



April 2, 2007



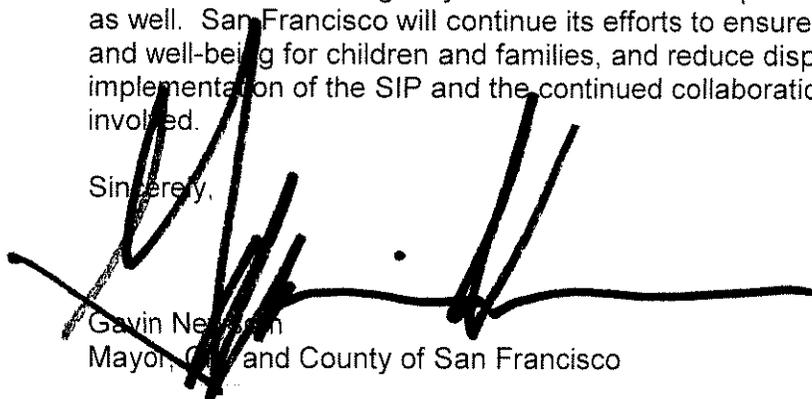
Glenn Freitas, Branch Chief  
California Department of Social Services  
Children's Services Operations Bureau  
744 P Street, MS 3-90  
Sacramento, CA 95814

Dear Mr. Freitas:

I am pleased to approve the 2007 System Improvement Plan (SIP) for the San Francisco Human Services Agency.

The development of the SIP involved not only the participation and support of the Human Services Agency staff but a number of public and private partners as well. San Francisco will continue its efforts to ensure safety, permanency, and well-being for children and families, and reduce disproportionality through implementation of the SIP and the continued collaboration of the partners involved.

Sincerely,



Gavin Newsom  
Mayor, City and County of San Francisco

SIP Cover Sheet

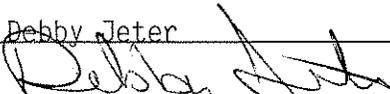
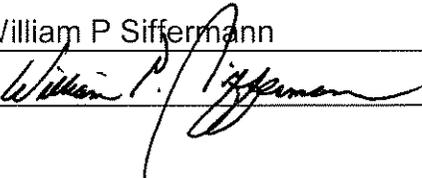
**California's Child and Family Services Review  
System Improvement Plan**

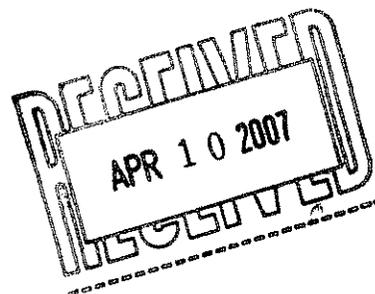
<b>County:</b>	San Francisco
<b>Responsible County Child Welfare Agency:</b>	San Francisco Human Services Agency Family and Children's Services
<b>Period of Plan:</b>	October 2007 – September 2010
<b>Period of Outcomes Data:</b>	(1) Quarter ending June 30, 2003
<b>Date Submitted:</b>	(2) April 7, 2007

**County Contact Person for County System Improvement Plan**

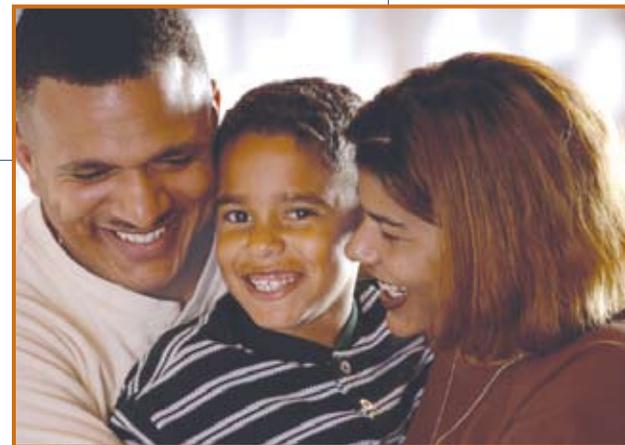
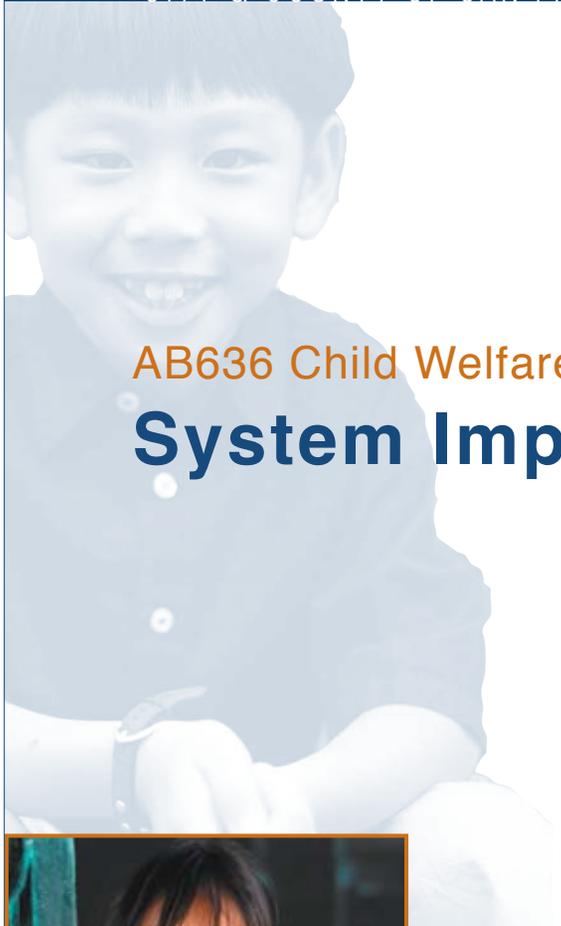
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**Submitted by each agency for the children under its care**

<b>Submitted by:</b>	<b>County Child Welfare Agency Director (Lead Agency)</b>
<b>Name:</b>	Debby Jeter
<b>Signature:</b>	
<b>Submitted by:</b>	<b>County Chief Probation Officer</b>
<b>Name:</b>	William P Siffermann
<b>Signature:</b>	



AB636 Child Welfare Services  
**System Improvement Plan**



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## I. Introduction

The System Improvement Plan (the “SIP”) outlines the strategies that the San Francisco Human Services Agency, Family & Children’s Services Division, plans to implement over the next three years to improve outcomes for children and families. The SIP is one of three components in a triannual evaluation and planning process mandated by AB636, the Children Welfare System Improvement and Accountability Act of 2001.

AB 636 mandates that every county undergo a self assessment, qualitative case review process, and system improvement plan every three years. The intention of AB 636 is to shift child welfare services to a more outcomes-based system and to implement key reforms, such as partnering more actively with the community, sharing responsibility for child safety, strengthening families, and assuring the fairness and equity of service delivery and outcomes. The San Francisco Human Services Agency’s (SF-HSA) must analyze, in collaboration with key partners, its performance on critical child welfare outcomes and develop plans to build on its systemic strengths and overcome its weaknesses.

This 2007 SIP marks the beginning of a second triannual cycle for SFHSA, and incorporates the findings of the Self-Assessment and the Peer Quality Case Review (the “PQCR”) as mandated by AB636. The PQCR was completed in February 2006 by both Juvenile Probation and Child Welfare Services. In interviews with peers from selected counties, child welfare staff identified strategies to address the issue of reentries into foster care for children aged zero to five, and Juvenile Probation staff identified strategies to improve monthly parental contact to support reunification. The Self-Assessment, which identifies system strengths and areas for improvement, was also completed in 2006 through a community planning process.

SFHSA’s SIP focuses on three areas for outcome improvement:

- Reducing the rate of reabuse for children remaining in the home
- Reducing the rate of reentry for children who come back into foster care within a year of reunification
- Improving youth well-being, including youth permanency, for the large number of foster youth emancipating from SF over the next few years

In San Francisco, it is critical to view improvement efforts from the lens of Disproportionality given the alarming overrepresentation of children and families of color, including African American, Native American and Latino. SFHSA is engaged in a number of initiatives and projects that seek to improve disproportionality and ensure good outcomes for children and families, like Family-to-Family, Connect 25, and the California Permanency for Youth Project; these are referenced in this document as improvement strategies.

## II. SIP Narrative

### A. Local Planning Bodies:

#### Redesign and Core Team Participants

Andrea Lee, SafeStart Initiative

Lori Walsh, Regional Director, Aspira Resource Center

Kathy Baxter, Director, SF Child Abuse Council

Libby Colman, Program Director emeritus, SFCASA

Mai Mai Ho, LCSW, Executive Director, Asian Perinatal Advocates/FSC

Michele Byrnes, HEY - Honoring Emancipated Youth, United Way of the Bay Area

Sara Ravazi, HEY - Honoring Emancipated Youth, United Way of the Bay Area

Ellen Wolfe, Program Manager, Department of Public Health

Anissa Williams, Director, Edgewood Kinship Center

Ken Epstein, Program Director, Edgewood Center for Children and Families

Dennis Chittle, Acting Supervisor, Juvenile Probation

Maya Webb, Foster Youth Coordinator, San Francisco Unified School District

Rene Velasquez, Director, Instituto Familiar de la Raza

Sai-Ling Chan-Sew, Director, County Mental Health Dept

Susan Lange, Foster Parent Representative, RTS Co-Chair

Maggie Donahue, SFHSA, Legislative Analyst

Sister Estela Morales, Director, Epiphany Center

Cindy Ward, Homeless Family Program Manager, SFHSA

Dion Roberts, Housing Manager, SFHSA Housing & Homeless Programs

Dan Kelly, Planning & Policy Manager, SFHSA

Liz Crudo, Section Manager, SFHSA FCS

Sharon Bell, Program Manager, SFHSA FCS

Dolores Heaven, Program Manager, SFHSA CalWORKS,

Jimmie Gilyard, FCS Program Manager, SFHSA FCS

Kimberly O'Young, Section Manager, SFHSA FCS

Jessica Recinos, SFHSA FCS, Child Welfare Worker

Betsy Wolfe, Clinician, Infant Parent Program

Ken Simpson, SFHSA FCS, Child Welfare Worker

Todd Wright, SFDHS FCS Ombudsman

Penny Sandhu, SFDHS FCS, CYC Board of Directors President

Patricia Rudden, SFHSA FCS, Child Welfare Supervisor

John Murray, SFHSA, Program Analyst, Planning & Evaluation

Jessica Mateu-Newsom, SFHSA, Child Welfare Supervisor

Renee Grevenberg, SFHSA, Child Welfare Supervisor  
Andrea Lego, SFHSA, Child Welfare Worker  
Pamela Connie, SFHSA, Child Welfare Supervisor  
Mabel Aguilar, La Raza Community Resource Center  
Melba Maldonado, Director, La Raza Community Resource Center  
Laurel Kloomok, Director, First Five Commission  
Pete Masapatella, Bay Area Academy  
Steve Arcelona, Chief Deputy, SFHSA  
Trish Rudden, Child Welfare Supervisor, SFHSA  
Susan Arding, Section Manager, SFHSA  
Adam Nguyen, Planning and Evaluation analyst, SFHSA  
Diana Jensen, Planning and Evaluation analyst, SFHSA  
Sarah Crow, Planning and Evaluation analyst, SFHSA  
Dan Kelly, Manager, Planning and Evaluation, SFHSA  
Kelly Elena Marshall, child welfare intern, SFHSA  
Wendy Edelen, Child Welfare Worker, SFHSA  
Michele Maas, Native American Health Center  
Ramona Sherl, Parent Peer Mentor, Homeless Prenatal Program

Julie Jimenez, Parent Peer Mentor, Homeless Prenatal Program  
Maya Durrett, Program Director, SF CASA  
Hamish Sinclair, Director, ManAlive Batterers Intervention  
Brian Reems, SFHSA Child Welfare Supervisor  
Cynthia Caporizzo, San Francisco City Attorney  
Pamela Powell, Family Involvement Team, Community Behavioral Health Services  
Robin Love, Family Preservation Coordinator, SFHSA  
Carmen Villegas-Grant, Child Welfare Supervisor, SFHSA  
Michelle Moreno, Instituto Familiar de La Raza  
Emily Esparza, Differential Response Coordinator, Instituto Familiar de la Raza  
Margaret Coyne, Director, AdvoKids  
Debby Jeter, Deputy Director, Family & Children's Services, SFHSA  
Patricia Hickey, Foster/Adoptive Parent  
Martha Ryan, Executive Director, Homeless Prenatal Program  
Margaret Gold, Executive Director, Jelani House

## B. Findings that Support Qualitative Change

To explore issues related to emancipating foster youth and to re-entries into foster care, SF-HSA used a number of qualitative and quantitative methods. The SIP strategies are also grounded in the PQCR analysis, as described below.

