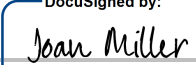
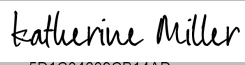



California – Child and Family Services Review Signature Sheet

For submittal of: CSA SIP Progress Report

County	San Francisco
SIP Period Dates	2019 County Self Assessment
Outcome Data Period	Quarter 3, 2013 – Quarter 2, 2018
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BOS Approval Date	n/a
Name	

Mail the original Signature Sheet to:

Children's Services Outcomes and Accountability Bureau
 Attention: Bureau Chief
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*Signatures must be in blue ink

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California - Child and Family Services Review

City and County of San Francisco
Self-Assessment
May 2019



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Introduction

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

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

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

The development and submission of this Self-Assessment begins the fourth AB 636 cycle for San Francisco. The county's most recent Self-Assessment and System Improvement Plan were completed in 2014 the fourth Peer Review was held in January 2019. This report incorporates findings from that review and current improvement activities. Later this year, San Francisco will develop a new System Improvement Plan based on outcome indicators prioritized in this Self-Assessment report.

San Francisco also seeks to impact racial disparity through the C-CFSR process. Given the continued and significant overrepresentation of children of color in foster care and juvenile probation, especially African American, Native American, and Latino children, San Francisco must view these outcome

improvement efforts from the lens of racial equity. SFHSA and SFJPD remain engaged in a number of initiatives and projects to mitigate disparities, foster equity and ensure positive outcomes for children and families, and will consider these in developing its System Improvement Plan.

C-CFSR Planning Team & Core Representatives

C-CFSR TEAM

Community and public and private agency partners constitute the child welfare / juvenile probation core team, which has played a critical role in Self Improvement Plan development and implementation since San Francisco’s initial plan. SFHSA and the San Francisco Juvenile Probation Department (JPD) have met with public and private partners in multiple venues to present data analysis and program information, and elicit their experience, ideas, and support regarding San Francisco’s performance on the designated outcomes and improvement efforts. Meeting venues include the bimonthly Family and Children’s Services Provider Advisory Board, public and private partner community forums regarding the implementation of Katie A., and multiple planning and coordination efforts with a number of agencies including: Family Resource Centers, First Five San Francisco, the Department of Children Youth, and Their Families, Department of Public Health divisions (primarily Community Behavioral Health and Maternal and Child Health) and community based organizations. Projects such as Urban Trails, a partnership with the Native American Health Center focusing on Native American and indigenous youth and families, provided valuable insight into outcome improvement efforts. In addition, the agency held a series of focus groups with staff, public and community partners, and youth, parents, and caregivers to garner further thoughts and recommendations. These focus group findings are summarized in Attachment J and also referenced throughout this document. Focus group dates and participants are identified in the table below, and a broad stakeholder meeting was held on June 5, 2019 to share findings from the CSA and gather input into strategies for the System Improvement Plan.

Focus Group Date	Participants
January 16, 2019	FCS and JPD Community Partners
January 16, 2019	Resource Families
January 17, 2019	Child Welfare Workers
January 17, 2019	Child Welfare Supervisors
January 27, 2019	Child Welfare Support Staff
January 30, 2019	Dependency Court Judges
February 5, 2019	Juvenile Probation Supervisors
February 5, 2019	Delinquency Court Judges Group
February 5, 2019	Juvenile Probation Supervisors

February 5, 2019	Delinquency court Judges
February 5, 2019	Juvenile Probation Officers
February 6, 2019	Child Welfare Parents
February 6, 2019	Juvenile Probation Parents
February 6, 2019	Child Welfare Youth
February 6, 2019	Juvenile Probation Youth
March 27, 2019	Child Welfare and Juvenile Probation Public Partners

LIST OF CORE REPRESENTATIVES

A list of core representatives can be found in Attachment A.

PARTICIPATION OF CORE REPRESENTATIVES

SFHSA meets regularly with public and community partners and stakeholders in multiple venues and forums to strengthen the initiatives and collaborations critical in achieving outcome targets. These include: the Provider Advisory Board (SFHSA’s bimonthly meeting with community partners); Family Resource Center Initiative (FRCi) 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 Safety Organized Practice, Shared Coaching Collaborative for the implementation of Child and Family Team Meetings, Visitation, Differential Response, SafeCare, Wraparound, Parent Education Providers, and the Parent Advisory Board.

Overarching these venues is SFHSA’s Implementation Team, which consists of not only child welfare staff, but also parent, foster parent and youth representatives other county and provider partners, and labor union representation. The Implementation Team is designed to coordinate implementation of all major practice improvement initiatives that Family and Children’s Services undertakes, aligning them with the California Core Practice Model. Finally, the Leadership Support Team consists of executive staff from the public partner agencies – SFHSA, Juvenile Probation, and Department of Public Health – to provide county oversight and planning coordination in this work. Please see Attachment B which shows the implementation structure for improvement efforts.

For the current CFSR planning cycle, core representatives engaged in discussion in the meetings described above, and/or the Peer Review focus groups. Participants included parents, youth, foster parents, and public and private stakeholders such as Family Resource Centers, the San Francisco Unified School District, and the Juvenile Court.

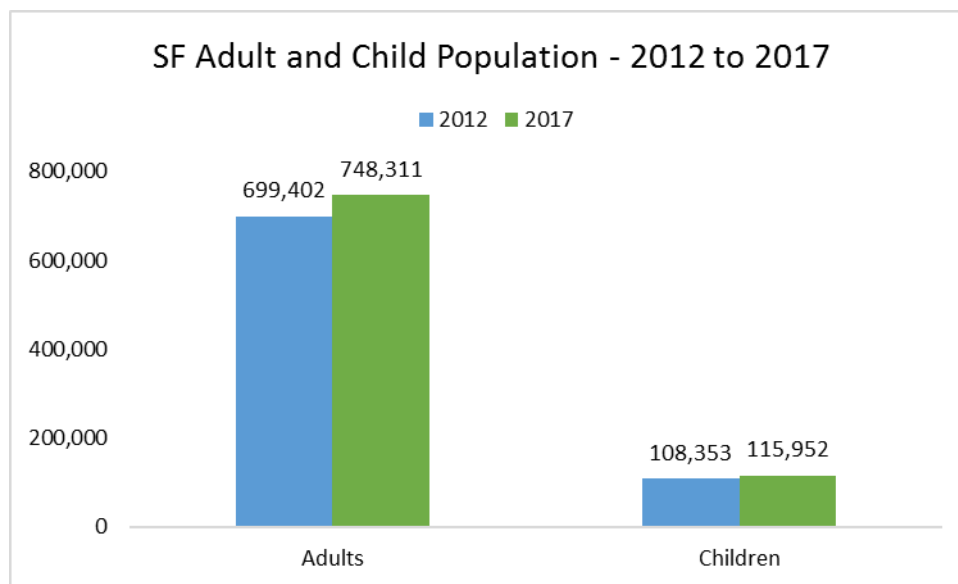
Demographic Profile

GENERAL COUNTY DEMOGRAPHICS

San Francisco is an urban, geographically small county that has a diverse, and changing, population. Highly educated, affluent, and childless adults are migrating to the city in large numbers. 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 asset 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 census, San Francisco has a growing population, increasing from 807,755 in 2012 to 864,263 in 2017. This population growth is mostly driven by more adults living in the city – the child population has remained fairly stable since 2012 (Figure 1). As of 2017, 115,952 children live in San Francisco, which is 13% of the total population. This is the lowest rate among the nation’s major metropolitan areas. By comparison, children are 21% of the population in New York City and Los Angeles.

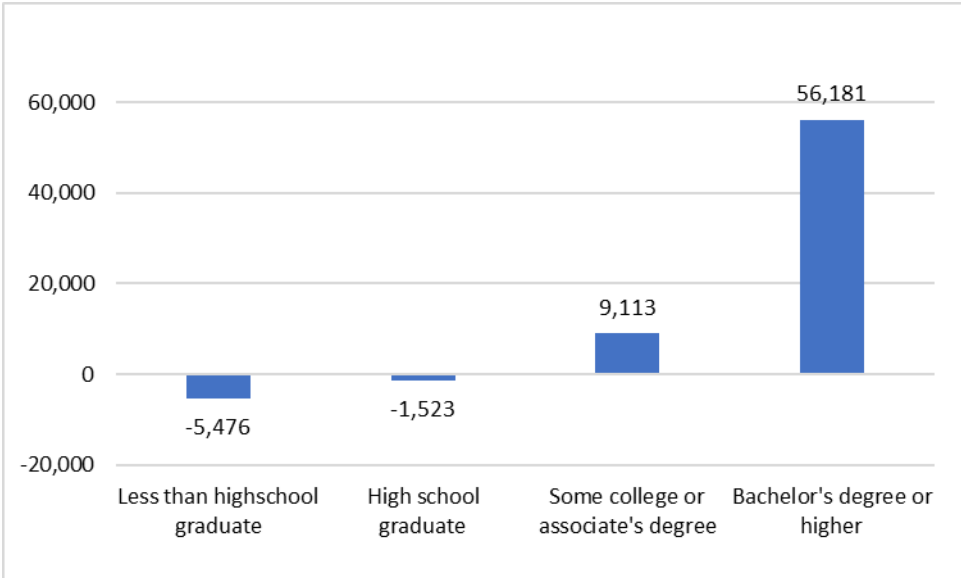
Figure 1: SF Residents by Age Group, 2012-2017



Source: US Census Bureau, 2012 5-year ACS estimate and 2017 5-year ACS estimate

San Francisco is also becoming a more educated city. There are roughly 56,000 more residents aged 25 and older in San Francisco with a bachelor’s degree or higher in 2017 than there were in 2012, and 5,000 fewer residents with less than a high school diploma (Figure 2). In 2017, over half of San Francisco adults aged 25 and older had at least a bachelor’s degree, and over 75% had at least some college credit.

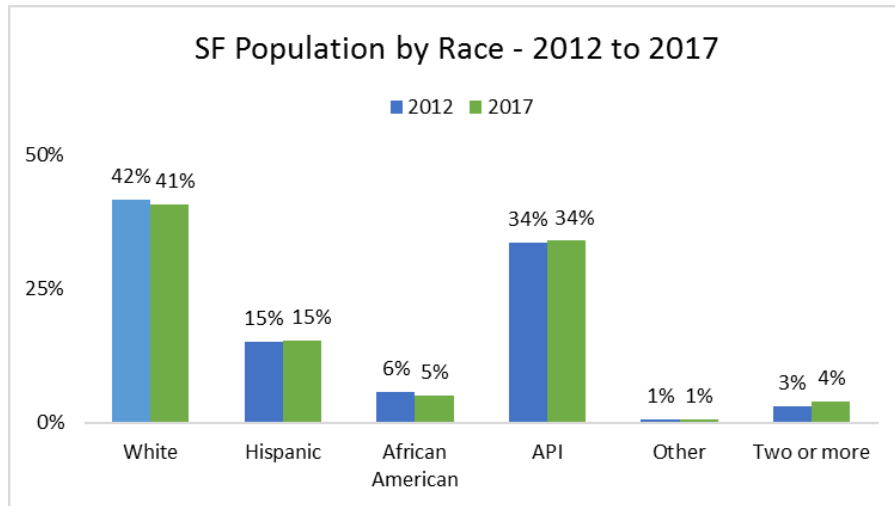
Figure 2: Difference in Educational Attainment of San Francisco Adult Residents (18+): 1990 vs 2017



Source: US Census Bureau, 2012 5-year ACS estimate and 2017 5-year ACS estimate

San Francisco has an uncommonly diverse population, with a very substantial immigrant population. As of 2017, 35% of San Franciscans were born in another county, compared to 27% statewide and 13% nationwide. Forty-four 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. Since 2012, the racial makeup of San Francisco has not experienced any dramatic change (Table 3), but there are meaningful trends occurring over a longer time period worth mentioning here. Mainly the proportion of San Francisco residents who are African American has been declining. Since 1990, the African American population has dropped 46% (from 82,043 to 43,961). On the other hand, the Latino population has grown somewhat, and the Asian/Pacific Islander population has increased substantially. Over 60% of San Francisco immigrants now come from Asia.

Figure 3: SF Residents by Race, 2012-2017



San Francisco has many wealthy families, but it is also plagued with severe income inequality. As seen in Table 1, the ratio between the 95th percentile and 20th percentile of household income earnings among families with children is the highest among California’s most populated counties.

Table 1: Income Inequality Across California

County	Households with Children	Household Income		Ratio
		20th Percentile	95th Percentile	
San Francisco	64,844	\$49,033	\$565,000	11.5
Contra Costa	141,727	\$43,456	\$442,981	10.2
Los Angeles	1,115,891	\$27,303	\$265,207	9.7
Santa Clara	237,643	\$55,978	\$504,683	9.0
Fresno	126,431	\$20,300	\$178,217	8.8
Orange	363,668	\$39,984	\$332,822	8.3
Alameda	195,097	\$42,763	\$350,386	8.2
San Diego	373,174	\$34,302	\$275,000	8.0
Sacramento	181,643	\$27,463	\$219,372	8.0
Kern	116,215	\$23,081	\$175,812	7.6
San Bernardino	264,272	\$26,248	\$187,188	7.1
Riverside	277,495	\$31,062	\$206,048	6.6

Source: 2017 5-Year ACS (IPUMS Sample)

One of the most severe consequences of this income inequality is that many children in San Francisco live in poverty, which is a significant risk factor for child maltreatment. In 2017, the poverty level for a family of one adult and two children was \$20,420, and 11% of children were below the poverty line. As seen in Table 2, race and ethnicity are strongly linked to poverty, with children of color more likely to be in poverty than white children.

Table 2: Child Poverty by Race, San Francisco, 2017

Race	Total Children	In Poverty (n)	In Poverty (%)
Total	115,941	13,221	11%
API	35,003	3,494	10%
White	34,225	936	3%
Latino	26,825	4,293	16%
Other	12,900	1,338	10%
African-American	6,988	3,160	45%

Source: 2017 5-Year ACS (IPUMS Sample)

There are additional disparities in childhood poverty based on where children live. Figure 4 and 5 illustrates that while most children in San Francisco live in the southeast, south, and western parts of the city, childhood poverty is mostly concentrated in southeastern neighborhoods. Figure 5 also maps the location of the 25 Family Resource Centers located in San Francisco, and shows that areas with the most impoverished children are well-represented by the Family Resource Centers

Figure 4: Children by Zip Code, 2017

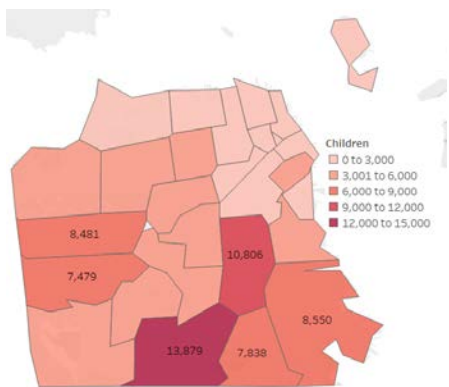
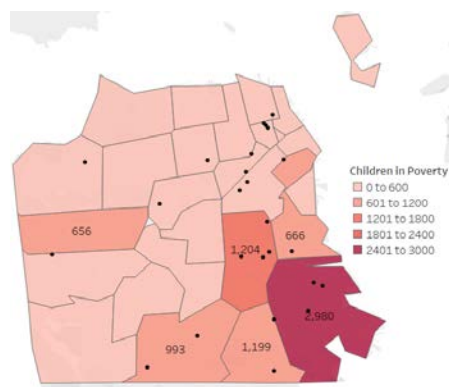


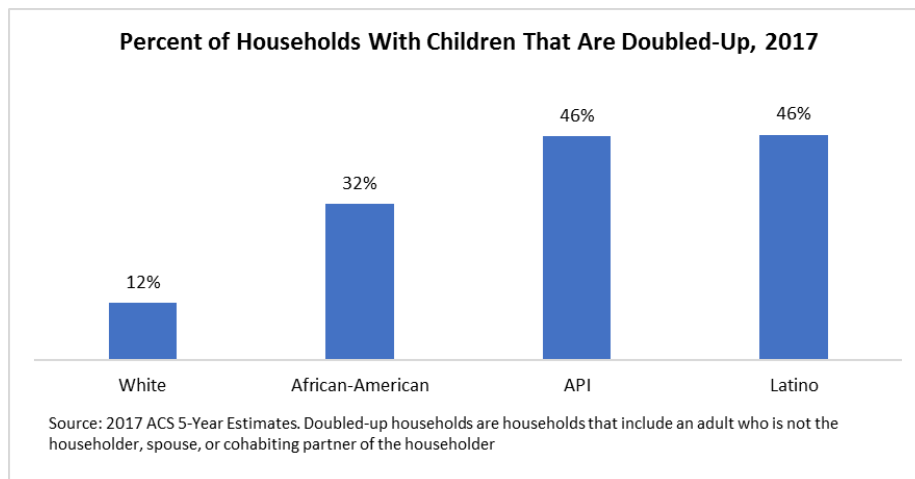
Figure 5: Children in Poverty by Zip Code and FRC Location, 2017



The problems of poverty are exacerbated by the high cost of living in San Francisco, and the most expensive element of living in San Francisco is housing. 63% of households are renter occupied, and the City's rent median in 2017 -- the midpoint on the spectrum of prices -- is one of the highest in the country at \$1,709 per month. For families looking to move into the city or a new apartment the financial burden is even more severe - the median listed rent for a new two-bedroom apartment is currently \$4,630.¹ Currently, nearly one third of San Francisco rental properties demand at least 35 percent of tenants' total income.

Data suggests that a coping mechanism that families use to afford living in the city is “doubling-up,” especially among Asian/Pacific Islander (46%) and Latino (46%) families (see figure 6).

Figure 6



Other low-income persons cope with the high cost of living by leaving the city altogether. As relatives are leaving – including the aunts, uncles, and siblings who form the informal support network for low-income and vulnerable parents – poverty is being compounded by isolation. Among children entering foster care in 2018, only 32% had a caregiver who had at least one supportive relationship with someone who was willing to be part of his/her support network.

Homelessness is the single most complex, urgent challenge facing San Francisco’s vulnerable families. According to a recent point-in-time homeless count (Applied Survey Research, 2017), San Francisco had 7,499 homeless persons. Eight percent were persons in families, and 3% of these families were unsheltered. Child welfare is enmeshed with San Francisco’s housing instability; twenty-six percent of children with a case opening in 2018 were homeless at time of case opening.

In surveys, child welfare workers express frustration with the futility of the housing search – lists, lists, lists – and the long wait for even a shelter bed. Reunification timelines add pressure. Workers sometimes require that families enter residential drug treatment programs, not because the parent’s level of addiction requires a residential setting, but so that the family can have housing. However,

¹ <https://www.zumper.com/blog/2019/03/san-francisco-neighborhood-rent-map-spring-2019/>

residential programs seldom take more than one child, and do not accept teenage children. Workers often have to refer families to housing lists in other counties, resulting in children leaving their schools and neighborhoods behind in order for the family to have housing and stay together. Workers also assist with relative searches, and when the relative’s home meets basic standards, sometimes have no choice but to accept doubling up.

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

In response to these pressures, SFHSA partnered with a local CBO and the Housing Authority to implement a program in 2013 that helps homeless families entering the child welfare system secure stable housing. In 2016 this program became part of the State’s Bringing Families Home Program. Please refer to subsequent sections for a description of the agency’s project.

Table 3 details other metrics that provide context for the discussion of child and family well-being in San Francisco.

Table 3: County self-assessment required data elements

Description	Data
Active tribes in the county ²	San Francisco does not have Indian reservations. However, according to the 2013-2017 American Community Survey, there are 3,306 American Indians and Alaskan Natives residing in the county. The tribes with more than 100 residents include Mexican American Indian, Cherokee, South American Indian, Pueblo and Navajo.
Number of children attending school ³	60,898

² US Census Bureau. 2013-2017 American Community Survey. Data retrieved on March 28, 2019 from <http://factfinder.census.gov/>

Description	Data
Number of children attending special education classes ⁴	7,176
Number of children participating in subsidized school lunch programs ⁵	31,718 (or 52%) of the children attending San Francisco public schools receive subsidized school lunches.
Number of children who are leaving school prior to graduation ⁶	During the 2016-2017 school year, the San Francisco Unified School District reported 20,770 students enrolled into grades 9-12. Of these students, 538 (or 2.6%) left school prior to graduation. The 4-year derived dropout rate – an estimate of the percent of students who would drop out in a four-year period based on data collected for a single year – was 10%.
Number of children on child care waiting lists ⁷	2,467
Number of children receiving age-appropriate immunizations ⁸	94.9% (6,701 total kindergarten enrollments)
Number of babies who are born with a low-birth weight ⁹	7% (642 of 9,062 total births in 2016)
Number of children born to teen parents ¹⁰	116 of 9,062 total births
Number of families receiving Public Assistance (CalWORKs) ¹¹	As of December, 2018, there were 3,000 families participating in the CalWORKs program.
Percent of families living below poverty level ¹²	6.4% of 168,738 families
County unemployment rate ¹³	January 2019: 2.6%

³ California Department of Education. Data retrieved on March 28, 2019 from: <http://dq.cde.ca.gov/dataquest/>

⁴ Ibid.

⁵ Ibid.

⁶ Ibid.

⁷ San Francisco Human Services Agency, Centralized Eligibility List, March 2019.

⁸ California Department of Health Services, Immunization Branch. 2017-2018 Kindergarten Assessment Results.

⁹The Annie E. Casey Foundation, KIDS COUNT Data Center, <https://datacenter.kidscount.org>

¹⁰ Ibid.

¹¹ CalWin

¹² US Census Bureau. 2013-2017 American Community Survey. Data retrieved on March 28, 2019 from <http://factfinder.census.gov/>

CHILD MALTREATMENT INDICATORS

Linking birth records with data from the statewide Child Welfare Services/Case Management System (CWS/CMS) provides information about the full population of children born in San Francisco, including risk factors for maltreatment. The data reported below were derived from the birth records of children born in San Francisco in 2006 and 2007 and were matched to CWS/CMS records through each child's fifth birthday¹⁴. The following are notable characteristics of parents and their children.

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

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

- ❖ 2,106 children were reported to SFHSA for alleged child abuse or neglect before the age of 5, 8.2% of children.
- ❖ Notable differences emerged in the likelihood of being reported to SFHSA. Overall, 12.9% of children who were low birth weight (< 2500g) were reported compared to 7.7% of children who were not. In relative terms, that meant that a low-birth-weight child had a 67.0% greater likelihood of being reported for abuse or neglect (RR: 1.67***; 95% CI: 1.49, 1.88, indicating statistical significance).
- ❖ After adjusting for other factors, the heightened risk associated with low birth weight diminished in magnitude, but was still statistically significant (RR: 1.23***; 95% CI: 1.10, 1.38).
- ❖ An inverse relationship was observed between a child's risk of being reported for alleged maltreatment and maternal age. Among children born to teen mothers, 30.5% were reported. In contrast, only 4.7% of children born to a mother age 30 or older were reported. Before adjusting for other factors, children of teen mothers were almost 6.5 times as likely to be reported to SFHSA as were those born to mothers age 30 or older (RR: 6.49***; 95% CI: 5.74, 7.33).

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

¹³ United States Department of Labor, Bureau of Labor Statistics. Data retrieved on January 2019 from: <https://fred.stlouisfed.org/series/CASANFOURN>

¹⁴ Putnam-Hornstein, E., Mitchel, M., & Hammond, I. (2014). *A Birth Cohort Study of Involvement with Child Protective Services before Age 5: San Francisco*. Children's Data Network.

- ❖ 676 children were substantiated as victims of abuse or neglect before age 5, 2.6% of all children born.
- ❖ Notable differences emerged in the likelihood of being substantiated as victims. Among children whose births were covered by public insurance, 8% were substantiated as victims of maltreatment before age 5, compared to less than 1% among children with non-public insurance. Before adjusting for other factors, public insurance was associated with a 9 times greater risk of substantiation (RR: 9.22***; 95% CI: 7.76, 10.96). In the adjusted model, the risk ratio was weaker, but the relative difference was still large (RR: 2.37***; 95% CI: 1.88, 2.99).
- ❖ Risk of substantiated maltreatment varied with the commencement of prenatal care. Although representing only a small percentage of births overall, nearly 2 in 5 children with no recorded prenatal care were subsequently substantiated for abuse or neglect, 23 times the rate of children whose prenatal care began during the first trimester before adjusting for other factors (RR: 23.20***; 95% CI: 18.55, 29.02) and 3 times greater after adjustments were made (RR: 3.11***; 95% CI: 2.38, 4.07).

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

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

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

- ❖ Overall, 1,085,745 children were born in California in 2006 and 2007.
- ❖ Infants born in San Francisco represented 2.4% of births statewide.
- ❖ In California, 14.8% of children were reported to CPS, 5.1% were substantiated as victims of abuse or neglect, and 2.2% spent time in foster care before age 5.
- ❖ The cumulative percentage of children reported for alleged abuse or neglect ranged from less than 8.0% to more than 30.0% across California counties.

- ❖ The cumulative percentage of children substantiated as victims of abuse or neglect varied by county, from less than 2.0% to more than 16.0% of all children born.
- ❖ Across counties, the percentage of children who spent time in foster care before reaching their fifth birthday ranged from less than 0.5% to more than 7.0%.

A primary implication of the information revealed by these linked data is that the number of children reported for maltreatment, substantiated as victims, and placed into foster care in a given year dramatically undercounts the risk of child welfare involvement over time. In San Francisco during 2013, 3.4% of children under age 5 were reported for maltreatment. However, following children from birth through age 5 reveals that 8.2% of children were reported.

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

Family Structure and other Socio-demographics

Selected socio-demographic characteristics of San Francisco are presented in the table below. These indicators are found in the child welfare literature to be associated with maltreatment. Overall, rates of residents with less than a high school education, households headed by a single female, single female-headed households in poverty, and renter-occupied units are particularly high for African American and Hispanic families.

Table 4: San Francisco Selected Demographic Characteristics

Characteristic	N	%
Residents aged 18 and older with less than a high school education	86,953	14%
African American	3,659	11%
White	14,154	4%
Hispanic	21,489	23%
Single, female-headed households	28,894	23%
African American	4,114	55%
White	9,266	12%
Hispanic	6,341	28%
Single, female-headed households in poverty	4,825	17%
African American	1,510	37%
White	577	8%
Hispanic	1,300	21%

Data Source: 2013-2017 American Community Survey

Substance abuse

There is mixed evidence regarding how the prevalence and severity of substance abuse, a risk factor for child maltreatment, has changed among San Francisco residents over the last 5 years.

The amount of admissions to substance use treatment programs among San Francisco residents has declined from 11,257 to 9,660 from 2013 to 2017. While this suggests that substance abuse may be declining in San Francisco, other indicators suggest the opposite. Treatment admissions for heroin and methamphetamines have increased since 2013, and while treatment admissions for alcohol, cocaine, and marijuana have declined over this period, the amount of emergency department visits involving these substances have been increasing over the same time period¹⁵.

Table 5: Admissions to Substance Use Treatment Programs Among San Francisco Residents, by Year and Substance

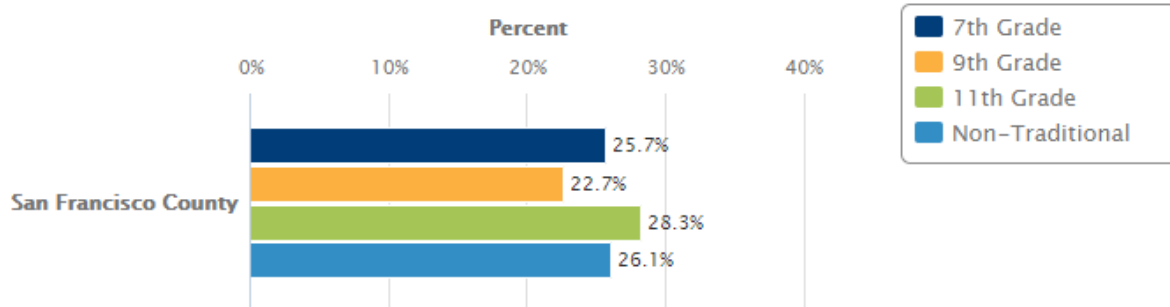
	2013		2017	
	N	%	N	%
Total Admissions	11,257	100%	9,660	100%
Primary Substance of Abuse				
Heroin	3,531	31%	4,077	42%
Alcohol	2,670	24%	1,959	20%
Methamphetamine	1,639	15%	1,836	19%
Cocaine/Crack	1,702	15%	693	7%
Prescription Opioids	431	4%	419	4%
Marijuana	733	7%	390	4%
Other Drugs/Unknown	507	5%	267	3%
Benzodiazepines	21	0%	14	0%
MDMA	21	0%	5	0%
Synthetic Cannabinoids	2	0%	-	0%

Mental Health

Roughly one quarter of youth in San Francisco report feelings of depression. For children entering foster care or beginning a family maintenance case, San Francisco's Katie A. implementation includes Child and Adolescent Needs and Strengths Assessment screening which should improve the process of identification and triage of mental health needs among children in the child welfare system.

¹⁵ San Francisco Sentinel Community Site Drug Use Patterns and Trends, 2018. Data retrieved from <https://ndews.umd.edu/sites/ndews.umd.edu/files/SCS-Report-2018-San-Francisco-FINAL.pdf>

Figure 7: Depression-Related Feelings, by Race/Ethnicity: 2013-2015



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

Child Fatalities

Between 2012-2014 the infant mortality rate was 2.9 per 1,000 live births¹⁶, which is lower than California (4.3 per 1,000 in 2014) and the U.S (5.8 per 1,000 live births)¹⁷

In 2015, there were 17 deaths among children aged 1 to 19¹⁸. Table 6 details the cause of death by age group.

Table 6: Child Deaths in San Francisco, by Age and Cause

Age Group	Total	Birth Defects	Cancer	Chronic Lower Respiratory Diseases	Diseases of the Heart	Homicide	Suicide	Unintentional Injuries
Total	17	2	2	0	1	3	3	6
Ages 1-4	2	2	0	0	0	0	N/A	0
Ages 5-14	5	0	2	0	0	0	0	3

¹⁶ San Francisco Department of Public Health. Data retrieved from <https://www.sfdph.org/dph/files/MCHdocs/Epi/MCAH-DataBriefInfantDeaths-2006-2014.pdf>

¹⁷ Lucile Packard Foundation for Children’s Health. Data retrieved from <https://datacenter.kidscount.org>

¹⁸ Ibid.

CHILD WELFARE AND PROBATION POPULATION

Table 7 summarizes the City and County of San Francisco child welfare participation rates for the 2013 and 2018 calendar years. All of these measures indicate a decline in youth involvement in the child welfare system. Over the last 5 years:

- First entries (both as a number and as a percentage of all entries) have continued to decline.
- The rates per 1,000 children has declined across all of the metrics
- The number of children in care has decreased almost 28%

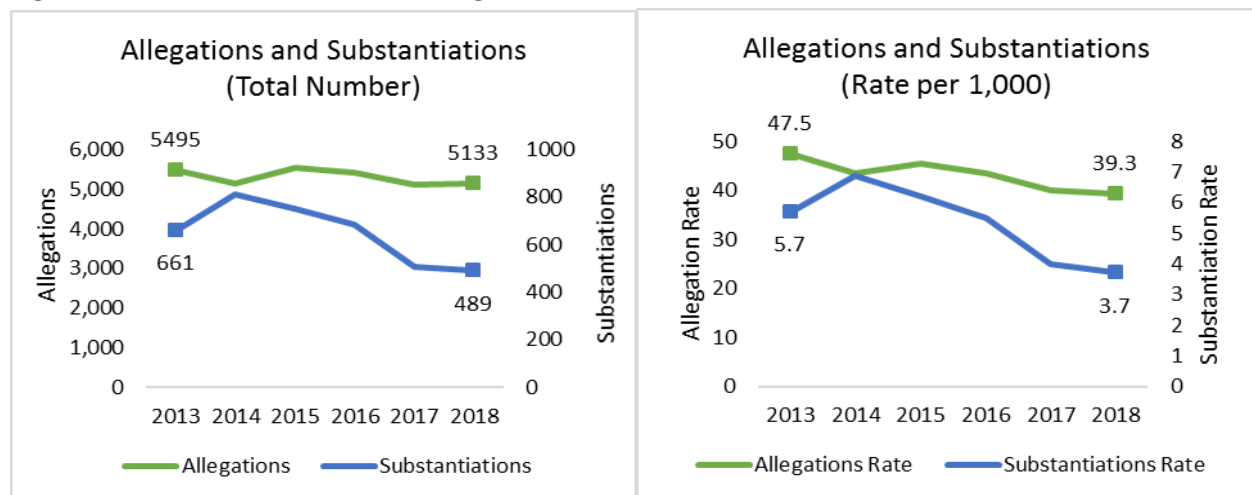
Table 7: Number and Rate of Referral, Substantiation, Entry, and In-Care over Time

	Total Numbers			Rate per 1,000 children		
	2013	2018	Percent Change	2013	2018	Percent Change
Referrals	5,495	5,133	-7%	47.5	39.3	-17%
Substantiated referrals	661	489	-26%	5.7	3.7	-35%
First entries	241	182	-24%	2.1	1.6	-24%
Total entries	330	245	-26%	2.9	2.1	-28%
In care (July)	874	574	-34%	7.6	4.4	-42%

Source: California Child Welfare Indicators Project http://cssr.berkeley.edu/ucb_childwelfare/RefRates.aspx, http://cssr.berkeley.edu/ucb_childwelfare/EntryRates.aspx, http://cssr.berkeley.edu/ucb_childwelfare/PIT.aspx

As shown in the graphs below, that while allegations are slowly declining (both in number and as a rate), substantiations (in number and rate) are decreasing at a faster rate.

Figure 8 & 9: Number and Rate of Allegations and Substantiations

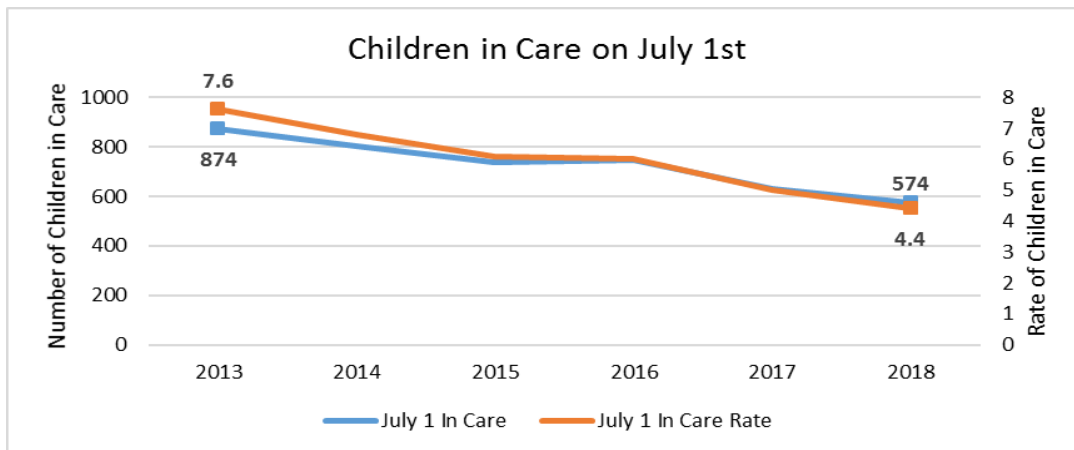


Source: California Child Welfare Indicators Project: http://cssr.berkeley.edu/ucb_childwelfare/RefRates.aspx

A recent analysis conducted by UC Berkeley graduate students showed that the drop in substantiation rates were not correlated with the implementation of SDM but is declining at a relatively higher rate for Black children and infants. The study indicates that the decrease in the percentage of Black children under age one living in San Francisco is significantly related to the overall substantiation rate. The study further concludes that “the decline of Black infants in San Francisco is an important component in examining what is contributing to the decline in substantiation rates. Allegation rates have stayed fairly steady and the recurrence rate has declined suggesting that the reduction in substantiation in response to the same level of allegations is not resulting in more re-abuse” (Conboy, M., Edwards, K., Escobedo, P., & Meza, M. (2019). *Declining substantiation rates in San Francisco*. Unpublished master’s project, University of California at Berkeley School of Social Welfare, Berkeley, California).

Figure 10 shows that while the number of children is decreasing, the rate of children in care is decreasing at a slightly greater rate.

Figure 10: The Number and Rate of Children in Care



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

The following table shows the number of Allegations by type for 2013 and 2018.

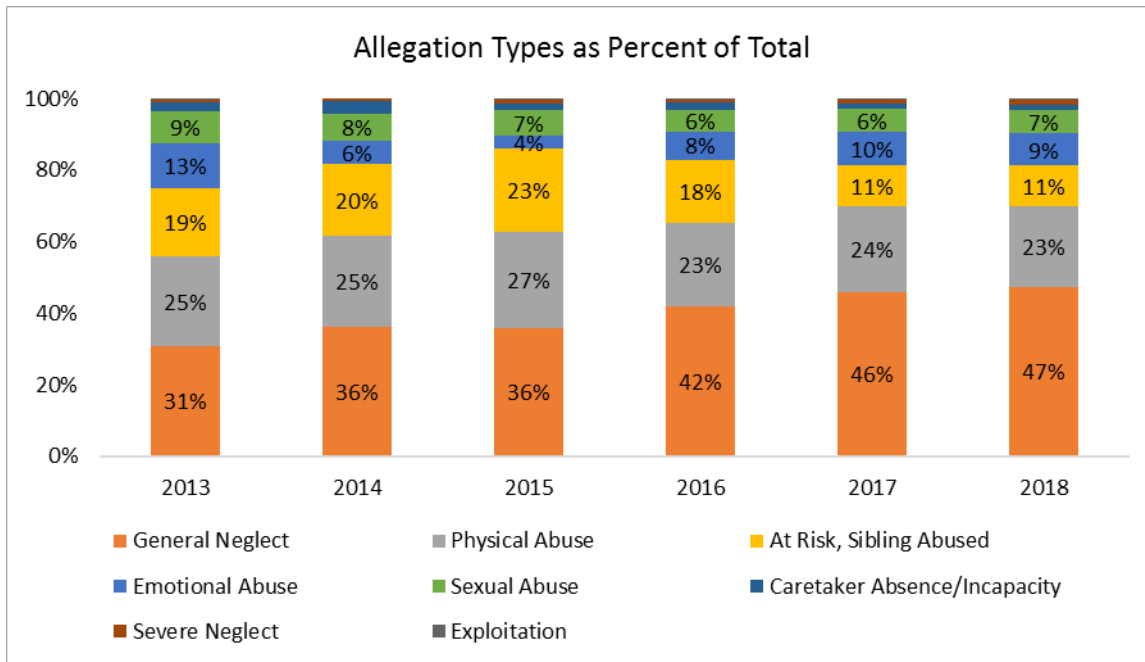
Table 8: Type of Allegations received for the 2013 and 2018 calendar years

Allegation Type	2013	2018	Percent Change
General Neglect	1,699	2,433	43%
Physical Abuse	1,372	1,156	-16%
At Risk, Sibling Abused	1,043	582	-44%
Emotional Abuse	690	460	-33%
Sexual Abuse	494	341	-31%
Caretaker Absence/Incapacity	150	74	-51%
Severe Neglect	34	68	100%
Exploitation	13	19	46%
Total	5,495	5,133	-7%

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

There was a substantial decrease in many of the allegation types with the exception of *General Neglect*, *Severe Neglect*, and *Exploitation*. The largest numerical increase was for General Neglect allegations. Much of that increase is due to practice changes including better definitions of when to use “At-Risk, Sibling Abused” and when to classify the allegation as “General Neglect.” The other increases in *Severe Neglect* and in *Exploitation* require additional review, though the number of cases for Exploitation are small enough that it could be statistically insignificant. Graph 4, below, shows the percent of total for each allegation type.

Figure 11: Allegation Type



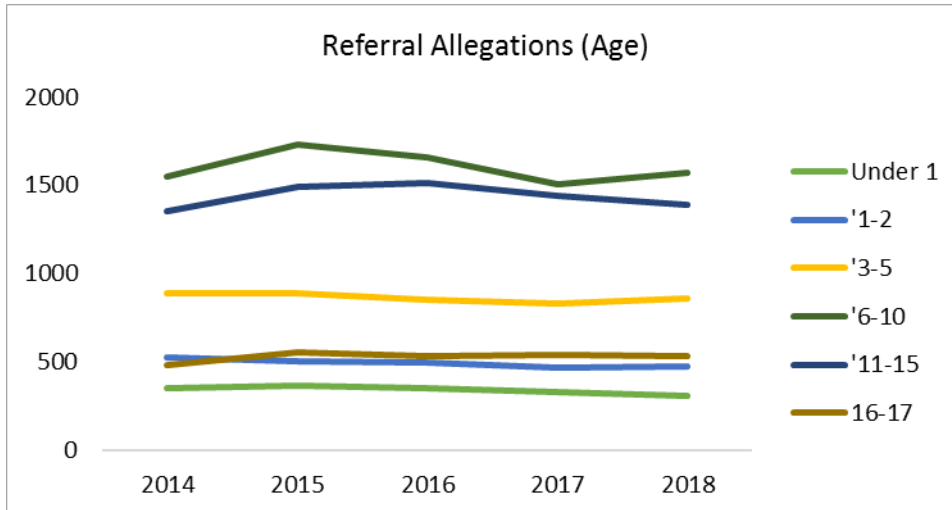
http://cssr.berkeley.edu/ucb_childwelfare/Allegations.aspx

As described above, the biggest percentage shift was away from “At-Risk, Sibling Abused” to “General Neglect” based on practice changes that clearly defined the use of “At-Risk, Sibling Abused.”

Allegations, Substantiations, Entries, and In-Care by Age and Race/Ethnicity

Figure 12 indicates that in San Francisco the most allegations occur for children between the age of 6-10 followed by 11-15 year olds. This has remained fairly consistent over time.

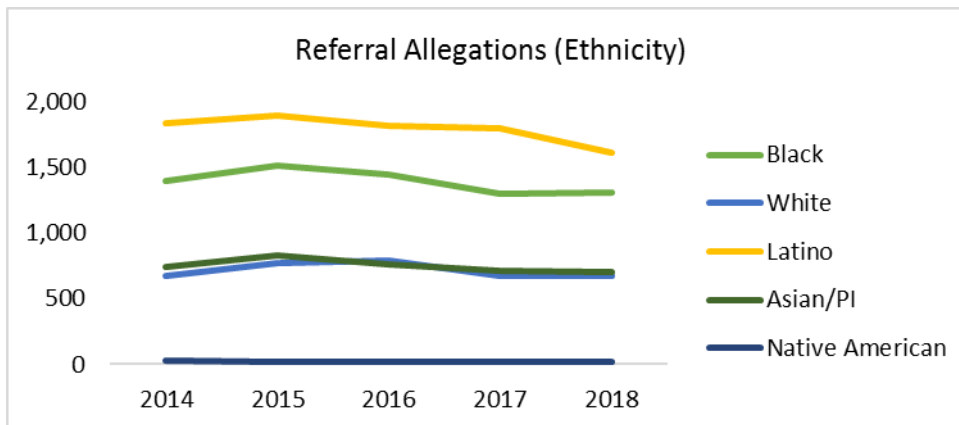
Figure 12: Number of Maltreatment Referrals by Age and Referral Year



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

Latino children continued to be more likely than any children of any other race/ethnicity to be reported for maltreatment (see Figure 9 below). In 2017, 60% of allegations were made on a child of Latino or African American race/ethnicity. More than one third (35%) of allegations were made on children from a Latino ethnic background.

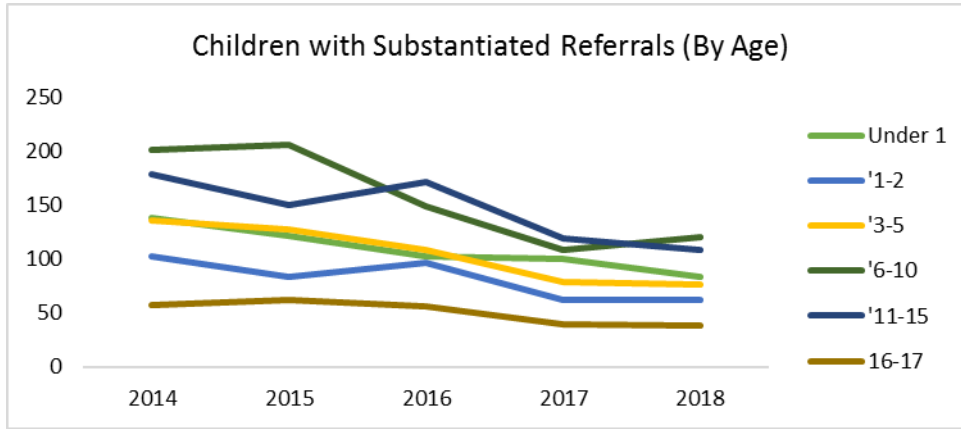
Figure 13: Number of Maltreatment Referrals by Race/Ethnicity and Referral Year



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

The number of substantiations per year for all age ranges continue to decline from 2014 to 2018 with the exception of 16-17 year olds which remained flat. The largest decline was from 6-10 year olds.

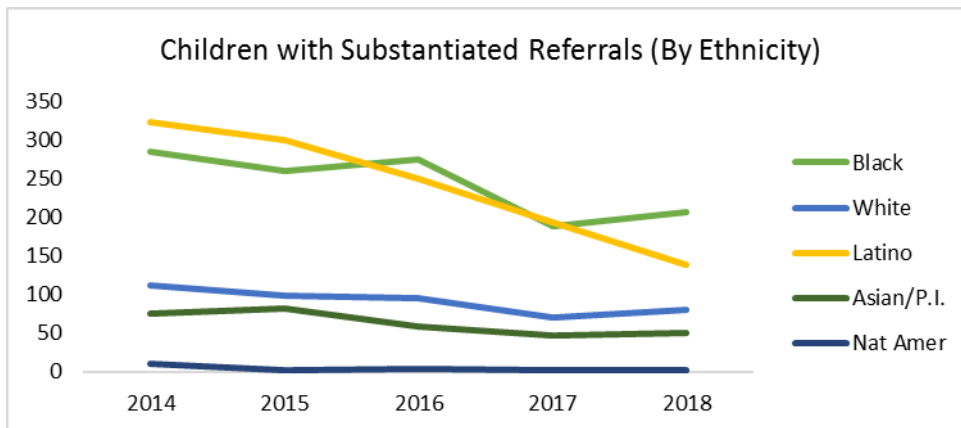
Figure 14: Number of Substantiated Referrals by Age and Referral Year



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

African American and Latino children continue to have the highest levels of substantiated referrals. In 2018 they represented 75% of substantiated referrals (Figure 15).

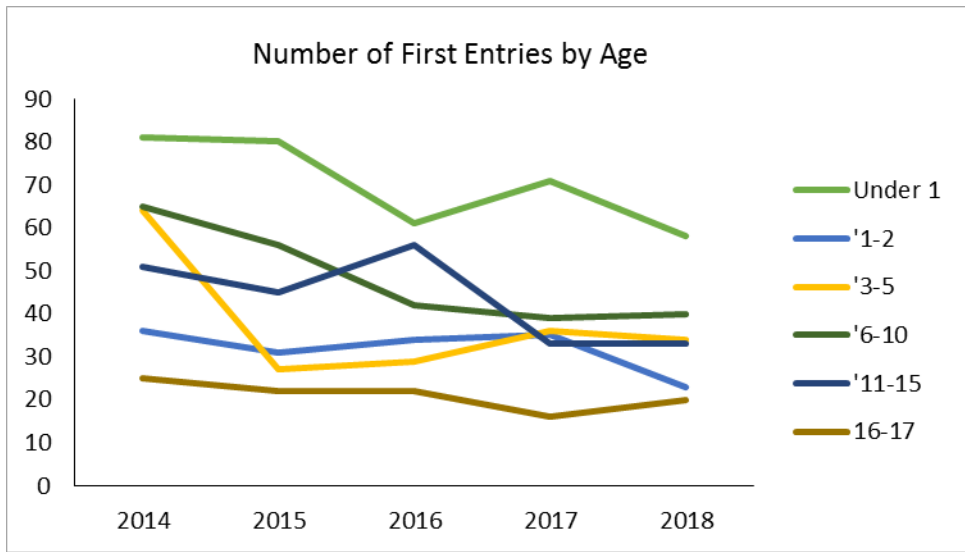
Figure 15: Number of Substantiated Referrals by Race/Ethnicity and Referral Year



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

Children under one year of age represent the largest groups entering foster care for the first time. The trend is persistent over time. Those 16-17 years old entering for the first time are the smallest population while all other ages converged over the last 5 years to be about the same size in 2017.

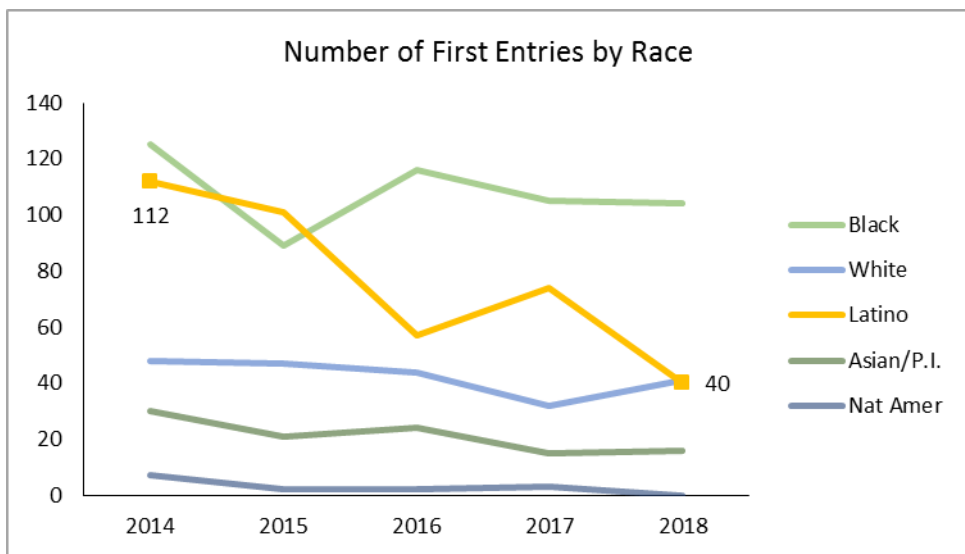
Figure 16: Number of First Entries by Age Group and Entry Year



http://cssr.berkeley.edu/ucb_childwelfare/EntryRates.aspx

As shown in Figure 13, the number of first entries declined slightly over time with Latino youth showing the largest decrease (64%) from 2014 to 2018.

