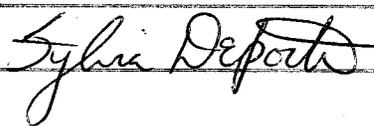


California – Child and Family Services Review Signature Sheet

For submittal of: CS SI Progress Report

County	San Francisco
SIP Period Dates	Year One October 15, 2014 through October 14, 2015
Outcome Data Period	Quarter 2, 2015

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California - Child and Family Services Review

Annual SIP Progress Report

YEAR ONE

OCTOBER 15, 2014 – OCTOBER 14, 2015



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Introduction

The San Francisco System Improvement Plan (the “SIP”) was completed in 2014 and outlines strategies that the Human Services Agency and Juvenile Probation Department are implementing to improve outcomes for children and families. The SIP is one of three components of an evaluation and planning process mandated by AB636, the Child Welfare System Improvement and Accountability Act of 2001. Overarching goals of child welfare outcome improvement are to achieve specified federal and state outcomes in the safety, permanency, and well-being of children and families served.

SFHSA collaborated with public and private partners to identify and develop the SIP strategies, which build on previous strategies to effect change. The current SIP incorporates the planning process for the Office of Child Abuse Prevention funding streams to create an integrated model of intervention, from prevention through aftercare. Through a blended funding model with First 5 and Department of Children, Youth, and Families, and subsequent shared oversight and support of Family Resource Center services, San Francisco has developed a more efficient service system to implement many SIP strategies. The county seeks to mitigate its concerning overrepresentation of minority children and families, particularly African American families, through implementation of these strategies.

The SIP was approved by the San Francisco Human Services Commission and the California Department of Social Services. This report describes the first year progress on the three areas targeted for outcome improvement:

Child Welfare

- Increase timely reunification
- Reduce reentries for children who come back into foster care within a year of reunification

Juvenile Probation

- Increase timely reunification

SIP Progress Narrative

STAKEHOLDERS PARTICIPATION

SFHSA meets regularly with public and community partners and stakeholders in multiple venues and forums to strengthen the initiatives and collaborations critical in achieving the outcome targets. These include the Provider Advisory Board (SFHSA bimonthly meeting with community partners); FRC Initiative meetings with First 5 SF, Department of Children, Youth and Families, and Community Behavioral Health Services; standing meetings with the Juvenile Court bench officers, city and panel attorneys; and multiple workgroup and coordinating meetings such as Family Meeting Framework, Visitation, Differential Response, SafeCare, Wraparound, Parent Education Providers, and the Parent Advisory Board. In this reporting period, SFHSA has also convened an “Implementation Team” meeting which consists of not only child welfare staff, but parent, foster parent and youth representatives and other county and provider partners. The Implementation Team is designed to coordinate implementation of all major practice improvement initiatives that Family and Children’s Services undertakes. This includes oversight of the implementation of the California Core Practice Model. Finally, SFHSA hosted a stakeholders meeting for staff, and other public and private partners in August to review and discuss the first year of the SIP implementation.

CURRENT PERFORMANCE TOWARDS SIP IMPROVEMENT GOALS

Priority Outcome Measure or Systemic Factor and Data Analysis

Since San Francisco developed its current SIP a year ago, the federal outcome measures have been updated. The new measures are fewer, less complex (i.e., they are not composite measures of other data outcomes), and rely more on entry cohorts. This allows for greater utility as counties can more accurately assess the effects of practice improvements. San Francisco developed its SIP using the previous measures for timely reunification and reentry into foster care, but this progress report discusses the updated measures. Strategies developed for the original measures still impact the updated ones and thus remain the same.

The new measures are the following:

- **Safety**
 - **S1: Maltreatment in foster care**
 - **S2: Recurrence of maltreatment**

- **Permanency**
 - **P1: Permanency in 12 months for children entering foster care**
 - **P2: Permanency in 12 months for children in foster care for 12 to 23 months**
 - **P3: Permanency in 12 months for children in foster care for 24 months or more**
 - **P4: Re-entry to foster care**
 - **P5: Placement stability**

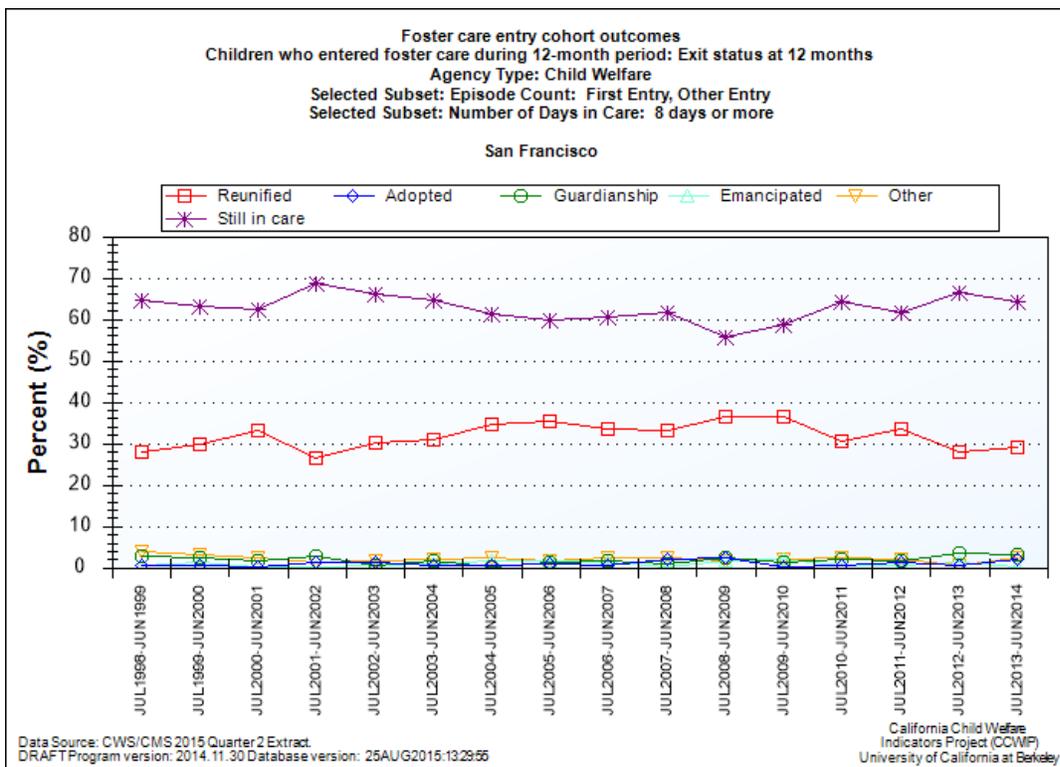
As of the last reporting period, San Francisco is meeting the required standard for S1, Maltreatment in Foster Care (7.79%); P2, Permanency within 12-23 months (48%); and P3, Placement Stability (3.12%).

Child Welfare Priority Outcomes and Strategies

3-P1. PERMANENCY RATES FOR CHILDREN IN FOSTER CARE: EXIT STATUS AT 12 MONTHS

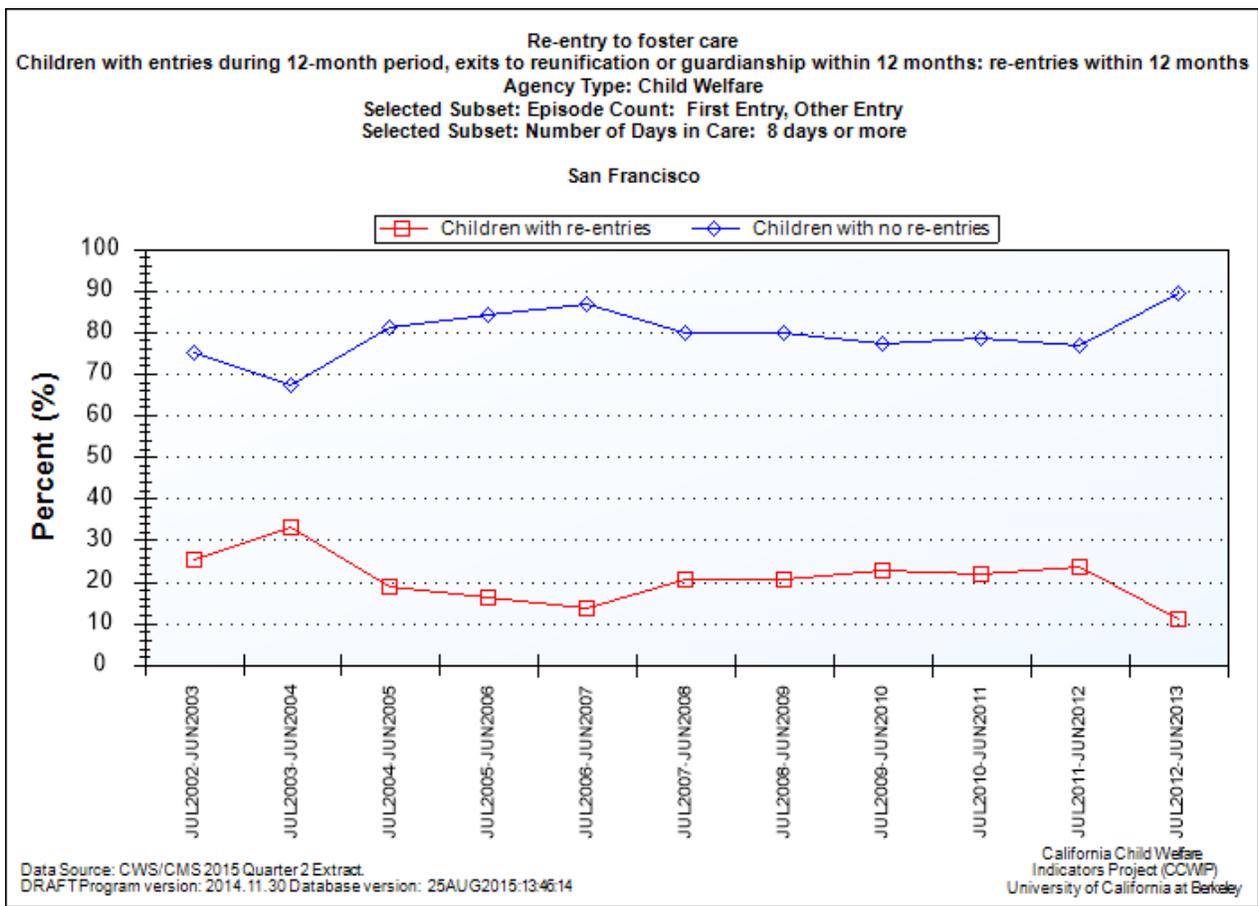
The new federal Child and Family Services Review outcome measures means that this outcome measure has changed, as it now looks at the exit status of an entry cohort of children entering foster care during a specific 12 month period. This includes an expanded definition of permanency (reunification, adoption, and guardianship) rather than just reunification, and includes all children entering foster care during a given year – 12 months rather than 6 - not just those who were removed for the first time. This is a more precise look at children who leave the foster care system more quickly: the “short-stayers” in foster care. The national standard for this measure is performance greater than or equal to 40.5%. San Francisco’s baseline period, July 1 2009 through June 30, 2010, showed that 37.6% of children entering care achieved permanency within 12 months. In the county’s most recent performance, July 1, 2013 through June 30, 2014, the rate was 33.9%, or 126 of 372 children, who achieved permanency within 12 months. This is close to the statewide average of 35.8%.