### Focus Groups – Re-entries into Care

From the PQCR case studies, SF-HSA knew that many of its reunifications were failing because of the relapse of addicted parents. To better understand this process, SF-HSA conducted focus groups with staff from the Homeless Prenatal Program. SF-HSA contracts with Homeless Prenatal to provide peer outreach and support to addicted parents involved in the child welfare system. Most of the Homeless Prenatal outreach workers are in recovery themselves, and some of them have had their own experiences with the child welfare system. SF-HSA also conducted a focus group with the staff of the Iris Center, the largest women’s outpatient treatment center in San Francisco. (The Iris Center staff revealed that 65 percent of the women they serve are involved in the child welfare system.) During the initial SIP Planning, SF-HSA had conducted a focus group with a range of providers, including the executive director of Jelani House, the main women’s residential treatment program.

While discussing SF-HSA case planning practices for addicted parents, focus group participants repeatedly brought up the issue of aftercare. They cited overarching concerns, such as housing, but they were consistent in saying that a joint meeting with the child welfare worker, the client, and the treatment/outreach staff that specifically developed plans for relapse prevention would help reduce re-entries into care. SF-HSA has begun utilizing the Team Decision Making process when planning for reunification or other permanent placement, such as adoption, and it will incorporate relapse

prevention and be certain to include substance abuse counselors as appropriate (see strategies 2.3 and 3.7 in Outcome Indicator #2, Reentries of children into foster care).

SF-HSA also conducted a key informant interview with the substance abuse coordinator and executive director of the Native American Health Center. Most discussions of ethnic disproportion in San Francisco focus on African Americans, but Native Americans are also represented disproportionately in foster care when their small numbers in the total community are considered. As a result of this interview, SF-HSA and the Center are holding a follow-up meeting to discuss disproportion and ICWA practices, as well as to explore how Differential Response efforts can be extended to the Native American community in San Francisco. (See strategies 4.1 and 4.2.)

The focus groups were helpful in amplifying the quantitative information that SF-HSA had developed through CMS and Census analysis, and they provided an important dimension to the Assessment, which informed the Self Improvement Plan.

### Survey – Emancipated Foster Youth

To get better information about what happens to foster youth after they emancipate, SF-HSA administered surveys several times over the last few years, including one for the Assessment. The survey is challenging methodologically, as emancipated youth do not stay in touch with the Agency and may be resistant to contact. During the 2006 survey, SF-HSA selected a sample of foster youth who were about to emancipate and sent them a letter about the survey, promising them a \$50 gift certificate if they stayed in touch and responded to the survey that would be coming later. Six months after emancipation, SF-HSA sent the surveys, using the addresses from the

Medi-Cal database. The response rate was excellent, over 50 percent, but somewhat skewed to more stable youth who had addresses. Nevertheless, the survey provided a snapshot of how foster youth were faring six months after emancipation.

Some of the findings were positive. For example, 78 percent of respondents were continuing in school. However, 14 percent of the respondents were couch-surfing or otherwise homeless. SF-HSA is expanding its THP+ program next year.

More than half of the respondents were not familiar with the city's One-Stop employment center, and SF-HSA has made it a major initiative to better connect foster youth with the city's employment resources. The Human Services Agency has recently gained access to California Employment Development Department earnings data for foster youth who emancipated in 1999 through 2005. SF-HSA matched data for foster youth who emancipated between 1999 and 2003, finding that fewer than two-thirds of emancipated foster youth had earnings in any quarter. Youth who did have earnings did not earn much, and many did not work at all during the six quarters. The earnings information heightened SF-HSA's awareness of the employment needs of emancipating youth, and the Agency recently applied for Workforce Investment Act funds to improve the work outcomes of this group.

Historically, researchers and child welfare agencies have had very little information about foster youth after emancipation. The survey and payroll tax data match helped SF-HSA better understand the outcomes for this group. The data was presented to the SIP community advisory body, which led to discussions that influenced the final SIP recommendations. As a result of the SIP, the survey is a part of a two-year cycle that helps SF-HSA measure its success in improving outcomes for emancipating youth, and it is one of the key performance measures of the SIP. (See Strategies 2.1, 2.2, 2.3, and 2.4 in Outcome Indicator #3, Well-being of Youth.)

## Disproportionality

Given the overwhelming disproportion of children of color in the child welfare system in SFHSA, it is important to acknowledge the data collection and evaluation which lays the groundwork for current SIP strategies. *The Disproportionality Project: Raising Our Children Together*, was completed in November, 2004, shortly after the initial SFHSA SIP had been submitted, and explored the significant disproportion of African American children in San Francisco's child welfare system. This collaborative public-private partnership, funded by the Stuart and Annie E. Casey Foundations, had three purposes: 1) to establish a representative task force to develop comprehensive recommendations for reducing disproportionality; 2) to conduct exploratory research (individual interviews and focus groups) with parents, caregivers, and child welfare staff to document perceptions for disproportionality; and 3) to garner public support for implementation of the recommendations. The recommendations of the task force, and key SFHSA efforts to reduce disproportionality, are referenced throughout the current SIP in the final improvement goals in each outcome indicator. Additional strategies to address disproportion that SFHSA is undertaking include Team Decision Making, Structured Decision Making, and Differential Response. These are strategies that should impact disproportion not only for African American children, but other children of color including Native American and Latino children.

## PQCR

SF-HSA's PQCR focused on reentries of young children aged 0 to 5; SFHSA conducted focus groups with staff, parents (including foster parents) and community partners as part of its PQCR. Juvenile Probation focused on monthly visits with parents. PQCR findings are discussed in the summary section of the Self-Assessment, attached, and directly impacted the development of the 2007 SIP, primarily in Outcome Indicator #2 (Reentries) for SFHSA and Outcome Indicator #3 (Well-being of Youth) for Juvenile Probation. PQCR findings were presented to child welfare staff at a mandatory Division meeting in August, 2006 which was coordinated by SFHSA and the Bay Area Academy. Questions across the three outcome indicators were presented for break-out groups to discuss; the resulting suggestions and ideas were subsequently incorporated into the SIP.

The PQCR team made recommendations about CMS data entry, which influenced Strategy 2.4 in Outcome Indicator #1, Recurrence of abuse in homes where children were not removed. As stated above, there were several strategy recommendations which impacted Outcome Indicator #2, Reentries. These include Strategies 1.1 and 3.6, which concern foster parent training and engagement. Strategies 2.2 and 2.3 are influenced by the PQCR recommendations regarding behavioral health services, and 3.7, which relates to after care support services for families. Housing was an obvious concern in the PQCR, and it is reflected in the SIP Strategy 3.2. The PQCR team also looked at visitation and court issues, which are contained in Strategies 3.3 and 3.5. The PQCR cited visitation practices as a primary concern in reentries, and SFHSA is hopeful that evidence-based practices identified per Strategy 1.3 will lead to improvements in engagement efforts and visitation structures and supports for parents, caregivers, and children. Foster parent training and support is again identified in Outcome Indicator #3, Well-being of Youth, in Strategy 1.2.

The PQCR's analysis of Juvenile Probation practices around monthly parental contact were extremely helpful, since it is a system that has few resources for analytical self-examination, and the PQCR recommendations are evident in Strategies 4.1, 4.2, and 4.3 in Outcome Indicator #3, Well-being of Youth.

## SIP Plan Components

<p><b>Outcome/Systemic Factor:</b>  <b>Rate of Recurrence of abuse/neglect in homes where children were not removed</b></p>					
<p><b>County's Current Performance:</b> San Francisco's baseline performance was 12.7%. Our current performance as of the last reporting period was 10.4% (4/04 – 3/05).</p> <p>Our overall improvement target is to reduce the rate of recurrence of abuse/neglect in homes where children were not removed to 8.6%.</p>					
<p><b>Improvement Goal 1.0</b> <i>Increase the number of child welfare workers utilizing a standardized approach to assessment and placement decision making.</i></p>					
<p><b>Strategy 1.1</b> Establish a standardized assessment tool and process through the implementation of Structured Decision Making.</p>		<p><b>Strategy Rationale<sup>1</sup></b> Standardized risk assessment will ensure appropriate safety assessments and consistent practice. SDM was implemented towards the end of our first SIP cycle and will need review and oversight to embed in day-to-day practice and ensure accountability. Consistent practice will also reduce Disproportionality in this area. SFHSA has trained staff on SDM and began implementation on February 14, 2007 so it is still in early stages of implementation.</p>			
<b>Milestone</b>	<p><b>1.1.1</b>                  Monitor individual and unit compliance for SDM to identify issues and ensure 90% compliance.</p>	<b>Timeframe</b>	<p>October 2007 and ongoing</p>	<b>Assigned to</b>	<p>Supervisors                  SDM Project Manager</p>
	<p><b>1.1.2</b>                  Monitor unit compliance for SDM and work with supervisors on a regular basis to troubleshoot and ensure ongoing 90% compliance.</p>		<p>October 2007 and ongoing</p>		<p>Program and Section Managers                  SDM Project Manager                  Quality Supervision Project Manager</p>
	<p><b>1.1.3</b>                  Review and discuss Division's overall implementation and performance on monthly basis, including discussion on impact on African American families.</p>		<p>Monthly starting in October 2007</p>		<p>Management Team                  SDM Project Manager                  Quality Supervision Project Manager</p>

<sup>1</sup> Describe how the strategies will build on progress and improve this outcome or systemic factor

