File No. 100627 Committee Item No. 1
Board Item No. _____

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee PUBLIC SAFETY Date 2/1/10

Board of Supervisors Meeting Date _____

Cmte	Board	
☐	☐	Motion
☒	☐	Resolution
☐	☐	Ordinance
☐	☐	Legislative Digest
☐	☐	Budget Analyst Report
☐	☐	Legislative Analyst Report
☐	☐	Introduction Form (for hearings)
☒	☐	Department/Agency Cover Letter and/or Report
☐	☐	MOU
☐	☐	Grant Information Form
☐	☐	Grant Budget
☐	☐	Subcontract Budget
☐	☐	Contract/Agreement
☐	☐	Award Letter
☐	☐	Application
☐	☐	Public Correspondence

OTHER (Use back side if additional space is needed)

☐ ☐ _____
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Completed by: Gail Johnson Date 1/29/10
Completed by: _____ Date _____

An asterisked item represents the cover sheet to a document that exceeds 25 pages. The complete document is in the file.

[Resolution approving the City and County's triennial self assessment and review of its Child Welfare and Juvenile Probation Placement Services.]

Resolution approving San Francisco's Child and Family Services Review - Self Assessment, a review of its Child Welfare and Juvenile Probation Placement Services, including a needs assessment for the Child Abuse Prevention, Intervention, and Treatment; Community Based Child Abuse Prevention; and Promoting Safe and Stable Families programs.

WHEREAS, The California Department of Social Services requires counties to review the full scope of Child Welfare and Juvenile Probation Placement services every three years, examining strengths and needs for prevention, intervention, treatment, and aftercare services; and,

WHEREAS, San Francisco's review process incorporated input from parent advocates, foster parents, community based family support organizations, court appointed special advocates, and staff from the San Francisco Human Services Agency child welfare program and the San Francisco Juvenile Probation Department; and

WHEREAS, The review included a focused analysis of child welfare data, which found that the number of children in foster care has been reduced by half in the last decade, and the racial disproportion of children entering foster care for the first time has decreased dramatically; and

WHEREAS, San Francisco faces key challenges related to reducing re-entries into foster care, recurrence of maltreatment, and the timely adoption of foster children who cannot be reunified with their parents, and utilizing least restrictive placement options for juvenile offenders; and

WHEREAS, The California Department of Social Services requires that the findings of the Self Assessment be the basis for a subsequent Self Improvement Plan, a strategic plan that outlines how each county will remodel its system to improve outcomes for children, youth, and families, and which serves as the operational agreement between the county and the state; and

WHEREAS, The community planning process for San Francisco's Self Improvement Plan begins in January, 2010 and the plan will be submitted to the San Francisco Board of Supervisors in May, 2010; and

WHEREAS, The California Department of Social Services requires that the Self Assessment first be approved by the Board of Supervisors; and

WHEREAS, San Francisco's Child and Family Services Review Self Assessment is on file with the Clerk of the Board of Supervisors in File No. 100027 and which is hereby declared to be a part of this resolution as if set forth fully herein; now, therefore, be it

RESOLVED, That the San Francisco City and County Board of Supervisors approves the San Francisco Child and Family Services Review Self Assessment covering the period between December 6, 2006 and January 15, 2010; and, be it

FURTHER RESOLVED, That a copy of this resolution be forwarded to his Honor, the Mayor, with a request that he transmit copies to the California Department of Social Services.

City and County of San Francisco

Gavin Newsom, Mayor

Human Services Agency
Department of Human Services
Department of Aging and Adult Services

Trent Rhorer, Executive Director

File 100027

January 4, 2010

RECEIVED
BOARD OF SUPERVISORS
SAN FRANCISCO
2010 JAN -4 AM 11:41
BY

Ms. Angela Calvillo, Clerk of the Board
Board of Supervisors
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco, CA 94102-4689

Dear Ms. Calvillo,

Attached please find an original and four copies of a proposed resolution for Board of Supervisors' approval, which is required by the California Department of Social Services, as well as five copies of one attachment.

Every three years the California Department of Social Services requires counties to work with community partners to review the full scope of child welfare and juvenile probation placement services. This year the state has integrated the review process with the required needs assessment for state funding for child abuse prevention funding, including the Child Abuse Prevention, Intervention, and Treatment; Community Based Child Abuse Prevention; and Promoting Safe and Stable Families programs. This assessment and review is compiled in a document known as the Child and Family Services Review - Self Assessment.

Once the assessment process is completed, the state requires a second stage of planning that outlines how each county will remodel its system to improve outcomes for children, youth, and families. This is called the Child and Family Services Self Improvement Plan, and it serves as the operational agreement between the county and the state. The Self Improvement Plan will be developed in upcoming months and submitted to the Board of Supervisors in May, 2010. The California Department of Social Services requires that the Self Assessment and the Self Improvement Plan be approved separately by the Board of Supervisors.

The current resolution requests approval of the Self Assessment, which covers the period between December 6, 2006 and January 15, 2010. The Self Assessment accompanies the resolution. The following person may be contacted in this matter: Liz Crudo, 557-6502.

Sincerely,

Trent Rhorer
Executive Director

Cc: Christine De Berry
Starr Terrell

California's Child and Family Services Review
County Self-Assessment Cover Sheet

County:	San Francisco
Responsible County Child Welfare Agency:	Human Services Agency
Period of Assessment:	December 6, 2006 through January 15, 2010
Period of Outcome Data:	December 6, 2006 through December, 2009
Date Submitted:	January 15, 2010
County Contact Person for County Self-Assessment	
Name & title:	Elizabeth Crudo, Program Manager
Address:	POB 7988, San Francisco, CA 94120
Phone:	(415) 557-6502
E-mail:	Liz.Crudo@sfgov.org
CAPIT Liaison	
Name & title:	Robin Love, Program Manager
Address:	POB 7988, San Francisco, CA 94120
Phone:	(415) 934-4265
E-mail:	Robin.Love@sfgov.org
CBCAP Liaison	
Name & title:	Robin Love, Program Manager
Address:	POB 7988, San Francisco, CA 94120
Phone:	(415) 934-4265
E-mail:	Robin.Love@sfgov.org
County PSSF Liaison	
Name & title:	Robin Love, Program Manager
Address:	POB 7988, San Francisco, CA 94120
Phone:	(415) 934-4265
E-mail:	Robin.Love@sfgov.org

Submitted by each agency for the children under its care	
Submitted by:	**SF-HSA Executive Director**
Name:	**Trent Rhorer**
Signature:	
Submitted by:	**Juvenile Probation Chief**
Name:	**William Siffermann**
Signature:	

County & Community Partners	In Collaboration with: Name(s)	Signature
Board of Supervisors Designated Public Agency to Administer CAPIT/CBCAP/PSSF Funds	**San Francisco Child Abuse Council**	
County Child Abuse Prevention Council	**San Francisco Child Abuse Council**	
Parent Representative	**Ellenita Garay**	
As Applicable[1]	**Name(s)**	
Youth Representative	Reina Sanchez	
County Adoption Agency (or CDSS Adoptions District Office)		
Local Tribes		
Local Education Agency	SFUSD	

Board of Supervisors (BOS) Approval	
BOS Approval Date:	
Name:	
Signature:	

☐ Name and affiliation of additional participants are on a separate page with an indication as to which participants are representing the required core representatives.

[1] As applicable, provide the name of a representative from each of these entities as pertinent to relevant outcomes (the adoption composite would include a representative that was engaged in that portion of the CSA, likewise, IEP measure (5A), IWCA (4E), etc. No signature is required.

California Child and Family Services Review
Self Assessment

City and County of San Francisco
San Francisco Human Services Agency
San Francisco Juvenile Probation Department

Trent Rhorer, Executive Director
San Francisco Human Services Agency

William Sifferman, Chief Probation Officer
San Francisco Juvenile Probation Department

January, 2010

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A. County Self-Assessment Cover Sheet

California's Child and Family Services Review County Self-Assessment Cover Sheet	
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Submitted by each agency for the children under its care	
Submitted by:	SF-HSA Executive Director
Name:	Trent Rhorer
Signature:	
Submitted by:	Juvenile Probation Chief
Name:	William Siffermann
Signature:	

In Collaboration with: County & Community Partners	Name(s)	Signature
Board of Supervisors Designated Public Agency to Administer CAPIT/CBCAP/PSSF Funds	San Francisco Child Abuse Council	
County Child Abuse Prevention Council	San Francisco Child Abuse Council	
Parent Representative	Ellenita Garay	
As Applicable[1]	**Name(s)**	
Youth Representative	Reina Sanchez	
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Local Tribes		
Local Education Agency	SFUSD	

Board of Supervisors (BOS) Approval	
BOS Approval Date:	
Name:	
Signature:	

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B. Introduction and County Self-Assessment Team Composition

This Self Assessment is the San Francisco Human Services Agency (SF-HSA) latest response to Assembly Bill 636 (AB 636), the California's Child Welfare System Improvement and Accountability Act of 2001. 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. In 2002, the California Department of Social Services (CDSS) completed a federal review of its performance on federal outcome measures, including an analysis of the systemic factors that affected its performance, and developed an improvement plan with specific action steps and goals. To improve statewide performance, CDSS requires every county to engage in a process of self-assessment, identify areas for improvement, articulate goals, and institute plans to reach those goals.

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

In the past, counties have developed a separate plan for the expenditure of federal and state funds for the Promoting Safe and Stable Families, Child Abuse Intervention and Treatment, and Community-Based Child Abuse Prevention Program (PSSF/CAPIT/CBCAP). The California Department of Social Services has now merged these efforts with the Self Assessment and Self Improvement Plan to form one assessment, planning, and reporting process.

The development and submission of this Self-Assessment begins the third triennial cycle for San Francisco. Its most recent Self-Assessment and System Improvement Plan were completed in 2006, and its 2nd Peer Quality Case Review (PQCR) in May, 2009. The 2009 Self-Assessment incorporates the findings from the PQCR as well as current improvement activities. In early 2010, San Francisco will develop a new System Improvement Plan based on outcome indicators prioritized in this Self-Assessment report.

County Self-Assessment Team Composition

Community and public and private agency partners constitute the child welfare/juvenile probation core team, which has played a critical role in Self Improvement Plan development and implementation since San Francisco's initial plan. In assisting with this

Self Assessment, the Core Team met four times to review and discuss the designated outcomes and related local policies and practices and to offer further insight into San Francisco's performance. Data analysis and program information was presented and discussed at meetings at SF-HSA and also distributed by email to members. In addition, a presentation was conducted with the SF-HSA Family & Children's Services Division followed by small group discussion. A complete list of active Core Team participants can be found in Appendix A.

