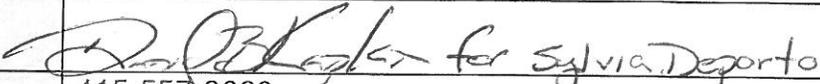


California Department of Social Services (CDSS)
Title IV-E California Well-Being Project

Title IV-E California Well-Being Project Signature Sheet County Submittal	
County Name	San Francisco
County Child Welfare Agency Director	
Name	Sylvia Deporto
Signature*	
Phone Number	415-557-2660 sylvia.deporto@sfgov.org
Mailing Address	170 Otis St. San Francisco, CA 94102
County Chief Probation Officer	
Name	Allen Nance
Signature*	
Phone Number	415-753-7558 allen.nance@sfgov.org
Mailing Address	375 Woodside Avenue San Francisco, CA 94127
Mail the original Signature Sheet to: California Department of Social Services Integrated Services Unit 744 P Street, MS 8-11-86 Sacramento, CA 95814	
*Signatures must be in blue ink.	

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*The Program and Evaluation Contact may be the same.		

California Department of Social Services (CDSS)
Title IV-E California Well-Being Project

Date: 8/15/14

County: San Francisco

TITLE IV-E CALIFORNIA WELL-BEING PROJECT PLAN

COUNTY PROFILE

Describe the county's population trends and demographics. Review the county's current System Improvement Plan to identify current child welfare (CW) and probation needs, goals and outcomes. Include a description of the structure between Social Services and Probation for the Project's implementation.

Population trends and demographics:

San Francisco is an urban, geographically small county that has a diverse, and changing, population. Highly educated, affluent, and childless adults are migrating to the city in large numbers. Other groups are leaving San Francisco for more affordable areas, including middle-income persons, families, and especially, African Americans. These demographic shifts – in conjunction with the city's high cost of living and pervasive poverty among ethnic minorities – are leading to more severe and geographically concentrated poverty, increased stress for many families, and higher-needs cases entering San Francisco's child welfare system.

According to the U.S. Census, San Francisco has a growing population, increasing from 675,400 in 1980 to 815,234 in 2012. Children account for 13% of the population, which is the lowest rate among the nation's major metropolitan areas. In 2012, San Francisco had 109,369 residents under the age of 18.

Forty-five percent of the county's residents speak a language other than English at home. Asian and Pacific Islanders comprise a third of the total population. The proportion of African Americans, however, is declining. Since 1990, the African American population has dropped 43% (from 82,043 to 46,781). The Latino population seems relatively stable. In contrast, the Asian/Pacific Islander population has increased substantially.

Populations at greatest risk:

ADMISSION AND READMISSION

Children in San Francisco are placed into foster care at a persistent rate that exceeds that of counties with similar demographic characteristics. Once in care, children often stay long and the system struggles to exit them to permanency, also relative to similar

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places. Table 1 shows eight years of admission trends by age in San Francisco. Infants are persistently at highest risk for admission.

Table 1. Entry Rate Per 1,000 Children by Age at Entry (First Admissions)

Entry Year	Total First Admissions	Age at Entry			
		Under 1	1-5	6-12	13-17
2006	3.5	18.1	2.9	1.6	3.6
2007	2.9	14.2	2.6	1.6	2.8
2008	2.7	13.8	2.4	1.5	2.3
2009	2.5	14.5	2.0	1.0	2.8
2010	3.0	11.3	1.9	2.2	3.0
2011	2.3	8.6	2.0	1.8	1.8
2012	2.7	11.5	2.1	1.9	2.0
2013	2.2	7.9	2.2	1.5	1.5

Table 2 shows the raw numbers of first admissions in San Francisco over the same period.

Table 2. Number of First Admissions by Age at Entry

Average Year	Total First Admissions	Number by Age at Entry				
		Under 1	1-5	6-12	13-17	
2006	373	114	83	71	105	
2007	315	89	74	70	82	
2008	287	87	68	63	69	
2009	286	95	58	47	86	
2010	321	88	65	84	84	
2011	252	67	66	68	51	
2012	288	90	70	71	57	
2013	237	62	75	57	43	
3-year Average		259	73	70	65	50

Table 3 shows the number and percent of re-entries from first admissions. Roughly 14% of San Francisco children returned to care within one year of permanent exit from first admissions in those years. This is higher than for comparable counties in a separate analysis. A similar pattern exists when observing all re-entries to date from those admission years. This suggests that San Francisco could target re-entry reduction under a Waiver.