County performance from July 1999 through July 2014 (chart below) has been relatively consistent over time. However, given the fact that the child welfare population in San Francisco has greatly decreased, and that the use of tools such as SDM has helped the county keep children safely home rather than separating families and bringing children into care, those children who do enter care may not be as likely to go home as quickly given the complexities of their situations. Additionally, the extreme housing situation in San Francisco, with the resulting lack of local foster homes, means that children are often placed at long distances, creating logistical challenges to supporting reunification services. More time is needed to determine if the new strategies identified in the current will impact this measure.



P4: Of all children who enter foster care in a 12- month period and are discharged within 12 months to reunification or guardianship, what percent re-entered foster care within 12 months of their date of discharge? This measure was updated to reflect an entry cohort (denominator includes all children who enter care during the year and exit within 12 months) vs. all children who exit during the year. It now also includes exits to reunification and guardianship rather than reunification only. San Francisco’s baseline period, July 1 2012 through June 30, 2013, showed that 22.8% of the cohort of children who exited care reentered within 12 months. In the last reporting period (July 1, 2012 through June 30, 2013), 11 of 101 children, or 10.9%, reentered the foster care system. The national standard is less than 8.3%. California’s performance overall for this same time period was 11.4%.

San Francisco has long struggled with reentries and it is a focus of this SIP, as it has been of previous ones. The chart below illustrates San Francisco’s performance over a 10 year period. While still higher than the national standard, the last reporting period does indicate improvement. More time is needed to determine if this recent trend can be sustained and improved.



STATUS OF CHILD WELFARE STRATEGIES

STRATEGY 1: ENSURE A SAFETY ASSESSMENT AND PLANNING PROCESS THAT IS RIGOROUS, BALANCED, CULTURALLY SENSITIVE, AND EFFECTIVELY ENGAGES THE COMMUNITY.

Year One has focused on several areas to ensuring an effective assessment and planning process: Safety Organized Practice, the Child and Adolescent Needs and Strengths Assessment, and parent engagement through the Peer Parent program and Fatherhood Initiative.

Safety Organized Practice (SOP): In the past year, San Francisco has continued expanding the SOP, a child welfare practice framework that helps staff, families, and other stakeholders focus clearly on assessing and enhancing child safety throughout the case. SOP “combines the best of Signs of Safety, a solution-focused child welfare practice approach, with the Structured Decision Making system, a set of research-based decision-support tools, to create a rigorous child welfare practice

model” (Introducing Safety-Organized Practice, Philip Decter and Raelene Freitag, Children’s Research Center). Through its partnership with the Bay Area Academy (BAA), San Francisco has continued training staff and partners and increased SOP coaching capacity for staff. The BAA has provided coaching through consultants who have expertise in SOP; these coaches have offered group trainings for staff and partners, and also provided individual coaching for staff on their cases to integrate SOP practices in their day to day work. This year, the county recently identified 2 child welfare supervisors who will become coaches, bringing the coaching role into the agency. A third internal coaching position has also been identified and will be filled in the next year. San Francisco is a participant in the IV-E waiver demonstration project and as such is working with CDSS to conduct analysis of SOP impact on child welfare outcomes.

Child Adolescent Needs and Strengths Assessment (CANS): San Francisco Human Services Agency and Community Behavioral Health Services work together to ensure that children in the child welfare system receive timely assessments using the Child and Adolescent Needs and Strengths tool (CANS), “a multi-purpose tool developed for children’s services to support decision making, including level of care and service planning, to facilitate quality improvement initiatives, and to allow for the monitoring of outcomes of services” (<http://praedfoundation.org/tools/the-child-and-adolescent-needs-and-strengths-cans/>). The Human Services Agency of San Francisco (SFHSA) and San Francisco Community Behavioral Health Services (CBHS) are partnering to achieve the vision of Katie A requirements using a quality improvement approach. This partnership has been developed in the midst of a broader statewide change initiative impacting child welfare known as the California Child Welfare Core Practice Model (CPM). San Francisco created the **Interagency Services Collaborative (iASC)** to implement the mandates of the Katie A. lawsuit while also using that opportunity to identify and implement best practices in meeting mental health needs of children and families in the child welfare systems. iASC expands the collaboration beyond child welfare and mental health to include juvenile probation, SFUSD and community partners. Together, SFHSA, CBHS, and other public and private stakeholders created the goal of iASC: to design an attachment and trauma focused system with a shared framework that is information driven, integrated, and innovative. The system will support the health, safety, permanency and well-being of children, youth and families who are involved or at risk of involvement with foster care, probation, or special education, and/or are struggling with complications of behavioral health issues.

The **iASC pilot implementation** program was initiated by San Francisco HSA/FCS and CBHS/FCMH in January 2014. It uses a **PDSA (Plan-Do-Study-Act)** quality improvement methodology process to guide the system and practice changes, and involves leadership from both agencies. Pilot participants include child welfare and CBHS staff and parent partners from both child welfare and mental health. Key objectives are:

- Developing a model for the **Child and Family Team (CFT)**. This has been accomplished and a manual developed which outlines the process.
- **Data collection** to determine whether the changes are leading to improvements. The county has developed Special Projects Codes to track the identified cases and has developed measures which correlate to AB636 measures.

- Developing a **Shared Family Care Plan** that informs both the mental health treatment plan and child welfare case plan: This plan has been developed.
- Developing a **Shared Coaching** model for all members to support the change process. BAA has provided the coaching through one of its SOP consultants.

SFHSA is developing a teaming framework that encompasses all types of teams (e.g., Team Decision Making, Family Conferences, Linkages, etc.), and the next phase for the iASC pilot will incorporate the CFT into this broader framework. Additionally, the county is exploring how to sustain the coaching support for both agencies by integrating into existing infrastructure.

Parent Partnership: As a result of previous SIPs, San Francisco developed a peer parent program several years ago, utilizing wraparound reinvestment funds to hire a peer parent supervisor and 3 peer parent advocates. These parent partners were hired through a wraparound subcontract, and collocated with child welfare staff. SFHSA also utilized the CalWORKS internship program to hire additional peer parents on a short-term basis. However, to ensure sustainability and more direct contract oversight, San Francisco issued a request for proposal (RFP) for the program this spring. The San Francisco Juvenile Probation Department also partnered with SFHSA in issuing the RFP, so that the program will provide peer parents able to assist both child welfare clients and parents of youth in the juvenile justice system. A Better Way (ABW) was selected as the provider and the contract was finalized in September, 2015. ABW was also able to offer employment to the existing peer parents, ensuring a strong transfer of knowledge and skills into this new iteration of the program.

SFHSA partners with the Homeless Prenatal FRC and other community based agencies in supporting the Fatherhood Initiative Workgroup. This year, the Fatherhood Workgroup developed a charter outlining its mission and goals. The purpose of the workgroup is to develop father-inclusive practice that helps fathers better navigate the child welfare system, and supports their engagement and involvement with their children throughout the child welfare process and beyond. In August, the group conducted the 4th annual Fatherhood Engagement Resource Fair, which featured keynote speaker Dr. Chris Hickey and a panel of fathers who had successfully reunified with their children. Future challenges include strengthening participation of child welfare staff in scheduled events and continued integrating the Fatherhood work into training and daily practice.

STRATEGY 2: INTENSIFY PREVENTION BY STRENGTHENING THE FAMILY NETWORK AND SUPPORTS

This year, SFHSA has devoted time, attention, and energy to developing a comprehensive family meeting model framework, expanding wraparound eligibility through the IV-E waiver, and continuing to address San Francisco’s complex housing shortage.

Family Team Meeting Framework: While the development of the Child and Family Team meeting has been successful in engaging families around a specific topic (mental health), it also added yet

another family meeting to a long list of participatory meetings both staff and families are required to attend. In fact, analysis of current team meetings (e.g., Team Decision Making, Linkages, Visitation, Families Moving Forward, wraparound, etc.) showed no less than 27 interagency and/or family participatory team meetings required for staff. To make this more manageable, and meaningful, for both staff and families, SFHSA convened a workgroup to create a comprehensive, flexible Family Meeting Framework that builds on lessons learned in developing both Team Decision Making meetings and the Child and Family team meeting model. The workgroup also looked to the statewide Core Practice Model to inform the framework. Utilizing this knowledge base, the workgroup established these teaming principles:

Team meetings must:

- Be regular throughout the life of the case
- Be a routine part of practice
- Be convenient for families to attend, not just the professionals (in terms of time, location and frequency)
- Meet the needs of the family and children/youth first
- Recognize and mitigate the inherent power differential between the agency staff/other professionals and the family/youth
- Prioritize family preparation
- Clarify decision-making methods
- Be skillfully facilitated

The workgroup completed the following meeting goals:

- Reviewed data on types and frequency of team meetings currently conducted by FCS.
- Made specific recommendations for the topics that should typically be discussed in a family team meeting for each stage of the case.
 - An individual meeting is not necessary for each topic.
 - There is flexibility about which topics is discussed in each meeting.
 - All meetings are called Family Team Meetings
- Made recommendations for the frequency of team meetings throughout the life of a case.

Next steps include:

- Defining common elements and processes across all types of family and youth-involved team meetings (both for partners and for FCS staff) which will include solution-focused language.
- Outlining the logistical supports necessary to schedule, facilitate and track family and youth-involved team meetings.

As stated above, the workgroup is working closely with the iASC pilot team so that the CFT is not developed as a stand-alone model but integrated into the Family Meeting framework.

IV-E Waiver Wraparound Expansion:

As a IV-E Waiver pilot county, San Francisco has expanded eligibility of its wraparound program for families in both the juvenile probation and child welfare systems. Working with Community Behavioral Health Services and Juvenile Probation, SFHSA issued a new RFP for wraparound in April, 2015. Seneca Family of Agencies was again selected as the county's wraparound provider. With the additional flexibility of federal dollars, the county has begun to expand wraparound services to include previously ineligible families: families with children, including very young children, not at risk of congregate care, voluntary non-court cases, guardianship cases, and, for Juvenile Probation, non-adjudicated cases. Currently the county and Seneca are working together to update various tracking and eligibility processes and related policies and protocols as part of this expansion. Through the IV-E waiver implementation, the county will work with CDSS to conduct evaluation of its program. SFHSA plans to serve an additional 35 children in the 2015/16 fiscal year, and Juvenile Probation an additional 32 youth.