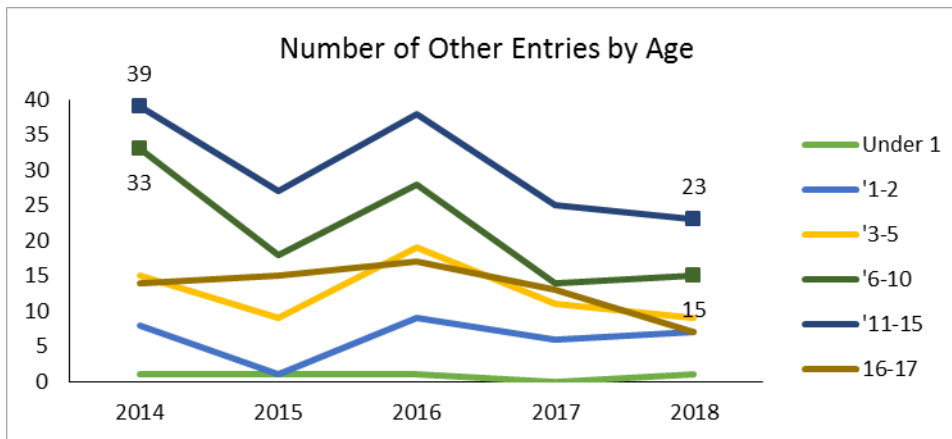
Figure 17: Number of First Entries by Race/Ethnicity and Entry Year



http://cssr.berkeley.edu/ucb_childwelfare/EntryRates.aspx

Children between 6 and 10 years of age have seen the largest decline (54%) during the last five years while youth between 11 and 15 years of age have declined 41%.

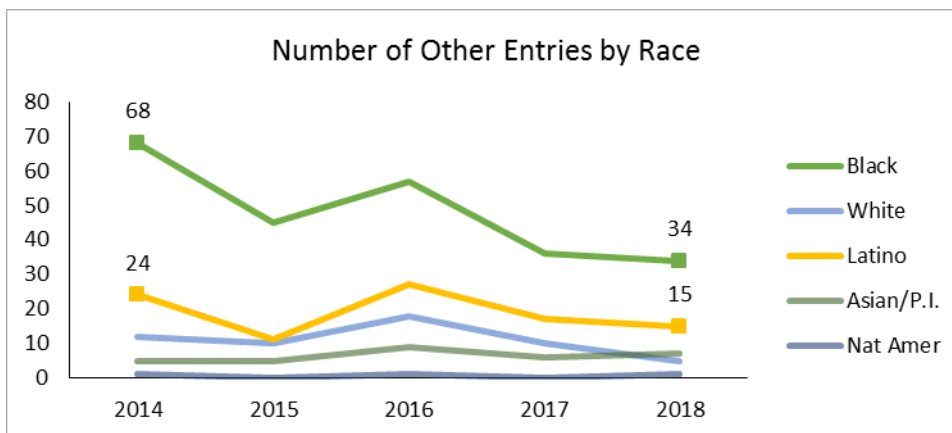
Figure 18: Children with Reentries



http://cssr.berkeley.edu/ucb_childwelfare/EntryRates.aspx

In San Francisco the number of children with reentries has declined slightly over the last 5 years, with the biggest decreases being for Black and Hispanic youth (Figure 15).

Figure 19: Number of Reentries by Race/Ethnicity and Year



http://cssr.berkeley.edu/ucb_childwelfare/EntryRates.aspx

Figure 20 illustrates a decline of 52% in the number of children in San Francisco foster care over the last 10 years. As of July 1, 2018, SFHSA had 760 children in active foster care placements. The caseload at a point in time is a function of both the rate of admission and the rate of exit. The observed caseload decline was largely due to a decrease in the number of children entering care, and less due to children

leaving care faster. AB12, which began in 2011, also impacted the numbers as the age of dependents increased to 21, allowing young adults to remain in foster care longer.

Figure 20: Number of Children, Youth, and Young Adults In Care on July 1 of Each Year

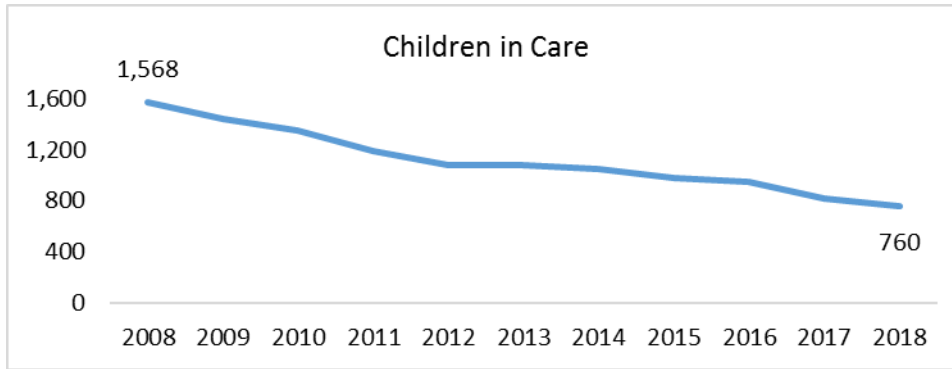
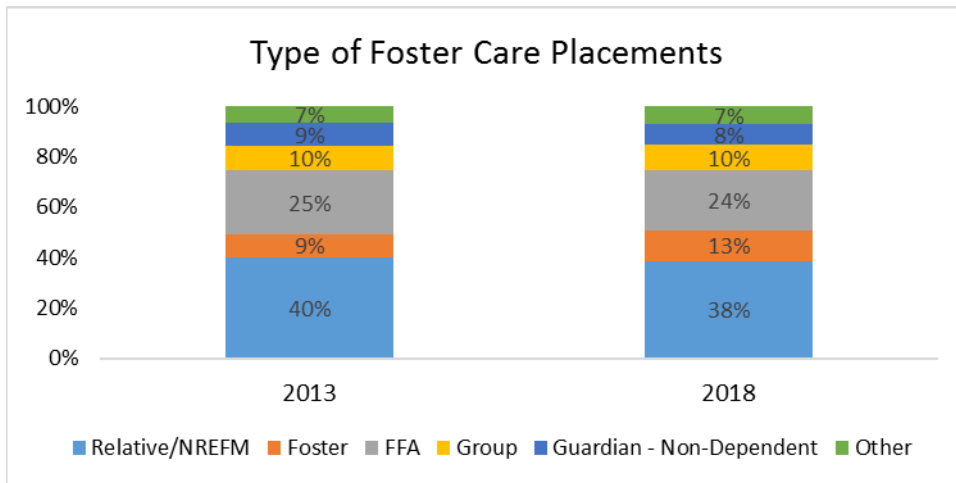


Table 9: Foster Care Placements by placement type.

	July 1, 2013		July 1, 2018	
	Count	Percent	Count	Percent
Relative/NREFM	351	40%	220	38%
Foster	80	9%	72	13%
FFA	221	25%	136	24%
Group	84	10%	57	10%
Guardian - Non-Dependent	81	9%	48	8%
Other	57	7%	40	7%
Total	874	100%	573	100%

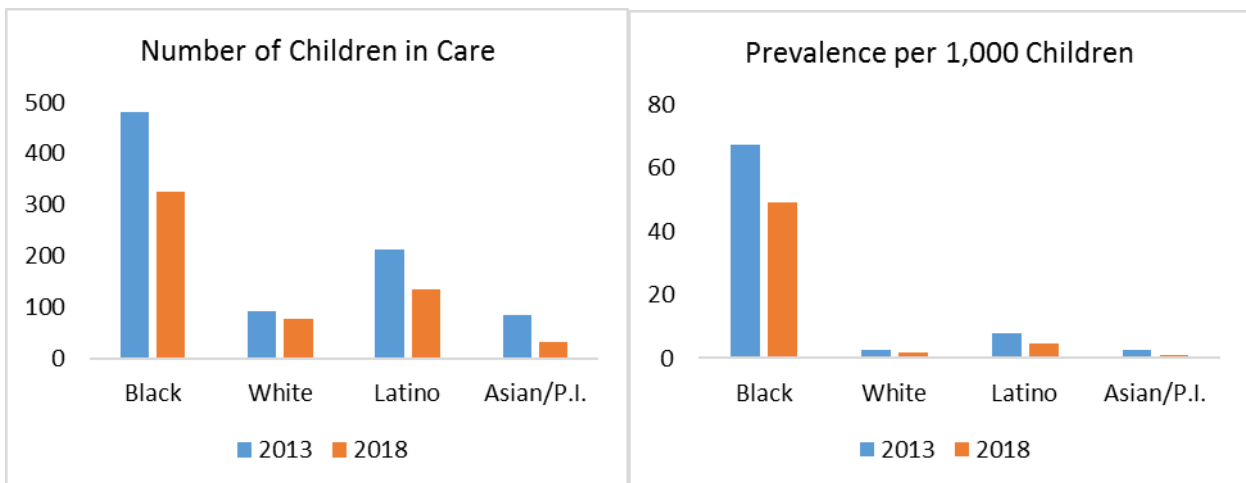
To reduce the trauma of removal, to keep communities intact, and to improve the odds of achieving permanency, SFHSA’s long-standing policy has been to place with relatives whenever safe and feasible. Thirty-eight percent of San Francisco foster children are placed in relative / non-relative extended family members (NREFM) homes. This is a slight decrease from 40% in 2013. There was an increase in FFA use that corresponds with the decrease in Relative/NREFM.

Figure 21: Type of Foster Care Placement by Percentage



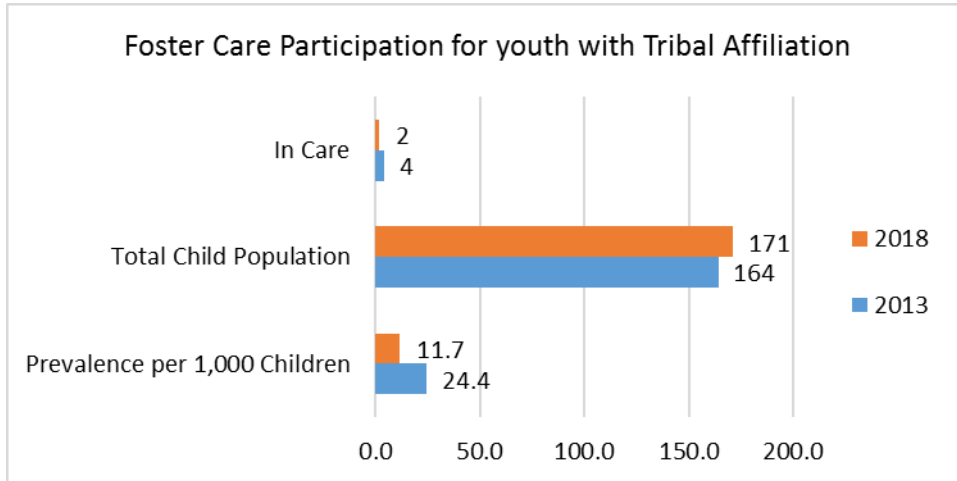
The following graphs show both the number and the rate of Foster Care prevalence by Race / Ethnicity. Measured as a rate per thousand children in the population, the rate of foster care prevalence among African American children continues to be higher than among any other group. A partial explanation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

Figure 22 and 23: Number of Children in Care at Prevalence Rates by Race/Ethnicity: 2013 and 2018



The number of children in San Francisco with tribal affiliations has increased slightly between 2013 and 2018, yet the prevalence rate of children in care has reduced from 24.4 to 11.7 per thousand for this group.¹⁹

Figure 24: Number of Children with Tribal Affiliations and Foster Care Participation: 2013 and 2018



In-County and Out-of-County Placements

The county’s small geographic size (47 square miles) and the SFHSA’s practice of prioritizing placement with relatives has led to a wide dispersal of the agency’s foster children. As noted previously, San Francisco’s gentrification, shrinking pool of middle-class wage-level jobs, and high cost of living have caused many families (particularly African-Americans) to relocate to other, more affordable parts of the Bay Area. As Figure 25 illustrates, most of the City’s foster children are located in the same areas as children are placed with relatives, including the Pittsburg/Antioch corridor, Vallejo, and greater East Bay Area.

Figure 25 provides an overview of the (0-17 year old) foster care population for San Francisco as of March 3, 2019. Notably, 64% of San Francisco foster children are placed outside of the county (an increase of 6% since 2014). The children are geographically dispersed, ranging from Napa County to Southern California to out-of-state.

¹⁹ There were only 4 youth in care during 2013 and 2 youth in care for 2018. These numbers are too small to draw any conclusions.

Figure 25: San Francisco Foster Placements by Zip Code

Northern California

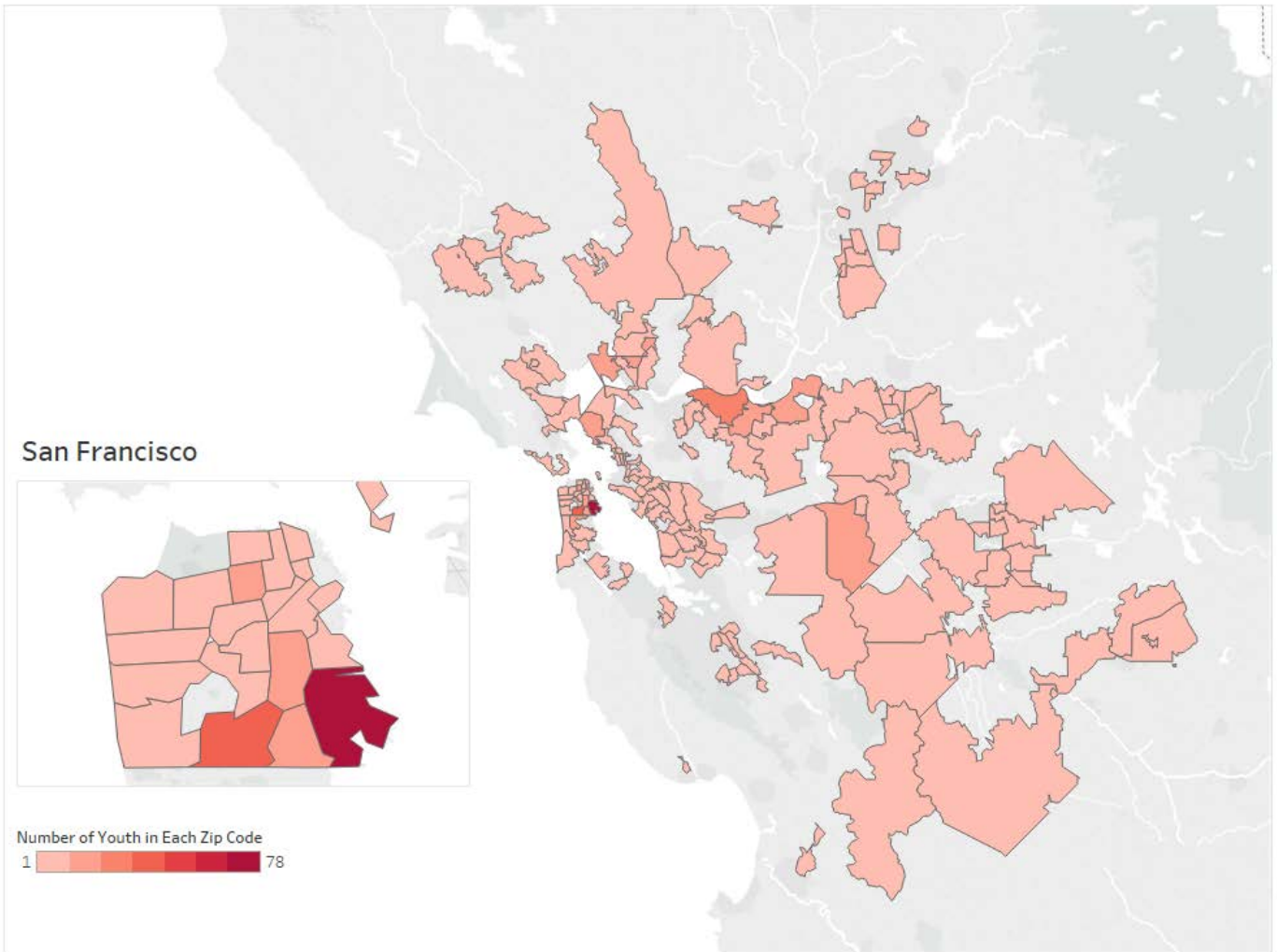
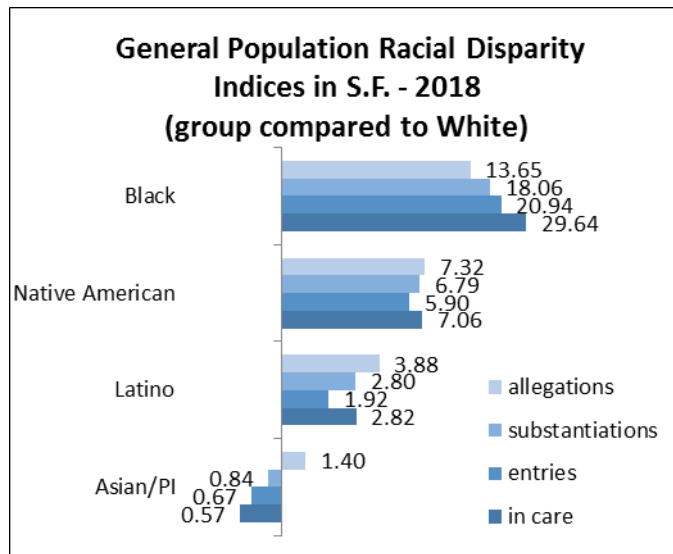


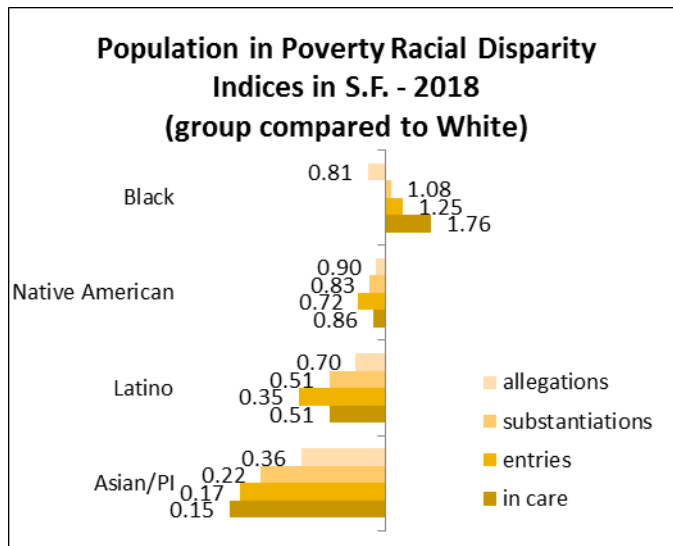
Figure 26 displays disparity ratios for African American, Latino/Hispanic, and Asian/Pacific Islander children compared to white children in 2017. A disparity ratio is the rate per thousand children of one race/ethnicity over the rate per thousand children of a comparison race/ethnicity. Black children in San Francisco are reported for maltreatment at a rate of over ten times the rate for white children. The disparity grows with each deeper step into the child welfare system: African American children are almost 29 times as likely to be in foster care as white children.

Figure 26: Racial/Ethnic Disparity Ratios²⁰



These figures do not take into account that poverty, a quality that is highly related to the risk of maltreatment, has a differential impact on children across races/ethnicities. The second graph (Figure 27 below) takes this into account by restricting the display to only children living in poverty. Making this adjustment dramatically changes the picture of disparity. African American children living in poverty remain 1.8 times as likely as poor white children to be in foster care; however, they are only 1.3 times as likely to enter foster care and 1.1 times as likely to be substantiated. In fact, African American youth are less likely (.8 times less likely) to be referred than white children. Latino/Hispanic children living in poverty are actually much less likely to be in the child welfare system at any stage of the process than are their white counterparts who are also living in poverty.

Figure 27: Population in Poverty Racial Disparity Ratios



²⁰ http://cssr.berkeley.edu/ucb_childwelfare/DisparityIndices.aspx?r=2

POLITICAL JURISDICTIONS

San Francisco has the unique distinction of being the only consolidated city-county in California. Governing both the City and County of San Francisco, the Mayor and Board of Supervisors exercise broad powers. San Francisco's governmental structure is a "strong mayor" system in which the mayor, as head of the executive branch, can sign or veto legislation passed by the Board of Supervisors. The eleven BOS members are elected by their designated home district and can serve up to two consecutive four-year terms. The Board functions as the legislative arm of the government responsible for passing ordinances, resolutions and budgets. The Board self-selects a President who would succeed the Mayor in case of absence.

The Office of the Mayor executes or vetoes legislative initiatives passed by the Board and is responsible for proposing a yearly budget. It is the Mayor who appoints individuals to City offices and commissions that oversee various city departments. This includes the five members of the Human Services Commission, which provides department oversight for SFHSA's objectives, plans and programs including but not limited to child welfare, such as CalWORKS and CalFresh. It also includes the seven members of the Juvenile Probation Commission, two of whom are referred by the Superior Courts. The members serve staggered four year terms.

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

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

Co-location and Collaborative Partnerships

SFHSA offers some space for key providers, to further communication and collaboration and provide consultation as needed in specific areas, such as domestic violence. The agency also collocates staff in other venues. An eligibility staff person is located at Juvenile Probation to facilitate accurate and prompt payments to resource families and placements. The child welfare workers who comprise the child and family team meeting facilitation unit have workstations at the Child Advocacy Center (CAC).

The CAC was founded in 2014 by San Francisco's child prevention center, Safe & Sound. It brings together law enforcement, child protection, prosecution, mental health, medical, and victim advocacy to collaborate and investigate child abuse reports, conduct forensic interviews, determine and provide evidence-based interventions, and assess cases for prosecution. There is space for all public partners at the CAC location, including Department of Public Health, San Francisco Police Department, and the District's Attorney office. For more information on the Child Advocacy Center, please visit <https://safeandsound.org/what-we-do/our-work/collaborate/childrens-advocacy-center/>.

COUNTY CHILD WELFARE AND PROBATION INFRASTRUCTURE

Child Welfare

In San Francisco, all child welfare workers, who are known as Protective Services Workers (PSWs), are required to have master's degrees. Since the last completed Self-Assessment, SFHSA continues to employ a large number of Masters-level Protective Services Workers, although not as many as previously. In 2006 it employed 170; today, 152. This is due to various reasons, an important one being that some of the positions were transitioned to other classifications that oversee and support the child welfare division, including middle management and analyst jobs. The majority of the Protective Services Workers are case carrying, with a small number on specialized assignments such as Child and Family Team meeting facilitation, educational liaison, policy, court office, and the child abuse hotline. The agency also has a robust program development section that includes analysts, supervisors and managers who provide leadership and support in developing and improving outcome improvement efforts and related policy and procedures, as well as shepherding the continuous quality improvement process. The Peer Review noted caseworker experience, bilingualism, and diversity as strengths. Please see the charts below that show the various child welfare assignments and language capacity, and staffing ratios in case carrying and training units; a graph of the management structure can be found in Attachment K.

Protective Services Worker (2940) and Supervisor (2944) Employee Breakdown									
March 2019									
		2940				2944			
		Generic	Spanish	Cantonese	Total	Generic	Spanish	Cantonese	Total
Unit	Adoptions	6	1		7	1			1
	Court Dep.	13	3		16	2			2
	Court Office	5			5	1			1
	Ed-Liaison	1			1				0
	Emergency Response	22	6	1	29	4	1		5
	Hotline	8	2		10	2			2
	Non-Court FM	4	1		5	1			1
	Sup. Trans. (16-21)	15	3		18	2	1		3
	Policy	8			8	1			1
	CFT Facilitation	5	3		8	1			1
	Workforce Dev.	2	2		4	6			10
	CQI					1			1
	Fam. Svc. (FM/FR/PP)	32	8	1	41	5	3		8
	Total		121	29	2	152	27	5	0

2944 Supervisor to 2940 Worker Ratio as of March 2019			
Units	2940	2944	Ratio
Court Dep	16	2.5	6
Emergency Response	29	5	6
Non-Court Family Maintenance	5	1	5
Sup. Trans. (16-21)	18	3	6
Family Services (FM/FR/PP)	41	7.5	5
Adoptions	7	1	7
Workforce Development	4	2	2
TOTAL	116	22	

In the last 3 years, SFHSA has experienced a particularly high rate of staff transition, as evidenced in the chart below. The majority of child welfare workers who left their position resigned, while five supervisors were promoted to managers. Consequently, there were also a number of staff hires during this time. The agency is beginning to conduct exit interviews to gather information from staff leaving the division that should help inform better understanding of the reasons staff leave and identify related issues and trends.

While it is an achievement to fill an exceptionally large number of vacancies, staff transition adds additional challenges to provide coverage, appropriate training and supports, and meet required outcomes. The significant turnover over the last three years results in more workers for individual families, making it harder to form the relationships with families necessary to support good outcomes.

Turnover Rate	2014	2015	2016	2017	2018
Child Welfare Worker	10%	7%	7%	23%	11%
Child Welfare Supervisor	4%	11%	21%	10%	0%

In the past 18 months (from August 2017 through March, 2019) SFHSA hired 29 child welfare workers, 27 of whom were new to SFHSA. Of the 27, 8 (30%) were Title IV-E. All child welfare workers are required to have master’s degrees. Of the 29 new hires, 24 had Masters of Social Welfare or Social Work, and two had Masters in Counseling or Psychology.

Additional Staff Information:

- ❖ SFHSA does not employ title IV-E supported Bachelors-level candidates as child welfare workers. It does, however, have 52 Bachelors-level social work positions who provide a wide range of service delivery, including direct support to case-carrying staff and coordination of a variety of functions such as special care increment, interagency compacts, placement, and adoption aid payments.
- ❖ The median years of child welfare experience among current SFHSA child welfare workers is 12.
- ❖ As of March 2019, SFHSA child welfare workers held the following racial and ethnic identities: 1% American Indian, 18% Asian/Pacific Islander, 18% African American, 4% Filipino, 34% Hispanic, 1% multi-racial and 24% White. As of this same date, identities for Child Welfare Supervisors were: 27% Asian/Pacific Islander; 12% African American; 25% Hispanic; and 36% white.
- ❖ Currently, of its 152 child welfare worker positions, SFHSA has 35 that are Spanish speaking, 3 Cantonese speaking, and one Vietnamese speaking.
- ❖ The current salary range for child welfare worker classification (2940) is \$86,242 - \$110,032/yr. For the child welfare supervisor classification (2944), it is \$ 96,902 - \$123,708/yr.

The table below illustrates the average caseload size per program for Emergency Response, Court Dependency Unit, Non Court Family Maintenance Unit, Family Service Units, Supportive Transition Unit, and Adoption units as of March 1, 2019.

Average and Median Caseloads for Case-Carrying Protective Services Workers, March 1, 2019

Unit	Total cases	Number of Employees	Average Caseload	Median Caseload
Adoptions	56	7	8	8
Court Dep	108	16	7	8
Emergency Response	109	29	4	4
Fam. Svc. (FM/FR/PP)	473	43	11	15
Non-Court Family Maintenance	25	5	5	6
Sup. Trans. (16-21)	268	18	15	15

Juvenile Probation

Juvenile Probation Department Resources and Staffing

Out of a total of 258 staff at SFJPD, about 38% are African-American, 20% are Hispanic; 23% are Asian/Pacific Islander, 5% are Filipino, and 14% are White. About 40% are female and 60% are male. In Juvenile Hall, about 50% are African-American, 20% are Asian/PI and, 18% are Hispanic. In terms of race/ethnicity and gender, SFJPD prides itself on having a diverse workforce that is similar to the population served. According to the 2018 Annual Report, juvenile probation referrals were about 70% are male and 30% are female; about 55% are African-American, 28% are Hispanic, and 5% are White.

The Juvenile Probation Department’s budget for FY18-19 was \$41,104,372. Staff salaries and benefits account for 74% of the overall budget. Of these funds, \$234,558 are allocated to city grant programs directly managed by the department. In addition, by partnering with other governmental agencies at the federal, state, and local levels, San Francisco budgeted another \$3,930,767 on public protection programs and services concerning justice-involved youth. Out of a total of 258 staff at SFJPD, about 38% are African-American, 20% are Hispanic; 23% are Asian/Pacific Islander, 5% are Filipino, and 14% are White. About 40% are female and 60% are male. In Juvenile Hall, about 50% are African-American, 20% are Asian/PI and, 18% are Hispanic. In terms of race/ethnicity and gender, SFJPD prides itself on having a diverse workforce that is similar to the population served. According to the 2018 Annual Report, juvenile probation referrals were about 70% are male and 30% are female; about 55% are African-American, 28% are Hispanic, and 5% are White. The annual salary range for a Deputy Probation Officer is from 65K - 110K dollars.

The San Francisco Juvenile Probation Department is led by the Chief Probation Officer with the help of the Assistant Chief Probation Officer. The Chief oversees the Probation Services Division, Log Cabin Ranch School (LCR), and the Juvenile Justice Center. Note: Operations at LCR were suspended on June 22, 2018. The City and County have set up a task force to determine next steps for LCR.

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

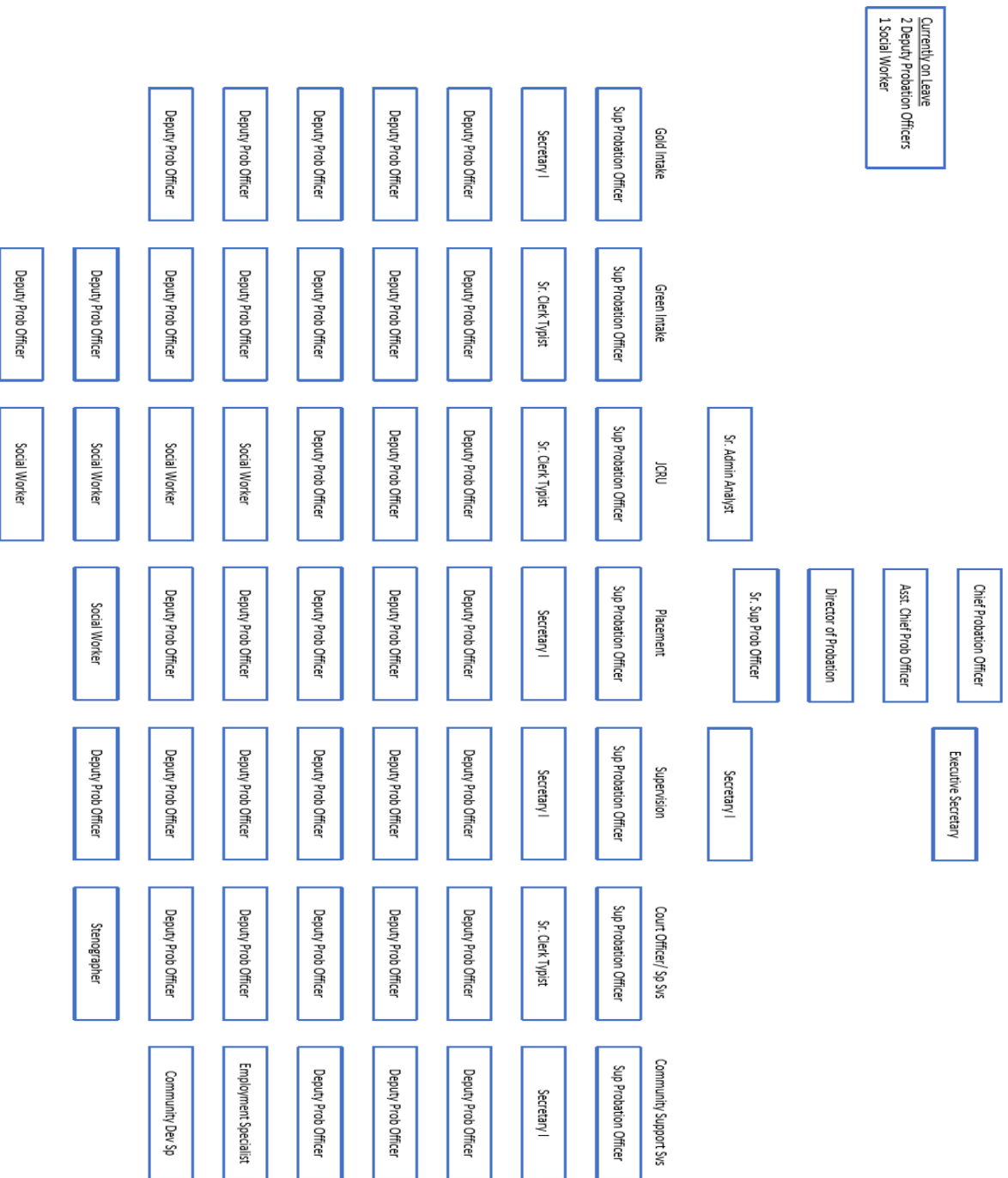
The Probation Services Division

The Probation Services Division consists of a Director, Senior Supervisor, seven Unit Supervisors, and forty-five probation officers and a Title IV-E Analyst (Senior Administrative Analyst). In addition, Probation Services employs two eligibility workers to support the placement unit, and five social workers to support aftercare case planning and the non-minor dependent population.

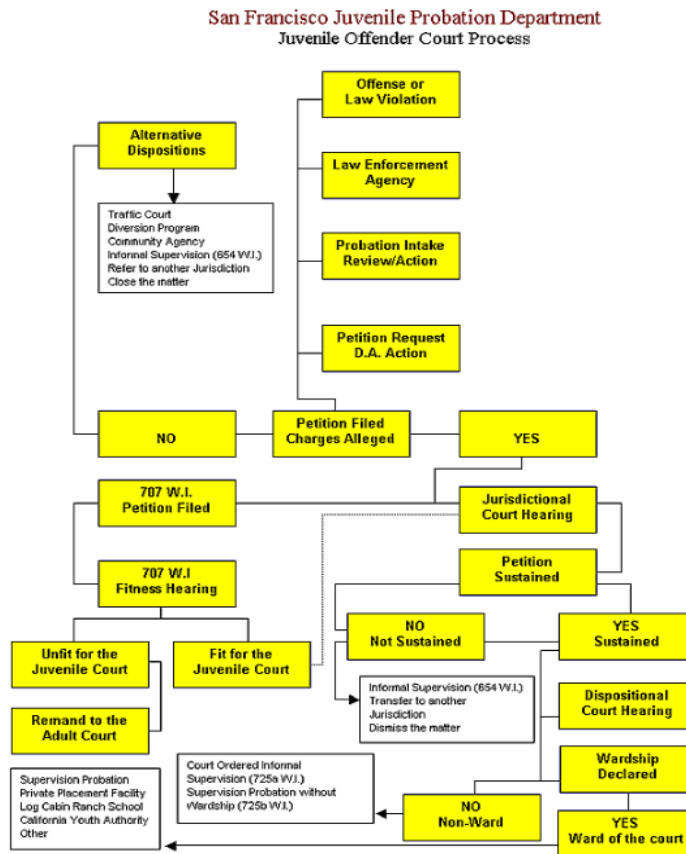
The Probation Services Division continues to experience a reduction in staffing levels over the last several years. Staff members have been promoted to supervisory positions or have retired and in many cases those vacant positions were not backfilled. The department does not experience a significant amount of turnover and continues to have an aging workforce. Many probation officers are of retirement age and can leave at any time.

The organizational chart below depicts the various Probation Services with the Supervisor of the unit leading the column, followed by their support staff and the names of Probation Officers, Social Workers and Eligibility Workers assigned to that unit.

Juvenile Probation Services Org Chart
March 2019



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



This graphic shows the Juvenile Offender Court Process.

Placement Unit

The Probation Placement Unit within Probation Services consists of one supervisor, five probation officers, two SFHSA eligibility workers, one re-entry social worker and one clerical staff. All of the placement officers have a bachelor's degree. The majority of the placement officers have over ten years of experience with JPD and are knowledgeable in many aspects of the Department, as they have been previously assigned to other units within the Department such as Intake Investigations or General Supervision. The current average caseload per probation officer in the Placement Unit is 21; however this number can fluctuate. Placement probation officers are frequently traveling and spend minimal time in the office. Each probation officer monitors various Short-Term Residential Therapeutic Programs (STRTP) throughout California and in out of state residential facilities. Probation currently utilizes STRTP

placement programs in San Francisco, San Mateo, Sonoma, Alameda, Sonoma, Santa Clara, Solano, San Luis Obispo, Placer, San Joaquin, Tulare, Placer, Sacramento, Fresno, Los Angeles, San Bernardino, Orange, Nevada and Stanislaus Counties. JPD uses out of state residential facilities in Pennsylvania, Iowa, and Nevada.

All probation officers considering removing a youth from the home must present the youth at the Multi-Disciplinary Team (MDT) Committee, described in more detail in the service array below. The MDT committee determines the recommendation for Disposition. Probation officers must follow the recommendation of MDT; any disagreement must be resolved by the Director of Probation Services or the Assistant Chief Probation Officer. Below is an outline of the process:

1. When the court commits a youth to out of home placement, the case is transferred to the Placement Unit. The case is presented at our IPC (Interagency Placement Committee) for approval for Short Term Residential Therapeutic Program or Out of State Placement.
2. Within sixty days of the out of home placement commitment order, our Child Family Team probation officer coordinates and schedules the first initial Child Family Team meeting. The CFT members may consist of: Minor, Family, Probation, Re-Entry Social Worker, Attorney, Community Advocates, Relatives, Educators, Behavioral Health, and Identified Positive Adults. Once the first CFT meeting has convened, Probation schedules a follow up CFT meeting thereafter usually within 90 days or earlier.
3. After, the case is reviewed by the Placement Screening Committee which may consist of probation placement officers, supervising probation officer, social worker, educational liaison, and behavioral health staff. The purpose of the screening committee is to communicate, collaborate, identify possible permanency plan options, and match the appropriate services to meet the minor's needs. The youth's strengths, risk and needs assessment, case plan, and interviews with the minor's CFT members are all considered before recommending the appropriate STRTP.
4. JPD sends a placement intake packet identifying the youth's criminal and family history, educational records, mental health needs, prior treatment history, case plan, and any psychological reports are sent to identified placements.
5. The youth is interviewed by the placement facility and once they are accepted, the assigned probation officer makes the necessary transportation arrangements and the minor is taken to the placement program.

Before the youth's Permanency Plan is finalized, JPD's CFT probation officer coordinates and schedules the minor's CFT Aftercare Plan Meeting (APM), which includes input from the current CFT members and an identified JPD Juvenile Collaborative Re-Entry Probation Officer or an AB12 Social Worker. The purpose of the CFT APM is to create a meaningful Re-Entry Plan that focuses on the minor's needs, strengths, interests, court orders, and treatment recommendations to support the minor's permanency plan.

JPD continues to participate in many collaborative efforts with the Court, defense and prosecuting attorneys, City and County of San Francisco, and community partners. The Probation Department has several collaborative courts including Wellness, JPD's mental health court school with day treatment services, JPD's domestic violence program, and Juvenile Collaborative Re-entry Court. The Re-entry program provides aftercare case planning for youth returning from long term care. There are dedicated probation officers for Collaborative Re-Entry Court, Girl's Court, and Wellness Court. Probation officers are assigned specialized caseloads in order to become proficient in best practices, clinical skills, and administrative practices needed to implement integrated care.

The Juvenile Justice Center (JJC)

The JJC is a 24-hour, 7-day-a-week-detention facility, staffed by a Director, Assistant Director, a few Supervisors, and numerous counselors. The facility has a few vacant positions and there is active recruitment for all open positions. On June 4, 2019, the San Francisco Board of Supervisors ordered the closure of this facility by December 21, 2021, and committees are currently being identified to address the process and impact of this closure.

Before its closure, Log Cabin Ranch (LCR) was JPD's post-adjudication facility for delinquent male juveniles. It was a residential program for treatment and rehabilitation for San Francisco juveniles who were adjudicated delinquent by the Juvenile Courts. The twelve-month open-ended program was structured to meet the needs of juvenile delinquents, preparing them to become productive members of society.

Bargaining unit issues

SFHSA Bargaining Unit Issues

Child welfare workers and supervisors are members of SEIU, and FCS continues to work with SEIU on major developments in the agency such as Continuum of Care Reform, closure of the Child Protection Center, and strengthening business process and workflow. The agency and the union meet regularly on such topics as staffing and safety and exchange ideas on how to improve communication to benefit the workforce. The current bargaining agreement is from July 2, 2019, through June 30, 2022.

JPD Bargaining Unit Issues

The JPD works with several labor unions Municipal Executives Association, Deputy Probation Officers Association, 2910 SEIU Operation Engineers 3, and Local 21. Everyone just started two-year contracts on July 1, 2019. . The contract will be up for review on June 30, 2022. Unions represent clerical support, deputy probation officers, Juvenile Hall and Log Cabin Ranch counselors, Probation Supervisors, Senior Counselors, cooks, engineers, and utility workers. The department maintains its own personnel director and human resources personnel who handle recruitment, background and disciplinary investigations, and hiring. The department also meets with various labor leaders and internal union stewards regarding important areas of concern regarding operations. These communications tend to be proactive and targeted. While grievances occur periodically, issues are often resolved prior to the need for any formal grievance. The department has conducted various labor/management meetings with staff and union representatives, often resulting in joint communications to staff and enhanced decision-making for the organization. Currently the City and County Human Resources Department and Labor Unions are in negotiations, and, for the first time in several years, layoffs are not being mentioned.

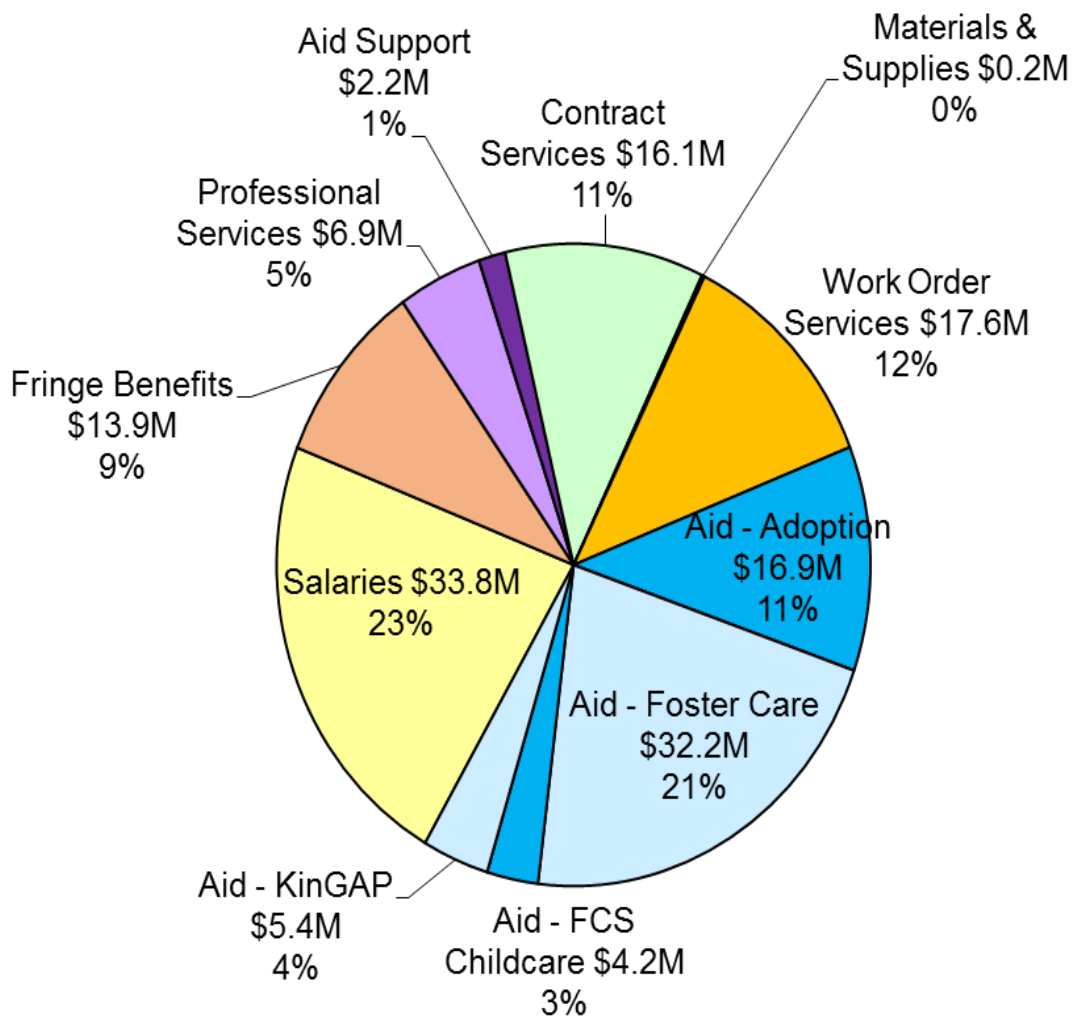
FINANCIAL/MATERIAL RESOURCES

Child Welfare

As a City and County, San Francisco is fortunate to benefit from significant local general funds. It is able to apply this local funding directly, or as overmatch to state and federal funding, to pilot new ideas and increase the capacity of programs and projects aimed at improving the county's performance on outcome data measures. The overall budget for the child welfare program is \$149 million, the largest portion of which goes to staff salaries. During the 2018-2019 fiscal year, SFHSA overmatched its child welfare budget by \$25 million. This allows the county to provide extensive prevention supports through such programs as the Family Resource Center initiative, or evidence-based interventions like SafeCare (curriculum-based programs like SafeCare are often costly to implement because of the need for robust support to meet a variety of requirements). In the last five years, SFHSA has participated in the Federal IV-E Waiver Project. Through the waiver, both SFHSA and JPD to provide wraparound services to families that would not typically be eligible, e.g., youth who are pre-adjudicated, voluntary child welfare cases, and guardianship placements. Waiver funds have been used to fund contracts with Seneca Family of Agencies for an East Bay Visitation Program and with A Better Way to fund a peer parent program for both child welfare and juvenile probation. Please see the State and Federally Mandated Child Welfare/Probation Initiatives section below for more information on the IV-E waiver. The City has a wide array of community-based organizations, and SFHSA often invests in partnerships to make services more accessible to clients, more culturally congruent, and more nimble.

SFHSA’s annual investment in contracts this year will be \$186.8 million, including contracts through other SFHSA programs that also support the city’s most vulnerable families, like CalWORKs and subsidized childcare. The child welfare program manages \$14.4 million in contracts with non-profits, including \$10.1 million for community based family support programs. In total, SFHSA’s child welfare program manages \$39.4 million in contracts and collaborations to improve its families’ outcomes. The chart and table below offer details San Francisco’s major child welfare budget and funds.

FCS FY18-19 Original Budget by Program \$149.3M



Funding	Source	Programs and Services	FY1819 Allocation	Inter-Agency Collaboration	Flexible
2011 Realignment	State	Various realigned protective services programs as listed below:	\$26,251,302	Varies	Yes
Adoptions	State	Adoptions basic and Improving Outcomes Allocation, safe and timely interstate placement premise, Adam Walsh	Included above	Yes	Yes
Specialized Training for Adoptive Parents (STAP)	State	Training for pre/adoptive parents to facilitate adoption of HIV or substance abuse positive children.	Included above	No	Yes
Child Abuse Prevention, Intervention, and Treatment (CAPIT)	State	SF Child Abuse Council, targeted in-home early intervention	Included above	No	Yes
CWS – Specialized Care and Incentive Assistance Program (SCIAP)	State	Benefit eligible children with medical or behavioral challenges	Included above	No	No
CWS – Outcome Improvement Project (OIP)	State	Differential response, parent engagement, enhanced visitation	Included above	Yes	Yes
Foster Care Eligibility	State	Policy interpretation and technical assistance for foster care eligibility	Included above	Yes	No
Foster Care Emergency Assistance	State	Child at risk of abuse, neglect, abandonment or exploitation	Included above	Yes	No

Group Home Monthly Visits	State	Funding from the California Department of Social Services for monthly visits to foster children placed in out-of-state and in-state group home facilities.	Included above	No	Yes
Independent Living Skills (ILS)	Federal/ State	Services and education to prepare youth to emancipate from foster care independently.	Fed - \$450,059	No	No
			State included in realignment		
Kin-GAP Admin	State	Promotes permanency for foster children living with an approved relative caregiver by offering guardianship through the juvenile court when dependency is dismissed	Included above	Yes	No
Kinship Support Services	State	Relative caregiver support network	Included above	No	Yes
Kinship Emergency Fund	State	Relative placement and related supports	Included above	No	Yes
Perinatal SA/HIV Infant Program (formerly Options for Recovery)	State	Recruitment, training, respite services	Included above	No	Yes
Supportive and Therapeutic Options Program (STOP)	State	Wrap-around services for prevention and aftercare	Included above	Yes	Yes
THP-Plus	State	Provides 24 months or 36 months of supportive housing to former foster and probation youth age 18 to 24 or 25	Included above	Yes	No
Adoption and Legal Guardianship Incentive Payments	Federal	Authorizes the payment of adoption incentive funds to counties when they are successful in increasing the number of children adopted from the public foster care system	\$121,815	No	No
Bridge Navigation and Training	Federal/ State	Addresses lack of child care as a barrier for families otherwise willing to bring a foster child into their home	Federal - \$66,797	Yes	Yes
			State - \$97,973		

Bringing Families Home	State	Reduce the number of families in CWS experiencing or at risk of homelessness, increase family reunification and to prevent foster care placement	\$1,873,993 (one-time allocation for FY 16/17 through 18/19)	Yes	Yes
Community-Based Child Abuse Prevention (CBCAP)	State	In-Home targeted early intervention;, Child Abuse Prevention Center mental health intervention	\$1,322	Yes	Yes
Child and Family Teams (CFT)	State	Services for children and families most effective when delivered through a single, integrated team, key to success of CCR	\$1,065,229	Yes	Yes
Children's Trust Fund	Local	APA Family Support Services (formerly Asian Perinatal Advocates) hotline, SF Child Abuse Prevention Center mandatory reporter training and Child Abuse Prevention Coordinating Council	\$138,498	No	No
Commercially Sexually Exploited Children	Federal/ State	Provides training, prevention activities, and intervention services, utilizing a multidisciplinary approach, to children and youth who are commercially sexually exploited or at risk of becoming commercially sexually exploited	Federal - \$186,186	Yes	Yes
			State - \$112,988		
CWS Emergency Assistance	Federal	Administrative cost of providing emergency assistance to children	\$1,885,128	Yes	No
CWS Health Related	Federal	Provides health related services to Medi-Cal eligible or potentially eligible dependent children	\$3,520,706	Yes	No
CWS New System	State	Certification, approval and licensing services (CALs) module for CWS	\$319,362	Yes	No
CWS – Title IV-E	Federal	Federal funding for foster care, adoptions, and Kin-Gap assistance programs	\$23,036,487	Yes	Yes
CWS – Non IV-E	Federal	Title XX funding to prevent or remedy neglect, abuse or exploitation of children, rehabilitate or reunite families	\$1,223,521	Yes	Yes

Foster Parent Recruitment, Retention and Support (FPRRS)	State	Address anticipated increase in needed number of caregivers resulting from implementation of CCR	\$217,182	Yes	Yes
IV-E Waiver Revenue	Federal	Savings generated from receiving capped federal IV-E allocation that is greater than it would be if it were uncapped	\$11,033,805	Yes	Yes
Resource Family Approval	State	Streamline process for caregivers of children and youth in foster care to be approved "resource families."	\$195,677	No	Yes
Local General Fund	Local	Child welfare staff; Overmatch to CWS, CFT, CSEC, RFA, FPRRS PSSF, CAPIT, STAP, STOP, Kinship, FC Eligibility, SA/HIV, Group Home, and ILS allocations	\$33,832,036	Yes	Yes
Licensing	State	Foster family home licensing and recruitment	\$50,892	No	No
Promoting Safe & Stable Families (PSSF)	Federal	Family preservation, family support, adoption, time-limited family reunification	\$427,838	Yes	No

Juvenile Probation

The high-level budget for the JPD for FY18-19 was \$41,104,372. Staff salaries and benefits account for 74% of the overall budget. Of these funds, \$234, 558 are allocated to city grant programs directly managed by JPD. In addition, by partnering with other governmental agencies at the federal, state, and local levels, San Francisco budgeted another \$3, 930, 767 on public protection programs and services concerning justice-involved youth through the Department of Children Youth & Families.