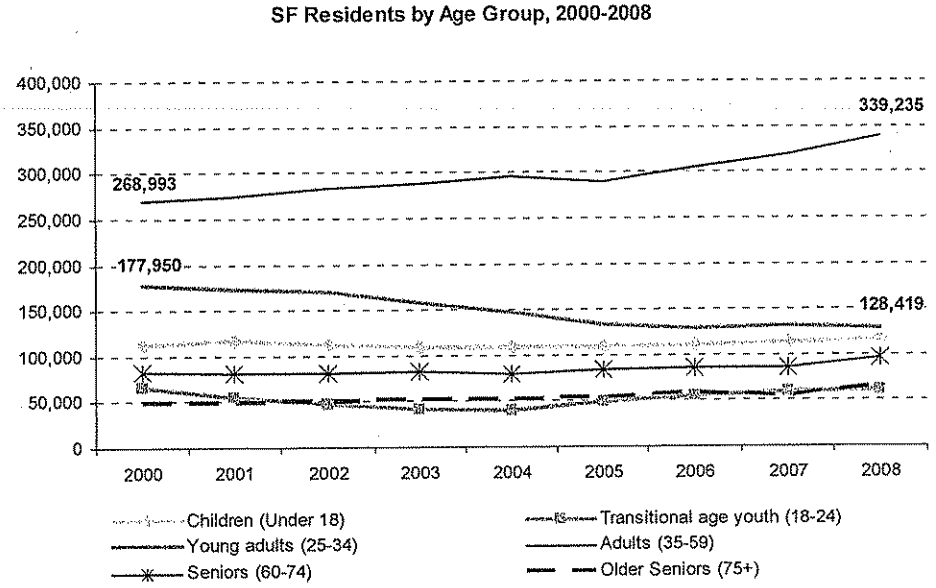
C. Demographic Profile

C.1 Demographics of the General Population

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

According to the census, San Francisco has a growing population, increasing from 675,400 in 1980 to 808,691 in 2008. During the 1990s, much of the population growth was due to an influx of recent college graduates seeking work in the technology sector. As Figure 1 illustrates, however, many of these young adults left the county following the "dotcom bust." Given that statistics for educational attainment have remained unchanged – over half of San Francisco adults age 25 plus have at least a bachelors degree, and over 70% have at least some college credit – the data suggests that well-educated, more professionally established, and more affluent adults age 35-59 are taking their place and account for most of the population growth. In contrast, the other age categories have remained relatively stable for the past eight years. Children account for slightly less than 15% of the population, which is the lowest rate among the nation's major metropolitan areas. By comparison, children form 18% of the population in Manhattan. In 2008, San Francisco had 117, 017 residents under the age of 18.

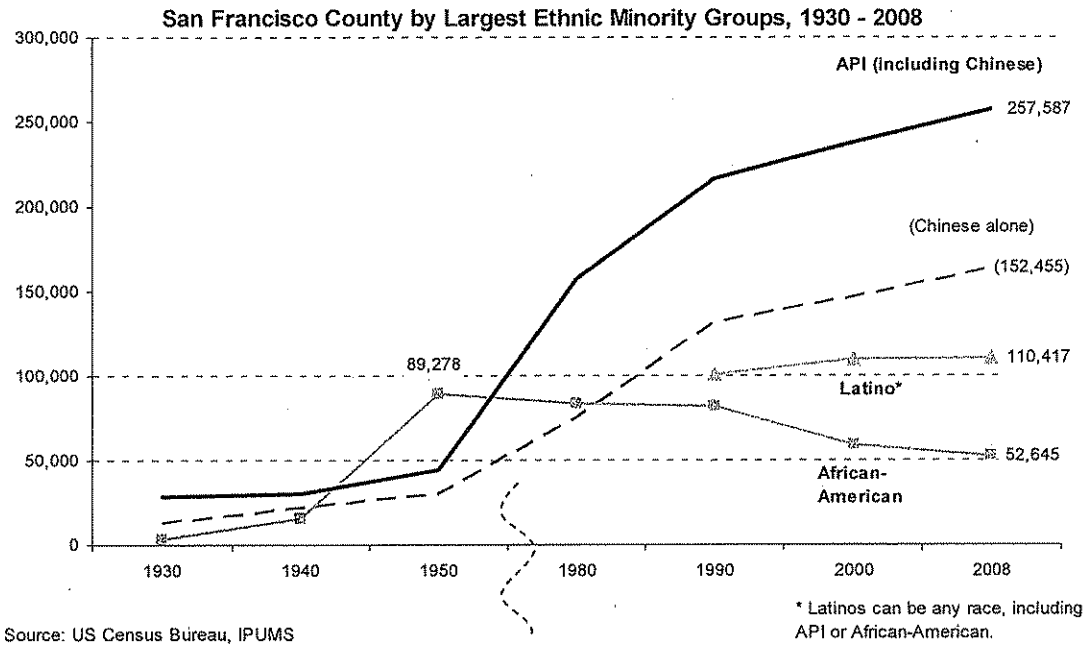
Figure 1



Source: IPUMS, US Census Bureau

Although the rate of foreign born residents has decreased significantly compared to two years ago, San Francisco still has an uncommonly diverse immigrant population. As of 2008, 37% of San Franciscans were born in another county, compared to 27% statewide and 13% nationwide. Forty-two percent of the county's residents speak a language other than English at home. Asian and Pacific Islanders comprise a third of the total population. The proportion of African Americans, however, is declining. Since 1990 the African American population has dropped 36% (from 82,043 to 52,645). The Latino population seems relatively stable. In contrast, the Asian/Pacific Islander (API) population has increased substantially. Between 1950 and 2005, the API community has grown fivefold. Over 60% of San Francisco immigrants now come from Asia (28% from China alone). Figure 2 tracks the historical changes in the city's population by race and ethnicity since 1950. (Please note that data is not available for 1960 - 1970.)

Figure 2



Race and ethnicity is strongly linked to income, poverty, and child welfare participation. In 2008, the median household income in San Francisco was $71,957, and the median family income was $87,583. In comparison, the poverty level for a family comprised of one adult and two children was $17,600. The average benefit for a family on CalWORKs was $10,160.[2] The poverty rate among individuals in San Francisco is 11.0%, and among families the rate is 6.5%. Table 1 further highlights the income disparities by ethnicity, and suggests that people of color in San Francisco earn substantially less than their counterparts nationwide.

[2] Insight Center for Community Economic Development. See http://www.insightcced.org/insight-communities/cfess/ca-sss/cfes-county-san-francisco.html

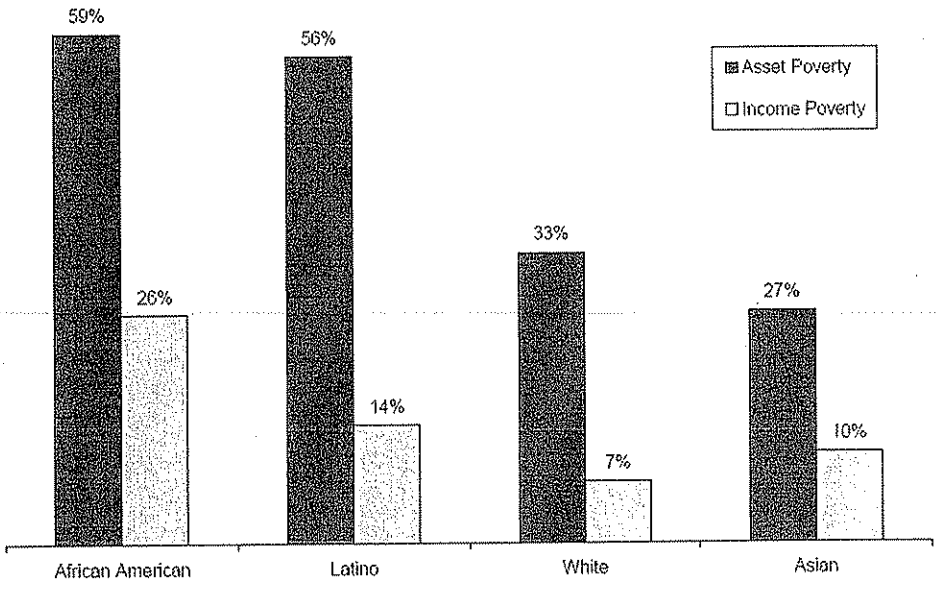
Table 1: Racial Disparity in Income: Per Capita Income of Non-White Racial and Ethnic Groups, As a Percentage of Per Capita Income of Whites, 1999

	San Francisco	United States
African American	40%	60%
Asian	46%	91%
Latino	38%	51%

Source: U.S. Census, 2000 Census SF-3 Series, MOEWD – Sustaining Our Prosperity: The San Francisco Economic Strategy, 2007

Income disparity alone does not fully describe the disparity between Whites and non-Whites in San Francisco. A more subtle measure is asset poverty, which estimates whether a household would have enough assets to "meet its basic needs for a period of three months during which there is no outside source of money."[3] Basic needs are set at the federal poverty level, so that a family of three, meeting basic needs for three months at the federal poverty level would require $4,400. A family of three would be considered asset poor if it did not have savings, investments, or home equity totaling at least $4,400.

Figure 3: San Francisco's Asset and Income Poverty by Race



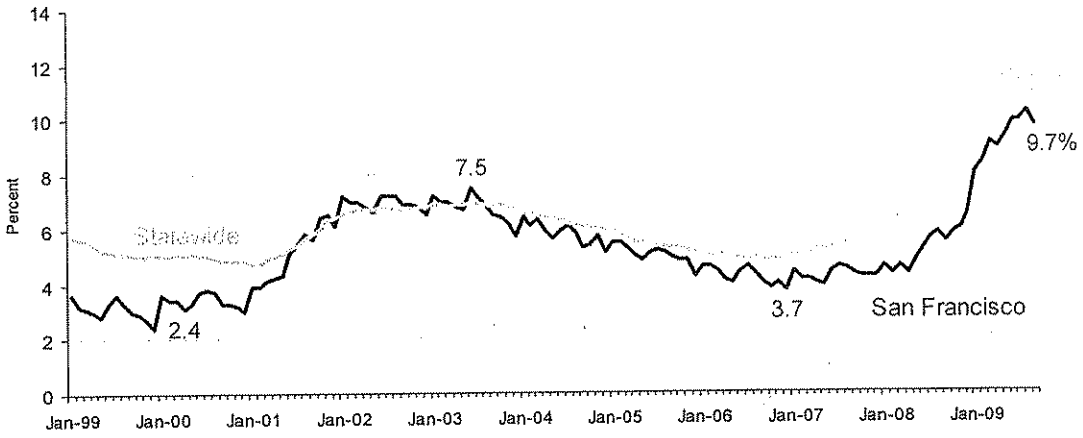
Source: Asset Policy Initiative California
Source: ICF estimates based on a cohort component model derived from Census and CDC data

[3]Asset Policy Initiative. (2006). Local *Asset Poverty Index: Methodology.*

Figure 3 suggests that African Americans and Latinos are particularly vulnerable to economic shocks such as job loss, divorce, or unexpected medical expenses. According to the chart, 26% of all African Americans in San Francisco are *income poor* according to federal standards.[4] The dark bar on the far left illustrates, however, that over twice as many (59%) are *asset poor*. Latinos, at 56%, are also at high risk of falling into extreme poverty. Were a sudden job loss or major expense to occur, these families would not have the reserves to pay for the poverty-level of housing, food, and other necessities for three months. At the time of writing this report, discussions about asset poverty and economic shock are particularly a propos given the economic recession and San Francisco's high unemployment, shown in Figure 4 below.

Figure 4

Monthly Unemployment Rate, 1999-2009



Source: Bureau of Labor Statistics

The income and asset poverty statistics also highlight the economic stress facing families receiving public assistance in San Francisco. Drawing on the work of the Insight Center for Community Economic Development to estimate the actual cost of living, a family of three on CalWORKs has just 14% of the income necessary to live securely in San Francisco.[5] The most expensive element of living in San Francisco is clearly housing. Fourteen percent of CalWORKs families are homeless or inadequately housed, while over 20% live in public housing.[6] SF-HSA has observed a growing number of families moving into Single Room Occupancy (SRO) hotels, and it is rumored that more families are resorting to lodging room-type arrangements with other, unrelated families. While a wave of families has left the city for more affordable communities, it may be that many of those who remained behind have not had the resources to leave.