<b>Strategy 1.2</b> Expand Differential Response from one child welfare position to the emergency response staff to engage in Path 2 and 3 responses.		<b>Strategy Rationale</b> San Francisco’s assessment efforts show that a number of re-abuse cases were inconclusive initially. Expanding community response efforts will allow SFHSA FCS to screen in vulnerable families and link them to the supports and services they need, even if a child welfare case is not opened. There are currently 7 contracted agencies providing Differential Response services. Providing early intervention and support will reduce Disproportionality.			
	1.2.1 Review and discuss implementation and performance to determine plans for expansion.		September 2007	Management Team Family Preservation Coordinator	
Milestone	1.2.1 Train 90% of staff in Path 2 and 3 response.	Timeframe	December 2007	Assigned to Family Preservation Coordinator Training Officer	
	1.2.2 Support building community capacity with existing contracts.		June 2008		Contract staff, Family Preservation Coordinator
	1.2.3 Establish collaboration between staff and contracted agencies through regular, on-going joint meetings and development and clarification of related policy and procedures.		June 2008 and on-going		Differential Response Managers and Family Preservation Coordinator in collaboration with CBOs
<b>Strategy 1.3</b> Ensure appropriate response to reports concerning families with per CDSS instruction and related data collection and analysis		<b>Strategy Rationale</b> It is important SFHSA clarify referral assignment to ensure supportive and effective intervention and reduce extraneous reports. Proper data collection and analysis is necessary to accurately reflect the reabuse rate.			
Milestone	1.3.1 Revise policies around referral assignments to reflect current statewide protocols and train staff on same.	Timeframe	December 2007	Assigned to Hotline Manager CMS Project Manager Training Officer	
	1.3.2 Review and discuss Division’s and county’s overall performance monthly, including discussion on Disproportionality data.		Monthly starting September 2007		Management Team Quality Supervision Project Manager CMS Project Manager

<b>Improvement Goal 2.0</b> Ensure that child welfare staff actively involve families, a family's natural support system, and agency and community partners in case planning.				
<b>Strategy 2.1</b> Ensure that all families are appropriately assessed for mental health services and linked to a comprehensive array of services.		<b>Strategy Rationale</b> San Francisco's self-assessment shows that mental health is a factor in a significant number of cases where children experience reabuse. Establishing stronger linkages with the mental health treatment community will assist SFHSA FCS clients to access the support they need.		
<b>Milestone</b>	<b>2.2.1</b> Expand partnership with First 5 Commission to identify services and supports for families with young children.	<b>Timeframe</b>	<b>Assigned to</b>	December 2007
	<b>2.2.2</b> Develop procedure to provide data to CDSS on any dependent minor who is receiving any psychotropic medication.			June 2008
	<b>2.2.3</b> Train 90% of staff on procedure.			September 2008
	<b>2.2.4</b> Monitor data to ensure 90% compliance and identify any issues needing further discussion.			September 2008 and monthly on-going
<b>Strategy 2.3</b> Ensure that all families are appropriately assessed for substance abuse services and linked to a comprehensive array of services.		<b>Strategy Rationale</b> San Francisco's self-assessment shows that substance abuse is a factor in a significant number of cases where children experience reabuse or reenter care. Establishing stronger linkages with the substance abuse treatment community will assist SFHSA FCS clients to access the support they need. Including pregnant women in the cases handled as Path 1 for Differential Response allows child welfare agencies to provide preventive services for families.		
<b>Milestone</b>	<b>2.3.1</b> Establish "New Beginnings" program for pregnant women who are testing positive for substances.	<b>Timeframe</b>	<b>Assigned to</b>	December 2007 Differential Response Project Manager

<b>Strategy 2.4</b> Expand capacity for data entry.		<b>Strategy Rationale</b> San Francisco’s PQCR identified the capacity for data entry as critical in documenting relevant contact for families to ensure that the outcomes are reflected accurately.			
<b>Milestone</b>	2.4.1 Expand staff access to CMS so that additional staff may input visit information.	<b>Timeframe</b>	December 2008	<b>Assigned to</b>	IT Staff CMS Project Manager
	2.4.3 Review and revise CMS policies to clarify expectations and indicate specific documentation needs.		December 2008		CMS Project Manager
	2.4.3 End status as a dedicated CMS county		December 2007		CMS Project Manager
<b>Improvement Goal 3.0</b> Reduce Disproportionality of Children of Color, including African American, Native American, and Latino children, who experience recurrence of maltreatment.					
<b>Strategy 3.1</b> Implement recommendations identified in the “Raising Our Children Together” Report of findings and recommendations to address issues of Disproportionality in San Francisco child welfare system.		<b>Strategy Rationale</b> The Disproportionality Project shows that San Francisco has a significant overrepresentation of African American children and families in all aspects of its system. Its report recommendations need to be incorporated into other service enhancement efforts both within FCS and throughout the City to begin to ensure fairness and equity in service provision and outcome.			
<b>Milestone</b>	3.1.1 Actively partner with the legislative Foster Care Improvement Task Force (FCITF) to ensure ongoing implementation of the Nine Key Recommendations.	<b>Timeframe</b>	Ongoing beginning November 2006	<b>Assigned to</b>	Disproportionality Project Manager Disproportionality Sr. Leadership and Coordination Team Foster Care Improvement Task Force
	3.1.2 Develop communication strategies “positive messages” to raise awareness on this issue.		Ongoing beginning March 2007		Disproportionality Project Manager Foster Care Improvement Task Force

<p><b>Strategy 3. 2</b> Increase the capacity of child welfare workers, supervisors and managers to address issues of bias in child welfare practice.</p>		<p><b>Strategy Rationale</b> African American children are overrepresented in the child welfare system; 70% of the children in foster care are African American, as opposed to approximately 11% of the general population. While small in terms of total numbers, Native American children are also similarly overrepresented in the child welfare system. Numbers of Latino children and families are also disproportionate.</p> <p>Education, training, tools and resources were identified by CWW staff, supervisors and managers in disproportionality “brown bag” courageous conversations in the areas of anti-racist and culturally sensitive services to promote improved child welfare practice and systemic change.</p>			
<p><b>Milestone</b></p>	<p><b>3.2.1</b> Conduct training “Undoing Racism” for staff and community partners on disproportionality and system bias.</p>	<p><b>Timeframe</b></p>	<p>June 2008</p>	<p><b>Assigned to</b></p>	<p>Disproportionality Project Manager Disproportionality Sr. Leadership and Coordination Team</p>
	<p><b>3.2.2</b> Develop training and technical assistance team to support the incorporation of child welfare practice changes that reduce disproportionality and disparate outcomes for African American children.</p>		<p>Ongoing beginning March 2007</p>		<p>Disproportionality Project Manager FCS Training Manager Bay Area Training Academy</p>
	<p><b>3.2.3</b> Conduct case analysis study to identify practices and trends which affect disproportionality and develop related protocols and training for staff and partners.</p>		<p>Ongoing beginning May 2007</p>		<p>Disproportionality Project Manager Contracted Evaluator Training &amp; Technical Assistance Team</p>
	<p><b>3.2.4</b> Based on study, identify practices and trends which reduce disproportionality and develop related protocols and training for staff and partners.</p>		<p>January 2008</p>		<p>Disproportionality Project Manager Contracted Evaluator Training &amp; Technical Assistance Team</p>
	<p><b>3.2.5</b> Build on service enhancement committees to address and integrate issues of disproportionality.</p>		<p>Ongoing beginning January 2008</p>		<p>Disproportionality Project Manager Redesign Coordinator Service Enhancement Committee Co-Chairs</p>

<b>Strategy 3.3</b> Increase the capacity of CWW's to utilize best and evidenced-based practice.		<b>Strategy Rationale</b> A key purpose of best and evidenced-based practice is to ensure that children are consistently protected from harm while removing as much subjective bias as possible from the decision-making process.			
<b>Milestone</b>	<b>3.3.1</b> Review and augment existing training curriculum to ensure training areas meet new practice change principles: Family centered, strength-based, needs driven, solution oriented, community-based partnerships.	<b>Timeframe</b>	June 2008	<b>Assigned to</b>	Disproportionality Project Manager Disproportionality Sr. Leadership and Coordination Team FCS Training Manager Bay Area Training Academy
	<b>3.3.2</b> Increase CWW utilization of Team Decision Making meetings that include community partners.		Ongoing beginning March 2007		Disproportionality Project Manager Disproportionality Sr. Leadership and Coordination Team Section Managers and Supervisors
	<b>3.3.3</b> Continued roll-out of the Structured Decision Making Tool - <i>a standardized safety assessment process to ensure the consistent evaluation of risk from county to county, social worker to social worker and child to child - at key decision points in the child welfare path.</i>		Ongoing beginning May 2007		Disproportionality Project Manager Disproportionality Sr. Leadership and Coordination Team Section Managers and Supervisors
<b>Strategy 3.4</b> Child welfare services and collaborative efforts are matched to the needs and strengths of children, families, kin, communities and tribal networks.		<b>Strategy Rationale</b> Direct services provided by contracted collaborative partners must be designed to ensure in-home services and supports for families meet their needs and address child safe/risk factors in order to promote child well-being and improved outcomes.			
<b>Milestone</b>	<b>3.4.1</b> Regular assessment and evaluation of contracted services ( <i>client satisfaction, numerical and outcome objectives, use of best practices</i> ) to capture service utilization and effectiveness.	<b>Timeframe</b>	Ongoing	<b>Assigned to</b>	Family Preservation Coordinator FCS Contracts Analyst

<b>Milestone</b>	<b>3.4.2</b> Continued transition of Differential Response from a pilot to standardized practice working with community partners to develop a broader set of responses when child welfare agencies receive reports of possible abuse or neglect, including prevention and early intervention, engaging families, and continued clarification of the respective roles of the child welfare worker and community partner to support these efforts.	<b>Timeframe</b>	Ongoing	<b>Timeframe</b>	Family Preservation Coordinator Front End Section Manager
<p><b>Describe systemic changes needed to further support the improvement goal.</b>  <b>Staff/Provider Training and Quality Assurance:</b></p> <ul style="list-style-type: none"> <li>SFHSA will ensure that all staff and providers are clearly and consistently trained on policy and practice improvements and that an accountability system is in place to monitor consistent, agency-wide implementation.</li> <li>SFHSA will ensure that all staff and providers are clearly and consistently trained on policy and practice improvements and that an accountability system is in place to monitor consistent, agency-wide implementation.</li> </ul> <p><b>Case Review System:</b>  SFHSA will increase its focus on involving parents, children and youth, and extended family in case planning.</p> <p><b>Agency Collaborations:</b></p> <ul style="list-style-type: none"> <li>SFHSA is working with a number of agencies to implement the recommendations of the Disproportionality Project.</li> <li>SFHSA will increase its focus on involving agency and community partners in case planning.</li> <li>SFHSA will enhance its relationships, communication and agreements with agency and community partners.</li> </ul>					
<p><b>Describe educational/training needs (including technical assistance) to achieve the improvement goals.</b>  Technical assistance related to standardized assessment tools and processes and integration into current practices such as TDM.  Staff and provider training on disproportionality, family engagement, and standardized assessment.</p>					
<p><b>Identify roles of the other partners in achieving the improvement goals.</b> SFHSA is working with a number of contracted agencies and other community partners to implement the strategies described above, including in Differential Response and Disproportionality. These partners are important in helping provide feedback as to implementation and evaluate effectiveness. Partners such as First Five will be critical in helping SFHSA move forward in developing implementation plans for specific strategies to improve outcomes for children and families. SFHSA is a national anchor site for the Annie E. Casey Foundation which further supports community partnership in furthering strategies. The FCS Core Team, a group of internal and external public and private partners, will continue to meet as an advisory body during the SIP implementation.</p>					
<p><b>Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.</b>  Resolution of confidentiality issues to encourage more joint case planning with community and inter-agency partners,.</p>					