CHILD WELFARE/PROBATION PLACEMENT OPERATED SERVICES

Child Welfare Placement

SFHSA currently operates a receiving center, the Child Protection Center, located on the grounds of Edgewood Center for Children and Families. The Center is not a shelter in the sense that children are there for extended periods. Children stay there less than 24 hours until a placement, often with a relative, is found. The Center is staffed 24 hours per day, and occasionally a child may remain overnight if necessary to find a placement.

However, SFHSA will be changing its emergency placement practices this year. Under state regulations and the Continuum of Care Reform (CCR), the focus on emergency placements for children has changed towards identifying family settings, including foster families, Emergency Resource Family homes and Short Term Residential Treatment Programs (STRTP). This aims to promote the safety of youth and staff and provide a family based care for children needing placement. To satisfy regulatory requirements and align with the core tenets of the CCR, SFHSA plans to discontinue utilizing the Child Protection Center (CPC) while determining placement options. Upon removal from their families, children will go directly to an emergency foster care family or placement instead of the CPC. Many children currently placed at the CPC could be well-served by emergency foster care placements, and SFHSA intends to enhance this existing program so that it can meet the full need. SFHSA has a new contract with Alternative Family Services (AFS) for access to emergency family home beds, and is finalizing contract negotiations with Seneca Family of Agencies for children and youth who have more intensive needs requiring a STRTP setting and crisis stabilization. SFHSA began piloting direct access to emergency beds in March, prior to complete closure of the CPC by the end of 2019.

Resource Family Approval (RFA):

SFHSA has both a Resource Family Approval unit (RFA) and an adoption unit. As one of the initial pilot counties for RFA, San Francisco participated in early implementation of this statewide program, which creates one pathway for all types of care providers to be assessed, evaluated and trained. Once a provider is approved, they are able to provide care for all types of placements (e.g., foster and adoptive placements). 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.

In the FY 17-18 reporting period:

- 72 homes were fully approved homes, 35 of them in San Francisco and 37 out of county
- 52 of the 72 homes were approved through the emergency approval process
- 168 homes are in pending status
- 5 cases were denied

Please see the “Foster and Adoptive Parent Licensing, Recruitment and Retention” section below for more information about licensing and adoption practices in the agency.

Juvenile Probation Placement

Juvenile Hall (JJH) is a short-term youth detention facility for the City and County of San Francisco. The facility has the capacity to provide residential services for 132 youth, in a secure setting, 24-hours a day, seven days a week. Youth at the facility fall into three categories:

- Youth in custody awaiting investigative action immediately after admission.
- Youth in custody per court order pending further court hearings.
- Youth in custody awaiting placement as per a court ordered disposition.

While youth are in custody, youth receive educational, medical, and mental health services. Additionally, they receive training in socialization skills and general counseling from staff. In partnership with San Francisco Unified School District, JPD launched a homework program for all detained youth. This is based on the belief that juvenile hall can serve as an important opportunity for youth to improve their academic performance and develop healthy study practices. The goal is to better prepare youth to meet the community's academic performance expectations. In doing so, they are more likely to experience success and become more invested in their personal educational achievement. Teachers provide daily homework assignments and students are expected to complete the work. Students are graded on their homework and earn credit when it is completed as assigned. A portion of each afternoon is set aside for the students to complete their assignments.

In November 2016, a new Merit Center was opened at Juvenile Hall. This new onsite recreation center represents a shift to a new model for detained youth that emphasizes positive reinforcement and behavior management. The new center was made possible due to a significant reduction in average daily population from a high of 123 in April 2008, to the current population of 45 youth, more than a 60% reduction.

Youth will attain Merit Status by actively participating in unit programs, displaying positive and supportive behavior with peers and staff, attendance and full participation in the hall's school program and completion of homework assignments. As a reward for their positive behavior, the department will offer enriching activities that stimulate typical teenage interests and experiences, such as foosball, ping pong, video games, group activities, movie nights, and literary programs.

The Merit Center Project is designed to work in conjunction with the Juvenile Justice Center's (JJC) Behavior Management Policy and the adjustments are further aligned with the provisions of SB 1143, Room Confinement (Leno), the bill recently signed into law by Governor Brown. The Merit Center is the first of several building blocks that the department hopes will change the way detention facilities are perceived and utilized. The lessons learned from this pilot project will be applied throughout the institution, with the goal being to create an environment that addresses each youth's personal challenges and preparing them to succeed once they are released.

Recently, the JJC collaborated with Project Pull Promise, a San Francisco program that provides mentoring and work experience to youth and allows them to learn skills and values in leadership, teamwork, integrity, creativity, community service and self-empowerment. Project Pull provided four incarcerated youth with paid internship opportunities. The eight-week program included Friday Enrichments that covered, resume writing, money management, debate competitions among many other workshops. Project Pull Promise made an impact on the lives of these youth and provided them

with the skills, tools and network necessary for them to be successful in the workforce after they are released.

In addition to the standard programs (i.e. school, Library services, gym, indoor and outdoor recreational programs), JJC also offers the following:

- Intermural events
- College enrollment and classes for qualified youth
- Paid vocational opportunities through the Mayors job program (project Pull/Promise)
- Job Fairs
- College Fairs
- JJC Woodside Warriors who play teams from the Fire Department, Police Department, Unified School District, Probation, Street Violence Intervention Program, University of San Francisco, and others
- Family events include visiting five days a week and special holiday events that include lunch with youth and their families. Youth without family support spend time with their mentors, outside mentors or JJC Staff
- Music programs by groups such as Marcus Shelby, Bread and Roses the Beatles choir
- Meals that are celebratory of major cultural events throughout the year

County-Operated Shelters

In lieu of detention, youth involved with juvenile probation may be provided shelter at a Catholic Charities, an STRTP. Reasons for sending a youth to Catholic Charities, including: non-compliance with Court orders, issues within home (not following rules, lack in engagement with community-based services), stabilization with structure and rules then return home, engage family into therapeutic services to address issues through community-based services to avoid removal. A maximum of 90 days has been considered a best practice however it is being reported that some youth have been at the shelter up to three or four months, pending disposition.

OTHER COUNTY PROGRAMS

SFHSA and Juvenile Probation

Collaboration between SFHSA and the Juvenile Probation Department occurs at a variety of levels. The Multi-Agency Services Team (MAST) meets weekly and serves as the county's Inter-Agency Placement Committee. It consists of representatives from JPD, SFHSA, and DPH's Behavioral Health Services; the chair rotates every trimester across these three placement agencies. Other standing members include the San Francisco Unified School District and Seneca Family of Agencies, which provides wraparound, residential based services, Intensive Services Foster Care, and other therapeutic interventions such as

individual and family therapy, Intensive Care Coordination and Intensive Home Based Services. Case-carrying staff from both Juvenile Probation and FCS present cases that cross multiple systems and need varying levels of intervention and supports. The partnership among the MAST members has strengthened the county's ability to resolve difficult situations requiring intensive intervention, addressing programmatic, clinical, and fiscal perspectives.

JPD, DPH and SFHSA work together on other initiatives, too. This includes an extensive collaboration to implement SB 163 and IV-E waiver wraparound services. The genesis of the program was a desire to be more responsive to the unique needs of each family, with children and family having a central role in identifying their strengths and needs and developing a service plan. The three public agencies meet monthly with the direct-service provider, Seneca Family of Agencies, to review the program and related fiscal status. The public partners have also collaborated extensively on the development and implementation of Continuum of Care Reform, Katie. A., Child and Family Team meetings, and specific mental health services including the Child and Adolescent Needs and Strengths screening and assessment tool (the CANS).

Department of Public Health, Community Behavioral Health Services

SFHSA has a vital partnership with the San Francisco Department of Public Health (SFDPH), which provides mental health services for families in the child welfare system. SFHSA work orders over \$4M annually to SFDPH to provide county EPSDT match and support a variety of behavioral health screening and assessments, interventions, supports, and staffing for children and families in child welfare. SFDPH's Foster Care Mental Health program (FCMH) serves as the managed care program for children in the child welfare system, and has clinical staff co-located at the child welfare offices. FCMH staff or behavioral health contractors conducts the Child and Adolescent Needs and Strengths Assessment (CANS) for all children entering the child welfare system, both at home and in foster care. This practice-based tool informs decisions about care plans and intensity of services. It is also useful for measuring outcomes. Assessment scores offer thresholds to inform decisions about the need for behavioral health services, the dosage and intensity of those services. FCMH is located in the same shopping and business plaza at 3801 3rd St. as FCS' Southeast Community Services Program, facilitating communication and collaboration between the agencies. FCMHP staff also have desk space at child welfare's main building, 170 Otis St., which they can use for consultation with workers. FCMHP clinicians may conduct joint field visits with child welfare workers as needed. SFHSA utilizes presumptive transfer to access services in the county of residence for children placed at significant distances from San Francisco.

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

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

Department of Public Health, Maternal and Child Health

SFHSA works closely with the Maternal, Child, & Adolescent Health (MCAH) Section of San Francisco Department of Public Health (SFDPH) for both medical and mental health services for children and families. Children’s Health and Disability Prevention (CHDP) nurses, pediatricians, and support staff are collocated at SFHSA and work closely together to ensure appropriate and timely medical care for children in foster care. SFDPH staff enter medical information into CWS/CMS to help track related data. The program includes one pediatrician as the Medical Consultant and eleven CHDP nursing positions, four of which are vacant. One nurse is assigned to provide Psychiatric Medication Monitoring and Oversight; two nurses are assigned to children aged birth to five and able to go into the field or provide home visits with child welfare staff as needed. Of the four clerical positions, three are vacant. SFDPH is prioritizing filling the vacancies within the nursing unit.

Linkages and other SFHSA Collaborations

FCS works with other SFHSA departments and programs, for example, with the Workforce Development Division staff to find work for foster youth and emancipated youth. Linkages is a cornerstone of such intra-agency effort, as child welfare and CalWORKs staff come together with the family to coordinate case planning efforts, identify needed services, and maximize resources.

Linkages case coordination practice assists families to achieve financial self-sufficiency and to promote child safety, permanency and wellbeing. The term “Linkages” calls out the philosophy and working partnership between CalWORKs, FCS and community-based partners. Linkages is a practice, not a program, one that enhances interagency collaboration and linkages to community services and resources that provide a network of support for the family. When a family is involved with CalWORKs and FCS, coordination between the two agencies, the family, and community services ensures that the family has streamlined case plans, services, goals, and timelines to achieve those goals. Linkages is consistent with

and supports the Core Practice Model (CPM) in regards to the engagement and teaming elements. Depending upon the family’s circumstances, Linkages practice may include Linkages-focused child and family team, or child welfare consultation with the CalWORKS Linkages Coordinator.

The chart below shows the total number of Linkages child and family team meetings conducted from 2012 through 2018 for families who meet AB429 requirements, that is, families receiving reunification services who were eligible for CalWORKS Welfare-to-Work at the time of the child’s removal. The decline over the last three years in the total number of meetings could be due to several factors, including overall decline of children entering the system, and staffing and meeting facilitation changes. The Linkages workgroup meets regularly and reviews such data to identify needed communication and practice supports for these joint meetings.

Total CFT Linkages meetings and CalWORKS Family Reunification Meetings from 2012 to 2018				
Year	Meetings Held	Total CFT FM Meetings held	Total Linkages CFTs Held	AB 429 cases as a % of total CFTs
2012	133	122	11	8%
2013	146	121	25	17%
2014	149	104	45	30%
2015	121	102	19	15%
2016	92	68	24	26%
2017	72	48	24	33%
2018	63	39	24	38%
Total:	776	604	172	22%

Public Partner Collaboration

In the past year, SFHSA has worked with the Juvenile Court, DPH, SFUSD, JPD, Golden Gate Regional Center and the City Attorney to develop and finalize an MOU that outlines the working relationship among the agencies and supports implementation of Continuum of Care reform. The MOU was finalized early in 2019 and the partners are now scheduling standing meeting. It seeks to ensure that the participating agencies’ programs and polices reflect consistent service delivery for children, youth, and families. The goal of this MOU is to create an ongoing structure to address systemic barriers to the

provision of interagency services. In the MOU, the participating agencies agree to a mutual commitment to and use of the California Integrated Core Practice Model for Children, Youth and Families. Partner agencies agree to mutually use the principles, values, and practice behaviors in their interactions with youth and family, with one another, with contractors and county partners. For more information on the Integrated Core Practice Model, please see [https://www.dhcs.ca.gov/services/MH/Documents/Information%20Notices/IN%2018-022%20Integrated%20Core%20Practice%20Model%20and%20Integrated%20Training%20Guide/Integrated Core Practice Model.pdf](https://www.dhcs.ca.gov/services/MH/Documents/Information%20Notices/IN%2018-022%20Integrated%20Core%20Practice%20Model%20and%20Integrated%20Training%20Guide/Integrated%20Core%20Practice%20Model.pdf).

Juvenile Probation and Department of Public Health

Juvenile Probation works closely with the San Francisco Department of Public Health (DPH) who provides services to youth involved in Probation. DPH provides a few services directly, however, most are contracted through SFDPH. Contracted services include our Wraparound Provider, Seneca and includes co-located Aiim Higher, Youth Transitional Services (YTS), Treatment to Recovery through Accountability, Collaboration and Knowledge (Track), and The Family Intervention, Reentry and Supportive Transitions (FIRST). Special Programs for Youth (SPY) is also contracted through DPH. A description of each of these programs is provided below.

SFDPH coordinates Probation's Wellness Court in collaboration with a Probation judge. They also coordinate the Collaborative Court, specifically for youth with serious mental illness. The Competency Attainment Program (CAP) is directly from SFDPH. This program provides competent restoration for kids who are found to be incompetent by the courts. CAP provides 12-weeks of legal education to youth, depending on engagement. Once the youth is deemed ready to be re-evaluated, another psychological test is given to the youth to check for competency.

Juvenile Probation Wraparound Services

Child Welfare invests approximately \$4.8 million general fund dollars annually in Wraparound Services delivered by community-based nonprofit contractors; this is in addition to federal and state revenues for a total budget of \$9,100,000 annually. CBH invests additional dollars for epsdt related services. SFHSA contracts with Seneca Family Center (Seneca) to provide services, and through sub-contracts. SFHSA partners with the Department of Public Health (DPH) and JPD in funding Wraparound services.

Referrals for wraparound are managed through MAST, a collaborative process discussed earlier in this report. Staff present individual cases at weekly MAST meetings and discuss with MAST members whether wraparound services would be an appropriate plan for the youth. The team reviews each case individually, taking into consideration youth histories, behaviors, strengths, challenges, needs, and previously attempted services. The collaborative process for determining youth placement in wraparound is based on group review of all these domains rather than a standardized assessment tool.

Although contractors report annually on their own performance related to contracted objectives, the City has limited data as to the effectiveness of the wraparound service model or the outcomes of the youth who participate in the program. In 2013, the San Francisco Controller's Office contracted with Harder + Company Community Research to conduct an evaluation of wraparound. The results from this evaluation were limited in that they did not indicate that wraparound services improve youth's probation outcomes, however, analysis of DPH data suggests that mental health outcomes did improve over time for youth participating in wraparound services. Below is a summary of findings from the evaluation:

- Youth participating in wraparound services tended to be male, African American, English speakers.
- The average age at wraparound entry for JPD-referred youth is 16 years of age.
- Prior to entering wraparound, JPD youth had an average of seven previous probation referrals and three sustained petitions.
- JPD youth with mental health history had an average of four previous mental health treatment episodes prior to enrollment in wraparound; most youth enrolled following a behavioral or depression-related diagnosis.
- Interviews with youth who received wraparound services indicated that they are satisfied with wraparound and find services helpful and valuable. They highlighted the ongoing emotional support and guidance they received from wraparound care coordinators and social workers, as well as logistical support to get to school and fulfill other commitments.

Beginning in 2014, San Francisco joined The California Well-Being Project (Waiver); please see the State and Federally Mandated Child Welfare/Probation Initiatives section of this report. JPD elected to expand wraparound services to pre-adjudicated youth, if they met the criteria for receiving Wraparound services. As part of this project, the federal government contracted with the National Center for Crime and Delinquency (NCCD) to conduct an evaluation of all waiver counties. To date, the findings have been limited as it relates to the impact of Wraparound on recidivism. However, this year, NCCD will be including sealed records in their analysis, which will hopefully yield more significant findings as to the impact of wraparound services on recidivism rates.

Other evaluation activities include the Seneca's annual evaluation, part of their contractual obligations. As part of the waiver funding, JPD hired a Title IV-E Analyst, who has been working closely with Seneca's Evaluation Team and NCCD to coordinate data requests, design the analysis, review reports, and share findings with JPD staff.

AIIM Higher

JPD has a co-located probation-mental health discharge planning unit, AIIM Higher (AIIM), designed to link youth with mental health and or substance use disorders to the right level of services, as identified by the Child Adolescent Needs and Strengths (CANS) assessment. AIIM includes YTS, FIRST, and Track and includes 15 staff. As of July 2019, there are two vacancies. AIIM conducts mental health screenings and assessments with youth and families to identify social, psychological, and interpersonal needs and strengths of youth and families and information is coordinated from various stakeholders to create meaningful services plans and individualized services and interventions. In addition, they match youth and families to services that are community or residentially-based, culturally responsive, and can address both behavioral health and risk factors. AIIM staff provides the linkage and assists in the engagement of services.

Focus group findings indicated that one challenge is increased access to mental health providers who can provide culturally-relevant services to address the needs of diverse youth, as well as incentives for bi-lingual qualifications. Seneca continues to experience challenges in their ability to provide culturally and linguistically competent staff, matching the needs of our youth. This is due to a lack of qualified providers as well as Seneca's inability to offer competitive salaries and benefits compared to public and private sector positions who are seeking the same education/experience. To put this into context, about 70% of our providers are Caucasian females who are recent graduates, yet the majority of JPD youth are African-American males. Seneca is especially limited in the number of bi-lingual providers, so bi-lingual providers have a hefty case load. To help address this gap, Seneca has stepped up its recruiting efforts for bi-lingual staff. All providers get mandatory training in cultural and linguistic competency when they are onboarded.

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

FIRST Program.

To increase the availability of effective family therapeutic supports for youth released from residential custody, and who are at risk of removal from the home, JPD and DPH collaborate on a grant to provide evidence-based, intensive family therapy services for this high-risk population. The Family Intervention, Reentry and Supportive Transitions (FIRST) program serves JPD's highest-need youth, who are supervised by the JPD Placement Unit and the Juvenile Collaborative Reentry Unit (JCRU). Although this grant ended in 2017, the pilot was deemed a success and since 2017, DPH has continued to fund two positions for FIRST. One position is funded out of the Instituto Familiar de la Raza and one position is funded by Seneca. Since 2014, FIRST has served 75 youth and families.

FIRST has the following goals:

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

According to the focus group findings, there is a need to increase capacity for family support and parent education. Potential solutions include expanding FIRST or other services designed to strengthen families.

SF Track

JPD is utilizing several community partners to provide outpatient substance abuse programs to youth.

SF Track (Track) is a response to address juvenile substance use. It uses cross training and coaching to build core knowledge and skills and implement best-practices in integrated care. Track utilizes a "recovery coach" model based on the science of recovery management. Eligibility criteria for the program is driven by information gathered from JPD's risk assessment, the YLS, which assesses delinquency risks and protective factors, and the CANS, which assesses behavioral health needs.

SF Track is a multi-agency collaborative of clinical teams that provide intensive outpatient treatment services for youth with co-occurring substance use and mental health disorders. The partner agencies include Juvenile Probation, AIIM Higher, RAMS, OTTP, Special Programs for Youth, CARC, and URBAN Services YMCA.

Although the Track grant ended in 2017, DPH continues to fund a Track position. The service delivery time frame for Track is four to six months, depending on identified need. Since 2014, Track has served 94 youth.

Youth Transitional Services (YTS)

JPD partners with Seneca for Youth Transitional Services (YTS), which offers mental health treatment, supportive housing, life skills training, education and workforce development services to youth (16-24 years) with serious emotional issues, many of whom are former foster youth. Since 2014, YTS has served 47 youth.

In addition to the programs described above, San Francisco is rich with community programs that JPD utilizes to address risks and needs and prevent the need for removal from the home. It also uses them as a step down from placement when youth re-enter the community. This includes the Intensive Supervision and Clinical Services programs which offer intensive community case management services and clinical intervention. There are five program providers who are part of one of the six different prevention strategies jointly funded by San Francisco's Violence Prevention Initiative. They are located throughout San Francisco and offer culturally competent services. In addition, Seneca facilitates weekly Aggression Replacement Therapy groups at JPD and JPD offers Multi-Systemic Therapy (MST) for families.

State and Federally Mandated Child Welfare/Probation Initiatives

California Core Practice Model/Integrated Core Practice Model

The California Child Welfare Core Practice Model (**CPM**) is a statewide effort to develop and implement a framework to support child welfare practice and allow child welfare professionals to be more effective in their roles. The CPM is intended to guide practice, service delivery, and decision-making. It builds on the great work already taking place across the state by integrating key elements of existing initiatives and proven practices - such as the Katie A. Core Practice Model and Safety Organized Practice (SOP). The model gives meaning to the work currently in practice and improves outcomes for children and families. The CPM forms the basis for the child welfare practice portions of the California Integrated Core Practice Model.

Like most practice models, the California CPM defines practice at various levels. This includes common sets of:

- **Values** to guide practice
- **Casework Components** to define what we do
- **Practice Elements** to delineate how we do our work
- **Practice Behaviors** that specify how it looks when we are doing our work right
- **Organizational Behaviors** that set organizational standards to support good practice.

Information on all of these different levels can be found on the CalSWEC CPM webpage (<https://calswec.berkeley.edu/programs-and-services/child-welfare-service-training-program/core-practice-model>).

All of the improvements FCS is implementing build the foundation to implement the CPM effectively, in order to improve outcomes. This includes Katie A., the Teaming Framework and Safety Organized

Practice (SOP). It is intended to *organize the work* so that child welfare professionals can determine which new practices to adopt moving forward.

At FCS, work done to implement CPM includes:

- Development of competencies based on the CPM leadership and practice behaviors to guide all aspects of workforce development, such as staff exams and selection, induction, training, coaching, and performance evaluation. Please refer to the Staff Training section above for more information on the competencies.
- Integration of CPM values, elements, components and behaviors into policy
- Work with partner agencies to integrate CPM into their approach and practice, including integrating the CPM into contracted services agreements and MOUs as applicable.

The CPM provides a foundational practice approach that can also inform and address issues of bias, which was identified as one of the focus group themes. While San Francisco has made several specific efforts to mitigate bias and equity issues, and has implemented several initiatives to address these (e.g., Structured Decision Making), it remains an area of concern. Child and Family Team Meetings provide a structure to bridge differences and implement a shared plan, and the agency has provided training (e.g., Courageous Conversations) and facilitated in-depth discussion to explicate issues of internal or implicit bias. FCS has convened an Anti-Bias and Communication workgroup, which is currently reviewing the division's 2006 FCS Disproportionality Study recommendations as part of its efforts to determine next steps.

Continuum of Care Reform (SB 403):

On October 11, 2015 Governor Edmund G. Brown Jr. signed legislation that comprehensively reforms placement and treatment options for youth in foster care. Assembly Bill 403, (Stone D-Monterey) sponsored by the California Department of Social Services, builds upon years of policy changes to improve outcomes for youth in foster care. Known as the Continuum of Care Reform (CCR), this legislation is the most significant change in child welfare reform in decades. It draws together a series of existing and new reforms to our child welfare services program designed out of an understanding that children who must live apart from their biological parents do best when they are cared for in committed nurturing family homes. AB 403 provides the statutory and policy framework to ensure children and youth receive services and supports tailored toward the ultimate goal of maintaining a stable permanent family. Reliance on congregate care should be limited to short-term, therapeutic interventions that are just one part of a continuum of care available for children, youth and young adults. Statewide implementation of CCR began in January 2017, and will occur in stages over multiple years.

To successfully implement CCR, San Francisco developed the interagency CCR Steering Committee, which convenes the leadership of Family and Children's Services (FCS), Community Behavioral Health Services (CBHS), Juvenile Probation (JPD) and the San Francisco Unified School District (SFUSD) for the purposes of coordinating the implementation of CCR within the county. The group meets quarterly with the following goals:

- Share and coordinate information within the county and across various statewide and regional committees addressing CCR implementation
- Coordinate implementation activities by collaboratively developing and monitoring an overall implementation plan
- Identify and support smaller CCR-related workgroups or task forces
- Plan for collaborative work with providers to assist them with implementing CCR

The public partners have held multiple meetings with placement provider agencies, worked together on the DPH RFP for epsdt funds, created informational materials and policy for staff and partners, and collaborated on several key projects such as the Child and Family Team meeting process and related training.

Fostering Connections after 18 Program (AB 12):

AB12: Child Welfare

AB 12 began on January 1, 2012, and San Francisco has seen over a 90% participation rate in extended foster care (EFC).

- In 2018, 174 18 – 21 year olds participated in EFC. 60 Non Minor Dependents (NMDs) emancipated from care during that same period, an average of 15 per quarter.
- 41% lived in a SILP (supervised independent living placement) and 33% lived in Transitional Housing Placement (THP-FC).
- 37% lived outside of San Francisco.
- NMDs are enrolled in the following participation conditions: 1) HS/GED Completion (47%); 2) Removing Barriers (34%); 3) College / Vocational Education (26%); 4) Employed min 80 hours (24%)
- Child Welfare Case management includes monthly face-to-face visits, Ansell Casey assessments, and Transitional Independent Living Plans (TILPs) are developed and reviewed every six months to help youth manage their transition to adulthood. ILP services included: employment, education (high school completion, college preparation/retention/completion), money management, consumer skills (home/time management), transportation, financial assistance, mentoring, interpersonal/social/parenting skills, and housing/placement options.

- SF-ILSP contractor First Place for Youth is a strong community based collaborative partner that actively engages child welfare workers to ensure referred youth / NMDs receive the services, resources and support to promote independent living skills. The First Foundation program for youth and NMDs has been very successful in assisting participants with their education goals and academic achievement demonstrated by the 85% of participants who graduate / obtain their GED and are accepted and enrolled in post-secondary institutions
- FCS Supportive Transition Units are assigned cases of youth aged 16-21 to better incorporate core practice model behaviors and to identify lessons learned and promising practice that promotes achievement of youth and Non Minor Dependent identified exit outcomes.

AB12: Juvenile Probation Collaboration

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

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

As of April 2019, JPD has 64 non-minor dependents. There continue to be many challenges in assisting this population. As already identified, these youth are still very much in need of assistance and services. Some continue to have academic deficits; many have limited skills, poor work experience and little to no vocational training. A large percentage of these youth have unreliable family support, limited family resources, and behavioral and mental health issues that interfere with education and employment.

JPD social workers are required to meet with the youth once a month. However, it is common practice for social workers to be in contact with a youth at least three times a month, assisting the youth to maintain compliance with their eligibility requirements, as well as housing, education, and employment. The purpose of these visits is to help stabilize youth with placements. Social workers visit youth residing out of county and out of state, monthly. Due to the high cost of living, the majority of the youth in State reside in the surrounding Bay Area Cities.

As of April 2019, JPD had 18 youth in THP+FC/Transitional Housing Programs. These youths received ILSP services in addition to Case Management services via the THP Program. JPD has 24 youths in approved SILPS, these youths reside with their parents, relatives, non-relative's, in a college dormitory. Social

workers make the necessary referrals for services such as case management, ILSP, and referrals for THP+FC Housing at the request of the youths.

As of April 2019, six youths were in unapproved SILPS Social Workers work with these youth to get SILP approval. Youths in this situation are usually transitioning from being incarcerated or pending a change in housing such as waiting to get into a THP+FC or an approved SILP.

As of April, 2019, there were eight youth who were incarcerated. These youth are sent monthly notices to contact their assigned social worker upon their release for re-entry or reengage services.

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 have worked 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 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 SFHSA 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 worked 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. Through iASC, the county developed a model for the **Child and Family Team**, data collection to determine whether the changes are leading to improvements, a **Shared Family Care Plan** that informs both the child welfare case plan and mental health treatment plan, and a **Shared Coaching** model for interagency supervisors during implementation of various components to support the change process, foster peer learning, and strengthen partnership between child welfare line staff and mental health clinicians. The county regularly offers training through the Bay Area Academy in the CFT model for staff and partner agencies.

San Francisco continues to refine its data collection and tracking systems, 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.

Title IV-E Federal 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 adopt a Safety Organized Practice (SOP) framework for child welfare and Wraparound for probation youth. SOP is a collaborative practice approach that 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. Both SOP and Wraparound are consistent with and integrated into the California Core Practice Model. JPD is able to provide wraparound services to youth previously not eligible, specifically pre-adjudicated youth and those declared incompetent.

Through the waiver, SFHSA expanded wraparound services to families previously not eligible, e.g., families voluntarily engaged with the department. JPD also began the third year of its Parent Partner program. These Child Welfare and Probation interventions should help reduce admissions to foster care (including re-entries) and reduce the average length of a foster care placement (duration). Waiver savings supported a number of outcome improvement efforts including a visitation program in the East Bay, a contract for a peer parent program for both child welfare and juvenile probation, and performance based contracting for designated child welfare placement providers. Please see the evidence-based practices section below for more information on performance based contracting.

Board of Supervisors (BOS) Designated Commission, Board of Bodies

THE BOS-DESIGNATED PUBLIC AGENCY

The San Francisco Board of Supervisors has designated the San Francisco Human Services Agency as the public agency for CAPIT/CBCAP/PSSF funding (see Attachment C for City government organization chart). SFHSA works with First Five San Francisco and the City's Department of Children, Youth and Their Families to coordinate the services, data collection, evaluation, program, and fiscal compliance of the City's network of Family Resource Centers (FRCs). SFHSA work-orders funds, including state Office of Child Abuse Prevention funds, to First Five San Francisco.

The departments work together in overseeing program implementation and monitoring. The designated SFHSA program managers work closely with First Five to ensure oversight of

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

CHILD ABUSE PREVENTION COUNCIL (CAPC)

The host agency for the Child Abuse Prevention Council is Safe & Sound, formerly the San Francisco Child Abuse Prevention Center. Safe & Sound has worked for more than 45 years to prevent child abuse and reduce its devastating impact. To carry out this mission, Safe & Sound: (1) supports vulnerable families with evidence-informed children and family services that bolster parental resiliency and other Protective Factors shown to help families protect their children; (2) educates children and adults to understand and report abuse; (3) partners with government and community organizations to strengthen the abuse response system and safety net. To support these efforts, Safe & Sound advocates for safe kids, strong families, and a sound society without child abuse.

In 1982, the San Francisco Board of Supervisors designated Safe & Sound as the local child abuse prevention council, as described by California Welfare and Institutions Code Section 18982. Safe & Sound's role is to coordinate the community's effort to prevent and respond to child abuse by:

1. Promoting system-wide, multidisciplinary coordination of services through convening of and participation in various multidisciplinary meetings (e.g. Child Death Review Team; Children's Advocacy Center Oversight and Leadership Committees; Monthly Oversight for Victims of Exploitation; Family Violence Council) and development of protocols, reports, and other activities.
2. Training professionals on issues related to understanding, identifying, responding to, and reporting abuse.
3. Advocating for specific policies, system improvements, and resources to enhance the prevention of and response to abuse and providing education and awareness on relevant policies to local agencies working with vulnerable children and families.
4. Raising public awareness through events, trainings, and other means of information dissemination.

A non-profit corporation, Safe & Sound has organized the Council as a multidisciplinary, collaborative body comprised of members interested in child abuse prevention, including the following:

- ❖ Public Agencies (*Public health and child welfare*)
- ❖ SF District Attorney's Office
- ❖ Other city officials
- ❖ SF General Hospital
- ❖ Stakeholders
- ❖ Business and Civic Associations

Safe & Sound works to coordinate child abuse services across San Francisco, working closely with:

❖ County-wide working group on Child Abuse Prevention	❖ Child and Adolescent Support, Advocacy and Resource Center
❖ Our Children Our Families Council	❖ Family Resource Center Alliance
❖ The Mayor's Task Force on Human Trafficking	❖ San Francisco Family Support Network
❖ Commercial Sexual Exploitation of Children Steering Committee	❖ Greater Bay Area Child Abuse Council Coalition
❖ Child Death Review Committee	❖ San Francisco Unified School District
❖ Family Violence Council	❖ Bayview Alliance
	❖ SF Fatherhood Initiative

Safe & Sound's programs serve approximately 12,000 parents, caregivers and children each year. Its Community Education programs strengthen the city safety net by teaching kids, parents, and child-serving adults to recognize, report, and stop abuse. The trainings provide students with tools to keep themselves safe and offer adults information about how they can support children's safety and respond to suspected abuse. Safe & Sound trains 6,000+ children and 2,000+ parents and child-serving professionals.

Safe & Sound's multidisciplinary and partnership work mobilizes public and private organizations to improve the collective response to abuse and to work collaboratively to prevent abuse. Safe & Sound is one of the tri-chairs of the Family Violence Council, which seeks to analyze data, advocate to enhance response to family violence, coordinate services, and improve communication related to the three different types of family violence. Safe & Sound also coordinates and facilitates various multidisciplinary teams that work to enhance the response to abuse, including the Children's Advocacy Center (CAC) of San Francisco, which provides coordinated, multidisciplinary care to children who have disclosed abuse; the Monthly Oversight for Victims of Exploitation (M.O.V.E.) team, which coordinates support for child victims of sex trafficking and identifies systems issues; and the Child Death Review Team (CDRT), which reviews circumstances related to unexplained child deaths.

Programs for children and families provide wraparound, data-informed interventions to families living in circumstances that might increase their risk for abuse. These interventions promote resilience and other

Protective Factors that reduce abuse risk. Each year, Safe & Sound supports over 1,200 parents and children in 700-800 families through services including counseling, therapeutic child care, parenting education, concrete needs support, a 24/7 crisis counseling line, and Integrated Family Services (IFS), a data-informed program for families with demonstrated risk factors for abuse and neglect. Safe & Sound's organizational structure is illustrated in Attachment [D]. Additional information on Safe & Sound can be found on the website <https://safeandsound.org/>.

COUNTY CHILDREN'S TRUST FUND (CCTF) COMMISSION, BOARD OR COUNCIL

The San Francisco Human Services Commission is the designated body to oversee the San Francisco's Children's Trust Fund. The Human Services Commission and Board of Supervisors establish the criteria for uses of the Trust Fund in accordance with the Welfare and Institutions Code and California regulations. San Francisco Human Services Agency develops annual plans for utilization of the trust funds to support child abuse and neglect prevention and intervention programs operated by private nonprofit organizations or public institutions of higher education with recognized expertise in fields related to child welfare. Children's Trust Fund reports can be found at the agency's updated website at <https://www.sfhsa.org/about/reports-publications/child-welfare-and-early-education>. The county does not deposit CBCAP allocation in to the CCTF.

PSSF COLLABORATIVE

The Promoting Safe and Stable Families Collaborative is integrated into the work of the Family Resource Center initiative (FRCi) and the SFHSA Provider Advisory Board. Members include public and community-based service providers and representatives from the following disciplines and/or services areas: First Five, Department of Children Youth and Their Families, SFHSA-funded Family Resource Centers (including Safe & Sound), Support for Families with Children of Disabilities, SF Unified School District, and the Department of Public Health. Information sharing, lessons learned, updates on progress towards implementing initiatives and opportunities for problem-solving and strategy development are essential agenda items for discussion during each convening. For more information on the FRCi and its extensive prevention work, please see the Agency Collaboration section below.

Systemic Factors

MANAGEMENT INFORMATION SYSTEMS

San Francisco has an extensive technological infrastructure and staffing to manage and assess the provision of child welfare services utilizing the following software:

- ❖ *CWS/CMS*: The agency is committed to maximizing CWS/CMS as a case management tool that documents activity in a case as well as the foundation for numerous other tools for outcome-based casework (such as SafeMeasures, CALSWC. This requires staying up-to-date with new functionality and following the development of the new CWS/CARES system. The biggest barrier in relation to CWS/CMS is the age of the system and the delays in bringing a new system online. CWS/CMS is the primary residence for case information. Additional hard copy documents are kept in 6 part folders in locked file cabinets or desk drawers. *Business Intelligence*: This data management tool allows for queries of the CWS/CMS database for canned reports and ad hoc queries. SFHSA uses it to develop reports, identify trends, and spot patterns in the agency's operations. Staff in the data unit regularly work with managers and supervisors to tailor these reports to their needs and train them on how to refresh them with new dates. This creates a robust access to child welfare data, and frees the data analysts for more complex queries and analyses. Staff in the Data Unit have had additional training over the last year to increase their abilities to create reports.
- ❖ *SafeMeasures*: The agency contracts with the Children's Research Center for this on-line data service, and case-carrying workers, supervisors, and managers have access to examine performance measures on an individual, unit, office, and program level. Data from Safe Measures is exported regularly to monitor caseload size and is utilized as a basis to monitor workload equity and staffing levels. The resulting infusion of data into supervision and practice promotes accurate CWS/CMS data entry. The Agency has made progress in using SafeMeasures, however, there are still some PSWs and Supervisors who do not fully utilize the available data. Juvenile Probation has access to SafeMeasures but does not use it to the same extent as SFHSA. For Probation, the Placement Supervisor and Secretary have access to SafeMeasures.
- ❖ *Structured Decision Making (SDM)*: SFHSA utilizes SDM data tools for casework. The tools provide child welfare workers with recommendations based on actuarial information to guide their decisions and reduce the potential influence of personal bias. SFHSA's data team can also utilize data gathered via the assessment process to examine practice, risk and safety levels, and referral/case characteristics.
- ❖ *Ad Hoc Analytics*: Because SFHSA struggles to keep pace with program requests for data, it contracts with the Children's Research Center/Ad Hoc Analytics program to develop a specified

number of reports. Ad Hoc Analytics has developed monthly reports for tracking basic trends and is working on a quarterly report with deeper analysis. It has also responded to discrete requests for analysis on the utilization of Structured Decision Making assessments.

- ❖ *ArcGis*: SFHSA utilizes this geographic information system software to analyze patterns of placement, removals, and referrals. It has map filters that allow it to plot caseloads both in San Francisco and out of county. SFHSA uses this information to identify areas with high rates of child maltreatment and gaps in services.
- ❖ *Intranet and Extranet*: Child welfare workers utilize the intranet to make reservations for cars and meeting space, as well as to ask for IT and support services requests. The child welfare policies and procedures is available on the county intranet for staff, with plans to post policies in a central external place to create transparency with the community.
- ❖ *Promoting Safe and Stable Families, Child Abuse Intervention and Treatment, and Community-Based Child Abuse Prevention Program Funded Providers Management Information System*: SFHSA has partnered with the city's Department of Children, Youth, and Their Families and First Five San Francisco to pool family support resources. The partnership allows SFHSA to require that its CAPIT/CBCAP/PSSF providers utilize the First Five Web-based database. The database makes reports on client services more accessible, both to SFHSA and to the providers themselves. It gathers a greater range of information, reduces the burden of data submission, and allows for closer coordination between the partnering agencies.
- ❖ *Tableau and Power BI*: SFHSA uses Tableau for numerous dashboards in order to display information in the most useful way. Currently, the Data Unit is evaluating Power BI as another analytical and display tool that may complement or replace Tableau in the future.

Over the last two years, San Francisco has built out its Data Unit to provide more analytical capacity for Program Staff. This will provide both more information and deeper analytics in order to address the needs of an ever-changing population. It also allows for the identification of areas for improvement including both data input issues as well as programmatic shortcomings. By partnering with the CQI Unit, the Data Unit can also assist in the Plan, Do, Study, Act (PDSA) process.

CalWIN

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

CWS/CMS - Probation

Probation placement officers and the supervising placement officer are mandated to input state compliance information into the CWS/CMS for minors committed to Out of Home Placement. However, JPD minimally uses the CWS/CMS system since it has its own local case management system. Probation's primary case management system was JJIS (Juvenile Justice Information System) and is currently utilizing Augustus for data entry and management analysis reports. More information on Augustus is provided below.

Augustus

As of June 2018, JPD transitioned to a new case management system (Augustus) from the previous system, the JJIS. The new case management system provides better case oversight and added automation to help support probation casework and case management. As part of this transition, information from juvenile risk and needs assessments and case plans are now integrated into the case management system. The transition to the new case management system required significant coordination and re-training due to the legacy system being in operation for over 30 years. While the transition was mainly successful, issues with the new system have been identified and are being prioritized for change requests to enhance the system.

Going forward, JPD hopes to deploy additional functionalities in Augustus, including enhanced tracking of programs and services youth are engaged in, access to the CMS via smart phone application, enhancement of streamlined data entry and reporting for Title IV-E, greater documentation of youth progress while they are in Juvenile Hall, and integration with other city data sources including the Police Department, District Attorney and other agencies.

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

- JPD operates a Local Area Network which includes deployment of the Augustus Case Management system (youth level case records). This information system maintains data on every referral including access to mug shots and linkage to court events provided by the Superior Court.
- JPD has deployed desktop computers to all probation officers, and clerical personnel. In addition, key staffers within the Juvenile Hall have access to the network applications via desktop computers.
- Managers have access to smart phone technology and can access the county email system while in the field.

COUNTY CASE REVIEW SYSTEM

Court Structure

San Francisco's Unified Family Court encompasses Juvenile Court and Probate, Delinquency, Family Law, and Dependency cases. The Dependency Judge manages three court commissioners. City attorneys represent the Agency, and panel attorneys represent parents and children. Children may also be assigned Court Appointed Special Advocates (CASAs). The Unified Family Court houses both dependency and family court cases as well mediation services; Juvenile Probation cases are heard at the Juvenile Probation Department. The court includes a Family Treatment Court for families experiencing significant substance abuse issues. The Unified Family Court building provides childcare for parents. Cases are typically reviewed in Court every six months, although occasionally Progress Reports are required 90 days from a given hearing to provide updates on specific issues.

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

Timely Notification and Review

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

Continuances=] occur for a number of reasons and can be a significant problem for both Juvenile Probation and child welfare, delaying decisions and subsequently timely permanency for children and families. For Juvenile Probation, there are additional concerns as parents are not entitled to an attorney and therefore need orientation and support around the court process.

If a hearing is expected to be continued, the Court officer mitigates some of the delay by reviewing availability during a hearing to set a subsequent hearing date that is available for all parties. The following are common reasons for continuances:

- ❖ Paternity issues - the court has developed its own paternity form at detention for mothers to complete, to mitigate this issue.

- ❖ Indian Child Welfare Act notification -
- ❖ Conflict or disagreement between parties (department, parents or attorneys).
- ❖ Incomplete adoptive home-studies.
- ❖ Lack of an identified adoptive home.
- ❖ Lack of notification to minors from their attorneys of their right to come to court. and
- ❖ A minor's inability to come on a calendared hearing due to school or other activities.

SFHSA partners with the Court on several fronts, including Family Treatment Court and Foster Youth Services. Bench officers and executive staff from JPD and SFHSA meet on a regular basis to identify and troubleshoot issues and develop related planning and training.

Termination of parental rights

Bachelor's level social workers assigned to specific units conduct searches as requested by case-carrying child welfare workers. These searches are then sent to the court office unit to file, and coordinate search results with court notification. Court officers work closely with the paralegal through the City Attorney's office who handles the notification. San Francisco may terminate parental rights if an identified home has been found for a child who may still be in the process of home-study completion, rather than waiting until it is completed.

Case Planning Process

A case plan is required for every child and parent involved with FCS. FCS is responsible for providing child welfare services and formulating a case plan for each child, as well as for the parent(s)/legal guardian(s). Other individuals who have significant ties to the parents or child may be invited to participate in the case planning process.

Case planning clarifies the expectations of child welfare workers and the families regarding the intended outcome of child welfare services. The case plan is a joint worker-family effort that results in a written agreement between the parent(s)/guardian(s) and FCS. Some aspects of the Shared Family Care Plan (SFCP), the action plan developed at CFT meetings, may also be incorporated in the case plan.

Case plans are designed to assist parents in addressing their struggles by making behavioral changes, and identifies the services the families will engage in, in order to effect these. The case plan also serves to ensure that the court is aware of the mutually agreed upon services between San FCS and the parents; the services that San Francisco FCS will provide to the parents; and will review to monitor the parents' progress towards their behavior change goals. Full disclosure is provided to parents in all stages of case planning. Informing parents of what the benefits and ramifications are

of not making behavioral changes within a prescribed time is a principle of concurrent planning. San Francisco utilizes Safety Organized Practice elements in supporting the development of individualized, behaviorally based, and effective case plans. Case planning aligns with FCS' belief that families can grow and change, which is consistent with the Integrated California Core Practice Model (iCPM). Case planning is essential to quality child welfare practice. Based on strength-based assessments and formulated and revised with the Child and Family Team (CFT), case plans drive the interventions that are part of the Planning and Service Delivery and Monitoring and Adopting components of the CPM. The CFTs are an essential practice in engaging families and building a strong, effective relationships among people who can assist the family in achieving their goals. The Peer Review and stakeholder groups referenced the improved coordination and the inclusion and support of family networks through this process. Even so, a number of challenges remain. Logistics and complicated mechanics can overshadow the relational process that the CFT should foster, as can the need for role clarification and clearer communication. These are all areas that SFHSA is aware of and continues to work to improve in a number of ways, such as interagency discussions, development of policy and communication materials, and training and coaching supports.

For SFJPD, case plans are developed during an intake meeting with the youth and family. To inform the case plan development, the probation officer also considers information by the schools, the Human Services Agency, the Department of Public Health, and other agencies. The information gathered assists the probation officer in identifying the youth and family's needs and services they are currently receiving or need to receive. Generally, the greater the youth and family's involvement in the development of the plan, the greater their commitment to the activities and goals contained in the plan. Once needs are identified and plans to address those needs are developed, the probation officer follows up with the family on a monthly basis to determine progress and adjust the plan as needed. A full case plan review occurs every six months. A case plan guides more effective service provision and can help reduce juvenile crime and prevent children from becoming further involved in the juvenile justice system. For dual-jurisdiction cases, these cases are brought to a 241 meeting whereby representatives from JPD and H.S.A determine which agency will take the lead on the case.

When youth have come to the attention of both the child welfare and juvenile probation departments, the two agencies collaboratively assess the youth through a Joint Assessment Protocol per WIC , § 241.1, otherwise known as the Committee for Assessment and Status Evaluation (CASE). Both agencies review the youth's family, placement, educational, medical, emotional, behavioral, and criminal history to recommend whether a dependency or delinquency jurisdiction will best serve the youth's interest and protection of society. Consistent with the Core Practice Model, CASE review meetings are an integral part of the work that is done between the two agencies. The Joint Assessment Report, including the recommendation, is reviewed at the 241.1 Court Hearing to adjudicate the youth's status. The Joint Assessment Report may be prepared by either JPD or FCS, depending on which court the case originates in.

Safety Organized Practice: San Francisco embraces Safety Organized Practice (SOP) as a set of tools and strategies to support the CPM, and this approach has infused recent practice changes to help focus on relevant safety issues in working with a family. SOP is a child welfare approach focused on the safety of the child within the family system. The SOP methodology is informed by a variety of best- and evidence-informed practices, including group supervision, Signs of Safety, Motivational Interviewing, and solution-focused treatment. SOP brings a common language and framework for enhanced critical thinking and judgment on the part of all involved with a family in the pursuit of a balanced, complete picture of child welfare issues. The Peer Review identified worker knowledge and use of SOP as an agency strength.

The SOP values and principles are utilized to inform the case plan. The case plan contains harm and danger statements and safety goal statements. Safety goal statements are short, simple behavior-based statements to help family members, collaterals, and staff working with the family to be clear about what has happened in the past, why FCS is involved with the family, and what staff is worried about that may happen in the future. This groundwork fosters difficult conversations but ensures that the child welfare worker is discussing the most important concerns with the family.