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[4] The Federal Poverty Level threshold is calculated by family size and composition below which a family is considered living in poverty. For a family with one adult and two children, the 2008 threshold was $17,600.
[5] Insight Center for Community Economic Development. See http://www.insightcced.org/insight-communities/cfess/ca-sss/cfes-county-san-francisco.html
[6] Estimates done by Planning Unit staff of CalWIN extract numbers.

Low-income persons are also changing neighborhoods. As relatives are leaving – including the aunts, uncles, and siblings who form the informal support network for low-income and vulnerable parents – poverty is being compounded by isolation. Figure 5 on the following page illustrates the changes in poverty levels by neighborhood between 1990 and 2000. Green areas indicate net losses in the number of low income persons, suggesting possible gentrification, while red areas indicate increasing concentration (and likely severity) of poverty. Figure 6 on the page after illustrates the areas of the city that have the highest concentrations of poverty. The Bayview Hunters Point area continues to have the highest number of impoverished families in the city, but the Tenderloin now has the second highest number, and Chinatown now has more than the Western Addition, a historically African American neighborhood that is now a checkerboard of gentrification.

Figure 5

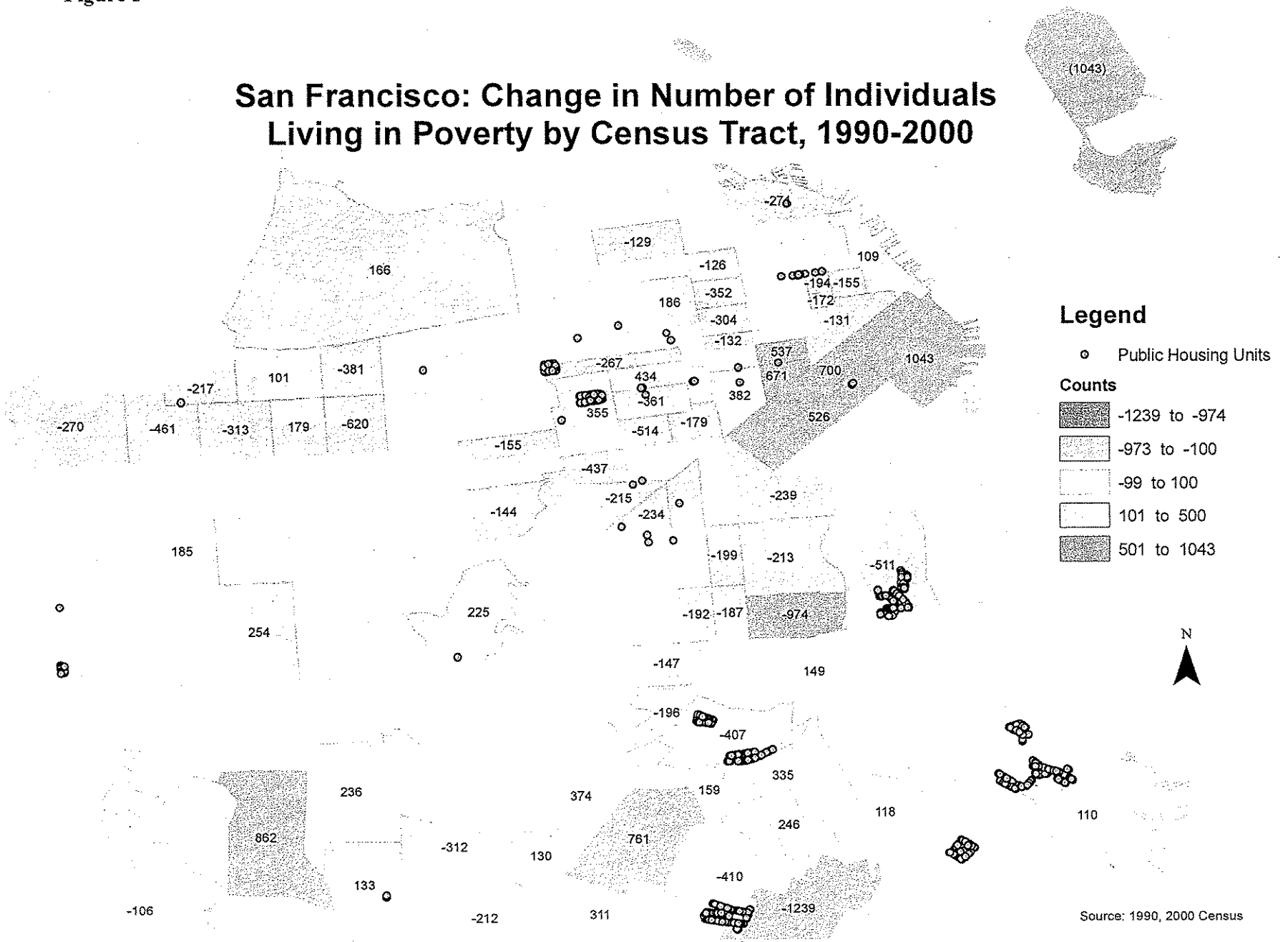
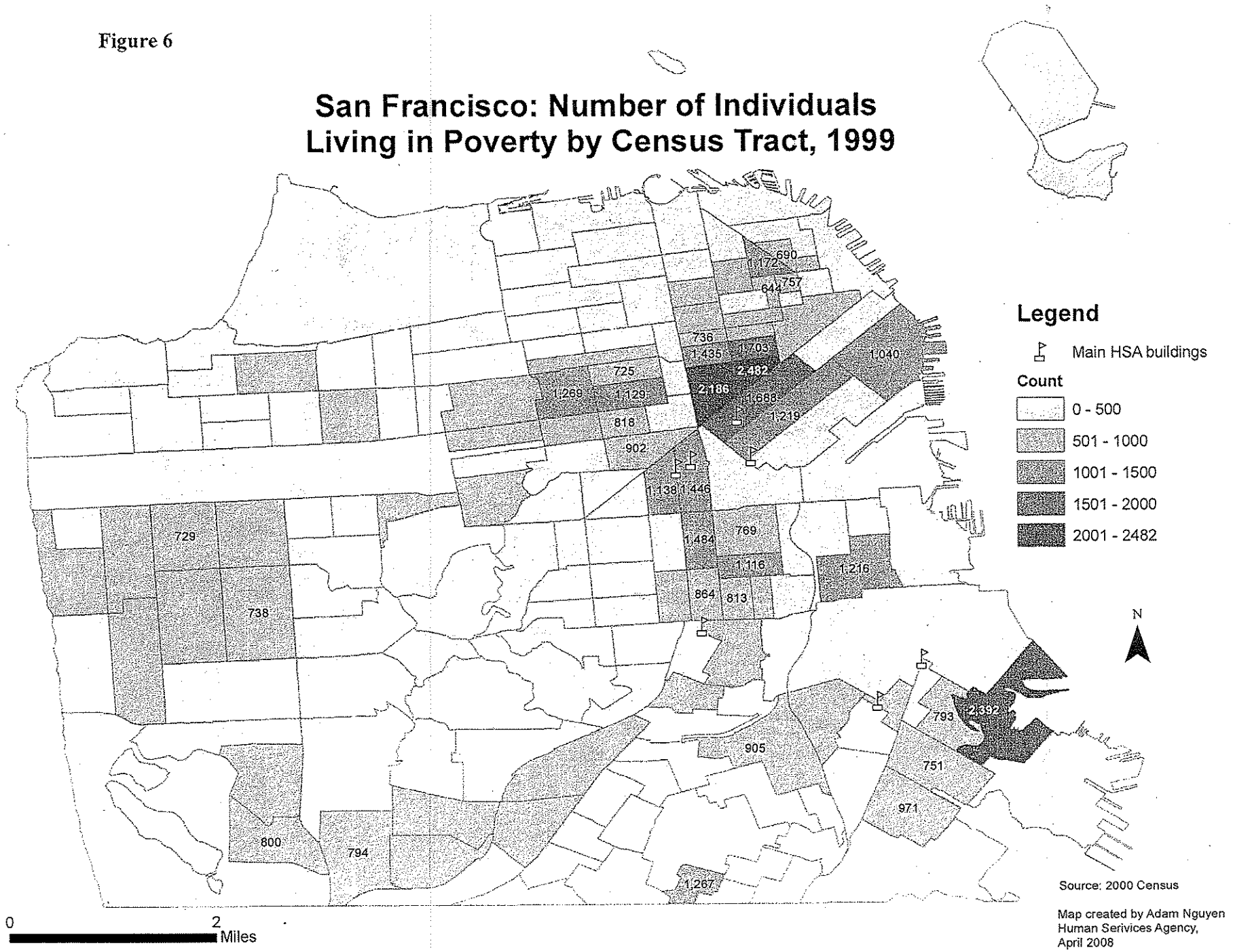

San Francisco: Change in Number of Individuals Living in Poverty by Census Tract, 1990-2000
(1043)
-276
-129
-126
109
166
-194
-155
-352
186
-172
-304
-131
-132
537
-267
1043
671
700
434
382
-217
101
-381
-361
355
526
-270
-461
-313
179
-620
-514
-179
-155
-437
-215
-239
-144
-234
185
-199
-213
-511
225
-192
-187
-974
254
-147
149
-196
-407
335
236
374
159
118
110
862
246
-312
761
130
-410
133
-106
-212
311
-1239
Legend
Public Housing Units
Counts
-1239 to -974
-973 to -100
-99 to 100
101 to 500
501 to 1043
N
0
2
Miles
Between 1990 and 2000, the overall incidence of poverty decreased from 89,980 to 86,585 people (-3.9%).
Source: 1990, 2000 Census
Map created by the San Francisco Human Serivices Agency, January 8, 2008

Figure 6


San Francisco: Number of Individuals Living in Poverty by Census Tract, 1999
Legend
Main HSA buildings
Count
0 - 500
501 - 1000
1001 - 1500
1501 - 2000
2001 - 2482
690
1,172
644
757
736
1,435
1,703
1,040
725
2,482
1,269
1,129
2,186
1,688
818
1,219
902
1,138
1,446
729
1,484
769
1,116
1,216
738
864
813
N
793
2,392
905
751
971
800
794
1,267
0
2
Miles
Source: 2000 Census
Map created by Adam Nguyen
Human Serivices Agency,
April 2008

The table below provides detailed context for the discussion of child and family well being in San Francisco.

Table 2: County self assessment required data elements

Description	Data
Active tribes in the county[7]	San Francisco does not have Indian reservations. However, according to the 2006-2008 American Community Survey, there are 3,475 American Indians and Alaskan Natives residing in the county. Specified tribes identified in the census included Cherokee, Chippewa, Navajo, and Sioux.
Number of children attending school[8]	55,272
Number of children attending special education classes[9]	5,885
Number of children participating in subsidized school lunch programs[10]	30,013 (or 54%) of the children attending San Francisco public schools receive subsidized school lunches.
Number of children who are leaving school prior to graduation[11]	During the 2007-2008 school year, the San Francisco Unified School District reported 19,480 students enrolled into grades 9-12. Of these students, 935 (or 4.8%) left school prior to graduation. The 4-year derived dropout rate – an estimate of the percent of students who would drop out in a four year period based on data collected for a single year – was 18.8%.
Number of children on child care waiting lists[12]	4,631
Number of children receiving age-appropriate immunizations[13]	91.1% (6,113 total kindergarten enrollments)
Number of babies who are born with a low-birth weight[14]	7% (9,125 total births in 2007)
Number of children born to teen parents[15]	22.3 per 1,000
Number of families receiving Public Assistance (Calworks)[16]	As of October 2009, there 4,828 families participating in the Calworks program.
Number of families living below poverty level[17]	8,573 out of 139,344[18]
Number of families with no health insurance	<1%
County unemployment rate[19]	9.7%

[7] US Census Bureau. 2006-2008 American Community Survey. Data retrieved on November 9, 2009 from: http://factfinder.census.gov/

[8] California Department of Education. Data retrieved on November 9, 2009 from: http://dq.cde.ca.gov/dataquest/

[9] Ibid.