Additionally, Community Behavioral Health Services issued an RFP for a wraparound program for families with children aged 5 and younger, using the Child Parent Psychotherapy clinical intervention. Child welfare families will be eligible for this service; the new contract is currently being finalized.

Families Moving Forward (FMF) and Housing:

San Francisco is beginning the 3rd year of the 5 year Families Moving Forward grant federal grant from the Children's Bureau, partnering with Homeless Prenatal Program, San Francisco Housing Authority, San Francisco Department of Public Health, UCSF Infant-Parent Program, Public Consulting Group and Chapin Hall to implement the program. San Francisco has long struggled with affordable housing, a crisis which only continues to escalate. Historically, homelessness has not been fully addressed in child welfare plans: there is no standardized definition of homelessness, and the need is overwhelming in light of scarce resources at hand. Prior to FMF, children in homeless families were between a 72% and 89% risk of placement, and only 40% were reunified.

An inter-agency group rose to the challenge. Newly opened child welfare families who are homeless (including families with children in foster care) are considered for participation in the program. The program offers

- Rapid engagement
- Intensive wrap-around services
- Cross system teams
- Housing (FUP vouchers and local supportive housing units)

FMF envisions housing as a platform for stabilization, and works to seamlessly coordinate service delivery among multiple public and non-profit agencies. There are low or no barriers to entry and services are available when families want for as long as they need. 80 families have been referred

to date, with a target of 140. This includes single moms, single dads, and same and opposite sex couples. Of the participants:

- 9 families are preparing for graduation from the program
- 31 families had child welfare cases closed
- 29 families housed

STRATEGY 3: INCREASE VISITATION SUPPORTS

Over the last 8 years, San Francisco has developed a comprehensive visitation program to successfully reunify families. Visitation contracts, staff positions, training, supports and materials for visitation provide a good foundation to resolve a variety of implementation issues including capacity, model drift, accountability, and training for both providers and department staff. An interagency workgroup meets regularly to assist with addressing these challenges. This year, the agency is working to tackle technical and adaptive challenges to fully implement visitation model and involve parents in behaviorally-based visitation planning, intervention, and on-going assessment. This year, the agency has:

- Worked with community partner agencies with out of county locations to identify supports, such as facility access, to assist with visits for children placed out of county. Contact information is being finalized as part of a standard triage process when SFHSA requests assistance;
- Opened 2 new visitation rooms in the county building to increase staff ability to provide supervised visitation as needed
- Hired 5 bachelor's level social work staff who can supervise visitation
- Gathered information from Bay Area Academy on visitation analysis developed by other counties
- In partnership with the Bay Area Academy and the Visitation Workgroup, drafted visitation documents to incorporate Safety Organized Practice language, and conducted trainings integrating SOP into visitation practice
- Identified additional county dollars to support expanded clinical supervision of visitation for qualifying families and worked with Community Behavioral Health Services and contracted partners to implement
- Incorporated visitation planning into the family meeting framework through the Family Meeting workgroup (see above for further detail)
- Through the Visitation Workgroup, developed an extensive Visitation Guidebook for provider agencies offering visitation supervision to ensure consistent practice
- Conducted discussion at a monthly SFHSA child welfare supervisors and managers meeting on adaptive challenges implementing the Visitation program.

Next steps include:

- Finalize out of county visitation support triage process
- Complete integration of SOP into visitation documents
- Continue training staff and partners on SOP and Visitation
- Work with the Continuous Quality Control (CQI) unit to develop a visitation analysis to identify best practices and recommendations, including any recommendations related to data and evaluation of visitation
- Continue discussion with staff and partners to further identify adaptive challenges of the visitation model and develop possible resolutions

Method of Evaluation and Monitoring:

First 5 San Francisco and CBHS contract with several community based agencies to provide visitation services. OCAP funds support the visitation supervision offered by the Family Resource Centers; the FRCs are required to enter data into a case management systems database for evaluation purposes. First 5 works with SFHSA to match this data into child welfare's CWS/CMS system and conduct outcome analysis on the families receiving a number of FRC services, including visitation. Participant satisfaction is measured with the Family Resource Center Participant Assessment of Program survey developed by the San Francisco Family Support Network. This tool aligns with the national Standards of Quality for Family Strengthening and Support and assesses participants' perceptions and experiences of program quality. Both CBHS and First 5 provide contract monitoring in partnership with SFHSA. SFHSA will use the visitation analysis to review the visitation data collection process.

STRATEGY 4: CHANGE AGENCY CULTURE TO BECOME MORE ACCOUNTABLE, DATA-DRIVEN, PERFORMANCE-ORIENTED AND TEAM-FOCUSED

This year, San Francisco's efforts to implement this big-picture strategy were underscored through its implementation of a federally funded workforce initiative and hiring of policy and CQI units.

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

Activities this year included:

- **Development of an interagency leadership structure** for child welfare improvements, including support of the Core Practice Model. Informing the leadership team is the Implementation Team, which is designed to coordinate implementation of all major practice improvement initiatives that Family and Children’s Services undertakes, including the California Core Practice Model.
- **Leadership Academy for Middle Managers (LAMM):** Individual coaching and web-based preparation over a 10-12 week period prior to a three-day residential training that is followed by individual and small-group coaching for up to six months
- **Leadership Academy for Supervisors (LAS):** On-line 9-month training program for experienced supervisors based on the NCWWI leadership model with synchronous learning sessions following each online module
- **Organizational Intervention:** Monthly facilitated Site Team meetings consisting of individual site managers, supervisors, line staff, and other key stakeholders at each SF-HSA and Seneca site to address the county Change Initiative. Examples of activities developed so far by the Site Teams include:
 - Wellness activities including staff-led lunchtime wellness groups and mindfulness meditation sessions;
 - Newsletters and bulletin boards to promote better communication within the agency;
 - A pilot mentorship program that allows staff to pair with staff inside and outside the agency to learn new job-related skills.
 - Convening of a Communications Workgroup to developing and implementing communications plan for CQI and CPM

Continuous Quality Improvement (CQI) and Policy Units: SFHSA also identified funding for and hired staff and supervisors for 2 new units, the CQI and Policy units, to develop and systematically implement a model and protocol for continuous quality improvement (CQI) that supports the workforce change initiative as well as other key practice initiatives unit. The 6 bachelor’s level CQI staff and its child welfare supervisor have been trained on the principles and practices of CQI, including the CFSR case records review.

San Francisco is one of five counties participating in the statewide pilot of the new Children and Family Services Review (CSFR) Case Review Tool. The CSFR tool is used to gather and organize information about our cases in a variety of areas related to safety, wellbeing, and permanency. The cases were selected at random by the California Department of Social Services (CDSS), and include both open and previously closed referrals and cases. The review involves review of electronic data, case files and interviews with stakeholders, including the family, the child, foster parents and

Protective Service Workers (PSWs). Since initiating the process in October 2014, the unit has completed 105 case reviews.

STRATEGY 5: STRENGTHEN CROSS SYSTEM STRATEGIC PLANNING, SERVICE COORDINATION AND PARTNERSHIP WITH PUBLIC AND PRIVATE PARTNERS TO RESPOND AS AN INTEGRATED SYSTEM TO CHILD MALTREATMENT AND HOLISTICALLY SERVE FAMILIES.

San Francisco's multiple partnerships with public and private agencies are critical to offering an expansive service array from prevention through intervention and aftercare. However, service providers tend to serve families only from within their own model and system. Lack of a consistent framework across service providers can result in a problematic communication and divergent, conflicting service plans, all of which potentially impede reunification efforts. San Francisco is involved in some key partnerships to reduce fragmentation and strengthen systemic service delivery.

The Family Resource Center Initiative: The FRCi was developed through collaborative planning with three city agencies, SF-HSA, First Five San Francisco, and the Department of Children, Youth, and Their Families, and non-profit FRC providers. The city departments pool their resources, including OCAP dollars, to focus the services offered by the centers and to conduct a more formal program evaluation, maximizing resources to sustain a service delivery continuum from prevention through aftercare. This year, SFHSA worked with its FRCi partners to finalize a theory of change and logic model. A new RFP will be issued this year and the public partners will again work together in its issuance and selection of awardees.

SFHSA's partnership with the new San Francisco Child Abuse Center's Child Advocacy Center offers the structure, support and opportunity to work with other county private and public partners in improving system response to child maltreatment and providing direct support to families through multidisciplinary team interviews in cases of suspected physical or sexual abuse as well as case management, advocacy, and mental health services. The new state-of-the-art facility opened after years of planning, receiving its accreditation early this year. Its multiple public and private partners include but are not limited to the San Francisco Police Department, the District Attorney, and Community Behavioral Health Services, and San Francisco General Hospital, and SFHSA's team meeting unit is collocated there. This year SFHSA has been actively engaged with the CAC partners in developing a strategic plan and identifying prioritized strategies; this is nearing completion.

Provider Advisory Board: The PAB provides a regular forum for dialogue between F&CS and providers bimonthly to improve outcomes for children and families served by the public child welfare system by assuring that alignment of goals, values and practices exists between F&CS and

the private provider organizations (providers). SFHSA and PAB members who offer foster care placements have been working with Chapin Hall and the Annie E. Casey Foundation to identify provider level outcome data. Extensive discussion and data analysis occurred this year to finalize an initial analysis presented to the county and providers last October by Chapin Hall. Chapin Hall will be presenting updated data to SFHSA and individual providers in early November.

Strategy Evaluation and Monitoring: The county utilizes quarterly AB636 data reports, SafeMeasures, and the CQI unit's data reviews and analysis to evaluate and monitor strategy implementation. Special projects codes in CWS/CMS are used as necessary on specific project implementation, including wraparound, the IVE waiver, and Katie A. implementation.

Juvenile Probation Department (JPD) Priority Outcomes and Strategies

3-P1. PERMANENCY RATES FOR CHILDREN IN FOSTER CARE: EXIT STATUS AT 12 MONTHS

As stated above, this outcome has changed with the new federal Child and Family Services Review outcome updates. It now analyzes the exit status of an entry cohort of children entering foster care during a specific 12 month period. It also includes an expanded definition of permanency (reunification, adoption, and guardianship) rather than just reunification, and includes all children entering foster care during a given year – 12 months instead of 6 - not just those who were removed for the first time. The measure thus looks more closely at youth who exit the system relatively quickly.