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Table 3. Likelihood of Re-entry from Reunification, Discharge to Relative, Runaway, or Other Exit by Entry Cohort (First Admissions)

All Exits (Except Adoption and Reach Majority)

Entry Year	Total First Admissions	Exits as % of Admits		Total Re-entries To Date		Re-entries w/in 1 Yr as % of Admits	
2006	373	69%	86	52	23%	14%	
2007	315	70%	61	43	19%	14%	
2008	287	73%	64	43	22%	15%	
2009	286	67%	53	40	19%	14%	
2010	321	72%	56	46	17%	14%	
2011	252	72%	49	43	19%	17%	
2012	288	55%	28	27	10%	9%	
2013	237	27%	7	7	3%	3%	
Average 06-11	306	71%	62	45	20%	15%	

Table 4 shows the total number of first admissions and re-entries by entry year and age. These figures can be used to calculate expected cost reductions if admission rates were to decline for selected groups over the waiver period.

Table 4. All Admissions to Foster Care by Age

Admission Year	Total	0	1 to 5	6 to 12	13 to 17
2006	552	118	114	106	214
2007	494	94	92	113	195
2008	502	91	101	106	204
2009	454	99	83	79	193
2010	533	89	94	132	218
2011	453	70	85	110	188
2012	455	94	88	114	159
2013	380	65	96	87	132
3-Year Average	429	76	90	104	160

DURATION

Table 5 shows the number of days it took for half of all (first and reentering) admissions to leave care when placed in family-based settings. The admission period was July 1,

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2009 through June 30, 2011. San Francisco is compared to a group of demographically similar counties and distinguished by age group. In every case, San Francisco children stay in care longer than in comparable counties.

Table 5. Median Duration by Location and Age

	Family-Based Care	
	San Francisco	Comparison
Age 0	522	426
Age 1 to 11	453	391
Age 12 to 17	461	357

Service array gaps and needs:

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

One plausible explanation for high reentries is a lack of aftercare supports. Title IV-E funding is restricted to foster care, so San Francisco has not been able to devote the desired amount of resources to aftercare or prevention. Participation in California's IV-E Waiver demonstration will allow for the flexibility to use IV-E dollars to provide new and enhance existing aftercare and prevention strategies, specifically by offering wraparound services to families currently not eligible for SB163 wraparound, such as non court cases. Similarly, access to wraparound for probation families not currently eligible will reduce recidivism and length of stay.

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

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much more difficult, and regular visitation is connected to faster and better quality reunification (Wildfire, J. Barth, R.P. & Green, R.L. (2007). The other systemic factor is related to the first one. Children and their parents need access to high quality mental health care. Researchers estimate that 50 to 75 percent of children entering foster care need mental health treatment (Wulczyn, et. al, 2005).

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

Another gap in programming is in working with families of out-of-home placement youth to stabilize the home in their absence. Even after successfully completing their placement, youth often return to the same circumstances that contributed to their involvement with the justice system in the first place. By providing parents with informal supports to compliment family therapy and case management services, JPD seeks to improve family engagement and contribute to family stabilization goals through a program called Parent Partners. The Parent Partner program will include two components: (1) a peer group for parents with children in out-of-home placement to support one another in their family reunification goals, and (2) paid mentor positions staffed by parents who have successfully navigated the system and reunified with their children after an out-of-home placement. Parent mentors are trained and matched with client parents of children currently in residential treatment. Parent Partners are available during regular and non-traditional service hours (evenings and weekends) and may attend meetings with the client parent, teach them to communicate effectively with professionals in the system, encourage them to engage in services and—in the case of substance abuse—to remain clean and sober. Their principal goal is to help client parents gain awareness of their rights and responsibilities and to assist parents toward reunification with their children. Parent Partners serve an essential role in family reunification plans alongside probation officers and mental health staff and may inform the implementation and development of programs for families with children in residential treatment.

SFHSA and JPD are well-positioned to partner on the IV-E waiver implementation. Collaboration between SF-HSA and the Juvenile Probation Department occurs at a

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variety of levels. For example, the Multi-Agency Services Team is a weekly interagency meeting which serves as the county's Inter-Agency Placement Committee and consists of JPD, SF-HSA, and Community Behavioral Health Services. Case-carrying staff presents cases which cross multiple systems and need varying levels of intervention and supports. The partnership among the Multi-Agency Services Team members has strengthened the county's ability to resolve difficult situations requiring intensive intervention, addressing programmatic, clinical, and fiscal perspectives. JPD and SF-HSA work together on other initiatives, particularly collaborating on SB 163 wraparound services.

