for youth at Long Cabin Ranch and at the Juvenile Justice Center. Services at Log Cabin are jointly funded with the Department of Public Health and JPD funding. The Department of Public Health provides all medical care to youth in both facilities as well. The San Francisco Unified School District also provides teachers and operates a full school program from within Juvenile Hall and Log Cabin Ranch. Further, JPD partners with SF-HSA to assist with youth in critical need of mental health support and assessments.

In 2009, due to severe cutbacks as a result of the economic crisis, JPD, the Department of Child, Youth and their Families, and the Department of Public Health pooled all of their respective youth violence funding and became the “Joint Funders.” The Department of Children, Youth and Their Families already had a contracting process and agreed to issue all requests for proposals and funding for youth violence prevention services. The Joint Funders meet monthly to resolve issues, decide upon funding parameters, and discuss all proposals, and recommend funding. The Joint Funders streamlines youth violence-prevention services. Rather than agencies needing to apply to three different departments for funding, they can apply with a single multi-year application. This has allowed the Joint Funders to concentrate on program evaluation and promoting evidence-based practices.

Child Welfare/Probation Operated Services

SF-HSA operates a receiving center, the Child Protection Center, currently located on the grounds of San Francisco General Hospital. The Center is not, however, a shelter in the sense that children are placed there for extended periods. Children stay there less than 24 hours until a placement, usually with a relative, is found. The Center is staffed 24 hours per day, and occasionally a child may remain overnight if necessary to find a placement.

In March, the San Francisco Department of Public Health Community Behavioral Health Services received a grant of approximately 16 million dollars over four years, allowing San Francisco to relocate the Child Protection Center to the Edgewood Center for Children and Families, a historic facility in one of the city’s residential neighborhoods. The new location has ample grounds and adjoins a large city park. San Francisco can include six crisis stabilization /assessment beds in the facility. The Child Protection Center’s space has been very cramped, and the public private partnership will provide families and children with a more comprehensive approach to crisis intervention through a multidisciplinary, multi-agency team approach.

The Juvenile Justice Center is a short-term detention facility for youth operated by San Francisco. The facility has the capacity to provide residential services for 150 youth in a secure setting, 24 hours a day and seven days a week. Youth at the facility fall into three categories:

- ❖ Youth in custody awaiting investigative action immediately after admissions.
- ❖ Youth in custody per Court Order pending further Court Hearings.
- ❖ Youth in custody awaiting placement as per Court Ordered Disposition.

While youth are in custody, they receive educational, medical, and mental health services. Additionally, they receive training in socialization skills and general counseling from staff. In partnership with San Francisco Unified School District, the department launched a homework program for all detained youth. This is steeped in the strong belief that juvenile hall can serve as an important opportunity for youth to improve their academic performance and develop healthy study practices. The goal is to better prepare

youth to meet the community's academic performance expectations. In doing so, they are more likely to experience success and become more invested in their personal educational achievement. Teachers provide daily homework assignments and students are expected to complete the work. Students are graded on their homework and earn credit when it is completed as assigned. A portion of each afternoon is set aside for the students to complete their assignments.

Log Cabin Ranch is the San Francisco Juvenile Probation Department's post adjudication facility for delinquent male juveniles. It is a residential program for San Francisco juveniles who have been adjudicated delinquent by the Juvenile Courts and sent there for treatment and rehabilitation. The twelve-month open-ended program is well-structured and addresses the needs of juvenile delinquents, preparing them to become productive members of society.

Academic Program

The educational component of the Log Cabin Ranch program is provided by the San Francisco Unified School District. Areas of instruction include: math, social studies, language arts, woodshop, computer lab and GED. Additionally, college preparatory classes are offered to residents who are interested in continuing their education beyond high school.

Mental Health, Dental and Medical Services

The San Francisco Department of Public Health Special Programs for Youth provides health care services for residents at Log Cabin Ranch. Services include nursing coverage, medical and dental services, and daily and weekly psychosocial counseling to assist residents with their adjustment to adolescence.

The Ranch program and service regime follows a holistic approach using two clinically licensed social workers and the Ranch program facilitator to conduct groups with residents and to oversee group process. The group sessions are comprehensive, intensive, and structured in a manner to help each resident gain insight into changing his lifestyle. The programs and services are divided into three categories: Cognitive Behavior Base-Treatment, Vocational Training and Behavior Management.

Cognitive Behavior Base-Treatment

Therapeutic group sessions are designed to address the problems and needs of the resident's court-ordered commitment to Log Cabin Ranch. Cognitively, sessions help individual residents recognize unhelpful thought patterns and deal with unresolved conflicts associated with interactions with others.

Vocational Training

Log Cabin Ranch vocational program is geared toward preparing residents to receive pre-apprenticeship training, develop employability skills and/or gain employment. Vocational training includes carpentry, photo-journalism, horticulture and landscaping, computer literacy, barbering and hairstyling, and food services.

Behavior Management

The behavior management program helps residents develop skills for assisting them in everyday life. Additionally, the behavior management program fosters positive behavior from residents and teaches them responsibility and self-discipline. Residents are rewarded for demonstrating positive behavior and taking responsibility in the areas of hygiene, bed and locker responsibilities, maintaining and dressing appropriately, dining hall etiquette, respect for self and others, following rules and instructions, and social etiquette.

Substance Abuse Counseling

The Log Cabin Ranch substance abuse program is designed specifically to help residents overcome drug and alcohol addiction and build a behavioral foundation that will prevent relapse. Two certified substance abuse counselors conduct daily and weekly sessions with residents to help them learn how to "close the door" on old habits while opening the doors to new growth and development. In addition, members from narcotics and alcoholics anonymous conduct self-help support groups and provide mentoring for individual residents who self-identify as addicts.

Other Programs and Services

Tutorial Services: To augment the educational program, specialized tutoring is provided to residents identified as having very low academic skills or learning disabilities, or needing assistance with specific subject matter.

Recreational Program: During leisure time at the Ranch, residents enjoy an array of recreational activities. Daily activities include basketball, weightlifting, table games, hiking, and soccer. In addition, residents compete against other Ranches and Camps in the Northern California Ranch League. The Ranch League is comprised of four events: basketball, softball, volleyball and track.

Religious Services: The interfaith network of San Mateo and Church of San Francisco provides weekly religious services. Services include bible study, spiritual education, spiritual counseling, and Sunday services.

Aftercare Services: Log Cabin Ranch aftercare services are provided to all residents graduating from the Ranch with a comprehensive aftercare plan that includes case management services, educational enrollment, vocational/job assignment, counseling, intensive supervision, and family support services. Aftercare services begin while the youth is in the fourth and final phase of programming and at least 90 days prior to re-entry in the community.

Other County Programs

SF-HSA and Juvenile Probation

Collaboration between SF-HSA and the Juvenile Probation Department occurs at a variety of levels. Multi-Agency Services Team, the weekly interagency meeting which serves as the county's Inter-Agency Placement Committee, consists of JPD, SF-HSA, and Community Behavioral Health Services; the chair rotates every trimester across these three placement agencies. Other standing members include the San Francisco Unified School District and private providers who offer wraparound, residential based services, Intensive Treatment Foster Care, and other therapeutic interventions such as individual and family therapy, Intensive Care Coordination and Intensive Home Based Services. Case-carrying staff presents cases which cross multiple systems and need varying levels of intervention and supports. The partnership among the Multi-Agency Services Team members has strengthened the county's ability to resolve difficult situations requiring intensive intervention, addressing programmatic, clinical, and fiscal perspectives.

JPD and SF-HSA work together on other initiatives, too, particularly collaborating on SB 163 wraparound services. The genesis of the program was a desire to be more responsive to the unique needs of each family, with children and family having a central role in identifying their strengths and needs and developing a service plan. The two agencies meet monthly with Department of Public Health and the direct-service provider, Seneca Family of Agencies, to review the program and related fiscal status.

The reinvestment funds from SB 163 further advance coordination between the agencies on services such as family finding, as those funds were used to extend front-end family finding efforts to JPD. Under AB 938, the City and County of San Francisco 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 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. Since January 2012 they have also assisted the county in providing relative notification services to youth detained for more than ten days in Juvenile Hall. As of March 31, 2014, 1,105 youth detained in foster care and 554 youth detained for more than ten 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.

All three public partners are working with the Controller's office to conduct an outside evaluation of the wraparound program; the Controller has contracted with Harder & Co. to perform that analysis. Results are pending. Per previous analyses, SB 163 Wraparound services were provided to 253 children in FY 2011/12; 66% were referred from SF-HSA, 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 a 13% decrease in Child and Adolescent Needs and Strengths Assessment ratings in these domains.

Mental Health

SF-HSA has a vital partnership with the San Francisco Department of Public Health, which provides mental health services for families in the child welfare system. The department conducts the Child and Adolescent Needs and Strengths Assessment for children entering foster care and is expanding this as part of the Katie A. planning to all children who have open child welfare cases. This practice-based tool informs decisions about care plans and intensity of services. It is also useful for measuring outcomes. Assessment scores offer thresholds to inform decisions about the need for behavioral health services, the dosage and intensity of those services.

SF-HSA works with the Department of Public Health and designated private partners to evaluate various mental health services to ensure their effectiveness. These evaluation and oversight efforts include the following:

- ❖ An analysis of the therapeutic visitation program, including an examination of its correlations with AB 636 outcomes;
- ❖ An evaluation of SB 163 wraparound mental health services that utilizes child welfare data and mental health assessment information;
- ❖ A cross-site evaluation of the residential based services pilot;
- ❖ Weekly meetings with service providers at the Multi-Agency Services Team meetings by SF-HSA, the Department of Public Health, and Juvenile Probation to coordinate service delivery for families and children involved in multiple systems and/or needing intensive interventions including residential treatment;
- ❖ Implementation of Katie A. mandates (please refer to the State and Federally Mandated Child Welfare/Probation Initiatives section of this report);
- ❖ Blended funding - SF-HSA work orders general fund dollars to Community Behavioral Health Services to match with MediCal dollars in providing a variety of staffing supports and services, including Foster Care Mental Health Program clinicians, the Parent Training Institute clinicians, and the therapeutic visitation program.

The Juvenile Probation Department has identified the need for intensive family therapy services to engage and support families facing complex issues to develop the skills and confidence they need to exercise effective supervision and guidance of their children returning from residential commitments. Many youth have undergone phenomenal growth while in residential placement, only to return to a family that has not changed. Negative triggers that remain in place may drive the young person to self-sabotage and reoffend. In addition to the need for intensive therapeutic family support, JPD has identified a high rate of marijuana and alcohol abuse among youth and family members as a serious challenge to the success of San Francisco's juvenile reentry program.

To increase the availability of effective family therapeutic supports for youth released from residential custody, JPD and the Department of Public Health have collaborated on a grant to meet these identified service needs. The Department of Public Health will take the lead in the implementation of evidence-based, intensive family therapy services for this high risk population. Additionally, JPD has partnered with the Young Adult and Family Center at the University of California, San Francisco as well as Seneca Family Service Agencies to develop the Family Intervention, Reentry and Supportive Transitions program for the highest-need youth supervised by both the Placement Unit and the Juvenile Collaborative Reentry Unit.

The Family Intervention, Reentry and Supportive Transitions program has the following goals:

- 1) To further reduce recidivism among San Francisco youth who are re-entering their communities from out of home placements. San Francisco's robust system of care and targeted juvenile reentry initiatives have made significant strides in reducing recidivism. JPD believes that current practice will further reduce recidivism for high-risk and high-need youth returning from placement;
- 2) To address the disproportionate representation of African American and Latino youth who recidivate back into the juvenile justice system; and
- 3) To demonstrate and disseminate an inter-agency collaborative approach that increases the skills and confidence of multi-stressed families in preventing delinquent behavior of their children post-reentry.

JPD and the Department of Public Health are committed to the sustainability of these services and, should this pilot prove successful, to further implementing this model for high-risk youth and their families prior to the need for removal from the home.

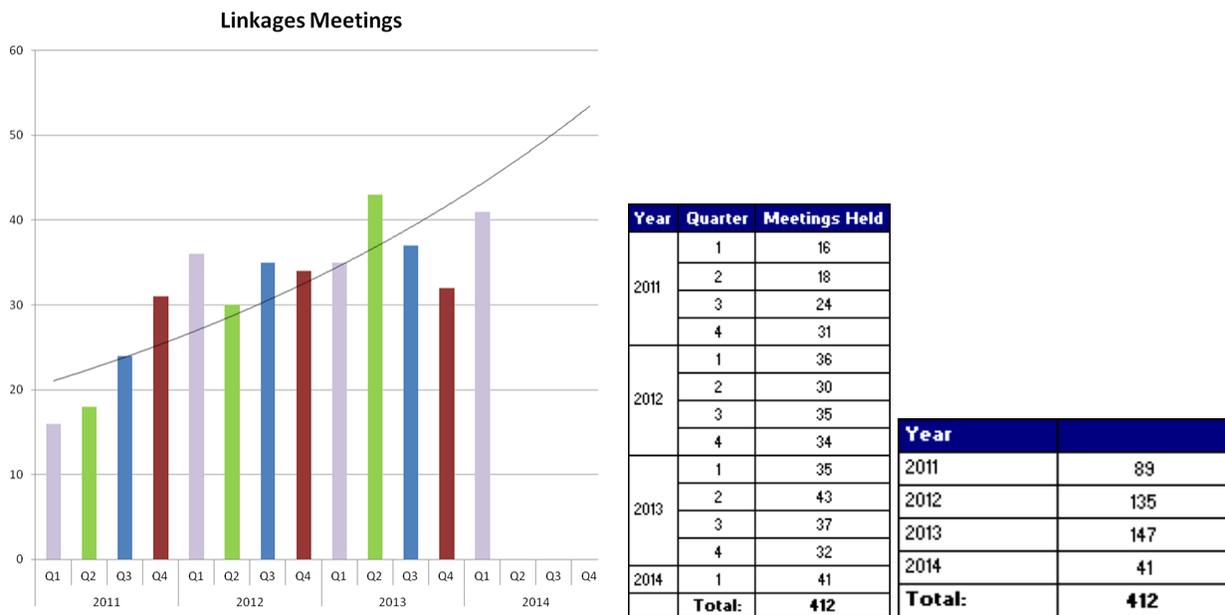
Currently, JPD is utilizing several community partners to provide outpatient substance abuse programs to youth identified with this risk factor. The programming offered is at times not sufficient to address youth with co-occurring disorders. JPD and the Department of Public Health have identified that within the San Francisco Juvenile Justice System there are a high number of youth who have one or more behavioral health disorders, often including substance abuse or dependence. Despite the existence of a collaborative probation-mental health discharge planning unit within JPD, barriers continue to exist. The proposed SF Youth Back on TRACK (Treatment to Recovery through Accountability, Collaboration and Knowledge) will develop a shared response to juvenile substance use. It will use cross training and coaching to build core knowledge and skills and will implement best-practice methodology in integrated care. Back on TRACK will utilize a "recovery coach" model based on the science of recovery management. Eligibility criteria for the program will be driven by information gathered from JPD's Youth Assessment and Screening Instrument - which will assess delinquency risk and protective factors - and the Child and Adolescent Needs and Strengths Assessment which will identify behavioral health needs. The service delivery time frame will be 4-6 months depending on identified need.

Linkages and other SF-HSA Collaborations

Child welfare also continues to work across programs in its own agency. Linkages is a cornerstone of this effort as child welfare and CalWORKs staff come together with the family to coordinate case planning efforts; this helps identify needed services and maximize resources. The child welfare program also works closely with the agency’s workforce development staff to find work for foster youth and emancipated youth, and the two programs coordinate the hiring and training of child welfare’s peer parents. SF-HSA manages the city’s homeless and housing programs, and child welfare is coordinating referrals for eviction prevention, transitional housing, and emergency housing. SF-HSA manages the city’s subsidized child care programs, which is another source of frequent internal referrals and strategic planning. The parent focus group for the Peer Review noted how helpful referrals were to the CalWORKs programs, specifically for resume writing workshops and Linkages.

Figure 39 below shows the number of Linkages meetings held from Q1 2011 to Q1 2014. Trends continue to show an increased number of meetings held. Between Q1 2011 and Q1 2014 meeting numbers increased from 16 to 41 meetings.

Figure 39: Linkages Meetings Held 2011 - 2014



State and Federally Mandated Child Welfare/Probation Initiatives

Congregate Care Reform

San Francisco is one of the four pilot sites for the Residentially Based Services program, which is the cornerstone for much of the program and fiscal discussion and planning for Congregate Care Reform. This transformative program seeks to move residential treatment from a place-based model to

a more community-oriented program with specific key components: family finding and engagement from the time of referral throughout participation in the program; portable interventions that families can replicate in their own homes rather than interventions appropriate only for congregate care settings; follow-along wraparound support once a child is stepped down to a family setting; and crisis stabilization, or brief return to residential treatment during crises to provide appropriate intensive treatment and ensure a safe return home.

As of February 7, 2014, 62 children and youth had been enrolled in the Residentially Based Services program through one of three providers: Seneca Family of Agencies, St. Vincent's School for Boys or Edgewood Center for Children and Families. Twenty-four of them successfully graduated from the program to biological family, adoptive homes, relatives, or intensive treatment foster homes. An additional 21 children were disenrolled for other reasons, primarily significant mental health needs or high risk behaviors including absences without leave and detention in juvenile hall. As part of the pilot, the Youth Satisfaction Survey and Youth Satisfaction Survey-Family have been administered to participants. The findings suggest that both clients and their family who were served in Residentially Based Services were very satisfied with the services they received. SF-HSA and provider staff have also participated extensively in the Congregate Care Reform meetings that the California Department of Social Services has hosted, sharing the Residentially Based Services experience and lessons learned to inform the initiative.

Fostering Connections after 18 Program (AB 12): Child Welfare

In 2011, San Francisco began preparing for implementation of AB 12 / Extended Foster Care in compliance with the federal 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. Over 30% of the child welfare caseload today consists of youth between the ages of 18 and 21. Before AB 12, that portion of the caseload was approximately 5%. Case management for these youth includes monthly face to face visits and more specialized advocacy in housing, education, and employment issues as child welfare workers help the youth manage their transition to adult services and emancipation at age 21.

AB 12 began on January 1, 2012. During that year, approximately 137 youth took up the program, opting to remain in care rather than age-out. This was approximately 90% of the average annual number of youth who aged out of foster care during the five years prior to AB 12. The remaining 10% were either not eligible or opted out of the program, and it is believed that this rate will remain steady.

During the second year (2013), the caseload increased to 224, and SF-HSA expects a similar increase for a third year (2014). At that time, youth will begin to age out of extended care as they turn 21. SF-HSA expects that the rates of entry and exit to the program thereafter will approximately net out, and that the program will continue to serve about 325 youth per year. As of May 1, 2014 there were 257 non-minor dependents in supportive transition.

San Francisco's implementation of AB 12 (FCA 18) was comprised of several components which included the following:

- ❖ Dedicated Manager (oversight, coordination and ongoing implementation);
- ❖ Hiring of Consultant to provide expertise and initial staffing support (training and policy development);

- ❖ Review of all All County Letters and All County Information Notices for implications for child welfare practice and policy;
- ❖ Policy & Procedures Development;
- ❖ Staff Training & Coaching;
- ❖ Provider Training;
- ❖ Staff / Organization Restructuring;
- ❖ Compliance Reports & Performance Management; and
- ❖ Implementation & Continuous Quality Improvement Monitoring

In 2013, San Francisco Court Appointed Special Advocates established the AB 12 Local Workgroup comprised of community partners, court administration, and stakeholders to provide a forum for ongoing discussion and planning. SF-HSA continues to refine its policies and procedures, develop tools for compliance and performance management, and build staff capacity through ongoing learning sessions and coaching and monitoring of child welfare practice for continuous quality improvement.

SF-HSA augmented its annual budget and related fiscal policies to increase the availability of resources as well as revised its Independent Living Skills contract to be more responsive and in alignment with state and federal requirements for this population.

In 2014, building on lessons learned of over a year of implementation, SF-HSA initiated the following efforts:

- ❖ Reorganized its case carrying units into three units (Permanent Placement / Supportive Transitions 16-21 cases) with the goal of improving practice, compliance, and achievement of identified outcomes for transitional age youth / emerging adults:
- ❖ Commenced a comprehensive review of implementation to-date to identify policy, practice, resource, and provider partnership gaps to inform practice changes that will further the department's ability to more effectively serve this population as they transition to adulthood; and
- ❖ Researched and analyzed the implications Extended Foster Care has had on permanency to identify specific practice recommendations for sixteen – twenty-one year olds to respond to the changing landscape.

As noted in the Court focus group, San Francisco has identified the need for more resources in the AB 12 program, especially for young adults with mental health challenges. It is critical to assess such issues early on and provide appropriate services and supports as soon as possible. The assessment and intervention process being implemented for Katie A. will be helpful towards this end. The Court focus group also noted that Supplemental Security Income is an issue for these young adults; San Francisco has entered into a new contract with Maximus to coordinate application for Supplemental Security Income when appropriate. Contractor staff will be collocated with child welfare staff to quickly resolve any obstacles in obtaining benefits. Focus groups also noted that the county's truancy prevention efforts need more social services attention so that issues are addressed quickly rather than escalating as the youth enters young adulthood.

AB12: Juvenile Probation Collaboration

Many youth who have been served by the Juvenile Collaborative Reentry Unit and have completed their goals transition to extended foster care. Although these youth were a part of the delinquency system, the Juvenile Probation Department hired a Bachelor's level Social Worker to supervise and support this population in lieu of a probation officer. The JPD recently hired a second Social Worker, as numbers for this population continue to rise and requires intensive service delivery

Extended Foster Care provides a youth an opportunity to prepare for his or her future through additional educational and employment training opportunities. Additionally, they receive assistance in securing consistent and safe housing while being afforded the chance to build permanent connections with caring adults, including relatives, mentors and community members.

At the present time, JPD has 39 non-minor dependents. There continue to be many challenges in assisting this population. As already identified, these youth are still very much in need of assistance and services. Some continue to have academic deficits; many have limited skills, poor work experience and little to no vocational training. A large percentage of these youth have unreliable family support, limited family resources, and behavioral and mental health issues that interfere with education and employment.

JPD scheduled a meeting with its community partners at the Department of Children, Youth and Their Families and discussed the need for additional community services for justice-involved non-minor dependents. They have agreed to expand their request for proposal process to include services for this population. More discussions are forthcoming later this year when contracts expire. In the meantime, 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 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 the county's vision for Katie A. implementation. It is the following:

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 implementation:

- ❖ Engagement oriented, comprehensive and individualized assessment;
- ❖ Triage approach that is focused on permanency and well-being through reflective and collaborative decision making;
- ❖ A service network to deliver the right treatment in the right place.

To put this vision and the related principles 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. Through this structure they

have begun to develop and clarify interagency policies, come up with 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 “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 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). 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 that are eligible for Katie A.
5. Develop a shared coaching and supervision model for child welfare and mental health staff.
6. In the May, 2014 Katie A. data report for the California Department of Social Services, 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. 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.

Board of Supervisors (BOS) Designated Commission, Board orBodies

The BOS-Designated Public Agency

The San Francisco Board of Supervisors has designated the San Francisco Human Services Agency as the public agency for CAPIT/CBCAP/PSSF funding (see Attachment C for City government organization chart). SF-HSA works in partnership with First Five San Francisco and the City’s Department of Children, Youth and Their Families to coordinate the services, data collection, evaluation, program, and fiscal compliance of the City’s network of family resource centers. Previously, each of the three agencies was contracting with the same non-profit providers, creating duplicative contracting and reporting processes

and uncoordinated service delivery. Now SF-HSA work-orders funds, including state Office of Child Abuse Prevention funds, to First Five San Francisco.

The departments work together in overseeing program implementation and monitoring. The designated SF-HSA program managers work closely with First Five to ensure oversight of PSSF/CTF/CAPIT/CBCAP contractors, using standardized service descriptions (aligned with Office of Child Abuse Prevention definitions) and a web-based contract monitoring system which tracks service and outcomes objectives. Budget, program, and contracts staff from First Five and SF-HSA coordinate closely to ensure fiscal monitoring, competitive bid processes and awards, certification of contracts by the controller, invoice review and processing, and annual renewals or other contract modifications.