<b>Outcome/Systemic Factor: Measure 3G: % who reentered within 12 months of reunification</b>					
<p><b>County's Current Performance:</b> San Francisco's baseline performance is 24.8%, compared to 13.4% statewide. The current performance as of 4/04 – 3/05 is 23%.</p> <p>The overall improvement target is 20.5%.</p>					
<p><b>Improvement Goal 1.0</b> Increase the number of child welfare workers consistently involving families, children, foster families and other partners in reunification case planning and service delivery and maintaining regular contact with families.</p>					
<p><b>Strategy 1.1</b> Implement Icebreaker meetings where the child welfare worker, the birth family, the foster family, and the child(ren) (when appropriate) meet to share information.</p>		<p><b>Strategy Rationale</b> The Annie E. Casey Foundation's Family to Family Initiative has found that building relationships between birth and foster families can assist in reunification. In some cases, the foster family stays involved with a family after reunification as a mentor or support. The icebreaker meeting is the first step to building that relationship.</p>			
<b>Milestone</b>	1.1.1 Develop an icebreaker protocol for FCS.	<b>Timeframe</b>	December 2007	<b>Assigned to</b>	RTS Program Manager F2F Coordinator
	<p>1.1.2 Establish an accountability process which can include:</p> <ul style="list-style-type: none"> <li>on-going practice discussions and modeling into unit meetings or "special excellence sessions"</li> <li>a clear role for supervisors and managers in accountability</li> <li>clear expectations into performance reviews for staff at all levels.</li> </ul>		December 2007		F2F Coordinator
	1.1.3 Develop and conduct icebreaker training for 90% of child welfare workers and foster families.		March 2008		F2F Coordinator FCS Training Officer
	1.1.4 Monitor and evaluate icebreaker usage to determine 90% compliance and effectiveness.		April 2008 and on-going		Supervisors, Management Team F2F Coordinator Quality Supervision Project Manager

<p><b>Strategy 1.2</b> Expand the information and opportunities parents have to learn about how to navigate the child welfare system and receive support in doing so.</p>		<p><b>Strategy Rationale</b><sup>1</sup> Since the first SIP, San Francisco has increased its efforts at parent engagement which the development of peer parent mentors, a Parent Advisory Council, and a parent support group. Providing parents with such opportunities to increase their knowledge of the child welfare system will assist them in better addressing the issues they face and provide them support in doing so, and better inform the outcome improvements efforts of the department by providing formal opportunities for parents to voice concerns and issues.</p>			
<p><b>Milestone</b></p>	<p><b>1.2.1</b> Work with the Parent Advisory Council to improve current efforts and identify specific tools, resources, or classes, such as an orientation to the child welfare system, which would promote parent engagement and understanding.</p>	<p><b>Timeframe</b></p>	<p>September 2009</p>	<p><b>Assigned to</b></p>	<p>Redesign Coordinator</p>
	<p><b>1.2.2</b> In partnership with parents and the Court Mediators Office, review and update Court Orientation for incoming parents to maximize participation</p>		<p>September 2007</p>		<p>Redesign Coordinator PAC SFHSA CoChairs</p>
	<p><b>1.2.3</b> In partnership with parents, La Raza, and Hunter’s Point Family, work with the Annie E. Casey Foundation to explore Building a Better Future curriculum and other tools that support parent engagement and leadership development.</p>		<p>December 2007</p>		<p>Redesign Coordinator PAC SFHSA Co-Chairs</p>
<p><b>Strategy 1.3 Develop plan to incorporate evidence-based practices in engaging families.</b></p>		<p><b>Strategy Rationale</b> The growing range of evidence-based practices provide child welfare staff, clients, and partners with specific ways to achieve permanency for families, children and youth in a way that engages families and provides community connections to support effective family functioning.</p>			
<p><b>Milestone</b></p>	<p><b>1.3.1</b> Engage staff, clients, and community partners to identify evidence-based practices which can be utilized in San Francisco and develop an implementation plan.</p>	<p><b>Timeframe</b></p>	<p>September 2008</p>	<p><b>Assigned to</b></p>	<p>Community-Based Organization Structure Project Manager</p>

<b>Improvement Goal 2.0</b> <i>Reduce reunification failures due to substance abuse or mental health relapses.</i>					
<b>Strategy 2.1</b> Ensure that all families are appropriately assessed for mental health services and linked to a comprehensive array of services.		<b>Strategy Rationale</b> <sup>1</sup> San Francisco’s self-assessment shows that mental health is a factor in a significant number of cases where children experience reabuse or reenter care. Developmental needs to children need to be considered in the context of the family situation, e.g., the mental health issues of the parents, so that the family can be appropriately supported. Establishing stronger linkages with the mental health treatment community will assist SFHSA FCS clients to access the support they need.			
<b>Milestone</b>	<b>2.1.1</b> Update protocol on need to ensure appropriate developmental screening and assessment for children and youth, including the impact on the family interaction, and train staff on same.	<b>Timeframe</b>	<b>Assigned to</b>	June 2008	Redesign Coordinator
	<b>2.1.2</b> Work with CBHS and A Home Within to train clinicians in issues faced by families in the child welfare system.			December 2007	Redesign Coordinator
	<b>2.1.3</b> Partner with CBHS and First Five to review mental health funding supports and address related issues.			September 2009	Redesign Coordinator
<b>Strategy 2.2</b> Ensure that all families are appropriately assessed for substance abuse services and linked to a comprehensive array of services.		<b>Strategy Rationale</b> San Francisco’s self-assessment shows that substance abuse is a factor in a significant number of cases where children experience reabuse or reenter care. Establishing stronger linkages with the substance abuse treatment community will assist SFHSA FCS clients to access the support they need.			
<b>Milestone</b>	<b>2.2.1</b> Work with the Family Court and other key partners to determine if a Dependency Drug Court should be developed in San Francisco.	<b>Timeframe</b>	<b>Assigned to</b>	October 2008	Planning and Evaluation Manager
	<b>2.2.2</b> Develop comprehensive treatment program and related protocol for children born substance-exposed to educate and support parents, caretakers, and children.			September 2010	Redesign Coordinator

	<b>2.2.3</b> Work with CBHS to improve access to substance abuse services and programs for families, to build a stronger collaboration between treatment providers and child welfare staff, and to identify areas of expansion for needed services.		September 2008		Redesign Coordinator Permanency Project Manager Community Based Services Project Manager
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<b>Improvement Goal 3.0</b> Increase the percentage of families that are stabilized in the 6-month family maintenance phase following reunification.					
<b>Strategy 3.1</b> Enhance coordination with the CalWORKS Linkages project to support and stabilize families who are reunifying.			<b>Strategy Rationale</b> San Francisco’s self-evaluation shows that the stressors associated with living in poverty are a factor in a significant number of cases where children experience re-abuse or re-enter care. Establishing stronger linkages with CalWORKS services will assist SFHSA FCS clients to access the support they need.		
<b>Milestone</b>	<b>3.1.1</b> Implement Coordinated Case Planning Protocols for CalWORKS Families in Reunification, as stipulated by AB429.	<b>Timeframe</b>	June 2008	<b>Assigned to</b>	Linkages Coordinator FCS Crossover Project Manager
<b>Strategy 3.2</b> Work with SFHSA Housing & Homeless, the San Francisco Housing Authority, and other providers to prioritize housing slots to support and stabilize families who are reunifying.			<b>Strategy Rationale</b> San Francisco’s self-assessment shows that affordable housing is a factor in a significant number of cases where children reenter care. Establishing stronger linkages with housing services will assist SFHSA FCS clients to access the resources and support they need.		
<b>Milestone</b>	<b>3.2.1.</b> Map the percentage of Family Reunification cases with supportive housing units to determine program coordination between FCS and Housing & Homeless, as well as other city agencies.	<b>Timeframe</b>	June 2007	<b>Assigned to</b>	Planning and Evaluation Manager
	<b>3.2.2</b> Identify plan for program coordination.		March 2008		Project Manager

<b>Strategy 3.3</b> Review and revise visitation practices and protocols to increase the number of parents visiting and provide parents and caregivers with hands-on training and support		<b>Strategy Rationale</b> San Francisco’s PQCR, which explored reentries for children aged 0 – 5, identified visitation barriers as a key issue preventing successful reunification. Research demonstrates that parents who visit reunify. By establishing visitation practices in a teaching modality which includes not only the parents, but children, youth, and caretakers, parents will be better able to parent successfully upon reunification.			
Milestone	3.3.1 Identify best practice models that can be implemented in San Francisco.	Timeframe	Assigned to	September 2007	Redesign Coordinator
	3.3.2 Determine implementation plan and funding for selected practices.			December 2008	Redesign Coordinator
	3.3.3 Review protocols on visitation prior to reunification and revise as necessary to encourage supportive, progressive visitation prior to reunification when appropriate.			December 2008	Redesign Coordinator
<b>Strategy 3.4</b> Ensure that families are engaged in the TDM process as appropriate.		<b>Strategy Rationale</b> TDMs engage the family at times of critical case decision to ensure that all relevant information can be considered. SFHSA has just rolled out PP/FR TDMs to prepare families for reunification or other permanent placement.			
Milestone	3.4.1 Through the Family Violence Prevention Fund grant, expand SFHSA and community partner ability to address issues of domestic violence in TDMs.	Timeframe	Assigned to	December, 2007	TDM Manager F2F Coordinator Family Preservation Coordinator
	3.4.2 Work with the Family Violence Prevention Fund to provide TDM facilitators with intervention techniques to address issues of domestic violence in Team Decision Making meetings.			December, 2007	TDM Manager F2F Coordinator
	3.4.3 Determine firewalls in relationship to problem areas and related protocols and communication plan, including utilization of TDMs when parents and partners request it..			September 2008	TDM Manager F2F Coordinator
	3.4.4 Review TDM data to ensure that 90% of TDMS occur for every decision point and to determine impact on outcomes, and disseminate findings on a quarterly basis to management, staff, and partners.			September 2007 and on-going	TDM Manager F2F Coordinator Quality Supervision Project Manager

<b>Strategy 3.5</b> Develop systemic effort to promote positive relationships with the Court		<b>Strategy Rationale</b> <sup>1</sup> San Francisco’s PQCR indicated that a positive relationship between SFHSA and the Juvenile Court was critical both in supporting staff in their role and in achieving good outcomes for families.				
<b>Milestone</b>	<b>3.5.1</b> Provide staff training on Court-related issues such as testifying.	<b>Timeframe</b>		<b>Assigned to</b>	December 2008	Training Officer Court Project Manager
	<b>3.5.2</b> Improve administrative communications with the Court through standing monthly Judge’s meeting				December 2008	Court Project Manager
	<b>3.5.3</b> Assess current confidentiality constraints to determine recommendations for regulatory changes.				September 2010	Court Project Manager
<b>Strategy 3.6</b> Establish support/wraparound/consultation to foster families, kin, placements providers, and mentors.		<b>Strategy Rationale</b> There continues to be a need for comprehensive identification of existing services to all types of caregivers and providers, and to coordinate services accordingly to ensure that placements are maintained by providing all youth and their caregivers with the most appropriate support services.				
<b>Milestone</b>	<b>3.6.1</b> Establish support groups and consultation for foster parents, including specific supports for Spanish-speaking parents.	<b>Timeframe</b>		<b>Assigned to</b>	October 2007	F2F Coordinator RTS Manager
	<b>3.6.2</b> Provide joint trainings for foster parents and staff, including training on foster parents’ key role as partners in supporting reunification.				September 2008	Training Officer RTS Manager Permanency Manager
	<b>3.6.3</b> Outstation Spanish-speaking recruiter at 3120 Mission St. Office on designated days during the week.				December 2007	RTS Manager FCS Manager F2F Coordinator