Safety is the primary focus that drives the case plan. The case plan objectives are written to be behaviorally-based, and successful completion of a case plan is when the parent(s) demonstrates behavioral change rather than time in a class or completion of a service. In addition, the case plan includes detailed actions that the parent(s) and extended family members have agreed to take in order to demonstrate to everyone involved that the child(ren) will be safe.

As part of SOP implementation, in January 2018, FCS began piloting new ways to assess and respond to referrals (RED Team), and provide case consultation to staff. This emphasis on safety and better understanding of family dynamics provides a more nuanced approach for staff as they begin to work with the family in identifying and addressing the safety issues and related behavioral changes that can be reflected in case planning and service linkage.

SOP supports the practice behaviors related to all of the elements of the California Core Practice Model: Engagement, Assessment, Teaming, Service Planning and Delivery, and Transition.

RED Teams: RED teams are a new approach to assess and respond to incoming 10 day referrals. RED Teams meet regularly to review incoming child maltreatment referrals and engage in a group decision-making process to **Review, Evaluate, and Direct** next steps for the referral. In use internationally across multiple child welfare jurisdictions, RED Teams can be customized to meet the needs of each county, but generally they help decide whether or not a referral requires a child welfare response, how quickly child welfare should respond and who will be involved in responding. SFHSA uses RED Teams to **Review** 10-day referrals, **Evaluate** who among our community partners

might respond with the agency, and provide **Direction** regarding next steps for the assigned Emergency Response worker. The FCS RED Team includes hotline and emergency response workers, and supervisors from emergency response and non-court family maintenance. It also includes Community Partners, including community agencies providing Differential Response services. The team uses a mapping framework and facilitated process to **Review** information in the referral and make a real-time decision about assignment and next steps.

FCS is currently piloting the RED Team approach, and evaluating its effectiveness and impact. Ten-day referrals on selected days of the week receive RED Teams as the experimental group, while those on the remaining days receive standard practice as a control group. UC Berkeley is helping with an evaluation to assess findings.

RED Teams are aligned with SOP, and are particularly supportive of the CPM practice behaviors associated with Assessment, Engagement and Teaming.

Case Consultation: Beyond the hotline, programs across FCS are implementing a new Case Consultation process to bring group decision-making and consultation to our practice. Like RED Teams, Case Consultation uses a mapping framework and facilitated process to review case information and identify our best thinking about next steps for the case-carrying worker. Workers are asked to present case information using the framework, and the facilitator (usually the manager) assists the group to consider all relevant information and reach consensus about next steps.

Case Consultations support the CPM Practice and Leadership Behaviors associated with the elements of Teaming, Inquiry/Exploration, Advocacy and Accountability.

Like RED Teams, Case Consultation uses a mapping framework and facilitator to help make sure thinking and decision-making is based on consideration of all relevant information. The framework helps staff focus on key SOP principles such as:

- Staying focused on the harm and danger;
- Addressing safety threats;
- Sorting out complicated factors;
- Being aware of strengths and protective actions;
- Considering the family's culture and how it intersects with intervention

Furthermore, by including others in the RED Team and Case Consultation, the perspectives of others add new information to thinking and planning. This sets the stage for the parent engagement so critical in developing and effecting successful family team meeting discussions and case plans.

Case Plan Process: To ensure that workers complete all required elements in their case plans, SFHSA uses the preset, CWS/CMS template, which has been revised to incorporate a more behavioral approach per the SOP framework. Case planning is covered in the agency's child welfare

services Policy Manual. Key sections of the Policy Manual are updated as needed. Case reviews include the following tracks:

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

Staff at the SFHSA February 2019 FCS Division Meeting identified multiple strengths in relation to permanency, as did many of the focus groups (Resource Families, City Attorneys, Providers, Supervisors, Court, Parents, Line Workers). The RFA process and related requirements can take time, which impacts permanency timelines, and court delays are also problematic. Training and support for both parents and foster parents is essential and could be expanded with such things as increased foster parent training, improved access to tangible supports such as respite for caretakers, efficient transportation, and better utilization of peer parent support. Peer Review focus groups acknowledged that family finding has emphasis early on in the system, but the agency could strengthen a more systemic, ongoing approach with family finding and concurrent planning overall. These discussions also described case workers as utilizing the SOP framework to effectively engage the family, including the child, and partners in identifying and implementing customized concurrent planning and case plans, including concerted efforts to identify, find and engage family connections. Please refer to the focus group themes section for further information.

SFHSA placement staff conduct initial relative notification on cases entering the foster care system. Before a child welfare worker can write a court report for termination of services, child welfare workers often receive Case Consultation for any case without a permanent plan of either guardianship or adoption. Adoptions staff can receive secondary assignments on some reunification cases to expand concurrent planning efforts. Please refer to the Foster and Adoptive Parent Licensing, Recruitment and Retention section for more information on concurrent planning and permanency.

Screening, Assessment and Mental Health Interventions

At the time of detention or case opening, DPH or their contract provider conducts a Child Adolescent Needs and Strengths (CANS) assessment to determine the appropriate level of mental health intervention for children and youth, partnering with the child welfare worker and family to identify and implement the most appropriate treatment intervention. San Francisco utilizes the child and family team meeting to integrate the mental health recommendations and supports in

larger case planning with the family, a significant change since the previous CSA. More information on the local Katie A. implementation is available in the State and Federally Mandated Child Welfare/Probation Initiatives section of this report

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

For probation youth, the DPH AIIM Higher Program, collocated at the Juvenile Justice Center, provides a similar assessment and service delivery model as FCMHP does for children in the child welfare system. This includes providing or triaging to identified community partners CANS screening and assessment and appropriate mental health interventions.

These partnerships to support behavioral health are long-standing and comprehensive, and the county agencies, along with other county and community partners, have long shared a vision in supporting system-involved youth and families. Given the complexities of the behavioral health needs and service delivery, however, SFHSA, JPD and CBHS consistently work together to identify and address areas for improvement. The recent stakeholder and staff discussions and Peer Review also identified the need to close gaps in mental health service delivery. Mental health services that address trauma, familial interaction, specific developmental needs (i.e., for teens), were flagged as areas for expanding services, and there are capacity issues in offering bilingual treatment. The consent and release of information processes are cumbersome and slow, and delay access to treatment. Potential solutions include various communication and informational strategies that can promote access to treatment.

Family Engagement and Participation in Case Planning

Child welfare workers develop case plans with parents, and review with parents and youth by engaging them and their Child and Family Team in a process of, assessment, inquiry and exploration. They ask parents and youth to sign the case plan to indicate their agreement. SFHSA utilizes child and family team meetings in determining removals and placement changes, to develop and coordinate case plans and resolve related issues. Trained child welfare workers facilitate these meetings. Safety Organized Practice helps workers better develop the natural support network with

families and utilize that network to strengthen greater family capacity and safety for children, both in the meeting and outside of it. These family meeting forums bring together family members and key individuals, including caregivers, to address safety and risk issues, identify the strengths and needs of families, and develop, implement, review and update case plans. The Peer Review identified family engagement early in the child and family team process as providing a strong foundation for maintaining connections supporting permanency.

Consistent with the CPM element of Teaming, SFHSA collaborates with Community Behavioral Health Services to utilize Child and Family Team meetings to prepare for and/or review findings from the Child and Adolescent Needs and Strengths Assessment and incorporate them into case planning. DPH contracts with several providers to offer Intensive Care Coordination and In Home Behavioral Supports. These include agencies providing wraparound services (Seneca Family of Agencies, St. Vincent's School for Boys, Edgewood Center for Children and Families, and Instituto de la Raza) as well as Intensive Treatment Foster Care providers who have MediCal EPSDT funding contracts with DPH (Alternative Family Services, Aldea, St. Vincent's School for Boys, Triad).

Probation Placement Case Planning

Placement case planning is done mostly during the Child and Family Team (CFT) meetings, which are required meetings when a youth/child has a suitable Placement order. The action plans that are developed as part of the CFT meetings feed directly into the Placement case plans. Most youth in Placement have regular CFT meetings, approximately every three months, or as needed.

Visitation

Visitation plans outline specific, behavioral objectives for the parents that relate to the case plan, be developed in conjunction with parents, and shared with the visitation supervisor. San Francisco has a progressive visitation system, with intensity of supervision level varying depending on the family need. These levels include a more intensive, clinically-based therapeutic visitation program which is coordinated through the Department of Public Health, as well as a mid-level community-based supervised visitation which is conducted primarily by select Family Resource Centers. The therapeutic visitation program utilizes various evidence-based practices depending on the particular need of the child and families, including Triple P and Parent Child Interaction Therapy. The Family Resource Center community-level visitation incorporates Triple P as many parents attend group Triple P parenting classes at the Resource Centers and then have the opportunity to demonstrate what they have learned in the visitation with their children. Designated county staff – social service technicians and bachelor level social workers – can also provide visitation supervision as appropriate. Visitation location varies depending on the family need and level of supervision. If a community agency is providing, typically the visitation is held at that agency. SFHSA also has two visitation rooms in the main building. Visitation can also take place at outside locations, such as the park or library, if safety issues can be addressed. Visitation supervisors report to the child welfare

worker on the progress of the identified behavioral visitation goals, so that assessment, communication, and coordination are ongoing and families may receive the appropriate level of visitation support.

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

SFHSA provides training around visitation planning, supervision, and documentation to both staff and community partners. SFHSA is also working with the University of Washington to implement STRIVE, a visitation curriculum for supervisors that seeks to engage parents early on to improve visits with children between birth to 8 years old. Training on STRIVE was provided to staff and visitation partners in January of this year, and the county is beginning to identify cases for early implementation.

For SFJPD, Placement probation officers do monthly visits to youth in Placement facilities across the country. Family visits to youth in Placement are conducted quarterly, and SFJPD pays for hotel and transportation (bus, airline or train) depending where the group home is located.

FOSTER AND ADOPTIVE PARENT LICENSING, RECRUITMENT AND RETENTION

Since 2011, SFHSA has participated in the Quality Parent Initiative. This is an equal partnership with foster parents to recruit, train and retain quality parents. On August 3, 2014, SFHSA and four other pilot counties participated in collaboration with the California Department of Social Services to implement a new process to approve care providers for children placed in out of home care. This process, called the Resource Family Approval Program (RFA), consolidates three separate practices for approving relative, county licensed and adoptive homes into one cohesive, unified approval process for all families. This enables children in out of home care to reach permanency more quickly. San Francisco participated in the RFA pilot prior to statewide implementation on January 2, 2017.

The RFA Unit is responsible for training, recruitment, retention, and monitoring for all resource homes, in accordance with CDSS directives. The primary focus is on safety, background clearances, buildings and grounds assessment, and a family evaluation that is required to assess the willingness and ability of people that are interested in taking care of foster children. Representatives from this unit are also required to conduct complaint investigations when concerns or allegations are made against existing caregivers. RFA staff conduct annual visits to ensure that the caregiver continues to

meet approval standards and remains in good standing, or is in need of additional resources and support. Criminal records including information from Department of Justice, California Child Abuse Central Index and California Law Enforcement Telecommunications System are submitted at the time of application, and reporting requirements are emphasized during training.

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

To promote permanency for children placed out of county, SFHSA has formed collaborative relationships with adoption-licensed agencies throughout the state to complete adoptive home studies on caregivers and support them in their effort to adopt. A majority of San Francisco's foster children are placed out of county, and the county has worked diligently to access services for children and caregivers residing elsewhere.

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

General licensing, recruitment, and retention

SFHSA contracts with California State University Fresno/ Bay Area Academy to provide training for persons interested in becoming resource parents, although this contract is currently out for bid. Parents and youth who have experienced the child welfare system are some of the regular presenters so that prospective resource parents can understand the issues families and children in the child welfare system experience, and appreciate more fully the role and ability of the caregiver to help support reunification and permanency. City College of San Francisco is contracted to provide the required eight annual hours for resource parents to retain their license. All approved resource parents may also utilize online training resources provide by Quality Parenting Initiative and the Foster Parent College.

As described elsewhere, SFHSA contracts with Family Builders by Adoption to provide outreach for potential adoptive parents, with a focus on the African-American and Latino communities, as well as LGBTQ and other non-traditional communities. Family Builders offers trainings, support, and community building to adoptive parents and assists SFHSA with relative and family finding and engagement services to increase permanency. SFHSA also collaborates with Family Builders in a concurrent placement program, known as First Home. This effort strives to make the first placement the last placement, especially for newborns. A team comprised of a program manager and contract manager evaluate all aspects of service delivery and outcomes at least annually.

To address the needs of older youth, SFHSA has long supported adult adoptions. This enabled SFHSA to better transition to serving non-minor dependents and AB 12 eligible youth. To maintain children in the least restrictive placement possible, SFHSA recognizes that many caregivers often need supportive services to safely care for children and non-minor dependents in their home. Foster parents deserve recognition of their service, which also contributes to retention, and SFHSA does this in part through annual recognition events.

SFHSA supports caregivers by providing the following:

- ❖ *Support for Services Staff* - To retain resource parents, SFHSA has one full time staff person is the caretaker liaison and recruitment. She provides support and helps them negotiate the SFHSA system, such as assisting with contacting child welfare staff or troubleshooting when there are issues with checks. The caretaker liaison also solicits and coordinates caregiver participation in workgroups, activities and events.
- ❖ *Youth Engagement* - Through the Adoption-SF project, Family Builders by Adoption coaches workers and supervisors around youth engagement to help them buy into the concept of adoptions / permanency.
- ❖ *Kinship Services* - Since 1995, SFHSA has contracted with Edgewood Center for Children and Families to provide comprehensive supportive services for relative caregivers and the children in their care. These services include case management, peer counseling, workshops, recreational activities, and support groups for grandparents.
- ❖ *Kin-Gap Services* - This program assists relative care providers who are eligible, in process, or have completed legal guardianship. The purpose is to recruit and retain relatives of the children involved in the child welfare system with the goal of completing guardianship agreements.
- ❖ *The Parenting for Permanency College* is an evidence-informed, best practice approach to training and supporting San Francisco resource applicants and caregivers. It uses Triple P (Positive Parenting Program) as a comprehensive methodology and adds pre-service, substance abuse HIV, and advanced training curricula. The Parenting for Permanency College is an on-going training, mentoring and community-building program to support foster and kin parents in their initial and on-going education and professional growth and development, emphasizing permanency at every stage in the program. Bay Area Academy has offered the Parenting for Permanency College, but has declined to continue doing so. SFHSA recently issued an RFP for a new provider and expects to have them on board as of the 19/20 fiscal year.
- ❖ *Respite and Substance Abuse / HIV Infant Foster Parent Respite* – resource parents can receive up to 24 hours per month of respite, funded by the Specialized Care Incentive and Assistance Program and the Substance Abuse/HIV foster parent respite program. This is specifically for caregivers of medically fragile children, especially those who are born

- substance exposed or born with HIV, aged birth to five. Respite can be either in-home or out of home, based on the foster parents' choice.
- ❖ *Specialized Training for Adoptive Parents* - San Francisco offers specialized training, on-going support, and community building for adoptive parents. Family Builders by Adoption provides adoptive parent recruitment and specialized training, which includes parent need surveys, educational classes, support groups, and parent-child workshops.
 - ❖ *Newsletters* - SFHSA Family and Children Services issues a monthly newsletter, K.I.D.S. (Keeping Data, Information, and Services Accessible to all the Families We Serve). In 2018, SF HSA entered in to a contract with Fostering Families Magazine to provide additional resources and articles related to resources parenting. The magazine incorporate the K.I.D.S. newsletter as an insert, and provides additional valuable information to resource families and is distributed in several states across the country. Both of these publications are distributed to all approved caregivers and features various topics such as medical training, childhood obesity, diabetes, healthy cooking, normalcy for foster youth, permanency, legislation changes, parenting trends, etc. It includes a "Champion for Children" article that highlights extraordinary caregivers.

San Francisco has a severe shortage of resource families for a few reasons. Many older foster parents are retiring. Due to the high cost of housing in San Francisco, many potential resource families either have moved from San Francisco or are too limited in space to foster a child. Approximately 65 percent of San Francisco foster youth are currently placed outside the City. This can be traumatic for children who have already experienced separation from their families. FCS has an urgent need for new foster parents to help keep kids in their communities. In addition, the state's Continuum of Care Reform (CCR) prioritizes family settings for children and youth rather than congregate care, requiring that foster youth be placed in family settings in a timely manner. As a result, even more foster family homes are needed to replace the congregate care settings.

To address this need, FCS contracted with Resource Development Associates (RDA) to undertake an assessment for a resource family recruitment and retention plan. RDA completed the assessment for the Department to determine the best strategies to recruit and maintain resource families for both child welfare and juvenile probation. This assessment was completed in 2017.

SFHSA subsequently worked with Resource Development Associates (RDA) in August, 2018, to develop, finalize, and implement the identified strategic planning for resource family recruitment for children and youth in both child welfare and juvenile probation. RDA's efforts are part of a multi-year, multi-pronged approach geared toward increasing the number of children that will achieve permanency in San Francisco. A crucial deliverable will be to launch a public information campaign to help San Franciscans understand the critical need for resource homes and keeping

foster kids in their own community. The overall intention of this project is to increase the county's overall number of Resource Home and placement options by 15%.

Juvenile Probation Department Case Review System

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

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

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

youth represented by the Private Bar and those committed to Log Cabin Ranch, thus creating the Juvenile Collaborative Reentry Unit.

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

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

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

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

JPD schedules and facilitates Child Family Team Meetings for youths who are committed to Out of Home Placement. JPD creates Re-Entry Plans for youths returning back from Placement and participates in a Collaborative Re-Entry Court.

Foster Parent Recruitment, Retention, and Support (FPRRS)

As a part of the Continuum of Care Reform (CCR) efforts, counties are working to strengthen foster parent, resource family and relative caregiver retention, recruitment, training requirements and strategies. Several initiatives are underway at JPD to recruit and retain quality resource families. In

addition to the initiatives below, JPD is working on an in-house Live Scan system to help speed up the resource family application process, implementing a parent hotline, and providing support for normalizing activities.

Recruitment and Retention Strategy

There is a shortage of resource families in the City and County of San Francisco willing to accept justice-involved youth into their homes. Finding families to look after these youth has been challenging for JPD. In order to increase resource families, JPD must retain and recruit a pool of well-trained and well-supported resource families.

JPD is partnering with H.S.A on a contract with Resource Development Associates (RDA). RDA is in the process of conducting an environmental scan, which includes facilitating focus groups with stakeholders, leading to a recruitment and retention strategy. This will be followed by developing a marketing strategy and implementation plan to help JPD attract and retain resource families.

FPPRS Website

As part of FPPRS, JPD developed a website. The website contains information on how to become a resource family with JPD, including Frequently Asked Questions (FAQ), foster care resources, and inspirational testimonials by former resource families. As of April 2019, the website is undergoing final content edits and, pending no glitches, will be launched by the fall 2019.

Family Finding

JPD began conducting Family Finding searches (Clif searches) on January 4, 2018, and, to date, have completed 191 searches. The Placement social worker runs a family search on all youth who have dispositions and multi-disciplinary teams (MDT). When the results are received, the findings are uploaded into JPD's case management system, Augustus. The social worker also runs a search on youth who have been in custody for 11 days or more.

STAFF, CAREGIVER AND SERVICE PROVIDER TRAINING

San Francisco's Capacity to Provide Training to Social Workers

FCS has a robust training and workforce development system in place for its 180 child welfare social workers and supervisors. The division also has a workforce development model that informs this system. Beginning in 2015, San Francisco developed and implemented a competency-based system that forms the underlying framework for all aspects of workforce development. Competencies are developed in

collaboration with staff, Human Resources and management, and the CPM Practice and Leadership Behaviors are integrated into them. The competencies guide all levels of workforce support, including pre-service Title IV-E internships, onboarding and ongoing training, coaching and performance management.

SFHSA has built out its workforce development team over the last several years, and it now consists of 6 supervisor level staff (3 serving as training coordinators and three serving as internal coaches) and 4 protective service workers (serving as field instructors for 8 MSW interns each school year). Please refer to Appendix E for a graphic illustration of the FCS workforce development system.

The training coordinators fill three distinct functions:

- Supervise child welfare workers and train and supervise MSW interns – This training coordinator provides day-to-day supervision of 4 front-line staff and coordinates the planning and delivery of the learning opportunities for 8 MSW interns each school year. This includes development and delivery of a training curriculum for the interns.
- Onboard new cohorts of protective service workers: This training coordinator plans and implements onboarding activities for 3 cohorts of new protective service workers each year, including coordination of administration of required state Common Core training (delivered by the Bay Area Academy), assessment of new staff training needs and completion of probation, and development and delivery of county-based classroom and field-based training over the first 6 months of employment.
- Coordinate onboarding and ongoing training for all other FCS staff – The third training coordinator manages delivery of training to all others (including all FCS staff, caregivers, and community partner agencies). This training coordinator provides onboarding of other classifications, development and delivery of training on new policies and initiatives, and coordinates with Bay Area Academy to track training hours to ensure staff meet state mandates for ongoing training.

The internal coaches facilitate practice improvement through coaching and skill-based training. The coaching intervention is delivered through 1:1 coaching with FCS supervisors and/or line workers. Each FCS supervisor has an identified coach available to meet regularly and engage in goal-based coaching. Coaches also support supervisors to deliver training and team-building activities with their units. In addition to coaching, coaches develop and deliver skill-based training available to the entire FCS workforce to reinforce transfer of training to actual practice.

The BAA and WFDT have data collection systems in place to identify training needs, including survey tools and regular internal and external local and regional meetings (with supervisors, managers,

community partners, the City Attorney and Court, neighboring counties and training providers). In addition to collecting information via survey and in meetings, WFDT members review monthly compliance data to identify challenges potentially addressed with training. WFDT staff meet regularly with the FCS policy development team and the Continuous Quality Improvement team to identify training needs.

BAA and WFDT provide the majority of training to SFHSA staff. Staff have access to over 500 hours of classroom and field-based training per year, and report they are aware of ample training opportunities offered for them. Training includes key topics that reflect staff interests and identified needs. BAA works with the statewide training system, the California Department of Social Services, and the WFDT to identify training needs, develop curricula, and deliver associated classroom and field learning opportunities.

In fiscal year 17/18, BAA provided 368 hours of classroom and field based training (not including Common Core Training for New Child Welfare Workers and New Child Welfare Supervisors). This training included the following content:

BAA Classroom Training for Staff:

- Safety Planning
- Case Planning
- Safety Organized Practice (SOP) including the basic series and advanced topics
- SOP Overview for non-case carrying staff
- Basic Interviewing for RFA Staff
- Child and Family Teaming
- Behaviorally Based Case Plans
- Testifying in Court
- Visitation
- Court Report Writing
- Complaint Investigation for RFA Staff
- CWS/CMS for Clerical Staff
- Safe Measures
- Business Objects
- The Art Of Coaching
- Psychotropic Medication
- Advanced Analytics
- Crucial Conversations

BAA Field Based Training for Staff:

- Secondary Traumatic Stress
- CFT Facilitation Coaching
- Safety Planning Coaching

- Case Planning Coaching

The WFDT provides training and coaching to child welfare social workers and child welfare supervisors to support implementation and refinement of key practices associated with Continuum of Care Reform, the California Integrated Core Practice Model (ICPM), and Safety Organized Practice (SOP). Not including induction training for new child welfare workers, the WFDT offers an average of 144 classroom training hours, 216 individual coaching sessions and 24 group coaching sessions per year. The training and coaching provided by the WFDT includes the following content:

FCS WFDT Classroom Training for Staff:

- Level of Care Matrix
- Presumptive Transfer
- Case Consultation Framework
- Safety Mapping
- Division 31
- Core Practice Model
- Reflective Practice
- Performance Management and Progressive Discipline
- Commercial Sexual Exploitation Identification Assessment Tool
- Trauma Informed Engagement Practice
- Car Seat Installation
- Meeting the Educational Needs of Youth in Care
- Navigating Special Education Services in SFUSD
- Substance Abuse Assessment and Treatment

FCS WFDT Coaching for Staff:

- Behavior-based Case Planning
- Supervision Skills (including providing consistent supervision, leadership skills, performance management, and communication)
- Reflective Supervision
- Teaming
- Harm and Danger Statements
- Using Structured Decision Making Tools in Supervision
- Court Report Writing
- Performance Management and Progressive Discipline
- Common Core 3.0 Field Activity Support

Additional training opportunities are provided to staff via local training organizations who receive Title IV-E, CAPIT, CBCAP, and PSSF funding to deliver training and services related to preventing involvement in the child welfare system or meeting the needs of children and youth involved in the child welfare system. The WFDT provides information about these training sessions to staff via email reminders, a comprehensive training calendar, and intranet posting.

Training providers include:

- City College of San Francisco
- A Better Way
- Safe And Sound
- California Youth Connection
- Nola Brantley Speaks

Training topics include:

- Talking about SOGIE and Sexual Health with Youth in Care
- Law and Ethics
- Child Development
- Domestic Violence
- Trauma Informed Practice (including specialized topics related to Sexual Abuse, Immigration, Traumatic Separation)
- Cultural Frameworks on Family Therapy
- DSM
- Cultural Humility
- Infant and Child Mental Health
- Commercial Sexual Exploitation 101 and 102

Barriers and Challenges

Despite the ready availability of training, not all staff meet the mandatory training requirements. Of the 14 staff required to complete Common Core for New Child Welfare Workers in fiscal year 17/18, only five completed the entire series. Similarly, among supervisors, of the five expected to complete Supervisor Core in fiscal year 17/18, 2 did not. In fiscal year 17/18, eight staff (child welfare social workers and supervisors) did not meet the required 40 hours of training to be completed every 2 years. Staff report they face difficulty in completing Common Core training due to limited availability of classes in the local area. Because the Common Core must be completed in sequence, if a staff person misses a session, they may be required to wait up to 6 months or travel outside the county to take the remaining classes. Staff also report that workload concerns limit their capacity to complete the 200 Level series in

Common Core. Regarding the mandatory ongoing training hours, staff report the main impediment to completing required training is workload.

In addition to the challenges staff face in completing mandatory training, there is minimal information available at an organizational level to assess the effectiveness of training. BAA conducts satisfaction level surveys following the training they provide and this data reflect a high level of self-reported satisfaction. The majority of staff report that they find the training useful; however, this finding does not allow for assessment of skill development or practice change among staff. Child welfare social workers and supervisors are evaluated annually using standardized competencies related to their classification, but there is no aggregate information from those evaluations available for assessment of skill development over time and no mechanism to connect training received with any change in skill.

Workforce development was a significant theme from the Peer Review focus groups. Challenges with turnover, accountability, consistent case practice, and the demand of extensive and substantial mandated case requirements were cited along with the need for support in developing the necessary case management skills to meet all expectations, and the need for staff to be able to slow down and absorb these expectations in order to work effectively. Recent state mandates, such as the implementation of Continuum of Care Reform, as well as outcome improvement efforts the county has undertaken, can feel overwhelming, disjointed and confusing not only for staff, but for caregivers and partners as well. The workforce development team plays a crucial role in providing the training and skill development, and communication around expectations, that can move the county closer to achieving better outcomes for families in a way that makes this easy to understand, and manageable, for employees, partners, and families.

San Francisco Probation's Capacity to Provide Training to Probation Officers

CDSS and CPOC provide monthly updates to HSA and probation departments regarding their training curriculum. They both inquire via survey Probation's training needs such as CSEC, RFA, Trauma Informed Related, CFT, Foster Care ACLs, STRTPs. Within the CCR environment and incoming ACLs, Probation is consistently being trained on Foster Care changes. Probation Placement Officers are required to participate in a minimum of 40 hours of STC/Foster Care training. Foster Care and STRTP Providers are provided mandated training through CDSS and CCR which includes CSEC, Trauma Informed and Cultural Sensitivity Training. The Probation Department's Training Coordinator identifies the needs of the Probation Placement Officers and schedules trainings that include mental health, trauma informed/cultural sensitive care, substance use, family conflict, CSEC, agency collaboration, and self-care. Each Probation Officer is required to complete an evaluation at the conclusion of the training and the department retains these records in the training office. These evaluations are used to determine and tailor future training curriculum.

Caregiver and Service Provider Training

Resource Parents

BAA provides English and Spanish pre-service and advanced training for resource parents in San Francisco. This includes delivery of multiple cycles of a standardized training series for prospective resource families, specialized training for resource parents providing care to infants (including basic baby care and care for substance exposed and medically fragile infants). BAA offers 16 cycles of English and Spanish Preservice training. English sessions are held monthly except for May and December; Spanish sessions are on alternate months. BAA also offers four SA/HIV sessions (3 English and 1 Spanish).

BAA also provides advanced training to resource parents on the following topics:

- Grief and Loss (offered in English and Spanish)
- Childhood Trauma (offered in English and Spanish)
- Administration of Psychotropic Medication

In addition to resource parent training, BAA provides support and coordination services including:

- A mentor program for resource parents in San Francisco that connects new resource parents with more experienced resource parents
- Coordination support for regular resource parent meetings and events
- Outreach and marketing for other training available to resource parents via City College of San Francisco

Resource Parents and Community Providers

In addition to training developed specifically for resource parents, BAA provides training for community providers (which resource parents may also attend).

The following training sessions are offered quarterly:

- Child Welfare 101
- CFT Training
- Visitation Training

BAA has provided Safety Organized Practice training for community partners, including an 8 part series and a one day overview. Furthermore, in support of the implementation of RED (Review, Evaluate, Direct) Teams in San Francisco, BAA provides coaching to community partners who are involved in RED Team and in differential response.

AGENCY COLLABORATION

Multiple public and private partnerships are described throughout this document, including the Family Resource Center initiative and collaborations with CalWORKS, mental health, and community providers. In addition, this section describes work to support youth and parent engagement and the Family Resource Center network.

Parents and Family

Consistent with the Core Practice Model, SFHSA's child welfare program strives to embrace engagement, teaming, exploration/inquiry and collaboration throughout the chain of command, across agency divisions, in partnership with parents and family, and with a multitude of public and private partners. The cornerstone of collaboration begins with the children, youth, parents, and family. San Francisco uses a team approach to engage parents, family members, and community partners in sharing the responsibility for the well-being of at-risk children. Child and Family Teams and Child and Family Team Meetings – including SFHSA facilitated meetings, wraparound team meetings, and other inclusive staff, provider, and family discussions - frequently include relatives, pastors, service providers, caretakers, therapists, and teachers.

SFHSA contracts with A Better Way to support parent engagement with a peer parent advocate program. These peer mentor positions work with families involved in child welfare or juvenile probation, and are funded with IV-E Waiver federal funds. SFHSA also works closely with the DPH peer parent program, Legacy, as those peer parents may also support families in the child welfare system. Peer parents participate in child and family team meetings as well as system improvement efforts including Katie A. They are instrumental in bringing the parent voice to these planning efforts.

SFHSA supports youth engagement and voice through work orders to DPH to fund 50% of the Youth Task Force (YTF); DPH funds the remaining 50%. YTF is a program consisting of young people between the ages of 13-24, who have had experience or are currently in the following systems: Foster Care, Mental Health, Juvenile Justice and/or Special Education. YTF's goal is to utilize youth consumers' experience, ideas and recommendations to transform & improve the system of care. This is done through a) recruiting, enrolling, and coordinating a group of YTF members, b) providing training for YTF members, c) delivering workgroups and trainings for providers by YTF members, and d) bridging YTF

members to attend conferences, events, and feedback sessions where stakeholders can hear youth feedback and input. Expenses for YTF includes stipends & incentives for youth participation, training & workshops for youth, transportation, marketing and outreach materials, and program supplies.

Partner Agencies

In addition to the contracts and service delivery system described elsewhere in this document, FCS partners with a number of public and private agencies, and meets bimonthly with its key providers at the FCS Provider Advisory Board. This collaborative forum is convened 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 FCS and the private provider organizations (providers). The dialogue is intended to facilitate activities that include but are not limited to:

- Reciprocally offering advice
- Solving policy and systems problems identified by FCS and providers, as appropriate
- Informing philosophy underlying Requests for Proposals to be designed by FCS
- Informing FCS's System Improvement Plan
- Facilitating congruent, collaborative responses to crises by FCS and providers
- Assuring alignment between FCS and provider organizations in order to:
 - Meet federal and state CWS Care goals
 - Utilize evidence-based and evidence-informed practices to meet goals
- Other activities deemed necessary or desirable by the members in order to achieve the purpose of the PAB.

The PAB is composed of the Deputy Director for FCS, her designee(s), and representatives of key public and private partner organizations which provide core child welfare-related services, support, and out-of-home care. Provider representatives must commit to regular participation and have the authority to speak and make decisions for their organizations on matters that come before the PAB. Members include short term residential treatment centers (Edgewood and St. Vincent's), foster family agencies (Seneca, Alternative Family Services, and Family Builders) the Native American Health Center, and family resource center representatives, as well as other community partners (e.g., A Better Way, Huckleberry House). Department of Public Health and Juvenile Probation representatives frequently participate. FCS has had a long-standing relationship with the local foster parent association; this association has recently been reconstituted and an initial meeting of the new organization, Resource Families United, will occur in September. FCS and Resource Families United plan to meet regularly to address suggestions, issues, and concerns, and discuss retention, training, and support of caregivers.

Family Resource Center Initiative:

The Family Resource Center initiative is an example of how county and community agencies work together to reduce child abuse and neglect through blended funding streams and public-private

partnerships. Started in 2009, the initiative helps fund 25 Family Resource Centers throughout San Francisco. Nearly \$11 million is allocated annually to 17 neighborhood-based and 8 population-focused Centers. Neighborhood-based centers target services to families in a specific geographic neighborhood. City-wide population-focused centers offer specialized knowledge, skills, and expertise to meet the unique needs of particular groups of families who may reside throughout San Francisco: immigrant families, LGBTQ parents and their children, homeless / under-housed families, families of children with special needs, pregnant and parenting teens, and families with young children exposed to violence.

The FRCi was developed through collaborative planning with three city agencies, SFHSA, First Five San Francisco, and the Department of Children, Youth, and Their Families, and nonprofit 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. The program utilized Office of Child Abuse Prevention funds and other local revenue to serve 2,032 children and 4,735 adults in the 2017/18 fiscal year. Please see the FRCi Logic model in Appendix F, which outlines the evaluation plan for the initiative, as well as discussion below in the Quality Assurance section for more information.

Juvenile Probation and Education

JPD understands the importance of education and enhancing educational achievement. The Juvenile Advisory Council, made up of young adults who were formerly involved in the justice system, conduct monthly probation orientations sessions for youth and parents new to juvenile probation. JAC aims to provide each youth the opportunities to maximize their earning power, thereby their independence and success, through education. As indicated in the focus group findings, there is a need for more emphasis and support for youth to take advantage of employment opportunities, specifically summer employment.

JPD has made a concerted effort to focus on education as a major part of a youth's rehabilitative goal and case plan while in placement. The school placement staff review transcripts, individualized education programs, and all essential education reports and youth, the probation officer, and the family discuss options and an education plan that is in the minor's interests. This might include the ability to obtain a high school diploma or GED. Youth who are struggling in school are provided tutoring and other resources necessary to receive passing grades. The majority of justice-involved youth who enter foster care tend to be one to two years behind in school and failing, with a grade point average well below a 2.0 average.

These education documents are forwarded to any perspective placement for an assessment of records and to determine the appropriateness of the school district. At every opportunity JPD coordinates with the San Francisco Unified School District counselor liaison, to ensure all educational data is updated and accurate. When a youth returns from his or her placement, JPD obtains the youth's transcripts from the

assigned school and provides this information to the counselor. Transcripts are updated to include all credits earned when a change of school placement is necessary. Continual oversight of the school placement and services for youth struggling in school improves outcomes and may provide the opportunity for youth to catch up on credits and return to a main stream school in lieu of a community day or continuation school upon return home.

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

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

To make informed decisions about youth in detention, JPD facilitates an Inter- Agency Review Team Meeting twice a week to discuss all recent detentions and new petition cases for youth not in custody. This meeting assists the probation officer in obtaining information about youth from all county partners. The San Francisco Human Services Agency, San Francisco Unified School District, the Department of Public Health and Juvenile Probation exchange information regarding prior and current histories, services, and youth and family strengths and needs. Information gathered is used to determine a recommendation for case planning, service referrals, and release or detention. The Title IV-E Analyst coordinated an effort to increase identification of youth at risk of removal from the home during this meeting, which has led to improved identification of youth at risk of removal. In addition, youth at risk of being commercially and sexually exploited are identified at this meeting.

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

Over the past several years, JPD has embraced the use of evidence-based practices in its policies, procedures, practices, and culture. JPD embraces and follows the Annie E. Casey Foundation's JDAI (Juvenile Detention Alternatives Initiative) Core Strategies of Collaboration, Data Driven Decisions,

Objective Admissions, Alternatives to Detention, Expedited Case Processing, Special Detention Cases, Reducing Racial Disparity, Conditions of Confinement.

JPD's current JDAI programming such as Probation Enrichment Program, Juvenile Advisory Council (JAC), Aggression Replacement Therapy (ART), WRAP Around Model, Peer Parenting, FIRST, Probation Orientation, and Teen Orientation Experience. These collaborative programs are utilized for justice involved youths who are at risk of removal from home and to provide trauma informed and culturally sensitive services.

SERVICE ARRAY

SFHSA funds or directly provides a robust continuum of community based family services, from primary prevention to secondary prevention, intervention with families that have open child welfare cases, and after care services. Many of these services are provided through the Family Resource Center initiative described above. These community-based centers provide parent education and peer support classes, counseling, crisis intervention, respite, advocacy, community-building events, information and referral, employment assistance, and assistance with basic needs. Several work with SFHSA to offer Differential Response or visitation supports for child welfare-involved families One of the centers also provides 24-hour phone counseling, and SFHSA connects high-risk families with its eviction prevention and housing services. With the IV-E waiver, SFHSA has been able to expand service delivery during the last SIP cycle rather than discontinuing services. Typically clients are eligible for referred services; when they are not it usually means because they do not meet eligibility for MediCal. In those situations, if the service is necessary and there is not a similarly effective service available to the family, the county may use general fund or wrap savings to support the program for the client. Presumptive transfer has added an additional barrier to this, however, as not all counties provide the same extensive services array in San Francisco. In those situations, FCS may consult with the county of residence and with CBHS for to resolve any issues. Most of these services have already been described in other sections, and a list of the programs funded by SFHSA can be found in Attachment G.

SFJPD has an additional service array:

- Community Assessment and Resource Center (CARC)/Huckleberry Youth Program is a community-based/diversion intake center for arrested youth(s) whose purpose is to assess, evaluate, and identify needs, work with youth and families, and connect youth with appropriate and individualized services in order to prevent recidivism or further penetration into the Juvenile Justice System.
- Wraparound services are intensive community-based therapeutic services (multiple in-person contacts with youth and families per week) focused on supporting at-risk youth and their families in developing the skills and resources to function successfully in their communities and build the capacity to meet future needs sustainably. Wraparound services offer a family-centered, strength-based and outcome-

oriented alternative to group care placements for youth with complex and enduring needs, and their families.

- First Place for Youth supports young people coming of age in the foster care system whose families who can not be there for them. This program offers support and provides youth with practical skills that help boost self esteem.
- A Better Way (ABW)'s Peer Parent Program empowers families by providing them with encouragement, education, and advocacy. ABW partners with parents and help them develop supportive relationships in their community, increase their parenting, and establish safe and stable homes for their children.

The Peer Review noted a number of strengths in SFHSA's service array, including supports such as hotel vouchers and transportation, although the agency needs to improve location and engagement of the second parent (typically fathers) in order to deliver appropriate services. Service delivery is also impacted by placement changes, particularly around related presumptive transfer MediCal issues. The continuum of services includes the following:

- ❖ *Non-Court Family Maintenance Services* are designed for families who do not need the level of court intervention, and whose harm and danger concerns can be addressed with a plan that can be implemented without removing children from their home. Participation in services is voluntary and the services provided include home visiting, parent education, and behavioral health services, as well as the supervision and support of a child welfare worker.
- ❖ *Emergency Response Services:* The Structured Decision-Making assessment tools, some of which are based on actuarial data, help SFHSA make informed decisions about whether children can remain safely at home with their families. Through the team decision-making process, relatives and persons of importance to the families can participate in the decisions about how to maintain the child's safety and well-being while he or she remains with the family. Child welfare workers develop and monitor case plans that ensure that the family's strengths are accentuated and its risks are addressed, which can be through community based support services.
- ❖ *Family Reunification Services* augment the assessment and mandated case management activities performed by child welfare workers. They include in-home supportive services, parenting, mentoring, enhanced visitation, and intensive case management. SFHSA relies primarily on the family resource center network to provide this range of services and has some contracts for specialized services like in home therapeutic services and programs that help parents learn how to manage the daily activities of maintaining a household.
- ❖ *Adoption Services:* The Foster and Adoptive Parent Licensing, Recruitment and Retention section above contains an analysis of SFHSA's adoption processes, which includes contracts with Family Builders by adoption and support from Resource Family Approval county staff

and county adoption workers. SFHSA considers adoption as a primary permanent placement option. As a part of concurrent planning, SFHSA starts recruitment of adoptive homes if there are indications that the child may need this, even if reunification is the primary plan. To minimize disruption for the child, child welfare workers strive to have the initial placement become the adoption placement. During the course of a case, Joint Adoptability Assessments are completed annually on each child to continually assess adoptability and to document when adoption is not an appropriate option. This tool utilizes information from staff in different programs for a more thorough assessment. To facilitate the adoption process, SFHSA utilizes mediation services to assist with resolving issues with biological or adoptive families.

- ❖ *The Kinship Support Services Program* provides support services to relative caregiver families to ensure safe and stable homes for children who cannot currently live with their parents. The Edgewood Center for Children and Families, a pioneer in kinship support services, offers respite care, peer support, and outreach. Edgewood both accepts referrals and conducts outreach to prospective relative and fictive kin caregivers. It shares information and educational materials and assists relatives in finding appropriate community based services for their child's developmental and health and emotional needs. In multiple languages, it facilitates support groups and educational workshops on issues such as the juvenile court system, crisis prevention, permanency options, and parenting. The program serves the relatives of approximately 100 children and youth each month.
- ❖ *Independent Living Services:* SFHSA contracts with the First Place Fund for Youth, a leading agency in serving California's foster youth. The First Place Fund publicizes its services in multiple languages, provides outreach to foster parents, families, and service providers to provide a support system for youth. The program serves youth in San Francisco, but also many foster youth come to the city after leaving care elsewhere. The program provides on-site resources like computers and phones, as well as enrichment activities and pre-emption life skills training, money management workshops, GOALS meetings with child welfare workers to develop Transition to Independent Living Plans, and linkages to emergency housing. The program serves up to 250 youth annually.

Permanency planning for youth: Other sections of this document describe the program's permanency planning for youth. Child welfare workers use the Transition to Independent Living Plans as a structure to formulate relationships that can sustain foster youth into adulthood. Family Builders recruits potential adoptive parents for teens, including in the schools. Seneca provides support to the RFA process through a grant to assist RFA social workers in the completion of the Family Evaluations (Permanency Assessments). This assessment is one of several components required for completion of the Resource Family Approval (RFA) process for relative and non-relative caregivers residing within and outside of San Francisco.

Demographically targeted programs: San Francisco is a city of ethnic enclaves, and the network of family support centers is neighborhood-based so that all populations have convenient access to family support services. Since African Americans are disproportionate in child welfare, SFHSA invests heavily in services for the Southeast sector of the city that is the largest African American neighborhood so that services are culturally responsive, accessible, and effective. The county requires translation of parent materials into Spanish and Chinese, given the large population of county residents that speak these as their primary languages.

Culturally responsive and relevant: Through its network of family resource centers, SFHSA is able to meet the needs of a diverse population of families. For example, in 2017, Asians formed 30% of the city's child population and the county funds APA Family Resource Center to provide support services through a center on the periphery of Chinatown. It funds the YMCA of San Francisco to provide a culturally congruent family resource center in the city's largest African American enclave in the Bayview, and funds a collaboration of Latino family support providers in the city's Mission District. Working with First Five San Francisco, the Department of Children, Youth, and Their Families, and its large provider network, SFHSA seeks to ensure that parent education services are culturally sensitive and relevant.

Underserved populations: By deploying its services through a structure of neighborhood resource centers, SFHSA makes its services available to families who would otherwise be isolated. It also often uses local general funds to start or sustain programs that target underserved programs. For example, SFHSA contracts with a community based organization, Community Works, to assess and work with incarcerated parents. As part of their contract, Community Works provides parent education and visitation supervision to incarcerated parents. SFHSA contracts with A Better Way to provide peer parent support and advocacy for families engaged in both the child welfare and juvenile probation systems.

Services to find a permanent family for children ages birth to five: SFHSA manages or partners on a number of initiatives for younger children, including SafeCare home visiting and Family Treatment Court, and works closely with CHDP nurses and SFDPH clinicians to identify and address the developmental needs of young children. Parents with young children heavily utilize the family resource center network. These initiatives have been described in earlier sections. Through the IVE Waiver program, SFHSA expanded wraparound services to families with young children in two ways: 1) by allowing the county wrap provider, Seneca Family of Agencies to serve this population, including minor parents; 2) by work ordering funds to DPH, who contracted with community provider Instituto de la Familia's SPARK program to offer wraparound supports built around the evidence-based Child Parent Psychotherapy clinical intervention and related case management

Services to meet the developmental needs of young children:

- ❖ The Office of Early Care and Education, which sits within SFHSA, oversees all subsidized childcare programs. The Office manages the agency's subsidized childcare and respite services, including for families involved in the child welfare system, and has developed a number of innovative initiatives to raise the standards of childcare in the city to address the developmental needs of young children. Since families in the child welfare system most often use relative providers, the program is encouraging families to consider the developmental benefits of having their children in professional childcare settings that can provide more stimulation and structure.
- ❖ SFDPH provides an Ages and Stages Questionnaire (ASQ) assessment for children coming in to the child welfare system; this is in addition to the Child and Adolescent Needs and Strengths (CANS) assessment completed as part of the Katie A. requirements. A number of providers offer ASQs for families, including the SafeCare partners and Family Resource Centers. This assessment helps identify developmental issues for young children so that timely intervention may occur.
- ❖ DPH contracts with several clinical programs providing mental health and support interventions to families with young children who have a history of trauma, relational or mental health trauma, and/or other significant issues placing them at risk. These include the Infant Parent Program, Child Trauma Research Program, and Instituto de la Raza's SPARK program. Specific clinical interventions include evidence-based ones such as Child Parent Psychotherapy and Triple P. Child welfare staff can access these programs for their clients through referrals to DPH's Foster Care Mental Health unit.

Services for families with disabled persons: As described in the Agency Collaboration section above, the Support for Families of Children with Special Needs program works through the family resource center system to engage families, provide peer support, and advocate for their needs. SFHSA provides a full-time child welfare worker as a liaison with SFUSD to ensure that foster children with special education needs receive appropriate services through the public school system. As described above, Golden Gate Regional Center (GGRC) is one of the partners involved in the development and execution of an MOU to address systemic barriers to the provision of interagency services. This should help address one of the focus group themes that identified need to improve service access for developmentally-delayed youth, and the desire for a stronger relationship with GGRC.

Services for Native American children: According to the 2010 census, San Francisco has 157 Native American children. In 2018, 18 Native American children were referred for maltreatment, and 2 children had cases opened. As of January, 2019, SFHSA had three open cases for Native American children. To meet the State's requirement for determining whether children are American Indian and/or ensuring compliance with the Indian Child Welfare Act, SFHSA must work with tribal nations.

SFHSA mandates training on the Indian Child Welfare Act for all child welfare staff. As described above SFHSA is a member of the Bay Area Collaborative of American Indian Resources (BACAIR). San Francisco and Alameda are the two counties involved, along with representatives from the American Indian agencies of both counties. An SFHSA Program Director is one of the co-chairs of the collaborative, along with a representative from the Native American Child Resource Center and the Judicial Counsel of California. The purpose is to coordinate services for families, have Native American representation at child and family team meetings, reduce the number of children coming into foster care, and improve outcomes for Native families involved in the foster care and juvenile justice systems.

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

Geographic Challenges

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

Bridging this geographical distance is a constant challenge. The extreme housing situation in San Francisco and resulting lack of local foster homes means that children are often placed at ever-increasing distances, further complicating already significant logistical challenges to supporting reunification services. Placements increasingly further away, outside of county lines, affect outcome improvement efforts in multiple ways. Complicated logistics and excessive travel time for visitation, coordination of services, including mental health services, and demands on staff time to meet monthly visit contact requirements are a few examples of how much harder the agency as a whole has to work to ensure appropriate engagement and support for families in reunification. The fact that many extended family members live outside of San Francisco may indicate that parents who remain here are increasingly isolated and without easy access to family support that can be invaluable in helping them follow through on case plans and designated services. SFHSA's data analysts are beginning to review data to determine the effect, if any, of these far distant placements on permanency outcomes.

To maintain the parent bond after child removal, SFHSA provides transportation for parents to visit their children placed outside of the city. The agency also contracted with Seneca Family of Agencies to open a visitation program in Antioch (Contra Costa County) so that children placed out of county would not have to travel long distances to see their parents. Many of the county's contracted mental health providers, such as Seneca, Alternative Family Services, and A Better Way, have offices in other counties and can provide interventions in the county of residence for San Francisco foster children.

Gaps in Services

Currently families often face delays in obtaining needed resources, including parent education, behavioral health counseling, and safe housing. Families need more support for after-care. This includes substance abuse services that emphasize relapse prevention, ongoing mental health services, and enhanced social support for families. As described elsewhere, SFHSA is working with the San Francisco Department of Public Health to strengthen system infrastructure and processes in timely and appropriate mental health service assessment and delivery.

The most disruptive, most vexing, most painful gap is housing. SFHSA reviewed reentry data given the recent decline over the last few reporting periods, and found that families in the Bringing Families Home (BFH) housing program are subject to the same constrained supply of affordable housing that plagues nearly all of San Francisco's child welfare-involved families. In the Families Moving Forward (FMF) program that preceded BFH, most families found housing out of county. A similar pattern is developing under BFH. It is unknown the extent to which living far away from San Francisco's rich service array impacts these child welfare-involved families, if at all.