[10] Ibid.

[11] Ibid.

[12] San Francisco Human Services Agency, Centralized Eligibility List, September 2009.

[13] California Department Of Health Services, Immunization Branch. 2007 Kindergarten Assessment Results.

[14] Children Now. 2007 County Data Book. Data retrieved on November 9, 2009 from: http://publications.childrennow.org/publications/invest/cdb07/databook_2007.cfm

[15] Ibid.

[16] Calwin

[17] Ibid.

[18] US Census Bureau. 2006-2008 American Community Survey. Data retrieved on November 9, 2009 from: http://factfinder.census.gov/

C.2. Child Welfare System Participation Rates

Table 3

	Total		Rate per 1,000 children in the general population	
	San Francisco	Statewide	San Francisco	Statewide
Referrals	5,085	486,866	43.3	48.7
Substantiated referrals	1,080	97,220	9.2	9.7
First entries	304	26,194	2.6	2.6
Total entries	430	32,753	3.7	3.3
In care as of July 1, 2008	1,414	65,406	12.1	6.5

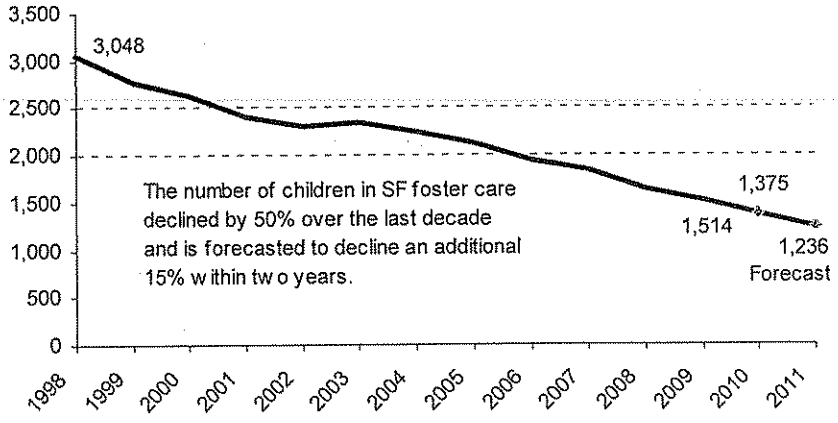
Source: UC Berkeley Center for Social Services Research

Table 3 summarizes the San Francisco County and state child welfare participation rates for the 2008 calendar year, and clearly illustrates two trends. First, San Francisco accounts for a very small proportion of the state's child welfare system. During 2008, San Francisco accounted for only 1% of the state's total referrals and entries, and only 2% of the in care population. Second, the San Francisco and state child welfare participation rates are nearly identical for referrals and entries. The one exception is the rate of children in care, which reflects the legacy of the crack cocaine epidemic during the eighties and early nineties, when large numbers of infants born with positive toxicology screens were removed from their families at birth. At 12.1 per 1,000, San Francisco had nearly twice the proportion of children in care when compared to state. However, the county's foster care caseload – and hence the in care rate – is rapidly decreasing.

As Figure 7 to the right illustrates, the number of children in San Francisco foster care has declined by 50% over the last decade and is forecast to decline an additional 15% in the next two years. As of November 1, 2009, SF-HSA had 1,328 children in active foster care placements.

Fewer children in care

San Francisco foster care caseload, 1998-2011



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

[19] United States Department of Labor, Bureau of Labor Statistics. Data retrieved on November 9, 2009 from: http://www.bls.gov/

Figure 8 illustrates the age distribution of children in San Francisco foster care. Fifty-six percent of the children in the county's foster care caseload are adolescents age 12 and above. Adolescents comprised 41% of all entries into care in 2008, while infants and toddlers accounted for a third. By Gender, fifty-one percent of the agency's foster children are male.

Figure 8

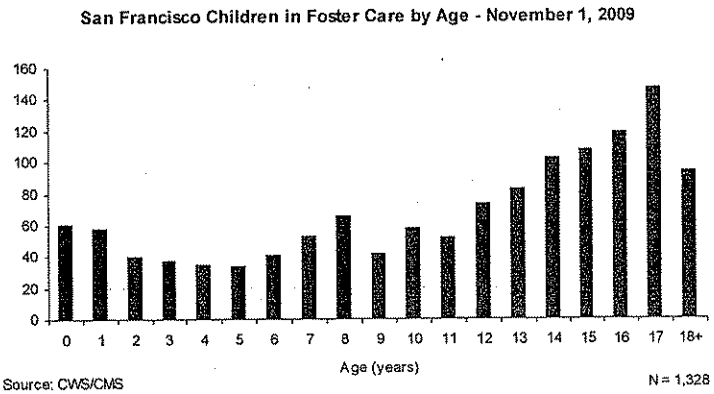


Table 4 provides a breakdown of the foster care caseload by placement type. To reduce the trauma of removal, keep communities intact, and improve the odds of achieving permanency, SF-HSA's long-standing policy has been to place with relatives whenever safe and feasible. Fifty four percent of San Francisco foster children are placed in relative / NREFM homes. The state's rate, in comparison, is 37%. Foster Family Agency homes are the next most common placement type (20%), followed by county foster homes (10%), and group homes (9%).

Table 4

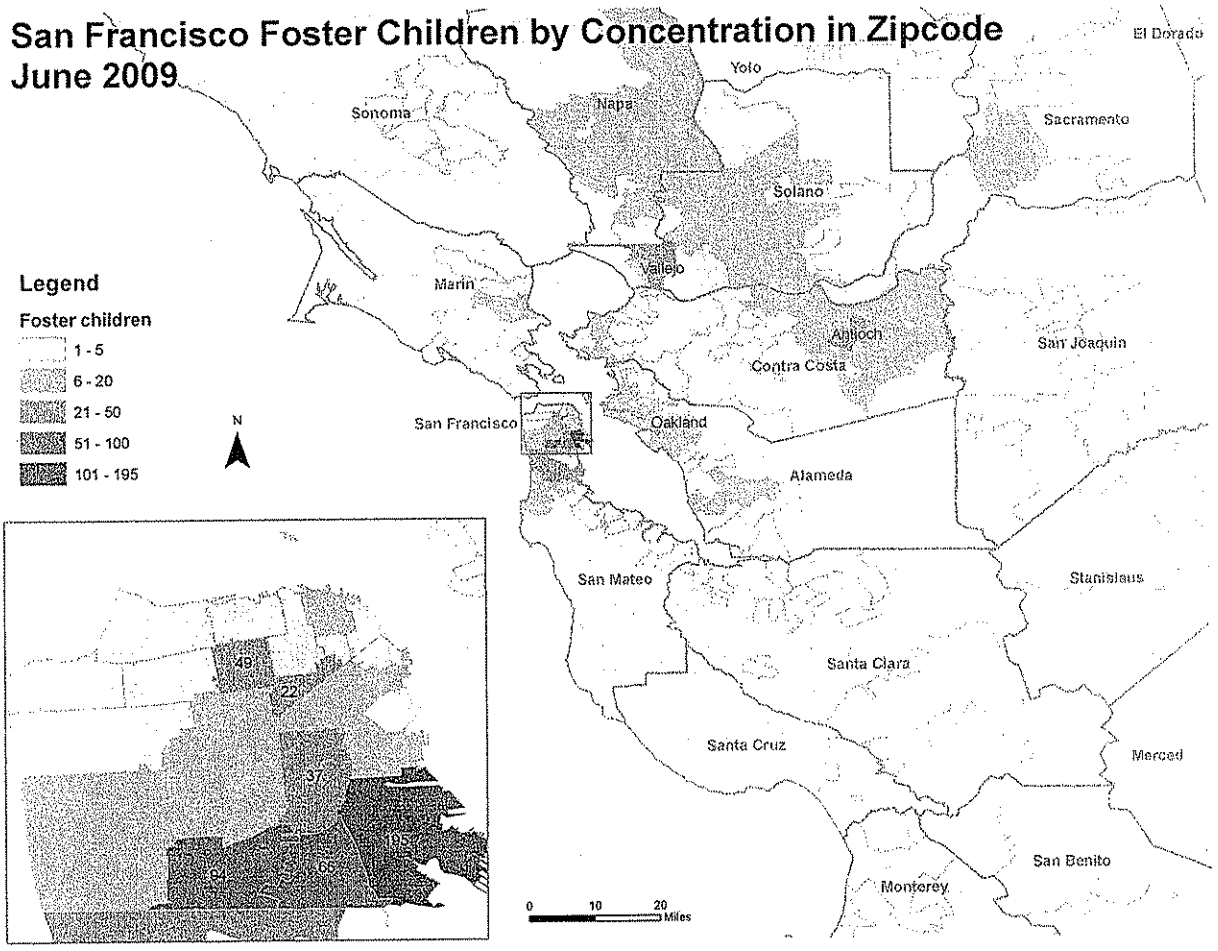
Foster Care Placements by Type - April 1, 2009

	San Francisco		California	
Placement type	**Count**	**Percent**	**Count**	**Percent**
Relative/NREFM Home	754	54 %	21,396	37 %
Foster Family Agency Home	273	20 %	18,173	31 %
Group Home	130	9 %	4,358	7 %
County Foster Home	133	10 %	6,309	11 %
Guardian Home	76	5 %	7,920	14 %
Court Specified Home	25	2 %	300	1 %
Total	**1,391**	**100 %**	**58,456**	**100 %**

Source: UC Berkeley Center for Social Services Research

The county's small geographic size (47 square miles) and the SF-HSA's practice of prioritizing placement with relatives has led to a wide dispersal of the agency's foster children. Fifty-seven percent of the agency's foster children are placed out of county. San Francisco's increasing gentrification, shrinking pool of middle-class wage-level jobs, and high cost of living has caused many families (particularly among African-Americans) to cash in on their property and relocate to other, more affordable parts of the bay area. As Figure 9 on the following page illustrates, most of the agency's foster children are located in the same areas as children are placed with relatives, including the Pittsburg/Antioch corridor, Vallejo, and greater east bay area.

Figure 9



One of SF-HSA's most serious challenges is racial disproportionality. During the crack-cocaine epidemic of the eighties and early nineties, a large wave of African-American children entered foster care. Many of these children have grown up in care foster care, placed with relatives, and the children are now aging out of the system. African-Americans only comprise 9% of the city's child population, but are 65% of its foster children. SF-HSA's rate of African-American children in care is 88.7 per 1,000 in the general population, almost three times worse that the state's rate of 29.1 per 1,000. Although there are very few Native American children in San Francisco, they are also disproportionately represented in the agency's foster care system. SF-HSA has 12 children with verified American Indian ancestry, including 1 Kiana, 2 Miwok, 1 Pomo, 6 Sioux, and 1 Tlingit Indian.[20] The rate of Native American's in care is 70.1 per 1,000, while the state's rate is 21.2 per 1,000. In contrast, the in-care rates for Latinos, Asians, and Whites closely resemble the statewide rates, though as the figure below illustrates, Latino's account for a disproportionate share of the referrals and substantiations in San Francisco.

[20] Child Welfare Services / Case Management System, November 9, 2009.