According to the Berkeley website (http://cssr.berkeley.edu/ucb_childwelfare/), the national standard for this measure is performance greater than or equal to 40.5%. San Francisco's baseline period, July 1 2009 through June 30, 2010, showed that 9.1% of youth involved in Juvenile Probation who entered care achieved permanency within 12 months. While the Berkeley website shows 0% permanency, based on data from the San Francisco Juvenile Probation Department's Juvenile Justice Information System (JJIS), the rate was 4.8%, or 2 of 42 children, who achieved permanency within 12 months. While this number is lower than the baseline, there were also 4 youth who were reunited after one year, 7 who are currently back at home on long term home trials, and 10 who are still in foster care (5 of whom are in a single long-term placement). These additional youth will be part of future P-2 and P-3 statistics also taken from the JJIS.

3-P2. Permanency in 12 months for children in foster care 12 to 23 months

This new measure looks at permanency for children in foster care an intermediate time period. It analyzes all children in foster care on the first day of the 12-month period who had been in foster care (in that episode) for 12-23 months to determine what percent discharged to permanency within 12 months of the first day.

There were seven youth that met the latest CFSR criteria who had been in foster care for 12 to 23 months as of July 1, 2014. Of those seven youth, four of them (57%) reached permanency during the time frame between July 1, 2014 and June 30, 2015. This is 31% above the national standard of 43.6% and 97% above the baseline standard of 29% set for SFJPD.

3-P3. Permanency in 12 months for children in foster care for 24 months or longer

This measure, which has not changed, reviews permanency status for children who have been in the foster care system for a longer period of time, over 2 years.

There were six youth that met the CFSR criteria who had been in foster care for 24 months or longer as of July 1, 2014. Of those six youth, two of them (33%) reached permanency during the time frame between July 1, 2014 and June 30, 2015. This is 9% above the national standard of 30.3% and 43% above the baseline standard of 23.1% set for SFJPD.

JPD is experiencing several significant challenges in to meet this goal. First, the agency has spent the last 10 years working diligently to divert low risk offenders from formally entering the delinquency system. A Probation Officer is assigned to a satellite office in the community where he works collaboratively with Huckleberry Programs at the Community Assessment and Resource Center (CARC) focusing on misdemeanor cases that do not involve violence. JPD exercises its right to divert cases and handle them informally whenever possible. In low level felony cases which mandates referral to the District Attorney's office, Probation Officers conduct a full investigation and an assessment of the youth and families' risk and needs to assist in determining whether that minor would benefit from diversion. Additionally, with the District Attorney's approval, Probation Offices refer those cases for services to the Juvenile Justice Community Assessment and Resource Center (CARC).

This means the population currently being served by JPD is primarily high risk offenders, youth who commit serious offenses, aggravated assault, possession of a firearm, robbery and attempted murder among the most common. Most of these youth have received multiple interventions and services within in the community. Although other counties utilize their county camp programs or the state correctional institution, the Division of Juvenile Justice, for these types of offenders, in San Francisco, they are often committed by the court to out of home placements (OOHP). These youth generally have had multiple contacts with the delinquency system and are difficult to maintain locally as they are sophisticated, usually gang involved, and often require rehabilitation in a remote placement due to community safety and their tendency to abscond from placement.

The youth's safety is also a significant factor in achieving timely reunification. San Francisco, being both a city and county, poses a few challenges, especially for gang affiliated youth who often come from the lower socioeconomic areas of town. Returning them home to the very neighborhood where they are surrounded by their negative peers can quickly impede the progress youth make in placement towards rehabilitation and treatment. In reality, return to the neighborhood thrusts them back into the life that likely put them in the delinquency system to begin with. Many of youth are gang affiliated, and have worked long and hard to change their behaviors. Returning home is not always in their best interest as their safety is compromised. Often, they will fall back to what surrounds their everyday: negative peers, gang associates and rivals nearby. As a result, JPD utilizes information from our Family Finding efforts to secure housing with relatives in neighboring cities. For older youth interested in independent living, step down to transitional housing, JPD works diligently to identify a transitional housing program within the Bay Area to maintain family supports. In these situations, OOHP is not vacated and the youth's reunification is delayed as the agency works towards independent living.

Assembly Bill 12/212 and the new status known as Non-Minor Dependents (NMD) has also affected length of stay in care before reunification or OOHP orders are vacated. In Probation, the Courts are not inclined to vacate OOHP orders when a youth has reunified if they have not had their 18th birthday. The OOHP order will remain open despite the possibility of reunification in order to make the youth eligible for AB12 benefits. This will appear in CMS as continued placement.

Status of Juvenile Probation Strategies

STRATEGY 1: PROBATION WILL FOCUS ON COMPLIANCE WITH STATUTORY OBLIGATIONS WITH CWS/CMS SO OUTCOMES ARE TRACKED AND MEASURED

A big focus for Probation is compliance with entry into CWS/CMS, which JPD continues to work towards. JPD has designated the Placement Supervisor to create the record for foster youth once they're committed to OOHP by the court and their residential treatment program is identified. Safe Measures data indicates that the average number of probation youth in Foster Care from 10/03/13 to 10/02/14 was 210, and from 10/03/14 – 9/30/15, 222. These numbers reflect youth with an OOHP order whose cases remain in Placement Unit and the Juvenile Collaborative Re-Entry Unit (JCRU). JCRU staff supervise youth who, after successfully completed residential treatment, have reunified, are in transitional housing, reside with a relative, or have absconded from placement but have yet to have their OOHP order vacated. JPD continues to work on improving compliance with month to month contacts. Continual training is offered for Probation Officers in the Placement and JCRU units to improve data entry.

Probation did not meet the goal for monthly contacts. The State's standard for monthly contacts is 95% and Probation's current baseline goal is 48.4%. According to the Berkeley website, from July 1,

2014 through June 30, 2015, Probation had a 36.3% compliance rate. Data extracted from the Safe Measures site (accessed on October 26, 2015) shows that Probation in fact exceeded the baseline goal by completing 52.8% of monthly contacts. Data from October 1, 2014 through September 30, 2015 showed an even higher completion rate of 56.5%. Probation's continued efforts with entry in CSW/CMS will only serve to reflect an accurate picture of compliance with monthly contacts. Further as JPD continues to close out old cases and input placement history, the next reporting period should show improvement.

Probation has had some difficulties obtaining State ID numbers for youth in group home care. This has impacted the ability to enter the placement information in CWS. This was recently resolved and JPD now has access to State ID numbers and has begun entering the placement history for each youth. The placement supervisor, one clerical staff, and an additional part time clerical probation staff are currently working to enter group home placement information and the SOC 158A Foster Child's Data Record. This team is now inputting placement information for 2015 and reviewing cases that require closure in the system. Once this is current, the monthly contact performance measure should improve as well.

Additional clean up in August of 2015 identified 66 cases in the Placement and JCRU Units that require closing in CWS. These are youth 18 years and older who continue to have OOHP orders but have absconded from their placements. Due to their age, they are no longer eligible for group home placement even when they resurface. This cleanup will assist in providing a more accurate number of youth in group home care, monthly contacts, and education records.

JPD continues to strive towards improving entry of education information into CWS/CMS. According to Safe Measures, from October 2014 through September 2015 65% of Probation youth continue to require their educational information updated. JPD is working on making consistent data entry for this measure standard practice.

Training on the CWS/CMS is ongoing for Placement staff as JPD continues to reinforce this responsibility. This includes training on data entry related to educational information, month to month contacts, ILSP contact, parent contact and collateral contacts. Training for the past year from August 2014 through July 2015 was provided on

- August 27, 2014
- October 8, 2014
- October 29, 2014
- April 24, 2015
- July 21, 2015
- July 22, 2015
- July 27, 2015

Probation will continue to utilize resources and set ongoing trainings for Placement and JCRU Probation Officers and clerical staff until data entry is current and the department is fully compliant with requirements. Training for transitioning youth's cases to reflect AB12 status is pending. This training will be mandatory for Placement and JCRU Supervisors, JCRU clerical staff and JCRU Social Workers.

STRATEGY 2: INTENSIFY PREVENTION BY PROVIDING EARLY ACCESS TO COMMUNITY BASED SERVICES THAT ARE CULTURALLY COMPETENT AND ENGAGE THE FAMILY TO PREVENT THE NEED FOR REMOVAL

San Francisco Juvenile Probation continues to provide early access to community based services that engage the family in order to prevent the need for removal. The Juvenile Advisory Council (JAC) Orientation is facilitated by young adults who were formerly involved in the juvenile justice system. They conduct monthly probation orientation sessions for youth and their parents new to juvenile probation. The interactive workshop takes place every first Saturday of the month. The goal is to reduce probation violations by clearly communicating court and probation roles, rules and expectations in a manner that is readily understood. JPD strives to motivate youth to change their decision making patterns and build the knowledge they and their parents need so they can successfully complete probation and exit the juvenile justice system. JAC members provide a peer-based perspective on how to use involvement Probation as an opportunity to positively change their lives. Parents and youth are urged to engage in discussions that raise awareness, address questions, and build an understanding of the system.

From September 1, 2014 through August 31, 2015, the JAC conducted a total of 12 Probation Orientations that included 69 families. Of the 69 families that participated in the Probation Orientations, 66 (96%) reported the Orientation provided useful information about what to expect from their probation experience. Sixty-one (88%) reported the Orientation motivated them to want to make better decisions and complete probation successfully. In addition, 67 youth (97%) stated that going through the Orientation with their parents was a positive family experience.

Through the Juvenile Advisory Council, JPD discovered that many families not only found the Orientation helpful, they were interested in additional services for their families. As a result, in 2014 and in partnership with Seneca Family of Agencies, JPD began discussion around the development of a program, the Family Forum, to increase prosocial intra-family relationship building and self-sufficiency. The clinician, selected by the community partners, began attending and participating in the JAC orientations, speaking with families and surveying their interests and needs. Unfortunately, due to staffing changes within the Seneca Family Agency organization, the program could not be fully implemented.

However, the Juvenile Probation Department continues to utilize other family centered services, including wraparound, a strength-based, individualized intensive intervention. As authorized by Senate Bill 163, these services have been provided to of probation youth on wardship or stepping

down from residential treatment, and their families. Youth are assessed as high risk for residential care through a Child Adolescent Needs and Strengths assessment, also referred to as the CANS. From 9/1/13 through 8/31/14, 34 Probation youth and families were provided wraparound services to prevent removal or re-entry into foster care when returning home from residential treatment.

Additional families were identified as ones who could benefit from wraparound, but did not meet eligibility requirements for wraparound under SB163. When San Francisco opted into the Title IVE waiver, Juvenile Probation expanded wraparound services to youth and families whose cases are still pending adjudication or to families of youth deemed to be incompetent and unable to assist counsel in their own defense. Together with SFHSA, the Request for Proposal (RFP) was issued on February 20, 2015. The current wraparound provider, Seneca was selected and the process to award the contract began. Seneca subcontracts with three community based providers already involved in the wraparound partnership and well known to both the SFHSA and JPD. Given that the new contract remained with the existing provider, there has been a seamless transition in serving the expanded population.