The policies and processes of the Juvenile Probation Department of San Francisco are overseen and guided by the Juvenile Probation Commission. The Commission consists of seven members appointed by the Mayor, two of whom are referred by the Superior Courts. The members serve staggered four year terms.

Pursuant to WIC section 225-236, in each county there shall be a Juvenile Justice Commission consisting of not less than 7 and no more than 15 citizens. Two or more of the members shall be persons who are between 14 and 21 years of age, provided there are available persons between 14 and 21 years of age who are able to carry out the duties of a commission member in a manner satisfactory to the appointing authority.

The purpose of the Commission is the following:

- ❖ Ensure the facilities used for the confinement of a minor for more that twenty-four hours conform to all applicable laws that govern such operations;
- ❖ Ensure that minors under the jurisdiction of the Juvenile Court receive care, treatment and guidance consistent with their best interest;
- ❖ Act in conformity with a comprehensive set of goals and objectives determined by the Commission to improve system performances and
- ❖ Monitor compliance with established standards to ensure the health, education and welfare of minors under the jurisdiction of the Juvenile Court

Child Abuse Prevention Council

The host agency for the Child Abuse Prevention Council is the San Francisco Child Abuse Prevention Center. It is also a family resource center and provides primary prevention and awareness services, including a 24-hour phone counseling line for parents. Created in 1973, the Center focuses on child abuse awareness, education, prevention, and intervention. In 1982 the San Francisco Board of Supervisors designated it as the local child abuse prevention council, as described by California Welfare and Institutions Code Section 18982. The role of the San Francisco Child Abuse Council is threefold:

1. To develop and advocate for specific policies and system improvements to provide education and awareness regarding child abuse prevention and to prevent the occurrence of child abuse and/or neglect.
2. To raise public and child safety awareness through marketing campaigns, training, distribution education materials and information.
3. To coordinate interagency collaboration through the convening of / participation in various subcommittees and activities (e.g. SCAN Team, which reviews the most serious cases of child abuse

to Child Death Review Team, Mayor’s Child Sex Trauma Committee, Multi-Disciplinary Interview Center and the Family & Children’s Services /Juvenile Probation Core Team)

A non-profit corporation, the San Francisco Child Abuse Prevention Center has organized the Council as a multidisciplinary, collaborative body comprised of members interested in child abuse prevention, including the following.

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

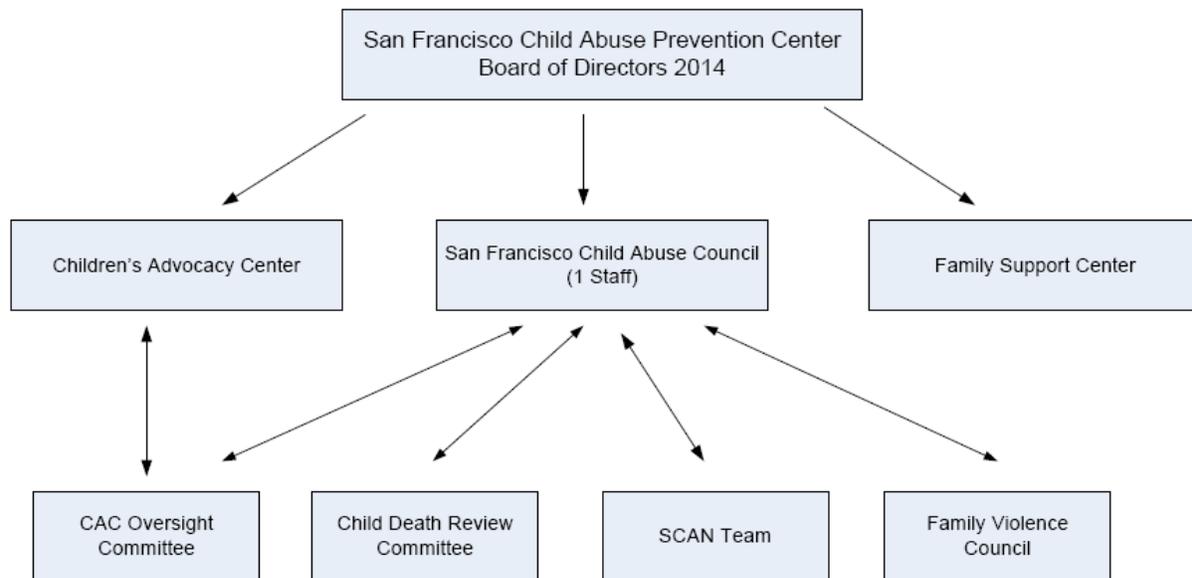
The Council works to coordinate child abuse services across San Francisco, working closely with:

- | | |
|--|--|
| ❖ The Mayor’s Child Sexual Trauma Advisory Committee | ❖ Sex Offender Management Alliance |
| ❖ Child and Adolescent Support, Advocacy and Resource Center | ❖ Citizen’s Advisory Council of the San Francisco Department of Children, Youth and Their Families |
| ❖ Multi-Disciplinary Interview Center Policy Committee | ❖ Greater Bay Area Child Abuse Council Coalition |
| ❖ Suspected Child Abuse and Neglect Team of San Francisco General Hospital | ❖ State Advisory Committee on Child Death (Attorney General’s Office) |
| ❖ Child Death Review Committee | ❖ Shaken Baby Task Force |
| ❖ Family Violence Council | ❖ San Francisco Unified School District |

The Council’s Child Safety Awareness Program educates school children each year through its age-appropriate, culturally diverse curriculum that focuses on personal safety awareness, assertiveness training, environmental safety knowledge and support system development. Available in English, Spanish, and Mandarin, the training is provided through a series of four ½-hour classroom meetings with students. It is provided free of charge to San Francisco Unified School District classrooms (via foundation grants) and is available for a modest fee to any private school operating in San Francisco.

The Council also schedules Parent and Caregiver Education Seminars at schools and community centers to help raise parent and caregiver awareness about child safety issues, and to encourage parents and caregivers to reinforce the lessons their children have learned in Child Safety Awareness trainings. To ensure that children who disclose abuse after participating in child safety awareness training will be supported by their teachers and school environments, the Council synchronizes the work of the Child Safety Awareness Program with its Mandated Reporter Training program, helping child-serving professionals (mandated reporters) in the health, law enforcement, education and social service fields to recognize, identify and respond to suspected child abuse and neglect.

Each year the Council provides prevention education and training to approximately 5,000 school children and 5,000 mandated reporters. The Council also educates the public, policy makers and legislators about child abuse prevention and awareness, and it convenes or participates in cross-organization meetings about child welfare services. The Council also creates and disseminates information such as a guide on child abuse to shelters serving homeless persons and battered women. The Council participates in Bay Area Regional Child Abuse Council Coalition meetings and is a member of state death review team. For information on the Council’s board, please refer to Attachment D. The structure of the Child Abuse Prevention Center is illustrated below.



County Children’s Trust Fund Commission, Board or Council

The San Francisco Human Services Commission is the designated body to oversee the San Francisco’s Children’s Trust Fund. The Human Services Commission and Board of Supervisors establish the criteria for uses of the Trust Fund in accordance with the Welfare and Institutions Code and California regulations. San Francisco Human Services Agency develops annual plans for utilization of the trust funds to support child abuse and neglect prevention and intervention programs operated by private nonprofit organizations or public institutions of higher education with recognized expertise in fields related to child welfare. The Human Services Commission reviews these plans and approves them. SF-HSA also prepares an annual report which includes information on the types of programs funded, target populations benefiting from them, and the amount of each revenue source and amount disbursed to the programs. These reports are posted to the SF-HSA Website.

PSSF Collaborative

The Promoting Safe and Stable Families Collaborative is integrated into the SF-HSA/JPD Core Team. Members include public and community-based service providers and representatives from the following disciplines and/or services areas: First Five, Department of Children Youth and Their Families, SF-HSA-

funded Family Resource Centers, Support for Families with Children of Disabilities, SF Unified School District, Department of Public Health, SF Children’s Council, and parent, foster parent, and youth representatives. Information sharing, lessons learned, updates on progress towards implementing initiatives and opportunities for problem-solving and strategy development are seen as essential agenda items for discussion during each convening.

Systemic Factors

Management Information Systems

SF-HSA uses the hardware listed below to facilitate provision of services and simplify access to resources and data entry:

- ❖ Two hundred and ten laptop computers with docking stations;
- ❖ One hundred and fifty desktop computers
- ❖ Two hundred cell phones with data plans and hotspot capabilities.
- ❖ Seventy nine “tokens,” devices that allow child welfare workers to log into the statewide CWS/CMS from remote locations.

In 2010 SF-HSA planning staff completed a comparison study of eight child welfare agencies in California. The focus of the study was the front end child welfare business process. Recommendations and follow-up assessments emphasized improving technology for SF-HSA staff. A technology pilot study was completed over two years where various devices and technology were tested to identify how to get the SF-HSA Family and Children Services workforce mobile. Tablet devices were included in the testing; however staff concluded that a laptop was the best option as a primary device to use when in the field. In March 2014 case carrying staff took delivery of 210 laptops. Along with data plan phones with tethering functionality, all case carrying staff will be able to work remotely in the field by summer 2014.

The County’s capacity to use the above-mentioned hardware is enhanced by using the software listed below.

- ❖ *Business Objects:* Three members of the SF-HSA planning staff use Business Objects, a data tool that allows for queries of the CWS/CMS database for canned reports and ad hoc queries. They use it to develop reports, identify trends, and spot patterns in the agency’s operations. The SF-HSA planning staff predominantly uses the web version of the tool. Ad-hoc reports are created and uploaded to individual user folder enabling the end user to run the finished report whenever it is needed. The Planning staff regularly work with managers and supervisors to tailor these reports to their needs and train them on how to refresh them with new dates. This creates a robust access to child welfare data, and frees the Planning Unit for more complex queries and analyses.
- ❖ *Safe Measures:* The agency contracts with the Children’s Research Center for this on-line data service. SF-HSA worked with the Children’s Research Center to develop “Monthly Measures”. Monthly Measures allows workers, supervisors, and managers to examine performance measures on an individual, unit, office, and program level. Data from Safe Measures is exported regularly to monitor caseload size and is utilized as a basis to monitor workload equity and staffing levels.
- ❖ *Ad Hoc Analytics:* Because SF-HSA struggles to keep pace with program requests for data, it contracts with the Children’s Research Center/Ad Hoc Analytics program to develop a specified number of reports. Ad Hoc Analytics has developed monthly reports for tracking basic trends and is working on a quarterly report with deeper analysis. It has also responded to discrete requests for analysis on the utilization of Structured Decision Making assessments.

- ❖ *ArcGis*: SF-HSA utilizes this geographic information system software to analyze patterns of placement, removals, and referrals. It has map filters that allow it to plot caseloads both in San Francisco and out of county. SF-HSA uses this information to identify areas with high rates of child maltreatment and gaps in services.
- ❖ *Email*: In May 2014 SF-HSA will be changing from Lotus Notes to Microsoft Outlook. Outlook will provide a greater ease of communication across programs and child welfare staff will have an application available to use Outlook on their data plan phones.
- ❖ *Intranet and Extranet*: Child welfare workers utilize the intranet to make reservations for cars and meeting space, as well as to ask for IT and support services requests. The child welfare program currently plans to post its procedures manual in a central external place. A Handbook supervisor has recently been appointed with a view to publishing policy and procedures that are current and accessible when working within and out-with the SF-HSA network. Thus creating greater transparency with the community.
- ❖ *Promoting Safe and Stable Families, Child Abuse Intervention and Treatment, and Community-Based Child Abuse Prevention Program Funded Providers Management Information System*: SF-HSA has partnered with the city's Department of Children, Youth, and Their Families and First Five San Francisco to pool family support resources. The partnership allows SF-HSA to require that its CAPIT/CBCAP/PSSF providers utilize the First Five Web-based database. The database makes reports on client services more accessible, both to SF-HSA and to the providers themselves. It gathers a greater range of information, reduces the burden of data submission, and allows for closer coordination between the partnering agencies.

The agency is committed to maximizing CWS/CMS as a tool for outcome-based casework. Through the implementation of Monthly Measures, (described in detail in the Quality Assurance section of this report) the agency has embedded a focus on data into supervision and practice, which requires that the CWS/CMS data be accurate and timely. A full-time child welfare supervisor was assigned in 2009 to improve the program's data entry practices. Along with being the administrator for CWS/CMS, Safe Measures and Business Objects, he regularly participates in local and state meetings focusing on improving technology and data practices. He researches current and new business processes to ensure that data is entered consistently, thus that ensuring reports have a higher degree of validity. He develops protocols for data entry, trains staff and supervisors on these protocols, and then runs regular compliance reports to ensure that data entry is being completed accurately. He is currently developing a summer series of trainings on Safe Measures 5 and identifying crucial areas of data improvement for inclusion in the annual CWS/CMS data entry mandatory training for all child welfare staff.

SF-HSA utilizes Structured Decision-Making data tools for casework. The tools provide child welfare workers with recommendations based on actuarial information to guide their decisions and reduce the potential influence of personal bias.

SF-HSA has been using the *Efforts to Outcomes* database for its Independent Living Skills and team decision-making programs and the substitute care provider needs assessments. The database is managed by the University of California at Berkeley, and it has the potential to identify which interventions or practices lead to positive client outcomes. Since 2009, reporting functionality has improved greatly. Data can be pulled easily to answer queries quickly, such as number of Team Decision Making meetings held, participants in meetings, and Independent Living Skills services delivered.

SF-HSA has partnered with Sacramento County of Education and Foster Youth Services to use *Foster Focus*, a database that combines child welfare information, school district information, and foster youth

services case management. The database can provide a historical record of a foster youth's school records and locally has helped San Francisco Unified School District to increase participation in multi-disciplinary and family meetings such as Team Decision Making meetings. While some counties already upload grade levels, attendance and Individualized Education Program information, the District has yet to provide the information for the database. It is hoped that this will occur soon so that current and that accurate school information will be available for youth placed in San Francisco. SF-HSA now has access to comprehensive school records for the school districts that participate, such as Sacramento.

Both juvenile probation and foster care placements are recorded in CalWIN, a database shared by a consortium of 18 California local welfare agencies. In addition to foster care, CalWIN contains information from Food Stamps, Medi-Cal, General Assistance, and CalWORKs. CalWIN is very useful for tracking foster care placements and payment information. Because inconsistent data entry in CalWIN has consequences – someone would not get paid if the information was incorrect – the data tends to be more reliable than CWS/CMS, and caseworkers sometimes use CalWIN to verify client placement histories.

The San Francisco Juvenile Probation Department continues to utilize the database called the Juvenile Justice Information System. This is a local server database that contains and tracks criminal history, delinquency history, Court history, placement history and institutional housing history. JPD is also actively securing a case management system. The Department has undergone the request for proposal process and has a scoping project contracted with a vendor, which will help identify specific needs and features. The case management system will provide better case oversight and add automation to help support probation casework. The vision is to have JPD's case management system integrated with its risk and needs assessment, the Superior Court data management system, and other functions that are currently supported by the Juvenile Justice Information System.

The Department of Technology for the City and County of San Francisco maintains the primary network and email application for city departments.

- ❖ The Juvenile Probation Department operates a Local Area Network on which the Juvenile Justice Information System is deployed. This information system maintains data on every referral including access to mug shots and linkage to court events provided by the Superior Court.
- ❖ The Department has deployed desktop computers to all probation officers, and clerical personnel. In addition, key staffers within the Juvenile Hall and Log Cabin Ranch facility have access to the network applications via desktop computers.
- ❖ Managers have access to smart phone technology and are able to access the county email system while mobile.
- ❖ The department intranet provides access to the Youth Assessment and Screening Instrument used to conduct assessments of youth risk, need, and protective factors.
- ❖ Each probation field unit was given a laptop computer in 2013 to facilitate field access to information and increase capacity to document key case supervision events.
- ❖ The department has access to the Case Management System maintained by the Department of Children Youth and Their Families. This system tracks process and outputs entered by each of the contracted community-based organizations.
- ❖ The department uses Microsoft SharePoint and Crystal reports to deploy management information and produce ad hoc reports using data maintained in the Juvenile Justice Information System relational database.

- ❖ JPD has dedicated terminals with access to the California Law Enforcement Telecommunications System. This system allows law enforcement agencies across the state to share arrest data and other classified information.
- ❖ The Department of Public Health, SF-HSA, and Juvenile Probation Department have been working to develop a shared youth database that so that each agency can input and access information regarding clients they share. This system and its associated protocols and standards are still under development.
- ❖ The department is in the process of investing in video and internet technologies that will allow for the use of Skype or other voice over IP tools so that placement probation officers will be able to coordinate audio and video communications between minors and their parents/guardians for youth in placement.
- ❖ The JPD does not have a dedicated analyst on staff. Ad hoc and management reports are produced by the director of Administrative Services and the Juvenile Detention Alternatives Coordinator. These two individuals perform these functions in addition to their primary assignments within the department. Their expertise and understanding of the database layout and SQL server and .NET technology has allowed the department to produce quality reports and management information regarding a variety of aspects related to probation services delivery. However, since the Juvenile Justice Information System is primarily a case and referral tracking system as compared to a case management system, it has limited capacity related to the reporting of qualitative data regarding the progress of youth while on under the supervision of the JPD. This information is generally maintained in individual case files.
- ❖ JPD is now into its third year of using CWS/CMS. All youth with out of home placement order are entered into the system. Currently only placement and Juvenile Collaborative Reentry Unit officers have access to the system. Placement staff has become familiar with the system and is entering required data such as monthly visits and parent and Independent Living Skills Program contact. The department is currently working on inputting placement histories into CWS/CMS. There is some duplication of effort as the department has identified the need for the same information in its own Juvenile Justice Information System. The Juvenile Collaborative Reentry Unit is familiarizing itself with CWS/CMS as it assists with transition and reentry to the community. This occurs as long as the youth is still in placement and maintains an out of home placement order. The goal is to be in compliance with CWS/CMS. The Department has provided the Placement Unit and the Juvenile Collaborative Reentry Unit with laptops and hot spots for efficiency while traveling; officers can enter their CWS/CMS data while in the field. Training is ongoing as required for new staff and to address the familiarity with the system as requirements change. It is coordinated through SF-HSA and the University of California, Davis Extension.

Case Review System

Court Structure

San Francisco's Unified Family Court encompasses Juvenile Court and Probate, Delinquency, Family Law, and Dependency cases. The Dependency Judge manages three court commissioners. The Agency is represented by city attorneys, and panel attorneys represent parents and children. Children may also be assigned Court Appointed Special Advocates. The Unified Family Court houses both dependency and family court cases as well mediation services; Juvenile Probation cases are heard at the Juvenile Probation Department.. The court also includes a Drug Dependency Court for families experiencing significant substance abuse issues. The Unified Family Court building provides childcare for parents.

Dependency Drug Court is a tremendous asset; in fact the Court was one of only four sites recently awarded a Prevention and Family Recovery grant. This will allow the Court to hire a dedicated social worker as a liaison to improve communication and case plan coordination and implementation among parties. Peer review focus groups identified that child welfare staff can feel as if they are losing their authority at Drug Dependency Court, so one desired outcome from the new social worker position is to integrate and support the process for all involved parties.

Family Court Services also provides mediation services in juvenile dependency cases. Dependency mediation services are free and confidential. All parties are ordered, and non-parties may be encouraged, to attend the mediation so that everyone involved in the child's life can participate in making the best plan possible for that child. Court Appointed Special Advocates are always invited to a mediation that involves the child with whom they are working.

Timely Notification and Review

The SF-HSA Court Office unit includes a bachelor's level social worker who completes all Indian Child Welfare Act notification and who works closely with the City Attorney's office. Both the City Attorney and Court officers track information tribes send in response. The Court officers also send the caregiver information forms to be completed and returned to Court. The hearing officer or judge subsequently takes that information into account when determining action on a case. The Court notifies parents of their rights at the detention hearing, and a notification form outlining possible case scenarios, including adoption, is provided to the parent.

San Francisco combines jurisdictional and dispositional hearings as opposed to other counties; this extends the timeline, and 6 and 12 month reviews sometimes fall close together. While the court also noted that workers want more time to prepare court reports, county staff have focused on timely submittal of court reports in the past year, significantly reducing the rate of late reports. SF-HSA is currently undergoing some structural changes in its court dependency units to reduce the length of time to disposition.

Continuances, which occur for a number of reasons, continue to be a significant problem for both Juvenile Probation and child welfare, delaying decisions and subsequently permanency for children and families. The Court itself acknowledged this in focus groups for the Peer Review, as they did with the previous review in 2009. For Juvenile Probation, there were additional concerns as parents are not entitled to an attorney and therefore need orientation and support around the court process.

If a hearing is expected to be continued, the SF-HSA court office mitigates some of the delay by determining available dates for all parties. The following are common reasons for continuances:

- ❖ Paternity issues - the court has developed its own paternity form at detention for mothers to complete, to mitigate this issue.
- ❖ Indian Child Welfare Act notification - The Court focus group noted that the most difficult cases are with the Indian Child Welfare Act; the time it takes to provide notice is excessive. This may need a legislative resolution (for example, noting Native American ancestry on birth certificates).
- ❖ Conflict or disagreement between parties (department, parents or attorneys).
- ❖ Incomplete adoptive home-studies.
- ❖ Lack of an identified adoptive home.
- ❖ Lack of notification to minors from their attorneys of their right to come to court. and
- ❖ A minor's inability to come on a calendared hearing due to school or other activities.

A key Peer Review finding cited the need to for the Court and local legal system to recognize and support concurrent planning. The Court culture is one in which there is not strong buy-in to concurrent planning as the prevailing belief is that the system cannot provide adequate reunification services while simultaneously planning for an alternate permanency option. The Court also expressed concern about situations in which the permanency plan falls apart; for example, situations in which younger children are placed with older relatives who ultimately are not available to raise the child to adulthood, or guardianships that fail when a child reaches puberty. However, it is critical to good child welfare practice and outcomes for children that concurrent planning is done effectively.

SF-HSA does partner with the Court on several fronts, including Dependency Drug Court and Foster Youth Services. Bench officers and executive staff from the JPD and SF-HSA meet on a regular basis to identify and troubleshoot issues and develop related planning and training.

Termination of parental rights

Search workers are located within the court office unit to better coordinate search results with court notification. They work closely with the paralegal through the City Attorney's office who handles the notification. San Francisco may terminate parental rights if an identified home has been found for a child who may still be in the process of home-study completion, rather than waiting until it is completed.

Please refer to the Quality Assurance section below for information on Meeting to Assess Permanency, which focuses on timely concurrent planning and permanency.

Case Planning Process

To ensure that workers complete all required elements in their case plans, SF-HSA uses the preset, CWS/CMS template. Case planning is covered in the agency's child welfare services handbook. Key sections of the handbook are updated as needed. Case reviews include the following tracks:

1. *Permanency Hearings:* The court conducts permanency hearings on a scheduled basis to ensure that hearings are within required time frames.
2. *Concurrent Planning:* At the Emergency Response stage, when relatives and other permanent placement options are being developed, SF-HSA engages in concurrent planning, which is simultaneous planning for both reunification and for alternative permanency options. The concurrent planning process includes relative searches, discussing possible permanence with relatives, developing contingency plans and agreements, assessments of adoptability, and services for incarcerated parents.

In partnership with private providers, SF-HSA conducts family finding on cases entering the foster care system, a practice the Peer Review identified as a strength. Before a child welfare worker can write a court report for termination of services, a mandatory administrative review occurs for any case without a permanent plan of either guardianship or adoption. Adoptions staff can receive secondary assignments on some reunification cases to expand concurrent planning efforts. Please refer to the Foster and Adoptive Parent Licensing, Recruitment and Retention section below for more information on concurrent planning and permanency.

Screening, Assessment and Mental Health Interventions

At the time of detention, Community Behavioral Health Services conducts a Child Adolescent Needs and Strengths assessment to determine the appropriate level of mental health intervention for children and youth entering foster care. With the advent of Katie A., Community Behavioral Health Services is beginning to expand the assessment to include all children and youth at the time that a case is opened.