Families Moving Forward (FMF), Bringing Families Home (BFH), and Housing: To cope with the issue of homeless families in the child welfare system, SFHSA received a five year grant from the federal Administration on Children and Families to incorporate "housing first" principles into child welfare, drawing in housing and homeless resources at the outset and allowing families a chance to stabilize so that they can follow through on their child welfare case plans. The research-driven project, completed in 2017 served 32 families per year, which, while a fraction of the total need, offered an opportunity to develop an integrated approach to working with these families. FMF included intensive wraparound services, home-based mental health services, and employment assistance and Supplemental Security Income advocacy and collaborated with the Homeless Prenatal Program, San Francisco Housing Authority, San Francisco Department of Public Health, UCSF Infant-Parent Program, and Chapin Hall to implement the program.

San Francisco has long struggled with affordable housing, a crisis that only continues to escalate. Historically, homelessness has not been fully addressed in child welfare plans: there is no standardized definition of homelessness, it is not tracked in CWS/CMS, 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.

Under FMF, newly opened child welfare families who are homeless (including families with children in foster care) were considered for participation in the program. FMF envisioned housing as a platform for stabilization, and worked to seamlessly coordinate service delivery among multiple public and non-profit agencies. There were low or no barriers to entry and services were available when families wanted for as long as they needed. By the end of the 5-year grant period, which concluded in September 2017:

- 79 families were randomized into FMF (another 80 were randomized to the control group)
- 70 families enrolled
- 47 families were permanently housed
- As of August 2018, 30 families graduated from the program and the remaining eight were nearing graduation

The final analysis of FMF was completed in December 2018. Among other findings, the executive summary provides the following outcomes²¹:

1. Child Welfare Outcomes:

Among families who entered the study when their children were in foster care (reunification cases):

- There was modest evidence to suggest that treatment families reunified faster. Nearly all treatment families who reunified did so in the first three months. Treatment families with children in care longer than six months were no more likely to reunify than control families.
- Eighty-five percent of all reunifications preceded housing for treatment families.
- Once reunified, there was no significant difference in the likelihood of later child welfare involvement, including re-investigation, re-substantiation, a new in-home case, or reentering foster care.

Among families with in-home (preservation) child welfare cases when they entered the study, the findings are as equivocal:

- Treatment families were marginally less likely to have removals within the first six months, but the difference diminished by one year.
- There was no significant difference between groups in the likelihood of subsequent child welfare involvement, measured as a re-investigation, re-substantiation, or new case opening.

²¹ Haight, Jennifer M, et al. "Partnerships to Demonstrate the Effectiveness of Supportive Housing for Families Involved in the Child Welfare System." <https://www.chapinhall.org/Wp-Content/Uploads/Families-Moving-Forward-Final-Report.pdf>, The Children's Bureau, An Office of the Administration for Children and Families; San Francisco Human Services Agency, Families Moving Forward Project.

2. Housing Outcomes

- Although nearly one-third of the treatment families left the program before being housed, overall treatment families were more likely to secure any form of housing than control families, and preservation families were more likely to secure housing than reunification families.
- Obtaining permanent housing took an average of 10 months, but ultimately treatment families were more likely to become permanently housed than control families.
- Treatment families were more likely to remain stably housed than control families.

3. Well-Being Outcomes

- Parents who participated in FMF showed meaningful improvements in assessment domains of family strength and family functioning, residential stability, social connectedness, and substance abuse both over time and compared to control group parents.
- Child and Adolescent Needs and Strengths (CANS) screenings trended in the desired direction but showed no significant reductions in need for children in treatment families compared to children in control families.

While we cannot draw causal conclusions from a subgroup analysis of only those who participated in the program, there were a few notable descriptive observations not readily visible in the larger causal analysis:

- Permanent housing did not appear to be essential to prevent placement or to facilitate reunification.
- Reunification families were less likely to engage with FMF. No preservation families failed to engage. Nearly all of the unengaged reunification families had substance-exposed newborns and reunification services were terminated after a period of failure to engage with the child welfare worker.

To review the executive summary, please refer to Appendix H.

In the spring of 2017, and as part of succession planning for the end of the FMF program, FCS applied for the Bringing Families Home (BFH) housing program issued by the California Department of Social Services (CDSS). Created by Assembly Bill (AB) 1630 (Chapter 25, Statutes of 2016), BFH intends to help reduce the number of families in the child welfare system experiencing homelessness, and to increase family reunification and prevent out of home foster care placement. SFHSA was awarded a two-year grant of \$1.8M to house and support 51 families over the life of the grant building on the work of FMF. SF BFH embraces housing first, rapid rehousing model. It is designed to offer housing support , and SFHSA partners with the Homeless Prenatal Program (HPP) to provide housing case management (readiness, Section 8 Application completion assistance, search, lease-up and aftercare services) and housing broker services (cultivating the market – outreach to prospective landlords to complete the

vendor process, identification of communities that accept Section 8 vouchers). Collaborating with San Francisco Housing Authority (SFHA), San Francisco has 100 Family Unification Program (FUP) Housing Choice Vouchers available for child welfare families in the process of reunifying. Since its initiation in June 2017, BFH has accepted 57 families and housed 25, far ahead of the expected pace.

Evidence-Based Practices

SFHSA is committed to using evidence to guide its practices. It takes advantage of existing research to choose program models, such as requiring parent education providers to select from proven models like *Triple P* or to provide evidence based on independent evaluations. The agency is also an innovator, using the advantage of its local funds to try new things, evaluate them, and develop the body of research. For example, San Francisco has far over-matched the federal funds it received for its homeless family grant to participate in and help lead the national dialogue in how to effectively serve homeless families. It is using an experimental program design that should provide insights and evidence for best practices. The agency has partnered with Casey Family Programs and Chapin Hall to implement Performance Based Contracting, as described in the Quality Assurance System section below. Furthermore, SFHSA is now utilizing predictive analytic techniques like event horizon analysis to understand better the upstream factors that affect outcomes for children and families.

The county as a whole utilizes a number of different practices that are evidence-based, including the parent education programs Triple P, Incredible Years, and Parenting Inside Out; mental health interventions such as Triple P, Child Parent Psychotherapy, trauma-focused Cognitive Behavioral Therapy; and home-based health-focused parent education program, SafeCare. A number of community providers, including the Family Resource Centers, as well as county clinicians, offer these. Parents and children involved in child welfare or juvenile probation may access referrals for these programs through their social worker or probation officer as appropriate. SFHSA is also working with the University of Washington to implement the visitation program STRIVE for families with children aged birth to eight, and will help gather data to share to further inform this particular intervention.

Individualized Services

SFHSA utilizes several tools and interventions to support individualized services. The Safety Organized Practice framework, described above, with its case consultation format, offers a thoughtful and individualized approach to engaging and working with families. Structured Decision Making tools, allow SFHSA to place the individual needs of families into an objective framework. Child and family team meetings, including family conferencing, help identify and develop plans to address a family and child's individual needs, so that a case plan is not canned, but responsive. CANS screenings for all children with an open child welfare case, as well as the Ages & Stages development screening for young children, further refine SFHSA's sensitivity to individual needs and capacity to respond.

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

Prevention Education

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

Juvenile Probation

San Francisco is rich with community and county-based services. The Juvenile Probation Department strives to address any issues at the front door. Probation has access to numerous interventions that can target areas of need that have been identified and any concerns that may lead probation to consider placing youth in foster care. Attachment G provides a list of services that are available to probation youth and families, in addition services are available through the Department of Children, Youth & Families (DCYF). DCYF, in partnership with juvenile probation supports a continuum of services for justice system-involved youth and disconnected Transitional Aged Youth (TAY). The aim of these services is to prevent further youth engagement in the justice system and reduce rates of youth recidivism through connection to adult allies, culturally relevant programming, ongoing case management, access to positive skill building activities and whole family engagement. Services are provided in partnership with the juvenile and adult justice systems and take place in system facilities as well as community-based settings. The DCYF Justice Services Service Area consists of five strategies: Cultural Programming, Detention Based Services, Girls' and Young Women's Programming, Multi-Service and Young Adult Court Case Management.

Probation recognizes how critical family engagement is for youth in foster care. Most probation youth in foster care are placed in an STRTP, especially since finding RFAs can be challenging for multiple reasons including the cost of housing the bay area and the fact that most probation youth in foster care, are older and may be criminally sophisticated. Probation is working with an outside consultant to help identify strategies for recruiting and retaining RFAs.

While an STRTP provides its own services to youth, two programs are provided that focus on the families and the parents, these include the FIRST Program and the Peer Parent Program.

FIRST Program

All youth who are committed to out of home placement are considered for the Family Intervention Re-entry and Supportive Transitions (FIRST) Program, which includes AIIM Higher partners, a team of clinicians from the Department of Public Health, Children, Youth & Families System of Care. They 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 which has been the primary focus. Families have accessed FIRST as a step-down support approximately three months prior to youth transitioning home.

Peer Parent Program

When San Francisco opted into the IV-E Waiver, Probation Departments were provided an opportunity to identify other strategies besides 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. In 2015, JPD joined H.S.A in their Peer Parent Partner Program, contracted through A Better Way (ABW).

The goal of the Peer Parent Program is to help prevent out of home placement and 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 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 includes peer support group counseling, individual coaching and family therapy. Together with services identified earlier in this Progress Report, JPD anticipates the peer parents will help prevent children from coming into care and achieve stronger outcomes for families by increasing successful reunification and reducing reentries.

QUALITY ASSURANCE SYSTEM

The FCS San Francisco Change Initiative underpins efforts to evaluate adequacy and quality of systems throughout San Francisco's continuum of care. The Change Initiative aims to systematically improve the way the agency works by mapping out a Theory of Change and a Logic Model. FCS partnered with Seneca Family of Agencies and UC Berkeley School of Social Welfare on the change initiative. The agency's Theory of Change supports the quality assurance process: If we change the culture of the agency to be more data-informed, performance-oriented, and team-based, then our services will become more responsive to families and children's needs, our staff at all levels will improve their services, and outcomes will improve.

A fairly wide body of research indicates that organizational culture and the organizational environment has a significant impact on outcomes for clients. A Comprehensive Organizational Health Assessment (COHA) update completed in September, 2018, indicated that FCS could improve its organizational environment, but was making progress. The Change Initiative is the method FCS is using to do that, and provides the foundational building block for every major change effort. Having an organizational culture that promotes being data-informed, team-based and performance oriented gives FCS the overall capacity to implement any change effectively. Please refer to Attachment I to review the Change Initiative logic model.

SFHSA's CQI, Data, Workforce Development and Policy units 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. The CQI unit consists of eight bachelor's level Social Work Specialist staff reporting to a Protective Services Supervisor. All of the CQI staff are state-certified to conduct Child and Family Services Review (CFSR) case reviews. A related Data Unit partners with the CQI unit with a focus on quantitative data, and consists of one master's-level Senior Analyst, two bachelor-level analysts and one management assistant.

This CQI infrastructure provides capacity for ongoing and customized inquiry and analysis of data and practice at multiple levels. The Data Unit works with management and staff at all levels to produce a variety of regular reports, including a monthly Quality Assurance dashboard, a CQI Dashboard focused on permanency, and monthly reports on a variety of other aspects of practice such as caseload and placement. The Data unit also accepts data requests from staff, management and various workgroups, and works with them to produce customized analyses on specific topics related to practice improvements. The CQI unit conducts the regular CFSR case reviews as outlined below, but also works with the Data team to conduct more qualitative studies that help to illuminate practice such as focus groups, interviews and targeted case reviews. The WFDT integrates lessons learned from the CQI and Data team's work into policy development, and provides support to staff to enact these lessons on the ground. For example, the CQI team issues a monthly newsletter highlighting specific best practices and tips of the month based on recent case review findings. A recent newsletter described how a worker utilized mental health assessments to identify the need for intervention to address trauma, and then

worked with mental health to put that intervention in place. FCS coaches can provide 1:1 support to a line worker to promote this kind of best practice, and training can incorporate examples into formal presentations for staff and partners.

San Francisco Juvenile Probation utilizes Safe Measures to monitor compliance with CWS/CMS mandated standards and performance measures such as 2F. Probation and PHN inputs and monitors Placement, Medical, and Credit Report compliance. Probation completes and oversees the JV224 documents for psycho-tropic medication for foster care youth, Child Family Teams are documented into the Placement Case Plan, CWS/CMS, and internal CMS, TILP are submitted and maintained in our internal CMS, IPC authorizes STRTP placements.

Case Reviews

San Francisco started Case Reviews in 2014 as one of the five pilot counties, and typically meets the state and federal mandates of completing 25 child welfare and juvenile probation case reviews per quarter. The CQI unit works with data staff to generate quantitative aggregate data and qualitative individual case review data. This allows the CQI team to analyze what is working well and what needs to improve. Using CFSR case review vignettes, the CQI unit publishes monthly good case practice highlights with the goals of spreading the good practices across the division and strategizing how to improve practice in areas needing improvement. For example, staff receive the publication “Monthly CQI highlights with the Tip of the Month,” which is distributed regularly to staff, displays a case vignette with a strength rating on an outcome/item. A tip of the month is to promote and emphasize specific case practice expectations critical to improving outcomes. CFSR case review findings are reviewed on a quarterly basis, comparing baseline data to identify trends, and shared and discussed with FCS supervisors and managers at standing meetings. As part of the development of this county self-assessment, FCS worked with CDSS to incorporate CFSR case review data in the January 2019 Peer Review; please see the Peer Review summary section for more information.

The following chart indicates the breakout of case reviews completed since October 2014. The Online Monitoring System (OMS), in which case reviews are completed and submitted, generates this report. It sorts cases according to the three case types: foster care, in-home services, and in-home services / differential response. The report displays the number and percentage of cases by case type in each site.

**Case Counts by Type of Case
California CQI**

**Case Counts by Type of Case
California CQI**

Report Created: Mar 26, 2019

Case Counts By Type of Case Report for Case Status: [Case Complete, Approved and Final], All PUR's, All Case Review Dates

Site	Foster Care Cases		In-Home Services Cases		In-Home Services DR/AR Cases		Total Cases
	Count	Percentage	Count	Percentage	Count	Percentage	
San Francisco (CQI)	235	76.3%	73	23.7%	0	0%	308
San Francisco (CFSR)	5	62.5%	3	37.5%	0	0%	8
Total	240	75.95%	76	24.05%	0	0%	316

The CFSR reviews seven outcomes areas, and to build on areas identified as strengths or needing improvement, the CQI unit has begun utilizing different methods to provide findings to the FCS staff. CQI staff has presented aggregate results from third & fourth quarters (2015-16) findings to all levels of FCS staff. Discussion includes case scenarios that compare and contrast areas receiving either a “Strength” or “Needing Improvement” rating in two of the CFSR items: item 3, Risk and Safety Assessment and Management, and item 12B, Needs Assessment and Services to Parents. The team is exploring other reporting options to disseminate CFSR Case Review findings. The CQI unit promotes a participatory CQI process that is accessible to all staff and stakeholders and encourages inquiry and learning. In areas needing improvements, specific Quality Assurance (QA) projects will be developed and implemented systematically with the support from various program divisions.

In addition to the primary task of completing case reviews, CQI staff is involved in developing and systematically implementing CQI projects that support workforce development change initiatives for practice improvements based on Core Practice Model, such as the Visitation Study, which interviewed line workers to look the decision process around visitation levels.

The CQI unit is active in Bay Area Counties Learning Collaborative, and CDSS and Bay Area Academy has requested San Francisco present its CFSR Case Review practices and experience at the Learning Collaborative. Additionally, by rolling out CQI and QA projects, the CQI team is on a mission to build on strengths and team with staff and stakeholders to enhance performance and outcomes.

Use of Technological Tools

SFHSA relies on a variety of high-quality child welfare administrative data sources for regularly monitoring outcomes and trends. These include:

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

SFHSA utilizes Business Objects, SafeMeasures, and Structured Decision Making as part of its quality assurance system. It has developed business processes to ensure consistent and accurate data entry, provided support on Safe Measures, offers annual training on CWS/CMS for all staff, and regularly reviews reporting methodology. Business Objects is used to monitor the foster care population in San Francisco. A current caseload report is used to quickly show the demographics of all open cases and is used to inform caseload and budget decisions. The report methodology is reviewed regularly for accuracy and clean-up reports have been developed to identify any questionable data in the report.

SFHSA works closely with Children's Research Center SafeMeasures, the online quality assurance tool that organizes CWS/CMS data into outcome measures. SafeMeasures summarizes the key performance measures for individual workers in their respective areas of practice. The report guides required monthly supervisory meetings with individual caseworkers. The report also rolls up individual performance into unit performance reports, which inform required monthly meetings between

supervisors and managers. With a data-driven structure for supervision, SFHSA has a clear focus for caseworkers that has improved outcomes for clients. The agency receives regular reports on SDM usage from the NCCD annual report review and follows up as needed. Program Directors meet with NCCD to talk through findings and schedule sessions with supervisors as needed, and FCS child welfare coaches (supervisor level staff) provide skills labs as required.

San Francisco's robust analytic and CQI infrastructure fosters conversations about compliance, outcome data, case practice and quality assurance processes. The FCS CQI and Data units described above are both involved with these. Staff can request specific reports or specific targeted case review from the data staff, who will pull these cases to review outcomes and processes. FCS also works closely with the broader SFHSA Planning unit on specific ad hoc research and CQI projects, such as the evaluation on Families Moving Forward described elsewhere in this document. The Planning Unit also provides internal consultation as needed. The broad data and CQI infrastructure and supports described throughout this document encourage conversations about outcomes, and the agency regularly includes presentation and discussion in multiple venues. For example, division wide meetings have data presentations and structured discussion with staff. The San Francisco Change Initiative's Theory of Change creates a data-informed process.

ICWA and Multiethnic Placement Act (MEPA.) Compliance

SFHSA monitors Indian Child Welfare Act placements through its AB 636 outcome measures. The Joint Adoptability Assessment addresses Multi-Ethnic Placement Act; this form is completed annually for every child in out-of-home placement, and reviewed by supervisors in the Adoptions Unit. Forms for the Placement and Review Committee, an interagency forum which reviews requests for foster-adoptive homes and placement levels, were also updated to reflect Multi-Ethnic Placement Act. Please refer to the section on the Case Review System under Systemic Factors for further information on Indian Child Welfare Act compliance.

Screening, assessment and treatment

Through its Foster Care Mental Health Program, the Department of Public Health serves as the managed care program for children and families in the child welfare system, coordinating referrals for treatment and psychological and psychiatric evaluations and interventions, including medication. The Department of Public Health has clinicians on staff as well as access to private providers both within and outside of San Francisco, and a number of local contractors also have the ability to provide services to children within a 90 miles radius as so many children are placed in other Bay Area counties. University California, San Francisco programs Child Trauma Research Program and the Infant Parent Program offer local expertise in attachment –informed, trauma-focused clinical interventions for very young children including Parent-Child Psychotherapy. The county utilizes presumptive transfer as needed for children

placed out of the county. Through these different venues, families have access to a variety of trauma-informed, evidence-based interventions such as trauma-focused Cognitive Behavioral Therapy, Parent-Child Psychotherapy, and Parent Child Interaction Therapy.

All medications prescribed to a foster child in San Francisco are reviewed by the supervising psychiatrist before presentation to Court. With the use of a business objects report, the Child Health & Disability Prevention team monitors the medications by ending any medications where a court order was not received and emails child welfare workers one month before renewal that a new court order is needed. Monitoring of a foster child's health is provided by the child welfare workers and the Child Health & Disability Prevention Nursing team. San Francisco expects an annual medical examination for every child in foster care. Verification of medical and dental examinations is documented and provided to the nursing team who review the documentation, enter the information into CWS/CMS and provide follow-up if needed. Compliance with medical and dental examinations is monitored in SafeMeasures.

Please refer to the Public Partners and Mandated Child Welfare/Probation Initiatives sections of this report for more information on coordinated screening and assessment.

Psychotropic Medication: Child welfare workers are responsible for completing the required JV-220 when there is a request for psychotropic medication for a child/youth, and submitting the JV-224 form at every Status Review Hearing wherein a child has been taking psychotropic medication. JV-218, JV-219, and JV-222 are optional forms that the child/youth, caregiver, Court Appointed Special Advocate (CASA), or Indian tribe may complete if they wish to provide the Court with their input regarding the child/youth's prescribed psychotropic medications. The PSWs informs the child/youth (if age appropriate), caregiver, CASA, and any other individual involved in the child/youth's case about the optional forms. DPH's Foster Care Mental Health Program coordinates referrals for medication, and a CHDP nurse is assigned to provide Psychiatric Medication Monitoring and Oversight.

Concurrent Planning: Per [Division 31-206.222](#), the PSW incorporates concurrent planning into case plans and court reports. The concurrent planning process begins with the initial contact with the family and continues throughout the case. It requires comprehensive family history which is obtained by gathering information from the parent(s), extended family members, and the parent'(s) support network. When a child is placed in foster care, and parents are receiving reunification services, the case plan has two tracks: the Family Reunification (FR) track, which consists of services described in [W&IC § 16501\(h\)](#), and a concurrent planning track which identifies an alternate permanent plan in case reunification does not occur (i.e., legal guardianship or adoption). The concurrent planning process includes relative searches, discussing possible permanence with relatives, developing contingency plans and agreements, assessments of adoptability, and services for incarcerated parents. SFHSA conducts family finding on cases entering the foster care system. Adoptions staff can receive secondary assignments on some reunification cases to expand concurrent planning efforts. Please refer to the *Child and family involvement in the case planning process* section for more information on concurrent planning and permanency.

Transitional Independent Living Plan (TILP): San Francisco FCS mandates that all minor dependents and Non-Minor Dependents (NMDs) ages 16-20 who are in out-of-home placement actively participate in the completion of: 1) the Ansell Casey Assessment, a nationally recognized assessment tool, and 2) the TILP. Minor dependents are 16 to 17 years old and are referenced as Transitional Age Youth (TAY), while NMDs are 18 to 21 years old.

The first Ansell Casey assessment is completed after the youth is 15.5 years but before 16 years old and documents the youth's functioning level in several independent living domains (i.e. daily living, self-care, relationships and communication, housing and money management, work and study life, career and education planning, and looking forward). A reassessment is completed by 18.5 years old and documents progress towards independent living skills domains identified in the first assessment. Ansell Casey assessments are also completed as needed for Transitional Age Youth (TAY)/NMDs who have not had an assessment, NMDs re-entering care, or if a reassessment is deemed appropriate by the PSW. The PSW enters completion of the assessment in a designated Special Project Code in CWS/CMS.

The TILP describes the youth's/NMD's current level of functioning and identifies emancipation goals, , services, activities, and individuals assisting the youth in the process of self-sufficiency and independent living. TILP goals are identified with the youth, caregiver(s), supportive adults, community partners in a GOALS or Transitional Planning Conference (TPC) team meeting and address such areas as education, employment, permanency and independent living, and extended foster care participation conditions for NMDs. The youth, child welfare worker, and caregiver or other supportive adults sign the TILP. The worker provides copies of the signed TILP to the youth and others as appropriate (e.g., foster parent/caregiver, housing program providers, therapist, court, youth's attorney), files the original in the case file, and coordinates with clerical staff for subsequent data entry into CWS/CMS. The TILP is also incorporated into the CWS/CMS Case Plan and attached to the subsequent 336.3 permanent plan court hearing.

TILP goals are reviewed and updated every six months for youth and NMDs aged 16 to 20. The TILP documents goals identified by youth, any supportive activities necessary to ensure that the youth's functioning level, who is responsible to perform supportive activities, progress on the goals, and a target completion date. Goals are:

- Actionable: within control of the youth to achieve the goal.
- Realistic: can be achieved in a six-month period.
- Measurable: progress towards completing the goal can be objectively assessed.

Physical health and Educational Needs

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

Please see Department of Public Health, Community Behavioral Health Services in the Other County Programs section above above for additional information on screening, assessment and treatment planning.

The system used to ensure children with special needs and their families receive effective services.

- ❖ *Services for families with disabled persons:* As described in the Agency Collaboration section above, the Support for Families of Children with Special Needs program works through the family resource center system to engage families, provide peer support, and advocate for their needs. SFHSA also provides a full-time child welfare worker to ensure that foster children with special education needs receive appropriate services through the public school system.

Child and family involvement in the case planning process

Family-centered case planning ensures the involvement and participation of family members in all aspects of case planning, thus, services are tailored to best address the family's needs and strengths. It includes the family members' recommendations regarding the types of services that they believe will be most helpful to them, timelines for achieving the plan, and expected outcomes for the child and family.

During case planning, the child welfare worker:

- involves the parent and child (as appropriate) and assist them in developing behaviorally specific goals for achieving their objectives;
- involves the parent and child (as appropriate) in a discussion of the case plan goals around concern for the child's safety and well-being;
- provides full disclosure to the parent in all stages of case planning;

- addresses concurrent planning, including discussion of alternative permanent plans and providing the option of relinquishment to all parents at all stages of case planning, including the development of the initial case plan;
- focuses on family strengths, with specific attention to culture, traditions, values, and lifestyle as a means to build a bridge for case planning and service delivery; and
- helps the family define what each member can do for themselves and where other family members may be of help;
- discusses with the family what has been done in the past in order to successfully solve problems; and
- discusses with the family what services and service providers have helped them in the past

SFHSA utilizes a number of strategies to support concurrent planning. These include strengthening the formal relationship between front end and adoption staff and by developing permanency options early in the case. Family finding in the front end, training for staff and partners in family finding practices, expansion of family team meetings, targeted recruitment through community partners such as Family Builders, and utilization of the Structured Decision Making caretaker tool all contribute to early development of sustainable permanency plans. Caregiver training utilizes Triple P and other advanced trainings to provide information about and interventions for specific behavioral, emotional or medical issues children may experience, so that caregivers (both foster and relative) are better equipped to assist children. The Peer Parent Advocate program, which utilizes federal waiver dollars, provides peer support for parents to help them understand and complete their case plan.

As noted in the Peer Review discussions, the judicial process and court delays are the primary reason that permanency timelines are not met, as the county has strong legal advocacy for involved parties. Results of the hearing are documented in CWS/CMS in court hearing results.

With the advent of AB 12 in 2012, youth may now stay in care until age 21. The needs of the 16 to 21 population are many and specialized. To better respond, SFHSA has three units dedicated to working with this population. Transition to Independent Living Plan services are provided and monitored in SafeMeasures. SFHSA bachelor-s level social workers organize and facilitate youth-centered team meetings for every youth over 16 to ensure permanency and stability for these youth. These GOALS Meetings (Growth Opportunities Achieve Lifelong Success), provide a forum for the youth to bring together the supportive people in their lives to discuss and create a plan that identifies the youth's educational, employment, permanency and independent living skills goals in preparation for their transition to adulthood. A GOALS meeting is expected every six months, and compliance is monitoring with a business objects report. CWS/CMS it used to document the completion of the Transition to Independent Living Plan.

In the event that parent rights are terminated, the agency must provide Termination of Parental Rights (TPR): TPR requires the following:

- Evidence supported by the testimony of at least one qualified expert witness that, beyond a reasonable doubt, the custody of the child by the **parent** or **Indian custodian** is likely to result in serious emotional or physical damage to the child:
- **Parents** must have been provided with active efforts to prevent the breakup of the family, and these efforts were proven to be unsuccessful;
- ICWA placement and adoptive preferences must have been followed; and
- The 366.26 court report must document active efforts and ICWA placement and adoptive preferences.

The agency utilizes the SafeMeasures compliance report to track upcoming TILPs, psychotropic medications, and other required actions. The agency also issues dashboards and ad hoc management data reports for additional information for managers and supervisors on various activities, such as Child and Family Team meetings.

Needs of infants, toddlers, children and youth

About one-third of children coming into the child welfare system are young children, and the county has multiple supports to assess and address various concerns impacting this population. In coordination with the CANS assessment conducted on all children as their cases are opened, Foster Care Mental Health clinicians or designated provider clinicians complete an Ages & Stages Questionnaire (ASQ) to identify developmental issues. Results are shared with the child welfare worker, and CHDP nurse for follow up with identified services and coordination with the family.

San Francisco offers several evidence-based or informed services tailored to young children and their families. These include parent education and/or home visitation programs such as SafeCare, Triple P, Incredible Years, and Magic 123. Clinical interventions and programs include Child Parent Psychotherapy and UCSF's Infant Parent Program and Child Trauma Research Project, all of which have served a number of families in the child welfare system. Child Parent Psychotherapy is an intervention model for children aged 0-5 who have experienced at least one traumatic event and/or are experiencing mental health, attachment, and/or behavioral problems, including posttraumatic stress disorder. The Infant-Parent Program is an infant and early childhood mental health program focusing on the relationships between young children and their adult caregivers, and the Child Trauma Research Program is nationally recognized for its leadership in developing effective, family-centered interventions for children aged birth through five who experience traumatic events such as violence in the home or life-threatening accidents, illnesses, or disasters.

Child Welfare agencies are the responding agency for reports of suspected child abuse/neglect involving substance exposed infants. Whenever an infant is affected by substance abuse, that infant needs to receive proper care and treatment to protect their health and safety. Also, for the infant to live in a safe environment, it is necessary that the family and/or caregiver receive appropriate services to address the issues which impact the child's safety. When utilizing a safety plan or case plan, it must include

appropriate services to the infant, family, and/or caregiver to ensure the health and safety of the infant affected by substance abuse. This FCS Policy Manual provides guidelines and special considerations for providing services to substance exposed infants born in San Francisco, including considerations relating to medical issues, HIV, hospital discharge planning, placement considerations, information for caregivers and recommendation of no services for families meeting required criteria.

Programs supported with CAPIT/CBCAP/PSSF funds

As part of its collaboration with other city departments on the family resource center network, SFHSA has access to de-identified data and is able to evaluate the range of services provided through the centers. First 5 San Francisco contracts with Mission Analytics to provide analysis of the Family Resource Center programs drawing primarily on data from the First Five San Francisco Contract Management System database and from CWS/CMS. These data are supplemented with data from surveys completed by participants and from data collection tools used specifically for case management and parenting education activities.

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

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

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

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

For more information on the FRCi, please see the First 5 website (<http://www.first5sf.org/family-support/>) and the FRCi Logic Model in [Attachment F].

For the past several years, SFHSA has worked with Chapin Hall at the University of Chicago and the county's five largest placement providers in an effort to reward providers for more efficient and effective use of foster care. These providers include Seneca, St. Vincent's, Edgewood, Alternative Family Services, and Family Builders. Through a contract with SFHSA, and utilizing placement and permanency data from CWS/CMS, Chapin Hall assists in the production and evaluation of baseline data, appropriate goals, objectives and the identification of reporting periods for evaluation and achieving identified outcomes. The providers are asked to improve only upon **their own** past performance by increasing their permanent exits, decreasing their care days used in a fiscal year, and lowering their re-entry rates within the fiscal year. In each case, the goals are set relative to each provider's baseline, derived from their historical performance on each measure and within specific groups, or strata of children.

Providers are evaluated based on how well they achieve the outcomes for the children they serve within the performance period. The performance periods are separated into two-year windows coinciding with the state fiscal year (i.e., July 1 through June 30 two years later). Performance in the current year is evaluated by looking at baseline performance during the two-year window for three previous fiscal years combined (e.g., FY10-11, FY11-12, FY12-13). Each provider is asked to improve from its current level of performance in three main areas: increasing permanent exits, decreasing care days and decreasing re-entry rates. Chapin Hall recently completed analysis on the initial two-year window, and the county has identified a fiscal model to distribute incentive awards to those providers who demonstrated both reduced care days and improved permanency outcomes for children.

Critical Incident Review Process

SFHSA conducts an internal critical incident review in the event of fatalities or near fatalities, and participates in the county Child Death Review Team. At the time SFHSA is notified of a critical incident, hotline staff notifies the designated chain of command as well as upper management. For child fatalities

and near-fatalities, file review is conducted within 48 hours and the assigned program director schedules an internal panel to review and discuss the situation. The panel can consist of, but is not limited to, current and past case-carrying workers, the child welfare supervisor and managers, and licensing staff and psychological consultants. The team reviews relevant information to identify any necessary supports for the biological family, caregivers, staff, and related system issues that need to be addressed. Requests for public information are referred to the designated program director for child fatalities, who works with the HSA Director of Investigations and communicates with the office of the Custodian of Records to provide access to files per ACL 10-01. The county completes the SOC 826 as required.

The designated program director also participates in the county Death Review Team, which is convened by Safe & Sound and chaired by the San Francisco Coroner. Participating agencies include: SFHSA, the District Attorney, the San Francisco Police Department, and the Department of Public Health, including Child Health & Disability Prevention and Community Behavioral Health Services. The team coordinates response to any public health concerns identified, such as Sudden Infant Death Syndrome, juvenile homicides, and teen suicides.

Peer Review Results

Overview

The Peer Review is a qualitative case review that is part of the federal and state requirements for the California Child and Family Service Review (C-CFSR). The C-CFSR is mandated by AB636 and is the outcome-based accountability system measuring specific federal and state outcomes in providing child welfare services. The Peer Review taps into the direct experiences of social workers/probation officers to learn how practice is actually working on the ground and identifies areas of strength or difficulty.

Peer Review findings have been incorporated into both the County Self-Assessment and the new System Improvement Plan (due in October to CDSS), which outlines strategies to improve specific outcomes measures.

San Francisco is also one of the pilot counties for the CWS Case Review process, which informs outcome performance and systemic issues. Consequently, the county leveraged its CQI case review findings in the Peer Review process. To do this, the county invited not only case carrying staff from other counties (the peer counties) but also CQI staff. San Francisco's own CQI staff were actively engaged in helping prepare for the Peer Review and participated in the day-of events along with case carrying staff. The CQI staff presented the facts of the case history, utilizing the CQI case summary structure. The child welfare worker or probation officer discussed the case practice experience with the peer review interviewing team, who asked a prepared set of questions for discussion expressly designed to examine factors related to P1 achievement. Workers involved received the questions prior to the interview.

This new approach to Peer Review – called **Hybrid Peer Review** – incorporated an analysis of case review qualitative data conducted by Casey Family Programs. The objectives of the Hybrid Peer Review were to integrate findings shared with Peer Reviewers from this Case Review analysis to help inform their perspective for their interviews with child welfare and probation staff on individual cases. Specifically, the intent was to prepare Peer Reviewers to:

- ❖ Identify potential contributing factors to data trends from case reviews conducted on a representative sample of all cases relevant to the P1 Outcome within the target timeframe.
- ❖ Suggest promising practices to improve the P1 Outcome for San Francisco’s child welfare and juvenile probation cases.
- ❖ Identify additional areas of potential inquiry to include in future Continuous Quality Improvement (CQI) activities.

San Francisco supplemented this qualitative information with a presentation of county level quantitative analysis of timely permanency. This showed how San Francisco’s performance on P1 has changed over time in relation to major practice and policy initiatives, the extent to which that performance differs for subgroups (e.g., age), and how it relates to performance on companion indicators (i.e., entry rates and P2-4). The analysis looked at an entry cohort of first admissions in a year (289 cases). Findings are discussed in the P1 analysis above, and helped narrow the problem of timely permanency. Just as CDSS and the counties utilize literature reviews to develop the interview tool, this county-specific analysis pointed toward the right direction to resolve a specific issue by sharing what the data says about timely permanency in San Francisco.

A series of focus groups with child welfare staff, juvenile probation staff, and key stakeholders was also conducted as part of the Peer Review and county self-assessment process. Please see Attachment J for information on the stakeholder findings.

FOCUS AREA

Both Child Welfare and Juvenile Probation chose the P1 Outcome as their focus for the C-CFSR Peer Review. This outcome measures children in care exiting to permanency within a 12-month timeframe.

While Child Welfare has made significant gains in recent years by increasing reunification, it has remained a challenge for many children and youth to reach permanency within 12 months. Child Welfare thus chose this outcome in order to more deeply understand the nature of the issue and to generate proposals for improvements.

The nature of the population Juvenile Probation serves often requires extensive treatment as well as significant family preparation and supports before a youth returns home. This leads to a pattern of timelines to permanency that can often exceed 12 months. Juvenile Probation chose the P1 Outcome to examine this area further and learn from other counties about promising strategies that can help shorten permanency timelines.

METHOD

CDSS identified 99 San Francisco County cases that had received CQI reviews in 2016/17. From this pool of reviewed cases, 18 cases (14 Child Welfare, 4 Juvenile Probation) were identified as fitting the criteria for P1. Both CDSS and San Francisco provided quality assurance checks on the selected 18 cases. Casey conducted a qualitative analysis focused on 5 categories of case practices that promoted permanency within 12 months.

Counties were identified to participate in the Hybrid Peer Review event based on their performance in P1. Focus was on county peers who with direct experience working with clients and whose Continuous Quality Improvement efforts are doing well. Participating peer counties:

Alameda	San Diego
Merced	San Mateo
Santa Clara	Tulare
Santa Cruz	Ventura

A total of 13 cases were interviewed during the Hybrid Peer Review process. They ranged by age, duration in care, reunification status, and other characteristics. For CWS, each age category had at least one case that met the P1 outcome as well as one that did not. The table below summarizes the profile of the 13 cases selected for the Peer Review Interview process.

10 CWS Cases	3 JPD Cases
Entry Cohort – FY 16/17 Stratified by Age: 2 babies (<1 year) 2 children age 1 – 5 years 2 children aged 6 – 12 years 4 teens aged 13 – 17 years	Entry Cohort – FY 16/17 Age range from 15 – 19

SUMMARY OF FINDINGS

Child Welfare Services

Below is a compilation of the themes that emerged from the 10 child welfare cases interviewed by the Peer Reviewers. The findings are categorized by the five topic areas explored in the interview; these

also align with the C-CFSR case review categories to promote integration of all findings.

General Observations

General Observations spoke to workforce capacity and knowledge, and internal constraints that impede effective casework. *Strengths:* The county has a diverse, experienced workforce that offers bilingual capacity and has caseloads lower than many jurisdictions. *Challenges:* However, workers have limited time, particularly to attend trainings, and need more support when cases transfer to ensure continued knowledge of families' histories.

Engagement

Strengths: Engagement early on and throughout the life of a case is critical to ensuring good outcomes for families. In San Francisco, processes like SOP promote individualized and behaviorally based case plans and processes support engagement by providing opportunities for the family voice, and tailoring the county's services to a family's specific needs. *Challenges:* Continued implementation of these practices can help address common challenges such as locating missing parents or working with incarcerated parents and developing a common understanding of permanency and the approach to it.

Maintaining Connections

Strengths: Relationships are the cornerstone of good casework, and the county works hard to engage families early and throughout the case to maintain and strengthen relationships and support permanency options. *Challenges:* As cited throughout this document, placement distance presents a significant barrier to the ability to do that, and the county can continue to improve efforts to engage, identify, and support caregivers.

Assessment & Services

Strengths: San Francisco's impressive service array provides a variety of support to children and families. *Challenges:* However, given the number of children placed out of county, MediCal challenges remain, even with the advent of presumptive transfer. The county can also do better with engaging fathers.

Placement Matching

Strengths: San Francisco works hard to identify and place children with relatives or in the most appropriate settings. *Challenges:* Even so, RFA is still in early implementation, and challenges remain although the county continues to work to resolve them.

Permanency

Strengths: Concurrent planning is an essential casework skill in promoting timely permanency, and the county demonstrated strength in actively engaging children, family, and partners in permanency efforts. The Peer Review cases revealed examples of proactive concurrent planning. *Challenges:* Case examples

also included more linear casework that limited focus on a single permanency plan (typically reunification) rather than considering other options.

Training, Resources, and Policy & Procedure Recommendations

Recommendations for the child welfare workforce development and related policy, procedure, and resources paralleled the challenges identified in the Peer Review. These included:

- Explore barriers in completing timely RFA process
- Reduce Court Hearing timeline between detention and Juris/Disposition to less than 3 months
- Expand bilingual services for RFA process and services for youth and family
- Expand support and training for parents (Ex: parent partners, family visit coaching, transportation)
- Add SOP training to ensure fidelity, and allow time for staff to attend this and other trainings.

Juvenile Probation

Following are the themes that emerged from the three Juvenile Probation cases for the Peer Review. As with the child welfare findings, these are categorized by the topic areas explored in the interview and align with the C-CFSR case review tool. Because the sample size is so small, findings are specific to these cases and cannot be generalized.

General Observations

Like child welfare, general observations for JPD addressed issues around workforce capacity and knowledge, and internal constraints impeding effective casework. Like child welfare, the knowledge of family history is often lost when cases transfer to new staff. Additionally, JPD has particular challenges in its infrastructure, which creates a more siloed approach to working with families by encouraging focus on immediate issues rather than looking into history to inform case planning and looking ahead to strengthen permanency efforts.

Engagement

Overall, JPD works hard to establish good engagement with families and ensure family voice and choice, although efforts to engage both parents could be stronger, as including efforts to develop concurrent plans. The agency was also strong in involving family members in case planning discussions and meetings.

Maintaining Connections

JPD demonstrated good use of both CFTs and visits to ensure family engagement and ongoing connection to youth. Family finding efforts were a challenge, and as was planning for youth stepping down from STRTPs and putting in place home-based services that could support families.

Assessment & Services

Probation officers collaborated well with families in offering timely, youth –focused services that support permanency, for example, services being put in place prior to step-down to family. STRTP placements, however, did not necessarily meet all identified needs, and services that address the parent’s needs as well as the child’s could also be offered.

Placement Matching

JPD effectively used teaming to identify appropriate placements and considered a variety of factors in finalizing placement selections for youth. As with child welfare, JPD has limited placement options, and some youth suffer from multiple placement transitions.

Permanency

The Juvenile Court offers many opportunities to youth to address behaviors and challenges before escalating to a higher level of care, and probation officers are thoughtful in planning for step-down when a youth returns home to support reunification. However, cases can transition frequently from one probation officer to another, and youth may also experience various placement disruptions that do not support permanency.

Training, Resources, and Policies & Procedures Recommendations

Recommendations for Juvenile Probation workforce development and related policy, procedure, and resources reflect issues identified in the Peer Review. These included:

- Offer training on placement options and prevention resources/services
- Increase placement options for Girls and Transitioning youth/ILP
- Increase placement options for in or near San Francisco

PEER PROMISING PRACTICES

Many of the practices identified by the peer counties were ones San Francisco has also established or is working to implement. Additional peer promising practice recommendations are below.

Family finding and engagement: In Alameda, all POs receive training in family finding techs. Santa Cruz contracts out its RFA assessments and has an internal RFA social worker assigned to approve homes for youth exiting STRTPs when reunification is not an option. Tulare contracts with First 5 (0 – 5 y.o.), CASA (6 – 14 y.o.), and its Transition Services provider (15 y.o.) to conduct family finding for various age groups of children in need of placement resources. Both Tulare and Ventura offer Kevin Campbell’s family finding training.

Several counties shared information on their peer parent program that are different than San Francisco's model. Merced has in-house parent partners who have successfully reunified; they can engage parents and support them during county involvement. San Diego has a cultural broker model in which brokers are assigned to African-American clients with open CW cases to help ensure that practice approaches and services provided to the family are culturally congruent and specific to the family's needs. Other parent-focused programs included Tulare's Project Fatherhood and Merced's All Dads Matter/All Moms matter.

Some peer counties have developed infrastructure that supports worker's relationships with the family and knowledge of their history. In San Mateo juvenile probation, the probation officer keeps a case from out-of-home placement to closure. This helps develop relationships with the youth and family over span of case, including familiarity with family system (possible permanency resources), important connections to maintain, and support and cultivation of youth's strengths/talents, etc. If youth moves on to AB12, the same PO stays assigned to case. Ventura assigns the next worker as secondary worker a month prior to Juris/Dispositional hearing; this helps with smoother transition between workers and better continuity of care.

Concurrent Planning/Permanency: Ventura County has "Extreme Recruiters for Permanency": two social workers who specialize in finding permanency resources for youth who have been in care over 15 months. San Diego shared information on their R.I.S.E. (Resilience in Strength and Empowerment) program, an intervention for girls victimized by human trafficking. Sex trafficking is an \$800 million industry in San Diego County, and the program coordinates between Court, Law Enforcement, and CWS to help re-locate girls who have been victimized to safe placements and break ties to exploiters.

Juvenile Probation Family Supports: Santa Clara's Juvenile Probation office has some innovative practices and infrastructure that provide flexible, intensive services to support family reunification and preservation. Its family preservation unit includes seven or eight probation officers who have specialized training in intensive home-based services and focus on stabilizing youth at home. Their roles include facilitation of CFTs, crisis intervention, conflict resolution, and work hours are later so that they can be available when needs arise.

The county also has a FSP (Full Service Partnership) Focus on support to youth transitioning from high level restrictive placement settings to living in family/community again. This "whatever it takes" program approach utilizes flexible funding and individualized service plans, and includes supports such as housing, transportation and child care. The FSP team consists of case manager, therapist, parent partner, and medication manager, and is funded through MediCAL. Eligibility is up to age 25

Dual Jurisdiction: Santa Clara has a dually Involved Youth (DIY) Unit that serves youth who have simultaneous open cases in child welfare case and probation. When a joint case is identified, the child welfare and probation staff meet to determine who will be the lead agency based on target focal need of the youth, and continue to coordinate services, team on case decisions and collaborate on family engagement efforts. This unit is located in the HUB, a one-stop, youth-led community resource center.

It offers a vast array of supports & services for transition age youth, including: clothes for interviews, school supplies, laundry facilities, computers, legal support, Medi-Cal assistance, on-site High School, on-site temporary housing, health clinic, older youth mentors, etc.

San Diego also has a dually involved youth program, CYPM (Cross-Over Youth Practice Model). This approach to service coordination for youth dually involved in child welfare and probation was developed by Georgetown University; see <https://cjjr.georgetown.edu/our-work/crossover-youth-practice-model/>. The PO and SW work as a team (e.g., makes joint home visits), and determines which agency (JP or CW) takes the lead based on which agency is paying for placement. The CYPM unit has four social workers and about 40-45 crossover cases.

Case review process: Santa Cruz has a different structure to conduct federal case reviews, as the CQI staff are housed in a separate division of county government. Santa Cruz is intentional about its approach to educate staff and partners about CQI by offering new child welfare staff training on the process and encouraging them to reflect on cases in the same way as the Peer Review and Case Review process. Santa Cruz also engages partners through regular meetings and education that promotes the partners role in achieving outcomes.

San Diego has an integrated approach to working with staff on case reviews. It has CQI Item Experts who took ‘deep dives’ into Case Review data with respect to clusters of OSRI items. The CQI staff then were assigned to item areas to build expertise in what contributes to positive practice for these items. Child welfare SOP coaches were subsequently matched with relevant “Item Experts” to access staff through engagement with supervisors and promote understanding of the items and related casework practices to achieve them.

Outcome Data Measures

There are a couple of noteworthy considerations in interpreting county level outcomes. First, in the absence of finalized national standards²², San Francisco continues to take a CQI approach to outcomes improvement by setting baselines and targets according to the county’s own past performance. Second, San Francisco’s child welfare system is relatively small and shrinking. This means that child welfare events like reentry occur with low frequency, and even higher frequency outcomes have small cell sizes when cross-tabulating by age, race, gender, etc. It is therefore difficult to discern trends over time or within subpopulations unless the difference is very large.

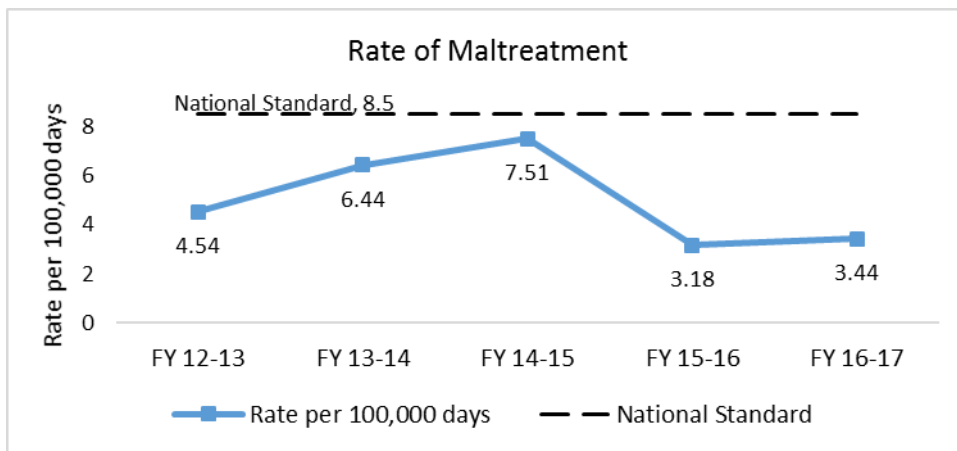
²² http://cssr.berkeley.edu/cwscmsreports/documents/CFSR%20Tech%20Bulletin%209_10_11_16.pdf

The comparison period for the previous CSA was Q3 of 2013 and therefore we used that as the baseline for these comparisons. Based on the available data at the beginning of the Peer Review / CSA process we used Q2 from 2018 as the new comparison period. This will become our new baseline for the current CSA/SIP process moving forward.

3-S1 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?