In March of 2015, Probation began to serve the expanded population. From 9/1/14 through 8/31/15 Juvenile Probation referred 62 youth/families for wraparound services. Of the 62 families referred this reporting year, 12 families are receiving wraparound services as a result of the waiver. Driving the identified need for wraparound continues to be the utilization of the CANS assessment tool, this allows for consistency in determining both the need and level of service for all mental health interventions.

Probation continues to utilize early interventions in the community whenever possible and seeks to identify any gaps in service that might impact in the need for residential care. For the past 8 years, Probation has collaborated with Asian American Recovery Services (AARS) to deliver substance abuse services to justice involved youth. Although a meaningful service for many probation youth, discussions with community partners identified the need for a more intensive, clinical intervention given the increase of youth with mental health issues. With a lack of intensive community intervention to help youth with co-occurring disorders, residential treatment was the only default. The Probation Department has worked with county partners in the Department of Public Health to address this gap and in 2013 collaboratively applied for a Second Chance Act grant.

From September 1, 2013 through August 31, 2014, JPD and DPH researched dual diagnosis community based treatment modalities. The Department of Public Health team then developed the Treatment to Recovery with Collaboration through Knowledge (TRACK) model and to identify staff in collaboration with community partners. TRACK staff were identified and the Recovery Coach began organizing trainings for treatment teams around the model. By September of 2014 the program began taking referrals and as of August 31, 2015, has accepted 27 referrals. To date, TRACK has successfully graduated 2 clients and presently has 20 active clients in treatment. Unfortunately, 4 youth were unable to be treated within the community and were placed in

residential programs and an additional youth did not continue with treatment after being told by the court it was no longer necessary. Probation, together with county partners, continues to oversee the implementation of TRACK and are hopeful for promising outcomes.

STRATEGY 3: IMPROVE TIMELY REUNIFICATION FOR ALL YOUTH BY PROVIDING INTENSIVE FAMILY SERVICES AND SUPPORTS WHILE MINORS ARE IN PLACEMENT

Probation's third strategy centers around providing intensive family supports for youth transitioning home from placement. The goal of the program is to engage families in supporting their children in placement, to actively participate in their treatment plans so youth are less inclined to abscond, and to successfully complete their goals and reunify sooner. The level and type of intervention is fluid and can look a bit different for each family depending on the need. All youth/families where a commitment has been made for OOHP are referred to FIRST, or Family Intervention Recovery and Supportive Transitions Program. AIIM Higher partners, a team of mental health specialists from the Department of Public Health and Seneca, conduct an evaluation and provide recommendations regarding the need and level of intervention. While some families might require therapeutic interventions to assist in coping with the child's removal, other families might only require case management services. FIRST can assist families during all phases of placement, from commitment, during placement, and when preparing to transition home.

From December 2013 through May 2014, the FIRST team was engaged in planning, hiring and training FIRST staff to provide treatment services. FIRST began implementation in late June 2014 and received 7 referrals between June and August 31st of 2014. Five youth were enrolled in the program; 2 were not eligible. While initially 2 agencies were to provide treatment services, only one team of 3 clinicians was able to hire and train staff to provide FIRST services.

As staffing ramped up, so did the referrals. From September 1, 2014 through August 31, 2015, 47 youth were referred. 23 youth were enrolled and 18 were found not to be eligible. Of the ineligible youth, 9 received other, duplicative services; 3 had monolingual Spanish caregivers and a Spanish speaking FIRST clinician was not available; 3 were referred to other services due to lack of availability of FIRST staff at the time of reunification; 2 were withdrawn at the discretion of the Probation Officer; 2 were not going back to their family upon completion of their treatment program; and 1 family was absent without leave greater than 30 day, resulting in case closure. Most recently, FIRST has added a Spanish speaking clinician, so ineligibility due to language capacity will no longer be an issue.

In preparation for their transition home, assessments continue to guide the level and type of service. Approximately 90 days before a youth has met their treatment goals and are preparing for reunification, JCRU Social Workers, the Placement Probation Officer and the assigned clinician from the residential program convene to discuss the youth's achievements and challenges. Prior and

current assessments, services, and treatment in the community are considered and used to inform the level of service need. In the past year, of the 27 youth reunified with a parent, guardian or relatives, 20 were referred for wraparound services.

Probation continues to identify supports through Family Finding efforts so families can remain connected and informed. The Relative Notification Coordinator is provided a list of youth who have been in detention for 11 days or longer. Although not all of these youth are at risk for removal, utilizing family finding strategies early in the adjudication process can strengthen the possibility of a youth remaining with family. For 2014, the Relative Notification Coordinator served 225 youth/families, mailing 271 letters to family members to the 5th degree and discovering 117 new relatives or connections. In January through July, 2015, 73 youth/families were served, 141 letters mailed and 23 new relatives discovered. Although Family Finding has assisted in placing youth with identified relatives earlier in the adjudication process, the majority of youth are removed from the home due to recidivism and the danger they pose to the community. As such, JPD also utilizes Family Finding to address the safety of youth during reunification efforts. As mentioned earlier in this report, unfortunately, it is neither safe nor rehabilitative for some of gang related youth to return home to their community. Family Finding has truly come to serve this population as JPD works to place them with relatives outside of San Francisco whenever possible in order to avoid transitional housing.

When San Francisco opted into the waiver, Probation Departments were provided an opportunity to identify other strategies outside of wraparound that would benefit the youth and families. Parental engagement has been at the forefront of San Francisco's quest to reduce the need for residential treatment, length of time in treatment and improve outcomes. Probation engaged in research to identify a service or model that would best serve San Francisco's population and discovered that Parent Partner models were associated with a reduction in the use of residential treatment and or reduction in placement durations. Although a model for delinquency involving youth does not exist, SFHSA, which already had a Peer Parent Partner Program, was in the process of issuing a Request for Proposal (RFP). JPD was invited to collaborate on the development of the RFP, which was issued August 27, 2014 with proposals due October 1, 2014.

Several community agencies responded to the RFP and A Better Way (ABW) was selected and given the contract. Unfortunately, there were issues that emerged when the contract was awarded to a new provider, causing delays in the final award. The contract was finally approved in August of 2015 and JPD formally met its new partners on September 11, 2015. Since then, the Director and Supervisor of A Better Way have viewed the Juvenile Advisory Council, visited the Probation Enrichment Program, sat in on the Placement Calendar (where all placement cases are reviewed for status) and participated in the Multi-Disciplinary Team meeting. These opportunities introduced A Better Way into the delinquency system and operations. ABW and JPD are currently discussing recruitment for Probation's Peer Parents.

The goal of the Peer Parent Program is to decrease the duration of out of home placement for youth and improve outcomes as they reintegrate into the community. Peer to peer mentoring services employ parents who have successfully reunified with children who were removed by the child welfare or delinquency system, or who had prior experience as a parent or family member of a youth who receive services through one or more of the county systems of care. These peer parent mentors will provide culturally competent supports and guidance to parents who are currently involved with probation and may be struggling to navigate the system. The program encourages peers to utilize their lived experience, when appropriate. This service would include peer support group counseling, individual coaching and family therapy. Together with services identified earlier in this Progress Report, JPD anticipates the peer parents help prevent children from coming into care and achieve stronger outcomes for families by increasing successful reunification and reducing reentries.

OBSTACLES AND BARRIERS TO FUTURE IMPLEMENTATION

The lack of affordable housing crisis in San Francisco, a long-standing impediment for multiple reasons, continues to escalate. As a result, San Francisco is increasingly placing children at long distances, even out of the Bay Area. This has tremendous impact on the county's ability to provide timely, effective, and supportive services for families in reunification, and creates significant logistical burdens including but not limited to visitation, MediCal access and clinical services, and school coordination.

This impacts not only families, but also staff. With the tech economy exploding, county and provider salaries cannot compete with those offered by the tech sector, and agencies are struggling to hire qualified staff. At the same time, SFHSA has been able to increase a number of child welfare positions – the first time in several years – and is working diligently to fill vacancies.

The federal Families Moving Forward grant described above is intended to help mitigate some of the significant housing challenges faced by families. As an RBS pilot county, San Francisco is actively engaged in the statewide Continuum of Care which will inform efforts to promote permanency for children in spite of these significant barriers. The Provider Advisory Board is also discussing how to develop and sustain a community-based workforce in the light of the economic climate.

PROMISING PRACTICES/ OTHER SUCCESSES

Commercially Sexually Exploited Children (CSEC): San Francisco has worked hard this year to improve its response to this population of young people. The county 'opted in' to the State's CSEC program. As part of the program, San Francisco completed a county plan with a coordinated, multi-disciplinary approach to better meet the needs of both children and youth up to age 21 at risk or involved with trafficking. Accomplishments this year include: the completion of a 11-member MOU detailing the roles and responsibilities of the CSEC protocol; establishing a county-wide CSEC Steering committee with representation from the police department, the public defender, the City Attorney's office, and non-profits partners that will oversee the implementation of the protocol; SFHSA partnering with West Coast Children's Clinic to pilot a CSEC specific identification and assessment tool to better identify and offer services to at risk or involved youth; and finally, a pilot project to provide immediate crisis intervention, advocacy and case management services to CSEC victims in coordination with the Child Abuse Hotline.