<b>Strategy 3.7</b> Expand supports to families post-reunification.		<b>Strategy Rationale:</b> The SFHSA POCR indicated that ensuring and expanding aftercare supports, included extension of family maintenance services, was critical in ensuring good outcomes for reunifying families.		
<b>Milestone</b>	<b>3.7.1</b> Review and revise protocol per ACL instruction extending Family Maintenance Services	<b>Timeframe</b>	<b>Assigned to</b>	TDM Manager Permanency Manager
	<b>3.7.2</b> Train staff on protocol revision.			Training Officer Permanency Manager
	<b>3.7.3</b> Monitor effect on successful reunification.			Management Team Supervisors Permanency Manager Quality Supervision Project Manager
	<b>3.7.4</b> Review resources to expand peer parent aftercare supports for families.			Permanency Manager

<b>Improvement Goal 4.0</b> <i>Reduce Disproportionality of Children of Color, including African American, Native American, and Latino children, who reenter care.</i>				
<b>Strategy 4. 1</b> Build on service enhancement committees to address and integrate issues of disproportionality.		<b>Strategy Rationale</b> The Annie E. Casey Foundation awarded SFHSA the opportunity to participate in the Disproportionality FSC, along with several other sites throughout the country. Through this effort we began to address overrepresentation through ongoing service enhancement development and implementation. Overrepresentation is so extensive it needs to be considered in all facets of service provision and delivery as well as policy and practice developments and changes.		
<b>Milestone</b>	<b>4.1.1.</b> Expand contract with Friends Outside to provide services to incarcerated parents.	<b>Timeframe</b>	<b>Assigned to</b>	FSU Manager Disproportionality Project Manager
	<b>4.1.2</b> Develop a protocol to mandate use of the substance abuse field.			CMS Project Manager
	<b>4.1.3</b> Train 90% of staff on protocol.			Training Officer CMS Project Manager
	<b>4.1.4</b> Monitor data to ensure 90% compliance and impact on outcome improvement.			Management Team Supervisors CMS Project Manager

**Describe systemic changes needed to further support the improvement goal.**

SFHSA FCS will ensure that all staff and providers are clearly and consistently trained on policy and practice improvements and that an accountability system is in place to monitor consistent, agency-wide implementation.

**Staff/Provider Training and Quality Assurance:**

- SFHSA will ensure that all staff and providers are clearly and consistently trained on policy and practice improvements and that an accountability system is in place to monitor consistent, agency-wide implementation.
- SFHSA will ensure that all staff and providers are clearly and consistently trained on policy and practice improvements and that an accountability system is in place to monitor consistent, agency-wide implementation.

**Case Review System:**

SFHSA will increase its focus on involving parents, children and youth, and extended family in case planning.

**Agency Collaborations:**

- SFHSA is working with a number of agencies to implement the recommendations of the Disproportionality Project.
- SFHSA will increase its focus on involving agency and community partners in case planning.

SFHSA will enhance its relationships, communication and agreements with agency and community partners.

**Describe educational/training needs (including technical assistance) to achieve the improvement goals.**

Staff and provider training on disproportionality, family engagement, standardized assessment, mental health and substance abuse resources, services, and related issues.

**Identify roles of the other partners in achieving the improvement goals.** SFHSA is working with a number of internal and external partners to reduce reentries, as identified in the strategies above. SFHSA will work with these partners to access other community partners, such as other city agency efforts to address housing issues. Department of Public Health will be instrumental in addressing medical, substance abuse, and mental health issues referenced to improve and expand service delivery. SFHSA has also recently developed an MOU with SFPD in an effort to prevent unnecessary placements in the event that the primary caregiver is detained.

**Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.**

- Advocacy to resolve MediCal issues for children and youth placed out-of-county.
- Advocacy to modify the CWS/CMS case plan form. The existing form does not allow flexibility to create tailored, effective case plans.

<b>Outcome/Systemic Factor: Well-being of Youth Transitioning to Self-Sufficient Adulthood</b>	
<p><b>County's Current Performance:</b>                  Emancipating youth face many risks including homelessness, low educational attainment, unemployment or low-wage jobs, welfare dependency. To address these risks, SFDHS FCS has adopted several measures, including a youth initiative to ensure that all youth have a plan that guarantees housing, employment, education, training, and healthcare. SFDHS FCS has partnered with Larkin Street Youth Services to begin implementing AB427, which created the Transitional Housing Placement Program for Emancipated Foster/Probation Youth, and has partnered with other local organizations to increase scholarship funds and to create Individual Development Accounts for former foster youth. SFDHS FCS has also reorganized and expanded its Independent Living Program to coordinate with One-Stop Employment Centers, to expand its services to youth as young as 14, and to create an after-care advisor position. SFDHS FCS has joined the Honoring Emancipated Youth collaborative, and has been chosen as one of four pilot sites for the Youth Transitions Initiative, a new strategy of Family to Family.</p>	
<p><b>Improvement Goal 1.0</b> Increase the number of youth age 8-18 in the San Francisco foster care system that achieve permanency (adoption or legal guardianship).</p>	

<p><b>Strategy 1.1</b> Identify existing family, extended family, and other significant adults in a youth's life who may be able to make a lifelong connection.</p>		<p><b>Strategy Rationale</b> Research shows that youth who leave foster care without a permanent connection are more often homeless, unemployed, and disconnected from any community. Current youth services focus primarily on independent living and do not often address the need for every youth to have a family-like connection when they can look for caring and support. Youth will enter adulthood more successfully when surrounded by strong, consistent role models, and more importantly, when surrounded by nurturing relationships.</p>			
<b>Milestone</b>	<p><b>1.1.1</b> Build on CPYP pilot to expand identification of significant adults, including modifying procedures/forms/contracts, expanded partnership with community, and youth participation in various committees).</p>	<b>Timeframe</b>	December 2008	<b>Assigned to</b>	Adoptions Manager Youth Permanence Co-Chairs Permanency Project Manager
	<p><b>1.1.2</b> Develop and implement training to help child welfare workers and caretakers identify and evaluate every care option available to youth, including kinship care, legal guardianship and adoption, as well as the incentives and supports that can accompany those options (e.g., adoption incentives, ongoing eligibility for independent living services, etc.)</p>		December 2008		FCS Training Officer Permanency Project Manager

	1.1.3 Develop and implement training for staff and partners on promoting permanent connections for youth, including how to discuss adoption with youth		December 2008		Adoptions Manager Permanency Project Manager FCS Training Officer
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<b>Strategy 1.2</b> Establish support/wraparound/consultation to foster families, kin, placements providers, and mentors.		<b>Strategy Rationale</b> There continues to be a need for comprehensive identification of existing services to all types of caregivers and providers, and to coordinate services accordingly to ensure that placements are maintained by providing all youth and their caregivers with the most appropriate support services			
Milestone	1.2.1 In collaboration with the Child Abuse Council, establish a support group for foster parents caring for youth.	Timeframe	October 2007	Assigned to	RTS Manager F2F Coordinator
	1.2.2 Develop joint trainings for new foster parents with Spanish-speaking CBOs (LaRaza).		October 2008		RTS Manager F2F Coordinator
	1.2.3 Develop training for caregivers about City College services to increase educational opportunities.		March 2009		Contract Liaison
	1.2.4 Develop benchmarks for KinGap families to identify potential trigger points for reentries or other areas of concern when children enter the teen years, and identify strategies to address.		March 2010		Kinship Manager Permanency Project Manager
<b>Strategy 1.3</b> Increase number of cases with finalized adoptions.		<b>Strategy Rationale</b> The number of adoptions in San Francisco has declined. Reviewing procedures to determine efficiency, as well as reviewing updated ACLs regarding KinGap legislation, will help identify appropriate cases for the Adoptions section.			
Milestone	1.3.1 Review procedures regarding transfer of cases to Adoptions unit and revise as appropriate.	Timeframe	September 2007	Assigned to	FSU and Adoptions Managers Project Manager
	1.3.2 Review KinGap procedures and revise as appropriate.		September 2007		3 <sup>rd</sup> St. Section Manager Permanency Project Manager
	1.3.3 Review foster parent recruitment and education to identify ways to improve concurrent planning and reduce placement moves.		June 2008		Permanency Project Manager RTS Manager

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	<b>1.3.4</b> Train staff and partners on protocol changes.		December 2007		Training Officer Permanency Project Manager
	<b>1.3.5</b> Monitor and evaluate number of finalized adoptions.		December 2007 and on-going		Management Team Supervisors Permanency Project Manager
<b>Notes:</b>					

<b>Strategy 1.4</b> Identify and implement best practices to support the personal and social development of youth, including youth with special needs.		<b>Strategy Rationale</b> As part of the Connect25 Initiative, San Francisco is identifying ways to improve social development and supports of youth, including special needs youth, and to assist caretakers and staff in addressing and supporting these same issues. This will promote stability and permanence for youth and provide staff and caretakers with additional supports.			
<b>Milestone</b>	<b>1.4.1</b> Develop best practice guidelines for meeting the needs of Undocumented Youth and through training, supervision, etc., encourage staff and caregivers to adopt these practices.	<b>Timeframe</b>	December 2008	<b>Assigned to</b>	FSU Section Manager Permanency Project Manager
	<b>1.4.2</b> Develop best practice guidelines for meeting the needs of LGBTQ youth and through training, supervision, etc., encourage staff and caregivers to adopt these practices.		December 2008		Youth Permanence Co-Chairs Permanency Project Manager
	<b>1.4.3</b> Develop best practice guidelines for meeting the needs of Probation youth and through training, supervision, etc., encourage staff and caregivers to adopt these practices.		December 2008		Youth Permanence Co-Chairs Juvenile Probation Deputy Director Permanency Project Manager
	<b>1.4.4</b> Develop best practice guidelines for meeting the needs of Minor parents and through training, supervision, etc., encourage staff and caregivers to adopt these practices.		December 2008		Youth Permanence Co-Chairs Permanency Project Manager
<b>Notes;</b> Cross reference strategies with Mayor's Transitional Youth Task Force recommendations.					