During the most recent comparison period,²³ San Francisco had 12 reported cases of maltreatment during a combined 201,632 total days of foster care. This is a rate of 5.95 per 100,000 days. This is slightly higher than the previous baseline²⁴ of 5.59 incidents per 100,000 days of foster care but still well below the National Standard of 8.5 incident per 100,000 days in care. San Francisco’s previous SIP strategy included the resource family training program Parenting for Permanency College; this program provided Triple P training for caregivers so they could learn strategies that promote social competence and self-regulation in children and improve maltreatment outcomes. Figure 28: Rate of Maltreatment



Analysis

San Francisco met this measure in the baseline and comparison quarters, as it has in most of the previous reporting periods. Over the past 5 years, the rate has remained relatively flat with a spike in FY 2014-15.²⁵

Not only has the rate of maltreatment declined, but so has the actual number of maltreatment cases. While ANY child experiencing maltreatment in foster care is unacceptable, it is worth noting that there were 12 instances of substantiated maltreatment in foster care (out of 201,632 days in care) from July

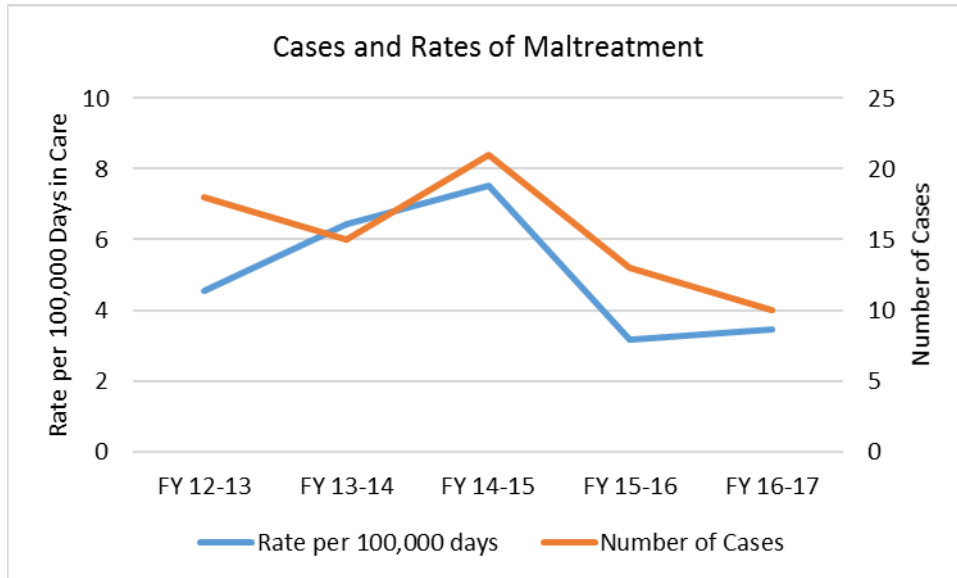
²³ Q2 2018 - July 1, 2017 through June 30, 2018

²⁴ Q3 2013 - October 1, 2012 through September 30, 2013

²⁵ Due to the low number of incidents, one or two additional incidents could cause a large shift in the rate.

2017 through June 2018 as compared to 68 such instances ten years ago (FY 2007-8) when the rate was 13.01 incidents per 100,000 days in care.

Figure 29: Cases and Rates of Maltreatment



While there are differences in the rate of maltreatment based on age, race/ethnicity, and gender, the number of cases are small enough that these differences are not statistically significant and could be due to chance. Similarly, there is not enough data to identify any trends in who is victimized. The following tables show the breakdown of maltreatment in foster care by age, race/ethnicity, and gender:

Table 10: Demographic Breakdown of Maltreatment Victims

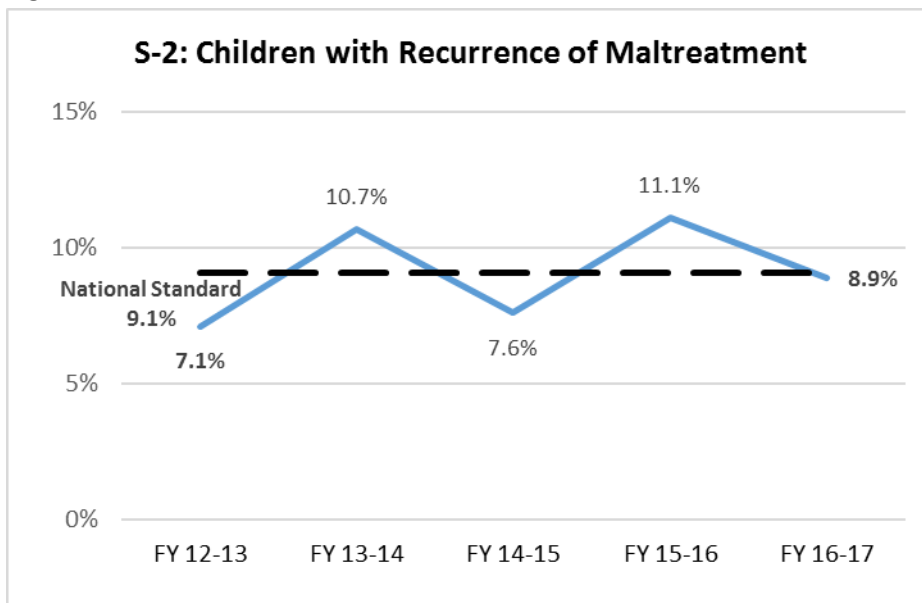
	Instances of substantiated maltreatment	Maltreatment Reports (per 100,000 days)
Age Group		
Under 1	0	0
1-2 years	2	9.19
3-5 years	3	10.84
6-10 years	3	8.29
11-15 years	2	3.44
16-17 years	2	6.06
Ethnic Group*		
Black	7	6.36
Latino	5	9.61
Gender		
Female	7	6.67
Male	5	5.19

*These were the only ethnic groups with a maltreatment **3-S2 Recurrence of Maltreatment**

Of all children with a substantiated allegation during the 12-month period, what percent had another substantiated allegation within 12 months?

During the most recent comparison period,²⁶ 8.9% of San Francisco youth who had a substantiated allegation had a subsequent substantiated allegation within 12 months. This is an increase from the previous baseline²⁷ of 6.3% but still under the National Standard of 9.1%.

Figure 30: Percent of Children with Recurrence of Maltreatment



http://cssr.berkeley.edu/ucb_childwelfare/S2.aspx

Analysis

Even though 8.9% meets the federal target, it is a 20.6% increase from the baseline period.

SFHSA offers some interventions that reduce or may reduce recurrence of maltreatment. Families who participated in SafeCare, an evidence-based in-home parent education program focused on health issues for families with young children, did experience a reduction of recurrence of maltreatment. SafeCare was one of the county's previous SIP strategies, and the model has been demonstrated to reduce child maltreatment. County analysis confirms that this is true for San Francisco as well. Clients completing *SafeCare*® between July 1, 2011 and December 31, 2014 (3½ years), showed statistically significantly less reoccurrence of substantiated maltreatment within 12 months (8%) as opposed to statewide (10.6). However, another SIP strategy, Families Moving Forward, ultimately did not result in a reduction of maltreatment for reunifying families in that program. Other strategies identified to

²⁶ Q2 2018 - July 1, 2016 through June 30, 2017

²⁷ Q3 2013 - October 1, 2011 through September 30, 2012

improve timely and successful permanency, including implementation of Safety Organized Practice and Structured Decision Making, are also expected to reduce recurrence of maltreatment, with demonstrated and sustained improvement over time.

Breaking down this data by demographics, it appears that Black youth and female youth are more likely to have a recurrence of maltreatment, however, the difference is not statistically significant.

Table 11: Percent and Number of Recurrence of Maltreatment by Specified Demographics

	Percent of Children with recurrence	Number of Children with recurrence
<u>Age</u>		
Under 1 year	10.0%	12
1-2 years	14.0%	8
3-5 years	8.8%	6
6-10 years	11.0%	12
11-15 years	5.2%	7
16-17 years	4.9%	2
<u>Race/Ethnicity</u>		
Black	13.8%	27
Latino	7.0%	14
Asian/PI	2.1%	1
Native American	33.3%	1
<u>Gender</u>		
Female	10.6%	31
Male	6.7%	16

3-P1 PERMANENCY IN 12 MONTHS (ENTERING IN FOSTER CARE)

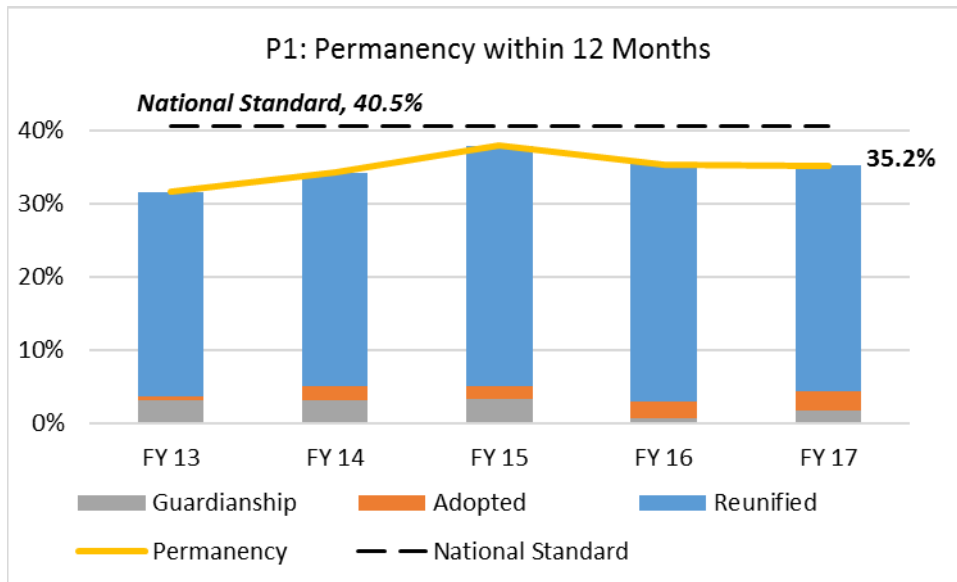
Of all children who entered care in the 12-month period, what percent discharged to permanency within 12 months?

During the most recent comparison period,²⁸ 34.9% (97/278) reached permanency within 12 months as compared to the previous baseline²⁹ of 31.1% (106/341). While the National Standard of 40.5% was not met, San Francisco showed a 12% increase in permanency from the previous base to the comparison period.

²⁸ Q2 2018 - July 1, 2016 through June 30, 2017

²⁹ Q3 2013 - October 1, 2011 through September 30, 2012

Figure 31: P1: Permanency within 12 Months



[HTTP://CSSR.BERKELEY.EDU/UCB_CHILDWELFARE/P1.ASPX](http://cssr.berkeley.edu/ucb_childwelfare/P1.aspx) 3/22/19

ANALYSIS

While county performance has remained relatively consistent over time (see graph below), the child welfare population in San Francisco has greatly decreased³⁰. The use of tools such as Structured Decision Making and Safety Organized Practice have helped the county keep children safely at home rather than separating families and bringing children into care. Thus, those children who do enter care may not be as likely to go home as quickly given the complexities of their situations. In 2014/15 and 2015/16, SFHSA worked with Master’s level interns from local universities to identify the characteristics of children who remain in care beyond two years, and those analyses supported this hypothesis. It is worth noting the 2015/161 data showed that three times the percent of children who remained in care after two years had entered care as a result of a serious substantiated allegation, including physical abuse, sexual abuse or severe neglect. Presumably, these families had greater challenges than their counterparts, which could impact permanency outcomes.

The extreme housing situation in San Francisco and resulting lack of local foster homes means that children are often placed at ever-increasing distances, further complicating already significant logistical challenges to supporting reunification services. Placements increasingly further away, outside of county lines, affect outcome improvement efforts in multiple ways. Complicated logistics and excessive travel time for visitation, coordination of services, including mental health services, and demands on staff time

³⁰ Cite numbers of use graph

to meet monthly visit contact requirements are a few examples of how much harder the agency as a whole has to work to ensure appropriate engagement and support for families in reunification. The fact that many extended family members live outside of San Francisco may indicate that parents who remain here are increasingly isolated and without easy access to family support that can be invaluable in helping them follow through on case plans and designated services.

The chart above illustrates outcomes for P1 over time, showing the types of placements children exited to and the percentage and counts of permanent exits within 12 months, respectively. The vast majority of youth who reach permanency within 12 months do so through reunification. As the number of children in the foster care system decreases, those left in the system become the more complex cases. It may be that because of the complexities of these reunification cases, more time has been necessary to reunify children or otherwise achieve permanency. The county is hopeful that improvements in process measures will allow San Francisco to improve on this measure. Most children who exit to permanency within 12 months reunify, as the bar graph demonstrates.

Literature also tells us that P1 is associated with:

1. Children's Characteristics
 - Children ages 2-15 are more likely to be reunified
2. Family Factors
 - Parents' commitment to reunification process
 - Families with 2-parent household
 - Families with fewer number of siblings
3. Child Welfare System
 - Non-relative foster care home
 - Family receives concrete supports (e.g. food, day care, utility benefits, and basic home necessities)
 - Attitudes/belief of social worker, positive working relationship with family
 - Frequently meeting between caseworker and family

In January 2019, the SFHSA Planning Unit completed a county level quantitative analysis of timely permanency in San Francisco by showing how performance on P1 has changed over time in relation to major practice and policy initiatives, the extent to which that performance differs for subgroups (e.g., age), and how it relates to performance on companion indicators (i.e., entry rates and P2-4). The analysis looked at an entry cohort of first admissions in 2016-17, a total of 289 cases (this is the same cohort from which cases were selected for the Peer Review). Findings help narrow the problem of timely permanency and will focus the subsequent conversation toward hypotheses. The analysis provides direction for discussion and problem solving because it reviews what the data says about timely permanency in San Francisco. This county-specific analysis points SFHSA in the right direction to resolve a specific issue.

The analysis showed that the following factors had **limited or no evidence** of association with P1:

- Ethnicity/Race
- Gender
- Child Physical Health Needs
- Child Learning Needs
- Caregiver Domestic Violence
- Caregiver Mental Health Needs
- Caregiver Substance Abuse
- Homelessness
- Caregiver Blames Child for incident
- Caregiver History of Abuse/Neglect
- Child Mental Health/Behavioral Problems
- At least 1 Child is Capable to Protect self
- Caregiver Demonstrates Difficulty Accepting Children’s Gender Identity/Sexual Orientation
- Placement Distance

However, the following table identifies factors that the analysis found were associated with timely permanency; it is noteworthy that two of the subgroups of children less likely to achieve permanency were teens or had families with limited support systems.

Characteristics of children who are LESS likely to exit to permanency within 12 months	Characteristics of children who are MORE likely to exit to permanency within 12 months
Age: Teens	Caregiver acknowledges problem
First Type Placement: Group Home	Caregiver has supportive network
Reentry into Foster care Compared to First Entry	Caregiver is not isolated in community
Allegation: Sexual and Emotional Abuse	

SFHSA Planning and FCS Data staff presented on current performance relating to P1 during the Family & Children’s Services division meeting in February, 2019, including summary findings from the quantitative analysis described above. Staff were asked four questions about their ideas and suggestions to improve timeliness to permanency for teens which solicited over 100 responses. Barriers identified included issues relating to:

1. Agency Infrastructure
2. Conflicts between families and teens
3. Youth developmental stages

4. Mental health issues
5. Youth's loss of connection to support

Staff also shared their thoughts on what challenges families with limited support systems face in their reunification efforts, and identified a number of potential strategies to support teens and families and improve permanency that will be considered as the county moves into development of the System Improvement Plan.

Breaking down the P1 Measure by demographics yielded very little additional information. As mentioned above and shown in Figure 29 below, there are difference in percentages, yet none are statistically significant due to small sample sizes when the data is stratified.

Table 12: P1 by Demographics

	Permanency	Number of Youth who Reached Permanency
<u>Age</u>		
<1 month	30.6%	15
1-11 months	44.4%	8
1-2 years	40.6%	13
3-5 years	38.2%	13
6-10 years	40.0%	16
11-15 years	36.1%	26
16-17 years	21.9%	7
<u>Race/Ethnicity</u>		
Black	35.5%	49
White	39.1%	18
Latino	31.4%	22
Asian/P.I.	33.3%	7
Native American	100.0%	2
<u>Gender</u>		
Female	38.1%	59
Male	32.0%	39

3-P2 PERMANENCY IN 12 MONTHS (IN-CARE 12-23 MONTHS)

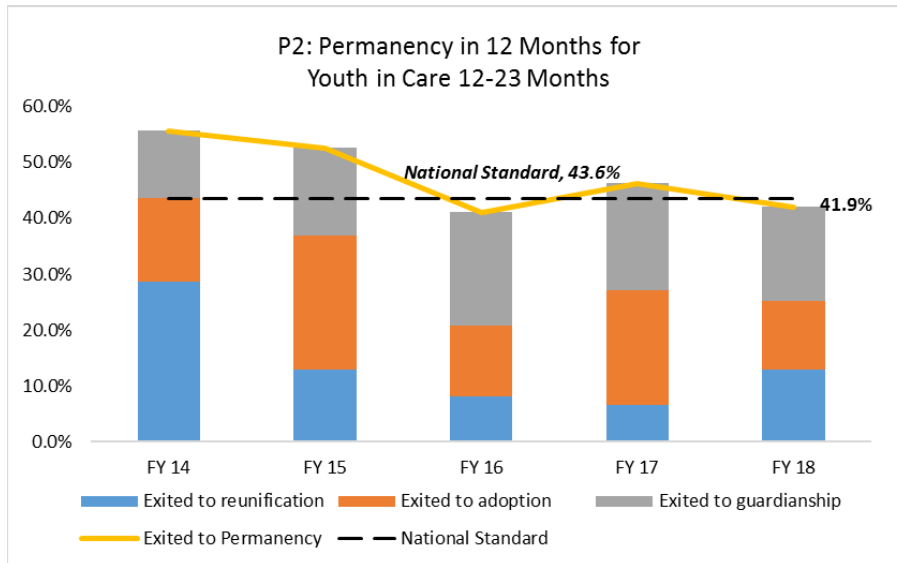
Of all children in care on the first day of the 12-month period who had been in care between 12 and 23 months, what percent discharged to permanency within 12 months?

During the most recent comparison period,³¹ 41.9% (65/155) reached permanency during the 12 month period as compared to the previous baseline³² of 45.3% (72/159). While San Francisco had been above

³¹ Q2 2018 - July 1, 2017 through June 30, 2018

the National Standard of 43.6% during the previous baseline, San Francisco dropped below the National Standard in the recent comparison period.

Figure 32: Permanency for Youth in Care 12-23 Months



[HTTP://CSSR.BERKELEY.EDU/UCB_CHILDWELFARE/P2.ASPX](http://cssr.berkeley.edu/ucb_childwelfare/P2.aspx) 3/22/19

ANALYSIS

. Since 2008, the county has improved on this measure overall, but over the last 5 years there has been a decline. Table 13 below shows a breakdown by demographics. While there are differences, the small number of youth in the sample means that the differences are not statistically significant. For further analysis of the obstacles, systemic issues, and environmental factors that may be contributing to outcome performance on P2, exits to permanency within 12 months.

Table 13: P2 by Demographics

	Permanency	Number of Youth who Reached Permanency
Age		
<1 month	N/A	N/A
1-11 months	N/A	N/A
1-2 years	67.9%	19
3-5 years	38.1%	8
6-10 years	55.9%	19

³² Q3 2013 - October 1, 2012 through September 30, 2013

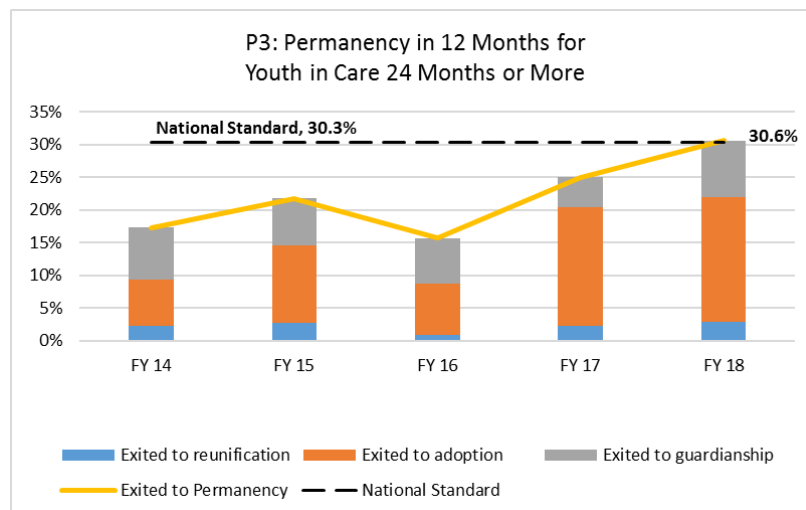
11-15 years	35.1%	13
16-17 years	17.1%	6
Race/Ethnicity		
Black	42.3%	33
White	26.3%	5
Latino	42.9%	21
Asian/P.I.	75.0%	6
Native American	0.0%	0
Gender		
Female	40.5%	34
Male	43.7%	31

3-P3 PERMANENCY IN 12 MONTHS (IN-CARE 24 MONTHS OR MORE)

Of all children in care on the first day of the 12-month period who had been in care for 24 months or more, what percent discharged to permanency within 12 months?

During the most recent comparison period,³³ 30.6% (64/209) reached permanency during the 12 month period as compared to the previous baseline³⁴ of 19.7% (83/422). This is a large increase in permanency and puts San Francisco above the National Standard of 30.3%.

Figure 33: Permanency for Youth in Care 24 or More Months



[HTTP://CSSR.BERKELEY.EDU/UCB CHILDWELFARE/P3.ASPX](http://cssr.berkeley.edu/ucb_childwelfare/p3.aspx) 3/22/19

³³ Q2 2018 - July 1, 2017 through June 30, 2018

³⁴ Q3 2013 - October 1, 2012 through September 30, 2013

ANALYSIS

San Francisco’s permanency rate for this group of children have increased significantly over the last decade, while the number of children in foster care this long has proportionately decreased, as the graphs below illustrate. For further analysis of the obstacles, systemic issues, and environmental factors that may be contributing to outcome performance on this measure, please see the discussion on P1, exits to permanency within 12 months, on pages [120-122] of this report.

Table 14: P3 by Demographics

	Permanency	Number of Youth who Reached Permanency
Age		
<1 month	N/A	N/A
1-11 months	N/A	N/A
1-2 years	45.5%	5
3-5 years	72.4%	21
6-10 years	58.3%	21
11-15 years	16.7%	12
16-17 years	8.2%	5
Race/Ethnicity		
Black	21.4%	27
White	38.1%	8
Latino	44.0%	22
Asian/P.I.	63.6%	7
Nat American	0.0%	0
Gender		
Female	34.7%	35
Male	26.9%	29

3-P4 RE-ENTRY TO FOSTER CARE IN 12 MONTHS

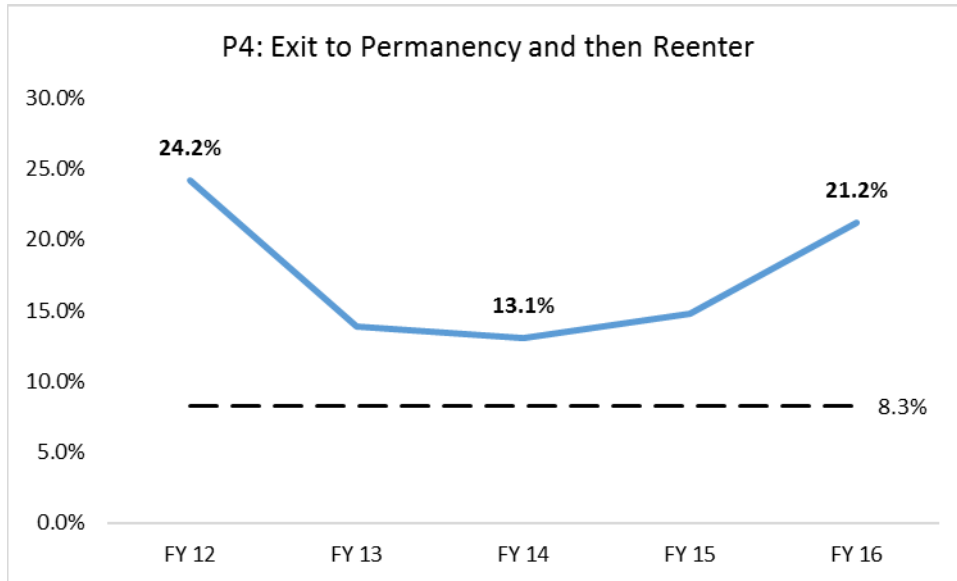
Of all children who enter care in the 12-month period who discharged within 12 months to reunification or guardianship, what percent re-enter foster care within 12 months?

During the most recent comparison period,³⁵ 21.2% (25/118) reentered foster care within 12 months as compared to the previous baseline³⁶ of 23.5% (31/132). The National Standard is 8.3%.

³⁵ Q2 2018 - July 1, 2015 through June 30, 2016

³⁶ Q3 2013 - October 1, 2010 through September 30, 2011

Figure 34: Reentry after Permanency



ANALYSIS

While the state requires analysis of a specific quarter, the actual numbers in this reporting period are very small, and there can be significant fluctuation from quarter to quarter. Thus, any given quarter is not necessarily representative of overall trends. Analysis that reviews an extended period is more accurate and better informs outcome improvement activities and policy development. In that light, while still higher than the national standard per quarter, the county shows sustained improvement as the reentry rate has decreased by 13% over the last 5 years.

San Francisco has long struggled with reentries and it has been a focus of every single SIP the county has done. Several variables likely affect this outcome and make it particularly difficult for the county to meet. As described above, San Francisco has a dearth of local foster and relative homes given cost of living in the city, and must place children in care at long distances outside the county. Approximately 60 percent of San Francisco's foster children are placed in counties outside of San Francisco—of these placements, about 25% with family members. This distance creates significant challenges in offering visitation and other supports to families trying to reunify. San Francisco has begun to analyze the impact of geographic distance on reentries, as staff and public and private partners cite logistical and service delivery constraints as adding additional burden to successful reunification efforts. Preliminary analysis looking at the distance of the first placement and saw no correlation between the distance placed and the P1 Measure (permanency within 12 months). More complex network analysis and other outcome measures may be evaluated in the future to determine if distance has any other effects not yet tested.

However, there have been some significant dips in reentries, as demonstrated in the chart below, and the agency's data planning unit delved into this period, analyzing reentry trends over the past decade to learn more about what may impact the return of children to foster care. Recent trends appear to show significant improvement between 2010 and 2014. To understand this better, the analysis examines to

what extent reentries in San Francisco have declined and for which children. Findings may point to case characteristics or program changes associated with greater or reduced likelihood of reentry. The study explores if reentries are declining and what led to the recent reduction in the rate of reentry between 2010 and 2014.

Findings shows that children who entered care in 2011 in the county were less likely to reenter, and that exits to reunification rather than guardianship were more likely to enter. As the analysis has only recently been completed, next steps include discussion of practice changes given these findings.

The analysis asked four questions, with findings as follows:

Question 1: Are reentries declining?

The analysis showed that reentries within 12 months of exit to reunification or guardianship declined for children entering care between 2010 and 2014. They rebounded to pre-2010 levels for children entering care after 2014.

Question 2: What led to the recent reduction in the rate of reentry? Did Families Moving Forward (FMF) affect reentry?

The analysis was not able to identify child, family, or case characteristics that explain the temporary decline in the rate of reentry. Several possibilities may have driven the reduction:

1. Changes in practice
2. Unmeasured community characteristics (neighborhood safety, unemployment rate, etc.)
3. Unmeasured characteristics of children/families entering care
4. Random variation

Question 3: What factors are associated with more likely reentry?

The analysis identified the following factors as associated with more likely reentry:

1. Caregiver has/had substance abuse issues
2. Predominant placement type of group home or runaway
3. Exit type: reunification (in comparison to guardianship)
4. Spell duration was less than six months
5. Child entered care in 2011

Question 4: What factors are associated with less likely reentry?

Factors associated with less likely reentry were:

1. Child entered care in 2014
2. Predominant placement: kinship foster care

3. Child entered care between ages 13 to 17
4. Most severe allegation: severe neglect

The final report proposes recommendations for further analysis, for example, further case review of a random sample of case of both those that reentered and those that did not, and identifying alternative hypothesis about what led to the decline in reentries. Once that process is completed, the county can consider specific strategies to improve this outcome.

Reviewing the P4 measure by demographics yields no additional information as the numbers are too small to establish that there is a true difference between different groups.

Table 15: P4 by Demographics

	Percent Reentered	Number of Youth who Reached Permanency then Reentered in 12 months
Age		
<1 month	30.8%	4
1-11 months	11.1%	1
1-2 years	5.9%	1
3-5 years	5.3%	1
6-10 years	20.7%	6
11-15 years	34.8%	8
16-17 years	50.0%	4
Race/Ethnicity		
Black	20.0%	11
White	21.7%	5
Latino	19.2%	5
Asian/P.I.	25.0%	3
Native American	100.0%	1
Gender		
Female	23.8%	15
Male	18.2%	10

3-P5 PLACEMENT STABILITY

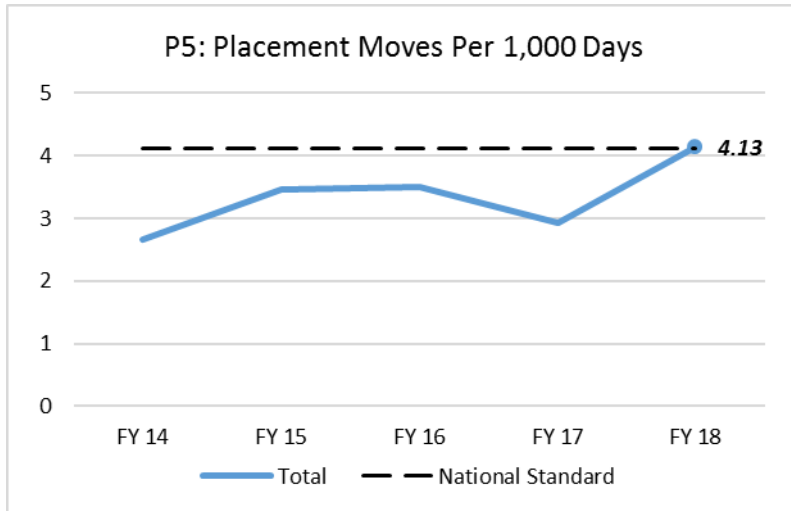
Of all children who enter care in the 12-month period, what is the rate of placement moves per day?

During the most recent comparison period,³⁷ San Francisco had 177 placement moves for a combined 42,839 total days of foster care. This is a rate of 4.13 per 1,000 days. This is higher than the previous

³⁷ Q2 2018 - July 1, 2017 through June 30, 2018

baseline³⁸ of 3.14 moves per 1,000 days of foster care and puts San Francisco just above the National Standard of 4.12 moves per 1,000 days of foster care.

Figure 35: Placement Stability



ANALYSIS

As the graph demonstrates, San Francisco has historically 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 move from foster care, including congregate care, to permanent homes including those with biological or adoptive parents and relatives. The implementation of Continuum of Care Reform, with its emphasis on family homes rather than congregate care, further impacts this measure.

In 2015/16, SFHSA conducted an analysis to understand when placement stabilities are more pronounced during the case management process. For the most recent entry cohort, placement instability is greatest in the very first days after a youth comes into care. After approximately 200 days, children tend to move less frequently.

In 2018, SFHSA issued an extensive RFP to address issues related to initial placement and supports needed to prevent placement disruption. This RFP, developed with consultation from Casey Family Programs, solicited for a lead agency in partnership with other community-based organizations to provide an array of services. These included emergency placement beds for children and youth with intensive needs, intensive care coordination for high-end youth as they experience placement disruption and transitions, and mobile response services for both biological caretakers (including parents) and foster parents requesting urgent support for children. The agency is also working with local foster family agencies to identify emergency beds for children and youth with less intensive needs, so that they may be placed immediately into foster homes rather than going to the county’s 23-hour assessment center.

³⁸ Q3 2013 - October 1, 2012 through September 30, 2013

The county is currently negotiating related contracts and programming, and hopes that the resulting programming will provide immediate support when needed for children and families and help stabilize placements.

Breaking down Placement Stability by demographics illuminates variability that is statically significant. As shown in Table 16 below, Black and Latino youth have a rate of placement change that is twice as high as the rate for white youth. Female youth have a rate 35% higher than male youth. Native American youth have an even higher rate but the low numbers of Native American youth make it challenging to know if it is a real difference or due to chance. More analysis needs to be done to look into these findings.

Table 16: Placement Stability by Demographics:

	Number of Placement moves	Placement Moves per 1,000 days
Age Group		
Under 1	25	3.07
1-2	24	3.52
3-5	32	4.85
6-10	43	4.59
11-15	34	4.35
16-17	18	4.77
Ethnic Group		
Black	79	4.27
White	14	2.15
Latino	72	5.44
Asian/P.I.	7	1.76
Native American	4	12.27
Gender		
Female	101	4.76
Male	75	3.52

2B TIMELY RESPONSE (IMMEDIATE RESPONSE COMPLIANCE) & (10-DAY RESPONSE COMPLIANCE)

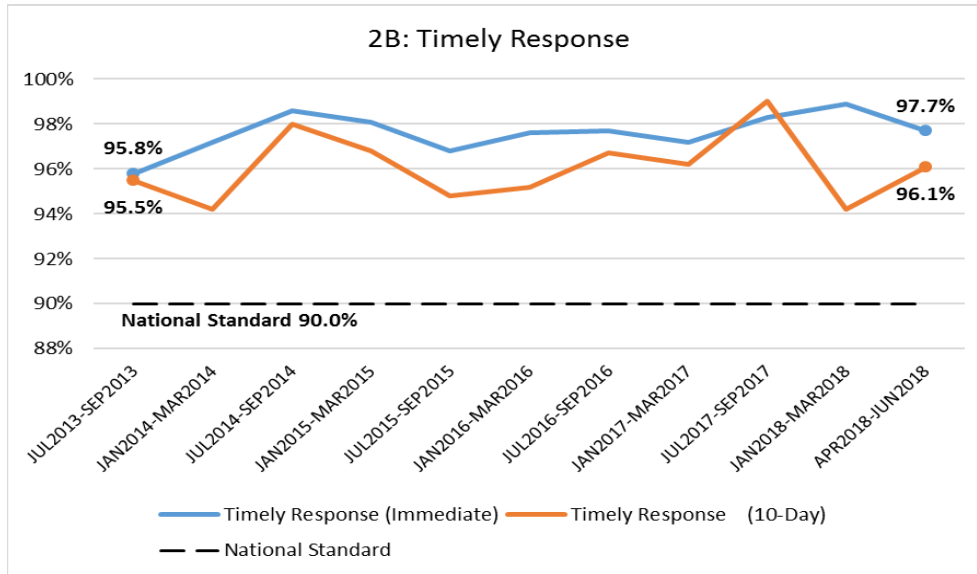
These reports count both the number of child abuse and neglect referrals that require, and then receive, an in-person investigation within the time frame specified by the referral response type. Referrals with status “attempted” or “completed” are included in the numerator.

During the most recent comparison period,³⁹ San Francisco completed 170/174 timely responses for referrals that were identified as Immediate Response (97.7%) and 196/204 for referrals that were

³⁹ Q2 2018 - April 1, 2018 through June 30, 2018

identified as 10-Day Response (96.1%). Both measures exceeded the National Standard of 90% and were increases from the previous baselines⁴⁰ of 95.8% and 95.5% respectively.

Figure 36: Timely Response



ANALYSIS

The Agency continues to work hard to ensure that there is a timely response to all investigations. As shown in the graph below, San Francisco has remained above the National Standard for the entire period. Breaking down the timely response by demographics shows that there is little variation and that responses are similar across all groups.

Table 17: Timely Response by Demographics

	Immediate		10-Day	
	Percent	Number	Percent	Number
Under 1 year	96%	27	86%	6
1-2 years	100%	17	93%	14
3-5 years	100%	28	100%	36
6-10 years	96%	52	94%	62
11-15 years	100%	26	98%	57
16-17 years	95%	19	95%	21
18-20 years	100%	1		0
<u>Race/Ethnicity</u>				
Black	95%	60	94%	45
White	97%	28	100%	33
Latino	100%	51	95%	69

⁴⁰ Q3 2013 - July 1, 2013 through September 30, 2013

Asian/PI	100%	20	100%	33
Missing	100%	11	94%	16
<u>Gender</u>				
Female	99%	80	95%	98
Male	97%	89	97%	98

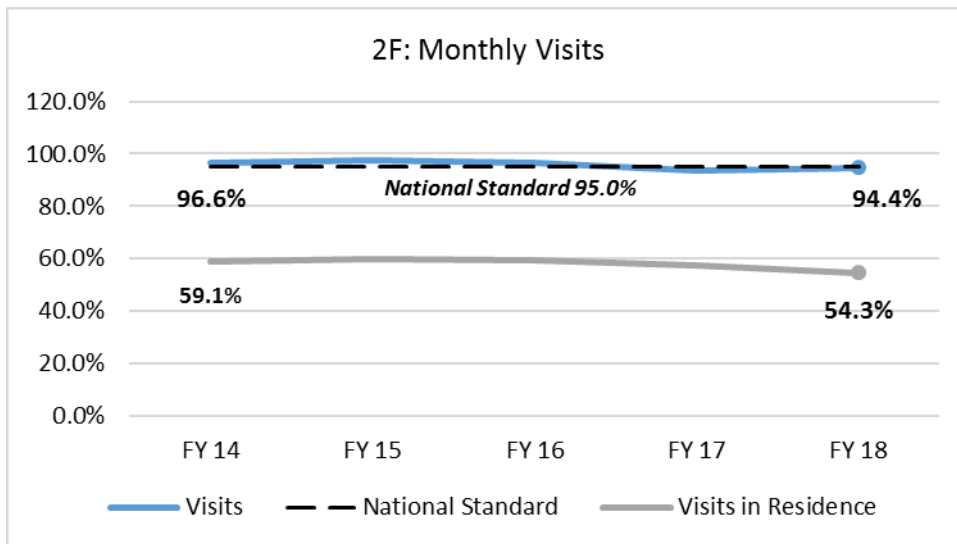
2F MONTHLY VISITS (OUT OF HOME) & MONTHLY VISITS IN RESIDENCE (OUT OF HOME)

These reports calculate the percentage of children in placement who are visited by caseworkers. Each child in placement for an entire month must be visited at least once. The reports summarize monthly data by 12-month periods.

During the most recent comparison period,⁴¹ San Francisco completed 5,938/6,293 (94.4%) of Monthly Visits (Out of Home) compared to the previous baseline⁴² of 94% for a slight increase that was just below the National Standard of 95%.

During the same period, San Francisco completed 3,222/5,938 (54.3%) Monthly Visits in Residence (Out of Home) compared to the previous baseline of 58.6%. While this is a slight decrease from the previous baseline, it is still above the National Standard of 50%.

Figure 37: Monthly Visits



ANALYSIS

The Agency continues to work hard to ensure that visits occur in a timely manner and that they are done at the preferred location when possible.

⁴¹ Q2 2018 - July 1, 2017 through June 30, 2018

⁴² July 1, 2012 through June 30, 2013

As described elsewhere in this document, the distance of foster care placements, as well as significant staff turnover in the last fiscal year (see discussion on P4, Reentries), impede the agency’s ability to achieve this measure. As staffing stabilizes, the agency expects to again meet or exceed the performance targets.

As shown in Table 18 below, there are some differences between demographic populations.⁴³ Older youth tend to have less months with visits and less visits in the residence. White youth have less months with visits but have the most visits in residence. More analysis needs to be done to look into these findings.

Table 18: Monthly Visits by Demographics

	Children in Out-of-Home Placement	Placement Months	Months with Visits	Percent with Visits	Months with Visits in the Residence	Percent with Visits in the Residence
Age Group						
Under 1 year	106	763	727	95%	486	67%
1-2 years	92	683	653	96%	412	63%
3-5 years	116	868	849	98%	482	57%
6-10 years	143	1,136	1,109	98%	566	51%
11-15 years	203	1,786	1,622	91%	833	51%
16-17 years	137	1,054	983	93%	452	46%
Race/Ethnicity						
Black	417	3,451	3,274	95%	1,721	53%
White	101	824	759	92%	453	60%
Latino	219	1,628	1,544	95%	843	55%
Asian/PI	55	365	344	94%	199	58%
Native American	5	22	22	100%	15	68%
Gender						
Female	413	3,282	3,102	95%	1,695	55%
Male	384	3,008	2,841	94%	1,536	54%

4A SIBLINGS (ALL) & (SOME OR ALL)

ALL: The percentage of children in care at a point in time with at least one sibling where all the children in a given sibling group were placed together.

National Standard: NA

Baseline: 7/1/13 – 7/1/13 228/536 Performance: 42.5

Comparison: 7/1/18 – 7/1/18 130/327 Performance: 39.8

⁴³ Statistically significant difference in proportions (percentages) between the listed populations

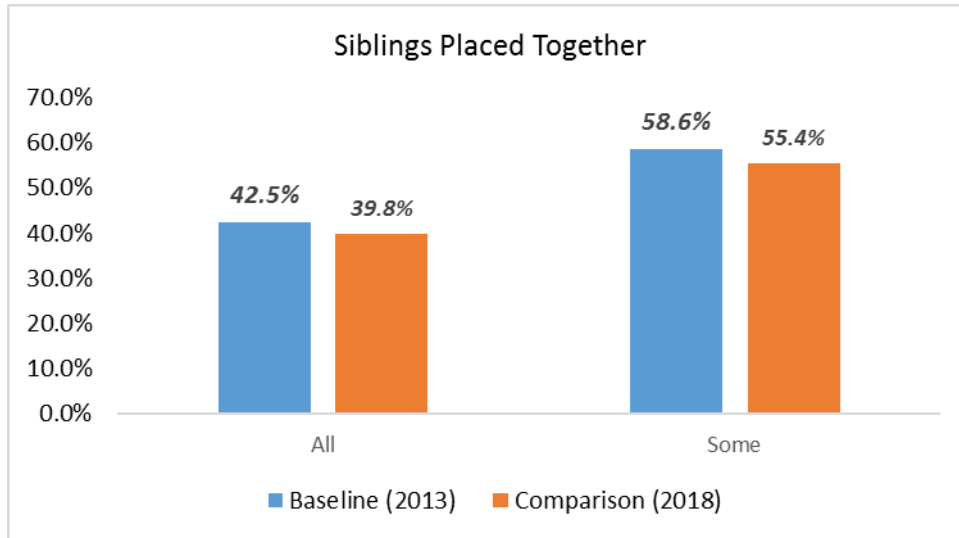
SOME: The percentage of children in care at a point in time with at least one sibling where one or more of the children in a given sibling group were placed together.

National Standard: NA

Baseline: 7/1/13 – 7/1/13 314/536 Performance: 58.6

Comparison: 7/1/18 – 7/1/18 181/327 Performance: 55.4

Figure 38: Siblings Placed Together



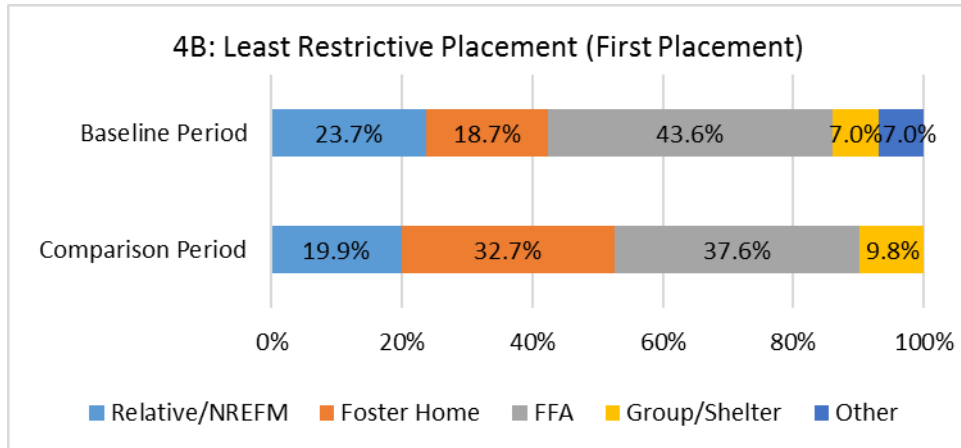
ANALYSIS

The rate of all siblings placed together declined by 6.5% over the analysis period, and by 5.5% for some siblings placed together. San Francisco struggles to recruit enough foster homes, partly because the City is constrained geographically and homes are relatively small. This constraint also applies to kinship homes. Together, these challenges make it difficult to place sibling groups together.

4B LEAST RESTRICTIVE PLACEMENT (ENTRIES FIRST PLACEMENT)

This measure describes the mix of foster care placement types for the first entry into foster care.

Figure 39: First Placement Type



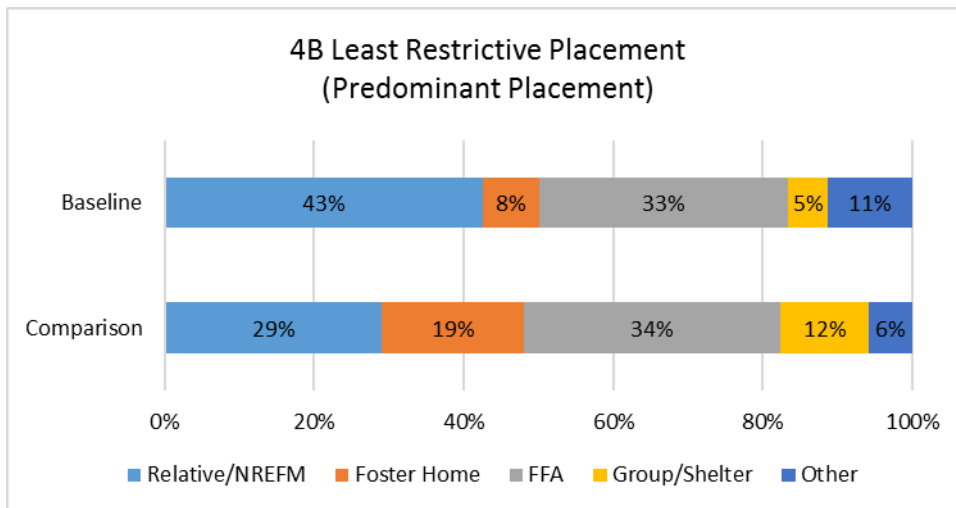
ANALYSIS

From the baseline period⁴⁴ to the comparison period⁴⁵ there was an increase (as a percentage) in Foster Home⁴⁶ use and a decrease in Relative/NREFM and FFA.

4B LEAST RESTRICTIVE PLACEMENT (PREDOMINANT)

This measure describes the predominant foster care placement type over a period of time.

Figure 40: Predominant Placement Type



⁴⁴ July 1, 2012 through June 30, 2013

⁴⁵ July 1, 2017 through June 30, 2018

⁴⁶ Foster Home includes: Foster Family Home, Small Family Home, or RFA with a Nonrelative Guardian, Nonrelative Nonguardian, or Self

ANALYSIS

From the baseline period⁴⁷ to the comparison period⁴⁸ there was an increase in Foster Home⁴⁹ and Group/Shelter use (as a percentage) and a decrease in Relative/NREFM.

5B MEDICAL AND DENTAL EXAMINATIONS

Of those minors in California Placements 31 days more by the end of the quarter, how many have had the required medical and dental examinations?

During the most recent comparison period,⁵⁰ 72.8% of youth (454 out of 624) had the required medical exams and 60.1% (358/596) had their required dental exams. This is down from the previous baseline⁵¹ of 82.6% (701/849) and 74.4% (604/812) respectively.

ANALYSIS

While there is no compliance standard for Medical and Dental exams, the Agency tries to ensure that all required medical and dental exams occur. Although there is variation between demographic groups, the only statistically significant difference is with 18-20 year olds who have a rate of completion of half of other groups as seen in Table 9 below.

Table 19: Required Medical and Dental Exams

	Medical		Dental	
	Percent	Number	Percent	Number
Age				
Under 1 year	89%	25	0%	0
1-2 years	78%	59	70%	53
3-5 years	91%	69	75%	57
6-10 years	89%	71	78%	62
11-15 years	88%	98	72%	80
16-17 years	85%	74	67%	58
18-20 years	44%	71	38%	62
Ethnic Group				
Black	72%	241	63%	202
White	82%	61	70%	46
Latino	74%	126	59%	99
Asian/PI	90%	36	62%	23
Native American	100%	3	67%	2

⁴⁷ July 1, 2011 through June 30, 2012

⁴⁸ July 1, 2016 through June 30, 2017

⁴⁹ Foster Home includes: Foster Family Home, Small Family Home, or RFA with a Nonrelative Guardian, Nonrelative Nonguardian, or Self

⁵⁰ Q2 2018 - April 1, 2018 through June 30, 2018

⁵¹ Q2 2013 - July 1, 2013 through September 30, 2013

Gender				
Female	77%	253	60%	188
Male	73%	214	66%	184

6B INDIVIDUALIZED EDUCATION PLAN

Of those minors in California Placements 31 days more by the end of the quarter, how many have had an IEP?

During the most recent comparison period,⁵² 12.5% of youth (74/592) had an IEP. This is a decrease from the previous baseline⁵³ of 21.1% of youth (180 out of 853).

Analysis

Stratifying the data by demographics, Black youth in the child welfare system are more likely to have an IEP, however, while twice as likely based on the available information, the numbers are low enough such that it is not statistically significant. Males in the child welfare system, however, are statistically more likely to have an IEP.