The two public partners, SF-HSA and the Department of Public Health, are working together to pilot the best way to engage the parent early on, conduct the assessment quickly, and identify and implement the appropriate mental health intervention based on the assessment. The Department of Public Health revised its Child and Adolescent Needs and Strengths Assessment to a shorter, more refined document in order to expedite this process, with the goal of completing the assessment within a week of entry into child welfare. The Department of Public Health partners with the child welfare worker and family to identify and implement the most appropriate treatment intervention; San Francisco utilizes the child and family team meeting to integrate the mental health recommendations and supports in larger case planning with the family. This is a significant change and the county still needs to expand capacity to allow for full implementation of Katie A. More information on the local Katie A. implementation is available in the State and Federally Mandated Child Welfare/Probation Initiatives section of this report

Through its Foster Care Mental Health Program, the Department of Public Health serves as the managed care program for children and families in the child welfare system, coordinating referrals for treatment and psychological and psychiatric evaluations and interventions, including medication. The Department of Public Health has clinicians on staff as well as access to private providers both within and outside of San Francisco, as so many children are placed in other Bay Area counties. University California, San Francisco programs Child Trauma Research Program and the Infant Parent Program offer local expertise in attachment –informed, trauma-focused clinical interventions for very young children including Parent-Child Psychotherapy. Through these different venues, families have access to a variety of trauma-informed, evidence-based interventions such as trauma-focused Cognitive Behavioral Therapy, Parent-Child Psychotherapy, and Parent Child Interaction Therapy.

Family Engagement and Participation in Case Planning

SF-HSA child welfare staff believes that family participation in case planning is an agency strength. This was also a finding of the Peer Review. Child welfare workers develop case plans with parents, and review with parents and youth as appropriate. They ask parents and youth to sign the case plan to indicate their agreement. SF-HSA utilizes team decision-making meetings in determining removals and placement changes, and uses family team meetings and / or family conferencing (Family Group Decision Making) to develop case plans and resolve related issues. Team Decision-making and Family Conferencing meetings are facilitated by trained child welfare workers; this unit was recently relocated to the new Child Advocacy Center, a private-public, multi-agency partnership to provide a coordinated, multidisciplinary response to incidents of child abuse.

SF-HSA collaborates with Community Behavioral Health Services to offer child and family team meetings for children and youth who qualify under for Katie A. and is beginning to extend Child and Family Team Meetings to families in the Katie A. class. San Francisco is beginning to use the Child and Family Team Meetings to review findings from the Child and Adolescent Needs and Strengths Assessment and incorporate them into case planning. The Department of Public Health contracts with several providers to offer Intensive Care Coordination and In Home Behavioral Supports. These include agencies providing SB 163 wraparound services (Seneca Family of Agencies and Edgewood Center for Children and Families) as well as Intensive Treatment Foster Care providers who have MediCal EPSDT funding contracts with Community Behavioral Health Services (Alternative Family Services, Aldea, St. Vincent's School for Boys, Triad).

These family meeting forums bring together family members and key individuals, including caregivers, to address safety and risk issues, identify the strengths and needs of families, and develop, implement, review and update case plans.

Peer Review findings noted several strengths that contribute to successful family engagement and case planning. Social workers have comparatively low caseloads, allowing good engagement work and more frequent contact with the families. Social workers are very involved with their families, serving complex families with complicated social issues. Workers also have extensive experience, better equipping them to more effectively address the intensive family needs.

The Peer Review also found that the use of Safety Organized Practice helps the worker and family hone in on and address safety issues and related behaviors rather than being distracted by complicating factors and family drama. Safety Organized Practice is still in early implementation in the county, and as it continues to roll out and become more embedded practice and culture, it will strengthen the focus on safety and behavioral outcomes, rather than on a more service-driven approach.

Expanding Safety Organized Practice will help workers better develop the natural support network with families and utilize that network to strengthen greater family capacity and safety for children, a need identified in the Peer Review. The Review also recognized that social workers were able to see the parents in many different settings and thus have more of a multidimensional assessment. Finally, the staff provide strong peer support for each other in the course of this work, strengthening the ongoing commitment and energy they bring to the task at hand.

Visitation

Visitation plans that outline specific, behavioral objectives for the parents are also developed in conjunction with parents and shared with the visitation supervisor. San Francisco has a tiered visitation system, including a more intensive, clinically-based therapeutic visitation program which is coordinated through the Department of Public Health, as well as a mid-level community-based supervised visitation which is conducted primarily by select Family Resource Centers. The therapeutic visitation program utilizes various evidence-based practices depending on the particular need of the child and families, including Triple P and Parent Child Interaction Therapy. The Family Resource Center community-level visitation incorporates Triple P as many parents attend group Triple P parenting classes at the Resource Centers and then have the opportunity to demonstrate what they have learned in the visitation with their children.

The Resource Center visitation supervisors report back to the child welfare worker on the progress of the identified behavioral visitation goals, so that assessment, communication, and coordination are ongoing and families may receive the appropriate level of visitation support. SF-HSA needs to strengthen the quality and timeliness of visitation plan and feedback, as identified by the Peer Review, and SF-HSA does provide training around visitation planning, supervision, and documentation to both staff and community partners.

San Francisco's visitation model includes visitations in the county jails. Through a long-standing partnership with San Francisco Children of Incarcerated Parents, SF-HSA has collaborated with the Stuart Foundation, the Sheriff's Department, and local providers such as Community Works, to develop a visitation program for child welfare families within the jail system. As noted elsewhere, Community Works also provides Parenting Inside Out to incarcerated parents.

SF-HSA has limited capacity with the current visitation program, an issue also identified in the Peer Review. Suggestions included working with other counties to utilize their resources and developing more visitation sites where children reside, as so many are placed out of county. Suggestions also included developing more visitation sites within the current Family Resource Center structure. San

San Francisco has recently hired bachelors' level social workers who will be able to supervise visitation, which will help mitigate some of the capacity issues.

Juvenile Probation Department Case Review System

JPD and the Court have engaged in discussions about how best to review and manage youth who are in placement. It was agreed that for consistency in expectations all placement cases would be heard and managed by one court. Once any Court at JPD makes a disposition order for out of home placement, cases are transferred from the regular court calendar to the placement calendar, held every Thursday at 2 PM in front of the same judiciary officer. A placement report date is set when a youth is in custody and is calendared every two weeks until a suitable placement is identified and the minor is transported. JPD submits reports for these hearings, documenting all efforts being made for placement. Additionally, the six-month review date is calendared when the out of home placement is made. Appearance to this court hearing is not mandatory as its purpose is to review a youth's progress during the youth's first six month in placement. Report dates for a Pre-Permanency hearing, Permanent Plan Hearing and a Post Permanency Hearing are all set at Disposition. If a youth is still in placement at the time of the Post Permanency Hearing the matter will be set for another Post Permanency Hearing in six months. JPD notifies all parties of the hearing 10 days in advance, including the minor and the parent/guardian. At the six-month review hearing, updated reports including a case plan and Independent Living Skills Program (when applicable) are presented to the Court for review.

While a youth is in placement, monthly meetings are held between the Placement and Juvenile Collaborative Reentry Units that include the social workers, case planners and attorneys. Youth who are in their last phase of successfully completing their case plan/rehabilitative goals (generally 90 days prior to reentry) are identified and the Juvenile Collaborative Reentry Unit begins their work creating mindful reentry plans so that all services are established and in place when a youth successfully completes the program and is returned home to their parent/guardian or independent living program for a 30 day trial. The team and court approve the reentry plan and the case is transitioned to the Juvenile Collaborative Reentry Unit. The Re-Entry Court is heard with the same judicial officer who hears the placement calendar as well as the calendar for those who are provided their rights under extended foster care and those who opt into 450 WIC, Jurisdiction.

The seeds for the Juvenile Collaborative Reentry Unit were planted in the fall of 2009. San Francisco was awarded the Department of Justice Second Chance Act grant to implement the Juvenile Collaborative Reentry Team. The team was an unprecedented collaboration between the Superior Court of California, the San Francisco Juvenile Probation Department, the Public Defender's Office, and the Center on Juvenile and Criminal Justice to provide coordinated and comprehensive reentry case planning and aftercare services for youth represented by the Public Defender's Officer who were returning to the community from out-of-home placement. With lowered recidivism rates for this population as a result of intensive reentry planning, the Juvenile Collaborative Reentry Team was expanded in 2013 to include youth represented by the Private Bar and those committed to Log Cabin Ranch, thus creating the Juvenile Collaborative Reentry Unit.

The model established a collaborative team approach in the development and implementation of reentry plans for youth. The team consists of a probation officer, attorney, social worker and the community case manager and works with a dedicated judge to ensure that youth are assisted in a comprehensive and monitored transition and community reintegration process. The team has also developed community partnerships with the San Francisco Unified School District, Seneca Connections, the Independent Living Skills Program, San Francisco City College, and various employment agencies and community programs among others.

Critical components of the team are the youth and his or her family. The youth is involved in every decision regarding the services, education, vocational opportunities and other programs that he or she will receive once released to the community. In addition, the Juvenile Collaborative Reentry Unit involves the family in team meetings throughout the case planning process and includes the family in education, treatment and therapy plans. The family also plays a key role in court hearings.

The Unit makes initial contact with every participant at the time of disposition to introduce the program and formally begin the process of developing a release plan. Approximately three months prior to successful completion of the placement program, the plan - which includes housing, vocational training, education, therapy, drug treatment, and any other services needed to ensure the minor's success. The entire Juvenile Collaborative Reentry Unit team meets regularly outside of court to develop detailed case plans. Each member signs the plan, partners to advocate on behalf of the child and family, and jointly presents the plan to the Juvenile Court.

The Juvenile Probation Department has identified the need for additional engagement with parents and caregivers. In addition to their collaboration with the Department of Public Health, University of California, San Francisco, and Seneca provides parent support for youth in out of home status, they are also partnering with Seneca to provide a parent support group at the point of entry into the Juvenile Probation system.. The Family Forum is a 10 week program to assist justice-involved youth and their families in developing techniques and strategies to promote sustainable short and long-term resiliency, reduce recidivism, and increase pro social intra-family relationship building skills during and after their involvement with the juvenile justice system.

JPD is discussing the value of a forum for parents whose children are in placement. Additionally, JPD would like to increase its contacts with the families in search of youth who have absconded from their placement. Many youth are absent without leave for extended periods of time which is detrimental to their progress. Generally, they are not participating in any constructive activities and are not attending school. JPD is working on a protocol to address this issue so that youth are returned to treatment and school and prior to any recidivism.

Foster and Adoptive Parent Licensing, Recruitment and Retention

The licensing unit is responsible for training, recruitment and monitoring for all foster homes, in accordance with regulations from Community Care Licensing, and focuses on safety, the buildings and grounds and any investigations that may occur. Standards are maintained by an annual visit to the home which includes a review of the license, completion of the Substitute Care Provider Structured Decision Making tool to determine any needed supports for the children placed in the home, and review of the grounds. Criminal records, including Child Welfare Clearance, Department of Justice, California Child Abuse Central Index and California Law Enforcement Telecommunications System are submitted at the time of application, and reporting requirements are emphasized during training.

Since 2011, SF-HSA has participated in the Quality Parent Initiative. This is an equal partnership with foster parents to recruit, train and retain quality parents. SF-HSA and 4 other pilot counties are working in collaboration with the California Department of Social Services to implement a new process to approve care providers for children placed in out of home care. This process, called the Resource Family Application Program, will bring together the three existing practices for approving relative, licensed and adoptive homes into one cohesive, unified approval process for all families. This will enable children in

out of home care to be better positioned to reach permanency more quickly. San Francisco will begin initial roll-out of its Quality Parent Initiative program in August, 2014.

SF-HSA collaborates actively with local tribes. The Adoptions Unit consults with case-carrying workers to ensure tribal support and involvement. The Department completed one Tribal Customary Adoption since the implementation of the Tribal Customary Adoption Program.

SF-HSA provides the Adoption Assistance Program to provide services to youth involved with cross-jurisdictional placements. In working to promote permanency for children placed out of county, SF-HSA has formed collaborative relationships with adoptions licensed agencies throughout the state to complete adoptive home studies on caregivers and support them in their effort to adopt. A majority of San Francisco's foster children are placed out of county, and the county has worked diligently to access services for children and caregivers residing elsewhere.

Since 1996, SF-HSA has relied on a public/private partnership, Adoption-SF, to provide recruitment, orientations, training, home studies, and other services. SF-HSA counts its private/public partnership as a strength. The current contractor, Family Builders by Adoption, has allowed SF-HSA to complete home-studies on potential adoptive families outside of San Francisco in designated Bay Area counties.

General licensing, recruitment, and retention

SF-HSA contracts with California State University / Bay Area Academy to provide training for persons interested in becoming foster parents. Parents and youth who have experienced the child welfare system are some of the regular presenters so that prospective foster parents can understand the issues families and children in the child welfare system experience, and appreciate more fully the role and ability of the caregiver to help support reunification and permanency. City College of San Francisco is contracted to provide the required eight annual hours for foster parent to retain their license.

As described elsewhere, SF-HSA contracts with Family Builders by Adoption to provide 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. Recent contract amendments will also include recruitment in designated San Francisco schools. Family Builders offers trainings, support, and community building to adoptive parents and assists SF-HSA with relative and family finding and engagement services to increase permanency. SF-HSA also collaborates with Family Builders in a concurrent placement program, known as First Home. This effort strives to make the first placement the last placement, especially for newborns. Services are evaluated at least annually by a team comprised of a program manager and contract manager, who evaluate all aspects of service delivery and outcomes.

Placement Resources

To address the needs of older youth, SF-HSA has long supported adult adoptions. This enabled SF-HSA to better transition to serving non-minor dependents and AB 12 eligible youth.

To maintain children in the least restrictive placement possible, SF-HSA recognizes that many caregivers often need supportive services in order to safely care for children in their home. Foster parents also deserve recognition of their service, which also contributes to retention, and SF-HSA does this in part through annual recognition events.

SF-HSA supports caregivers by providing the following:

- ❖ *Support for Services Staff* - To retain foster parents, SF-HSA has two full time workers who provide support to foster parents and help them negotiate the SF-HSA system, such as assisting them when they need new Medi-Cal cards. These workers offer parenting advice and ensure that foster parents are recognized and able to participate in SF-HSA activities. Through the Adoption-SF project, Family Builders by Adoption coaches workers and supervisors around youth engagement to help them buy into the concept of adoptions / permanency.
- ❖ *Kinship Services* - Since 1995, SF-HSA has contracted with Edgewood Center for Children and Families to provide comprehensive supportive services for relative caregivers and the children in their care. These services include case management, peer counseling, workshops, recreational activities, and support groups for grandparents.
- ❖ *Kin-Gap Services* - This program offers assistance to relative care providers who are eligible, in process, or have completed legal guardianship. The purpose is to recruit and retain relatives of the children involved in the child welfare system with the goal of completing guardianship agreements.
- ❖ *The Parenting for Permanency College* is an evidence-informed, best practice approach to training and supporting San Francisco caregivers; it uses Triple P (Positive Parenting Program) as a comprehensive methodology and adds pre-service, substance-abuse HIV, and advanced training curricula. The Parenting for Permanency College is an on-going training, mentoring and community building program to support foster and kin parents in their initial and on-going education and professional growth and development, emphasizing permanency at every stage in the program.
- ❖ *Respite and Substance Abuse / HIV Infant Foster Parent Respite* - Foster parents can receive up to 24 hours per month of respite, funded by the Specialized Care Incentive and Assistance Program and the Substance Abuse/HIV foster parent respite program. This is specifically for caregivers of medically fragile children, especially those who are born substance exposed or born with HIV, ages birth to five. Respite can be either in-home or out of home, based on the foster parents' choice.
- ❖ *Specialized Training for Adoptive Parents* - San Francisco offers specialized training, on-going support, and community building for adoptive parents. Family Builders by Adoption provides adoptive parent recruitment and specialized training, which includes parent need surveys, educational classes, support groups, and parent-child workshops.
- ❖ *Newsletters* - SF-HSA Family and Children Services issues a monthly newsletter, K.I.D.S. (Keeping Data, Information, and Services Accessible to all the Families We Serve) which is targeted for all caregivers and features medical training topics such as childhood obesity, diabetes, healthy cooking, etc. It also includes a "Champion for Children" article that highlights extraordinary caregivers.

Staff, Caregiver and Service Provider Training

Training for Social Workers

The California State University, Fresno Foundation, in collaboration with the Central California Training Academy - Bay Area Training Academy Service Training Project, provides the majority of training for SF-HSA child welfare workers. The Bay Area Academy offers a comprehensive training program that increases staff knowledge and skills in the practice of child welfare, and enhances their ability to deliver quality, culturally responsive services that promote safety, permanency and wellbeing. The Academy works with the Family and Children's Services management team to identify current training needs, and will identify potential trainers, purchase or develop curriculum, coordinate pre-registration, develop and distribute training announcements, provide field-based training, and conduct evaluations to measure Transfer of Learning.

Proposed trainings for the next several years are designed to accomplish the following:

- ❖ Support SF-HSA program mandates and initiatives, including but not limited to Katie A., California Practice Model, Safety Organized Practice, Fostering Connections, Cultural Humility, SOGIE (Sexual

Orientation, Gender Identify, Expressed!), Family Team Meeting Facilitation, Child Family Teams, Resource Family Approval Project, Quality Parent Initiative , Continuous Quality Improvement and Trauma Informed Systems;

- ❖ Meet the training needs, both classroom and field based, that are required to implement those initiatives;
- ❖ Enhance the staff's professional skills and knowledge through multiple training mediums, including e-learning and classroom and field based training.
- ❖ Increase the staff's cultural awareness and responsiveness, by infusing all training with a cultural context, and by offering field based training that assists staff in understanding their own cultural biases;
- ❖ Increase staffs' knowledge of the application of new laws and regulations in child welfare;
- ❖ Provide training that will assist child welfare staff in meeting the 40 hours training requirement every two years that is mandated by California Child and Family Services;
- ❖ Emphasize Permanency, Safety and Wellbeing in all training-related activities;
- ❖ Expand training to community partners, Foster Care Mental Health and the Court; and
- ❖ Promote case-planning and collaboration between SF-HSA, the Department of Public Health, youth and families.

Recognizing that the skills and knowledge learned in the classroom and in field-based training need to be transferred to the workplace, the Academy has identified various ways to measure the transfer of learning by participants and their supervisors. Possible measurement processes will include:

- ❖ Require all trainers to provide learning objectives for each training.
- ❖ Require all trainers to provide an Executive Summary that outlines transfer of learning activities.

Other information to be collected may include the following:

- ❖ Conducting a random survey of participating staff one to three months after training to assess the transfer of learning that has occurred;
- ❖ Conducting individual interviews to determine effectiveness of practicing new skills learned in trainings;
- ❖ Establishing learning objectives for all Field Based Training sessions, both group and individual;
- ❖ Ensuring that learning objectives reflected in child welfare practice behaviors;
- ❖ Developing a learning plan for Family and Children Services supervisors based on observation of practice behaviors;
- ❖ Creating field-based trainer evaluations to be filled out by each individual or group that is being trained at the completion of each session, to determine if the trainer met the identified learning objectives; and
- ❖ Interviewing staff and tracking outcomes around utilization of Safety Organized Practice, and providing a summary of these outcomes to the Family and Children Services management team.

To measure the skill development of SF-HSA child welfare workers and supervisors, , it is essential to ascertain whether or not the new skills, concepts, tools, knowledge or policies and procedures are

practiced in the workplace and in the caregivers' home. The quality and relevance of the training as perceived by the participants is one measurement to ensure that this transfer of learning occurs.

Participant evaluations on the usefulness of the training will be completed at the end of each training event. Successful evaluations will indicate:

- ❖ A minimum of 80% of SF-HSA staff respondents at non-mandatory trainings shall rate the overall usefulness of the training as 4 or higher on a 5-point scale.
- ❖ A minimum of 70% of SF-HSA staff respondents at mandatory trainings shall rate the overall usefulness of the training as 4 or higher on a 5-point scale.
- ❖ A minimum of 80% of prospective caregivers shall rate the overall usefulness of the pre-licensure trainings as 4 or higher on a 5-point scale.

Follow-up evaluations of a randomly selected group of training participants will assess the transfer of learning using the following measures:

- ❖ A minimum of 75% of the SF-HSA staff respondents shall indicate that their knowledge increased as a result of the training;
- ❖ A minimum of 75% of SF-HSA staff respondents at all trainings shall identify at least two skills, tools, concepts, knowledge, or policies and procedures that they will use at their workplace;
- ❖ A minimum of 70% of prospective caregivers shall indicate that their knowledge of the child welfare system, licensure, and parenting increased as a result of the trainings.

The Academy also provides the California Common Core training curriculum for new workers and supervisors. The curriculum covers various areas including child development, risk assessment, substance abuse issues, and case management. SF-HSA supplements the Core for new workers with internal training that covers county policies, resources, court reports, internal operations, and other relevant areas.

In addition, SF-HSA provides agency-wide training on a wide range of skills and subjects. The agency-wide training ranges from personal development classes such as "The Seven Habits of Highly Successful People" and a training series on diversity, to hard skills like Excel and Access training. SF-HSA has developed a Management Academy for new supervisors and managers that covers a broad array of topics such as the Agency's budget process, supervisory techniques and management best practices.

Training for Juvenile Probation Officers

The Juvenile Probation Department has a dedicated training officer whose duty it is to assure compliance with state mandated training for Probation Officers, Counselors and Administrators. In addition, the state maintains a compliance representative from the Standards and Training for Corrections program. The training officer schedules state approved training classes to enhance staff's ability to perform their duties. JPD is required to submit regular reports about training participation to the state. The curriculum for these trainings is certified by the California Corrections Standards Authority.

All newly hired peace officers are required to complete 200 hours of Core training and 40 hours of peace officer training. All probation officers, including supervisors and administrators, are required to complete 40 hours of state mandated training annually. Juvenile Hall and Log Cabin Ranch counselors,

supervisors and administrators are required to complete 24 hours annually. Trainings such as legal updates, dealing with youth with mental health disorders, motivational interviewing, are but a few classes that are offered annually.

All Placement Officers participate in the required 63-hours of Core Placement Officer training. For San Francisco, the training is provided through the University of California at Davis Resource Center for Family-Focused Practice.

The Probation Department offers programming to parents of justice-involved youth through its Probation Orientation Program and Probation Enrichment Program. Beginning this summer it will also offer support through its Family Forum Program and its Family Intervention, Reentry and Supportive Transitions program. In addition, there are several parent support groups in the community that are also culturally competent. Huckleberry House, Horizon's Unlimited and the Community Youth Center also offer parent support groups in Spanish, Cantonese and English.

Training Foster Parents and Caregivers, and Foster Family Agencies and other Title IV-E Eligible Agencies
Four years ago, SF-HSA implemented the Parenting for Permanency College, a professional partnership with San Francisco Human Services Agency, Department of Public Health, Department of Mental Health, City College San Francisco, and the CCTA-BAA. The Parenting for Permanency College's goal is to provide initial and ongoing training, mentoring, and enhanced learning and support models to assist San Francisco Care Providers in establishing and maintaining strong lifelong connections for the emotional, physical, and financial well-being of children and young adults beyond their time in care. This project upholds the value that every child and youth in foster care deserves permanent, caring, and supportive relationships. The Parenting for Permanency College collaborative, including foster parents and relative caregivers, meets quarterly to develop and maintain standardized criteria for all trainings delivered to care providers in San Francisco.

The Parenting for Permanency College curriculum includes four Substance Abuse/HIV Infant Training cycles, pre-licensure training cycles, pre-service training cycles, and three cycles of caregiver parenting classes through the Parent Training Institute. The Parenting for Permanency College collaborative is also partnering with SF-HSA to implement the Resource Family Approval initiative.

In collaboration with City College of San Francisco, Edgewood Center for Children and Families and Seneca Family of Agencies, an extensive training curriculum is also made available to foster family agencies, group homes, caregivers, and other eligible Title IV-E agencies. The training curriculum is based on training themes established by SF-HSA and the Parenting for Permanency College Collaborative and is designed to build and strengthen agency and care provider capacity to meet AB 636 and AB 12 requirements.