OTHER KEY INITIATIVES AND PILOT DEMONSTRATIONS

- Describe each initiative (i.e. California Partners for Permanency (CAPP), Quality Parenting Initiative (QPI), Resource Family Approval (RFA) Program), including expected impact, anticipated immediate/measurable changes and potential benefits/risks.

San Francisco is undertaking a variety of initiatives, interventions, and organizational changes that could impact the effectiveness of the overall waiver or interact with the effectiveness of the targeted waiver interventions. The following is a brief list of the three most significant activities and their expected impact on waiver-related outcomes.

Katie A: One feature of San Francisco's implementation is universal CANS screening for all children entering a new case. These data may be useful in the waiver evaluation to track well-being over time. Target outcomes are reduced admissions, faster and more likely permanency, and reduced readmissions.

RBS: San Francisco is one of the four pilot sites for the Residentially Based Services (RBS) program, which seeks to move residential treatment from a place-based model to a community-oriented program. Target outcomes are faster and more likely permanency.

Resource Family Approval (RFA): This program simplifies the process for child and youth to move into permanency settings without delays. The target outcome is faster permanency.

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SAFETY ORGANIZED PRACTICE (SOP) / CORE PRACTICE MODEL (CPM) (CHILD WELFARE)

Specific elements of this model include engagement, assessment, behaviorally based case planning, transition and monitoring/adapting.

Key Practice Components

Elements of the Model (Tools)	Engagement	Assessment	Service Planning and Implementation	Monitoring and Adapting	Transition
Motivational Interviewing	X	X		X	X
Solution-Focused Interviewing/Practice	X	X	X	X	X
Cultural Humility	X	X	X	X	X
Appreciative Inquiry	X	X	X	X	X
Trauma-Informed Practice	X	X	X	X	X
Structured Decision Making		X	X		X
Family/Child Teams and Networks of Support	X	X	X	X	X
Strategies for engaging children, capturing the children's voice and perspective in decision-making	X	X	X	X	X
Safety Mapping/Information and Consultation Framework	X	X	X	X	X
Partnership-Based Collaborative Practice			X	X	X
Effective safety planning at foster care entry and exit		X	X		X
Case Teaming	X	X	X	X	X

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WRAPAROUND (PROBATION)

Wraparound is a family-centered, strengths-based, needs-driven planning process for creating individualized services and supports for the youth and family. Specific elements of the Wraparound model will include teaming, engagement, individualized strength based case planning, and transitions.

Key Practice Components

Phase	Description
Phase 1 Engagement and Team Preparation	During this phase, the groundwork for trust and shared vision among the family and wraparound team members is established, so people are prepared to come to meetings and collaborate. During this phase, the tone is set for teamwork and team interactions that are consistent with the wraparound principles, particularly through the initial conversations about strengths, needs, and culture. In addition, this phase provides an opportunity to begin to shift the family's orientation to one in which they understand they are an integral part of the process and their preferences are prioritized. The activities of this phase should be completed relatively quickly (within 1-2 weeks if possible), so that the team can begin meeting and establish ownership of the process as quickly as possible.
Phase 2 Initial Plan Development	During this phase, team trust and mutual respect are built while the team creates an initial plan of care using a high-quality planning process that reflects the wraparound principles. In particular, youth and family should feel, during this phase, that they are heard, that the needs chosen are ones they want to work on, and that the options chosen have a reasonable chance of helping them meet these needs. This phase should be completed during one or two meetings that take place within 1-2 weeks, a rapid time frame intended to promote team cohesion and shared responsibility toward achieving the team's mission or overarching goal.
Phase 3 Implementation	During this phase, the initial wraparound plan is implemented, progress and successes are continually reviewed, and changes are made to the plan and then implemented, all while maintaining or building team cohesiveness and mutual respect. The activities of this phase are repeated until the team's mission is achieved and formal wraparound is no longer needed.
Phase 4 Transition	During this phase, plans are made for a purposeful transition out of formal wraparound to a mix of formal and natural supports in the community (and, if appropriate, to services and supports in the adult system). The focus on transition is continual during the wraparound process, and the preparation for transition is apparent even during the initial engagement activities.

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INTERVENTIONS

Using the provided Interventions template, each department is to give a detailed description of the project-wide intervention as well as up to two child welfare and up to two probation optional county specific targeted interventions.