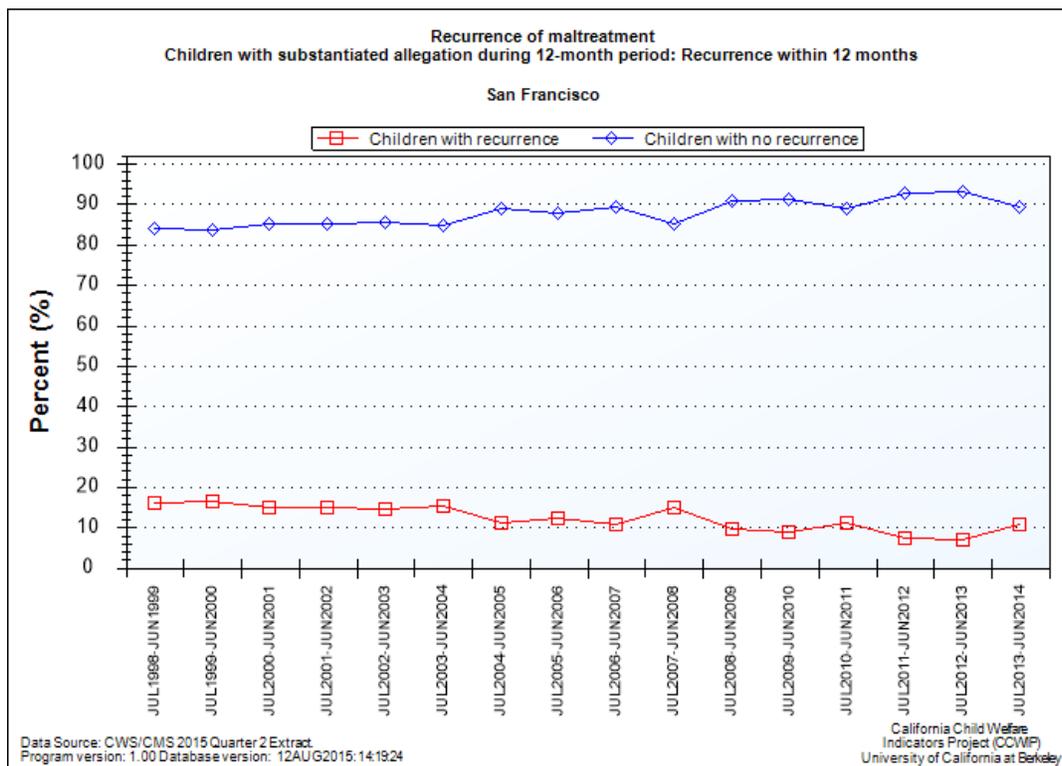
OUTCOME MEASURES NOT MEETING STATE/NATIONAL STANDARDS

As of the last reporting period, San Francisco is meeting the required standard for S1, Maltreatment in Foster Care (7.79%); P2, Permanency within 12-23 months (48%); and P3, Placement Stability (3.12%). The measures discussed below are those in which the county performed below the federal target. Given the timeframe of these measures, more time is necessary to determine if the strategies identified in this SIP will be effective.

S1: Recurrence of Maltreatment in foster care: Of all children in foster care during a 12-month period, what is the rate of victimization per day of foster care? The new measures review the rate of maltreatment per child days in foster care vs. percentage of children not maltreated in foster care, and includes all maltreatment types by any perpetrator vs. just maltreatment by foster parents/facility staff. In the last reporting period, July 2014 through June 2015, San Francisco's rate was 8.33%, which meets the federal target of less than 8.5%.

S2: Recurrence of maltreatment: Of all children who were victims of a substantiated report of maltreatment during a 12-month reporting period, what percent were victims of another substantiated maltreatment allegation within 12 months of their initial report? The updated measures looks at a window of 12 months, rather than 6, and looks at recurrence of maltreatment, rather than no recurrence. During the most recent reporting period (4/1/14 through 9/30/14), SFHSA scored 9.9% (71 out of 666 children suffered recurrence of maltreatment), slightly above the

national standard of 9.1%. The graph below, which illustrates San Francisco's performance over a 15 year period (1999 to 2014) shows a relatively stable trend line for this measure.



P3: Permanency for children in foster care 24 months or more. This measure, which has not changed, reviews permanency status for children who have been in the foster care system for a longer period of time, over 2 years. During the most recent reporting period (July 1, 2014, through June 30, 2015), 27.4% of children achieved permanency; the national standard is greater than 30.3%. These tended to be younger children under the age of 5, most of who exited to adoption. The charts below outlines the type of permanency achieved for different age groups by both percentage and count.

San Francisco

	Age Group						All
	Under 1	1-2	3-5	6-10	11-15	16-17	
	%	%	%	%	%	%	%
Exited to reunification	.	.	.	6.5	2.3	2.4	2.7
Exited to adoption	.	71.4	57.1	15.2	4.7	.	12.0
Exited to guardianship	.	.	19.0	8.7	8.5	2.4	7.2
Exited to non-permanency	0.8	14.6	4.5
Still in care	.	28.6	23.8	69.6	83.7	80.5	73.6
Total	.	100.0	100.0	100.0	100.0	100.0	100.0

San Francisco

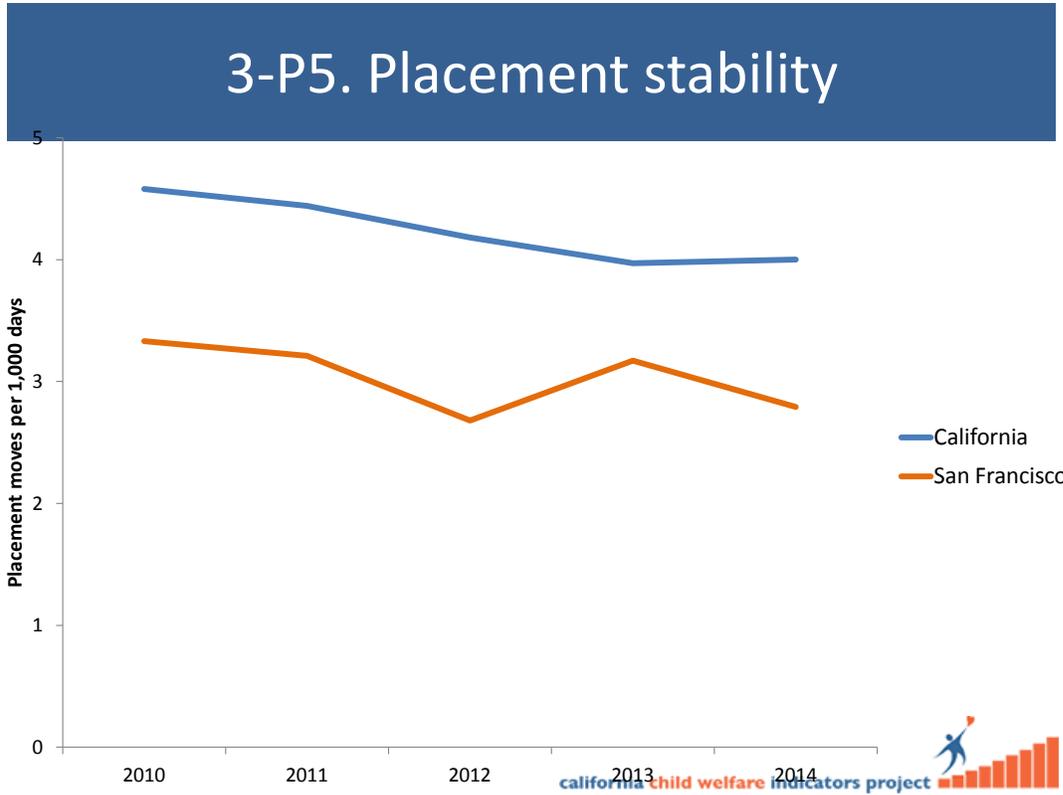
	Age Group						Total
	Under 1	1-2	3-5	6-10	11-15	16-17	
	n	n	n	n	n	n	n
Exited to reunification	.	.	.	3	3	2	8
Exited to adoption	.	10	12	7	6	.	35
Exited to guardianship	.	.	4	4	11	2	21
Exited to non-permanency	1	12	13
Still in care	.	4	5	32	108	66	215
Total	.	14	21	46	129	82	292

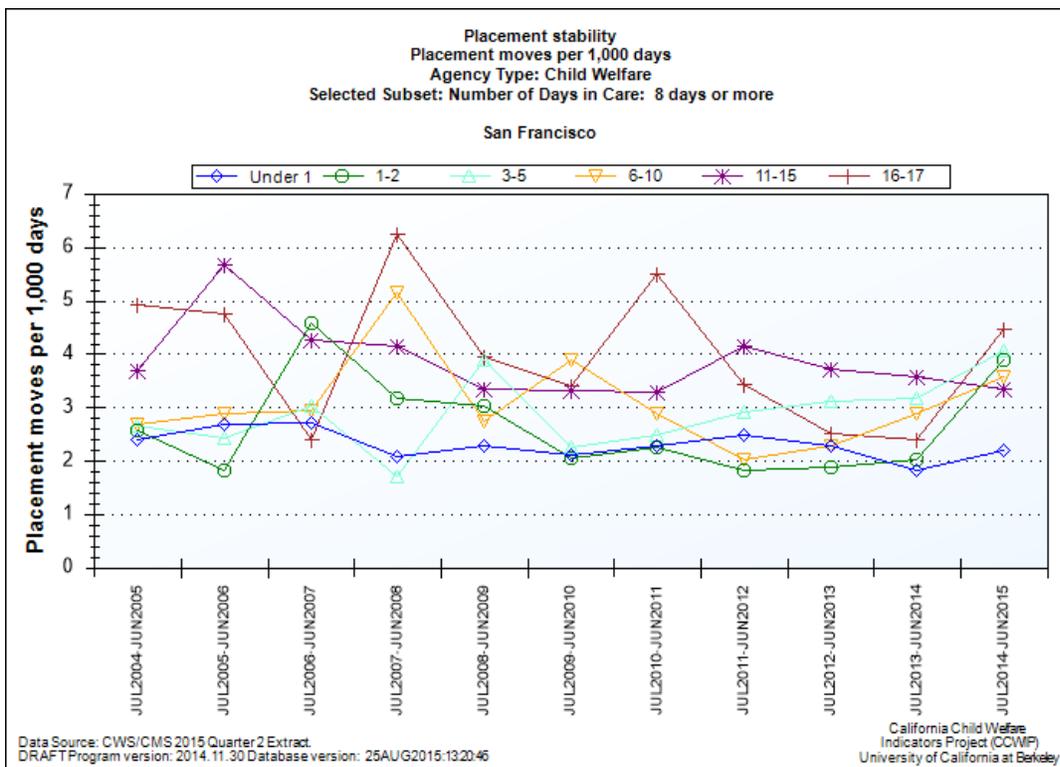
P5: Placement Stability

Of all children who enter foster care in a 12- month period, what is the rate of placement moves per day of foster care?

This updated measure reviews an entry cohort rather than looking at all children in care less than 12 months. It accurately accounts for the actual number of moves instead of the previous “2 or more” indicator, allowing for a more refined look at placement stability. The initial removal from home is not counted as a placement looks, nor are children in care for less than 18 days and non-

minor dependents entering or exiting care after age 18. The national standard for this measure is performance less than or equal to 4.12 per 1,000. In the last reporting period, San Francisco's performance was 3.40 per 1,000. As the graph below demonstrates, San Francisco has consistently met the target for this outcome measure. However, as the county works towards improving permanency outcomes for children, placement stability is impacted as it means children and youth will be moving from foster care, including congregate care, to permanent homes including those with biological or adoptive parents and relatives.