SF-HSA also collaborates with the Family Resource Center network, as well as with public partner agencies First Five San Francisco and the Department of Children, Youth and Their Families, to establish provider training to the Family Resource Centers. In this way, training is provided to the staff and contractors for CAPIT/CBCAP/PSSF funds. Consultation and training is a high priority in the First Five agency budget to support the efforts of the Resource Centers. Additional training dollars are leveraged through SF-HSA's contract with the CCTA-BAA and trainings are also open to Resource Center staff, and community partners.

SF-HSA expanded its parent partner program in 2009 and now has five peer mentors on site, as well as a Parent Advisory Council which has met monthly since 2006. Recently, another Parent Advisory Council

was added for Spanish-speaking parents. These peer parents offer support and informal education to parents in the child welfare system and participate in various workgroups and trainings to provide the parent voice in planning efforts. Under the auspices of the Family to Family program, SF-HSA conducted the Building a Better Future training for peer parents, staff, and community partners in the fall of 2009.

Agency Collaboration

Parents and Family

SF-HSA's child welfare program strives to embrace engagement and collaboration throughout the chain of command, across agency divisions, in partnership with parents and family, and with a multitude of public and private partners. The cornerstone of collaboration begins with the children, youth, parents, and family. San Francisco uses a team approach to engage parents, family members, and community partners in sharing the responsibility for the well-being of at-risk children. Meetings such as team decision making meetings, family conferences, and child and family team meetings frequently include relatives, pastors, service providers, caretakers, therapists, and teachers. Parent engagement is also supported by Peer Parent Advocates, who are co-located with child welfare staff; these peer mentor positions are funded with SB 163 reinvestment dollars as well as through the CalWORKs internship program.

Peer parents participate in the Parent Advisory Committee, Katie A. planning and implementation, and other workgroups and projects including the peer review focus groups and System Improvement Plan development, and they are instrumental in bringing the parent voice to these planning efforts. For example, in the peer review focus groups, parents emphasized how important it is that workers understand their culture and community; without this sensitivity, parents felt judged and treated unfairly. The workers need to "understand the culture of trauma". Families often did not understand why children were removed, and decried child welfare's lack of engagement with fathers. The parents cited the need for strong, positive relationships with caregivers, as well as practical supports such as bus passes.

Family Resource Center Initiative

The Family Resource Center initiative is an example of how county and community agencies work together to reduce child abuse and neglect through blended funding streams and public-private partnerships. The Family Resource Center realignment was based on collaborative planning with three city agencies, including SF-HSA, First Five San Francisco, and the Department of Children, Youth, and Their Families, and non-profit family resource center providers. The city departments pooled their resources to focus the services offered by the centers and to conduct a more formal program evaluation. The aim of the effort was to maximize city and county resources to support key goals and objectives more directly, including AB 636 performance measures.

Started in 2009, the initiative helps fund 25 Family Resource Centers throughout San Francisco. Nearly \$11 million is allocated annually to 17 neighborhood-based and 8 population-focused Centers. Neighborhood-based centers target services to families in a specific geographic neighborhood. City-wide population-focused centers offer specialized knowledge, skills, and expertise to meet the unique needs of particular groups of families who may reside throughout San Francisco: immigrant families, Lesbian Gay Bisexual Transgender Queer parents and their children, homeless / under-housed 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 their classification as basic, comprehensive, or intensive. Federal, state and local funding from the three departments supports a broad continuum of services from prevention through aftercare, including but not limited to food pantries, parent-child interactive groups, differential response, evidence-based parent education, and visitation for families in the reunification process. This continuum is critical in helping SF-HSA 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 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 from data collection tools used specifically for case management and parenting education activities. The Family Resource Center initiative utilized Office of Child Abuse Prevention funds and other local revenue to serve 2,080 children and 5,758 adults in the 2012/13 fiscal year. The chart below outlines the evaluation plan for the initiative.

Foster Youth Services



SAN FRANCISCO FAMILY RESOURCE CENTER INITIATIVE SERVICE AND EVALUATION FRAMEWORK: 2012-15		Global Accountability Measures
Goal	Services	Outcome Measures
<p>A. Communities are family-focused and responsive <i>(Protective Factor: Social Connectedness)</i></p> <p>B. Families receive adequate services to meet basic needs <i>(Protective Factor: Social Connectedness)</i></p> <p>C. Children/youth are nurtured, safe, and supported for school success <i>(Protective Factor: Social-Emotional Competence of Children)</i></p> <p>D. Parents have the skills, knowledge, strategies and support to parent effectively <i>(Protective Factors: Knowledge of Parenting and Child Development and Parental Resiliency)</i></p> <p>E. Families build their own capacity to improve family functioning <i>(Protective Factor: Concrete Supports in Times of Need)</i></p>	<p>ESSENTIAL SERVICE 1: PARENT LEADERSHIP</p> <p>Other Services: Community Events, Outreach Neighborhood Connections</p>	<p>Abriendo Puertas (Opening Doors) Survey - measures change in advocacy and leadership skills, optional measure used with Abriendo Puertas curriculum</p> <p>Keys to Interactive Parenting Scale- staff observation tool to assess quality of parent/child interactions</p> <p>Ages and Stages Questionnaire - developmental screening tool for children one month to 5 ½ years</p> <p>Above tools plus: The Parenting Scale- measures change in ineffective parental practices Depression, Anxiety, Stress Scale- measures change in negative or potentially harmful emotions Above tools plus: Family Development Matrix-strength-based Case Management tool assessing 24 indicators of family well-being Above tools plus: Child Welfare Services/Case Management System-captures child welfare outcome data for all individuals associated with a child welfare referral</p>
	<p>ESSENTIAL SERVICE 2: WORKSHOPS AND CLASSES</p> <p>Other Services: Information and Referral, Basic Needs Assistance, Family Economic Self-sufficiency</p>	
	<p>ESSENTIAL SERVICE 3: PARENT/ CHILD INTERACTIVE GROUPS</p> <p>ESSENTIAL SERVICE 4: LINKING FOR SCHOOL SUCCESS WORKSHOPS/ADVOCACY</p> <p>Other Services: Drop In Child Development Activities, Developmental Screenings, Respite Care</p>	
	<p>ESSENTIAL SERVICE 5: PARENT/PEER SUPPORT GROUPS</p> <p>ESSENTIAL SERVICE 6: CURRICULUM-BASED PARENT EDUCATION</p> <p>Other Services: Family Counseling</p>	
	<p>ESSENTIAL SERVICE 7: FAMILY ADVOCACY/CASE MANAGEMENT</p>	
<p>ESSENTIAL SERVICE 8: COORDINATED SUPPORT IN TIMES OF NEED</p> <ul style="list-style-type: none"> - TEAM DECISION MAKING - DIFFERENTIAL RESPONSE - ENHANCED VISITATION <p>Other Services: Individual/Family/Group Counseling</p>	<p>Contract Management System - tracks participant demographics and service utilization</p> <p>Standards of Quality for Family Strengthening and Support Participant Survey - assesses participant perception of program quality in accordance with the Standards of Quality for Family Strengthening and Support</p>	

SF-HSA and San Francisco Unified School District collaborate together on the Foster Youth Services program. The District and SF-HSA developed a Memorandum of Understanding maximizing the use of IV-E dollars to support the work of Foster Youth Services, offering the following:

- ❖ Individualized case management to support academic achievement, attendance and positive school behavior;
- ❖ High school to college transitional support services through the Guardian Scholars Summer Academy;
- ❖ Individual school or community-based tutoring services for foster youth students;
- ❖ Designated sited-based Foster Youth Service Liaisons to link foster youth to support, resources and a caring adult;
- ❖ Supports for permanent relationships and stability for foster youth through school-based recruitment of foster and adoptive parents;
- ❖ Advocacy for foster youths' educational needs; and
- ❖ Advocacy locally and state-wide to improve school & child welfare policies.

San Francisco Unified School District hosts a Web site and distributes posters and outreach materials to encourage people within their school communities to become respite care providers, foster care parents or adoptive parents. Two permanency consultants work with school staff from all of the San Francisco Unified School District schools to identify placement options for children who do not have biological relatives who are able to care for the children. The permanency consultants are currently working with 57 youth to help them to find legal permanency. In the last year, the consultants have facilitated legal permanency for 7 children. Each consultant also does personalized outreach to 100 prospective caregivers each year. Over the next two years, SF-HSA and its adoption agency partner, Family Builders by Adoption, will be expanding their work to do more targeted foster-adopt recruitment within San Francisco public schools.

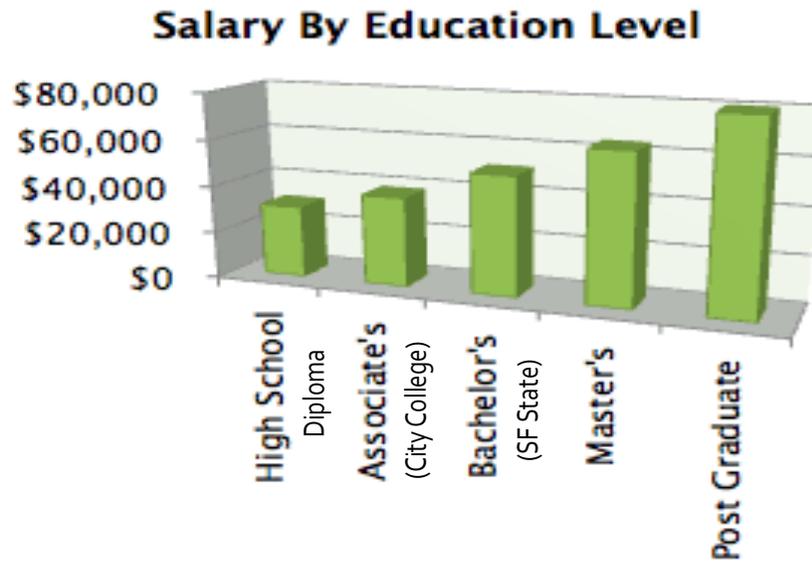
San Francisco Foster Youth Services program staff have participated in and coordinated the participation of school site staff in support service meetings such as Individualized Education Program meetings, Student Success Team meetings, and Team Decision Making meetings. In 2013, 184 school staff participated in Team Decision Making meetings. Their participation helps ensure appropriate school placement and school stability, which in turns supports placement stability and permanency for foster youth.

Juvenile Probation and Education

JPD understands the importance of education and enhancing educational achievement. The Juvenile Advisory Council, made up of young adults who were formerly involved in the justice system, conduct monthly probation orientations sessions for youth and parents new to juvenile probation. The Juvenile Advisory Council discusses the relationship between earning power and educational level. They aim to provide each youth the opportunities to maximize their earning power, thereby their independence and success, through education. Figure 40 reflects information discussed during the monthly orientation.

Figure 40

Education is power...



The Juvenile Probation Department has made a concerted effort to focus on education as a major part of a youth's rehabilitative goal and case plan while in placement. Transcripts, Individualized Education Programs and all essential education reports are reviewed by the school placement staff. The youth, probation officer and family are involved in the discussion of options and an education plan that is in the minor's best interest. This might include the ability to obtain a high school diploma or GED. Youth who are struggling in school are provided tutoring and other resources necessary to receive passing grades. The majority of youth who enter foster care via Juvenile Probation tend to be one to two years behind in school and failing, with a grade point average well below a 2.0 average.

These education documents are forwarded to any perspective placement for an assessment of records and to determine the appropriateness of the school district. At every opportunity JPD coordinates with its San Francisco Unified School District counselor liaison, to ensure all educational data is updated and accurate. When a youth returns from his or her placement, JPD obtains the youth's transcripts from the assigned school and provides this information to the counselor. Transcripts are updated to include all credits earned when a change of school placement is necessary. Continual oversight of the school placement and services for youth struggling in school improves outcomes and may provide the opportunity for youth to catch up on credits and return to a main stream school in lieu of a community day or continuation school upon return home.

JPD's goal is to enhance the educational outcomes for youth placed in out of home placement by focusing efforts and collaborative strategies to assure that eligible youth obtain their high school

diploma or its equivalent prior to re-entering the community. The links between educational achievement and involvement in both the juvenile and criminal justice system have been detailed in numerous studies and articles. Therefore, as San Francisco deepens its work with the out of home placement youth, especially with JPD's aftercare work, the focus in the coming years will be to ensure that each youth, while in placement, is actively working toward his or her high school diploma or GED or that there is a clear path for to attain a high school diploma or GED, when re-entering into the community.

San Francisco Children of Incarcerated Parents Program

The goal of the San Francisco Children of Incarcerated Parents Program initiative is to create systematic services to parents incarcerated in the county jails as a way to improve children's outcomes. This initiative has led to a broader partnership with the San Francisco Sheriff's Department and a universal contact family visitation policy in the jails. Local community workers coordinate visitation with the incarcerated parents, and refers them to the Sheriff's Department reentry prevention program and its charter school for adults. SF-HSA works with San Francisco Adult Probation Department to coordinate case planning, restraining orders, and drug testing. Through the program, Community Works also offers an evidence-based parenting curriculum in the county jail: Parenting Inside Out. In 2012 1,305 clients were served through Parenting Inside Out; this includes families outside of the dependency system.

Drug Dependency Court

In 2007 SF-HSA joined with the San Francisco Superior Court to establish a Dependency Drug Court targeting substance-abusing parents in the dependency court system. The broad goal of the program is to promote stable family functioning and child safety by reducing substance abuse and collateral harm. Specific objectives include increasing the rate of reunification, reducing time in foster care, reducing the rate of re-entry into care, and reducing risk factors that lead to delinquency and substance abuse in children. The court also represents collaboration with the Department of Public Health's Community Behavioral Health Services, the City Attorney's Office, the Bar Association of San Francisco, alcohol and drug treatment providers, and housing and homeless service providers.

Peer Review focus groups drawn from parents, providers, and Court staff all cited the Drug Dependency Court as a significant help for families in crisis, and encouraged consideration of other specialty courts such as one focused on education.

San Francisco Housing Authority

Through a federal grant, SF-HSA funds a position in the San Francisco Housing Authority to act as a liaison for the child welfare program. This person problem-solves to remove risks for removals and barriers to reunification. For example, a judge recently balked at reunifying a child with a mother in a public housing development because of reports about an infestation of cockroaches. The Housing Authority liaison was able to mobilize the pest control team to go to their apartment quickly and the

child was soon reunified. The two agencies have also worked together to creatively extend the resources of a Family Unification Program housing choice voucher grant received in 2009. These 100 vouchers are to remove risks and barriers for families in the child welfare system. The vouchers have all been committed, however, and the Housing Authority now works with SF-HSA to identify families that have received the vouchers and subsequently stabilized and had their child welfare cases closed. The Housing Authority is converting their vouchers to regular Section 8 vouchers and so that the two agencies can recycle the Family Unification Program vouchers. This creative arrangement was a part of the Housing Authority's administrative plan, subjected to public comments and passed by its Commission. The Housing Authority is the central partner in SF-HSA's recent federal grant to incorporate a "housing first" philosophy into case planning for homeless families coming into the child welfare system.

Tribal Collaboration: Urban Trails

San Francisco does not have any Native American reservations; however, it works with tribal organizations to align its efforts to common goals. Representatives from SF-HSA attend the Bay Area Collaborative of American Indian Resources. This collaboration addresses the needs of Native American children in foster care in the Bay Area. It was originally funded by the Annie E. Casey Foundation.

SF-HSA partners with the Department of Public Health 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 and indigenous youth and their families to promote cultural protective factors and better balance the 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 under a system-of-care grant. As the lead agency, the Native American Health Center coordinates data reporting to Substance Abuse and Mental Health Services Administration.

Provider Advisory Board

The SF-HSA Deputy Director meets regularly with the Provider Advisory Board, a group of community partners who provide key services and supports, from prevention through intervention and placement to aftercare. In the last year the director of children's mental health services at the Department of Public Health has also joined the group to facilitate coordination between providers, SF-HSA, and the Department of Public Health. The group serves as a sounding board for the SF-HSA's Deputy Director and provides a forum for providers to share feedback, concerns, and information with the department as well as fellow providers.

SF-HSA periodically presents updates on AB 636 outcomes and related outcome improvement initiatives for the group's input. For example, as part of the Peer Review, the group served as a provider focus group. Their insight underscored the larger themes of lessons learned from the Peer Review, including:

1) the need to serve the whole family (the group specifically cited the need for focused father engagement): 2) the need to reduce silos around interventions such as substance abuse and mental health treatment and services; and 3) the impact of placing a large number of children out-of-county, as it limits the ability to provide core services such as visitation due to transportation and funding issues. Providers stated that “doing less with more” is a big reality for them. Additionally, the group voiced concern about the increasing divide between haves and have-nots in San Francisco, which is detrimental to not only families in the system, but also staff and providers due to rising rents and housing costs.

Child Abuse Prevention Council

In 2014, the Child Abuse Prevention Council opened the Child Advocacy Center, located in the Bayview district, which historically has had a high concentration of families involved in the child welfare system. The Center was created in partnership with the Office of the City Attorney, Office of the District Attorney, SF-HSA, San Francisco Police Department, the Department of Public Health’s Child and Adolescent Support Advocacy and Resource Center, and the University of California, San Francisco. SF-HSA’s Team Decision Making/Family Conferencing unit is housed there, and the Center for Youth Wellness, a new non-profit that takes an innovative approach to addressing the root causes of childhood poverty, including trauma and stress, will also be collocated in the building.

The Child Advocacy Center is modeled on the simple but powerful concept of multidisciplinary coordination to create a best-in-class response to incidents of child abuse. Core services include:

- ❖ ☑ Coordinated response including criminal and child protective investigation, forensic medical exams and interviews, mental health evaluation, family support and advocacy, and parent education;
- ❖ ☑ A state-of-the-art database, allowing partners to communicate and track cases electronically, making San Francisco a leader in this area;
- ❖ ☑ Multidisciplinary case conferences, ensuring clear communication among all parties working with a family, even across organizational boundaries; and
- ❖ ☑ Education and training, research and evaluation, and public policy development.

Reducing Child abuse and Neglect through Evidence-based Parenting Education

San Francisco has several partnerships supporting the implementation of evidence-based parent training curricula shown to be effective for families involved in child welfare, exemplifying how the county and community work together to reduce child abuse and neglect.

The Parent Training Institute is a unique collaboration promoting evidence-based parent education and related evaluation, and is funded by several child-serving public agencies: the Department of Public Health, where it is housed, SF-HSA, and First Five San Francisco. The Parent Training Institute coordinates the training, rollout, and evaluation of evidence-based interventions in mental health practice, including mental health clinics as well as therapeutic visitation, and community-based and Family Resource Centers. These interventions include Triple P (Positive Parenting Program), Incredible

Years, and pilots of Triple P and Incredible Years for both teens and very young children, respectively. The Triple P intervention has been shown to reduce parental risk factors for child maltreatment and increase appropriate and consistent parenting practices. It focuses on helping parents of children aged 2-12 improve the parent-child relationship and increase their use of effective, non-punitive parenting strategies.

The Parenting Institute meets regularly with providers to troubleshoot issues and has developed related protocols and documentation. County staff and providers meet regularly with The Parenting Institute to review implementation, data and trends, and address any concerns or barriers. Additionally, in 2013/14, the CDC Foundation conducted a series of focus groups with the community partners implementing Triple P to learn more about the local model and how evidence-based violence prevention programs, such as this one, are implemented in practice settings. Preliminary findings identify program adjustments made to strengthen local implementation, such as addressing unique, individual experiences of participants, finding ways to model Triple P principles throughout delivery, and using real-life examples to increase the relevancy of the program and participants understanding of it.

San Francisco rolled out Triple P in the 2009/10 fiscal year. As of 2013, this has entailed the following:

- ❖ 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 SF-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 SF- involvement, and 71% of teens whose caregivers took a Teen Triple P class did.
- ❖ In 2012/13, 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 ejected from 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 SF-HSA, continued its collaboration with the Parent Training Institute for the coordination and delivery of the Triple P training series. The Parenting for Permanency College ran 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. The Parenting for Permanency College also planned a Triple P series for caregivers of youth aged 13 through 17, which commenced in July 2013.

As described above, as part of the San Francisco Children of Incarcerated Parents Program, Community Works offers an evidence-based parenting curriculum in the county jail. 1,305 clients were served through Parenting Inside out in 2012; this includes families outside of the dependency system.

SF-HSA 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 and family preservation home visiting model. SafeCare is a 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 the first nine months of FY 13/14, the SafeCare providers have 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. Currently there are 58 open SafeCare cases. The program is also expanding: in April, 2014, the SafeCare providers trained Child Health & Disability Prevention nurses in the model so that it may be utilized when these Public Health Nurses visit very young children with medical issues in their home setting.

Caregiver Support (including KinGap)

San Francisco has made great efforts to sustain and enhance permanency across the life of a case, and enhance and expand caregiver recruitment, training and support. Family finding on 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 San Francisco Unified School District and community partners such as Seneca Family Center and Family Builders, and utilization of the Structured Decision-Making 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. As described above, caregiver training through the Parenting for Permanency College 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. SF-HSA management meets regularly with the local chapter of Foster Parents United to share information, identify and implement appropriate caregiver supports and training, and troubleshoot issues as necessary.

Relative / NREFM & Licensing staff uses the Provision of Care Assessment and the Support Assessment Structured Decision Making tools at the intake and annuals for both groups of care providers to identify any help caregivers may need to provide appropriate care for specific children. Based on scoring results, 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.

A caregiver focus group was conducted as part of the Peer Review process. The group noted the improved responsiveness from child welfare staff, commenting that they are listening, asking questions, and returning calls more promptly. Recruitment is notoriously difficult in San Francisco, in part because of the cost of housing, and foster parents identified potential ways to increase the number of foster homes. These included more timely receipt of special board rates, increased incentive for foster parents, and consideration of the amount of training required for working foster parents and the supports needed to make this happen. As with other focus groups, the caretakers commented on difficulties associated with placing children out of county: traffic and tolls, family visits and access to medical and mental health services. The groups emphasized the need for service capacity and coordination, including mental health interventions, and local housing costs and its impact on reunification. The caretakers identified communication, collaboration, and education as key components to supporting good outcomes for families.

Juvenile Probation Agency Collaborations

The San Francisco Juvenile Probation Department and SF-HSA participate in the weekly MultiAgency Services Team. Both agencies also participate in the weekly 241.1 WIC Hearings. San Francisco is not a dual jurisdiction county; therefore, the agencies work together to determine which is the most appropriate lead agency to address the minor's best interests. For those youth who maintain dependency and are placed on non-wardship probation, access to probation-led services is available when appropriate. Child welfare workers and probation officers participate in Family Team Meetings and Team Decision Meetings to address any concerns that arise involving multi-system youth.

In an effort to make informed decisions about youth in detention, JPD facilitates an Inter- Agency Review Team Meeting twice a week to discuss all recent detentions and new petition cases for youth not in custody. This meeting assists the probation officer in obtaining information about youth from all county partners. The San Francisco Human Services Agency, San Francisco Unified School District, the Department of Public Health and Juvenile Probation exchange information regarding prior and current histories, services, and youth and family strengths and needs. Information gathered is used to determine a recommendation for case planning, service referrals, and release or detention.

Supervisors and managers for both SF-HSA and JPD meet monthly to discuss any trends, services, and upcoming changes in legislation, as well as case management and ways the departments can assist each other to better support the staff and the youth they serve.

Over the past several years, JPD has embraced the use of evidence-based practices in its policies, procedures, practices, and culture. Among JPD initiatives in this arena are the following:

- ❖ Evidence-based practice joint training for probation officers and community based organization partners. JPD hosted these bi-weekly workshops on a wide variety of evidence-based practices throughout 2011.