<p><b>Improvement Goal 2.0</b> <i>Ensure that of every youth who emancipates from San Francisco:</i></p> <p>A. 80% have sustainable (i.e., stable and/or permanent) housing for a minimum of three months following emancipation;</p> <p>B. 60% demonstrate stable employment, income, or other financial support for a minimum of three months following emancipation</p> <p>C. 90% know they are enrolled in health care.</p>					
<p><b>Strategy 2.1</b> Ensure that all youth age 14 to 18 and all significant adults for youth in care are identified and are actively involve in ILSP and permanency planning.</p>		<p><b>Strategy Rationale</b> The involvement of all partners in case planning will help identify long-term, appropriate, and relevant supportive services while helping to build a community support system for the youth and facilitating the coordination of existing services. The equal involvement of youth in this process helps prepare them for adulthood, leadership, and additional responsibilities.</p>			
<p><b>Milestone</b></p>	<p><b>2.1.1</b> Formalize a FCS policy to implement permanency planning meetings for youth aged 16 and older.</p>	<p><b>Timeframe</b></p>	<p>December 2008</p>	<p><b>Assigned to</b></p>	<p>ILSP Manager Permanency Project Manager</p>
	<p><b>2.1.2</b> Establish training and accountability tracking for child welfare workers and other potential meeting participants about the structure and process of the permanency planning meeting.</p>		<p>December 2008</p>		<p>ILSP Manager Permanency Project Manager</p>
	<p><b>2.1.3</b> Implement permanency planning division-wide with all identified key partners.</p> <p>Recognize and celebrate on-going cultural and other youth milestones or transitions with meeting participants.</p>		<p>March 2009</p>		<p>Management Team Supervisors Permanency Project Manager</p>

<b>Strategy 2.2</b> Ensure the active involvement of youth, foster parents and relatives caregivers in ILSP.		<b>Strategy Rationale</b> When caregivers believe in and support programs for youth and are actively encouraged to participate with you, youth will more likely participate and engage as well. The presence of caregivers in youth programs will facilitate communication between support services and can increase the continuity and effectiveness of supports youth are receiving in and out of home.			
<b>Milestone</b>	<b>2.2.1</b> As part of the Connect25 Initiative, create a training program for caregivers, staff, and youth on teen-related issues of self sufficiency and permanency.	<b>Timeframe</b>	September 2008	<b>Assigned to</b>	ILSP Manager Permanency Project Manager Training Coordinator
	<b>2.2.2</b> ILSP staff will solicit youth and caregiver involvement in on-going planning through focus groups.		September 2008		ILSP Manager Permanency Project Manager
<b>Strategy 2.3</b> Every young adult who emancipates from the San Francisco foster care system has a HEP that documents citizenship status.		<b>Strategy Rationale</b> Many youth in care repeatedly experience a change of placement and social workers. A comprehensive document of the youth's health care, education, and other information can help ensure continuity across health, educational, and other support services provided, even if a change in placement or school occurs.			
<b>Milestone</b>	<b>2.3.1</b> Build on the recommendations of the Foster Youth Services subcommittee to establish a procedure for developing a HEP that identifies and outlines what a HEP should include, who is responsible for what, and the process for completing it and distributing to youth.	<b>Timeframe</b>	December 2007	<b>Assigned to</b>	CMS Project Manager
	<b>2.3.2</b> Train youth to maintain their own HEP.		June 2008		ILSP Manager CMS Project Manager Permanency Project Manager

<p><b>Strategy 2.4</b> Work with DHS Housing &amp; Homeless and the San Francisco Housing Authority to prioritize affordable housing slots to support and stabilize youth who have emancipated from foster care.</p>		<p><b>Strategy Rationale</b> Emancipating youth face many risks including homelessness, low educational attainment, unemployment or low-wage jobs, and welfare dependency. Coordinated efforts between existing aftercare supports can help develop an adequate safety net or support network to address these risks and support long-term success after emancipation.</p>			
<p><b>Milestone</b></p>	<p><b>2.4.1</b> Work with SFHSA Housing &amp; Homeless, the San Francisco Housing Authority, and other providers to prioritize housing slots to support and stabilize families who are reunifying.</p>	<p><b>Timeframe</b></p>	<p>On-going as scheduled</p>	<p><b>Assigned to</b></p>	<p>Management Staff</p>
	<p><b>2.4.2</b> Map the percentage of Family Reunification cases with supportive housing units to determine program coordination with Housing &amp; Homeless Division and other city agencies.</p>		<p>June 2007</p>		<p>Planning and Evaluation Manager Project Manager</p>
	<p><b>2.4.3</b> Establish THPP + “host” families for emancipated foster youth.</p>		<p>December 2007</p>		<p>ILSP Manager Permanency Project Manager</p>
<p><b>Strategy 2.5</b> Develop training for child welfare workers, caregivers, and community-based organizations regarding working with youth.</p>		<p><b>Strategy Rationale</b> Standardized trainings for service providers and caregivers that integrate both basic youth development (with emphasis on Special Health Care Needs and Mental Health concerns) and unique challenges faced by youth in care can increase the effectiveness of services provided, create an environment appropriate to the needs of individual youth, and enhance consistency of approaches used with youth in and out of the home.</p>			
<p><b>Milestone</b></p>	<p><b>2.5.1.</b> Work with City College to develop training for a comprehensive, developmental approach to working with youth.</p>	<p><b>Timeframe</b></p>	<p>September 2008</p>	<p><b>Assigned to</b></p>	<p>Contracts Liaison FCS Training Coordinator Permanency Project Manager</p>
	<p><b>2.5.2</b> Implement trainings for caregivers around fostering independence in care.</p>		<p>September 2009</p>		<p>Training Coordinator Permanency Project Manager</p>

<b>Strategy 2.6</b> Ensure appropriate medical assessments and screenings for youth.		<b>Strategy Rationale:</b> SFDPH is developing a review process to ensure that transitioning youth are appropriately linked with medical services for young adults. One of the issues they experience with foster youth is that often the appropriate screenings or assessments have not been completed for youth who may be eligible for SSI.			
Milestones	2.6.1 Implement a system to identify organic disabilities as appropriate in youth and provide advocacy and assistance for these youth to obtain SSI as appropriate.	Time frame	September 2010	Assigned to	Permanency Project Manager
<b>Notes:</b> Trainings can involve emancipated youth or trainers, i.e., from the "Youth Training Project."					

<b>Strategy 2.7</b> Ensure that emancipating youth placed out-of-county are receiving appropriate emancipation services.		<b>Strategy Rationale :</b> Although SFHSA FCS maintains responsibility for youth placed out of county, services provided for youth in transition vary greatly across counties with insufficient procedures to guarantee consistency.			
Milestone	2.7.1 Work with CBHS to improve mental health access for out-of-county youth.	Timeframe	December 2008	Assigned to	Permanency Project Manager
	2.7.2 Provide service provider catalogues and/or resource books, such as for those counties in which large percentages of San Francisco youth are placed, and ensure that they are updated annually.		December 2008		ILSP Manager Permanency Project Manager
	2.7.3 Develop a regularly scheduled "Open House" or "Open Forum" at the Teen Center for child welfare staff can meet with ILSP staff to exchange resources and discuss policy and legislation updates.		December 2008		ILSP Manager Permanency Project Manager
	2.7.4 Explore staffing and funding resources to expand teen liaison workers who can assist in securing out-of-county resources and following up with same.		December 2008		ILSP Manager Permanency Project Manager
	2.7.5 Update protocol for TILP implementation and train 90% of staff on same.		June 2008		ILSP Manager CMS Manager Training Officer

**Notes:**  
Milestones 2.6.2 through 2.6.5 were recommendations of the Out-Of-County Committee, which was convened as part of the 2004 SIP to identify issues of and propose recommendations for youth placed out-of-county.

<b>Strategy 2.8</b> Continue implementation of CC25I.		<b>Strategy Rationale</b> A formal collaboration of existing youth transition programs can help strengthen and increase consistency across services while providing a framework to achieve Goals 3 and 4 outlined here.			
<b>Milestone</b>	<b>2.8.1</b> Develop a system for tracking basic outcomes for youth who are transitioning, will transition, or have transitioned from foster care.	<b>Timeframe</b>	December 2008	<b>Assigned to</b>	ILSP Manager Permanency Project Manager
	<b>2.8.2</b> Develop job opportunities and job training options for youth in and out of San Francisco through work internships, CBO partnership, and implementation of a wage subsidy program.		December 2008		ILSP Manager Workforce Development Manager Permanency Project Manager
	<b>2.8.3</b> Identify issues that lead foster youth to drop out of college, create plan to mediate situation, and identify support systems in every college that youth are attending from SF ILSP.		December 2008		ILSP Manager Permanency Project Manager

<b>Milestone</b>	2.8.4 Expand housing opportunities for youth by identifying housing needs through youth survey, identifying housing options for youth and creating a housing guide for staff, youth, and caregivers, and identifying housing needs and options at all GOALS meetings.	<b>Timeframe</b>	December 2008	<b>Assigned to</b>	ILSP Manager Chief Deputy Director Permanency Project Manager
	2.8.5 Administer Ansell-Casey Life Skills assessment as part of ILP intake process for all eligible San Francisco youth. Administer only Part I for youth younger than 15.		December 2008		ILSP Manager Permanency Project Manager
	2.8.6 Open Individual Development Accounts (IDAs) for all youth at age 16 who have a vocational plan and for 30 youth aged 18-24, provide financial literacy training to these same youth, and identify roles of youth leadership and community partnership boards and the necessary communication and coordination between them.		December 2008		ILSP Manager Permanency Project Manager

<p><b>Improvement Goal 3.0</b>  <i>Increase the % of youth graduating from high school or vocational training from 43% to 60% and increase the amount of youth emancipating with documented links to continuing education and/or vocational training from 42% to 60% (percentages determined based on profile data and analysis).</i></p>					
<p><b>Strategy 3.1</b> Connect with an existing significant adult who can monitor school progress, attend IEPs, TDMs and other meeting forums, and communicate with the school, foster care providers, and child welfare worker.</p>		<p><b>Strategy Rationale</b>                  Youth in foster care often lack but could greatly benefit from an advocate for their educational needs (as opposed to requirements) who is familiar with their strengths and challenges and can track their educational history even if placements or schools change.</p>			
<b>Milestone</b>	<p><b>3.1.1</b>                  In partnership with Educational TA subcommittee, review procedure for assignment of education surrogates for foster youth whose caregivers are not able or willing to make educational decisions and make necessary revisions to streamline process.</p>	<b>Timeframe</b>	<p>September 2007</p>	<b>Assigned to</b>	<p>SFUSD Liaison                  Redesign Coordinator</p>
	<p><b>3.1.2</b>                  Train 90% staff on policy changes</p>		<p>October 2007</p>		<p>Training Officer                  Redesign Coordinator</p>
<p><b>Strategy 3.2</b>                  Continue collaboration with SFUSD and other key partners including CBHS, HEY, and CASA.</p>		<p><b>Strategy Rationale</b>                  Cross-agency collaborations can serve to better track the numbers of youth enrolled in which schools and receiving which educational supports, and this information can be used to develop models of successful educational support. With increased communication and sharing of information and resources, educational and service providers can also address unique challenges of youth in care and help prevent inappropriate tracking or promotion.</p>			
<b>Milestone</b>	<p><b>3.2.1</b>                  Expand ability to provide educational advocacy for foster youth.</p>	<b>Timeframe</b>	<p>December 2009</p>	<b>Assigned to</b>	<p>Redesign Coordinator</p>
	<p><b>3.2.2</b>                  Train 90% of staff on the educational rights and needs of foster youth including graduation requirements and student financial aid.</p>		<p>December 2007</p>		<p>Redesign Coordinator</p>
	<p><b>3.2.3</b>                  Identify tutoring resources to ensure remedial educational services for youth are in place and inform staff and partners of same.</p>		<p>December 2007</p>		<p>SFUSD Liaison                  Redesign Coordinator</p>