CHILD WELFARE

INTERVENTION #1	
SAFETY ORGANIZED PRACTICE (SOP) / CORE PRACTICE MODEL (CPM) Is SOP / CPM a System Improvement Plan (SIP) Strategy? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
The following project goals will be targeted by the intervention above: <ul style="list-style-type: none"> • Improve the array of services and supports available to children, youth and families involved in the child welfare and juvenile probation systems • Engage families through a more individualized casework approach that emphasizes family involvement • Increase child safety without an over-reliance on out-of-home care • Improve permanency outcomes and timelines • Improve child and family well-being • To decrease recidivism and delinquency for youth on probation 	
5 Year Plan	
Target Population	Any family with a maltreatment investigation; Expand SOP to incorporate coaching for community partners as well as visitation planning and assessment, including how such visit planning integrates with overall case plans.
Geographic Area	San Francisco
Expected short and long term outcomes	SHORT TERM: Utilization of facilitated family meetings, development of family safety networks, group supervision and family finding; enhancing critical inquiry and minimizing the potential for bias by workers through a rigorous "mapping" of the safety, danger and risk undertaken collaboratively by all stakeholders; the development of a joint understanding by workers, families and extended community as to what the attendant dangers, risks, protective capacities and family strengths are, and what clear, meaningful, behavioral changes and goals are needed to create safety; application of research based tools to enhance consistency, validity, and equity in the key case decisions that child welfare practitioners have to make every day. LONG TERM: Reduced admissions and readmissions; more likely and faster permanency; reduced re-abuse.

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<p>Services to be contracted out with the purpose/need for the contracted services and contracting timelines</p>	<p>Increase coaching capacity from part-time to full-time position as SFHSA moves towards all staff being training in model. Position would be collocated at SFHSA to fully engage staff and partners. The next next tier of training participants will include the court, community partners, and FRC staff as appropriate.</p> <p>Expand coaching to social work staff who work directly with families.</p>
<p>Projected Number of Children and Families to be Served</p>	
<p>Plan Year 1</p>	<p>Approx. 1/2 of staff already trained; the other half to be trained by the end of this year. Therefore, approx. 1/2 of all children investigated in FY14-15 (est. 1,700) will be served.</p>
<p>Plan Year 2</p>	<p>All children investigated in FY 15-16 (est. 3,400 based on 3-yr average)</p>
<p>Plan Year 3</p>	<p>All children investigated in FY 16-17 (est. 3,400 based on 3-yr average)</p>
<p>Plan Year 4</p>	<p>All children investigated in FY 17-18 (est. 3,400 based on 3-yr average)</p>
<p>Plan Year 5</p>	<p>All children investigated in FY 18-19 (est. 3,400 based on 3-year average)</p>
<p>Rollout/Implementation Activities and Timeframes</p>	
<p>Plan Year 1</p>	<p>Supplies including computer - \$4000 Travel for new staff - \$3000 Hospitality - \$5000 Facility Rental - \$5000 Additional costs for COLAs to Bay Area Academy staff starting in 15/16: ½ coaching position (which added to current budget would result in full-time coaching position) \$52,000 20 additional days of training: \$30,000</p>
<p>Plan Year 2</p>	<p>Ongoing activities above. Coaching for community partners and support staff - \$10,000 Additional costs for COLAs to Bay Area Academy staff. Assessment of visitation model and related planning. Review of evaluation findings to date and related program adjustments and improvements. Maintain training/coaching/facilities and travel costs</p>
<p>Plan Year 3</p>	<p>Implementation of plan to address findings of visitation assessment, including training and coaching supports. Maintain training/coaching/facilities and travel costs</p>

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Plan Year 4	Adjust implementation according to evaluation findings.
Plan Year 5	Adjust implementation according to evaluation findings.
Evaluation	
What tool will you be utilizing to track this measure?	SF currently conducts a qualitative assessment via a monthly survey monkey link to staff to evaluate SOP coaching sessions. Staff evaluate SOP training modules via a documented Participation Satisfaction Survey. The county will use a Special Objects Code to identify workers who have completed the SOP training series to track outcomes for those cases in comparison to those of staff who have not completed all modules. We will also consider comparing units that currently practice SOP to units that have yet to be trained.
Will you be able to provide case level data?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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CHILD WELFARE