- ❖ JPD moved to the use of a validated and reliable assessment instrument in 2007 by adopting the Youth Assessment and Screening Instrument. The instrument is predicated on the concept of using risk, needs, and strengths to both assess a youth and to determine appropriate services, strength, risk and needs. To date, JPD has performed more than 2,300 full assessments.
- ❖ The Probation Enhancement Program is run by JPD in collaboration with the Center on Juvenile and Criminal Justice. It was established in 2011 as a graduated sanction for youth who are at risk of detention as a result of probation violations. The program consists of 2 consecutive Saturday morning sessions a month; the first session includes the parent or caregiver and youth; the second session is a meaningful community service day for youth. This program utilizes the Carey Guides, an evidence-based curriculum, to drive the workshops for both the youth and parent.
- ❖ The 10 week Aggression Replacement Training meets twice a week at JPD and is facilitated by JPD's Seneca Family of Agency partners in the AIIM Higher Unit. The goal is to assist probation youth with stronger decision making skills when they face a situation that normally triggers aggression.
- ❖ The Juvenile Advisory Council provides Probation's monthly orientation for all youth who are placed on probation and their parents and caregivers. The orientation, led by members of JPD's Juvenile Advisory Council, focuses upon brain development for the adolescent, understanding the conditions of probation, and social justice.
- ❖ The department has continued to use alternatives to detention as a tool to support detention releases. These alternatives include evening reporting centers where youth are required to report daily during the critical hours of 3:00 P.M. and 8:00 P.M. Research has shown that juveniles are most at risk for being a victim or perpetrator of crime during these hours. While at the centers, youth participate in psycho-educational groups with their peers and have opportunities to complete their homework and receive a nutritious meal. Transportation is provided to alleviate safety concerns and reduce the financial burden on the youth and their family.
- ❖ Multi-systemic therapy, a short term intensive family treatment practice that works with parents, youth and families in the youth's home to help stabilize situations and provide the parents with structure and guidance as they raise their teenager.
- ❖ Intensive Supervision and Clinical Support, a program begun in 2010, is overseen by JPD's partners in the Department of Public Health and facilitated in collaboration with JPD's community partner. It took the place of JPD's intensive Home Based Supervision Program. The program was begun with the research-backed belief that supervision alone does not provide positive results for this population but that supervision in combination with clinical support has proven to be an extremely effective evidence-based practice.
- ❖ A vast majority of JPD-involved youth have either experienced or witnessed trauma. Through its Intensive Supervision and Clinical Support partners, JPD has provided trauma therapy groups and incorporated the principles of trauma therapy in its work.
- ❖ In 2011 JPD hired a dedicated, full-time vocational specialist to work with probation youth on job readiness and job placement.

- ❖ The AIIM Higher program is operated in partnership with the Department of Public Health and provides a mental health assessment using the Child and Adolescent Needs Screening and community linkages and services to justice involved youth.
- ❖ The wraparound approach is a family-centered, strengths based, needs-driven planning and service delivery process. It advocates for family-professional partnership to ensure family voice, choice and ownership. Wraparound child and family teams benefits children by working with the family to ensure Permanency.

Stakeholder Concerns and Involvement in Planning Efforts

SF-HSA 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 (SF-HSA's monthly meeting with community partners); Family Resource Center Initiative meetings with First Five San Francisco, Department of Children, Youth and Their 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, SB 163 Wraparound, Parent Education Providers, and the Parent Advisory Board. SF-HSA and the Department of Public Health have co-hosted additional community partner forums to develop the vision and goals for local Katie A. implementation, and will meet periodically with these same partners as implementation moves forward.

SF-HSA management also meets regularly with Foster Family Agencies / Intensive Treatment Foster Care providers and the local chapter of the Foster Parent United board. The Parent Advisory Committee serves as a forum to offer feedback to SF-HSA on planning efforts, and parent partners from both child welfare and mental health are directly involved with various projects including Katie A. implementation. Management also meets as scheduled with the local chapter of California Youth Connections.

SF-HSA utilizes these meetings to engage its partners in ongoing dialogue regarding outcome improvement efforts, presenting data updates and related planning proposals to solicit partner feedback, expertise and support. Many of the workgroups described above, such as the one for visitation, were convened early in the planning process of major restructuring or initiative efforts in order to better inform the process. SF-HSA will continue to engage its community partners in development of the System Improvement Plan, with its targeted outcome and related strategies to improve them.

Themes from the stakeholder input from the Peer Review focus groups are detailed in the Peer Review Results section below and are interwoven throughout this report. Stakeholders described the need for further collaboration to expand service delivery to a broader range of families, and a more holistic approach to serving families. A thread through the different group discussions was the impact of the growing technology sector in San Francisco, the related fiscal costs and disintegration of traditional neighborhood communities, and resulting alienation and isolation. Many of the focus groups reiterated

the need for affordable housing, effective educational services, and drug and mental health treatment - including residential treatment. They also reiterated the difficulties in providing services and interventions to the many children placed out of county. Efforts to address these are discussed throughout this document. The groups underscored the critical need to include the child, youth, and family voice both in individual case planning as well as system improvement efforts.

SF-HSA has recently begun to implement Safety Organized Practice, a framework to strengthen family participation and equitable decision-making. The model speaks to the concerns that staff must clearly communicate safety issues to families and understand families as part of a larger culture and community setting. It promotes a shared focus among the child and family, agency staff, and community to guide casework and provide a balanced picture of the issues at hand. Safety Organized Practice strategies include facilitated family meetings, the development of family safety networks, group supervision, and family finding. The integration of Safety Organized Practice into outcome improvement efforts is critical in outlining an integrated, holistic service approach that addresses issues of child abuse and maltreatment.

Service Array

SF-HSA funds or directly provides a robust continuum of community based family services, from primary prevention to secondary prevention, intervention with families that have open child welfare cases, and after care services. Many of these services are provided through drop-in family resource center programs that SF-HSA funds in partnership with other city departments. The centers provide parent education and peer support classes, counseling, crisis intervention, respite, advocacy, community-building events, information and referral, employment assistance, and assistance with basic needs. One of the centers also provides 24-hour phone counseling, and SF-HSA also connects high risk families with its eviction prevention and housing services.

Most of these services have already been described in other sections, and a list of the programs funded by SF-HSA can be found in Attachment E. The continuum of services includes the following:

- ❖ *Non-Court Family Maintenance Services* are designed for families whose current level of child abuse falls below the threshold for mandatory intervention, but for whom there is a risk of increased abuse in the absence of help or if a current crisis is not mitigated. Participation in services is voluntary and the services provided include home visiting, parent education, and behavioral health services, as well as the supervision and support of a child welfare worker. SF-HSA currently has 93 children whose families are participating in voluntary services.

The Structured Decision-Making assessment tools, which are based on actuarial data, help SF-HSA make informed decisions about whether children can remain safely at home with their families. Through the team decision-making process, relatives and persons of importance to the families can participate in the decisions about how to maintain the child's safety and well-being while he or she remains with the family. Child welfare workers develop and monitor case plans that ensure that the family's strengths are accentuated and its risks are addressed, which can be through community based support services.

- ❖ *Family Reunification Services* augment the assessment and mandated case management activities performed by child welfare workers. They include in-home supportive services, parenting, mentoring, enhanced visitation, and intensive case management. SF-HSA relies on the family resource center network to provide this range of services and has some contracts for specialized services like in home therapeutic services and programs that help parents learn how to manage the daily activities of maintaining a household. The number of families currently in reunification status is 266.
- ❖ *Adoption Services:* Foster and Adoptive Parent Licensing, Recruitment and Retention section above contains an analysis of SF-HSA's adoption processes. SF-HSA considers adoption as a primary permanent placement option. As a part of concurrent planning, SF-HSA starts recruitment of adoptive homes if there are indications that the child may need this, even if reunification is the primary plan. To minimize disruption for the child, child welfare workers strive to have the initial placement become the adoption placement. During the course of a case, Joint Adoptability Assessments are completed annually on each child to continually assess adoptability and to document when adoption is not an appropriate option. This tool utilizes information from staff in different programs for a more thorough assessment. To facilitate the adoption process, SF-HSA utilizes mediation services to assist with resolving issues with biological or adoptive families.
- ❖ *The Kinship Support Services Program* provides support services to relative caregiver families to ensure safe and stable homes for children who cannot currently live with their parents. The Edgewood Center for Children and Families, a pioneer in kinship support services, offers respite care, peer support, and outreach. Edgewood both accepts referrals and conducts outreach to prospective relative and fictive kin caregivers. It shares information and educational materials and assists relatives in finding appropriate community based services for their child's developmental and health and emotional needs. In multiple languages, it facilitates support groups and educational workshops on issues such as the juvenile court system, crisis prevention, permanency options, and parenting. The program serves the relatives of 100 children and youth each month.
- ❖ *Independent Living Services:* As a result of a competitive bidding process, SF-HSA changed its vendor for independent living services and now contracts with the First Place Fund for Youth, a leading agency in serving California's foster youth. The program is moving to a new site that will be larger and will be dedicated entirely to serving foster youth. The First Place Fund publicizes its services in multiple languages, provides outreach to foster parents, families, and service providers to provide a support system for youth. The program serves youth in San Francisco, but also many foster youth come to the city after leaving care elsewhere. The program provides on-site resources like computers and phones, as well as enrichment activities and pre-emancipation life skills training, money management workshops, GOALS meetings with child welfare workers to develop Transition to Independent Living Plans, and linkages to emergency housing. The program serves up to 250 youth annually.
- ❖ *Permanency planning for youth:* Other sections of this document describe the program's permanency planning for youth. Child welfare workers use the Transition to Independent Living Plans as a structure to formulate relationships that can sustain foster youth into adulthood. Family Builders recruits potential adoptive parents for teens, including in the schools. Seneca Family of

Agencies has a permanency team for youth, providing intensive family finding and engagement services, as well as a network for youth to prepare for adulthood.

- ❖ *Demographically targeted programs:* San Francisco is a city of ethnic enclaves, and the network of family support centers is neighborhood-based so that all populations have convenient access to family support services. Since African Americans are disproportionate in foster care, SF-HSA invests heavily in services for the Southeast sector of the city that is the largest African American neighborhood, ensuring that services are culturally responsive, accessible, and effective.
- ❖ *Culturally relevant:* Through its network of family resource centers, SF-HSA is able to meet the needs of a diverse population of families. For example, Asians form 35% of the city's child population, and SF-HSA funds Asian Perinatal Advocates to provide support services through a center on the periphery of Chinatown. It funds the YMCA of San Francisco to provide a culturally congruent family resource center in the city's largest African American enclave in the Bayview, and funds a collaboration of Latino family support providers in the city's Mission District. Working with First Five San Francisco and the Department of Children, Youth, and Their Families, SF-HSA ensures that parent education services are culturally sensitive, including use of the *Positive Black Parenting* curriculum.
- ❖ *Underserved populations:* By deploying its services through a structure of neighborhood resource centers, SF-HSA makes its services available to families who would otherwise be isolated. It also often uses local general funds to start or sustain programs that target underserved programs. For example, SF-HSA contracts with a community based organization, Community Works, to assess and work with incarcerated parents. It has used local funds to sustain its Fatherhood Initiative. The agency received a federal grant to serve homeless families in the child welfare system. These are the most troubled families, their needs so complex that they are often underserved.
- ❖ *Services to find a permanent family for children ages zero to five:* SF-HSA manages a number of initiatives for younger children, including SafeCare home visiting, Drug Dependency Court, and a Birth to Three initiative that is attuned to the developmental needs of young children. Parents with young children heavily utilize the family resource center network. These initiatives have been described in earlier sections.
- ❖ *Developmental needs of young children:* San Francisco has recently merged all of its subsidized child care programs into one department that sits within SF-HSA: the Office of Early Care and Education. The Office manages the agency's subsidized child care and respite services, including for families involved in the child welfare system. It has co-located a staff person in the CalWORKs and child welfare programs, and has developed a number of innovative initiatives to raise the standards of child care in the city to better meet the developmental needs of young children. Since families in the child welfare system most often use relative providers, the program is encouraging families to consider the developmental benefits of having their children in professional child care settings that can provide more stimulation and structure.
- ❖ *Services for families with disabled persons:* As described in the Agency Collaboration section above, the Support for Families of Children with Special Needs program works through the family resource center system to engage families, provide peer support, and advocate for their needs. SF-HSA also provides a full-time child welfare worker and contracts with the Community Alliance for Special Education to ensure that foster children with special education needs receive appropriate services through the public school system.

- ❖ *Native American children:* According to the 2010 census, San Francisco has 157 Native American children. In 2013, 25 Native American children were referred for maltreatment. SF-HSA is currently has five open cases for Native American children. To meet the State's requirement for determining whether children are American Indian and/or ensuring compliance with the Indian Child Welfare Act, SF-HSA must work with tribal nations from a distance. They are not always responsive, and because of the distance, it is sometimes difficult to build effective relationships with all of the tribal nations that it notifies. SF-HSA no longer has dedicated Native American caseloads, with those cases being distributed according to the agency's regular case assignment process. SF-HSA mandates training on the Indian Child Welfare Act for all child welfare staff. As described above SF-HSA is a member of the Bay Area Collaborative of American Indian Resources. San Francisco and Alameda are the two counties involved, along with representatives from the American Indian agencies of both counties. An SF-HSA child welfare worker is the co-chair of the collaborative, along with a representative from the American Indian Child Resource Center. The purpose is to coordinate services for families, have Native American representation at team decision-making meetings, reduce the number of children coming into foster care, and improve outcomes for families involved in the foster care and juvenile justice systems.

SF-HSA refers Native American families to programs that build on the strength of their heritage. For example, it refers Native American families to Friendship House American Indian Lodge, which provides residential treatment services to women with children birth to five years old. The Agency also refers families to the Native American Health Center to link families with culturally appropriate services. San Francisco needs to recruit more Native American foster homes, as it often has to rely on foster family agencies for non-relative Native American placements.

Geographic Challenges

The majority of San Francisco's foster children are placed out of county. As noted above, factors such as San Francisco's expensive housing and its shrinking middle class have led to an exodus of families. The city's highest home ownership rate has been in the Bayview Hunters Point district, a historically African American neighborhood, and many older families in the area sold their houses during the real estate bubble and moved to the East Bay. Many of the families that have remained lack the resources to leave, and they are often isolated in islands of poverty amidst a very affluent city, without the support of relatives who have moved. San Francisco is committed to placing children with relatives whenever possible, and unfortunately most of those relatives now live outside of the city.

Bridging this geographical distance is a constant challenge. To maintain the parent bond after child removal, SF-HSA provides transportation for parents to visit their children placed outside of the city. A recent study by a graduate student revealed that cumulatively, child welfare workers spend one week of the year doing nothing but driving to home visits, creating a challenge not only to find resources in disparate communities, but also to find time to do their casework. To create more efficiency, the agency has given child welfare workers laptops and cell phones and is assigning cases with a loose geographical framework. It compiled a community resource guide for Bay Area counties, providing child welfare workers with information for service referrals. SF-HSA funds the Community Alliance for Special Education to provide school advocacy services for foster children in surrounding counties. SF-HSA's Independent Living Skills Program does aggressive outreach to foster youth placed in other counties.

Gaps in Services

Currently families often face delays in obtaining needed resources, including parent education, behavioral health counseling, and safe housing. Families need more support for after-care. This

includes substance abuse services that emphasize relapse prevention, ongoing mental health services, and enhanced social support for families. As described elsewhere, SF-HSA is working with the San Francisco Department of Public Health to implement Katie A. plans, which will infuse the system with more behavioral health services and attention.

The most disruptive, most vexing, most painful gap is housing. To cope with the issue of homeless families in the child welfare system, SF-HSA applied for and received a five year grant from the federal Administration on Children and Families to incorporate “housing first” principles into child welfare, drawing in housing and homeless resources at the outset and allowing families a chance to stabilize so that they can follow through on their child welfare case plans. The research-driven project serves 32 families per year, a fraction of the total need. However, SF-HSA hopes that over the five year project it can develop an integrated approach to working with these families that can be generalized once the grant has ended. The federal funds are being used to purchase intensive wraparound services, home-based mental health services, and employment assistance and Supplemental Security Income advocacy. If the project is successful, most of the housing elements of the proposal, including Section 8 vouchers from the San Francisco Housing Authority, are sustainable after the grant ends.

Evidence-Based Practices

SF-HSA is committed to using evidence to guide its practices. It takes advantage of existing research to choose program models, such as requiring parent education providers to select from proven models like *Triple P* or to provide evidence based on independent evaluations. The agency is also an innovator, using the advantage of its local funds to try new things, evaluate them, and develop the body of research. For example, San Francisco has far over-matched the federal funds it received for its homeless family grant to participate in and help lead the national dialogue in how to effectively serve homeless families. It is using an experimental program design that should provide insights and evidence for best practices. The agency has also partnered with Annie E. Casey Family Programs and Chapin Hall to implement Continuous Quality Improvement in its contracting processes. Chapin Hall is joining contract data with child welfare data to track the outcomes of families served by contracted providers, and this information will eventually be used to create incentives that will guide and reinforce community based services. Furthermore, SF-HSA is now utilizing predictive analytic techniques like event horizon analysis to better understand the upstream factors that affect outcomes for children and families.

Individualized Services

By relying on Structured Decision Making tools, SF-HSA is able to place the individual needs of families into an objective framework. The use of Team Decision Making, family meetings, and family conferencing further ensures that the family and child’s individual needs are represented and that a case plan is developed that is not canned, but responsive. Katie A. implementation is further refining SF-HSA’s sensitivity to individual needs and capacity to respond.

SF-HSA also partners with Seneca Family Center to provide wraparound services to foster children and their families. The partnership was born of the need to individualize services for each child and family. The driving force behind wraparound services is the child and family team, consisting of parents and relatives, Seneca Family Center staff, SF-HSA staff, and other significant individuals in the community. The team is encouraged to think creatively about the unique needs of the family, and it creates a service plan that builds upon their strengths. The resources that are mobilized can range from individual and family therapy to respite care, assistance with housing to transportation. The wraparound program provides services and supports as long as needed.

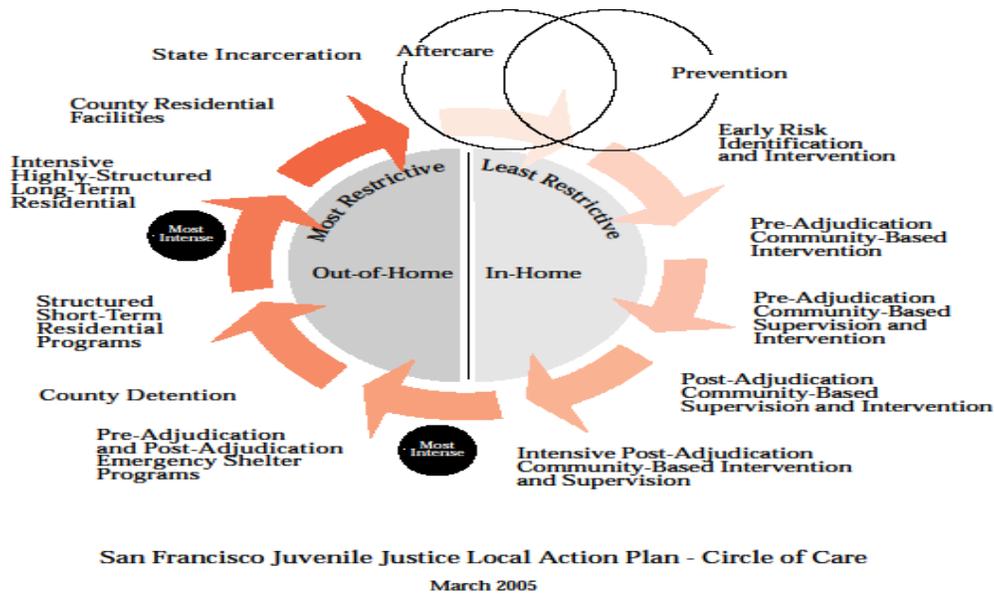
Prevention Education

Please refer to the section on Board of Supervisors Designated Commission for a description of the San Francisco Child Abuse Council’s prevention education efforts, including with homeless and domestic violence programs.

Juvenile Probation

San Francisco is rich with community and county based services. The Juvenile Probation Department strives to address any issues at the front door. Probation has access to numerous interventions that can target areas of need that have been identified and any concerns that may lead probation to consider placing youth in foster care. Figure 41 shows the San Francisco Juvenile Justice Circle of Care. For the past decade, San Francisco JPD and its partners have used the ‘Circle of Care’ as a structure to provide appropriate services for youth and to determine what gaps exists in the community. The circle of care is designed, as one goes clockwise, from least restrictive to most restrictive.

Figure 41: San Francisco Juvenile Justice Circle of Care



JPD’s weekly Inter-Agency Review Team meeting is the first opportunity to identify whether a youth is at risk for removal. All youth for whom a petition is filed and those in detention are presented to this committee, immediately after their initial contact with JPD in an attempt to compile any and all

information available about the youth and family. Any youth identified as being involved in multiple systems are flagged as at risk. As such, they qualify for a CAT, the mental health pre-screening tool that determines whether a Child and Adolescent Needs and Strengths Assessment is required. The department's AIIM Higher partners who are on this committee conduct the pre-screen to determine whether a full Child and Adolescent Needs and Strengths Assessment is warranted. For those who screen in, the assessment is completed and a consultation, along with the summary of findings, is provided to the probation officer. Together service referrals are discussed and the development of a case plan begins here as their level of risk and need is identified through this initial assessment.

Every youth for whom a petition is filed, receives a Youth Assessment and Screening Instrument assessment (YASI) by the case carrying probation officer. The assessment identifies risks and strengths, which assists the probation officer in identifying and monitoring the priority targets for behavior change. This Assessment increases the outcome predictability while supporting professional judgment. It helps individualize targets for interventions.

Additionally, any time a probation officer is considering removal from the home, the case must be screened with their supervisor to assure services available to this youth and family have been utilized prior to making such a recommendation. After the screening with the supervisor, the probation officer must present to the Multi-Disciplinary Team. This committee, comprised of county partners in mental health, the school, the placement supervisor, and the Log Cabin Ranch Director, review all available information about this youth and assure that less restrictive options and services have been exhausted prior to supporting a recommendation for removal. Unlike Dependency, a youth in the Delinquency system is not being removed as a result of neglect or abuse but due to the seriousness of their offense, their failure to engage in services that assist in their behavior change for the safety risk they pose to the community.

Quality Assurance System

Business Objects is used to monitor the foster care population in San Francisco. A current caseload report is used to quickly show the demographics of all open cases and is used to inform caseload and budget decisions. The report methodology is reviewed regularly for accuracy and clean-up reports have been developed to identify any questionable data in the report.

In 2011, SF-HSA was experiencing a problem with ensuring annual placement assessment renewals were completed in a timely fashion. Using Business Objects, reports were developed to track assessment deadlines and caseload size for assessment workers, and a business process introduced to ensure supervisor review of assessment paperwork.

When new legislation is introduced San Francisco can adapt quickly and respond. This is in part because it has developed business processes to ensure consistent and accurate data entry, provided support on Safe Measures, offered annual training on CWS/CMS for all staff, and regularly reviews reporting methodology. Because business processes such as wraparound and special care are already entered in CWS/CMS, for example, increment rate and psychotropic medication identifiers for those qualifying under Katie A. were already available via business objects. This eliminated the need for external system solutions and saved the time it would have taken to develop them.

An SF-HSA planning analyst works closely with Children's Research Center Safe Measures, the online quality assurance tool that organizes CWS/CMS data into outcome measures. He has designed ways to

monitor and develop new business processes for data and clean-up reports, designed a case management tool that accurately reflects key case data, and created Monthly Measures. Monthly Measures summarizes the key performance measures for individual workers in their respective areas of practice. The report guides required monthly supervisory meetings with individual caseworkers. The report also rolls up individual performance into unit performance reports, which inform required monthly meetings between supervisors and managers. With a data-driven structure for supervision, SF-HSA has a clear focus for caseworkers that has improved outcomes for clients. Since its introduction in 2009, Monthly Measures has improved performance in documenting process measures such as documentation of a child's education and grade level. Between 2009 and 2014, this measure has changed from 54% to 94% completion. The number of youth receiving at least one Independent Living Skills service in a six month period increased from 46% to 87%. The SF-HSA planning analyst participates on the monthly Safe Measures user group development calls and is a certified Safe Measures trainer.

SF-HSA is currently in the process of redeveloping Monthly Measures with the Children's Research Center to align the process measures with current and new state (2F) and federal (CFSR3) measures. Similar to a dashboard created in New Jersey, Children's Research Center and SF-HSA will develop a higher level critical outcomes dashboard which all Monthly Measures users will look at before pulling their individual program and function based templates. The critical outcomes dashboard is based on the current focus / strategy of SF-HSA Family and Children Services management and staff and will be reviewed and changed on an annual basis. Safe Measures version 5 will be introduced to SF-HSA staff in summer 2014. The training for all staff will provide an overview of changes and introduce the new critical outcomes dashboard.