<b>Improvement Goal 4.0</b> Increase quality and consistency of monthly parental visitation with Juvenile Probation to support successful family reunification					
<b>Strategy 4.1</b> Collaborate with key partners, including FCS and CBHS, to support best practices around parent engagement.			<b>Strategy Rationale</b> The San Francisco PQCR identified a number of ways that probation contact with parents can be supported. Partnering with FCS and other key agencies that have experience in parental contact and supports will be important in that effort.		
Milestone	4.1.1 Develop and implement joint training for JPD and FCS on parental contact and support.	Timeframe	Assigned to	December 2007	JPD and FCS Training Officers
	4.1.2 Identify appropriate cases for SB163 Wraparound services to expand parental support efforts.			September 2007	JPD SB163 Wraparound Representative
	4.1.3 Work with placement agencies to encourage and support parental visitation.			December 2008	JPD Management
<b>Strategy 4.2</b> Expand logistical supports to allow POs to conduct monthly visitation.			<b>Strategy Rationale</b> The San Francisco PQCR identified a number of logistical supports necessary for JPD to maintain quality monthly visit contact with parents.		
Milestone	4.2.1 Review funding resources to determine available financial supports.	Timeframe	Assigned to	September 2007	JPD Management
	4.2.2 Prioritize supports and develop plan for implementation.			July 2007	JPD Management
	4.2.3 Determine delegation of non-placement, non-mandatory job duties to other officers to maximize PO time available for visitation.			December 2008	JPD Management
<b>Strategy 4.3</b> Expand training opportunities for POs which support best practices around parental contact			<b>Strategy Rationale</b> The San Francisco PQCR identified trainings that will support the efforts of the JPD staff to conduct quality monthly visits with parents.		
Milestone	4.3.1 Develop core training re placement practices and related procedures and protocols	Timeframe	Assigned to	December 2008	JPD Management

<b>Improvement Goal 5.0</b> <i>Reduce Disproportionality of Children of Color, including African American, Native American, and Latino children, exiting foster care to improve well-being.</i>					
<b>Strategy 5.1</b> Ensure accountability with TDM implementation so that a TDM is held at designated placement decision points.			<b>Strategy Rationale</b> TDMs utilize a team-based, community oriented approach to determining placement decisions for children and families. CDSS has identified TDMs as one strategy which impact disproportionality and improve outcomes for families.		
<b>Milestone</b>	<b>5.1.1</b> Determine TDM firewalls in relationship to problem areas and related protocols and communication plan.	<b>Timeframe</b>	March 2008	<b>Assigned to</b>	TDM Manager F2F Coordinator

**Describe systemic changes needed to further support the improvement goals.**

**Case Review System:**

- SFHSA FCS has recognized the need to increase the participation of youth and their birth and foster families in case planning. In response, SFDHS FCS has outlined specific approaches for involving youth and families in TDMs and other placement decisions in Strategies 2.1, 4.1, 4.3, and 5.1, and in on-going case planning under Strategies 1.1, 1.4, 2.1, 4.1, and 4.3.
- SFHSA FCS has recognized the need to increase the participation of youth and their birth and foster families in case planning. In response, SFDHS FCS has outlined strategies for increasing participation in both emancipation and after-care planning under Strategies 1.4 and 2.1.

**Foster/Adoptive Parent Licensing, Recruitment and Retention:**

- SFHSA FCS has recognized the need to increase supports for caretakers and foster parents who are caring for youth and has outlined specific approaches in Strategy 1.2.
- SFHSA FCS will work with the youth and his or her family and extended family to identify permanent, lifelong connections, as identified in Strategies 1.1 and 2.4.

**Agency Collaborations:**

- SFHSA FCS will enhance coordination and collaboration with the Probation Department as specified in Strategy 4.1.
- To strengthen agency and community collaborations in case planning, after-care support services, and training for all who provide care to youth, especially those who fall through the cracks, SFDHS FCS has developed specific action steps under Strategies 1.1, 1.4, 2.1, 2.2., 2.4., 2.5., 2.7, and 4.1.
- SFHSA FCS has addressed the need to increase community partners in case planning and decision-making by facilitating communication and collaboration across agencies regarding a youth's educational path through Strategies 3.1. and 3.2.

**Management Information Systems:**

- In order to address the lack of documentation of a youth's health and education history, SFDHS FCS has developed specific steps to implement HEPs under Strategy 2.3.
- SFDHS FCS has identified and addressed the need to standardize and expand educational support services to all youth in care and educate workers about this protocol through Strategy 3.1.

**Describe educational/training needs (including technical assistance) to achieve the improvement goals.**

- Education and training for workers and placement providers on the supports available to youth and how to successfully navigate the systems.
- Information LTP/ILSP Unit regarding current permanency (G.O.A.L.S.) meeting procedures.

**Identify roles of the other partners in achieving the improvement goals.**

SFHSA is working closely with a number of grantors and agencies to ensure youth permanency. Partners can identify resources such as guides and materials from outside sources, provide expertise in particular areas such as health issues, and link SFHSA with other efforts to support the work, such as the newly developed DPH review process for transitioning youth. As stated above, the FCS Core Team will continue to meet to support, monitor, and guide the SIP implementation.

**Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.**

- Advocate at the State level to modify the standard TILP form to better capture the youth's strengths and needs
- Advocate at the Federal level to amend policies that restrict students (former foster care youth) from living in Federally-subsidized housing
- Advocate with local universities and other schools to allow former foster care youth to remain in student housing during school holidays

## **Appendix A: Summary of the 2006 Self Assessment**

San Francisco conducted its PQCR from January 30 through February 3<sup>rd</sup>, 2006. The area of focus for FCS was the reentry into foster care of children aged 0 to 5. This is the second outcome indicator in San Francisco's SIP, and is an area of concern due to the high rate of children reentering foster care after reunification (averaging about 25% over the last several years) and the vulnerability of these young children. As with other outcome indicators, a disproportionate number of African American children are affected. A review of cases for the SIP indicated that many of the reentries consisted of children in the 0 to 5 age range, and the PQCR focus was narrowed accordingly. While findings are delineated in the PQCR report submitted to CDSS earlier this year, the most significant recommendations are as follows:

### **Visitation**

Visitation is the number one challenge staff identified in the PQCR. (At Core Team and Division meetings, staff and community partners also identified visitation as a challenge and enumerated various ways to improve it that will be incorporated in the 2007 SIP.) Quality visitation allows for not only parents to spend time with their children, but for this time to be a teaching modality providing all family members with the tools they need to interact appropriately, strengthen loving relationships, and ultimately successfully reunify. The research shows that parents who visit reunify, regardless of substance abuse, regardless of mental health issues. It is critical that visitation be an opportunity to promote healthy relationships for families.

At SF-HAS, visitation practice is fraught with issues. There are logistical difficulties of scheduling and transportation, which for San Francisco is particularly difficult given the number of children, including medically fragile infants, placed out of county and the heavy commuter traffic further compounded by limited accessibility as a peninsula. Limitations around the physical location and structure of the visiting room are another key factor. There are staffing issues as well, including training. The relationship between CWW, parent, and foster parent plays into this, too. In focus groups and through the Parent Advisory Council, parents identify other difficulties with visitation that leave them unprepared for what to expect when children return home, and afraid to act on the issues that surface for fear of subsequent removal. Visitation should provide the parent the structure and supports to feel secure and prepared for parenting.

The Child Psychotherapy Project, which provides therapy for children in foster care, is exploring the possibility of funding for a pilot involving specialized, therapeutic visitation for a small number of children aged 0 to 3. Home visits, support groups, and aftercare supports can be components of this model. This is one step towards making some improvements that needs to be supported and expanded. In addition, there are particular challenges to be considered, such as parental substance abuse, in utero exposure to substances that can create various behavioral and developmental difficulties for parents, and mental health issues that may need particular interventions and teaching modalities. If the visitation approach can be changed, the Agency will make huge inroads with system improvement and desired outcomes for children and families.

Closely linked to this are the role foster parents play in reunification and permanency, the support they receive from SF-HSA, and how the

Agency can work with and train them to build a team with the parents to support the child and subsequently the family. One way to encourage this is through the "icebreaker" meeting between the parent, foster parent, and worker that occurs at the first visit after removal. Through F2F, SF-HSA had planned to implement the Icebreaker at this point, but due to staffing fluctuations, that timeline has been pushed back. The Agency still plans to implement it however, likely in 2007.

Aftercare supports are also critical in preventing reentries. This includes anticipating areas of concern, e.g., relapse, and identifying and developing strong community and personal supports for the family that they can rely on to assist them in their reunification process which can continue after reunification, and after departmental intervention and supports.

Finally, the relationship between SF-HSA and the Court was identified as an area needing improvement. Workers repeatedly cited the need for better communication with the Court, both on a personal level in terms of how staff experienced the Court process, and systemically. Part of this was driven by the shortened Court time frames as a result of ASFA, but not all of it.

Staffing was a primary concern, and it is fortunate that since the PQCR was held the Agency has hired over 25 child welfare workers, with more to be hired. Similarly, SDM rollout will occur early next year (training is now underway), addressing concerns around standardized risk assessment.

## Juvenile Probation Department Observations and Recommendations:

The focus area for Probation, Parental Face to Face visits with Probation as it relates to re-unification, was chosen for two reasons:

1. Although the P.O.s do have an excellent record of monthly visits to every minor in foster/group home care, they are not visiting the parents monthly, as mandated by the State. Parental face-to-face visits with Probation were sporadic at best.
2. We wanted to know if monthly face-to-face parental visits by P.O.'s were necessary for successful re-unification of the minor and parents.

Summary of Practice: Probation officers clearly knew their cases well and demonstrated above-and-beyond commitment in their work with youth. Areas of strength included JPD parent contact prior to placement and which addressed goals and minor visits, the number and quality of minor visits and attempts to coordinate parent visits with these, internal department communication and working relationships, and close proximity of minor placement. Challenge included significant resource issues, specifically the lack of cars, laptops, and cell phones. Additional challenges included caseload size, transportation logistics, language barriers, excessive paperwork exacerbated by the lack of eligibility staff, parent contact and issues, including substance abuse and mental health, Court issues and training needs.

## Probation Recommendations

- ❖ Support staff (clerical) to do more of the DHS paperwork
- ❖ Increase number of P.O.'s to bring caseloads down to a manageable number of 25
- ❖ Integrated computer system to obtain DHS information as we deal with so many prior 300 W&I children.
- ❖ Case management system that would allow P.O.'s to access when in the field and by their supervisors so they can access and answer questions about the case when P.O. in field.
- ❖ Placement core training for all placement officers to learn how and why we fill out the forms we do and to understand reasoning of rules we may think more suitable to DHS and not making any sense to P.O.' i.e., monthly parent face to face visits.
- ❖ Division 31 updates
- ❖ Increase number of vehicles
- ❖ Have properly maintained vehicles
- ❖ Every officer should have their own cell phone provided by the Agency
- ❖ Laptop computers – especially for field notes and reports
- ❖ Have the placement provider become the lead agency for visiting with the parents as they are observing the parent/child relationships/behavior
- ❖ Delegate non-placement, non-mandatory job duties to other appropriate officers i.e. transportation.
- ❖ Set up a day or two a month that parents would come in and have face to face with Sup or other placement officer if the P.O. is in the field

## System Strengths and Areas Needing Improvements

San Francisco is making encouraging strides in reducing racial disproportion and high rates of foster care placement. During the

late 1980's and early 1990's, the city's foster care caseload rose rapidly, creating long-lasting disparities in the system, but for more than a decade the caseload trend has been downward with the exception of a brief rise after the 9/11 economic recession. The backdrop for this decline is the continuing flight of families from San Francisco, as fewer families remain to become involved in the child welfare system, and an evolving series of Agency initiatives to preserve families. Among the low-income families that continue to live in the city, many are facing heightened levels of isolation and vulnerability as extended family members have left. San Francisco also faces a large wave of foster youth who were removed from their families in the early 1990's, have grown up in foster care, and are reaching the age of emancipation.