State and Federally Mandated Child Welfare/Probation Initiatives

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

Continuum of Care Reform (SB1013): San Francisco is one of four pilot sites for the Residentially Based Services (RBS) program, the model for much of the program and fiscal discussion and planning for Congregate Care Reform. This program seeks to move residential treatment from a place-based intervention to a community-oriented program. As of June 30, 2015, 74 children and youth have been enrolled in RBS. To date, 38 graduated to homes with biological or adoptive parents, relatives, intensive treatment foster parents, or to emancipation/Independent Living Programs. 28 exited without graduation for a variety of reasons, such as: AWOL; significant mental health needs necessitating higher level of care; or juvenile incarceration. Initially three agencies (Seneca, St. Vincent’s, and Edgewood) were involved in the pilot; at this time, however, only St.

Vincent's is involved. RBS helped shift provider culture to considering residential treatment as a shorter-term intervention with stronger links to family and community based care. As congregate care reform nears implementation, local lessons learned through RBS will help inform that process.

Fostering Connections after 18 Program (AB 12): AB 12 began on January 1, 2012. SF-HSA expects that the program will serve about 325 youth per year, or 90% of the eligible population. Case management includes monthly visits and specialized advocacy in housing, education, and employment to help youth manage their transition to adulthood. In the 2014.15 fiscal year, 292 Juvenile Probation and Child Welfare youth were served through AB12. An additional 24 youth reunified and 49 entered guardianship.

SF-HSA built on the initial training and learning sessions with child welfare supervisors of units serving youth aged 16-21 to accomplish the following in 2014.15: the development of new or refinement of existing policies and procedures; clarification of practice expectations including the development of checklists, flow charts, cheat sheets and reports for both supervisors and staff to monitor compliance progress over time and promote continuous quality improvement; ongoing team building activities; refresher trainings; and the first annual 16-21 Convening. Convening participants included youth, child welfare and SF-ILSP staff, services providers, youth and young adults (NMDs) ages 16-21. The SF-ILSP contract scope was also revised to align more closely with the needs of the 16-21 population.

Katie A. - Interagency Services Collaborative (iASC): Katie A. v. Bonta refers to a class action lawsuit filed in federal district court in 2002 concerning the availability of intensive mental health services to children in California who are either in foster care or at imminent risk of coming into care. San Francisco mental health and child welfare departments are working together to design an attachment and trauma focused system with a shared framework that is information driven, integrated, and innovative to support the health, safety, permanency and well-being of children, youth and families that have been involved in or at risk of involvement in Foster Care, Probation, Special Education and are struggling with the complications of behavioral health issues. The goal is to design a system that will serve the Katie A. and non-Katie A. children and families alike.

To put this vision into practice, the Department of Public Health and SF-HSA created a local name for the public agency partnership -- the Interagency Services Collaborative (iASC) -- and formed a joint implementation and oversight management structure. Both agencies are working together on a "Plan Do Study Act" implementation approach in initiating changes that will help improve mental health access and service delivery for the child welfare population through a cross-agency pilot. Key objectives of the pilot include developing a model for the **Child and Family Team**, data collection to determine whether the changes are leading to improvements, developing a **Shared Family Care Plan that informs both the child welfare case plan and mental health treatment plan**, and a **Shared Coaching** model recently introduced to support the change process, foster peer learning, and strengthen partnership between child welfare line staff and mental health clinicians.

San Francisco is continuing to refine its data collection, coordinating 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. Working across the databases for these two public entities has numerous challenges. However, as of October, 2015, San Francisco identified 480 children and youth potentially eligible for Katie A. Of these, 463 were matched to the Avatar system. 336 had received a mental health services in the prior year. 157 had received intensive care coordination and 154 In-Home Behavioral Services.

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

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

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

In addition, HSA has expanded wraparound services to families previously not eligible, e.g., families voluntarily engaged with the department. JPD is adding a Parent Partner program. These Child Welfare and Probation interventions should help to reduce admissions to foster care (including re-entries) and reduce the average length of a foster care placement (duration). Please refer to the IV-E Waiver section above for more information.

Child Welfare 5 – YEAR SIP CHART

Priority Outcome Measure or Systemic Factor: 3-P1: Permanency rates for children in foster care: Exit status at 12 months

National Standard: 40.5%

CSA Baseline Performance: San Francisco's baseline period, July 1 2009 through June 30, 2010, showed that 37.6% of children entering care achieved permanency within 12 months.

Target Improvement Goal: Increase by 10% to 41.5% by October of 2019

Priority Outcome Measure or Systemic Factor: P4: Of all children who enter foster care in a 12-month period and are discharged within 12 months to reunification or guardianship, what percent re-entered foster care within 12 months of their date of discharge?

National Standard: 8.3%

CSA Baseline Performance: San Francisco's baseline period, July 1 2008 through June 30, 2009, showed that 20.5% of the cohort of children who exited care reentered within 12 months.

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

Strategy 1: Ensure a safety assessment and planning process that is rigorous, balanced, culturally sensitive, and effectively engages the family.	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s): <ul style="list-style-type: none"> • Timely Reunification • Reentries Applicable Systemic Factors: <ul style="list-style-type: none"> • Case Review System • Staff, Caregiver, and Service Provider Training (Workforce Development) 	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF		
	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
A. Utilize Structured Decision Making comprehensively and consistently by documenting allegation changes, additions, and supervisory oversight. <ul style="list-style-type: none"> • Develop Policy • Conduct Training • Conduct Analysis to inform implementation and continuous quality improvement 	July 2015	October 2016	FCS Program Directors
B. Expand Safety Organized Practice (SOP) training to SFHSA managers, the San Francisco Unified Family Court, and public and community partners including Community Behavioral Health Services and the Family Resource Centers.	October 2015	October 2018	FCS Program Manager

<p>C. Increase SOP coaching capacity for staff.</p> <ul style="list-style-type: none"> • Increase coaching capacity through the Bay Area Academy from part-time to full-time position • Colocate position at SFHSA fully engage staff and partners. • Conduct coaching for all child welfare case carrying workers • Expand coaching to include all child welfare staff working directly with families 	October 2014	October 2017	FCS Program Manager
<p>D. Conduct analysis of SOP impact on child welfare outcomes</p> <ul style="list-style-type: none"> • This analysis will be performed as required for participation in the Title IV-E waiver. 	January 2015	October 2019	Program Director
<p>D. Through the implementation of the Katie A. initiative, work with Community Behavioral Health Services to expand the Child Adolescent Needs and Strengths (CANS) assessment to children entering the child welfare system and conduct Child and Family Team meetings with the family, child welfare worker, mental health provider, and family partner.</p> <ul style="list-style-type: none"> • Develop a meeting model process • Pilot meetings through a PDSA model • Ensure expanded capacity to conduct assessments and meetings for both child welfare and mental health • Develop policy and procedure 	October 2014	October 2019	FCS Program Manager

<ul style="list-style-type: none"> • Conduct related trainings • Analyze CANS outcomes to determine effectiveness and inform planning and implementation 			
<p>E. Expand parent partnership and engagement through the Peer Parent Advocate program and Fatherhood Initiative to ensure timely, effective engagement of all parents in safety and case planning.</p> <ul style="list-style-type: none"> • Develop and issue RFP 	January 2015	June 2015 COMPLETED	Deputy Director FCS Program Manager
Strategy 2: Intensify Prevention by Strengthening the Family Network and Supports	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s):	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF	<ul style="list-style-type: none"> • Timely Reunification • Reentries Applicable Systemic Factors: Agency Collaboration	
<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped	Allocation Project	
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
<p>A. Continue implementation of participatory meetings (e.g., Team Decision Making meetings, Child and Family Team meetings, and Family Team meetings) and develop a comprehensive meeting framework that allows for fluidity and responsiveness across meeting models.</p>	October 2014	June 2016	Program Director

<p>B. Through the federal IV-E waiver, expand wraparound services for families who do not meet SB163 criteria, e.g., for families who have voluntary cases, after case dismissal, and/or guardianship cases.</p> <ul style="list-style-type: none"> • Issue new RFP • Provider hires and trains staff • Begin service delivery 	<p>June 2015</p>	<p>January 2016 COMPLETED</p>	<p>Program Manager</p>
<p>C. Continue implementation of the Families Moving Forward federal grant in partnership with Seneca Family of Agencies, the Homeless Prenatal Program, and SafeCare providers.</p>	<p>October 2014</p>	<p>September 2017</p>	<p>Program Manager</p>
<p>D. As an agency, advocate and work with public partners and legislators to address housing issues impacting families and youth.</p>	<p>January 2015</p>	<p>October 2019</p>	<p>Executive Staff</p>

<p>Strategy 3: Increase visitation supports.</p>	<input type="checkbox"/> CAPIT	<p>Applicable Outcome Measures:</p> <ul style="list-style-type: none"> • Timely Reunification • Reentries <p>Applicable Systemic Factors:</p> <ul style="list-style-type: none"> • Agency Collaboration • Staff, Caregiver, and Service Provider Training (Workforce Development)
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project

Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
A. Given the high number of children placed out of county, increase the ability of parents to visit their children in the county of residence by providing transportation to the parents and partnering with other counties and agencies to identify and expand visitation locations.	October 2014	October 2017	Program Director
B. Create new visitation rooms in the county agency to increase staff ability to provide supervised visitation as needed.	January 2015	January 2015 COMPLETED	Deputy Director
C. Address visitation capacity issues by hiring 5 bachelor's level social worker staff who can supervise visitation.	October 2014	June 2015 COMPLETED	Deputy Director
D. Conduct a visitation analysis to identify and implement recommendations in the visitation model implementation <ul style="list-style-type: none"> • Identify assessment options • Determine cost and funding • Conduct analysis • Review of evaluation findings to date and related program adjustments and improvements • Develop and implement plan to address findings of visitation assessment, including training and coaching supports. 	July 2015	October 2018	Program Manager

E. In partnership with the Bay Area Academy, develop a comprehensive training plan based on the findings and recommendations of the visitation analysis.	January 2017	October 2018	Program Manager

Strategy 4: Change agency culture to become more accountable, data-driven, performance-oriented and team-focused.	<input type="checkbox"/> CAPIT	Applicable Outcome Measures: <ul style="list-style-type: none"> • Timely Reunification • Reentries Applicable Systemic Factors: <ul style="list-style-type: none"> • Case Review System • Quality Assurance 	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF		
	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
A. Implement a system of accountability in executing action plans developed in participatory meetings. <ul style="list-style-type: none"> • Identify meetings needing increased accountability and support. • Develop plan to address barriers and challenges • Implement plan • Evaluate process 	January 2015	October 2016	Program Director
B. Create a Continuous Quality Improvement unit to ensure compliance and consistent implementation of identified best practices across the division. <ul style="list-style-type: none"> • Hire Staff • Train staff in CQI processes • Identify case review process • Inform staff • Conduct review • Review findings and determine related action plan as needed 	October 2014	October 2019 COMPLETED	Deputy Director