Completion of the Structured Decision Making tools is monitored in Monthly Measures. In the next few months SF-HSA plans to start implementing the use of the child strengths and needs assessment tool for use to inform a Permanent Placement case plan. The dilemma for SF-HSA is that improving performance by ensuring the timely entry of fields in CWS/CMS has not ensured quality case management. The new Continuous Quality Improvement unit will be focusing on a review of the Structured Decision Making tool use and assessing how closely tool decisions are followed and documented in CWS/CMS.

The SF-HSA Planning Unit relies on a variety of high-quality child welfare administrative data sources for regularly monitoring outcomes and trends. These include:

- ❖ UC Berkeley's California Child Welfare Indicators Project
- ❖ Chapin Hall's Center for State Child Welfare Data web tool
- ❖ Children's Research Center
- ❖ Direct data from CWS/CMS
- ❖ California Child Welfare Indicators Project quarterly reports are presented in charts that track trends and progress. The charts are used in a semi-annual report presented to Family and Children Services management team and supervisors, and used regularly in reports and presentations as needed. The Chapin Hall web tool provides biannual foster care profile reports that are used for program planning, evaluation, and in presentations for staff and student interns. These reports are distributed to deputies, program directors, managers, and Continuous Quality Improvement staff. The Children's Research Center provides monthly and quarterly data reports that supplement the prior sources with customized information tracking information such as SF-HSA investigations processes. Finally, direct data from CWS/CMS is queried on an as needed basis to conduct customized analysis, including linking data to other data sources to answer cross-system questions.

SF-HSA monitors Indian Child Welfare Act placements through its AB 636 outcome measures. It also has a data quality officer who tracks patterns of Indian Child Welfare Act placements and alerts SF-HSA managers to concerns. To ensure proper data entry for these measures, SF-HSA the Bay Area Academy provides a training to child welfare workers on CWS/CMS codes related to the Indian Child Welfare Act. The data quality officer is available for ongoing technical assistance.

The Joint Adoptability Assessment addresses Multi-Ethnic Placement Act; this form is completed annually for every child in out-of-home placement, and reviewed by supervisors in the Adoptions Unit. Forms for the Placement and Review Committee, an interagency forum which reviews requests for foster-adoptive homes and placement levels, were also updated to reflect Multi-Ethnic Placement Act. Please refer to the section on the Case Review System under Systemic Factors for further information on Indian Child Welfare Act compliance.

In 2011, the SF-HSA planning unit, along with the Child Health & Disability Prevention nursing team, cleaned up over one thousand psychotropic medication entries and developed a new business process to record court ordered psychotropic medications in CWS/CMS. All medications prescribed to a foster child in San Francisco are reviewed by the supervising psychiatrist before presentation to Court. The redesigned business process has provided a more accurate count of foster youth on psychotropic medications. In addition, with the use of a business objects report, the Child Health & Disability Prevention team now monitors the medications by ending any medications where a court order was not received and emails child welfare workers one month before renewal that a new court order is needed. An SF-HSA planning analyst and the SF-HSA supervising psychiatrist participate in the state-led psychotropic medication Stakeholders Group.

Monitoring of a foster child's health is provided by the child welfare workers and the Child Health & Disability Prevention Nursing team. San Francisco expects an annual medical examination for every child in foster care. Verification of medical and dental examinations is documented and provided to the nursing team who review the documentation, enter the information into CWS/CMS and provide follow-up if needed. Compliance with medical and dental examinations is monitored in Monthly Measures. Please see Public Agency Characteristics, above, for additional information on mental health assessment, screening, and treatment.

The Family Focus database for school foster youth services was described earlier, and when the San Francisco Unified School District begins entering data into the system, SF-HSA will be able to monitor the educational outcomes for foster children, both in San Francisco and in surrounding counties. School and grade level data are monitored through Safe Measures.

As part of its 2010 System Improvement Plan, San Francisco implemented a number of strategies to strengthen concurrent planning. These included improving concurrent planning by strengthening the formal relationship between front end and adoption staff and by 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 San Francisco Unified School District and community partners such as Seneca Family of Agencies and Family Builders, and utilization of the Structured Decision Making 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.

The SF-HSA Meeting to Assess Permanency meeting was established based on recommendations from the 2009 Peer Quality Case Review. Its purpose is to review each child's movement towards permanency, recognizing the urgency and time limits in achieving this. It is a meeting in which the various child welfare staff meets to assist the case carrying worker in making placement decisions for the child. At the meeting the goal of reunification with the family is foremost, at the same time; an alternative permanent plan for the child is reviewed and pursued should reunification fail.

The child welfare worker assigned must sign up to attend a Meeting to Assess Permanency for every child who:

1. Is detained out of home – the meeting must occur four weeks after the detention hearing.
2. Every six months while the case is in family reunification or until a permanent plan is in place while case is with the Family Support Unit.
3. Every six months after the termination of reunification services.

By requiring a Meeting to Assess Permanency at certain times during the stay in care, SF-HSA is better able to meet desired outcomes. The meeting team consists of staff from adoptions, placement, and Team Decision Making as well as family finding and adoption partners and clinical consultants. Workers carrying sibling cases are also encouraged to attend. The team reviews with the child welfare worker the concurrent plan to identify permanent placement needs of children earlier and identify and assess relatives more thoroughly. One goal of the meeting is to help remove barriers to adoption, allowing for the length of time to adoption after the termination of parental rights to be shorter.

The meeting process includes a follow-up family team meeting so the family and youth can be involved in the final decision-making process, and a case plan can be developed or revised after the family or youth review the recommendations of the meeting.

Please refer to the section on the Case Review System under Systemic Factors for further information on the case planning process.

In February 2014, SF-HSA's child welfare program reorganized managers and staff. One of the reasons for the reorganization was to focus caseloads to cater to the needs of the over 16 population. With the advent of AB 12 in 2012, youth are now staying in care until age 21. The needs of the 16 to 21 population are many and specialized. To better respond, three units were created. The units are responsible for the smooth transition of youth from age 16. Transition to Independent Living Plan services are provided and monitored in Monthly Measures. A SF-HSA social worker organizes and facilitates GOALS meetings for every youth over 16.

To ensure permanency and self-sufficiency, SF-HSA conducts meetings for youth in preparation for exit from foster care. Participants include family and community members, including caregivers, identified by the youth to attend. The Peer Parent Advocate program, which utilizes SB 163 reinvestment dollars, collocates peer parents with SF-HSA staff and provides peer support for parents to help them understand and complete their case plan. GOALS Meetings (Growth Opportunities Achieve Lifelong Success), provides a forum for the youth to bring together the supportive people in their lives to discuss and create a plan that identifies the youth's educational, employment, permanency and independent living skills goals in preparation for their transition to adulthood. A GOALS meeting is expected every six months. A business objects report is used to monitor compliance with GOALS meetings. This report is relatively new and being tested for validity. Fields have been created in CWS/CMS to document the

completion of the Transition to Independent Living Plan. SF-HSA is currently finalizing a business process to document the completion of the Transition to Independent Living Plan in CWS/CMS.

As part of its collaboration with other city departments on the family resource center network, SF-HSA has access to de-identified data and is able to evaluate the range of services provided through the centers. First 5 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 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.

County staff from the three funding public agencies meet regularly with providers in multiple venues to ensure open and consistent communication and collaboration. First Five San Francisco conducts annual site visits to ensure compliance with required deliverables, and these visits are frequently also attended by SF-HSA and/or the Department of Children, Youth and Their Families. In the event that the county has concerns about the contract implementation, public agency staff meet with the provider director and come up with solutions. The provider develops a plan of action. The county monitors closely to determine improvement.

As part of the Family Resource Center Initiative, SF-HSA, First Five, and the Department of Children, Youth and Their Families oversee the Resource Center contracts together, and SF-HSA continues to ensure that Promoting Safe and Stable Families, Child Abuse Intervention and Treatment, and Community-Based Child Abuse Prevention Program requirements are met. Managers from the three partners work together to verify that vendors provide the services contracted for, troubleshoot any problems related to implementation, and monitor to ensure that the contractors are serving families that are at risk of child maltreatment. This oversight includes the use of standardized service descriptions that are aligned with Office of Child Abuse Prevention definitions and service requirements. It also includes the use of service and outcome objectives, quarterly reporting, quarterly meetings with Promoting Safe and Stable Families, Child Abuse Intervention and Treatment, and Community-Based Child Abuse Prevention Program contractors, program and administrative monitoring through site visits, periodic evaluation and competitive bidding.

The fiscal and compliance aspects of contract monitoring are performed by the joint staff of the partner agencies. To track service and outcome objectives, contractors are required to use standardized forms. One advantage of the partnership is that contractors submit client and fiscal information through First Five's web-based Contract Management System. No invoices are paid unless the contractor's client and compliance information is current.

First Five establishes line item budgets with each of the Resource Centers, which designate the amount of funding for various services or functions. Where a service is jointly funded by multiple departments, First Five distributes costs proportionately across the three funders in line with the funder's share of the budget. For SF-HSA's share of costs, contractors are asked to develop budgets and provide invoices that separate out their costs into designated categories of expenditures which coincide with specific fund sources that SF-HSA uses to ensure proper claiming.

Since the last Peer Review in 2009, the San Francisco Juvenile Probation Department has continued to identify areas of improvement. The Juvenile Probation Department has a strong commitment to continuing reforms to enhance the quality of the services provided for all youth and their families. JPD has developed and implemented evidence-based services, continue to be at the forefront of detention

reform, and have established a Reentry Unit that not only builds consensus, collaboration and coordination around service delivery, but also reduces recidivism with the highest risk youth.

JPD recognizes that areas of improvement remain and is moving towards sealing those gaps through the implementation of new programs: Family Intervention, Reentry and Supportive Transitions, Back on TRACK, and Family Forum. Through these programs JPD hopes to create healthier families, reduce the need for residential care and reentry into foster care. The department will work to improve both services and engagement of parents/guardians and move towards incorporating the family and youth into the treatment plan.

The department continues to collaborate with both community and county partners, working to streamline processes in the hopes of working smarter and not just harder. The focus on education will not only enhance the lives of justice system involved youth but produce better outcomes. The JPD has established a great relationship with its partners at the San Francisco Unified School District and will work to establish similar relationships with other education departments utilized by its placements.

JPD continues to utilize out of state placements due to the high incidence of absconders and as an alternative to the Division of Juvenile Justice for those who have committed egregious offenses. Despite the distance, both probation and the placements continue to encourage regular participation in programming and case planning with families and visits are arranged regularly. This is an area of improvement and focus for JPD. The main goal remains family engagement, participation in case planning / rehabilitative goals, and reunification at the earliest opportunity.

Critical Incident Review Process

In 2012, SF-HSA reviewed all child deaths documented in CWS/CMS. A series of documents were collected on each case along with the coroner's report documenting the reason for the death. A spreadsheet was created to record and track all deaths and provide expectations of what paperwork is needed for presentation at the critical incident review.

SF-HSA conducts an internal critical incident review in the event of fatalities or near fatalities, and also participates in the county Child Death Review Team. At the time SF-HSA is notified of a critical incident, hotline staff notifies the designated chain of command as well as upper management. A file review is conducted within 48 hours and the assigned program director also schedules an internal panel to review and discuss the situation. The panel can consist of, but is not limited to, current and past case-carrying workers, the child welfare supervisor and managers, and licensing staff and psychological consultants. The team reviews relevant information to identify any necessary supports for the biological family, caregivers, and staff, and related system issues that need to be addressed. Requests for public information are referred to the Family and Children Services Deputy Director, who communicates with the office of the Custodian of Records to provide access to files per ACL 10-01. The county completes the SOC 826 as required.

The designated program manager also participates in the county Death Review Team, which is convened by the San Francisco Child Abuse Prevention Council and chaired by the San Francisco Coroner. Participating agencies include: SF-HSA, the District Attorney, the San Francisco Police Department, and the Department of Public Health, including Child Health & Disability Prevention and Community

Behavioral Health Services. The team coordinates response to any public health concerns identified, such as Sudden Infant Death Syndrome, juvenile homicides, and teen suicides.

National Resource Center (NRC) Training and Technical Assistance

SF-HSA regularly relies on materials from the National Resource Center for Permanency and Family Connections and the Quality Improvement Centers associated with them, including the following.

National Quality Improvement Center on Differential Response in Child Protective Services

SF-HSA is currently completing an evaluation of its Differential Response program. Preliminary findings suggest that primary challenges with Differential Response have more to do with implementation than outcomes. The challenges include consistency of referral criteria, the referral process, and consistency, quality and uptake of Differential Response services. SF-HSA is registered to participate in the Quality Improvement Center's webinar series and it regularly reviews the research and evaluation materials posted on the Website. The Agency will continue to use these materials, together with the results of its evaluation, to refine its implementation strategy.

National Quality Improvement Center on Early Childhood

SF-HSA has relied on this Quality Improvement Center's materials to select and implement evidence-based early childhood interventions such as SafeCare.

SF-HSA would like technical assistance specifically in the areas of family engagement and other practices to improve timely reunification.

Peer Review Results

To ensure continuous quality improvement for outcomes for children, youth, and families in the child welfare and probation systems, San Francisco conducted the Peer Review in February and March, with the peer interviews being conducted February 19–21, 2014. SF-HSA explored timely family reunification and related permanency issues, and Juvenile Probation examined exit outcomes for youth completing high school or equivalent to enhance educational outcomes for youth. In addition, as part of the overall Self-Assessment process, San Francisco conducted ten focus groups with service providers: SF-HSA parents, JPD parents, JPD supervisors, SF-HSA supervisors, SF-HSA social workers, JPD probation officers, youth, caregivers, education providers and the Unified Family Court juvenile dependency bench. The resulting information highlighted San Francisco's strong commitment to children and families, its efforts to create practices and processes that meet each family and youth's needs, its respect for their voices and choices, and its many efforts to support healthy permanency and positive outcomes.

A team of staff from San Francisco and other counties sought the input of both SF-HSA staff and partners through peer-to-peer interviews and focus groups. The information provided a glimpse into county culture and practice, identifying both strengths and barriers. To form the interview teams, San Francisco invited child welfare and juvenile probation staff from counties that were performing

exceptionally well in the identified measures, asking them to share their expertise and insights. Child welfare staff came from Sacramento, San Mateo, Santa Clara, San Diego, and Solano counties, and juvenile probation staff from San Bernardino, Orange, Alameda and San Mateo counties.

The Peer Review identified strengths and challenges that were corroborated by a review of the literature. For SF-HSA the following was noted:²⁶

- ❖ 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
- ❖ 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.

Comments regarding Juvenile Probation emphasized education, and included:

- ❖ “Two groups of children who frequently have complex educational needs are less likely to receive adequate education services than their peers. Youth in foster care and those involved with the juvenile delinquency system too often do not receive the education services to which they are entitled. As a consequence, they are less likely to achieve education milestones, earn diplomas, and experience the health and well-being associated with higher income and stable employment as adults.”
- ❖ “Children and youth involved in the child welfare and juvenile justice systems, like all children, deserve a quality education...Regrettably, this is infrequently the case. Many of these children and youth leave school without a regular diploma, and still others graduate without the academic skills and social-emotional competencies that constitute twenty-first century learning skills.”
- ❖ “Academically competent children become successful adults. Evidence shows that there is a strong relationship between educational attainment and adult outcomes.”²⁷
- ❖ “The best predictor of delinquency is not parental attachment, but rather school attachment.”²⁸
- ❖ “School attachment is almost twice as powerful as parental attachment in terms of reducing delinquent acts.”²⁹

These areas, along with assessing programs already in development and integration as part of earlier San Francisco continuous improvement efforts, guided the development of the interview questions and

²⁶ Department of Human Services, Practice Bulletin, July 2008 www.childwelfare.gov

²⁷ Center for Juvenile Justice Reform: Addressing the Unmet Educational Needs of Children and Adolescents in the Juvenile Justice and Child Welfare System-all of the above

²⁸ Longitudinal study by Junger-Tas (1992) with 2,000 juveniles-ages 12-18years

²⁹ Tanioka and Glaser (1991)

helped ensure that recommendations would be consequential. The trends related to the findings of the peer review are described below.

Focus Area

E. 1 SF-HSA – Timely Family Reunification and Related Permanency Issues

Federal Permanency Composite 1: Measure 3

Measure C1.3 Reunification within 12 months (entry cohort)

Of all children entering foster care for the first time in the 6-month period who remained in foster care for 8 days or longer, what percent were discharged from foster care to reunification in less than 12 months from the date of latest removal from home?

Method

As described above, the method for the Peer Review consisted of data analysis, literature review, focus groups, and peer to peer interviews with staff from San Francisco and designated counties on specific cases.

Summary of Findings

Engaging Families at First Response and Housing

Even through the most recent recession San Francisco maintained a commitment to children and families and the engagement and teaming practices that had been put in place. Most parents involved with the San Francisco child welfare system struggle with poverty and live in areas with high levels of disproportionality and / or homelessness. They can also struggle with mental health and substance abuse. San Francisco has made a commitment to hiring and developing an educated and experienced social work staff to meet the complex demands of the county's families. It remains committed to keeping individual social worker cases at levels where social workers have time to engage with families and develop meaningful helping relationships that foster growth and development with parents and children. In addition, San Francisco has implemented Safety Organized Practice in recent years, and along with the continual use of Structured Decision Making tools, social workers report it has helped with organizing and focusing on safety issues.

Social workers include families in decision making with team decision meetings, family conferencing, participatory case planning and concurrent planning meetings. Administrative reviews provide support for their work. This practice would be enhanced with additional urgency in following up and completing the next steps outlined through the participatory meetings. To build practice that supports timely reunification, SF-HSA should continue the implementation of Safety Organized Practice, ensuring that everyone is focused on parent behavior and the impact on the child before offering services, and SF-HSA should continue to develop and partner with strong, natural safety networks with families. To further enhance engagement practices, SF-HSA should deepen the work of the peer advocates and develop more connections. In addition, SF-HSA needs to develop greater initial understanding of and engagement with families beginning at the Emergency Response level to foster a rigorous balanced assessment of the family situation and deepen understanding of a family's culture. This includes increased support of fathers.

Many of the families, youth and providers in San Francisco face very difficult housing issues. The county must prioritize developing creative and targeted ways to provide housing that meets the earning levels of San Francisco's most vulnerable populations and the providers that serve them. This is beyond the scope of the child welfare program, and even of SF-HSA, but the child welfare program can provide important advocacy in this arena.

Location and Transportation

SF-HSA supports family connections and reunification by engaging relatives and non-relative extended family members, having visits at the Family Resource Centers located in the communities where the families live, and having three units of transportation staff. Over time, San Francisco has placed 50% of all children in out of home care with relatives. The agency has made a commitment to recruiting foster families from the immediate community and providing comprehensive and timely evidenced based training to foster parents, collaborating and connecting with the community colleges, treatment and group homes, the Bay Area Academy, foster families, youth and other community education providers. However, with the typically small homes that people live in, it is frequently difficult for San Francisco residents to meet licensing requirements. San Francisco often places children in outlying counties, typically because that is where their extended family resides. Transporting children and parents means long commutes in traffic over a small number of bridges, which can frustrate and delay the family reunification process. Expanding housing and transportation resources in San Francisco, including longer visiting hours at the Family Resource Centers, will support timely reunification. Partnering with other counties for resources, such as meeting at another county's visitation center could relieve the stress of long commutes and support positive family connections.

Best Practices in Family Reunification

According to the literature on best practices, true permanency identifies different permanency options that are developed and reviewed throughout the life of the case. SF-HSA's structure needs to foster reunification and lifelong connections for youth. Social workers need to focus time and effort in engaging and understanding youth, prioritizing permanency and supporting the youth in having helpful, mentoring and connected adults throughout their lives. Long term placement should not be an acceptable permanency goal. The Court and legal system should better support concurrent permanency planning.

Services

San Francisco demonstrates best practices regarding infrastructure, with flexible resources and service availability to meet families' needs; these have been shown to increase a family's ability to provide safety for their child(ren) over time and help them achieve individualized, positive lasting change. SF-HSA has meaningful drug treatment that is on-going and serves mothers, fathers and families. There is SB 163 wraparound, Family Resource Centers, and the Infant Parent Program along with a multitude of other community resources. There are also medical centers in vulnerable communities that offer services from prevention to intervention. The review noted that 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.

PEER PROMISING PRACTICES

Peer promising practice recommendations included:

- ❖ Housing issues: Solano has a grant with the Housing Authority for both families and non-minor dependents, who are prioritized for housing. In San Diego, Section 8 is prioritized for clients completing drug treatment programs.
- ❖ Safety Organized Practice: San Diego encouraged San Francisco to continue with its effort towards SOP implementation. San Diego is further in this process and described a slow but significant change as SOP became more widely disseminated and embedded in the agency; language around danger statements and safety goals was particularly useful. Training includes safety mapping, trauma-informed language and the SOP modules. The Bay Area Academy does have 12 SOP modules which speak to these concerns and by next year all child welfare workers will have participated in training. Participating counties also suggested that the court be trained in SOP, something San Francisco can readily offer.
- ❖ Better linkage with the Regional Center: San Diego has an MOU with their local Regional Center which outlines the partnership around emergency shelter and placement. San Diego has already shared this MOU with San Francisco.
- ❖ AWOL Task Force: Sacramento has an AWOL task force consisting of multi-agency, multi-interdisciplinary partners.

Focus Area

Probation- Exit Outcomes for Youth Aging Out of Foster Care – Youth who completed High School or Equivalent.

Method

As described above, the method for the Peer Review consisted of data analysis, literature review, focus groups, and peer to peer interviews with staff from San Francisco and designated counties on specific cases.

Summary of Findings

Enhance the educational outcomes for youth placed in out of home placement by focusing efforts and collaborative strategies to assure that youth who are eligible obtain their high school diploma or its equivalence prior to re-entering the community.

Child Factors

While positive academic performance is known to be a protective factor in at risk children, poor performance can aggravate other risk factors. Children are at greater risk for juvenile delinquency if they have poor academic performance, weak bonds at school, poor academic motivation, or if they drop-out entirely. In addition, problem behavior in pre-school is predictive of later conduct disorders and delinquency. San Francisco probation officers are effective at networking and fact-finding, including gathering school-related information such as Individualized Education Programs that detail special

education needs. To further assist probation officers and youth in ensuring smooth education planning and movement it was recommended that state and local education entities develop a streamlined system for record retrieval and data collection. Having additional help and more facility with using CWS/CMS to access history and stored information, such as education records and family history, would also be useful.

Juvenile Probation carefully reviews its placement matches. Education is a large factor of consideration, along with the level of structure and mental health needs. Youth are sent out of county, which allows them to stabilize. They often have only one placement when they are sent to a high level placement out of the area, and their education needs are addressed intensively. Youth can catch up on units, engage in school, and also take advantage of vocational training and employment. Placement also meets youth's mental health needs, making it easier for them to engage in education services. Youth are provided psychological evaluation, medication, services and intensive therapy.

Because of the array of need that youth have, and notwithstanding their education deficits, youth often stay in placement, away from the community for lengthy periods. In addition, a youth's education is often tied to being able to return from placement. Experiencing a high level of structure, with strict schedules and rules for a long period of time makes it difficult for youth to reintegrate when they return. They do not internalize the program structure and do not develop motivation or social skills for more normal situations. The youth would be set up for more success when they return if Juvenile Probation developed shorter out of county placements and an interim, less highly structured step between placement and the community. The Juvenile Probation Department should also explore ways to engage youth in placement and education closer. It should also explore what other urban areas have done to keep down the number of youth who are absent without leave, as well as how to better engage families. The Juvenile Probation Department should explore or develop treatment providers in the Bay Area. Out of county placements can hinder the ability to develop and maintain positive, healthy connections with adults and friends. The Juvenile Probation Department can enhance services by helping youth build a natural support network and seek out life-long connections by looking at a larger circle of "family" and using family finding.