Figure 10

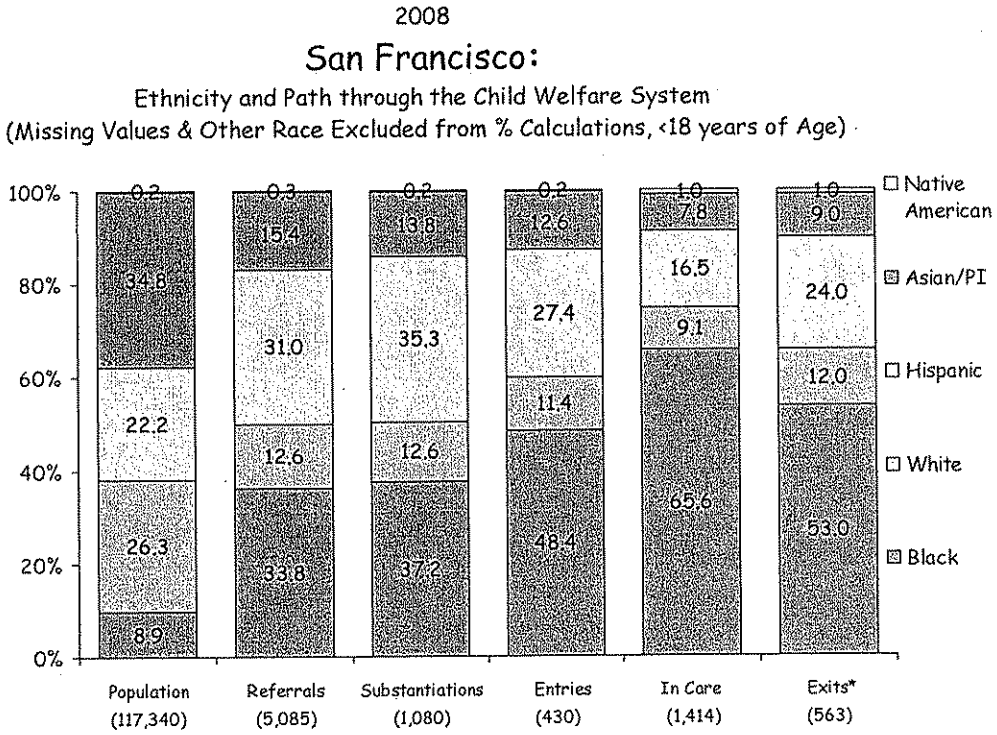
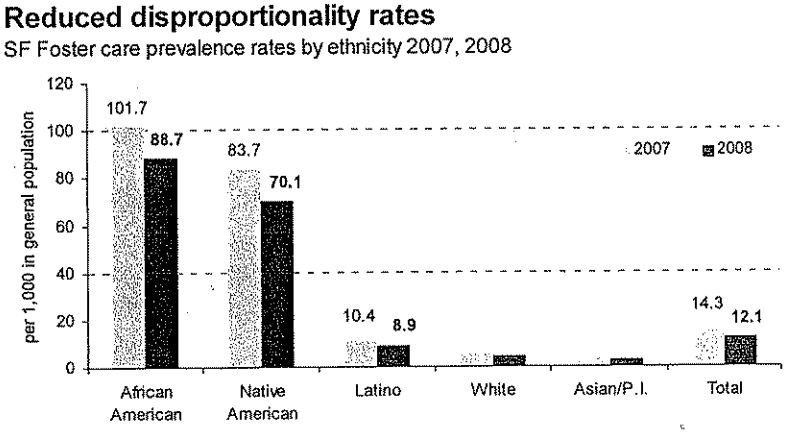


Figure 10 illustrates the highly disproportionate child welfare involvement of African-American children in San Francisco. During 2008, African-Americans accounted for 34% of the referrals, 37% of the substantiations, nearly half the entries, and 66% of the in-care population. Asian children are three times as numerous as African American children in San Francisco, yet they had half as many referrals, a third of the substantiations, a fourth of the entries, and represent only a tiny fraction of the children in care.

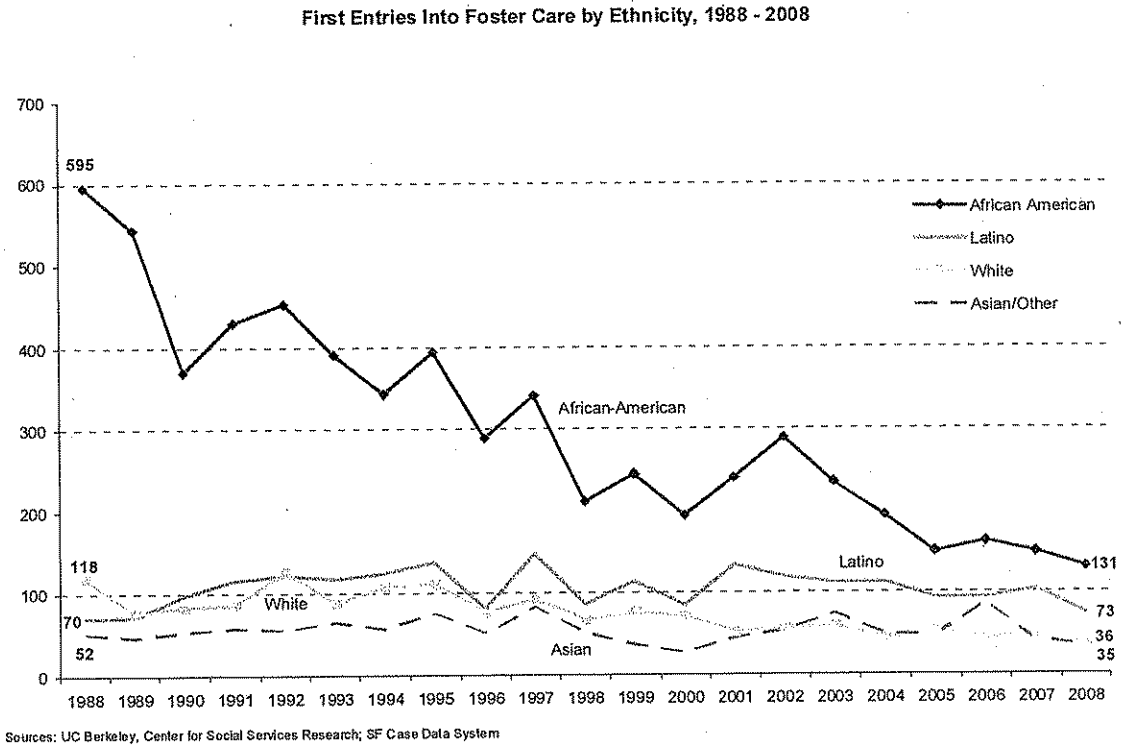
Although African-American and Native American children are disproportionately represented in the agency's foster care, the data suggests that SF-HSA is making progress. As Figure 11 illustrates, between 2007 and 2008, the rate of African-Americans in care fell from 101.7 per 1,000 to 88.7. For Native Americans, the rate fell from 83.7 to 70.1.

Figure 11



Data on entries also shows substantial improvements. As Figure 12 illustrates, nearly five times fewer African-American children are entering care for the first time compared to two decades ago. Although African-American children continue to account for the majority of children entering care for the first time, the figures are much closer to those of the other ethnicities, and the trend suggests continuing improvement.

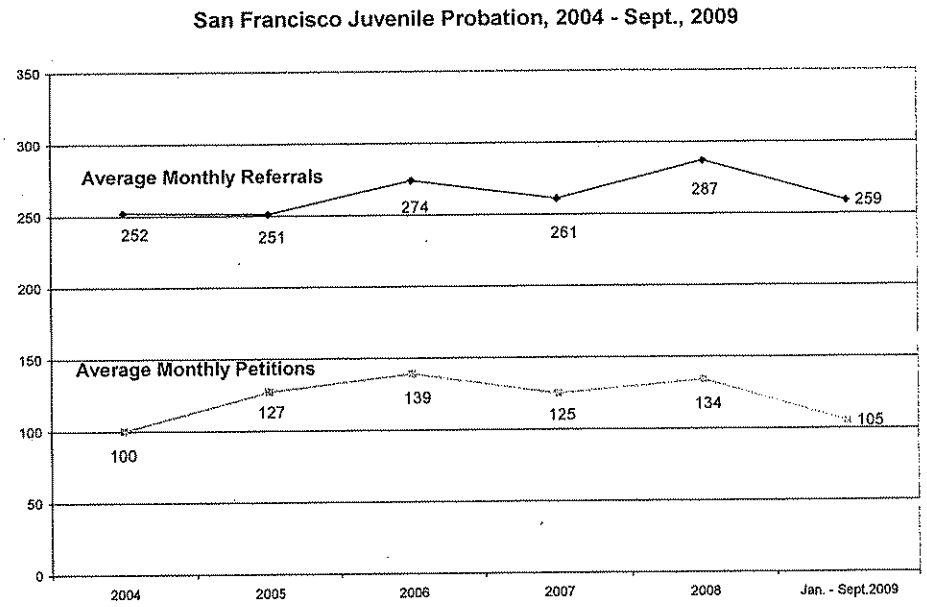
Figure 12



Sources: UC Berkeley, Center for Social Services Research; SF Case Data System

Juvenile Probation Data Trends

Through September, the San Francisco Juvenile Probation Department had received 2,329 referrals and had filed 941 petitions. Compared to previous years, the monthly average of referrals and petitions appears to have declined. The number of youth admitted to Juvenile Hall has declined significantly. In September, 2008 170 youth were admitted, and by September, 2009 the number dropped to 117. *Though fewer youth are entering Juvenile Hall, they appear to be staying for longer periods.* Of those who were released from custody in September, 2009, the average length of stay was 43 days; for September, 2008 the average length was just 24 days. Those who were still in custody at the end of the month in September, 2009 had been in custody for an average of 76 days. In September, 2008 the average was just 53 days.



According to a snapshot of Juvenile Hall detainees on September 30, 2009, the most common reason for detention was robbery (24% of all detainees). The next highest reason was selling or furnishing marijuana or hashish (7%). Eighty nine per cent of Juvenile Hall detainees were male. Eleven per cent of the detainees were under the age of 15, with the youngest being 12 years old. Fifty one percent were African American, with Latinos comprising 34%, Whites 7%, and Asian Pacific Islanders 8%. The neighborhood that detainees were most likely to come from was the Outer Mission (26%), followed by the Bayview (14%) and the Inner Mission (12%). Over 20% of detainees came from outside of San Francisco.

Age of Juvenile Hall Detainees September 30, 2009

Age	Frequency	Percent
12	1	1%
13	3	3%
14	8	8%
15	16	15%
16	29	27%
17	42	40%
18	7	7%
Total	106	100%

D. Public Agency Characteristics

D.1 County Operated Shelter

SF-HSA operates a receiving center, the Child Protection Center, located on the grounds of San Francisco General Hospital. The Center is not, however, a shelter in the sense that children are placed there for extended periods. Children stay there less than 24 hours until a placement is found, most often with a relative. The Center is staffed 24 hours per day, and a child may remain overnight if necessary to find a placement. Located on the grounds of San Francisco General Hospital, the Center has ready access to the pediatric clinic for medical clearances and to the counseling and medical services of the Child & Adolescent Sex Abuse Resource Center.

D.2 County Licensing and Adoptions

SF-HSA has restructured its adoptions and licensing units this past year, in part driven by staff reductions, but also to improve licensing and home-study coordination. Previously SF-HSA had a separate, and separately located, licensing unit, distinct from its three adoptions units. The current configuration is:

An adoptions finalization unit, with six child welfare workers;

A combination unit which includes both licensing and adoption and legal guardianship home-study staff, two Adoption Assistance Program social workers; and

A unit that includes licensing support, probate and non-related Legal Guardianship, and an Options for Recovery nurse trainer.