OPTIONAL INTERVENTION #2	
INTERVENTION: <i>Wraparound for children not eligible for SB163 Wraparound</i>	
Is this Intervention a System Improvement Plan (SIP) Strategy? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
The following project goal (s) will be targeted by the intervention above:	
<input checked="" type="checkbox"/> Improve the array of services and supports available to children, youth and families involved in the child welfare and juvenile probation systems <input checked="" type="checkbox"/> Engage families through a more individualized casework approach that emphasizes family involvement <input checked="" type="checkbox"/> Increase child safety without an over-reliance on out-of-home care <input checked="" type="checkbox"/> Improve permanency outcomes and timelines <input checked="" type="checkbox"/> Improve child and family well-being <input checked="" type="checkbox"/> To decrease recidivism and delinquency for youth on probation	
5 Year Plan	
Target Population	Children not eligible for SB163 wraparound
Geographic Area	San Francisco
Expected short and long term outcomes	Reduced admissions, faster and more likely permanency, reduced reentries
How does this intervention align with the project goal?	Wraparound's casework approach should improve family engagement, participation in case planning, thereby reducing the need for foster care and improving permanency timelines when foster care cannot be avoided.
Services to be contracted out with the purpose/need for the contracted services and contracting timelines	The current contract for SB163 will be up for renewal in 2014/15. San Francisco will reissue an RFP.
Projected Number of Children and Families to be Served	
Plan Year 1	Targets for all years are based on the average number of first and subsequent admissions from 1011 to 2013. We plan to target an additional 10% of this population as follows: Age 0: 8 Age 1-5: 9 Age 6-12: 10 Age 13-17: 16
Plan Year 2	Same as Year 1
Plan Year 3	Same as Year 2
Plan Year 4	Same as Year 3

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Plan Year 5	Same as Year 4
Rollout/Implementation Activities and Timeframes	
Plan Year 1	Expand current contract to include younger children, children not at risk of group care, non-court cases, non-adjudicated cases. Provider needs to staff and train.
Plan Year 2	
Plan Year 3	
Plan Year 4	
Plan Year 5	
Evaluation	
What tool will you be utilizing to track this measure?	The county will use a Special Objects Code to identify cases receiving the IV-E wraparound services to track outcomes for those cases in comparison to other cases.
Will you be able to provide case level data?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

CHILD WELFARE

OPTIONAL INTERVENTION #3	
INTERVENTION:	
Is this Intervention a System Improvement Plan (SIP) Strategy? <input type="checkbox"/> Yes <input type="checkbox"/> No	
The following project goal (s) will be targeted by the intervention above:	
<input type="checkbox"/> Improve the array of services and supports available to children, youth and families involved in the child welfare and juvenile probation systems	
<input type="checkbox"/> Engage families through a more individualized casework approach that emphasizes family involvement	
<input type="checkbox"/> Increase child safety without an over-reliance on out-of-home care	
<input type="checkbox"/> Improve permanency outcomes and timelines	
<input type="checkbox"/> Improve child and family well-being	
<input type="checkbox"/> To decrease recidivism and delinquency for youth on probation	
5 Year Plan	
Target Population	
Geographic Area	
Expected short and long term outcomes	
How does this intervention align with the project goal?	
Services to be contracted out with the purpose/need for the contracted services and contracting timelines	
Projected Number of Children and Families to be Served	
Plan Year 1	
Plan Year 2	
Plan Year 3	
Plan Year 4	
Plan Year 5	
Rollout/Implementation Activities and Timeframes	
Plan Year 1	
Plan Year 2	
Plan Year 3	
Plan Year 4	
Plan Year 5	
Evaluation	

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What tool will you be utilizing to track this measure?	
Will you be able to provide case level data?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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INTERVENTIONS

Using the provided Interventions template, each department is to give a detailed description of the project-wide intervention as well as up to two child welfare and up to two probation optional county specific targeted interventions.

PROBATION

INTERVENTION #1	
WRAPAROUND	
Is Wraparound a System Improvement Plan (SIP) Strategy? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
The following project goals will be targeted by the intervention above: <ul style="list-style-type: none"> • Improve the array of services and supports available to children, youth and families involved in the child welfare and juvenile probation systems • Engage families through a more individualized casework approach that emphasizes family involvement • Increase child safety without an over-reliance on out-of-home care • Improve permanency outcomes and timelines • Improve child and family well-being • To decrease recidivism and delinquency for youth on probation 	
5 Year Plan	
Target Population	Pre-adjudicated youth, including but not limited to detained and incompetent youth with CANS assessment scores of 2 or more.
Geographic Area	San Francisco
Expected short and long term outcomes	Short term outcomes: increase in referrals to and enrollment in wraparound. Long term outcomes: reduced duration in out-of-home care and reduced recidivism.
Services to be contracted out with the purpose/need for the contracted services and contracting timelines	Wraparound program. Current contract for SB163 will be up for renewal in 2014/15.
Projected Number of Children and Families to be Served	
Plan Year 1	32
Plan Year 2	32
Plan Year 3	32
Plan Year 4	32
Plan Year 5	32