Relationship Factors

San Francisco has been practicing the implementation of what Lois Weinberg describes as the "3 'C's": communication, cooperation, and coordination. This is a huge move away from merely co-existing, which is what happens to many juvenile probation departments and their partner agencies when dealing with multi-system youth. San Francisco's development of the Juvenile Collaborative Re-entry Team and now the Juvenile Collaboration Re-entry Unit, illustrates its commitment to moving beyond traditional roles to ensure quality services for youth while in placement and a solid aftercare plan once they return to the community. Both are partnerships include community based agencies, the Public Defender's Office, Courts, and Juvenile Probation- The probation officers collaborate well with the Juvenile Collaborative Re-entry Unit. They set up re-entry meetings with youth, family, the probation officers and all community providers ahead of time. They have good collaboration with the child's attorneys.

Developing more housing opportunities when youth return to the community and for youth who participate in the guardian scholars program is a major need. Collaborating with the City and County to

develop ways to ensure that youth have homes in new and refurbished buildings would be a start toward ensuring that returning youth do not end up homeless.

Probation officers have manageable caseloads that allow them to develop meaningful relationships with youth where youth want to improve and see hope. Officers like the work and in some instances have sociology and social work degrees. They focus on the youth's strengths and foster good relationships with ample hope.

Parent Factors

As one might expect, anti-social behavior on the part of parents can be predictive of similar behavior in their children, but other, less obvious variables are also highly correlated with the need for out of home placement, including marital discord, harsh and erratic discipline, poor parental supervision, parent mental health, and the absence of fathers. Interventions with parents attempt to teach positive parenting and consistent structure. Juvenile probation officers also try to help parents learn how to handle family conflict and advocate for their children's needs in school and placement. San Francisco's probation officers try to build relationships with the parents and relatives of youth. The parents describe having positive relationships with the probation officers and are able to learn new parenting strategies through services.

Peer Promising Practices

Peer promising practice recommendations included:

- ❖ Educational record access: All regions have educational liaisons; San Francisco JPD was encouraged to strengthen its partnership with the local Foster Youth Services program.
- ❖ CWS/CMS data entry: Multiple counties suggested more clerical support for probation officers for required CWS/CMS data entry.
- ❖ Vertical case management: San Mateo's probation officers have a vertical caseload which is helpful in strengthening the relationship with juvenile offenders.
- ❖ Agency Collaborations: San Mateo has CASAs for youth in Juvenile Probation, and San Bernardino provides wraparound services for pre- and post-adjudicated probation youth.

Outcome Data Measures

The tables in Attachment B describe each outcome measure, report current performance, and briefly discuss current performance relative to the County Self-Assessment baseline period of Q3 2009. The following discussion summarizes the most significant results for the measures, excluding the exit cohort measures. These are excluded from fuller discussion because the recent Technical Bulletin Number 7 indicates that these flawed measures, along with composite measures, will not be included in the CFSR-3³⁰. Furthermore, the discussion will focus on the six areas of safety and permanency that the Federal Register Proposed Rules recently indicated will be the new CFSR3 areas³¹. The primary data source throughout this report is the California Child Welfare Performance Indicators Project. Reentries and

³⁰ http://www.acf.hhs.gov/sites/default/files/cb/cfsr_tb7.pdf

³¹ <http://www.gpo.gov/fdsys/pkg/FR-2014-04-23/pdf/2014-09001.pdf>

timely permanency are persistent problems in San Francisco. The agency continues to score well on both safety measures and placement stability for most children.

S1.1 No Recurrence of Maltreatment

During the most recent reporting period, SF-HSA scored 92.7% on the measure for 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.” Performance improved both in the last quarter and since the baseline period.

Analysis

San Francisco’s 2010 System Improvement Plan prioritized this outcome measure and a number of different strategies to improve it have been implemented and largely completed. Strategies focused on strengthening the implementation of Structured Decision-Making and the Safety Organized Practice model, a child welfare framework focusing on the safety of the child within the family system. Coordination with Community Behavioral Health Services in meeting families’ mental health and substance abuse needs through 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 Five and Community Behavioral Health Services as well as local community partners.

S2.1 No Maltreatment in Foster Care

During the current reporting period, no San Francisco children were maltreated while in foster care. Performance improved in the last quarter and has remained at or above the federal standard of 99.7% since the baseline period.

Analysis

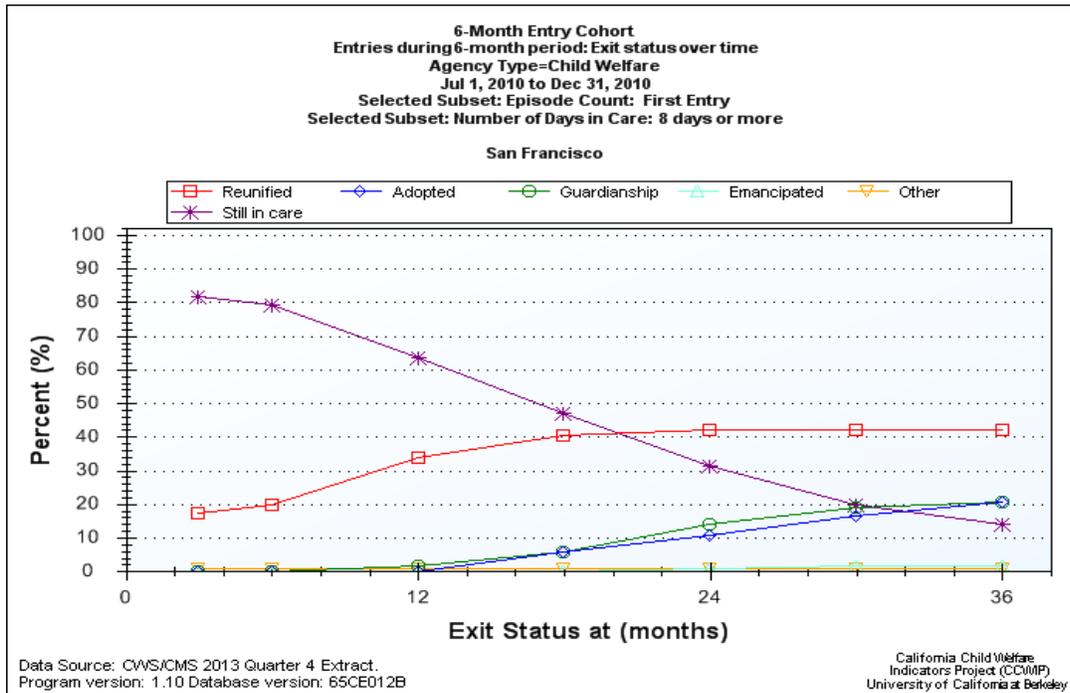
San Francisco has performed consistently well on this particular measure. Staff have improved on timely caseworker visits to children, which is important in establishing a strong relationship with children and assessing and monitoring their living situation. As described in the licensing and recruitment section of this document, SF-HSA has extensive supports for foster parents to enable them to address the needs of the children in their care.

C1.3 REUNIFICATION WITHIN 12 MONTHS (ENTRY COHORT)

SF-HSA’s performance on reunification declined during the latest reporting period. 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 graph below shows that the likelihood of reunification increases up to about 18 months (42%), and that 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.



Another explanation for slower reunifications is that San Francisco relies heavily on kinship foster care. Kin placements tend to be less likely and slower to resolve to reunification (see Table X) because they represent a desirable, safe, and stable home for children compared to non-relative care with strangers.

Table 10: Exit Status at 36 Months by Last Placement Type: Children First Placed July to December 2010 in Care for Eight Days or Longer

	Last Placement Type					
	Pre-Adopt %	Kin %	Foster %	FFA %	Group %	All %
Reunified	.	45	92	67	20	42
Adopted	100	.	.	.	.	21
Guardianship	.	45	.	13	.	21
Emancipated	.	.	.	4	20	2
Other	.	.	.	.	20	1
Still in care	.	10	8	17	40	14
Total	100	100	100	100	100	100

Source: Needell, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Sandoval, A., Yee, H., Mason, F., Benton, C., Lou, C., Peng, C., King, B., & Lawson, J. (2014). *CCWIP reports*. Retrieved 4/23/2014, from University of California at Berkeley California Child Welfare Indicators Project website. URL: <http://cssr.berkeley.edu/ucb_childwelfare>

ANALYSIS

San Francisco’s 2014 Peer Review focused on this particular outcome; please refer to that section for more in-depth discussion. The high rate of children placed out of county and the significant scarcity and cost of housing in San Francisco are two key factors impacting the county’s ability to reunify families timely.

C1.4 REENTRY FOLLOWING REUNIFICATION

Approximately 20% of the children who reunified with their families during the current reporting period subsequently returned to foster care within twelve months. Reentries increased over 29% in the most recent quarter. 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. Tables 11 and 12 report the number and percent of children who reentered foster care within one year of exit, among those who reunified in 2012. Table 11 shows that reunifications are generally more successful for younger children. Table 12 shows that reentry is most likely among black children, followed by white children. Latino and Asian/P.I. children are much less likely to reenter care.

Table 11: Reentry by Age among Children who Reunified in 2012

COUNT	Age Group						Total
	Under 1	1-2	3-5	6-10	11-15	16-17	
	n	n	N	n	n	n	
Reentered in less than 12 months	4	2	6	11	14	3	40
No reentry within 12 months	17	14	15	32	45	9	132
Total	21	16	21	43	59	12	172

PERCENT	Age Group						All
	Under 1	1-2	3-5	6-10	11-15	16-17	
	%	%	%	%	%	%	
Reentered in less than 12 months	19	13	29	26	24	25	23

No reentry within 12 months	81	88	71	74	76	75	77
Total	100	100	100	100	100	100	100

Source: Needell, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Sandoval, A., Yee, H., Mason, F., Benton, C., Lou, C., Peng, C., King, B., & Lawson, J. (2014). *CCWIP reports*. Retrieved 4/23/2014, from University of California at Berkeley California Child Welfare Indicators Project website. URL: <http://cssr.berkeley.edu/ucb_childwelfare>

Table 12: Reentry by Race/Ethnicity among Children who Reunified in 2012

COUNT	Ethnic Group					Total
	Black	White	Latino	Asian/P.I.	Nat Amer	
	n	n	N	n	n	
Reentered in less than 12 months	24	6	8	2	.	40
No reentry within 12 months	50	22	46	14	.	132
Total	74	28	54	16	.	172

PERCENT	Ethnic Group					All
	Black	White	Latino	Asian/P.I.	Nat Amer	
	%	%	%	%	%	
Reentered in less than 12 months	32	21	15	13	.	23
No reentry within 12 months	68	79	85	88	.	77
Total	100	100	100	100	.	100

Source: Needell, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Sandoval, A., Yee, H., Mason, F., Benton, C., Lou, C., Peng, C., King, B., & Lawson, J. (2014). *CCWIP reports*. Retrieved 4/23/2014, from University of California at Berkeley California Child Welfare Indicators Project website. URL: <http://cssr.berkeley.edu/ucb_childwelfare>

Declining performance in both reunification and reentries might occur when the population of children coming into foster care is becoming more difficult to serve. Table 13 reports placement rates over the last five years by age group. First entry rates have in fact declined for most age groups (especially for infants), particularly since 2010.

Table 13: First Entries to Foster Care per 1,000 Children by Entry Year and Age

Age Group	Entry Year					
	2008 Per 1,000	2009 Per 1,000	2010 Per 1,000	2011 Per 1,000	2012 Per 1,000	2013 Per 1,000
Under 1	12.5	12.5	11.3	7.6	10	6.5
1-2	2.9	2.2	2.7	1.8	2.1	2.2
3-5	1.9	1.4	1.6	2.1	1.9	1.9
6-10	1.5	1.4	2.4	1.9	1.6	1.6
11-15	2.3	3.1	2.5	1.9	2.3	1.6
16-17	2.7	2.9	3.1	1.3	1.9	1
Total	2.8	2.9	3	2.3	2.6	2

Source: Needell, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Sandoval, A., Yee, H., Mason, F., Benton, C., Lou, C., Peng, C., King, B., & Lawson, J. (2014). *CCWIP reports*. Retrieved 4/23/2014, from University of California at Berkeley California Child Welfare Indicators Project website. URL: <http://cssr.berkeley.edu/ucb_childwelfare>

ANALYSIS

Reentries have been a focus of SF-HSA's previous System Improvement Plans, and many strategies have been implemented to remediate it. These 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 Structure Decision Making 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 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 Community Behavioral Health Services and the Controller's office, and is being incorporated into the larger work of the Katie A. planning and implementation.

In spite of these efforts, reentries continue to be a significant challenge for San Francisco. A number of providers in the Peer Review focus groups cited the significant number of out-of-county placements 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.

C3.3 IN CARE 3 YEARS OR LONGER (EMANCIPATION/AGE 18)

ANALYSIS

Since the baseline period, the fraction of children who had been in care for three or more years and emancipated or turned 18 while in care remained essentially stable.

C4.1 PLACEMENT STABILITY (8 DAYS TO 12 MONTHS IN CARE)

Generally speaking, San Francisco continues to maintain strong placement stability for most children who enter foster care (C4.1-C4.2), although stability for long stayers has declined (C4.3). Among children in care under one year, stability rates have held constant. The percent of children in care from one to two years who have had two or fewer placements improved in the most recent quarter and from the baseline period (74.2%) to the current period (79.3%). Stability for children who have been in foster care for 24 months or more declined from 49.4% at baseline to 37.0% currently.

ANALYSIS

In its efforts to prioritize permanency for children and youth, SF-HSA has implemented several activities which can affect placement stability, as children may move from a temporary situation to a permanency one. This includes aggressive family finding efforts, including family finding in the front end, and the Residentially-Based Services program which focuses on children in or at risk of high level residential treatment programs.

C4.2 PLACEMENT STABILITY (12 MONTHS TO 24 MONTHS IN CARE)

Please see C4.1 above and Attachment B.

C4.3 PLACEMENT STABILITY (AT LEAST 24 MONTHS IN CARE)

Please see C4.1 Above and Attachment B.

2B Percent of Child Abuse/Neglect Referrals with a timely Response

The percent of referrals with a timely response has improved since the baseline period for 24-hour referrals (from 91.7% to 95.8%) and has stayed the same for 10-day referrals.

2F Timely Caseworker Visits with Children

The timeliness of caseworker visits has improved substantially since the baseline period. Out of home visits increased by 64.7%. Visits that took place in the child's residence improved by 9.5%.

4A SIBLINGS PLACED TOGETHER IN FOSTER CARE

The rate of all siblings placed together declined by 12.7% over the analysis period.

ANALYSIS

San Francisco struggles to recruit enough foster homes, partly because the City is constrained geographically and homes are relatively small. This constraint also applies to kinship homes. Together, these challenges make it difficult to place sibling groups together.

4E ICWA & MULTI-ETHNIC PLACEMENT STATUS

More children with ICWA status were placed in a relative or Indian foster home in the most recent period (57.1%) compared to the baseline period (44.4%). However, very small numbers in this category should be interpreted with caution.

5B (1) RATE OF TIMELY HEALTH EXAMS

Timely health exams improved slightly, by 3.8% over the analysis period. The most recent performance indicates that 94.4% of children in care received timely health exams.

ANALYSIS

Please refer to the Quality Assurance section of this document for information about the county process for ensuring appropriate health care.

5B (2) RATE OF TIMELY DENTAL EXAMS

Timely dental exams improved by 30.7% over the analysis period.

ANALYSIS

Please refer to the Quality Assurance section of this document for information about the county process for ensuring appropriate dental care.

5F PSYCHOTROPIC MEDICATIONS

The use of psychotropic medications remained essentially the same, increasing from 17.8% at baseline to 18.5% during the most recent period.

ANALYSIS

Please refer to the Quality Assurance section of this document for information about the county process for ensuring appropriate psychotropic medication.

6B INDIVIDUALIZED EDUCATION PLAN

The proportion of children in foster care who had an IEP declined over the reporting period, from 21.4% to 16.6%.

ANALYSIS

Please refer to the Systemic Factors information for information about the partnership between the county placement agencies and Foster Youth Services. Representatives from SFUSD Special Education department participate in the weekly interagency MAST meeting and have been instrumental in helping access appropriate educational services for foster care children.

ADDITIONAL MEASURES

Please note that there are no five-year comparisons for measures 8A (completed high school equivalency; obtained employment; housing arrangements; received ILP services; and permanency connections with an adult). Please further note that several measures were excluded from fuller discussion because the recent Technical Bulletin Number 7 indicates that these flawed measures will not be included in the CFSR-3. These are:

- C1.1 Reunification within 12 Months (Exit Cohort)
- C1.2 Median Time of Reunification (Exit Cohort)
- C2.3 Adoption within 24 Months (Exit Cohort)
- C2.2 Median Time to Adoption (Exit Cohort)
- C2.3 Adoption within 12 Months (17 Months in Care)
- C2.4 Legally Free within 6 Months (17 Months in Care)
- C2.5 Adoption within 12 Months (Legally Free)
- C3.1 Exit to Permanency (24 Months in Care)
- C3.2 Exits to Permanency (Legally Free at Exit)

Summary of Findings

Populations at greatest risk

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

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

The traditional way of measuring racial disparity in child welfare consisted of comparing minority groups as a whole against the white population. By this standard, San Francisco has very disparate rates of referral, substantiation, and placement for African Americans. When low-income minority children are compared to low-income white children, however, the rate of disparity dwindles and even vanishes. While a complex phenomenon, the removal of a child has much more to do with poverty than race. The extreme gentrification that has gripped San Francisco has pushed out 57% of the city's African American children. The largest groups of low-income children are now Asian/Pacific Islander families who double up as a defense against impossible rents. The larger question is what role a social service agency can play in a context of extreme and growing income disparity, serving families that are already working, but who are losing their foothold in the city. What is the role of a child welfare agency when the broader community cannot provide low-income families with a basic level of stability?

County strengths

The flip side of San Francisco's gentrification pressures is that the city is able to support a robust collection of community based organizations, including neighborhood- and population-based family resource centers that provide a range of support to at-risk families. These form a cohesive network of family support that provides evidence-based services like parent-education. SF-HSA collaborates closely with a series of partners, including the San Francisco Department of Public Health on the implementation of Katie A. reforms, and with the San Francisco Housing Authority in providing housing vouchers to homeless families coming into the child welfare system. The agency has made significant strides in implementing Continuous Quality Improvement processes and is working with Chapin Hall to develop baseline measures for its contracted services.

The Peer Review lauded SF-HSA for identifying permanency goals early. The Review also commended the agency for engaging parents in permanency decision-making, using family teaming to focus on the

safety behaviors of parents, and for understanding parental ambivalence as a factor in engagement. SF-HSA, the reviewers noted, is committed to hearing the voices of the families.

The Peer Review team praised the Juvenile Probation Department for being willing to move beyond traditional roles to ensure quality services for youth while in placement. It works well with the youth's attorneys, and has productive partnerships with other city departments and with community providers. They also noted that the Juvenile Probation Department invested much thought and review into placements, and that the youth's educational and mental health needs were addressed intensively while in placement.

Areas needing improvement

In general, the Peer Review team recommended that SF-HSA deepen its existing efforts. The agency should act with more urgency on the next steps identified in participatory meetings. It should add dimension to the work of peer advocates and develop more connections with the community. The reviewers asked that SF-HSA bolster the Emergency Response units' assessments, making them more rigorous and balanced, and taking into account the family's culture. The agency should also do more to support fathers. To address the broader challenges facing families in San Francisco, the reviewers wanted SF-HSA to become more of an advocate for improved conditions in the city.

The Juvenile Probation Department, according to the peer reviewers, should give more attention to the re-entry of youth who have been removed from their families, particularly youth who have been in placement for long periods of time or have been placed at some distance. While the programs they are in may work intensively with young people to remediate their education, social skills, and motivation, the youth need more support to generalize those skills at home, particularly when their home environments do not support education or positive social adjustment. They suggested shorter placement episodes, or alternative transitions for the return home. The reviewers recommended that the Department find more providers in the Bay Area, and they recommended that the department work with a broader circle of family and relatives. They recommended that JPD explore what other counties have done on the issue of youth who are absent without leave, as well as strategies that have proven successful in other communities for engaging families.

Service array gaps and needs

SF-HSA has a rich array of family support services in the city, including a network of family support centers that provide both family preservation and family reunification services. It uses Structured Decision-Making tools to identify family needs, and it targets at risk families by culturally congruent programming that is located strategically to be accessible and convenient for families. The agency's broader challenge, however, is that the majority of foster children are placed out of county. SF-HSA emphasizes relative placements over placements with strangers, and San Francisco has endured an exodus of families in the last decade, with relatives landing in distant communities like Antioch. While San Francisco has a splendid array of services, surrounding counties do not, making it difficult for social workers to connect children with appropriate support services. The strain of keeping families connected while children are removed is also very challenging. In particular, children often face delays in obtaining behavioral health counseling. The Peer Review team also cited the need for more and better after-care services.

The most crushing gap in resources, however, is the city's lack of affordable housing. SF-HSA is taking a national leadership role in incorporating the "housing first" principle into child welfare services, first establishing families in stable, permanent housing and then providing the wraparound services they need to complete their case plans.

The Juvenile Probation Department is confronted with similar challenges. The Peer Review team noted the lack of local residential options for youth with very intensive needs. This is related to the extreme cost of housing in San Francisco, making it difficult for providers to locate here. The Department works closely, however, with the Department of Children, Youth, and Families to release joint requests for proposals that can respond to the educational and enrichment needs of troubled youth, and it has a close working relationship with the Department of Public Health to meet the youth's mental health needs.

Outcome Data Measures and relevant data trends

Reentries and timely permanency are persistent problems in San Francisco. The agency continues to score well on both safety measures, and placement stability remains good for all but the long stayers.

Effect of System Factors on Outcome Data Measures and Service Delivery

The CFSR outcome measures are meant to be understood in the context of one another. That is, a shift in the performance of one part of the child welfare system has some impact on other parts of the system. For example, often fast permanency rates pair with high reentry rates, suggesting that when children are sent home too soon, before the problems that precipitated the need for foster care are fully resolved, the result is a quick return to care. San Francisco, however, suffers from both low rates of timely permanency and high rates of reentry.

On the permanency side, several dynamics are at play. First, permanency rates are strongly negatively correlated with entry rates ([Beyond Common Sense: Child Welfare, Child Well-Being, and the Evidence for Policy Reform](#); Fred Wulczyn, Richard P. Barth, Ying-Ying T. Yuan and Brenda Jones Harden (2005)). Low entry rates typically result in longer average lengths of stay because only the most challenging children are admitted to care. This appears to be the case in San Francisco, where the number of first admissions has dropped precipitously over the past decade as low income residents have been replaced by affluent ones, and the rate per thousand children has dropped somewhat as well (particularly for infants). A second reason for low permanency rates is that San Francisco sends many children to permanency through adoption – a process that usually takes longer than one year due to administrative procedures and court delays brought on by a court that strongly favors parental rights over a concurrent planning process. Thirdly, permanency takes longer in San Francisco in part because of a heavy reliance on kinship care.

One plausible explanation for high reentries is a lack of aftercare supports. Title IV-E funding is restricted to foster care, so San Francisco has not been able to devote the desired amount of resources to aftercare or prevention. SFHSA is considering participating in California's IV-E Waiver demonstration, which would allow for the flexibility to use IV-E dollars to provide new and enhance existing aftercare and prevention strategies.

Children who remain in care for over two years are a focal group in California's continuum of care reform. Under this reform, the operating principle is that the most effective strategy for keeping children home once they reunify from foster care is preparing them to go home. The Residentially Based Services program is one program that seeks to prepare children and their parents for successful reunification.

Finally, two other systemic factors make it more difficult to improve both permanency and reentry outcomes. One is that San Francisco lacks enough foster families, resulting in 60 percent of children in

foster care being placed out of county. This makes visitation much more difficult, and regular visitation is connected to faster and better quality reunification (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, DC: Brookings.). The other systemic factor is related to the first one. Children and their parents need access to high quality mental health care. One estimate is that 50 to 75 percent of children entering foster care need mental health treatment (Wulczyn, et. al, 2005). Treatment resources are difficult to access across county borders in the context of MediCal EPSDT funding.