Since 1996, SF-HSA has relied on a public/private partnership (called Adoption-SF) to provide recruitment, orientations, training, home studies, and other services. SF-HSA counts its private/public partnership as a strength. The current contractor, Family Builders by Adoption, has allowed SF-HSA to complete home-studies on potential adoptive families outside of San Francisco in designated Bay Area counties. The contractor brings experience with recruiting homes in specific targeted communities, and as part of the contract conducts family finding for children aged nine and over who have been in foster care for extended periods of time.

D.2. County Government Structure

San Francisco is both a city and county. The Mayor and the Board of Supervisors govern. The Board of Supervisors is the legislative branch of the City and County of San Francisco. It consists of 11 members, representing 11 districts. The Board establishes city policies and adopts ordinances and resolutions. The Mayor's Office manages city and county operations. An

elected school board governs the San Francisco Unified School District. See Section D.2.d for a discussion of county jurisdictions.

The San Francisco Human Services Commission, whose members are appointed by the Mayor, oversees the Human Services Agency. The agency's budget is developed in conjunction with the Mayor's Office, approved by the Commission, and incorporated into the citywide budget, which is modified and approved by the Board of Supervisors. The Commission also approves the Agency's contracts and advises SF-HSA in the development of policies.

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

D.2.a.i. Staffing Characteristics

SF-HSA

During the last year, SF-HSA's staffing trends have been marked less by turnover than by layoffs. As a city and county, San Francisco overmatches its child welfare budget by about $26 million each year. San Francisco was hit hard by the recession, however, and has had to substantially reduce its local general fund investment in child welfare. Between the 08-09 and 09-10 fiscal years, the agency's child welfare budget was reduced by $12.75 million, of which $10 million was local general fund.

When the Self Assessment was last completed in 2006, the agency had 211 full-time equivalent Masters-level protective services workers; today, it has 170. Thirty were laid off at one time in May. This represents a 20% reduction in Masters-level child welfare workers. It is not possible to calculate a turnover ratio given the changing denominator of total positions; however, eight child welfare workers have voluntarily left the agency since May. The majority of the child welfare workers are case carrying, with a small number who have specialized assignments such as Team Decision Making, family conferencing, licensing, placement, court office, and hotline.

The agency has increased the number of Bachelors-level workers, increasing from 32 in 2006 to a current level of 37. Most of these workers were added for specific roles, including NRFEM licensing, noticing of tribal nations about Native American children, and preparing foster youth for emancipations. SF-HSA is anticipating another difficult budget year and is not likely to be hiring for any positions.

Juvenile Probation

While the Juvenile Probation Department also faced substantial budget and staffing reductions, the Department was able to avoid direct layoffs in its Probation Services division. However, over the past three years, JPD has lost a significant number of vacant positions that were slated to be filled including five Probation Officers, two Senior Supervising Probation Officers and one Supervising Probation Officer. The Department generally does not experience significant

turnover. During a fiscal year 008 analysis, the 235 employee workforce had an average length of service of 16.5 years. However, the department is represented by an aging workforce with an average age of 49.9 years. Between FY04 and FY08 there were 12 new hires and 61 separations. The analysis also showed that 96.3% of probation employees represented by CalPERS are eligible to retire.

D.2.a.ii. Private Contractors

SF-HSA has long relied on community-based organizations to provide services that are more neighborhood-based and responsive to community needs and concerns. *In fact, the overall Agency budget includes approximately $192 million for staff salaries and $168.3 million for contracts with community based organizations, suggesting the extent of SF-HSA' commitment to community partnerships.* Approximately $14.9 of those contracts are managed by the Agency's child welfare program, but the Agency also has many other contracts that support families, including child care, CalWORKs, and homeless programs. SF-HSA also pays for a number of services through other payment mechanisms, such as work orders with other departments. For example, it funds mental health services through work orders with the Department of Public Health Children's Mental Health program.

In 2009, SF-HSA participated in an extensive Family Resource Center contract realignment with First Five SF and Department of Children, Youth and Families. As all three agencies were contracting with the same providers, creating duplicative contracting and reporting processes and uncoordinated service delivery. DCYF and SF-HSA work-ordered funds to San Francisco First Five which subsequently issued an RFP for family resource center services. A three tiered system was developed based on neighborhood need, which included; basic FRC services; comprehensive services; and intensive services. The comprehensive and intensive levels provide child welfare- specific services and include visitation support, differential response, and participation in team decision making meetings. Funding was based on the tiers of service the FRC offered, and the three public partners worked closely together in developing and issuing the request for proposals, in determining the selected agencies. The departments continue to work closely in overseeing program implementation and monitoring. San Francisco First 5 has implemented a web-based contract management system which tracks outcomes which will be shared with all involved agencies. This realignment provides more efficient, coordinated service delivery and better collaboration and service integration between the public and private partners.

Part of the FRC realignment described above includes the development of a Parent Training Institute, with the coordinator housed at Community-Behavioral Health Services. Several of the FRCs will pilot the evidence-based Triple P parenting education program for families, including child welfare families, who have children at home. Training is scheduled for this fall.

SF-HSA does continue to have child welfare specific contracts. A list of the agency's child welfare contracts can be found in Appendix D.

The Juvenile Probation Department budget for fiscal year 2009-2010 was $35,369,580. Staff salaries and fringe benefits account for 73.2% of the overall budget. Approximately $665K is allocated to city grant programs directly managed by the department, while an additional $1,196,000 is pooled with resources from other city agencies to provide community-based services to youth. The Juvenile Probation Department has an extensive history of partnerships with community-based organizations (CBO) who provide a variety of programs and services to youth involved in the Juvenile Justice system. In fact, the Community Programs Division was assigned to manage contracts and service utilization for the agencies and providers funded by the department for case management, recreational, vocational, and probation support services each year. Prior to the fiscal year 2009-2010 budget year, the SFJPD appropriated $3.7 million dollars to contracts with community agencies. Like the Human Services Agency, the Juvenile Probation Department worked closely with other city agencies to streamline the process and funding for CBO's thereby creating efficiencies and offering opportunities to leverage a broader array of city funded and community-based programs and services. Due to budget reductions, the Juvenile probation Department had to eliminate the Community Programs Division and reduce contract allocations by $170K.The Department worked directly with The Department of Public Health, the Department of Children Youth and Their Families and other city agencies to develop efficiencies, coordinate and pool resources to fund community programs for youth in the Juvenile Justice system. This change has also enhanced the level of contract oversight and compliance as well as created consistency in the collection of process and outcome data. As a result, programs such as Intensive Home-based supervision, Multi-systemic therapy and a host of detention-based interventions, provided by Community-based organizations continue to thrive. For a complete list of SF-HSA's child welfare contracts, please refer to Appendix D.

D.2.a.iii. Worker Caseload

SF-HSA

The following graph illustrates the average caseload size per program for Emergency Response (ER), Court Dependency Unit (CDU), Family Service Units (FSU), and Transition to Permanency (TPU)/Adoption units as of November 2009:

November 2009 PSW Average Caseloads

(Factoring in 13% of staff on vacation or sick leave)

	# of Cases	Caseloads w/o 13%	w/ 13%	# of PSWs
ER	250	7.8	**9.0**	32
CDU	179	9.4	**10.8**	19
FSU	626	16.9	**19.4**	37
TPU/Adoptions	1,012	21.8	**25.0**	42

Juvenile Probation

Probation Officer caseloads are driven by their specific work assignment. The number of cases assigned to an officer does not accurately describe the workload associated with that officers assignment. Probation Officer Functions are characterized by the following assignments

Intake Officer
General Supervision officer
Serious Offender Program Officer
Placement Officer
Specialized Services Officer
Court Officer

At present, 18 probation officers are assigned to the Intake function. There is no average caseload for these officers as their case assignments continually change with each new referral and following an adjudication of wardship. Each processes approximately These officers accept all new referrals to Juvenile Court based on citations or matters that resulted from a booking into Juvenile Hall. They investigate the circumstances of the minor's arrest and prepare recommendations to the District Attorney regarding the advisability of filing a delinquency petition with the Juvenile Court pursuant W.I.C. 602. These officers also conduct objective assessments and prepare detention hearing and dispositional reports for the court. They develop home detention plans for minors released from detention pending adjudication. They also interface with parents, schools, other law enforcement personnel, community-based organizations and other interested parties involved in the minor's life as they assist in the development of plans and strategies designed to address the factors associated with the circumstances that resulted in the minor's contact with the Juvenile Justice system.

Currently, there are 19 officers assigned to community supervision of minors for whom wardship has been adjudicated. Of these, 6 are assigned to the Serious Offender Program (SOP) caseloads. The SOP Supervision officers generally have caseloads that average about 25 to 35 cases. The workload of these caseloads should be maintained in such a way as to afford the officers sufficient time for frequent home visits and other community contacts. These officers work closely with San Francisco Police Officers to conduct their visits and curfew checks of minors assigned to this caseload. They also work in teams, resulting in cross-caseload collaboration amongst the Probation officers who perform this high intensity probation supervision. Cases assigned to these officers generally involve minors who have committed violent offenses, weapons charges, or may be gang related. Those supervision officers not assigned to SOP have caseloads that average approximately 30 to 45 cases per officer. Supervision officers provide the day to day supervision and planning to address the risk factors and needs presented by the youth and their family. This work involves routine contacts with the minor and his family, periodic drug tests, referrals to educational, vocational, and therapeutic programs, and regular written progress reports to the court. Like the intake officers, when a youth under probation supervision is rearrested, the supervision officer is required to conduct the preliminary investigation and prepare a detention hearing report for the court. This report may include a release plan and other linkage to programs and services better suited to address the unique needs of the minor that continue to contribute to their delinquency. Probation officers visit schools and conduct other collateral contacts in their efforts to track a minor's compliance with the conditions of probation and encourage successful completion of their court-ordered mandates. One probation officer is assigned to the Principal Center Collaborative School. This is a partnership amongst the San Francisco Unified School District, the Superior Court, the Juvenile Probation Department and Catholic Charities of San Francisco. The school-based probation officers provides onsite supervision and coordination regarding the minors who are court ordered to attend this program. Approximately 75 youth are enrolled in the program.

Placement Officers are assigned to identify group homes and other foster care for probationers who have been removed from their homes by the court and ordered into a residential facility. The department presently has 9 probation officers assigned to this function. One officer is designated to process the Interstate Compact filings and still another is designated specifically to the aftercare plans and housing issues for youth returning to the community. A third officer was reassigned to manage the completion and coordination of placement documents with the SF-HSA. As a result of his efforts, the department has virtually eliminated the incidence of overpayments to residential facilities that are frequently associated with delays in notification that a youth has left a placement site. The months of November and December 2009 showed zero overpayments associated with SFJPD placements. In recent years, the department has observed a fairly high rate of youth who runaway from group homes. There has been some reduction in the need to replace minors following a failed placement. During a calendar year 2008 analysis of 141 minors in residential placement, the SFJPD found that only 39% had a single residential placement. The other 61% had two or more placements with the average of these being 2.24 placements per youth. 20% of that same sample showed offenses for assaultive behavior as the most recent sustained petition within the Juvenile Court. This continues to be an area of concern and has prompted greater SFJPD scrutiny into efforts to match youth to facilities that are likely to yield the greatest degree of success. Approximately 150 minors are presently ordered into residential placement as a result of their involvement with the Juvenile Justice system. Placement

officers are responsible for the development case plans, progress reports and permanency plans for all minors assigned to their caseloads. They also conduct monthly site visit to all minors in placement. Many of these placements are located outside of San Francisco, including a number of sites located in other states across the country. These officers work closely with group home staff, parents and other caregivers in the development and implementation of aftercare and reentry plans once a minor is ready to return to the community.