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Rollout/Implementation Activities and Timeframes	
Plan Year 1	About 32 juvenile justice-involved youth ages 12-17 will be referred for wraparound services
Plan Year 2	same as Year 1
Plan Year 3	same as Year 1
Plan Year 4	same as Year 1
Plan Year 5	same as Year 1
Evaluation	
What tool will you be utilizing to track this measure?	Juvenile Justice Information System (in house case management system)
Will you be able to provide case level data?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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PROBATION

OPTIONAL INTERVENTION #2	
INTERVENTION: Is this Intervention a System Improvement Plan (SIP) Strategy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
The following project goal (s) will be targeted by the intervention above: <input checked="" type="checkbox"/> Improve the array of services and supports available to children, youth and families involved in the child welfare and juvenile probation systems <input checked="" type="checkbox"/> Engage families through a more individualized casework approach that emphasizes family involvement <input type="checkbox"/> Increase child safety without an over-reliance on out-of-home care <input checked="" type="checkbox"/> Improve permanency outcomes and timelines <input checked="" type="checkbox"/> Improve child and family well-being <input checked="" type="checkbox"/> To decrease recidivism and delinquency for youth on probation	
5 Year Plan	
Target Population	Families of out-of-home placement youth
Geographic Area	San Francisco
Expected short and long term outcomes	Short term outcomes: Peer support groups will develop a cadre of parents successful in achieving family stabilization goals established in family therapy. Natural leaders will emerge from the group to provide individualized coaching and encouragement to families with children in an out-of-home placement. Long term outcomes: Decreased duration in out-of-home placements, informed and empowered parents capable of serving as agents of change in their communities.
How does this intervention align with the project goal?	The Parent Partner program will complement the implementation of comprehensive family therapy and case management services offered to families of out-of-home placement youth being introduced in October 2014. These strategies together will promote family engagement and improve family stabilization goals, leading to shorter placement durations.
Services to be contracted out with the purpose/need for the contracted services and contracting timelines	None
Projected Number of Children and Families to be Served	
Plan Year 1	50 families will be served in a peer support group setting.

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Plan Year 2	70 families will be served in a peer support group setting and through individual coaching by Parent Partner.
Plan Year 3	70 families will be served in a peer support group setting and through individual coaching by Parent Partner
Plan Year 4	70 families will be served in a peer support group setting and through individual coaching by Parent Partner
Plan Year 5	70 families will be served in a peer support group setting and through individual coaching by Parent Partner
Rollout/Implementation Activities and Timeframes	
Plan Year 1	50 families enrolled in family therapy services will be offered additional support through the peer support group, facilitated by a Parent Partner supervisor. Family members making progress in the program and displaying strong leadership skills will be identified for consideration as a paid Parent Partner for Year 2 program implementation.
Plan Year 2	Two Parent Partners will be hired by JPD and overseen by the Parent Partner supervisor to work with caseloads of 35 families each. Peer support groups will continue to be facilitated by the Parent Partner supervisor.
Plan Year 3	The Parent Partner program will be fully implemented with ongoing peer support groups and individualized family engagement and support services offered by the Parent Partners.
Plan Year 4	Continued full implementation
Plan Year 5	Continued full implementation
Evaluation	
What tool will you be utilizing to track this measure?	Juvenile Justice Information System (in house case management system)
Will you be able to provide case level data?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

California Department of Social Services (CDSS)
Title IV-E California Well-Being Project

PROBATION

OPTIONAL INTERVENTION #3	
INTERVENTION:	
<p>Is this intervention a System Improvement Plan (SIP) Strategy?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>The following project goal (s) will be targeted by the intervention above:</p> <p><input type="checkbox"/> Improve the array of services and supports available to children, youth and families involved in the child welfare and juvenile probation systems</p> <p><input type="checkbox"/> Engage families through a more individualized casework approach that emphasizes family involvement</p> <p><input type="checkbox"/> Increase child safety without an over-reliance on out-of-home care</p> <p><input type="checkbox"/> Improve permanency outcomes and timelines</p> <p><input type="checkbox"/> Improve child and family well-being</p> <p><input type="checkbox"/> To decrease recidivism and delinquency for youth on probation</p>	
5 Year Plan	
Target Population	
Geographic Area	
Expected short and long term outcomes	
How does this intervention align with the project goal?	
Services to be contracted out with the purpose/need for the contracted services and contracting timelines	
Projected Number of Children and Families to be Served	
Plan Year 1	
Plan Year 2	
Plan Year 3	
Plan Year 4	
Plan Year 5	
Rollout/Implementation Activities and Timeframes	
Plan Year 1	
Plan Year 2	
Plan Year 3	
Plan Year 4	
Plan Year 5	
Evaluation	