Table 20: Individualized Education Plans

	Percent	Number
Age		
Under 1 year	0%	0
1-2 years	0%	0
3-5 years	6%	5
6-10 years	11%	11
11-15 years	26%	34
16-17 years	20%	19
18 years	20%	13
Ethnic Group		
Black	18%	58
White	9%	6
Latino	9%	15
Asian/PI	8%	3
Native American	0%	0
Gender		
Female	9%	29
Male	19%	53

⁵² Q2 2018 - April 1, 2018 through June 30, 2018

⁵³ Q2 2013 - July 1, 2013 through September 30, 2013

8A: NMD: Education, Employment, Housing Arrangements, and Permanency Connections

Specified outcomes for youth exiting foster care at age 18 (or legally emancipating before age 18), NMDs exiting foster care and NMDs who re-entered foster care and are exiting again.*

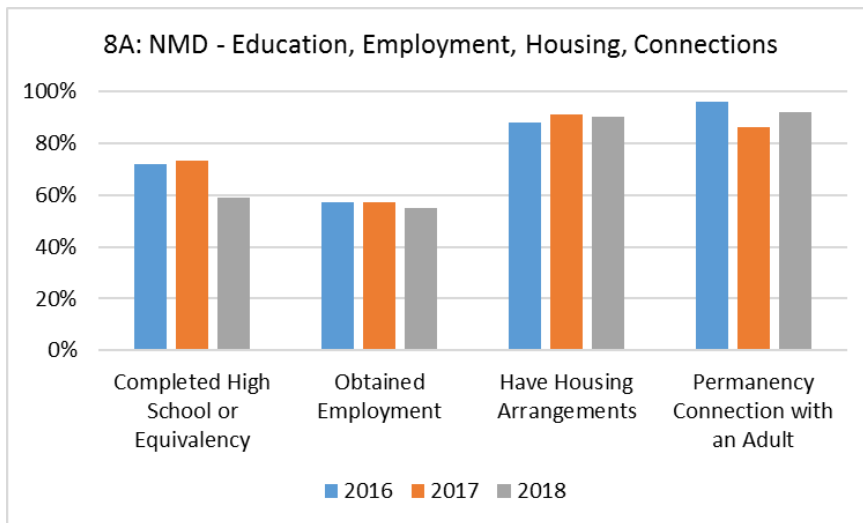
This measure does not have a baseline and the reporting period is quarterly. Table 21 shows the period of 4/1/2018 through 6/30/2018:

Table 21: NDM Outcome Measures

Measure	Number of Youth	Percentage of Youth
Completed High School or Equivalency	7	64%
Obtained Employment	8	73%
Have Housing Arrangements	11	100%
Permanency Connection with an Adult	9	82%

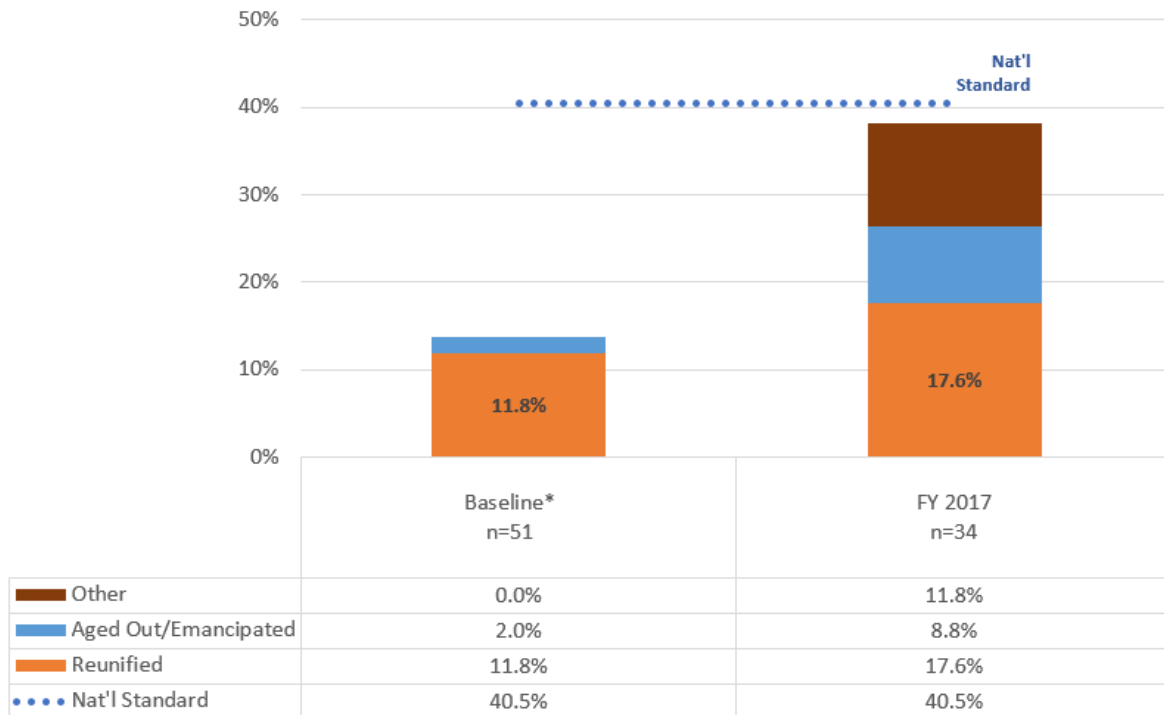
Due to the low number in the denominator it is unclear how San Francisco is doing over time. A better view is looking at the last three full years. Figure 41 shows consistent trends in these measures with Housing Arrangements and Permanency Connections being the strongest.

Figure 41: NMD Outcome Measures over Time



Juvenile Probation Outcome Data Measures

3-P1: Percentage of youth exiting to permanency in 12 months



*Baseline = OCT 2011 - SEPT 2012

■ Reunified
 ■ Aged Out/Emancipated
 ■ Other
 ●●●● Nat'l Standard

ANALYSIS

This federal Child and Family Services Review outcome measure looks at the exit status of an entry cohort of children entering foster care during a specific 12-month period. Permanency rates include all children entering foster care during a given year at 12 months. For the purposes of JPD, “foster care” includes all youth who are wards of the court, received an out of home placement (OOHP) order and are in OOHP, such as non-relative foster care with county foster parents, relative/REFM homes, foster care placements, and congregate care (group home) placements.

According to The California Child Welfare Indicators Project (CCWIP), the national standard for this measure is performance greater than or equal to 40.5%. The CWS Outcomes Report for Q4 2018 for 07/1/2016 to 06/30/2017 indicates that permanency for youth at 12 months was 17.6%; six of 34 youth achieved permanency during this time. This is a 5.8% increase in absolute percentage points compared to baseline, 10/1/2011 - 9/30/2012 (11.8%), when six of 51 youth achieved permanency at baseline.

However, this represents about a 49% performance increase (i.e., 17.9% is 1.49 times greater than 11.8%). To clarify, the same number of children achieved permanency in the two periods (n=6), but the more recent period had a smaller denominator (perhaps representing more challenging group of children). The chart above illustrates the county's performance for this outcome. Please note: JPD began inputting data into CMS/CWS in 2011.

There are many factors contributing to JPD's low performance on CWS/CMS permanency outcome measures when compared to the national standard. The CMS/CWS outcome measures were developed with the child welfare system in mind. CMS/CWS is the primary child welfare case management system used across child welfare systems. Probation departments, on the other hand, use their own local systems that do not integrate or communicate with CMS/CWS. Since data must be entered into multiple systems, there is a higher risk of data entry errors and, there is likely a lack of consistency in how data fields are being interpreted and re-entered into CMS/CWS. The focus group findings indicate that a potential solution would be for the State to redefine the metric for achieving permanency for probation counties, to more precisely identify the actual time the youth is out of the home. For example, currently, a youth is not 'counted' as reunified until the Delinquency Court vacates the Out of Home Care Order rather than using the date of return home as the measure. In absence of clear guidance from the State, JPD continues to utilize their current methodology.

Other data limitations associated with CMS/CWS permanency outcome measures and differences in the child welfare and probation populations are summarized below:

- The "removal date" for child welfare in CMS/CWS is the date that the child is removed from the home and placed into foster care. The "removal date" for JPD is the date of detention. However, it can take a month or more before a youth is placed in an out of home placement facility, shortening the 12-month window to achieve permanency for these permanency measures.
- JPD youth are older than their child welfare counterparts, so there is a shorter window for reunification to occur. For example, 65% of all foster youth are between 16-17 years old when they entered foster care in FY 2017.
- Also, attaining permanency for older youth, such as reunification, is more challenging. Guardianship and adoption are less likely to happen for older youth.
- JPD youth in out of home placement (OHP) must meet rehabilitative goals before reunification is possible.
- Prior to 2019, SFJPD courts were reluctant to vacate OHP orders for older youth, so that they could remain eligible for AB12 benefits, even if they have re-unified with their families, this is not reflected in the CWS/CMS data. (Assembly Bill 12/212 and Non-Minor Dependents (NMD) status has not only increased the number of youth in OHP, but also their length of stay to maintain eligibility for Extended Foster Care.)
- There continues to be a high rate of youth running away from or failing placement. However, per the CMS/CWS permanency outcome measures, youth are considered "still in care" at 12 months. Given the high rate of AWOL behavior from OHP, this has a significant impact on JPD's permanency rates. It is important to note that, although a youth may be considered "still in

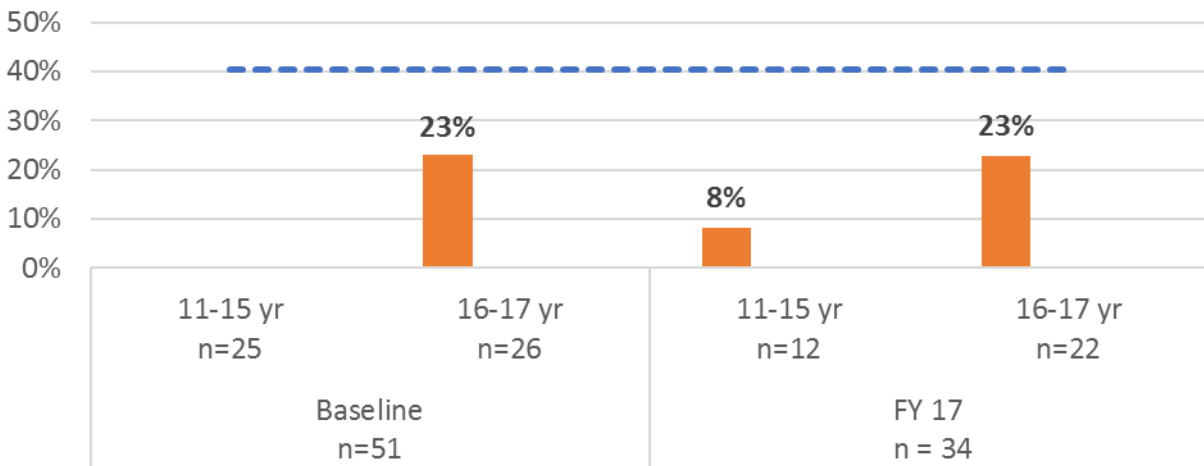
care” at 12 months in CMS/CWS, JPD does not continue to pay for beds when a youth is in “run away” or AWOL status.

The majority of JPD youth removed from their homes are high-risk offenders. Many are gang-involved and have committed serious offenses, such as aggravated assault, possession of a firearm, robbery, and attempted homicide. However, unlike other counties that place high risk offenders in county camp programs or with the Department of Justice (DOJ), SFJPD courts are more likely to send youth to OHP. JPD must consider family and community safety when recommending whether to remove a youth from their home. Reunifying a youth with their family, or in the same community, is not always a viable option due to community safety concerns. Finally, JPD-involved youth can be difficult to maintain locally as they are sophisticated and often require rehabilitation in a remote placement since they pose a threat to community safety.

According to the focus group and peer review findings, there is a common theme that there is a need to increase family support and parent education while a youth is in placement, as well as improve the availability of access to therapeutic services for parents. Potential solutions are to increase capacity of the FIRST family support program to support reunification and to strengthen the court’s role as a partner in family engagement. See the findings section for more information.

The analysis shows no adoptions or guardianships. This represents a challenge and a potential opportunity for JPD. The Peer Review revealed that Ventura County has an RFA Unit, and other counties dedicate significant resources to recruiting efforts and supporting RFAs. This could be extremely beneficial for JPD as youth are older, more criminally sophisticated, high AWOL tendencies, and face higher mental health needs than their younger child welfare counterparts. RFAs and parents need a lot of support to be able to be successful. The focus group findings indicated that there are opportunities to collaborate more with child welfare to coordinate services with “dually-involved youth.” Currently, there is no formal program to coordinate services, unify court involvement, and intensify family engagement for youth who are simultaneously involved in child welfare and probation.

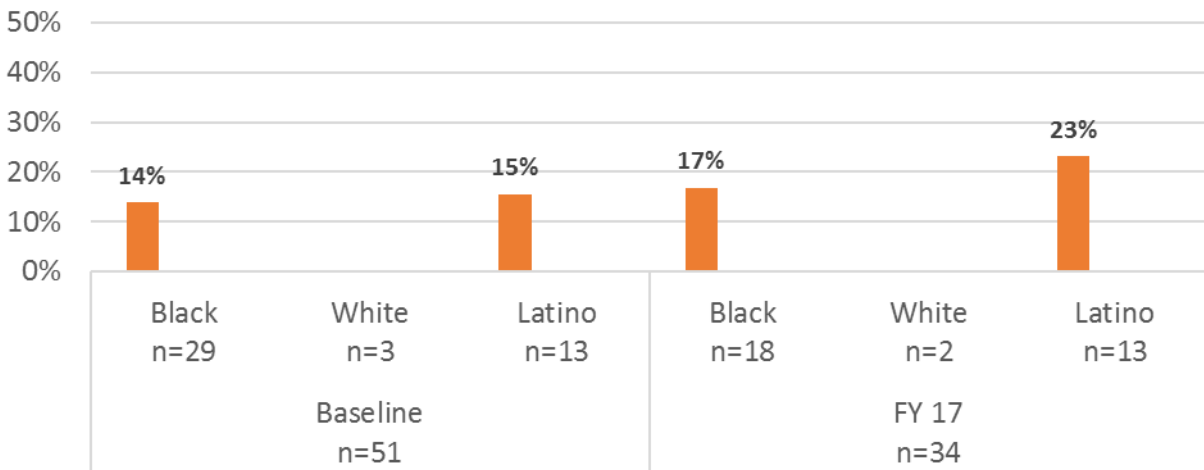
3-P1: Percentage of youth by age exiting to permanency in 12 months



*Baseline = OCT 2011 - SEPT 2012

■ Reunified
 ■ Adopted
 ■ Guardianship
 - - - Nat'l Standard

3-P1: Percentage of youth by ethnicity exiting to permanency in 12 months (Baseline vs. FY 17)



*Baseline = OCT 2011 - SEPT 2012

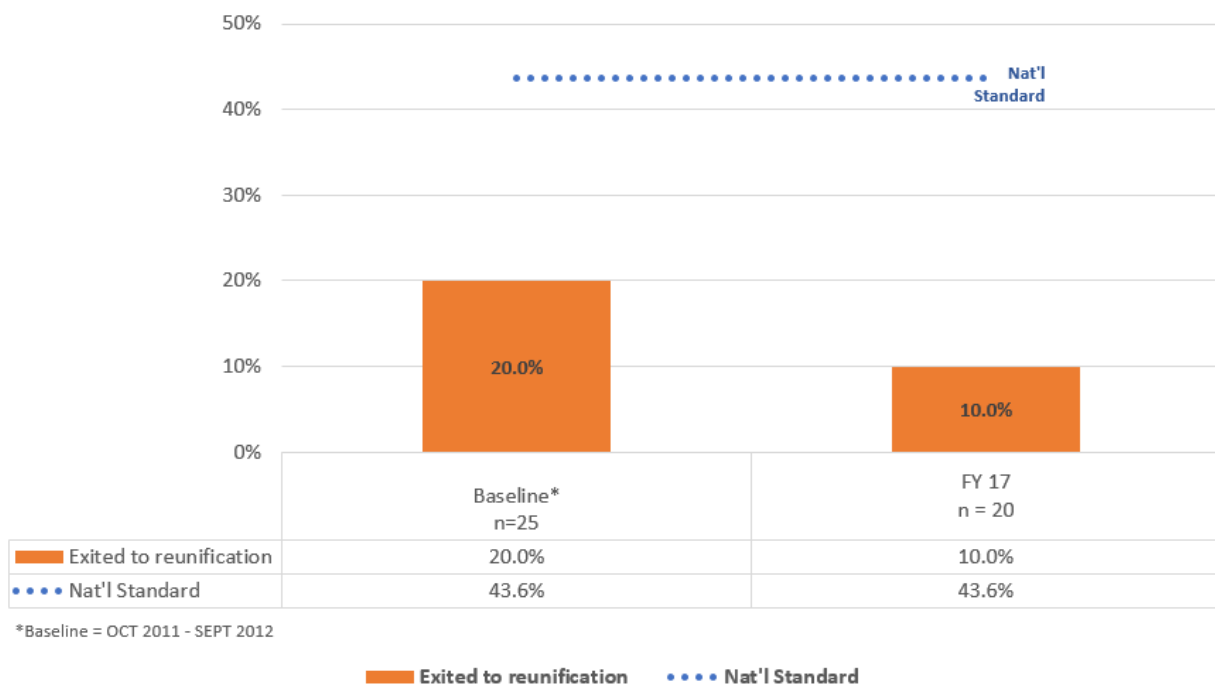
■ Reunified
 ■ Adoption
 ■ Guardianship

ANALYSIS

The above charts compare age range and ethnicity for youth who achieved permanency, between baseline and FY 2017. Overall, there were 51 foster youth in baseline compared to 31 in FY 2017. Youth who achieved permanency at baseline were all 16-17 years of age (23%) compared to youth who achieved permanency in FY 17, who were 11-15 years of age (8%) and 16-17 years of age (23%). Ethnicity remained similar across both time periods; however, a greater percentage of Black (17%) and Latino youth (23%) achieved permanency than during baseline.

3-P2 PERMANENCY IN 12 MONTHS (IN-CARE 12-23 MONTHS)

3-P2: Percentage of youth exiting to permanency in 12 months, for youth in foster care 12-23 months



ANALYSIS

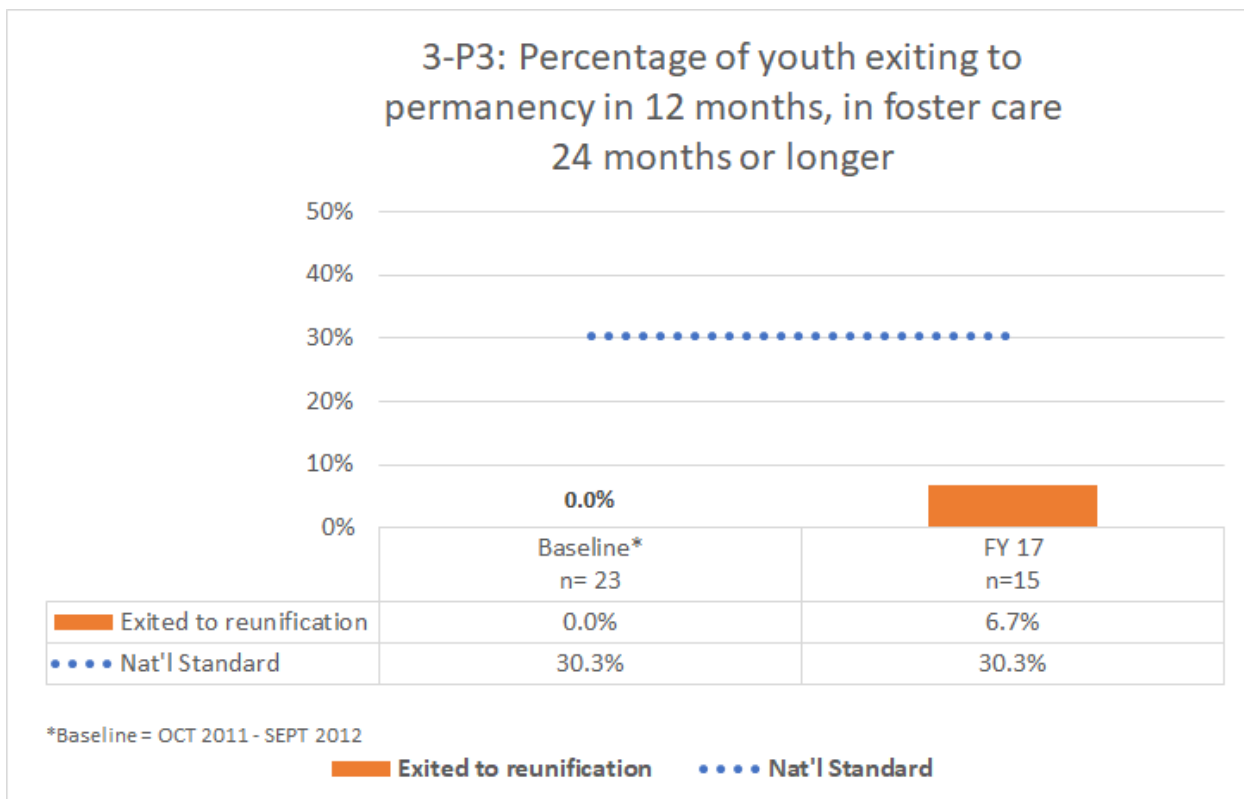
This measure reviews permanency status for children who have been in the foster care system for 12 to 23 months. It analyzes the exit status of an entry cohort of children entering foster care during a specific time frame, 12 to 23 months, to determine what percent discharged to permanency.

According to the California Child Welfare Indicators Project (CCWIP), the national performance standard for this measure is performance greater or equal to 43.6%. The CWS Outcomes Report for Q4 2018 for 07/1/2016 to 06/30/2017 indicates that permanency for youth in foster care, 12-23 months, was 10%,

where two out of 20 youth achieved permanency during this time, compared to baseline (20%), where six out of 25 youth achieved permanency at baseline. Again, there are fewer youth in Placement in 2017 compared to baseline, so it is possible this was a more challenging group of youth to reunify. The chart below above the county’s performance for this outcome. Per CCWIP, unlike P-1, P-2 and P-3 did not include separate findings for “Aged Out/Emancipated” or “Other” categories.

Please note: JPD began inputting data into CMS/CWS in 2011.

3-P3 PERMANENCY IN 12 MONTHS (IN-CARE 24 MONTHS OR MORE)



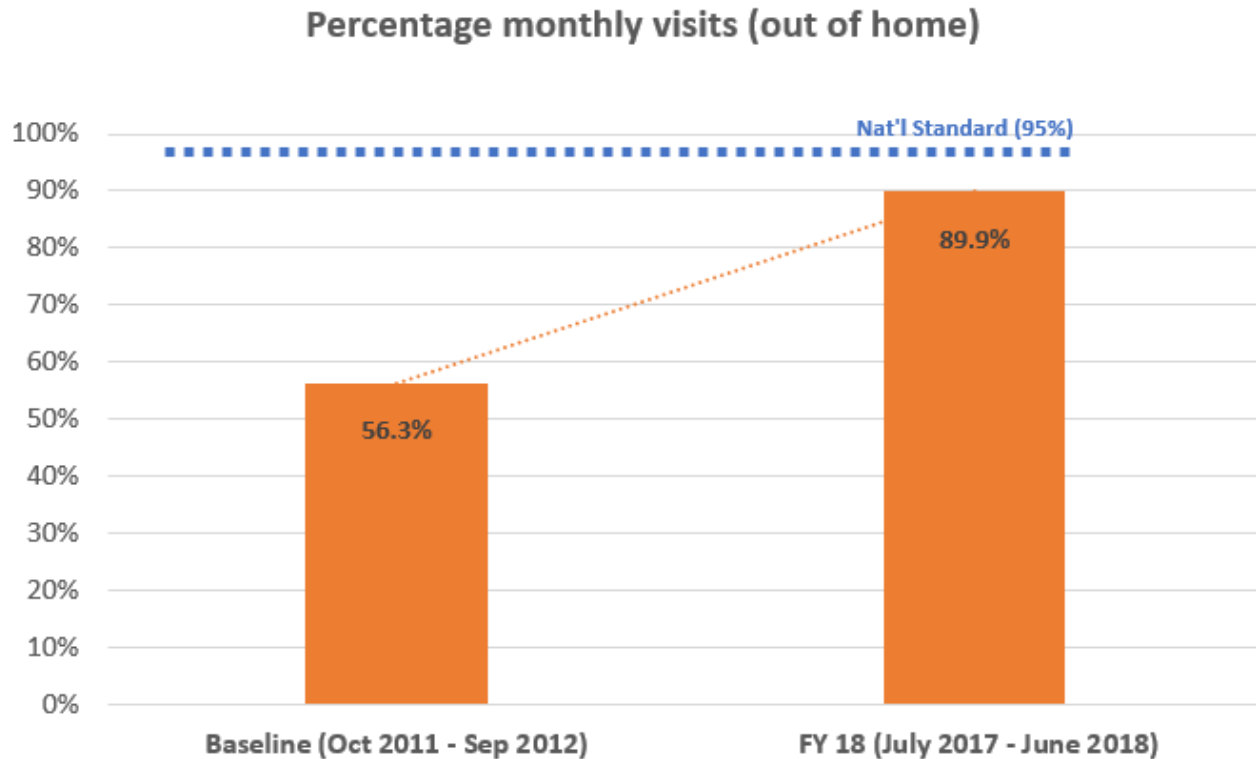
ANALYSIS

This measure reviews permanency status for children who have been in the foster care system for two years or more. It analyzes the exit status of an entry cohort of children entering foster care during a specific time frame, two years or more, to determine what percent discharged to permanency.

According to [The California Child Welfare Indicators Project \(CCWIP\)](#), the national performance standard for this measure is 30.3%. The CWS Outcomes Report for Q4 2018 for 07/1/2016 to 06/30/2017, indicates that permanency for youth in foster care, 24 months or longer, was 6.7%, one out

of 15 youth achieved permanency during this time. This is a 6.7% increase compared to baseline (0%), where none of the 23 youth achieved permanency. Also, there was an increase in reunification despite fewer kids in placement in 2017. The chart above illustrates the county’s performance for this outcome. Per CCWIP, unlike P-1, P-2 and P-3 did not include separate findings for “Aged Out/Emancipated” or “Other” categories. Please note: JPD began inputting data into CMS/CWS in 2011.

2F: TIMELY MONTHLY CASE VISITS



ANALYSIS

This measure reviews the percentage of children in placement who are visited by caseworkers. Each child in placement for an entire month must be visited at least once.

According to The California Child Welfare Indicators Project (CCWIP), the national performance standard for this measure is 95%. The CWS Outcomes report for Q4 2018 for 07/1/2017 to 06/30/2018 indicates that JPD had an 89.9% compliance rate, compared to 56.3% at baseline, a 33.6% improvement on this measure.

JPD struggles with meeting the national standard for monthly contacts. There are a few data limitations worth mentioning. As discussed above, probation youth tend to be older (16-17 years of age), as such, they are more likely to AWOL from Placement. Probation officers are unable to conduct monthly visits when a youth is AWOL, however, for the purposes of this measures they are considered “still in care”,

this has a significant impact on JPD's performance on 2-F. Once a youth goes AWOL, JPD will issue a warrant and the Placement Supervisor submits a letter to the family.

Summary of Findings

Populations at greatest risk

San Francisco continues to struggle with many of the same challenges of the previous C-CFSR cycle. The strengths and weaknesses of its child welfare and juvenile probation systems occur within the context of the city's tumultuous demographics. Located on the tip of a peninsula, San Francisco has a finite capacity to absorb new populations, but continues to receive an influx of highly educated, affluent adults, most of whom do not have children. As a result, the cost of housing is the highest in the country, and the job market intensely competitive, impacting community agencies and even public agencies' ability to compete with salaries.

Since race, ethnicity, and poverty are highly correlated with child welfare participation, the implications of this demographic shift are manifold. The number of children entering foster care continues to decline, but many of the families that come into contact with the child welfare system are highly isolated. There is persistent and extreme inequality, with concentrations of poverty and families with multi-faceted challenges; and disparate outcomes for youth and families of color in the system, particularly Black/African American families. Structured Decision Making, Safety Organized Practice, and other evidence-informed tools and practices are meant to help keep children safely at home, so that children who do come into foster care may come from more complex situations and significant trauma histories (e.g., physical abuse, sexual abuse, severe neglect) and may not be as likely to go home. Probation-involved youth in foster care are older and often have a history of child-welfare referrals prior to their involvement with probation. The majority of probation-involved youth continue to be male (about 70%)

County strengths

San Francisco's strong tax base and political will do allow the city to support a wide range of community based organizations, including neighborhood- and population-based family resource centers that provide a range of support to families at risk for or who have a history of child welfare involvement. These form a cohesive network of family supports by providing a variety of services including evidence-based programs like Triple-P and Incredible Years parent-education. The Family Resource Centers deliver an array of services to families both before and during involvement with the child welfare system,

aligned with the Five Protective Factors that are associated with resiliency in youth and families. The county agencies enjoy high-quality relationships with these public and private partners.

In addition, the Peer Review called out SFHSA's in-home services as well as support for caregivers, and policy and practices on a number of efforts, such as SOP, SDM, CFTs, and progressive visitation provide structure for family engagement and identification and resolution of safety issues, supporting workers to keep families together or achieve permanency for children. For child welfare, the integration of Safety Organized Practice into day-to-day work has been enhanced by investments in infrastructure such as the workforce development staff and additional CQI processes. Youth and families benefit from these systemic improvements by having more behaviorally-based assessments, interventions, and safety plans to keep youth safe in their homes.

As with child welfare, the Peer Review noted JPD's increased efforts to engage families to achieve timely permanency. Both agencies offer a wide array of supports and resources to achieve successful outcomes. Other county strengths include a highly educated workforce supported by a competency-based workforce development system to support skill development and practice; and established fiscal, policy and contracts infrastructure to support outcomes-informed work.

Areas needing improvement

The county has many resources available for both families and staff, and long-standing, effective, interagency partnerships. However, with CCR, the county has undertaken a number of new implementation efforts, and, coupled with other efforts specific to San Francisco, this can become confusing and unwieldy. Additionally, as stated above, the high cost of living and county dynamics places an exceptional burden on families, and on providers and county agencies. As with the 2014 CSA, much of the work for both SFHSA and JPD going forward is to strengthen and deepen existing structures and practices to address these areas. Identifying and addressing racial/ethnic disparities remains central in these efforts.

Limited local placements affect service delivery and continuity, and place many logistical demands on staff and the system. The implementation of Continuum of Care reform is a big lift for all counties, and is exacerbated in San Francisco by this paucity of local placements. On top of this, county analysis has shown that children who do not achieve timely permanency are likely to come from families with complex histories. These are significant histories and traumas to address to ensure child safety, even with the county's robust service delivery system.

Other difficulties speak to the need to push forward with existing work such as CFT implementation, mental health service delivery coordination, and SOP. Consent and release of information process for mental health services, as well as the presumptive transfer process, can be cumbersome and cause delays in service delivery. A more efficient approval process as well as timely engagement and communication with caregivers, as well as concrete supports and training, would mitigate gaps in resource family recruitment and engagement and support timely permanency for both SFHSA and JPD. The implementation of CFTs at both agencies is still on-going, and needs to be supported as a venue to hear and understand the voices of parents and children, and as a central avenue to build and strengthen the team relationships so important to effecting good outcomes. The open, transparent communication that is foundational to this teaming process could also be stronger across the child welfare division.

Service array gaps and needs

SFHSA's expansive array of family support services is impressive, yet many children and families cannot access it directly because so many foster placements are far out of county. Evidence-informed practices such as SOP and SDM have helped move the agency to objective decision-making and behaviorally-based case plans, but again distance creates many logistical challenges in implementing these plans that presumptive transfer cannot always address. And while the county and providers for both child welfare and juvenile probation do offer services in Spanish and other languages, there is still a consistent need for more capacity to provide culturally and linguistically relevant services to address the needs of diverse youth. A potential strategy for recruiting providers with these skills is to increase compensation or incentives for bi-lingual qualifications.

SFJPD can also improve engaging and supporting families (including RFA parents) before, during, and after their youth is in out of home placement. Opportunities include enhancing collaboration with child welfare to develop more family strengthening services and expanding family-focused programs such as FIRST, which could also help support reunification and after care. Increasing visits by probation officers and social workers with families, as well as identifying a second primary parent. Placement probation officers can further support families by taking a more active role in the development of the after-care plan. The court can also play a bigger role to improve family engagement.

There is a need to increase capacity for family support and parent education while a probation youth is in placement and improve the availability and access to therapeutic services for parents. To improve after-care planning for youth and families, JPD could increase access to home-based prevention services for families, prior and after discharge from STRTP placement.

The most crushing gap in resources, however, is the city's lack of affordable housing. This is a challenge for both JPD and SFHSA. SFHSA has taken a national leadership role in incorporating the "housing first" principle into child welfare services, first establishing families in stable, permanent housing and then providing the wraparound services they need to complete their case plans.

The path forward for San Francisco primarily involves deepening and strengthening current strategies and infrastructure, with a continued focus on high quality practice consistent with the integrated Core Practice Model, and an emphasis on coordinated prevention services that build resiliency in families at risk of child maltreatment. This includes conducting an assessment of current prevention services to ensure that there are not gaps in services or areas where services need strengthening. SFHSA and the county's child abuse prevention center, Safe & Sound, have begun this work by beginning a Prevention Services Asset Map that will examine services offered and the relative level of evidence of effectiveness of the interventions that they deliver.

Outcome Data Measures and relevant data trends

While reentries and timely permanency remain persistent problems in San Francisco, there also continues to be a significant decline in the number of new cases opened, either in- or out-of-home. This decline is consistent with the county's vision to provide an array of community-based services via the Family Resource Centers and other service providers that can stabilize families and keep them from requiring county intervention. Similarly, progress on permanency within 12 months of admission reflects efforts to serve families quickly in the community, and to speed up permanency options of adoptions and guardianship, especially for young children.

Importantly, demographic shifts also have a significant impact on the volume of children coming into child welfare supervision. San Francisco has seen a dramatic decline in the number of Black/African American families living in the City over the long term, and Black/African American youth still make up the largest group of children entering care – though the rate in care is less disparate when family poverty is taken into consideration. This has impacted the foster care caseload. A study that examined the foster care caseload over a longer period (2000-2017) found three reasons for the decline in the number of children in care:

- 1) Black children comprise the largest share of children who enter care, and fewer black children are living in San Francisco.
- 2) Infants are at highest risk of entering foster care, and the entry rate for children under the age of one has declined.
- 3) Fewer children are staying in care for long periods of time, instead exiting to adoption or guardianship.

While the stubbornly high rate of reentry does not reflect San Francisco's vision, this indicator is difficult to interpret and act on given the low incidence generally, creating large spurious fluctuations over time. Placement stability has shown some decline in performance, but remains in line with the national standards. Permanency rates for youth who spend more than 12 months in care show some decline, but longer trends show some progress in this area, particularly in achieving permanency among youth in care for longer than 2 years.

Effect of System Factors on Outcome Data Measures and Service Delivery

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

On the permanency side, several dynamics are at play. First, permanency rates are strongly negatively correlated with entry rates ([Beyond Common Sense: Child Welfare, Child Well-Being, and the Evidence for Policy Reform](#); [Fred Wulczyn](#), Richard P. Barth, Ying-Ying T. Yuan and Brenda Jones Harden (2005)).

Low entry rates typically result in longer average lengths of stay because only the most challenging children are admitted to care. County analysis confirms that this appears to be the case in San Francisco.

Children who do achieve permanency within 12 months do so primarily through reunification rather than guardianship and adoption, which tend to take longer because reunification efforts are attempted first (for JPD, there were no guardianships or adoptions). Therefore, it will be important to separately create practice improvements and targets around the specific permanency destinations. Children that remain in care beyond desired timelines tend to be older, and the county must consider its service delivery system for youth and young adults who remain in care.

Federal outcome measures for timely permanency could be improved for probation. The method used to track reunification inflates the length of time a youth is reported to have spent in out-of-home care. For example, currently, a youth is not 'counted' as reunified until the Delinquency Court vacates an Out of Home Care Order, rather than use the date of return home as the measure. Overall, probation has shown progress on permanency within 12 months in care, even as the population in Placement has decreased. This also may indicate that the youth in placement are a more challenging group for reunification to occur.

Progress, Challenges, and Overall Lessons Learned from Previous SIP

The 2014 SIP focused on P1, Timeliness to Permanency, and P4, Reentries in Foster Care. In spite of a multitude of work to meet identified targets in these areas, San Francisco continues to struggle with these two measures, and will focus on them in the 2019 SIP. The trends that were emerging ten years ago, during the 2009 SIP – fewer removals, improved reunifications, etc. – continue. As described in 2009, the issue of re-entries is a trade-off with the measure regarding time in care. SF-HSA wants to avoid long spells in care and reunify children, but the sooner children are reunified, the more they are at risk for re-entry. That is a statewide dilemma, and the agency continues to seek the proper balance. However, child welfare had a target improvement goal in its 2014 SIP of increasing reunification within 12 months by 10% to a total of 30%, and it did meet this goal in its most recent SIP Progress Report (2017.18), with a performance of 38%. With reentries, the target improvement goal was to decrease by 10% to a total of 18%, but the county had a 22% reentry as of 2017.18. JPD also did not meet its goal of increasing timely permanency within 12 months by 10% to a total of 32%, and will continue to focus on this measure.

In the 2014 SIP San Francisco was beginning to implement a number of practice improvements to improve P1 and P4, such as SOP, that need to remain in place. SOP, for example, provides tools and strategies to more effectively implement the California Core Practice Model. This includes using solution-focused tools to engage families and youth, and ensuring that assessments and interactions with families are behaviorally specific and focused on the safety threats that require intervention. In order to continue this practice, the improved oversight and review of practice need to remain, including solution-focused case consultation and additional management positions to support that complex

casework. Coaching and training enhancements to deepen practice are also necessary to continue to implement the SOP tools and the CPM practice behaviors with fidelity.

Development of the 2019 SIP

SFHSA and JPD will share its CSA findings with its stakeholders and engage them in identifying strategies for the 2019 System Improvement Plan that will be finalized this fall. The county plans to leverage existing efforts as part of this planning process, and include strategies that will help identify and articulate the path forward now that the IV-E Waiver is ending and Family First is on the horizon. The focus of Family First on secondary and tertiary prevention requires that San Francisco continue to nurture and enhance prevention services; this will help prevent children from coming into child welfare supervision, or help support families to reunify successfully. Similarly, the county will carefully consider and seek out strategies informed by the CPM and CCR for a cohesive approach to outcome improvements.

ATTACHMENT A

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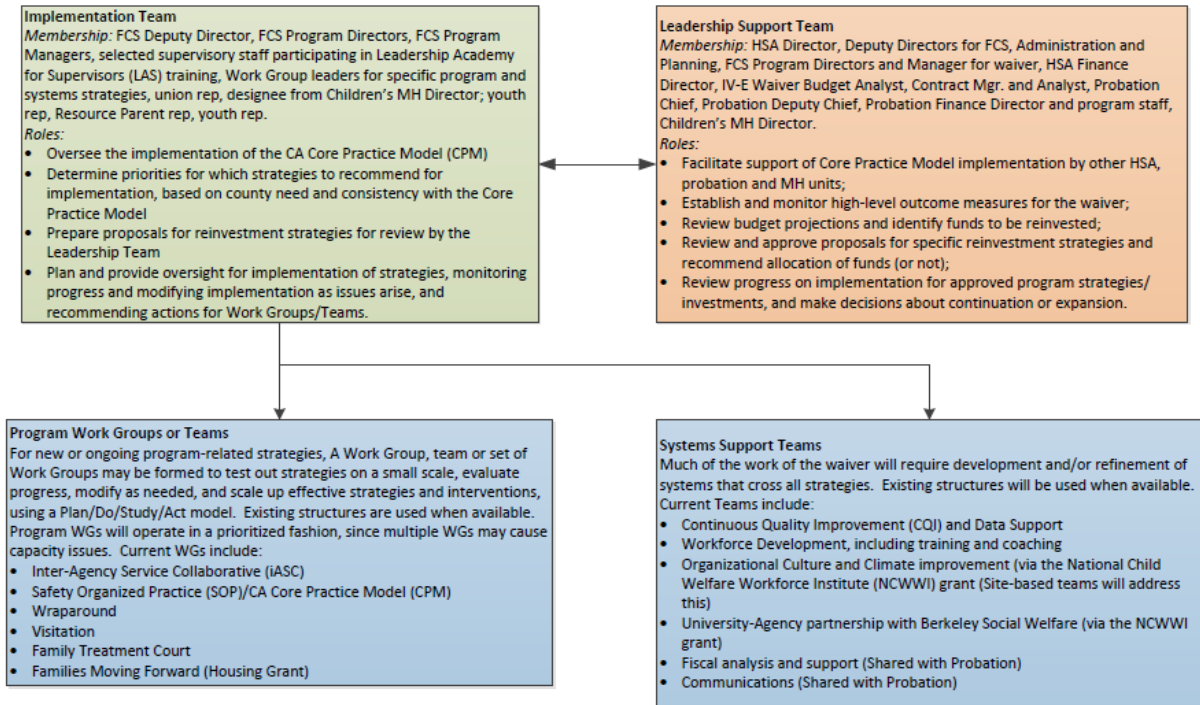
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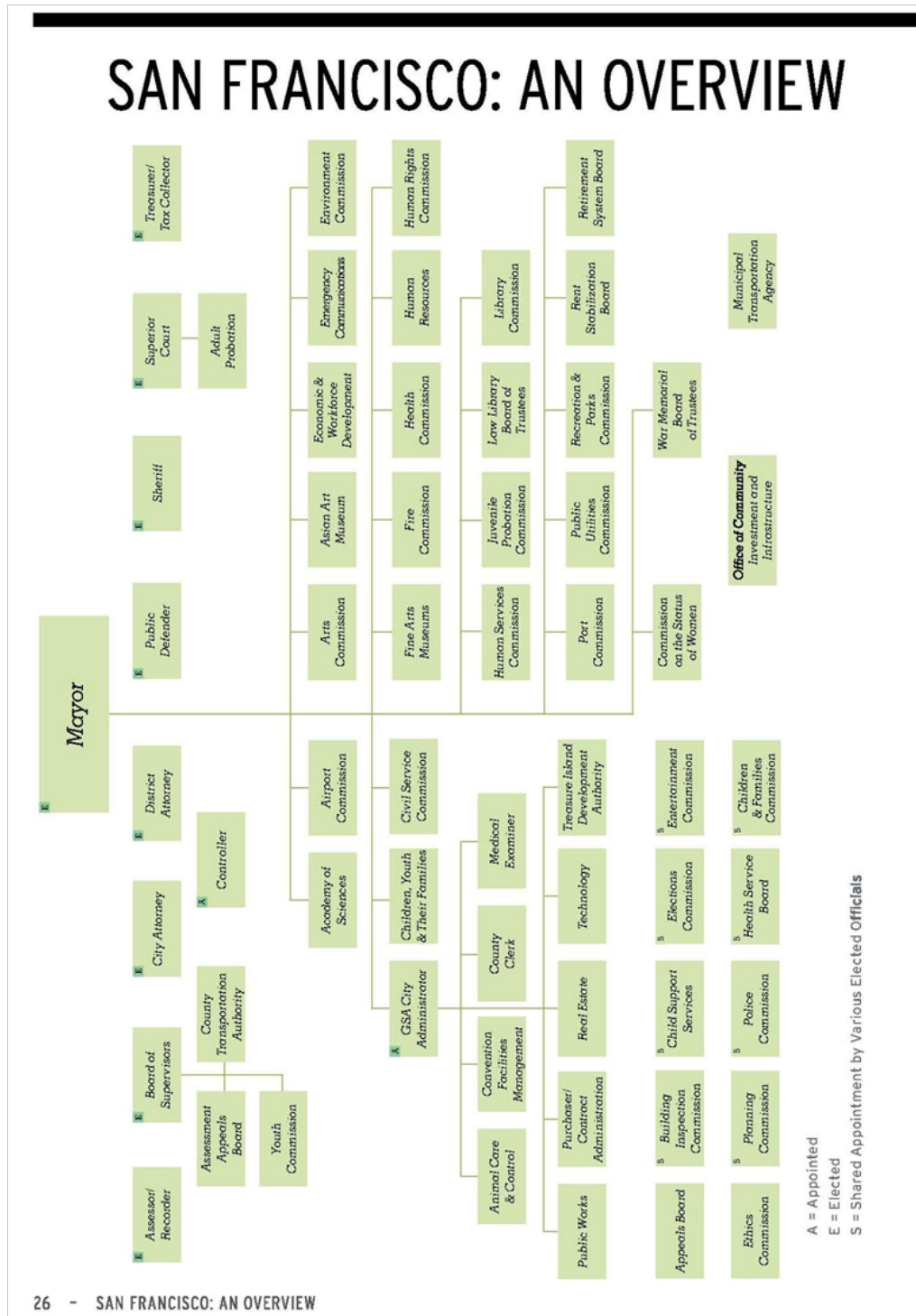
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SHAHNAZ MAZANDARANI	EXECUTIVE DIRECTOR	A BETTER WAY

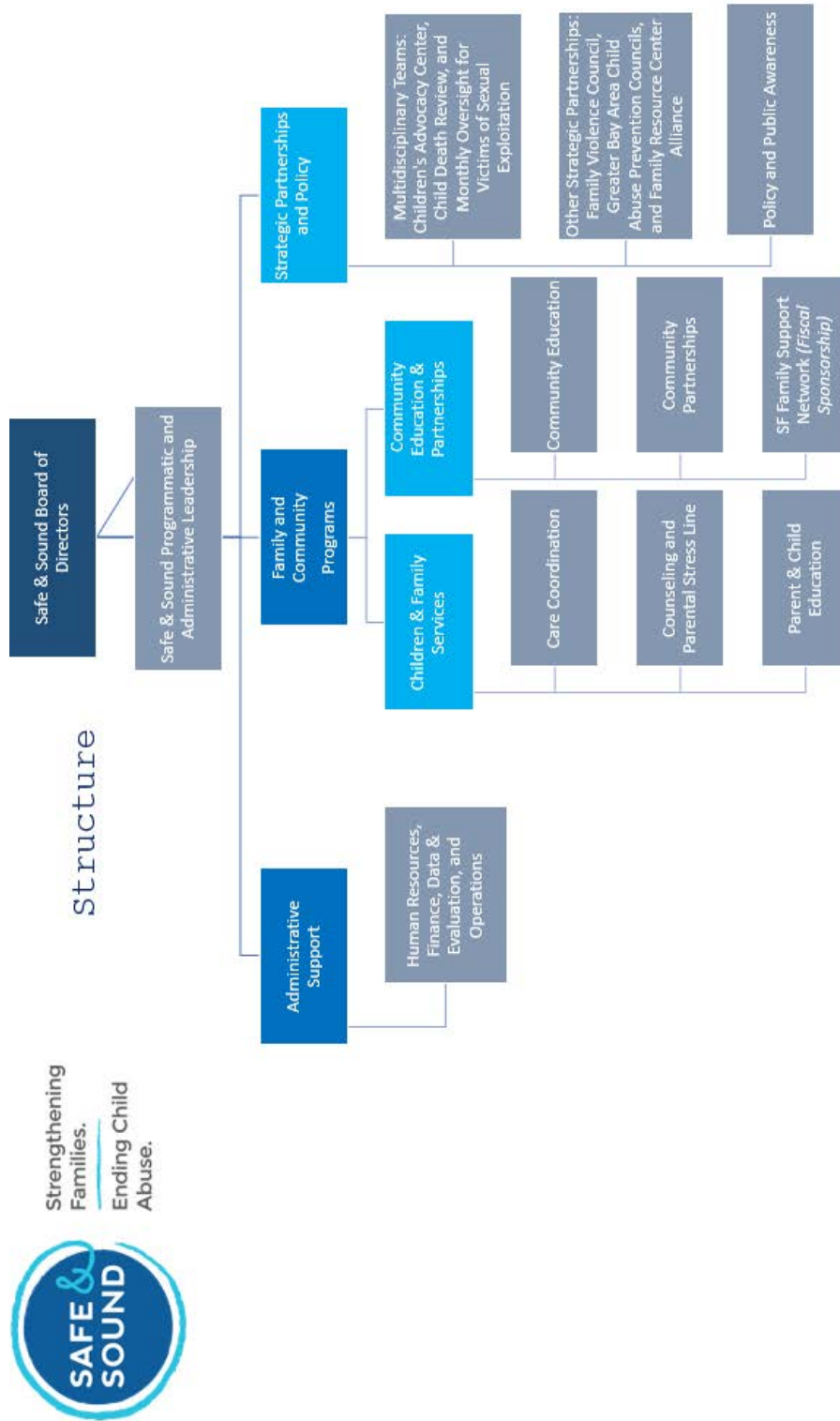
June 17, 2016
 (Original: March, 2016)