Specialized Services Officers perform a number of technical and administrative functions associated with stepparent adoptions, background checks, community service tracking, disclosure of case information and requests to seal records and routine records management. Again, these assignments are not caseload specific yet involved a significant workload and operational inpact. Over the years, clerical resources have been significantly reduced in the department causing key administrative functions to be reassigned to peace officers.

Finally, Court officers are assigned to each of the court departments. They work within the courtroom and are responsible for the delivery of detainees to court, the assembly and order of the parties in preparation for the hearings, and the completion of probation and home detention orders, and the transmission of key findings and communications from the court. These officers represent the interest and information of the SFJPD in the courtroom. Court officers do not carry individual caseloads as their work occurs within each courtroom.

D.2.b. Bargaining unit issues

SF-HSA

Current bargaining issues are focused on the significant division restructuring necessitated by layoffs; these negotiations are continuing at this time and will continue as further reductions are identified.

Juvenile Probation

The SFJPD works with several labor unions who represent, clerical support, Deputy Probation Officers, Juvenile Hall and Log Cabin Ranch Counselors, Probation Supervisors, Senior Counselors, Cooks, engineers, and utility workers. The department maintains its own personnel director and human resources personnel who perform recruitment, background and disciplinary investigations, and hiring. The department also meets with various labor leaders and internal union stewards regarding important areas of concern regarding operations. These communications tend to be proactive and targeted. While grievances occur periodically, issues are often resolved prior to the need for any formal grievance. The department has conducted various labor/management meetings with staff and union representatives, often resulting in joint communications to staff and enhanced decision-making for the organization. As with SF-HSA, looming budget cuts and possible layoffs continue to impact morale and the overall organizational climate.

D.2.c. Financial/material resources

SF-HSA

The current structure of child welfare programs in San Francisco reflects the limitations and guidelines imposed by federal, state, and private funding streams. The agency's core funding comes from its Child Welfare Services Net allocation, which includes $3.62 million in non-IV-E federal funds, $8.3 million in state funds, and $3.5 million in local general funds for required maintenance of effort. In addition, San Francisco receives $945,023 in Child Welfare Services Outcome Improvement Project (CWSOIP) and planning augmentation funds from the State General Fund. San Francisco's commitment to protecting children can be judged by its $14.5 million commitment beyond the net allocation and maintenance of effort requirements. **The agency uses local general fund to "overmatch " its allocation by 95%.**

While SF-HSA taps into more than nineteen funding sources to supplement its Child Welfare Services allocation (see Table 5), serious gaps exist outside of categorical programs, and finding effective ways to blend dollars to best serve families and children remains a challenge.

SF-HSA has long worked with partners to collaboratively fund services for children and families. The Children's System of Care, Promoting Safe and Stable Families, Safe Start, Proposition 10, and the Supportive and Therapeutic Options Program initiatives have all laid important groundwork for partnerships. SF-HSA also has work-order agreements to share funding with other city departments, including the Department of Public Health, which includes mental health services and funding for California Health and Disability Prevention nurses and support staff, the Department for Children, Youth and Families, and San Francisco First Five. SF-HSA has also developed flexible funding for its differential response program through the CWSOIP allocation, and it is increasing housing for emancipated youth through the Connected by 25 initiative, as well as Transitional Housing Placement Program (THPP+) contracts. Our grants from the Stuart and Casey Foundations for work on the Connected by 25 and Family-to-Family Initiatives are critical in achieving the strategies identified in our SIP, and partnerships on SFCIPP (Children of Incarcerated Parents) and SF-CAN DO (described further in section G.7) further support strong family and community connections.

Increased collaboration and resource sharing with the school district, Juvenile Probation, San Francisco Housing Authority, and the Public Health Department will be key to achieving the outcomes set forth by AB 636. Additionally, more housing for emancipated youth, intensive case management, prevention and aftercare services will be critical. In the past, a lack of adequate partnerships and funding has hampered SF-HSA's ability to provide permanency and stability for foster children in the least restrictive settings, as well as to successfully prepare youth for emancipation. SF-HSA has had the opportunity to address some of these gaps by drawing down flexible funding for wraparound services through the SB 163 wraparound program. Other opportunities may exist to expand services with new uses of Early Periodic Screening, Diagnosis, and Treatment funds through collaboration with the SF-DPH Children's Mental Health program. The table below details supplements to San Francisco's base child

welfare allocation, but the state specifies what the funds can be used for and do not allow local discretion.

Categorical Supplements to CWS Base Allocation in San Francisco

Funding	Source	Programs and Services	FY 09-10 Allocation*	Pub. Inter-Agency Collab.**	Flexible
Adoptions	State	Adoptions basic and Improving Outcomes Allocation, safe and timely interstate placement premise, Adam Walsh	$1,730,088	yes	no
Older Youth Adoptions	State	Older youth adoption pilot and prior year allocations available in current year	$1,305,989	yes	no
CDE Childcare Vouchers	Federal/ State	Funding from the California Department of Education that prioritizes child care for non-CalWORKs-eligible families who have child protective service cases.	$251,054	yes	no
Child Abuse Prevention, Intervention, and Treatment (CAPIT)	Federal	Respite, family preservation, APA Family Support Services (formerly Asian Perinatal Advocates) Hotline, SF Child Abuse Council, targeted in-home early intervention	$131,709	no	no
Children's Trust Fund	Local	In-home family preservation, APA Family Support Services (formerly Asian Perinatal Advocates) hotline, SF Child Abuse Council	$194,658	no	no
Community-Based Child Abuse Prevention (CBCAP)	State	Prevention services tied to Family Resource Centers.	$50.924	yes	yes
Connected by 25	Private Grant	Supportive services for emancipating foster youth, with focus on housing, education, vocational, and permanency	$250,000	yes	yes
CWSOIP	State	Differential response, parent engagement, enhanced visitation	$945,023	yes	yes
Foster Parent Training & Recruitment (AB 2129)	State	Training and recruitment of foster parents	$52,999	no	no
Independent Living Skills (ILS)	Federal	Services and education to prepare youth to emancipate from foster care independently.	$ 960,042	no	no
Group Home Monthly Visits	State	Funding from the California Department of Social Services for monthly visits to foster children placed in out-of-state and in-state group home facilities.	$43,079	no	no
Kinship Support Services	State	Relative caregiver support network	$153,186	no	no
Kinship Emergency Fund	State	Relative placement and related supports	$43,079	yes	
Licensing	State	Foster family home licensing and recruitment	$145,112		

Funding	Source	Programs and Services	FY 09-10 Allocation*	Pub. Inter-Agency Collab.**	Flexible
Local General Fund	Local	Child welfare staff; Overmatch to CWS, PSSF, CAPIT, AB 2129, STAP, STOP, Kinship, and ILS allocations; Clothing; Matches for CHDP, Mental Health Migration, Sub-Acute Patch, and Medically Fragile Infant programs	$27,071,626	yes	yes
Perinatal SA/HIV Infant Program (formerly Options for Recovery)	State	Recruitment, training, respite services	$271,065	no	no
Promoting Safe & Stable Families (PSSF)	Federal	Family preservation, family support, adoption, time-limited family reunification	$369.548	no	no
Specialized Training for Adoptive Parents (STAP)	State	Training for pre/adoptive parents to facilitate adoption of HIV or substance abuse positive children.	$23,800	no	no
Supportive and Therapeutic Options Program (STOP)	State	Wrap-around services for prevention and aftercare	$126,626	yes	yes

Juvenile Probation

The High level budget for the SFJPD for FY09-10 was $35,369,580. 80% of the department's budget comes from the County general fund. Included in the overall SFJPD budget are State public safety grants in the amount of $1,981,621 and Title IV-E foster care revenue in the amount of $1,597,173 or 4.5% of the overall budget. The remainder of the budget includes food and beverage subsidies that offset costs associated with the operation of the department two 24/7 residential facilities. The department relies heavily on its partnerships with other city and county agencies as well as public partners to provide key services and support to juveniles under its supervision. Examples of these partnerships include the Department of Public Health (DPH) that funds Multi-Systemic Therapy for juvenile wards and provides assessment of detained youth and mental health services linkage upon release from Juvenile Hall. This program effort is currently funded by federal grants jointly obtained by the SFJPD and DPH. DPH also provides all medical care to youth within both SFJPD residential facilities. Another such example exists in the partnership with the San Francisco Unified School District. They provide teachers and operate the school programs within Juvenile Hall, Log Cabin Ranch, and the local alternative school program (Early Morning Study Academy) designed to prepare students to take their General Equivalency Diploma examinations. These partnerships are key examples of how the SFJPD is leverages the resources of other partners in the delivery of services to youth.

D.2.d. Political jurisdictions

San Francisco is both a city and county and does not have some of the internal coordination challenges of counties with multiple cities. For example, SF-HSA and the San Francisco Police Department (SFPD) cover the same geographical area, and SF-HSA is able to call on officers from various local stations for emergency escorts and other collaborative efforts. SF-HSA

developed an agreement with SFPD in which we provide training to assist police in screening relatives for potential placement in the event a parent is incarcerated, in an effort to keep children with appropriate relative and non-relative extended family members. SF-HSA is developing a protocol for children exposed to methamphetamine that outlines the roles of the respective agency staff (SF-HSA, SFPD, and the District Attorney) given recent legislation around such situations. The Agency also works closely with the Juvenile Inspector's Office and the District Attorney's Office.

Though San Francisco Unified School District covers the same geographical area as SF-HSA, the school district is governed by its own elected board. SF-HSA has an agreement with SFUSD that allows it to get information on the location of students in the school system. *Because San Francisco places a number of children outside the county, it is challenged to coordinate with multiple jurisdictions from afar.* SF-HSA must develop relationships with a number of other school districts. The SF-HSA SFUSD Liaison and the Foster Youth Services staff assist workers on a case-by-case basis with such coordination. Finding therapists and local services in other counties and coordinating the process from afar is often challenging. SF-HSA staff work with the SF-DPH Children's Mental Health program to determine what therapists are available and coordinate service delivery for children placed out of county.

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

E. Peer Quality Case Review Summary

San Francisco conducted the Peer Quality Case Review (PQCR) in May 11-15, 2009, to ensure continuous quality improvement for outcomes for children, youth, and families in the child welfare and probation systems. SF-HSA explored timeliness to adoption and related concurrent planning issues, and Juvenile Probation (JPD) examined the utilization of least-restrictive placement options. San Francisco's strong commitment to children and families, its efforts to engage families, to respect their voices and choices, and to support family connections is evident in the wealth of resulting information.

A team of San Francisco staff and workers from other counties sought the input of both county staff and partners through peer-to-peer interviews. The team also conducted focus groups with additional county staff, community partners, relative caretakers, and family and youth. The range of information provided a wide lens into county culture and practice and helped identify both strengths and barriers. San Francisco invited child welfare and juvenile probation staff from a number of counties performing exceptionally well in the identified measures to participate on the interview teams and share their expertise and insights. Invited counties

included child welfare staff from Riverside, San Joaquin, Santa Clara, Shasta, and Stanislaus counties, and juvenile probation staff from Fresno, San Mateo, Riverside, and Santa Cruz from Probation.

The PQCR identified strengths and challenges that were corroborated by a literature review. These areas guided the development of the interview questions and helped ensure that recommendations would be consequential. The trends related to the findings of the PQCR are briefly described below.