<ul style="list-style-type: none"> Maintain on-going review processes 			
<p>C. Create a Policy Unit to develop and update policy and procedures to ensure consistent casework practice.</p> <ul style="list-style-type: none"> Hire staff Begin protocol/handbook development Finalize handbook Update and revise as required 	October 2014	October 2016 COMPLETED	Deputy Director
<p>D. Engage in the National Child Welfare Workforce Institute workforce initiative and Comprehensive Organizational Health Assessment (COHA), in partnership with University of California, Berkeley and Seneca Family of Agencies to build a climate and culture that promotes innovation, partnership, and performance.</p> <ul style="list-style-type: none"> Measure, monitor and improve agency culture and climate. Develop and systemically implement a model and protocol for Continuous Quality Improvement (CQI) that supports the workforce change initiative and other key practice initiatives. Integrate the protocol into a Practice Model (PM) based on the California Core Practice Model. Train, coach and support staff at all 	October 2014	October 2017	Deputy Director Program Directors

<p>levels to support and implement the CQI and PM</p> <ul style="list-style-type: none"> • Improve leadership and workforce development via the Leadership Academy for Middle Manager and Supervisors 			
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<p>Strategy 5: Strengthen cross system strategic planning, service coordination and partnership with Public and Private Partners to respond as an integrated system to child maltreatment and holistically serve families</p>	<input type="checkbox"/> CAPIT	<p>Applicable Outcome Measures:</p> <ul style="list-style-type: none"> • Timely Reunification • Reentries <p>Applicable Systemic Factors:</p> <ul style="list-style-type: none"> • Agency Collaboration 	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF		
	<input type="checkbox"/> N/A	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
<p>A. Partner with First 5 SF and Department of Children, Youth and Families in strengthening implementation of the Family Resource Center initiative (FRCi).</p> <ul style="list-style-type: none"> • Finalize theory of change and logic model • Work with lead agency First 5 to develop and issue RFP • Partner in ongoing implementation, analysis and improvement 	October 2014	October 2019	FCS Program Director and Manager

<p>B. Actively engage in cross system strategic plan development and implementation of identified strategies at the new Child Advocacy Center, a multi-agency public/private partnership led by the San Francisco Child Abuse Prevention Center, to improve cross-system response to child maltreatment.</p>	October 2014	October 2016	Deputy Director Program Director Program Manager
<p>C. Partner with Community Behavioral Health to implement the Interagency Services Collaborative (iASC), the local implementation of the Katie A. initiative.</p> <ul style="list-style-type: none"> • Expand child and family teams meetings to include mental health and peer parent representation from either the child welfare or mental health systems. • Develop Shared (Family, Child Welfare, and Mental Health) Case Plans, including shared formulation • Design and offer Shared Case Consultation and Coaching for the Child Welfare and Mental Health team • Conduct data analysis that utilizes information from CWS/CMS and CalWIN in coordination with data from mental health services 	October 2014	October 2017	Program Manager

<p>D. Partner with child welfare serving agencies on the Family & Children’s Services Provider Advisory Board to strengthen collaboration and review data to improve outcomes.</p> <ul style="list-style-type: none"> • Review and discuss provider-level outcome data provided by Chapin Hall • Determine next steps based on data findings and discussion 	October 2014	October 2015	Deputy Director
<p>E. Partner with SFPD to improve coordination and communication between agencies.</p> <ul style="list-style-type: none"> • Develop a memorandum of understanding delineating how the two agencies will share information and assist each other in responding to child maltreatment. 	October 2014	March 2016	
<p>F. Strengthen linkage with the Golden Gate Regional Center through development of an MOU and identifying related opportunities for partnership and collaboration.</p> <ul style="list-style-type: none"> • Participate in interagency meeting forums • Develop MOU 	October 2014	December 2016	Administrative Staff
<p>G. Strengthen the relationship with the Court and legal system to support timely permanency for all children through regular interdepartmental meetings, joint trainings, and initiatives such as the Dependency Drug Court.</p> <ul style="list-style-type: none"> • Bimonthly meetings • Joint Trainings (e.g., SOP) as scheduled • Work with the Court to expand DDC to 	October 2014	October 2019	Deputy Director Program Directors

include pre-filing cases			
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Juvenile Probation 5 – YEAR SIP CHART
<p>Juvenile Probation Priority Outcome Measure or Systemic Factor: 3-P1 Permanency in 12 months for children entering foster care</p> <p>National Standard: 40.5%</p> <p>CSA Baseline Performance: San Francisco’s baseline period, July 1 2009 through June 30, 2010, showed that 9.1% of youth involved in Juvenile Probation who entered care achieved permanency within 12 months.</p> <p>Target Improvement Goal: Increase by 10% to 10.1%</p>
<p>Juvenile Probation Priority Outcome Measure or Systemic Factor: 3-P2. Permanency in 12 months for children in foster care 12 to 23 months</p> <p>CSA Baseline Performance: San Francisco’s baseline period, July 1 2009 through June 30, 2010, showed that 29% of youth involved in Juvenile Probation achieved permanency within 12 to 23 months.</p> <p>Target Improvement Goal: Increase by 10% to 32%.</p>

Strategy 1: Probation will focus on compliance with statutory obligations with CWS/CMS so outcomes are tracked and measured.	<input type="checkbox"/> CAPIT	Applicable Outcome Measure): Timely Reunification Applicable Systemic Factor: Case Management Information Systems <input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF		
	<input checked="" type="checkbox"/> N/A		
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
A. Establish current performance in CWS/CMS.	<p>October 2014</p> <p><u>2015 Update – In progress</u></p> <p>Although Probation has historically created a record in CWS/CMS for all youth in out of home placement, probation was stifled in entering placement history as we were unable to obtain a state ID number for youth in care. This issue has recently been addressed and a team was established to retroactively enter this data. This will</p>	December 2014	Director of Probation Services, Placement Supervisor

	allow for us enter current placement information moving forward. JPD continues to update the system by closing cases for youth who have turned 18 years of age and have absconded from their placement.		
B. Improve entry of monthly contacts in CWS/CMS.	<p>October 2014 <u>2015 Update – In progress</u></p> <hr/> <p>Probation has a great deal of improvement to do in this area. As we continue to improve our compliance with entry into CWS this is an area of focus. According to Safe Measures from October 2014 through September 2015, 35% Probation youth had updated information.</p>	October 2015	Director of Probation Services, Placement and JCRU Supervisors
C. Improve entry of education information in CWS/CMS.	<p>October 2014 <u>2015 Update – In progress</u></p>	October 2015	Director of Probation Services, Placement and JCRU Supervisors

	<p>Probation has a great deal of improvement to do in this area. As we continue to improve our compliance with entry into CWS this is an area of focus. According to Safe Measures from October 2014 through September 2015, 35% of Probation youth had updated information .</p>		
<p>D. Maintain regular and updated training for staff on CWS/CMS.</p>	<p>October 2014</p> <p><u>2015 Update – In progress</u></p> <p>Training continues to be a focus. Placement staff received training 8/27/14, 10/8/14, 10/29/14, 4/24/15, 7/21/15, 7/22/15 and 7/27/15. Training is pending for staff in JCRU and Social Workers who supervise Non Minor Dependents.</p>	<p>October 2015</p>	<p>Director of Probation Services, Placement and JCRU Supervisors</p>

Strategy 2: Intensify prevention by providing early access to Community Based Services that are culturally competent, and engages the family to prevent the need for removal.	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): Timely Reunification	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF		
	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
A. Continue to utilize the Juvenile Advisory Council (JAC) Orientation to serve all youth and their families to educate regarding the expectations of probation.	October 2014	October 2019	Probation Services Director, Court Officer Supervisor
B. In partnership with Seneca Center, continue implementation of the Family Forum program to assist justice involved youth and their families in developing techniques and strategies to increase prosocial intra-family relationship building.	January 2015	June 2015	Probation Services Director, Supervisors
C. Through the federal IV-E waiver, expand wraparound services to youth and families who do not meet SB163 criteria, e.g., pre-adjudicated youth or those found incompetent but “screen in” as needing the intensive level of intervention in order to prevent the need for placement. <ul style="list-style-type: none"> • Issue new RFP • Provider hires and trains staff 	June 2015	January 2016	Probation Services Director, Intake Supervisors

<ul style="list-style-type: none"> Begin service delivery 			
<p>D. Continue implementation of Treatment to Recovery with Collaboration through Knowledge (TRACK) for youth with co-occurring disorders enhancing current substance abuse programs in the community to include intensive community based services integrating mental health and substance abuse services.</p>	<p>October 2014</p> <p><u>October 2015</u></p> <hr/> <p>COMPLETED: JPD has worked with partners at Seneca and the Department of Public Health to implement TRACK. The program is staffed, receiving referrals, and serving youth.</p>	<p>January 2017</p>	<p>Probation Services Director, Probation Supervisors</p>

<p>Strategy 3: Improve timely reunification for all youth by providing intensive family services and supports while minor is in placement.</p>	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF	<p>Applicable Outcome Measure: Timely Reunification</p> <p>Applicable Systemic Factor: Agency Collaboration</p>	
	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
<p>Action Steps:</p>	<p>Implementation Date:</p>	<p>Completion Date:</p>	<p>Person Responsible:</p>

<p>A. Assess for level of service need and when appropriate refer for wraparound services when stepping down from placement.</p>	<p>October 2014</p>	<p>October 2015</p>	<p>Probation Services Director, Placement and JCRU Supervisors</p>
<p>B. Implement the Family Intervention Recovery and Supportive Transitions Program (FIRST) to support the youth and families while the youth is in placement and to enhance JCRU services with sustainable, evidence based intensive family services prior to re-entry.</p>	<p>October 2014</p> <p><u>October 2015</u> COMPLETED: JPD has worked with partners at Seneca and the Department of Public Health to implement FIRST. The program is staffed, receiving referrals, and serving youth.</p>	<p>October 2016</p>	<p>Director of Probation Services, Placement and JCRU Supervisors</p>
<p>C. Identify natural supports and create life-long connections through Family Finding efforts.</p>	<p>October 2014</p> <p><u>October 2015</u> JPD will continue to identify natural supports and connections for youth at risk for removal and as an option for reunification when safety is a concern.</p>	<p>October 2019</p>	<p>Director of Probation Services, Placement and JCRU Supervisors, Probation Officers</p>
<p>D. Through the Title IV-E Waiver, develop and implement a Peer Parent Partner program for parents with children in out-of-home placement staffed by parents who have</p>	<p>October 2014</p> <p><u>October 2015 –in progress</u></p>	<p>October 2019</p>	<p>Director of Probation Services, Placement and JCRU Supervisors</p>

successfully navigated the system and reunified with their children. Parent partners would encourage parents to engage in services and gain awareness of their rights and responsibilities while assisting to support one another with family reunification goals.	The RFP was issued and contract awarded 8/2015 to A Better Way. Next steps: the development of the program and hiring of staff.		
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