Progress, Challenges, and Overall Lessons Learned from Previous SIP

The 2009 Self Assessment was conducted during a period of budget cutbacks, and SF-HSA was concerned about the fraying of its support service network. That network has emerged as robust as ever, and has become more effective by adopting evidence-based practices. The trends that were emerging in 2009 – fewer removals, improved reunifications, etc. – have been sustained, though the issue of re-entries into care has continued to be a challenge. As described in 2009, the issue of re-entries is a trade-off with the measure regarding time in care. SF-HSA wants to avoid long spells in care and reunify children, but the sooner children are reunified, the more they are at risk for re-entry. That is a statewide dilemma, and the agency continues to seek the proper balance. The demographic movements of 2009 have accelerated, driving out even more families, and this continues to be the overarching context of SF-HSA's work with vulnerable parents and children.

Attachment A – List of Core Representatives

NAME	TITLE	AGENCY
Allen Nance	Chief	Juvenile Probation
Amor Santiago	Executive Director	APA Family Resource Center
Betsy Wolfe	Director Outpatient	UCSF Infant Parent Program
Bridget Lery	Senior Planning Analyst	SF-HSA
Carroll Schroeder	Executive Director	California Alliance
Celia Pedroza	Budget Analyst	SF-HSA
Cesnae Crawford	Director	Western Addition YMCA Family Resource Center
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 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
Deborah White	Program Coordinator	Epiphany Center
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	Coordinator	Juvenile Probation
Gary Levene	Supervisor	Juvenile Probation Dept.
Jay Berlin	Executive Director	Alternative Family Services FFA
Jill Jacobs	Executive Director	Family Builders By Adoption
John Tsutakawa	Program Director	SF-HSA
Jonelle Fournet-Collazos	Senior Contracts Manager	SF-HSA
Judith Lefler	Assistant Director	Bay Area Academy
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
Kent Eagleson	Executive Director	St. Vincent's School for Boys
LaShonda Penn	Peer Parent Advocate	Hunter's Point Family
Laurel Kloomak	Executive Director	First Five San Francisco
Lisa Smith	Supervisor	Juvenile Probation

Liz Crudo	Program Manager	SF-HSA
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
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
Toni Hines	Parent Advocate Coordinator	Hunters Point Family
Tracy Burris	Program Director	SF-HSA
Van Luong	SF-HSA	SF-HSA
Kenneth Simpson	Child Welfare Supervisor	SF-HSA
Johanna Gendleman	Senior Program Analyst	SF-HSA
Bridgette Lery	Senior Planning Analyst	SF-HSA
Celia Pedroza	Senior Budget Analyst	SF-HSA

Attachment B – Child Welfare Outcomes

The following measures compare data from Quarter 3, 2013 with Quarter 3, 2009.

Appendix 3: Child Welfare Outcomes

The following measures compare data from Quarter 3, 2013 with Quarter 3, 2009.

Measure 2B: Percent of Child Abuse/Neglect Referrals with a timely Response

This measure answers the question: Of the number of child abuse and neglect referrals that require, and then receive, an in-person investigation what percentage were completed within the time frame specified by the referral response type. **Immediate response (within 24 hours)**

County's Current Performance:

Of the number of child abuse and neglect referrals that require, and then receive, an in-person response within 24 hours, 95.8% received a timely response.

Measure Number	Measure description	Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Five – year Percent change
2B (IR)	Percent of Child Abuse/Neglect Referrals with a timely Response	07/01/13	09/30/13	158	165	95.8	Positive	4.4%

In five years up to Q3 2013, the percentage of immediate response referrals that received a timely response has increased from 91.7% to 95.8%. During the time period, the performance has fluctuated between a high of 99.6% to a low of 91.7%.

Measure 2B: Percent of Child Abuse/Neglect Referrals with a timely Response

This measure answers the question: Of the number of child abuse and neglect referrals that require, and then receive, an in-person investigation what percentage, were completed within the time frame specified by the referral response type. **(10-Day Response)**

County's Current Performance:

Of the number of child abuse and neglect referrals that require, and then receive, an in-person response within 10 days, 95.5% received a timely response.

Measure Number	Measure description	Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction ?	Five – year Percent change
2B 10-Day	Percent of Child Abuse/ Neglect Referrals with a timely Response	07/01/13	09/30/13	232	243	95.5%	Positive	0.1%

In five years up to Q3 2013, the percentage of 10 Day response referrals that received a timely response has increased from 95.4% to 95.5%. During the time period, the performance has fluctuated between a high of 95.6% to a low of 93.7%.

Measure 2F: Timely monthly caseworker visits (out of home)

This measure answers the question: Of the percentage of children in placement over a 12-month period what percentage of children were visited by caseworkers at least once a month. (Target 95%)

County’s Current Performance:

From October 1, 2012 to September 30, 2013, 94% of the children in placement were visited by their case worker at least once a month.

Measure Number	Measure description	Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Five – year Percent change
2F	Monthly Visit	10/01/12	09/30/13	8,834	9,398	94%	Positive	64.7%

In five years up to Q3 2013, the percentage of children in placement over a 12-month period that were visited by caseworkers at least once a month increased from 57.1% to 94.0%. Performance ranged from 57.1% to 94.0% over the time period.

Measure 2F: Timely monthly caseworker visits (out of home) (Residence)

This measure answers the question: Of the percentage of children in placement over a 12-month period what percentage of children were visited by caseworkers at least once a month and took place **in the**

residence of the child. (Target over 50%)

County's Current Performance:

From October 1, 2012 to September 30, 2013, 58.4% of the children in placement that were visited by their case worker at least once a month and were visited in their residence.

Measure Number	Measure description	Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Five – year Percent change
2F (Residence)	Monthly Visit (In Residence)	01/10/12	09/30/13	5,156	8,834	58.4%	Positive	9.5%

In five years up to Q3 2013, the children in placement that were visited by their case worker at least once a month and were visited in their residence increased from 53.3% to 58.4%. Performance ranged from 46% to 58.4% over the time period.

Measure 4A: Siblings placed Together in Foster Care

This measure answers the question:

Of children placed in foster care what percentage are placed with **all** of their siblings?

County's Current Performance:

Of the children placed in foster care on October 1, 2013, 43.3% were placed with all their siblings.

Measure Number	Measure description	Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Five – year Percent change
4A	Foster child placed with all siblings	10/01/13	10/01/13	202	467	43.3%	Negative	-12.7%

In five years up to Q3 2013, the number of children placed with all of their siblings has decreased from 49.5% to 43.3%. Performance ranged from 49.5% to 43.3% over the time period.

Measure 4E: ICWA Placement Status

This measure answers the question: Of all children with a status of Indian Child Welfare Act eligible [4E(1)] what percentage were placed in a placement type identified as; relative or Indian substitute care providers.

County's Current Performance:

Of the children in placement with a status of Indian Child Welfare Act eligible [4E(1)] the percentage that were placed in a placement type identified as; relative or Indian substitute care providers on October, 1, 2013, was 57.1%

Measure Number	Measure description	Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Five –year Percent change
4E (ICWA)	ICWA placement	10/01/13	10/01/13	7	4	57.1%	positive	29.7%

In five years up to Q3 2013, the percentage of children with a status of Indian Child Welfare Act eligible [4E(1)] that were placed in a placement type identified as; relative or Indian substitute care increased from 44.4% to 57.1%. These small numbers should be interpreted with caution.

Measure 4E: Multi-Ethnic Placement Status

This measure answers the question: Of all children with a primary or mixed (multi) ethnicity of American Indian what percentage were placed in a placement type identified as a relative or Indian substitute care providers.

County's Current Performance:

Of the children in placement with a primary or mixed (multi) ethnicity of American Indian the percentage that were placed in a placement type identified as; relative or Indian substitute care providers on October, 1, 2013, was 35.7%

Measure number	Measure description	Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Five –year Percent change
4E (MEP)	Multi-Ethnic Placement	10/01/13	10/01/13	28	10	35.7%	negative	19.65%

In five years up to Q3 2013, the percentage of children with a primary or mixed (multi) ethnicity of American Indian that were placed in a placement type identified as; relative or Indian substitute care decreased from 44.4% to 35.7%. Performance ranged from 35.7% to 58.3% over the time period. Please note that these are small actual numbers and therefore subject to fluctuation.

Measure 5B: Rate of Timely Health Exams (Medical)

This measure answers the question: Of all children in foster care what percentage met the schedule for a CHDP medical examination?

County's Current Performance:

Of all children in foster care between 07/01/13 to 09/30/13, 94.4% received a medical examination per the CHDP schedule.

Measure number	Measure description	Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Five –year Percent change
5B Medical	Timely Medical Exam	07/01/13	09/30/13	802	850	94.4%	Positive	3.8%

In five years up to Q3 2013, the percentage of children who received a medical examination, per the CHDP schedule, increased from 90.9% to 94.4%. Performance ranged from 90.9% to 94.4% over the time period.

Measure 5B: Rate of Timely Health Exams (Dental)

This measure answers the question: Of all children in foster care what percentage met the schedule for a CHDP dental examination?

County's Current Performance:

Of all children in foster care between 07/01/13 to 09/30/13, 71.2% received a dental examination per the CHDP schedule.

Measure number	Measure description	Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Five –year Percent change
5B Dental	Timely Dental Exam	07/01/13	09/30/13	514	722	71.2%	Positive	30.7%

In five years up to Q3 2013, the percentage of children who received a dental examination, per the CHDP schedule, increased from 54.5% to 71.2%. Performance ranged from 54.5% to 73.8% over the time period.

Measure 5F: Psychotropic Medications

This measure answers the question: Of the children in a placement episode what percentage had a court order in place, or parental consent that authorized the child to receive psychotropic medication?

County's Current Performance:

Of all children in foster care between 07/01/13 to 09/30/13, 18.5% had a court order in place, or parental consent that authorized the child to receive a psychotropic medication.

Measure number	Measure description	Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Five – year Percent change
5F	Children with approved psychotropic medication	07/01/13	09/30/13	178	961	18.5%	Increase	4.1%

In five years up to Q3 2013, the percentage of children who had a court order in place, or parental consent that authorized the child to receive a psychotropic medication increased from 17.8% to 18.5%. Approved medication ranged from 16% to 22.1% over the time period.

Measure 6B: Individualized Education Plan

This measure answers the question: Of all children in out-of-home placement what percentage, have ever had an IEP?

County's Current Performance:

Of all children in foster care between 07/01/13 to 09/30/13, 16.6% have had an IEP.

Measure number	Measure description	Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Five – year Percent change
6B	Foster children who have ever had an IEP	07/01/13	09/30/13	144	867	16.6%	Decrease	22.4%

In five years up to Q3 2013, the percentage of children who have ever had an IEP has decreased from 21.4% to 16.6%. Performance ranged from 16.6% to 21.5% over the time period.

Measure C1.2: Median Time To Reunification (Exit Cohort)

This measure answers the question:

Of all children discharged from foster care to reunification during the year who had been in foster care for 8 days or longer, what was the median length of stay (in months) from the date of latest removal from home until the date of discharge to reunification?

County's Current Performance:

Of all children discharged from foster care to reunification from October 1, 2012 to September 30, 2013, the median length of stay was 9.3 months.

Measure Number	Measure description	Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Five – year Percent change
C1.2	Median Time To Reunification (Exit Cohort)	10/01/12	09/30/13	N.A.	173	9.3	Positive	-15.5%

In five years up to Q3 2013, the median time to reunification decreased from 11 months to 9.3 months. Performance ranged from 4.7 to 11 months over the time period.

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

This measure answers the question:

Of all children entering foster care for the first time in the 6-month period who remained in foster care for 8 days or longer, what percent were discharged from foster care to reunification in less than 12 months from the date of latest removal from home?

County's Current 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.

Measure Number	Measure description	Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Five – year Percent change
C1.3	Reunification Within 12 Months (Entry Cohort)	04/01/12	09/30/12	34	126	27.0	Negative	-10.7%

In five years up to Q3 2013, the rate of reunification within one year for entry cohorts decreased from 30.2% to 27.0%. Performance ranged from 27% to 46.8% over the time period.

Measure C1.4: Reentry Following Reunification (Exit Cohort)

This measure answers the question:

Of all children discharged from foster care to reunification during the year, what percent reentered foster care in less than 12 months from the date of the earliest discharge to reunification during the year?

County's Current 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.

Measure number	Measure description	Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Five – year Percent change
C1.4	Reentry Following Reunification (Exit Cohort)	10/01/11	09/30/12	42	202	20.8	Negative	29.3%

In five years up to Q3 2013, the percentage of children reentering care in the year following exit increased from 16.1% to 20.8%. Performance ranged from 14.8% to 24.3% over the time period.

Measure C2.1: Adoption Within 24 Months (Exit Cohort)

This measure answers the question:

Of all children discharged from foster care to a finalized adoption during the year, what percent were discharged in less than 24 months from the date of the latest removal from home?

County's Current Performance:

Of the children discharged from foster care to a finalized adoption from October 1, 2012 to September 30, 2013, 28.3% had exited within two years of removal.

Measure Number	Measure description	Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Five – year Percent change
C2.1	Adoption Within 24	10/01/12	09/30/13	17	60	28.3	Positive	6.0%

	Months (Exit Cohort)							
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In five years up to Q3 2013, the percentage of children among the adoptions cohort that exited within two years of entry increased from 26.7% to 28.3%. Performance ranged from 26.4% to 40.2% over the time period.

Measure C2.2: Median Time To Adoption (Exit Cohort)

This measure answers the question:

Of all children discharged from foster care to a finalized adoption during the year, what was the median length of stay (in months) from the date of latest removal from home until the date of discharge to adoption?

County's Current Performance:

Of the children who exited care to adoption from October 1, 2012 to September 30, 2013, the median length of stay was 33.1 months.

Measure number	Measure description	Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Five – year Percent change
C2.2	Median Time To Adoption (Exit Cohort)	10/01/12	09/30/13	N.A.	60	33.1	Negative	3.4%

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.

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

This measure answers the question:

Of all children in foster care for 17 continuous months or longer on the first day of the year, what percent were discharged to a finalized adoption by the last day of the year?

County's Current Performance:

Of all children in foster care for 17 continuous months or longer between, October 1, 2012 to September 30, 2013, 10.2% had discharged to a finalized adoption within the rolling year.

Measure number	Measure description	Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Five – year Percent change
C2.3	Adoption Within 12 Months (17 Months In Care)	10/01/12	09/30/13	45	441	10.2	Positive	16.8%

In five years up to Q3 2013, the percentage of children who had been in care for 17 months or more and exited through adoption during the rolling year increased from 8.7% to 10.2%. Performance ranged from 7.3% to 12.9% over the time period.

Measure C2.4: Legally Free Within 6 Months (17 Months In Care)

This measure answers the question:

Of all children in foster care for 17 continuous months or longer and not legally free for adoption on the first day of the year, what percent became legally free within the next 6 months?

County's Current Performance:

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.

Measure number	Measure description	Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Five – year Percent change
C2.4	Legally Free Within 6 Months (17 Months In Care)	10/01/12	03/31/13	3	402	0.7	Negative	-77.3%

In five years up to Q3 2013, the percentage of children who became legally free within the 6 months after being in care for at least 17 months, without termination of parental rights, decreased from 3.3% to 0.7%. Performance ranged from 2.6% to 5.5% over the time period.

Measure C2.5: Adoption Within 12 Months (Legally Free)

This measure answers the question:

Of all children in foster care who became legally free for adoption during the year, what percent

were then discharged to a finalized adoption in less than 12 months?

County's Current Performance:

Of all children in foster care who became legally free for adoption from October 1, 2011 to September 30, 2012, 71.9% were subsequently adopted within 12 months.

Measure number	Measure description	Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Five – year Percent change
C2.5	Adoption Within 12 Months (Legally Free)	10/01/11	09/30/12	46	64	71.9	Negative	-10.7%

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.

Measure C3.1: Exits To Permanency (24 Months In Care)

This measure answers the question:

Of all children in foster care for 24 months or longer on the first day of the year, what percent were discharged to a permanent home by the end of the year and prior to turning 18?

County's Current Performance:

Of all children in foster care for 24 months or longer on the first day of the rolling year from October 1, 2012 to September 30, 2013, 19.6% were discharged to a permanent home by end of the year and prior to turning 18.

Measure number	Measure description	Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Five – year Percent change
C3.1	Exits To Permanency (24 Months In Care)	10/01/12	09/30/13	82	419	19.6	Positive	60%

In five years up to Q3 2013, the percentage of children who had been in care for 24 months or more during on the first day of the reporting period and were discharged to a permanent home by the end of the year and prior to turning 18 increased from 12.2% to 19.6%. Performance ranged from 11.2% to 19.6% over the time period.

Measure C3.2: Exits To Permanency (Legally Free At Exit)

This measure answers the question:

Of all children discharged from foster care during the year who were legally free for adoption, what percent were discharged to a permanent home prior to turning 18?

County's Current Performance:

Of all children discharged from foster care from October 1, 2012 to September 30, 2013 who were legally free for adoption, 100% were discharged to a permanent home prior to turning 18.

Measure number	Measure description	Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Five – year Percent change
C3.2	Exits To Permanency (Legally Free At Exit)	10/01/12	09/30/13	59	59	100	Positive	5.3%

In five years up to Q3 2013, the percentage of children who were legally free for adoption during the reporting period and discharged to a permanent home prior to turning 18 increased from 95% to 100%. Performance ranged from 91.5% to 100% over the time period.

Measure C3.3: In Care 3 Years Or Longer (Emancipated/Age 18)

This measure answers the question:

Of all children in foster care during the year who were either discharged to emancipation or turned 18 while still in care, what percent had been in foster care for 3 years or longer?

County's Current Performance:

Of all children in foster care from October 1, 2012 to September 30, 2013 who were either discharged to emancipation or turned 18 while still in care, 67% had been in foster care for 3 years or more.

Measure number	Measure description	Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Five – year Percent change
C3.3	In Care 3 Years Or Longer (Emancipated/ Age 18)	10/01/12	09/30/13	77	115	67	Positive	-1.1%

In five years up to Q3 2013, the percentage of children who had been in care for at least 3 years and emancipated from care or turned 18 while still in care decreased from 67.7% to 67%. Performance ranged from 53.8% to 73.8% over the time period.

Measure C4.1: Placement Stability (8 Days To 12 Months In Care)

This measure answers the question:

Of all children served in foster care during the year who were in foster care for at least 8 days but less than 12 months, what percent had two or fewer placement settings?

County's Current Performance:

From October 1, 2012 to September 30, 2013, 89.7% of the children who had been in care for more than 8 days but less than 12 months had two or fewer placements.

Measure number	Measure description	Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Five – year Percent change
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C4.1	Placement Stability (8 Days To 12 Months In Care)	10/01/12	09/30/13	332	370	89.7	Positive	0.3 %
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In five years up to Q3 2013, the percentage of children who had been in care for more than 8 days but less than 12 months and had two or fewer placements increased from 89.5% to 89.7%. Performance ranged from 89.5% to 91.5% over the time period.

Measure C4.2: Placement Stability (12 To 24 Months In Care)

This measure answers the question:

Of all children served in foster care during the year who were in foster care for at least 12 months but less than 24 months, what percent had two or fewer placement settings?

County's Current Performance:

From October 1, 2012 to September 30, 2013, 79.3% of the children who had been in care for more than 12 months but less than 24 months had two or fewer placements.

Measure number	Measure description	Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Five – year Percent change
C4.2	Placement Stability (12 To 24 Months In Care)	10/01/12	09/30/13	218	275	79.3	Positive	6.8%

In five years up to Q3 2013, the percentage of children who had been in care for more than 12 months but less than 24 months and had two or fewer placements increased from 74.2% to 79.3%. Performance ranged from 71.3% to 79.3% over the time period.

Measure C4.3: Placement Stability (At Least 24 Months In Care)

This measure answers the question:

Of all children served in foster care during the year who were in foster care for at least 24 months, what percent had two or fewer placement settings?

County's Current Performance:

From October 1, 2012 to September 30, 2013, 37.0% of the children who had been in care for at least 24 months had two or fewer placements.

Measure number	Measure description	Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Five – year Percent change
C4.3	Placement Stability (At Least 24 Months In Care)	10/01/12	09/30/13	196	530	37	Negative	-25.1%

In five years up to Q3 2013, the percentage of children who had been in care for more at least 24 months and had two or fewer placements decreased from 49.4% to 37.0%. Performance ranged from 37% to 49.4% over the time period.

Attachment D – Child Abuse Prevention Council Board



Attachment E – Programs Funded by SF-HSA

Agency	Service Description
SAN FRANCISCO CHILD ABUSE PREVENTION CTR	Mandatory Child Abuse Reporter Training
SAN FRANCISCO CHILD ABUSE PREVENTION CTR	Family Support Services
THE FIRST PLACE FUND FOR YOUTH	Independent Living Skills Program
LARKIN STREET YOUTH CENTER	Youth Shelter/Preventative Services
LARKIN STREET YOUTH CENTER	Transitional Housing Program Plus (THP+)
SALVATION ARMY	Transitional Housing Program Plus (THP+)
CATHOLIC CHARITIES CYO	Residential Based Services (RBS)
CALIFORNIA STATE UNIVERSITY-FRESNO FOUNDATION	Child Welfare Training
SENECA CENTER	Residential Based Services (RBS)
THE FIRST PLACE FUND FOR YOUTH	Transitional Housing Program Plus (THP+)
FAMILY SUPPORT SVCS OF THE BAY AREA	Safe Care Home Visiting
CALIFORNIA STATE UNIVERSITY-FRESNO FOUNDATION	Parenting for Permanency Training
PUBLIC CONSULTING GROUP INC	Screening, tracking, processing and completion of benefits such as SSI, VA
CENTRAL COMMUNICATIONS INC	CPS Hotline Services
CALIFORNIA STATE UNIVERSITY-FRESNO FOUNDATION	Foster Parent Training
TODD WRIGHT	Ombudsman
HOMELESS PRENATAL PROGRAM	Substance Abuse Services for FCS-linked families
TARA GEER-LEIKER	Permanency Coaching, counseling and outreach to FCS-linked families
LONNIE WEBB	Permanency Coaching, counseling and outreach to FCS-linked families
MARDITH LOUISELL	Permanency Coaching, counseling and outreach to FCS-linked families
LISA ELLIS	Coordination of RBS Program
FAMILY BUILDERS BY ADOPTION	Adoption Recruitment, Training and Permanency
FAMILY SUPPORT SVCS OF THE BAY AREA	Kin Gap Services
FAMILY SUPPORT SVCS OF THE BAY AREA	Safe Care Home Visiting
INSTITUTO FAMILIAR DE LA RAZA INC	Differential Response Coordination
COMMUNITY WORKS WEST, INC	Services to Incarcerated Parents
MT ST JOSEPH-ST ELIZABETH	Safe Care Home Visiting
FAMILY SUPPORT SVCS OF THE BAY AREA	Foster Care Respite

EDGEWOOD CENTER FOR CHILDREN AND FAMILIES	Kinship Services
EDGEWOOD CENTER FOR CHILDREN AND FAMILIES	Residential Based Services (RBS)
ST VINCENT DE PAUL SOCIETY	Domestic Violence Services
SAN FRANCISCO COMMUNITY COLLEGE DISTRICT	IV-E Training Services
SENECA CENTER	Wrap Around Services for Foster Care
NATIONAL COUNCIL ON ALCHOLISM AND DRUG ABUSE	Drug Testing
REGENTS UNIV OF CALIF / UNIV CALIF S F	Infant Parent Program
REGENTS UNIV OF CALIF / UNIV CALIF S F	Residential Based Services (RBS)
REGENTS UNIV OF CALIF / UNIV CALIF S F	Provision of trauma-informed mental health services for children birth to 5 years of age and their parents.
DEBORAH RAUCHER	Fostering Connections After 18 consultant
DNA DIAGNOSTIC CENTER	Genetic Testing
SAN FRANCISCO HOUSING AUTHORITY	Provides housing choice vouchers to homeless FCS-linked families
CHAPIN HALL AT THE UNIVERSITY OF CHICAGO	Grant Evaluation of Rapid Rehousing Program
CHAPIN HALL AT THE UNIVERSITY OF CHICAGO	Performance Based Contracting Initiative
MAXIMUS HUMAN SERVICES	SSI application screening and assistance