Implementation Structure for CWS Improvements

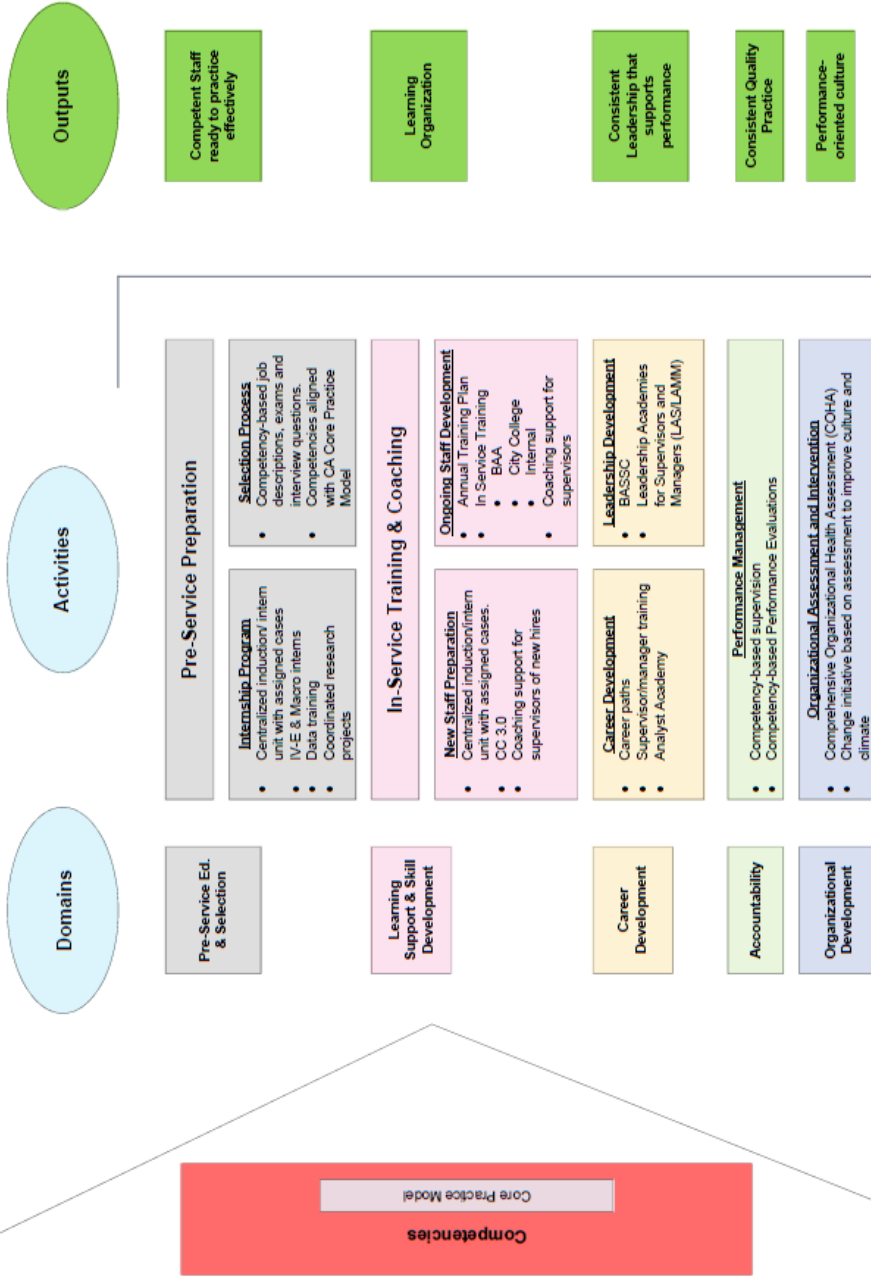




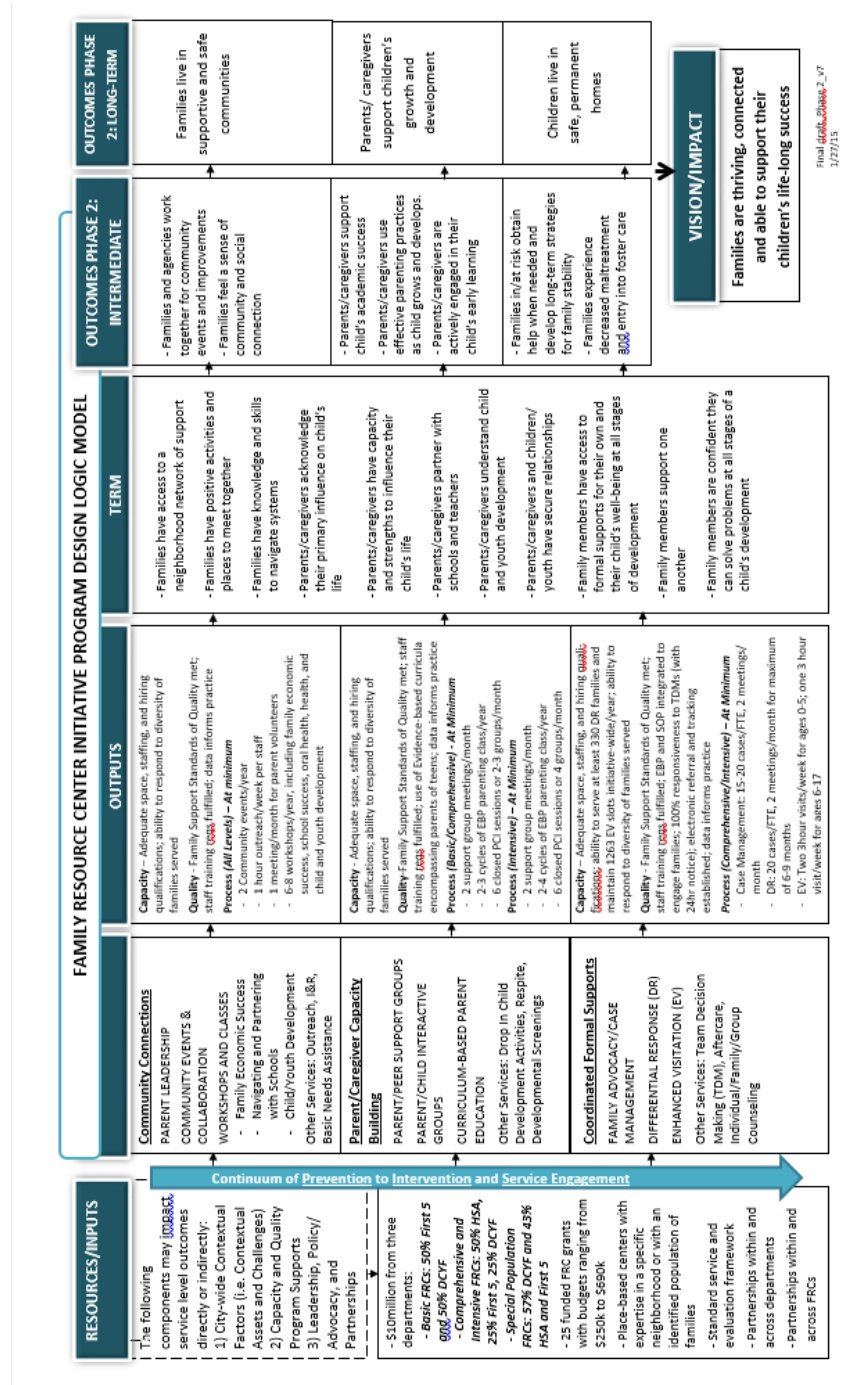
SAFE & SOUND ORGANIZATIONAL CHART



FCS Workforce Development System



FRCI LOGIC MODEL



ATTACHMENT G

LIST OF SFHSA FUNDED PROGRAMS

Agency	Contract Description	Contract Start Date	Contract End Date	Total Not To Exceed	Number of Families/Clients Served in FY18-19
A BETTER WAY	Peer Parent Program - The purpose of this grant is to provide a robust peer-to-peer mentoring program designed to support families that are involved with Family and Children’s Services (FCS) and the Juvenile Probation Department (JPD). The goal of the program is to promote successful family reunification, family stabilization, and reduce future child maltreatment and recidivism.	07/01/2018	06/30/2020	\$1,292,268	101 parents
ALTERNATIVE FAMILY SERVICES	Emergency Shelter Collaborative - The purpose of this pilot program is to develop, implement, coordinate, provide and support up to 10 emergency short-term placements for children in immediate need of out-of-home care with resource families. The San Francisco Emergency Placement Collaborative (ESC) is an emergency shelter program designed to provide a minimum capacity of ten immediate placements within approved and licensed Intensive Services Foster Care (ISFC) approved resource family homes. The goal of the program will be to provide immediate emergency placement for foster children who have no identified special need or disability in family care, in alignment with the goals of CCR.	12/01/2018	12/31/2020	\$2,154,748.00	43 families
ASPIRANET	Permanency Assessments - This grant will assist county RFA social workers in the completion of the Family Evaluations known as Permanency Assessments. The Family Evaluation is one of several components required for completion of	04/01/2018	06/30/2019	\$140,000	60 parents

	<p>the Resource Family Approval (RFA) process for conversion families. Conversion families are relative and non-relative caregivers residing within and outside of San Francisco County with whom San Francisco dependent foster children are placed.</p>				
COMMUNITY WORKS WEST, INC	<p>Visitation & Support Services for Incarcerated Parents - The purpose of these services is to provide visitation, individualized one-on-one, peer support activities and counseling for the parents/guardians of children who are dually involved in the child welfare and criminal justice systems. Incarcerated visitation services include assisting protective services workers in arranging, scheduling, navigating and confirming parent / guardian child visits at jails under the jurisdiction of the City and County San Francisco (CCSF) Sheriff Department.</p>	07/01/2017	06/30/2020	\$350,017	105 families
EDGEWOOD CENTER FOR CHILDREN AND FAMILIES	<p>Kinship Services - The purpose is of this grant is to:</p> <ol style="list-style-type: none"> 1. Provide supportive services, activities and intensive case management to eligible relative caregivers, children and youth 2. Educate relative caregivers about the importance of permanency and the option of legal guardianship / KinGAP 3. Assist relative caregivers through the process of establishing guardianship 	07/01/2016	06/30/2019	\$1,495,810	67 youth and 33 families
FAMILY BUILDERS BY ADOPTION	<p>Adoption and Permanency Services - This contract will have two components to support permanency for children and youth in the San Francisco foster care system. First is to provide pre and post adoptive services, including recruitment of appropriate adoptive applicants; and, second is half the funding for a FTE position to work with DHS-FCS staff to</p>	07/01/2016	06/30/2019	\$1,914,423	38 RFA families and 56 children

	continue to improve permanency outcomes				
FAMILY SUPPORT SVCS	Respite Care and Training & Recruitment Program for RFA Approved Families - The purpose of respite care is to prevent reoccurrence of child maltreatment, reduce family stress, and stabilize or improve family functioning by providing quality respite care to Resource Family Approved (RFA) families.	07/01/2017	06/30/2020	\$1,220,493	59 parents
FAMILY SUPPORT SVCS	SafeCare Parenting Education - The purpose of the grant is to provide home-based services to San Francisco families with children who are at risk for abuse or neglect through utilizing SafeCare® Parenting Education, an evidence-based in-home parent training model that provides direct skill training to parents in child behavior management, home safety, and child health care to prevent and intervene with child maltreatment.	07/01/2016	06/30/2019	\$1,823,532	331 Youth
FIRST PLACE FOR YOUTH	Independent Living Skills Program for Foster Youth - The purpose of the grant is to provide: A. Direct services - Assessment, individualized services, workshops, resources and guidance through innovative and creative programming to support transition to adulthood and independent living. B. Permanency services – Youth engagement and support that facilitate the identification and reconnection of youth and young adults to their family members and other supportive adults to promote stable, supportive relationships and lifelong connections.	07/01/2017	06/30/2020	\$3,976,779	10 families

HAMILTON FAMILIES	Rapid Support Housing @ 538 Holloway - The purpose of this grant is to provide residential management services to occupants of a temporary family housing building, to be located at 538 Holloway Avenue in San Francisco.	07/01/2018	06/30/2019	\$350,431	86 families
HOMELESS PRENATAL PROGRAM	Homeless Prenatal Program-Bringing Families Home - The BFH grant is a Rapid Re-Housing Initiative that embodies a Housing First approach to assist families who have been identified as being homeless, at risk of homelessness, or experiencing housing instability, that are involved in the FCS child welfare system.	07/01/2018	06/30/2019	\$993,867	327 families
HOMELESS PRENATAL PROGRAM	Substance Abuse Support Services for FCS-Linked Families - The BFH grant is a Rapid Re-Housing Initiative that embodies a Housing First approach to assist families who have been identified as being homeless, at risk of homelessness, or experiencing housing instability, that are involved in the FCS child welfare system.	07/01/2017	06/30/2020	\$2,762,207	68 youth
HUCKLEBERRY YOUTH PROGRAMS, INC	Crisis Intervention & Case Management for CSEC/YA - The purpose of the grant is to launch a pilot program to provide crisis intervention services, advocacy and case management for commercially sexually exploited children and young adults (CSEC/YA)	07/01/2018	06/30/2021	\$1,494,756	269 families
INSTITUTO FAMILIAR DE LA RAZA INC	Differential Response Coordination Services - Grantee will provide the coordination, referral triage, training, quality assurance, case consultation and planning to the Differential Response Liaisons across a multi-cultural, multi-neighborhood network of family resource centers and other similar programs. The Lead DR Liaison/Coordinator will provide direct case management services as availability allows. The goal is to	07/01/2016	06/30/2019	\$654,463	627 applications

	strengthen, support and preserve families who have been referred to Child Protective Services using community based interventions including standardized assessment, family engagement techniques and community partnership.				
MAXIMUS HUMAN SERVICES	SSI Application Screening & Assistance - The purpose of this contract is to provide screening for potential SSI eligibility, assist in obtaining information necessary and completing SSI applications, application tracking and appeals, coordination with SSA, data reporting, benefit maintenance/retention assistance, training, and the similar support in the management of SSI on behalf of children, youth, and non-minor dependents or wards in foster care.	07/01/2017	06/30/2019	\$312,613	47 parents
MT ST JOSEPH-ST ELIZABETH	SafeCare Parenting Education - The purpose of the grant is to provide home-based services to San Francisco families with children who are at risk for abuse or neglect through utilizing SafeCare® Parenting Education, an evidence-based in-home parent training model that provides direct skill training to parents in child behavior management, home safety, and child health care to prevent and intervene with child maltreatment.	07/01/2016	06/30/2019	\$1,170,373	143 families
SAFE & SOUND	Mandated Reporter Training & Intervention Services Renewal 17-19 - These services will: A. Educate mandated reporters about child abuse and child abuse reporting requirements, to provide the community, including child-serving professionals, parents, and children with knowledge and tools to prevent abuse and to speak up when it happens, and to give technical assistance in the areas of child abuse	07/01/2017	06/30/2019	\$985,998	94 families

	<p>prevention and other relevant topics;</p> <p>B. Create and improve partnerships to prevent and respond to child abuse in San Francisco in a more effective and coordinated manner; and</p> <p>C. Provide prevention and intervention services to families at risk of abuse and neglect in order to improve outcomes for both children and their parents by enhancing their protective factors and thereby reducing the risk of child abuse.</p>				
SENECA FAMILY OF AGENCIES	<p>East Bay Visitation Center - This program will provide comprehensive visitation services for families referred by Child Welfare. The purpose of the service is for San Francisco to comply with visitation orders and mandates, utilize visitation as an opportunity to build parental capacity and strengthen family relationships, and increase successful reunification and permanency outcomes.</p>	07/01/2017	06/30/2020	\$1,569,038	109 families
SENECA FAMILY OF AGENCIES	<p>Permanency Assessments -This grant will assist county RFA social workers in the completion of the Family Evaluations known as Permanency Assessments. The Family Evaluation is one of several components required for completion of the Resource Family Approval (RFA) process for conversion families. Conversion families are relative and non-relative caregivers residing within and outside of San Francisco County with whom San Francisco dependent foster children are placed.</p>	04/01/2018	06/30/2019	\$154,000	Average enrolled per month: 120 youth

SENECA FAMILY OF AGENCIES	SB 163 and IVE Waiver Wraparound Services - The goal of the SF Wraparound Collaborative is to successfully move target population children and youth into a family-based service setting, while improving placement stability as well as mental health and educational outcomes.	07/01/2018	06/30/2020	\$9,100,000	117 families received visitation services and 21 families received transportation services
SENECA FAMILY OF AGENCIES	Visitation and Transportation - The Visitation and Transportation Services Program is a partnership between the San Francisco Human Services Agency (HSA) and Seneca Family of Agencies. The program is designed to support HSA in providing visitation supervision and triage for families' weekend transportation and supervision for court ordered visitation or other services (e.g. therapy) for San Francisco dependents, and weekday transportation for San Francisco County dependents for visitation, school, or other services. The purpose of the grant is to support HSA in meeting court orders for visitation and other services and promote reunification and permanency outcomes for children and families.	07/01/2017	06/30/2020	\$1,283,781	107 as of March 30, 2019. It may be another 25-30 families for Quarter 4.
ST VINCENT DE PAUL SOCIETY	Domestic Violence Intervention Services - To provide comprehensive domestic violence intervention and referral services to families who are involved with Child Protective Services (CPS) or families who have been referred to HSA's Family and Children's Services (FCS) hotline. These services are intended to increase the safety of children and families and promote family stabilization.	07/01/2018	06/30/2019	\$331,376	110 cases
TODD WRIGHT	FCS Ombudsman - To resolve complaints from individuals with concerns connected to a Family and Children's Services (FCS) case by providing an Ombudsman who will investigate, respond to and facilitate	07/01/2018	06/30/2022	\$516,908	

	resolution of complaints.				
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ATTACHMENT H
FAMILIES MOVING FORWARD REPORT EXECUTIVE SUMMARY

Executive Summary

Homelessness is a national problem, particularly acute in San Francisco. Through the 2000s, the philosophy of “housing first” transformed the supportive housing system, emphasizing permanent housing as a necessary condition to the successful use of services rather than the end-goal of a case plan. Though homeless families were a growing proportion of its caseload, the San Francisco Human Services Agency’s (SF-HSA) child welfare program had not integrated the housing-first philosophy into its case planning of child welfare cases involving homeless families. The agency still emphasized services while wishing for housing stability, at best coordinating with the supportive housing system on a case-by-case basis rather than in a structured, systematic way.

San Francisco’s Families Moving Forward (FMF) project aimed to reduce the need for foster care among families identified as homeless when they were investigated for maltreatment. While homelessness is not a reason for a child to be removed from his or her parents, it often aggravates other issues such as parental addiction, domestic violence, and trauma. Children in homeless families who come to the attention of child welfare are at increased risk for placement, and children from homeless families who need to be placed are less likely to reunify than maltreated children who are not homeless. SF-HSA believed that a housing-first approach, one that coordinated intensive case management services with permanent housing, was likely to result in better outcomes for these families.

In 2012, the federal Children’s Bureau funded five sites nationally to design and test models that provided permanent housing along with supportive services.¹ SF-HSA used this opportunity to develop a more formal collaboration with the San Francisco Housing Authority and a local non-profit agency, the Homeless Prenatal Program, as well as other key partners, to coordinate scattered-site housing with intensive support services. Named Families Moving Forward (FMF), SF-HSA’s project featured three main strategies. First, it targeted families early in their child welfare experience so that they could stabilize quickly and address their co-occurring problems, reducing the need for ongoing child welfare involvement. Second, it offered a mix of rapid housing resources, mostly Family Unification Program (FUP) Housing Choice Vouchers. Third, it provided housing search assistance and ongoing, intensive support services. Chapin Hall at the University of Chicago led the evaluation.

Methods

We evaluated the effectiveness of FMF using a randomized controlled trial design. Families with in-home (preservation) cases and families with out-of-home (reunification) cases were separately randomized to a treatment group that was offered FMF or a control group that received usual service. The implementation evaluation assessed the extent to which the program was delivered as intended and used a continuous quality improvement (CQI) approach to promote program design modifications mid-course. The outcome evaluation relied on administrative and survey data. We also examined a subset of the treatment group in order to understand what characterized non-participants and the relationship between outcomes and the timing of housing among those who participated but did not complete the program.

1 *Partnerships to Demonstrate the Effectiveness of Supportive Housing for Families Involved in the Child Welfare System (SHF) grant*

Findings

Implementation

Success depended on: 1) efficient targeting to identify and enroll eligible families; and 2) effective partnership among the system partners so that treatment families would receive the full dose of the intervention in the intended sequence along the expected timeframe. Targeting was successful. The cross-system partnerships did not work as expected to house families quickly. Yet the project partners leveraged their resources and relationships to manage the circumstance, preserving the principle of housing first.

Nearly one third of the treatment families were never permanently housed, and it took 10 months, on average, for those who were housed to be settled in their permanent home. This delay was in part due to the difficult local housing market, and in part due to unanticipated challenges in navigating the multiple steps necessary to both procure and use the housing voucher (e.g. porting the voucher to other jurisdictions). A number of strategies were used to stabilize families while they waited for permanent housing, and to accelerate the housing process. Of the 79 treatment families, 48 were eventually successfully housed in permanent homes. Thirty-seven received the full treatment. They “graduated” from the FMF program, having been successfully housed in a permanent home, their child welfare case(s) were closed, and they showed no remaining areas of actionable need on their assessments. Although these families did not necessarily get the intervention in the intended order, they did receive all of the program elements.

Child Welfare Outcomes

Among families who entered the study when their children were in foster care (reunification cases):

- There was modest evidence to suggest that treatment families reunified faster. Nearly all treatment families who reunified did so in the first three months. Treatment families with children in care longer than six months were no more likely to reunify than control families.
- Eighty-five percent of all reunifications preceded housing for treatment families.
- Once reunified, there was no significant difference in the likelihood of later child welfare involvement, including re-investigation, re-substantiation, a new in-home case, or reentering foster care.

Among families with in-home (preservation) child welfare cases when they entered the study, the findings are as equivocal:

- Treatment families were marginally less likely to have removals within the first six months, but the difference diminished by one year.
- There was no significant difference between groups in the likelihood of subsequent child welfare involvement, measured as a re-investigation, re-substantiation, or new case opening.

Housing Outcomes

- Although nearly one-third of the treatment families left the program before being housed, overall treatment families were more likely to secure any form of housing than control families, and preservation families were more likely to secure housing than reunification families.

- Obtaining permanent housing took an average of 10 months, but ultimately treatment families were more likely to become permanently housed than control families.
- Treatment families were more likely to remain stably housed than control families.

Well-Being Outcomes

- Parents who participated in FMF showed meaningful improvements in assessment domains of family strength and family functioning, residential stability, social connectedness, and substance abuse both over time and compared to control group parents.
- Child and Adolescent Needs and Strengths (CANS) screenings trended in the desired direction but showed no significant reductions in need for children in treatment families compared to children in control families.

While we cannot draw causal conclusions from a subgroup analysis of only those who participated in the program, there were a few notable descriptive observations not readily visible in the larger causal analysis:

- Permanent housing did not appear to be essential to prevent placement or to facilitate reunification.
- Reunification families were less likely to engage with FMF. No preservation families failed to engage. Nearly all of the unengaged reunification families had substance-exposed newborns and reunification services were terminated after a period of failure to engage with the child welfare worker.

System Change Outcomes

The project generated a multitude of changes in how housing, support services, and child welfare programs coordinate efforts to serve child welfare involved homeless families. At the outset SFHSA was not confident that it knew which families in its child welfare program were homeless, the data was so poor. Its early efforts were rudimentary, like settling on a single definition of homelessness, training child welfare workers on it, and monitoring the data to ensure that homeless families were recognized and served appropriately. Today child welfare workers are expected to record the family's housing status and incorporate housing into case plans.

The collaboration between SFHSA and the San Francisco Housing Authority became more effective and the Homeless Prenatal Program was added as a key player. Administrative processes were changed, making it easier to serve child welfare involved families and accelerating the issuance of vouchers. Strong working partnerships were formed at every level, making it easier to rapidly address and resolve obstacles. Prior to the FMF project, San Francisco was not making full use of FUP Vouchers. Now all of San Francisco's FUP vouchers are being utilized and the San Francisco Housing Authority continues to provide housing support for new families.

Conclusions and Implications

FMF adhered to the principle of housing first, even though it could not be delivered quickly. The promise of housing, which is central to the housing first approach, was a key element of the program even as it became clear that "housing first" did not mean "housing fast."

While case management and the promise of housing may have contributed to fast reunification and helped preservation families stay intact, the housing itself could not have. That said, the absence of immediate housing did not prevent a sizable portion of the treatment group from participating in and benefiting from the

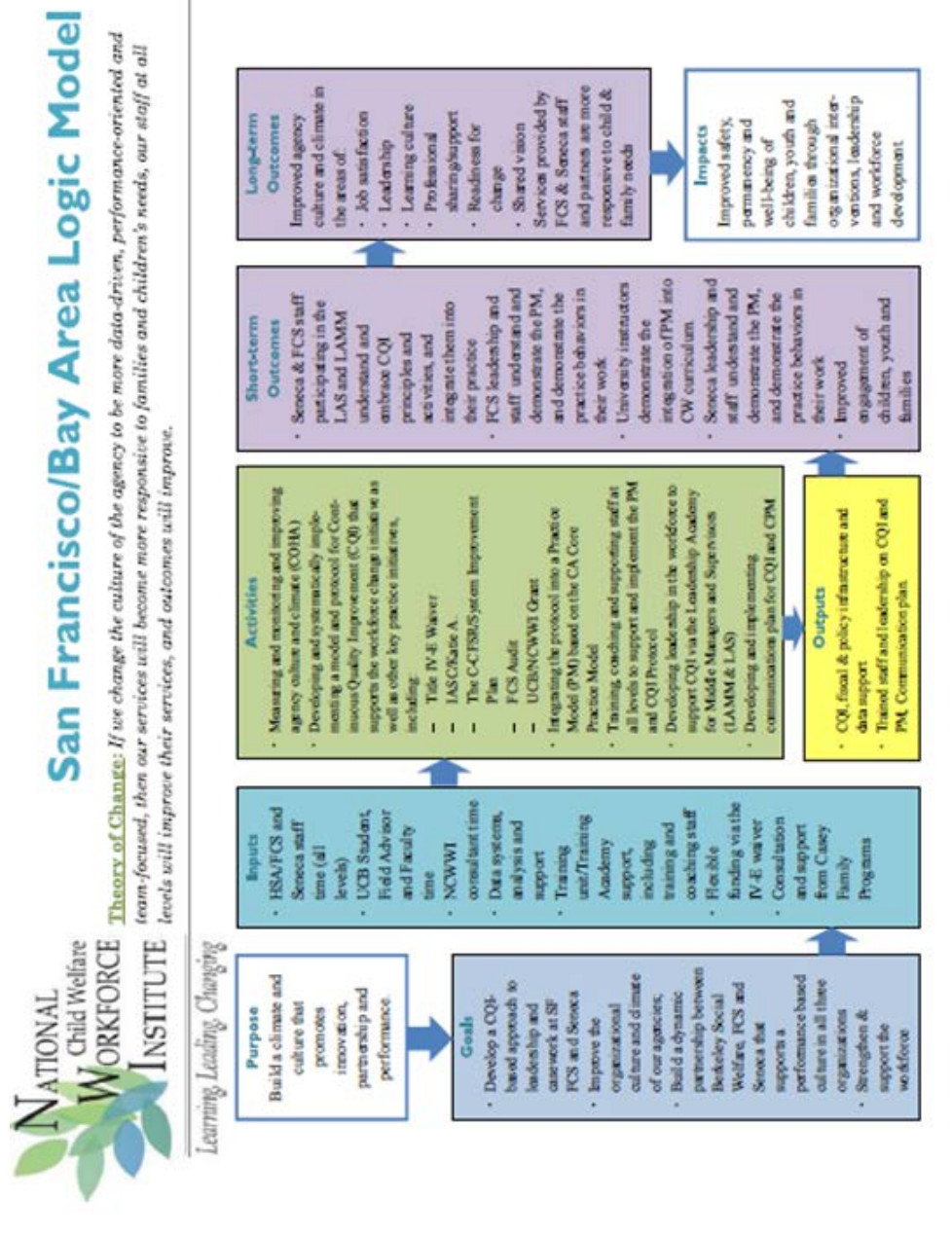
intervention. Those that persisted in the program were eventually housed stably and parents experienced improvements in their well-being. We cannot say if families who engaged but did not complete would have had better outcomes had they been more rapidly housed: some families

had less desirable child welfare outcomes that preceded permanent housing; others received housing, but still had further engagement with the child welfare system.

These findings call for an approach that accounts for the variation in needs among homeless child welfare involved families who present to social services systems. Developing that approach will depend on robust, synthesized systems collaboration. This requires detailed attention to collaboration during the earliest stages of program development, long before program launch. Program leadership needs to forge relationships that clearly and early articulate the partner roles and responsibilities to execute the theory of change. Additionally, the specific processes and procedures that govern partnership must be specified, communicated and monitored in order to ensure that they are operating as intended. Equally important, the process for sharing information both related to the case and to support ongoing monitoring and CQI efforts is fundamental and should be arranged early on.

The FMF project was implemented within a larger national and local context of family homelessness awareness. The attention of the Children's Bureau, articulated locally through San Francisco's FMF project, heightened awareness about the unique issues facing homeless families in the child welfare system. Two years ago, the California Department of Social Services launched the Bringing Families Home initiative. Its funding has helped sustain FMF's services, but also allowed surrounding counties to launch similar programs. Today there is a statewide conversation about the role of homelessness in child welfare, and the FMF project has informed that conversation.

FCS CHANGE INITIATIVE LOGIC MODEL



Overview & Focus Area

As part of the San Francisco C-CFSR process, numerous focus group sessions were held with stakeholders from both Child Welfare and Juvenile Probation during the first quarter of 2019. The focus groups elicited input into the strengths and obstacles facing both Child Welfare and Juvenile Probation in terms of the C-CFSR focal outcome P1: achieving permanency within one year. Specific ideas suggested by stakeholders for system improvement are also included.

Method

Distinct stakeholder groups were identified as important contributors to the C-CFSR focus group process and targeted for participation. Across both Child Welfare and Probation, a total of 100 participants contributed their input over the course of 15 focus group sessions. Participants represented multiple aspects of the Child Welfare and Probation systems, from birth parents and youth, to staff and management, to courts and public partners:

Child Welfare Focus Groups <i>51 total participants</i>	Juvenile Probation Groups <i>23 total participants</i>
CW Supervisors (5)	JPD Supervisors (7)
CW Line Workers (9)	JPD Probation Officers (8)
CW Support Staff (9)	JPD Bio-Parents (3)
CW Youth (7)	JPD Youth (3)
CW Bio-Parents (5)	Delinquency Court (2)
CW Resource Families (8)	
Dependency Court (8)	
Education (2)	
Serve Both CW & JPD Clients <i>27 total participants</i>	
Service Providers (14)	
Public Partners (10)	

A specific question set was developed for each focus group, designed to elicit that particular group’s perspective and experience while exploring key topic areas central to the P1 focus area. A representative question set used for the focus groups is included in the Appendix.

Findings

The results of each focus group were analyzed individually with attention paid to the strengths, challenges and solutions identified by participants. Themes were drawn across multiple focus groups, highlighting key overarching topics and viable strategies. Each theme is summarized in the findings below, supported by specific inputs, observations and suggestions. The findings from the Child Welfare focus groups are outlined first, followed by the findings from the

Juvenile Probation focus groups. As with all focus group activity, these findings may not be generalizable to the patterns of the system as a whole rather are indicators of experiences of those who participated in the focus groups.

Child Welfare Focus Group Findings

PLACEMENT

Findings about placement span a range of topics including placement proximity, supporting caregivers and approving resource families.

Placement Proximity

San Francisco has expanded use of in-home services to keep families safely together, yet the majority of children in need of care are placed out of county which delays timely permanency. (Providers, Resource Families, Line Workers, Supervisors, Youth, City Attorneys)

Strengths

- Greater utilization of in-home services helping to stabilize families and ensure safety without the need for out-of-home placement.
- Several practices such as Safety Organized Practice, Structured Decision-Making, Teaming and Family Engagement are supporting concerted efforts to do what it takes to keep families together.

There are amazing staff who work here. People doing amazing work under incredible pressure. People who really care and will get answers for you.

Challenges

- Severe lack of local placements interferes with maintaining important connections to family, friends and other supportive relationships linked to the child’s community and culture.
- Service continuity is often disrupted, and time is spent identifying and gaining access to new providers, processing presumptive transfer paperwork, and changing schools.
- Geography can often be a barrier to parent-child visitation, sibling connections, and educational continuity.
- Extremely time consuming for PSWs to make in-person contact when children and youth are placed across the state and in some cases, out of state.
- Rural counties typically have limited capacity to offer culturally specific services.

*—Resource Parent
Focus Group—*

Potential Solutions

- Re-invigorate targeted efforts to recruit local Resource Families with incentives, public service campaigns, faith-based partnerships, and establish a dedicated unit to cultivate candidates.
- Increase Resource Family retention through enhanced supports, communication and recognition efforts.

Supporting Caregivers

While the Quality Parenting Initiative has set a strong foundation for Resource Parents as integral members of the child’s care team, more is needed to fully support the role of caregivers. (Providers, Resource Families, Supervisors, Support Staff, Public Partners)

Strengths

- Implementation of the Quality Parenting Initiative (QPI) is beneficial:
 - Reinforces the purpose and process of Child & Family Teaming and the role of resource parents as important members of the team.
 - Promotes a culture change that values the contribution of caregivers.
- Resource parents are learning to advocate for themselves and better understand the role of child’s attorney, social worker and other partners on the child’s care team.
- More equitable monthly care rate for relative caregivers compared to non-relative caregivers.
- Increased access to respite through expanded contracted resources.

Giving seven day notice makes us feel like failures, but sometimes we have to do this for the social worker to take action and get needed services.

—Resource Parent

Focus Group—

Challenges

- QPI needs continued attention from the agency to keep moving toward full implementation.
- Several barriers prevent resource families from utilizing respite. During training Resource Families are promised 48 hours of respite per month, however limited funding and certification backlogs prevent all families from receiving this benefit.
- Specialized respite caregivers (e.g., for medically fragile children) are in short supply.
- Need more timely issuance of stipends and availability of child care support for resource families, especially relative caregivers. No child care available for post-adoption or legal guardianship families.

Potential Solutions

- Host a “Meet & Greet” between PSWs and resource families to begin a conversation focused on strengthening the relationship and sharing ideas for improvement.
- Develop a more comprehensive system of support for resource families to provide ongoing in-service support.
- Encourage and provide support for peer-led resource parent events and forums, such as Resource Parent Mentor Group, private Facebook group for resource families or problem-solving sessions.

Approving Resource Families

The Resource Family Approval process has raised awareness about the importance of permanency and provided more consistent preparation and training for resource parents, yet the process is cumbersome, and many relatives are unable to meet the new requirements. (Providers, Resource Families, Line Workers, Supervisors, Support Staff, City Attorneys)

Strengths

- Preparing Resource Families to become foster or adoptive parents provides greater opportunity to talk about permanency up front at the time of placement.
- RFA classes help educate resource families that permanency includes reunification, legal guardianship and adoption.

Challenges

- Takes too long for prospective resource families to access and complete training classes and other approval requirements which delays certification.
- Licensing restrictions can eliminate placements when the only barrier is housing circumstance, such as extended families living together for economic reasons.
- Current backlog on issuing RFA certifications.

Potential Solutions

- Align RFA classes and Resource Family Mentor Group with county expectations.
- Allow more flexibility with licensing requirements related to economic barriers, especially for relative caregivers.

ADDRESSING BIAS

FCS acknowledges issues around fairness, equity and bias and has taken several mitigating steps; however, bias continues to be a challenge and requires concerted attention. (Providers, Youth, Bio-families, Court, Supervisors)

Strengths

- San Francisco recently conducted a Comprehensive Organizational Health Assessment which identified “Bias” as one of five key areas of organizational culture to improve.
- COHA Action Teams are currently developing and testing strategies to address the issue of bias.
- The practice of Child and Family Teaming has improved the team’s ability to work through dissenting opinions and come together for a common purpose.

Challenges

- All members of the case planning team are subject to biased thinking at different times and under various circumstances: PSWs, Supervisors, Providers, Resource Parents, Biological Parents, Youth and others. The challenge is how to hold each other accountable for eliminating biases that preclude the team from making fair and equitable decisions in the best interests of the child or youth and their family.
- Specific examples of biases include youth who self-report a referral to the Hotline and may not be believed or assumed to be avoiding consequences; birth family members who may be dismissed as a placement resource before an assessment is conducted; undocumented individuals who may be judged based on stereotypes, rather than facts; or families who do not want to adopt due to cultural framework.

Potential Solutions

- Address bias through building awareness and skills of FCS workforce, resource families and providers to engage in courageous conversations that challenge biased thinking.
- Review the recommendations of the Disproportionality Study completed by San Francisco FCS in 2006 and re-consider applying these solutions going forward.

ASSESSMENTS & SERVICES

Findings about assessments & services clustered into themes related to service accessibility and serving special populations.

Service Accessibility

San Francisco has a rich array of service resources available within the county, yet access is often delayed by capacity, procedural or geographic barriers. (Providers, Resource Families, Line Workers, Supervisors, Court, City Attorneys)

Legal Guardians are often blindsided that services end once guardianship is finalized... [We've] seen guardianships rescinded because of lack of access to services for high needs children.

—Support Staff Focus Group—

Strengths

- Many high quality service providers and community based organizations serving children, youth and families are available in San Francisco and the Bay Area.
- Kinship, Wraparound and Peer Parent programs have all received positive feedback.

Challenges

- Services can be slow to start due to delays in securing Releases of Information from provider agencies.
- Demand for mental health services outweighs the supply – waiting lists, lack of providers, and lack of culturally appropriate resources can delay even initial assessments up to 3 or 4 months.
- Lack of accessible bi-lingual therapeutic services and providers (e.g., offered during specific hours that are not family-friendly).
- Other barriers to access include variable engagement skills of staff, non-renewal of grant-funded services, staff turnover at provider agencies and FCS.

Potential Solutions

- Partner with community resources to develop and maintain a web-based portal where children and families can search for available service options, confirm eligibility requirements, and review provider profiles.
- Provide “Tip Sheets” to resource families at various points in a case, with specifics about the child in placement and what services are available if needed.
- Publicize benefits of Family Resource Centers to communities most in need of the supports they offer.
- Advocate for greater equivalency for support post-guardianship, so that it is similar to post-adoption services.

Serving Special Populations

The unique needs of some children and youth require specialized programs and interventions to promote permanency and well-being for these populations with fairness and equity. (Providers, Resource Families, Supervisors, Court)

Strengths

- San Francisco County has a robust array of services and supports for LGBTQ youth.

- High quality programs targeted at older youth are delivered in partnership with community-based agencies.

Challenges

- Insufficient care facilities and delays in linking children and youth with special needs &/or developmental disabilities to services. Contributing factors include:
 - Strained working relationship with Golden Gate Regional Center
 - Long wait lists for early intervention
 - No alternative options while waiting
- Lack of inclusion of CSEC youth and their families in case planning.
- Some programs/providers present as serving youth with complex needs yet withdraw their services despite full disclosure of the youth’s needs at time of referral.

Potential Solutions

- Develop strategies to work more deliberately with biological families of LGBTQ youth toward acceptance and understanding of their child to prevent removal to out of home care.
- Explore how concepts from Safety Organized Practice and Harm Reduction principles may be used to better address safety, permanency and well-being of CSEC youth.
- Increase pool of experienced therapists and placement settings who can work with youth with complex needs and their families.

The agency works hard to get the family reunified. But if there is not a plan for Adoption or Legal Guardianship in place when FR services are terminated, then there is a tendency to “give up” on the case.

—Dependency Court

Focus Group—

PERMANENCY

Findings about permanency cover a range of topics including reunification support, maintaining connections and permanency planning.

Reunification Support

There’s a great emphasis on reunification in San Francisco County, yet more purposeful attention is needed to support the transition from living with a resource family to returning home. (Resource Families, City Attorneys)

Strengths

- Resource Families are getting ideas from one another about how to plan for transitions.
- Specific strategies to support reunification are working such as, ‘icebreakers’ where caregivers and biological parents meet prior to placement and co-parenting during placement.

Challenges

- Unclear what supports are available for resource families to help process the transition of a child leaving their home, whether it’s for a placement change or to return home.
- Skill level of PSWs to help manage placement transitions is widely varied; need for more consistent training and coaching in how best to prepare, engage, and support all parties through the change process.

- Resource Family retention may be impacted by how supported caregivers feel before, during and after placement transitions.

Potential Solutions

- Develop knowledge and skills for staff and Resource Families in attachment, grief and loss, trauma, etc.
- Create more opportunities to process transitions in case consultation.

Maintaining Connections

FCS is strongly committed to ensuring important connections are maintained for youth in out-of-home care, yet more could be done to assist when conflicts develop in these key relationships. (Providers, Resource Families, Supervisors, Court)

Strengths

- Increasing use of progressive visitation practices such as proactively holding CFTs to adjust visitation plan, rather than waiting for court hearing.
- San Francisco makes concerted efforts to keep siblings connected whenever possible.

Challenges

- Minimal supports for parent-child visitation poses barriers to consistent connections:
 - If child placed out of county, least expensive mode of transportation is used for visits (e.g., slower, more segments to reach destination) increases likelihood of missed visits.
 - Very time consuming to gain approval for exceptions to this cost-containment policy.
- Shorter stays in STRTPs reduces time to cultivate connections that lay the foundation for permanency.
- Conflicts that surface in placement tend to result in moving the youth to another family rather than using conflict resolution strategies to preserve the relationship.

Potential Solutions

- Improve Family Resource Center venues to be more family-friendly to support parent-child visitation by coordinating Family Resource Centers countywide to offer more convenient hours, establish consistent rules for confirming visits, better accommodate working parents, and centralize visitation center information online.
- Train PSWs (and other team members) to utilize conflict resolution strategies with families before placement changes are made in response to these struggles.
- Explore mobile crisis response team model for promoting family stabilization.

Permanency Planning

Strong focus is placed on reunification efforts in San Francisco is paying off, yet the full range of permanency options need concurrent attention from removal until permanency is achieved. (Providers, Resource Families, Line Workers, Supervisors, Bio Parents, Court)

Strengths

- More older youth are being adopted.
- Early identification of Adoption workers as secondary assignment on certain cases.
- Safety Organized Practice helps promote timely permanency in multiple ways:

- Sets a reasonable standard for returning home by focusing on safety/risk rather than striving for the ‘ideal’ family.
- Relative notifications help identify a family’s network of support.
- Case consultations are consistently SOP informed and case plans are becoming behaviorally based.

Challenges

- Implementation of changes related to Continuum of Care Reform (CCR) has created confusion, fewer placement resources for youth with complex needs, and internal contradictions in practice expectations from one program component to the next.
- Need more deliberate engagement of bio parents in permanency planning.
- Pushing adoption with resource families very early in placement, rather than taking time for an informed, supported decision-making process with caregivers.
- Family Finding often occurs too late in the case process to be an effective.

Having your child removed is traumatic. Provide time for parents to adjust and process that their child has been placed in care. Don’t start the clock right away—give us a minute!

—CW Biological Parents Focus Group—

Potential Solutions

- Begin planning for permanency, including contingency options, the first day that the youth enters the system, not at discharge or when reunification doesn’t work out.
- Develop practice guidance around facilitating quality permanency decisions, rather than relying on time pressure alone.
- Encourage revisiting reunification when youth in Supportive Transition to consider changed circumstances for parent, increased protective capacity of youth, and reduced safety risks.
- Revise Family Finding practice to align with concurrent planning best practice—start family finding when court case opens.

TEAMING

Family-centered teamwork to enhance case planning decisions and influence permanency is taking hold as a core practice value. Continuing implementation efforts are needed to clarify

Start thinking about transitioning a family out of the system from the very beginning of the case. Bring in a family’s network early in the case to help with planning so they can learn how to sustain and care for each other without the system.

—CW Supervisors

Focus Group—

roles and responsibilities for the variety of team members involved in a case to ensure coordination and consistent focus on family voice and choice. (Providers, Resource Families, CW Supervisors, CW Line Workers, CW Support Staff, Dependency Court, Youth, Parents, Educators)

Strengths

- Introduction of Child and Family Teams has contributed to improved coordination, more creative solutions, inclusion of family and their support network.
- Birth parents have been more effectively involved in teaming with a parent advocate’s guidance.
- Experienced, long-time workers instinctively team with one another, conduct informal consultations, and support each other.

Challenges

- Relationship-building, expectation setting, and role clarification are needed to improve roles that team together frequently:
 - Provider & PSW; Resource Parent & PSW; Resource Parent & Biological Parent; PSW & Eligibility; City Attorney/PSW/Supervisors; Provider/Biological Parent/PSW
- Biases among team members, even those who have received training, compromise the ability of the team to be effective.
- Less experienced workers may not have same robust peer support network as more experienced workers.
- To become a more integral part of the team, youth crave deeper, more meaningful relationships with social workers in which they feel respected, understood, advocated for and supported.
- Mechanics of CFTs can sometimes overshadow the purpose and intent of CFTs as a family-centered decision-making forum.
- Resources families don’t always feel respected or understood in their role in the child’s life or as a contributing member of the CFT.
- Limited teaming happening between FCS and Behavioral Health; lack of coordination interferes with meeting youth’s mental health needs, which impacts permanency.
- Adversarial relationship with attorneys delays permanency through continuances, contesting FCS actions, and questioning worker recommendations.
- Community resources who provide prevention services are excluded from CFTs; often difficult to arrange their participation on the team.

The more you reduce relational intervention, the timeline to reach permanency will stretch out.

—CW Supervisors

Focus Group—

Solutions

- Increase emphasis on education by hiring an education liaison to enhance teaming around educational needs of youth (especially youth placed in STRTPs).
- Create opportunities for team members to regularly contribute their feedback and insights into improving the teaming process.

- Supplement quantitative tracking of CFTs with qualitative review of fidelity to quality CFT practice.
- Develop creative ways to bring community resources to the table at CFTs (videos, brochures, testimonials, Facetime/Skype, etc.).
- Offer icebreaker-type activities to welcome biological families into relationship with resource families.

COMMUNICATIONS

While CFTs have significantly increased opportunities for communication among team members, communication gaps continue to challenge the teaming and working relationships between and among stakeholders involved in case planning. (Biological Parents, Resource Families, Providers, Dependency Court, CW Line Workers, CW Youth, Educators, CW Supervisors, CW Support Staff)

Strengths

- Introduction of Child and Family Teams has created more opportunities for communication.
- FCS leaders model transparent, consistent and open communication with providers.
- Bringing in family support resources to participate in mediation sessions has been beneficial for families.
- Changes at Dependency Court (limited use of jargon, revised court reports) have improved communications with Biological Parents.

Challenges

- Transitions (transfer of assigned worker; movement from one placement to another; at reunification; at legal guardianship) are particularly marked by inadequate communications. Transition communication tasks often left (by default) to resource families, yet no formal expectation, training or support provided to play this role.
- Communications between roles that team together frequently need to be improved:
 - Provider & PSW; Resource Parent & PSW; Resource Parent & Biological Parent; PSW & Eligibility; City Attorney/PSW/Sup; Provider/Biological Parent/PSW
 - Unclear expectations about what case information is communicated to whom, how and when it is communicated and the relevance the information to the team member's role.
- Inconsistency across all team members to acknowledge parents' voice & choice, although some efforts are being made in this area.
- Resource families can better support youth in their care when regularly informed about child's strengths & needs, case progress, visitation plans, child's circle of support, etc.
- City Attorneys and FCS Court liaisons need a better understanding of system realities in terms of placement, resources, mandates, and improved communication with FCS.

Potential Solutions

- Add case assistants to help with casework tasks (paperwork, referrals, data entry, etc.) to allow PSW time to communicate more effectively with family and youth.
- Leverage different systems to increase/improve opportunities for communication (e.g. schools can communicate with parents around placement).
- Hold regular dialogues with stakeholders to address systemic issues, not just at SIP revision time.
- Enhance communication with resource families by PSWs returning calls timely, ensure those covering for PSW are knowledgeable enough about the case to make decisions, provide “Who to Call” phone list for each youth placed in care.

WORKFORCE DEVELOPMENT

Expand consistency of quality social work practice and supervisory support across the child welfare workforce serving the children and families of San Francisco County. (Providers, Resource Families, Line Workers, Supervisors, Support Staff, Dependency Court, City Attorneys)

Strengths

- Supervisors are highly regarded by PSWs.
- Many staff are effective, collaborative team members by communicating frequently, understanding theirs and others’ roles and holding themselves and others accountable.

Challenges

- Supervisors viewed by PSWs as overburdened with mandates, initiatives and other tasks that distract them from their supervisory role.
- High turnover of PSWs & multiple PSWs assigned over a single family case compromise case continuity toward permanency goals and teaming effectiveness.
- Inconsistent knowledge across FCS workforce about availability of service array, eligibility requirements and how to access specific resources, leading to underutilization of services.
- Establish internal accountability structures that promote consistent communications and more satisfied customer base
- New social workers often feel inundated, reducing their capacity to work into informal support networks and participate as effective team members.
- PSWs are inconsistent in their family engagement style, focus and ability when working with youth, bio families and resource families.

Solutions

- Provide more training to PSWs on how to support Resource Families in terms of roles and expectations.
- Build workers’ skills to become better advocates for youth.
- Expand trauma-informed skill building for Peer Parents, resource families and contracted resources such as therapists and STRTP staff.
- Free up supervisors’ time to prioritize guiding and coaching staff; find a way to balance risk management with creativity and flexibility in the service response.

- Set up ride-along for policy setters and managers to connect to the daily work of PSWs.
 - Stop taking on new initiatives for one year to fully implement what’s already in progress.
-

Juvenile Probation Focus Group Findings

Timely Permanency

Significant improvements toward timely permanency have been made, yet internal processes could be adapted to gain efficiencies.

Strengths

- The addition of Re-entry Social Workers as resources to prepare for youth returning to the community from Probation involvement is effectively supporting these transitions.
- Greater teaming is occurring to ensure assessments, planning and supportive services are coordinated for Probation youth.
- Concurrent planning is being emphasized as a strategy to ensure contingency permanency options are explored in the event reunification cannot be reached.

Challenges

- The Resource Family Approval process can be cumbersome and delay permanency because of the time it takes for the certification requirements to be met.
- The method used to track reunification inflates the length of time a youth is reported to have spent in out-of-home care. Currently, a youth is not ‘counted’ as reunified until the Delinquency Court vacates the Out of Home Care Order, rather than using the date of return home as the measure.

Potential Solutions

- Redefine the metric for achieving permanency to more precisely identify the actual time the youth is out of the home.

Services and Supports

San Francisco has an abundance of resources available to serve the needs of youth and their families, yet community-based, family-selected services are often underutilized.

Strengths

- Concerted efforts are being made to identify and engage the youth’s natural circle of support

Challenges

- Need for improving linkages to services and supports that don’t depend on system involvement, so that youth and their families can continue making progress following case closure.
- Increased access to mental health providers who can provide culturally relevant services to address the needs of diverse youth is needed.

Potential Solutions

- Enhance collaboration with FCS to develop more opportunities for family strengthening for youth who are at risk, previously involved with Probation including provider continuity.
- Provide incentives for bi-lingual qualifications

Family Engagement

While youth voice and choice are effectively promoted by JPD, more emphasis on supporting the family/community environment is needed to sustain the gains made by youth during placement and treatment.

Strengths

- Youth voice and choice is effectively being promoted by Juvenile Probation at all stages of planning and intervention.
- Probation Officers consistently advocate for empowerment of youth to shape their own identification of priority needs, service plans and supports to address those needs.

Challenges

- Need to increase capacity for family support and parent education during placement
- Need more emphasis and support for youth to take advantage of Summer employment opportunities.
- Need to improve the availability and access to therapeutic services for parents.
- Need for youth-focused alternatives to recovery support groups in the community (e.g., youth-focused equivalent to Alcoholics Anonymous, Narcotics Anonymous).

Potential Solutions

- Increase capacity of “FIRST” family support program to support reunification and after care for Probation youth in out of home placement.
- Re-examine Parent Partner program as a means to support families in maintaining gains made by the youth during placement.
- Strengthen the court’s role as a partner in family engagement.
- Reinforce the value of parallel services while the child is in placement and following to all parties engaged in teaming.
- Engaging Horizons to provide youth-related recovery support groups.

Teaming

More deliberate teaming emphasizes shared responsibility for outcomes; however, coordination and integration needs improvement.

Strengths

- CASAs are an effective communication bridge between POs and PSWs.
- Less adversarial relationship with attorneys than in the past.
- CFT lifted up as helpful aspect to coordination.

Challenges

- Several Probation Officers are assigned to a youth throughout the case life cycle without sufficient transfer of knowledge about the case circumstances and history at each hand-off.
- Need for greater streamlining and coordination of assessments and services to eliminate redundancy.
- There is no formal program to coordinate services, unify court involvement and intensify family engagement for youth who are simultaneously involved in child welfare and probation (“Dually Involved Youth”).

Potential Solutions

- Consider strategies to maintain case knowledge such as vertical caseloads to decrease number of POs who are sequentially assigned to a case.
- Establish formal opportunities to share information between assigned POs to better orient newly assigned personnel to the history and facts of the case (e.g., “warm hand-offs”, transition meetings, etc.).

HUMAN SERVICES AGENCY
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