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What tool will you be utilizing to track this measure?	
Will you be able to provide case level data?	<input type="checkbox"/> Yes <input type="checkbox"/> No

PLANNING PROCESS AND COMMUNITY SUPPORT

Describe how the C-CFSR process was utilized to inform the county project plan. Describe the county's engagement with key partners and stakeholders around project planning and how the county will engage community partners and stakeholders throughout the project period.

SF- HSA and JPD presented and discussed data and information relating to AB 636 outcomes at the meeting venues and planning processes described above and facilitated group discussion regarding stakeholder insight into outcome improvement. Presentations included the Quarterly Data Report, SafeMeasures data, county demographic information and related mapping and graphs, and project updates including data analysis. In February and March, SF-HSA and JPD also conducted a series of focus groups as part of its Peer Review. Questions focused on the identified outcomes for the Review and timeliness to adoption, as well as other federal and state outcome measure to more broadly inform the County Self-Assessment. Findings have been shared with the stakeholders as the county moves forward with creating the new Self Improvement Plan.

SYSTEM CAPACITY DEVELOPMENT

Describe Child Welfare and Probation's organizational changes (i.e. Contracts, Budgets, BOS Support) that may need to occur for implementation and information technology needs.

SF will rely on the existing infrastructure. The interventions will yield positive outcomes for children, and thus create monetary savings that can support the program expansion. We will need to expand evaluation capacity - [not built into model].

BUDGET

Each department will prepare a five-year budget for the Project, using the provided worksheet.

PROJECT PHASE DOWN

California Department of Social Services (CDSS)
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Describe how the county will ensure that children, youth and families will not be harmed when the project ends in five years or in the event that the county "opts out" of the Project before the end of the five years.

Selected interventions are currently implemented in San Francisco and the county is committed to these. The proposal for child welfare represents an expansion of existing services and we would look for alternative funding structures to maintain them.

California Department of Social Services
 Title IV-E Well-Being Demonstration Project Budget for County Plan
 Child Welfare

	SFY 2014-15 (9 months)	SFY 2015-16	SFY 2016-17	SFY 2017-18	SFY 2018-19	SFY 2019-20 (3 months)
Revenues						
Title IV-E Foster Care Federal Assistance	\$6,695,596	\$9,126,443	\$9,333,054	\$9,609,145	\$9,857,559	\$2,478,721
Title IV-E Foster Care Federal Administration	\$11,363,547	\$15,916,212	\$16,519,428	\$17,117,165	\$17,863,288	\$4,514,620
Foster Care Nonfederal Assistance	\$7,928,637	\$10,903,409	\$11,363,795	\$11,765,109	\$12,202,109	\$3,079,035
Foster Care Nonfederal Administration	\$24,137,511	\$32,171,015	\$32,586,642	\$33,452,202	\$34,378,121	\$8,651,533
Sub Total	\$50,125,290	\$68,117,079	\$69,802,918	\$71,943,622	\$74,301,077	\$18,723,908
Expenditures						
Title IV-E Foster Care Federal Assistance	\$9,608,938	\$13,240,243	\$13,778,394	\$14,324,945	\$14,877,955	\$3,754,052
Title IV-E Foster Care Federal Administration	\$29,752,363	\$40,217,040	\$40,969,121	\$42,079,181	\$43,332,692	\$10,912,072
Foster Care Nonfederal Assistance	\$5,015,294	\$6,789,609	\$6,918,454	\$7,049,310	\$7,181,713	\$1,803,703
Foster Care Nonfederal Administration	\$0	\$0	\$0	\$0	\$0	\$0
Total Welfare Department	\$44,376,596	\$60,246,892	\$61,665,969	\$63,453,436	\$65,392,360	\$16,469,827
Surplus/Deficit						
Annual Surplus/Deficit	(\$5,748,694)	(\$7,870,187)	(\$8,136,948)	(\$8,490,186)	(\$8,908,717)	(\$2,254,081)
Cumulative Surplus/Deficit	(\$5,748,694)	(\$13,618,882)	(\$21,755,830)	(\$30,246,016)	(\$39,154,733)	(\$41,408,815)
Net Surplus/Deficit	(\$5,748,694)	(\$12,206,295)	(\$18,412,107)	(\$24,926,100)	(\$31,801,977)	(\$31,971,981)
Interventions						
Safety Organized Practice/Core Practice Model	\$82,976	\$118,834	\$122,934	\$124,778	\$126,650	\$31,780
Wraparound	\$1,329,610	\$1,812,303	\$1,853,259	\$1,908,062	\$1,957,427	\$492,206
Optional Intervention 3	\$0	\$0	\$0	\$0	\$0	\$0
Total Intervention Investment Expenditures	\$1,412,586	\$1,931,137	\$1,976,193	\$2,032,840	\$2,084,077	\$523,985
Cumulative Available Reinvestment Funds	(\$4,336,108)	(\$10,275,158)	(\$16,435,914)	(\$22,893,260)	(\$29,717,900)	(\$31,447,996)