The San Francisco Human Services Agency's (SF-HSA) performance on the California Child and Family Services Review outcome indicators suggests high rates of entry and re-entry into care, but relative stability while in foster care.

Children are First and Foremost Protected from Abuse and Neglect While SF-HSA is cautious about comparing itself to statewide data, it is the only comparison available, and it creates a context for the baseline. For San Francisco, the rate of recurrence of child maltreatment is higher than the statewide performance on each of the three outcome indicators. For example, the state measure, which is based on a cohort of children reported for abuse, reveals that 14.9% of those children will have another substantiated report within twelve months, as compared to a statewide average of 12.3%. San Francisco has reduced its rate on this measure, but the statewide rate has dropped faster. The recurrence of maltreatment in homes where children were not removed is also high, 10.4%, compared to the statewide average of 8.1%.

Families in San Francisco are polarized between the affluent and the low income. In particular, the flight of families from the Southeast appears to have isolated the most disadvantaged families, those who did not have the resources to leave. As a result, SF-HSA finds itself working with families that have more

intractable needs -- substance abuse, mental illness, housing, and poverty – and fewer informal resources from kin – emotional support, financial help, babysitting, advocacy. One finding of a local study of racial disproportion in foster care is that some African American families appear to use the SF-HSA child welfare system as a means of gaining access to services.

The lack of informal, family resources is compounded by the formal service system's fragmentation. Compared to other counties, San Francisco is rich in services. These services however are not well coordinated. With the inception of Differential Response, SF-HSA now provides preventive services at the point of referral, and works with a total of seven community-based organizations to either provide services directly or link families to an appropriate one. This is a significant difference from our initial Self-Assessment two years ago, when the Agency might make a referral to an organization, but had no formal coordination for service delivery. It now provides early intervention in the hopes that a family's situation does not need to deteriorate to the point where child welfare intervention is necessary.

Although it can always do better, SF-HSA does well with timely response to reports of child maltreatment, meeting with children 95.4% of the time for 10 day response periods and 97.4% for immediate response, both rates well above statewide averages. Its rate of children being abused or neglected while in foster care (<1%) is very low, and is comparable to statewide averages, but SF-HSA would like to reduce the incidence to zero.

#### Permanency and Stability

SF-HSA does well in providing stable care for children and moving them to permanent living situations within a reasonable time. For example, SF-HSA is doing better than other counties on minimizing

the number of moves that children experience in care. Almost 90% of the children brought into care have two or less moves in their first twelve months. Since SF-HSA does not use a shelter for initial placement, it is able to avoid a lot of short-term, temporary placements. Also, San Francisco emphasizes relative care more than other counties, and these placements are more stable.

San Francisco would like to speed up adoptions: it is slipping behind a statewide improvement in moving children to adoption within 24 months. Almost 82% of San Francisco children who were adopted had been in care for more than two years. The statewide rate was just over 70%. According to program staff, San Francisco keeps its adoptions open longer to provide additional support and because of difficulties working with the courts. During the baseline period, however, San Francisco was roughly equal to the statewide average, but the statewide rate has since improved significantly while San Francisco's rate has declined.

In reunifying children with their families, SF-HSA's most recent performance surpasses the statewide average. Among a cohort of children brought into care, 40.8% were reunified within twelve months, compared with a statewide average of 38%. San Francisco is concerned, however, that it might be reunifying children too quickly or with too little support in place. This is a longstanding concern. Of all children who entered foster care in the most recent reporting period, 14.8% of them had been in care within the previous twelve months. This is higher than the statewide average of 10.3%. In a cohort of children, 23% re-entered foster care within one year of being reunified, compared to a statewide average of 12.3%.

SF-HSA intends to work more closely with community partners to create a coordinated, wrap-around type of service system that can respond coherently to families trying to stay together or to reunify and sustain support after reunification. This requires that services with the non-profit community be better coordinated, especially to breach the isolation of high-risk families. In 2004, SF-HSA expanded its TDM process to include not only

placement changes, but situations in which staff were considering removing children from their families of origin. The Agency is now preparing for the third and final implementation phase of TDM, Reunification/Permanency TDM's, which will help prepare families for reunification. This should alleviate the risk of return into foster care by having identified aftercare services and plans, including relapse plans, in place prior to a child's return home.

*Many of the issues facing families are so large, however, that only public sector agencies have the resources to meet them.* They include housing, entrenched poverty, substance abuse, and mental health. Families that have their children removed in San Francisco generally fall into one of three clusters, according to their housing: 1) homeless; 2) living in public housing; and 3) living in single room occupancy hotels. SF-HSA needs to work more closely with its own Homeless and Housing Division, as well as with the Housing Authority, to better identify high risk families and help them stabilize their living situations. To address issues of poverty, SF-HSA has expanded the Linkages program to coordinate resources and case plans between its child welfare and CalWORKs program, and this initiative needs to be generalized to all SF-HSA offices. SF-HSA also needs to bolster its partnerships with the Department of Public Health, which funds substance abuse treatment and mental health services.

#### Family Relationships and Connections

SF-HSA does exceptionally well at maintaining children's connections with family. In large part, this is due to the Agency's commitment to placing children with relatives. Over 54% of San Francisco children in foster care are placed with relatives, compared to a statewide average of just 34%. San Francisco is concerned, however, that new AB 1695

regulations are making it much more difficult to locate relatives who can meet the state's new requirements for foster care vendorization. The Agency will be researching this development in upcoming months and exploring how to respond.

San Francisco does better than the statewide average on placing children with siblings. Two thirds of children in placement are living with at least some of their siblings, and almost half are living with all of their siblings. SF-HSA is challenged to place large sibling groups of four to ten children together. Foster homes are licensed for a designated number of beds, and homes in San Francisco tend to be small. The new AB 1695 regulations mandate that relative homes meet license standards for foster homes, including limits on the number of children per bedroom, which creates new challenges for keeping sibling groups intact.

#### Indian Child Welfare Act Placement Preferences

San Francisco has twenty-seven Native American children in care. Slightly over half of them are placed with relatives, while 27% are placed in either FFA's or group homes. SF-HSA wants to develop and license additional Native American foster homes. Despite small numbers in absolute terms, Native American children are at high risk for foster care. Compared to their size in the general population, they are disproportionately represented in child welfare.

#### Transition to Adulthood

The California Department of Social Services is not able to provide relevant data on emancipating foster youth. It can provide data from Independent Living Programs, but the numbers only reflect those youth who utilize the program, and its numbers are duplicated. It is not a reliable profile of San Francisco foster youth who emancipate. The research literature confirms, however, that foster youth are at extreme risk for

unemployment and homelessness. **The issue of transition to adulthood is particularly important because adolescents form the largest proportion of San Francisco children in care.** Preparing these young adults for independence in a city as expensive as San Francisco presents a major challenge for SF-HSA.

In 2002, the Executive Director of SF-HSA issued a youth initiative stating that “every young adult who emancipates from the San Francisco Foster Care System will have a plan that guarantees housing, employment, education, training, and healthcare.” The most urgent component of this vision is housing. The Agency has contracted with a youth-serving organization to provide scattered site apartments to 31 emancipated foster/probation youth (21 single adults and 10 pregnant or parenting teens). SF-HSA has also created a project to increase scholarship funds available to current and former foster youth of San Francisco, and it has contracted to provide Individual Development Accounts for 40 emancipating or already emancipated youth. To improve employment outcomes for foster youth, the Independent Living Program has begun working with the Agency’s career advancement program at the One-Stop Employment Center that SF-HSA manages.

Through its grant with CC25I, SF-HSA is working across divisions and agencies to address employment, education, and housing issues for youth. This includes identifying staff who can coordinate employment services for foster or emancipated youth from the age of 16 to 25; developed a Wage Subsidy program for 50 youth; establishing three informational kiosks for youth in San Francisco’s One Stop Centers; adding 27 additional housing units through the LEASE program, First

Place Funds, and THP+; policy and protocol development with SFUSD to implement AB490; and other related strategies.

SF-HSA has also reorganized its Independent Living Program, lowering the eligibility age from 16 to 14 so that youth can have support well in advance of the momentous transition to independence. To improve coordination between child welfare workers and Independent Living Program staff, the latter has been transferred into the same section as the Long Term Placement teen units.

#### Self Improvement Plan

In analyzing its outcomes, SF-HSA has identified several issues that will be central to its Self Improvement planning process, including:

- ❖ **Differential Response:** The recurrence of maltreatment for children left in the community is of particular concern. SF-HSA works with its community partners to use the Hotline to respond to families at earlier stages of need. It is about to expand its Differential Response staff from a single child welfare position to an entire unit. Differential Response currently works in collaboration with seven contracted partners.
- ❖ **Standardized Risk Assessment:** SF-HSA will implement Standardized Decision Making in early 2007 to ensure standardized risk assessment not only at the Hotline and Emergency Response services, but also throughout the life of a case.

- ❖ **Improved Coordination with Community Partners:** While children are in care, SF-HSA is able to provide stability and safety, and move them to permanency with relative speed. SF-HSA has been less effective, however, at protecting children when they are living in the community within vulnerable families. In particular, families that have been reunified are under extreme stress and need coordinated support. SF-HSA will continue efforts to better coordinate services with the non-profit organizations that are in the neighborhoods of the families it serves. This includes coordinating support for families that have been identified as at risk through the Hotline, building on the team decision making process to serve children who are coming into care or leaving care, and sustaining support for families that have been reunified. SF-HSA has also begun to work with parents in a more coordinated systemic way through its Parent Advisory Council, as well as providing direct intervention and support through contracting for peer parent intervention and support groups.
- ❖ **Strengthen Public Sector Partnerships:** The needs of at risk families in San Francisco include housing, substance abuse, mental health, and entrenched poverty. While partnerships with community-based organizations are key, it is the public sector that has the resources to meet such overwhelming needs. SF-HSA has to strengthen its partnerships with the Department of Public Health, the Housing Authority, and the School District, to meet the overwhelming needs of low-income families. SF-HSA has built better coordination amongst its own programs by expanding the Linkages project and through the CC25I work. It can continue to do so by connecting its Homeless and Housing Division more closely to child welfare

SF-HSA needs to better understand some of the issues confronting it. Further areas identified for potential statistical analysis include:

- ❖ Identifying family characteristics of children reentering the system (e.g., history, parents' age, number of children) to determine impact, if any, on successful reunification
- ❖ Identifying risk factors associated with children separated from their families
- ❖ Comparing outcomes for children who've had TDM's with those who have not
- ❖ Comparing outcomes for children placed in county with those placed out of county
- ❖ Mapping the percentage of Family Reunification cases with supportive housing units to determine program coordination
- ❖ Comparing length of time Family Maintenance was offered between children who successfully reunified and those who reentered the system
- ❖ Analyzing Court impact and rulings on outcomes
- ❖ Exploring research on outcomes of culturally and/or ethnically matching caseworkers to family to determine impact on disproportionality