Enter County Name Here: SAN FRANCISCO

Comments:

Partial budgeted expenditures for SOP in first year, as the training is being phased in. Fully year costs expected in year two. Since there was additional funding the county decided to add Wraparound Services as an intervention.

California Department of Social Services
 Title IV-E Well-Being Demonstration Project Budget for County Plan
Probation

	SFY 2014-15 (9 months)	SFY 2015-16	SFY 2016-17	SFY 2017-18	SFY 2018-19	SFY 2019-20 (3 months)
Revenues						
Title IV-E Foster Care Federal Assistance	\$975,720	\$1,329,957	\$1,360,066	\$1,400,299	\$1,436,499	\$361,213
Title IV-E Foster Care Federal Administration	\$949,931	\$1,311,901	\$1,336,775	\$1,350,282	\$1,370,507	\$344,027
Foster Care Nonfederal Assistance	\$3,825,102	\$5,212,002	\$5,358,875	\$5,498,385	\$5,644,053	\$1,420,292
Foster Care Nonfederal Administration	\$1,406,792	\$1,846,207	\$1,831,657	\$1,827,766	\$1,821,413	\$454,888
Sub Total	\$7,157,544	\$9,700,066	\$9,887,372	\$10,076,732	\$10,272,472	\$2,580,420
Expenditures						
Title IV-E Foster Care Federal Assistance	\$1,769,641	\$2,438,405	\$2,537,514	\$2,638,170	\$2,740,016	\$691,369
Title IV-E Foster Care Federal Administration	\$2,043,408	\$2,721,323	\$2,717,852	\$2,716,674	\$2,716,119	\$678,994
Foster Care Nonfederal Assistance	\$3,031,180	\$4,103,554	\$4,181,426	\$4,260,514	\$4,340,536	\$1,090,135
Foster Care Nonfederal Administration	\$0	\$0	\$0	\$0	\$0	\$0
Total Welfare Department	\$6,844,229	\$9,263,282	\$9,436,793	\$9,615,358	\$9,796,671	\$2,460,499
Surplus/Deficit						
<i>Annual Surplus/Deficit</i>	(\$313,315)	(\$436,784)	(\$450,580)	(\$461,374)	(\$475,801)	(\$119,922)
<i>Cumulative Surplus/Deficit</i>	(\$313,315)	(\$750,099)	(\$1,200,679)	(\$1,662,053)	(\$2,137,854)	(\$2,257,775)
<i>Net Surplus/Deficit</i>	(\$313,315)	(\$38,114)	\$783,821	\$1,720,393	\$2,677,439	\$4,021,801
Interventions						
Wraparound	\$635,049	\$1,083,564	\$1,180,207	\$1,215,107	\$1,246,544	\$313,450
Parent Partner Program	\$76,936	\$188,950	\$217,740	\$217,740	\$217,740	\$54,435
Optional Intervention 3	\$0	\$0	\$0	\$0	\$0	\$0
Total Intervention Investment Expenditures	\$711,986	\$1,272,514	\$1,397,946	\$1,432,847	\$1,464,284	\$367,885
Cumulative Available Reinvestment Funds	\$398,671	\$1,234,400	\$2,181,767	\$3,153,240	\$4,141,723	\$4,389,686

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Comments:

Partial budgeted expenditures for Wraparound in first year, as the intervention is being phased in. Fully year costs expected in year two. Since there was additional funding, the county decided to add a Parent Partner Program as an intervention.