E. 1 SF-HSA - Timeliness to Adoption and Related Concurrent Planning

SFHSA examined these measures in the PQCR:

Federal Permanency Composite 2: Measure 2
C2.2: Median Time to Adoption (Exit Cohort)

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

Federal Permanency Composite 2: Measure 3
C2.3: Adoption within 12 Months (17 Months in Care)

> Of children discharged to adoption, what was the median length of stay in foster care?

Biological and adoptive family characteristics

Most parents involved in the San Francisco child welfare system struggle with mental health and substance abuse. They need clear and frequent communication around the court process, case plans, and concurrent planning to help them overcome ambivalence and follow through successfully on their case goals. The county strongly values positive connections between the foster and biological parent. This can both support reunification, and, when that is not possible, promote alternative permanency for children. However there needs to be more systemic support of promoting this relationship, for example, through the development of "icebreaker" meetings between birth and foster parents.

Caseworker characteristics

SF-HSA supports family voices through various forums, including team decision making meetings, and honors family choices in determining concurrent planning decision. San Francisco has a pronounced county culture -- including at the Unified Family Court -- that emphasizes reunification. This emphasis can minimize good concurrent planning efforts as workers struggle with the tension between reunification and other permanent options for children. San Francisco values kin placements and family connectedness. Workers also recognize the need for resources to ensure successful adoptions and will recommend long-term foster care, particularly with relative placements, instead of adoption or guardianship, as a permanent plan so that the

caretakers can continue to access services and financial supports. Additional resources are needed, or need to be identified, for workers and caretakers to promote legal permanency.

Best practices in concurrent planning

County culture and agency structure – both internally and with the Court as well – emphasize reunification, leading to sequential rather than true concurrent planning. According to literature on best practices, true concurrent planning identifies different permanency options which are developed and reviewed throughout the life of the case. SF-HSA's structure needs to foster collaboration across programs, specifically on the front-end and adoptions, rather than supporting workers operating in sequential phases of case development that create bureaucratic silos. This was the most significant finding in the PQCR.

Recruitment

While more foster and adoptive homes are needed in San Francisco, SF-HSA demonstrates best practices in the selection of non-traditional adoptive homes, including single parent and gay or lesbian parents. Contracts such as those with Family Builders and family-finding efforts in the front end and permanent placement units further demonstrate the effort to find permanent homes for children.

Open adoption

San Francisco demonstrates best practices regarding open adoption. SF-HSA recognizes and supports family connections through various means, including sibling placements, permanency planning mediation processes and open adoptions. It values family connections, understanding that a sense of connection with family is important for children who are adopted. Open adoption is supported and encouraged through the use of such programs as Consortium for Children and the court mediation office, which mediates post-adoption contact agreements between biological and adoptive families.

Post-Adoption placement services

Services are needed at key transitions points –including placement in an adoptive home and finalization – to help ensure that adoption is successful. San Francisco, however, has a lack of post-adoption services, often compounded by a lack of knowledge about what is available. Child welfare workers need this information so they can inform potential adoptive caregivers prior to termination of parental rights. If caregivers feel that they have the resources they need to provide care for children with special needs, they will be more likely to move forward with the adoption process in a timely manner rather delaying the transition because of their doubts.

Cultural competency and transracial issues

SF-HSA recognizes the extensive cultural issues that permeate child welfare. Staff prefer to place children with adoptive parents who share their ethnic and cultural background, which is an

additional reason that SF-HSA emphasizes placement with relatives. Research indicates that this can be particularly important to older children.

Types of abuse and relevant supports

Many of the children in the child welfare system have experienced sexual abuse, prenatal exposure to drugs and alcohol, or other factors that might affect their development and well-being. Adoptive parents need the appropriate resources to ensure that they can address their children's unique needs. Child welfare workers also understand this and are often reluctant to recommend adoption, which may not have the same kinds of resources available as long-term placement.

E.3 Juvenile Probation: Preventing Placement

While risk factors may be unique to each child and family, the following factors were identified a common themes in juvenile probation cases.

Child Factors

While positive academic performance is known to be a protective factor in at risk children, poor performance can aggravate other risk factors. Children are at greater risk for placement if they have poor academic performance, weak bonds at school, poor academic motivation, or if they drop-out entirely. In addition, problem behavior in pre-school is predictive of later conduct disorders and delinquency. San Francisco probation officers are effective at networking and fact-finding, including gathering school-related information such as Individual Education Plans that detail special education needs. They can improve their assessments of youth to gain further insight into areas of concern which can impact case planning.

There are several other risk factors that are common amongst children in out of home placement. These include difficult temperament, associating with delinquent peers, significant emotional and mental health problems, early use of alcohol and drugs, and poor physical health (undernourishment and frequent illness). In an effort to battle delinquency and restrict the number of youth that require placement, the Juvenile Probation Department attempts to intervene in the lives of children in ways that improve social skills, boost self-esteem, improve family relationships, improve critical thinking skills, promote positive peer relationships, enable academic success, and involve youth in pro-social activities. It is a strength of the San Francisco probation officers that they have a strong presence in the community, and are strong at mentoring and building rapport with youth. There is a need for early, in-depth information gathering to develop a good case history which can delineate risk factors, including mental health, school, and child welfare histories. Training on assessment tools such as the Youth Assessment and Screening Instrument is recommended. Strengthening communication between JPD and SF-HSA, as well as with the SF-DPH Children's Mental Health program is also important.

Parent Factors

As one might expect, antisocial behavior on the part of parents can be predictive of similar behavior in children. But other, less obvious variables are also highly correlated with the need for out of home placement, including marital discord, harsh and erratic discipline, poor parental supervision, and female head of households. Interventions with parents attempt to teach positive parenting, consistent structure. Juvenile probation officers also try to help parents learn how to handle family conflict and advocate for their children's needs in school. San Francisco probation officers can improve early engagement with parents and relatives to explore these factors. Resources also need to be expanded to address them.

Community and System Factors

Children from impoverished families that reside in poor neighborhoods are over-represented in out of home placement through the juvenile justice system. Children are also at greater risk if they have a history of placement in foster care. Another systemic factor is the lack of mental health services, especially for minority children. It is essential therefore, that the system promotes early intervention, provides early access to community-based mental health, education, parenting, and relationship services, and provides cognitive behavioral skills training for children.

Schools also have a significant role in reducing delinquency. The literature shows that for youth in placement, schools have had lower educational expectations, exclusionary discipline practices, negative perceptions about the student climate, and negative perceptions of the child's family. Outcomes may be improved if the schools develop supportive leadership, have staff that are committed to working with even the most difficult children, have consistent school-wide behavior management policies, and of course, effective academic instruction.

San Francisco needs expanded and focused services and resources to address the multiple issues of probation youth. This includes the development of outpatient sex-offender programs, better utilization of Log Cabin Ranch, and services located in neighborhoods plagued by gangs to encourage utilization. Communication between public agencies can be improved, including better communication with the Court about recommendations. Similarly, there is a need to improve the multi-disciplinary team process so that the placement recommendations are coordinated with those of the probation officer. The PQCR also recommended lower probation caseloads.

F. Outcomes

In the first quarter of the federal fiscal year 2009, the San Francisco Human Services Agency (SF-HSA) met 5 out of the 17 Child Welfare Services federal performance goals. In comparison, the state as a whole had met none of the goals. Although reentry rates in San Francisco have increased, the agency continues to score well on adoptions measures, and reunification measures have recently shown substantial improvement.

More, and faster, reunifications

SF-HSA's performance on reunification measures improved during the latest reporting period. The state child welfare system has two similar measures for the timeliness of reunifications: one evaluates the results for cohorts of children *entering* care around the same time; the other evaluates cohorts *leaving* care together. The rate of reunification within a year for the entry cohort (C1.3) increased to 41.8% from a low of 30.2% three quarters ago. In raw numbers, this means that of the 122 children who entered care between October 1, 2007 and March 31, 2008, 51 subsequently reunified with their families within a year. Had eight more children reunified within the period, SF-HSA would have met the federal goal of 48.4%. The state average for this measure is 45.0%.

The reunification measure for the exit cohort (measure C1.1) also showed improvement, rising from 61.0% to 64.5%. The federal goal for this measure is 75.2%. The state average is 62.4%.

The median time to reunification has dramatically improved for two consecutive quarters, falling from a high of 11 months to 6.2 months. The agency's current performance on this measure is now only a few weeks longer than the federal goal of 5.4 months, and falls well below the state average of 8.4 months.

More reentries

Approximately seventeen percent of the children who reunified with their families during the reporting period subsequently returned to foster care within twelve months. In raw numbers, this means that of the 248 children who reunified with their parents between April 2008 and March 2009, 42 subsequently reentered foster care within one year. The national goal for this measure (C1.4) is 9.9% or less; the state average is 11.3%. To meet the federal goal, no more than 25 children would have re-entered care. A detailed discussion of reentries can be found in Section G's service array analysis.

Reduced recurrence of maltreatment

During the most recent reporting period, SF-HSA scored 92.1% on the measure for recurrence of maltreatment (S1.1). According to UC Berkeley: "This safety measure reflects the percentage of children who were victims of a substantiated or indicated child maltreatment allegation within the first 6 months of a specified time period for whom there was *no additional substantiated maltreatment allegation* during the subsequent 6 months." To frame SF-HSA's performance in raw numbers: of the 417 children in San Francisco who had substantiated referrals during the first half of the rolling year, 30 subsequently had a substantiated referral in the following half. To have reached the federal goal, no more than 23 of the 417 children would have had substantiated re-referrals. The federal goal for this measure is 94.6% or higher and the state average is 93.1%.

Continuing strong placement stability

San Francisco continues to score well above the federal goal and state averages on all three of the measures for placement stability (C4.1-C4.3). Placement stability for children who have been in foster care for 24 months or more steadily deteriorated for several years, but has since leveled off at approximately 48% for the last seven quarters.

Sustained improvements on adoptions measures

SF-HSA continued its strong performance on three of the four adoptions measures, and exceeded the federal goal for the adoptions composite measure. Adoptions within two years (C2.1) of entry into care increased from 32.4 to 33.3 percent, nearing the federal goal of 36.6% and surpassing the state average of 30.0%. In raw numbers, this means that 32 of the 96 children adopted during the reporting period had their adoptions finalized within two years of entering care. SF-HSA's median time to adoption (C2.2) slightly increased from 28.8 to 29.9 months. The federal goal for this measure is 27.3 months or less, and the state average is 30.5 months. The rate of adoptions for children occurring between the 18th and 29th month in care (C2.3) decreased slightly, falling from 8.1 to 7.6 percent (goal of 22.7%).

San Francisco Child Welfare Services Outcomes Dashboard: October 2009

Increasing trend desired

Measure		Description	Performance*	Current score	Federal goal	State average	Trend line**	Historical min|max	Percent change°
S1.1	▲	No Recurrence Of Maltreatment		92.1	94.6	93.1		85.8 | 94.1	1.0%
S2.1	▼	No Maltreatment In Foster Care		100.0	99.7	99.6		99.8 | 100.0	0.0%
C1.1	▲	Reunification Within 12 Months (Exit Cohort)		64.5	75.2	62.4		52.4 | 70.1	5.7%
C1.3	▲	Reunification Within 12 Months (Entry Cohort)		41.8	48.4	45		28.5 | 48.1	14.5%
C2.1	▲	Adoption Within 24 Months (Exit Cohort)		33.3	36.6	30		15.0 | 33.3	2.8%
C2.3	▼	Adoption Within 12 Months (17 Months In Care)		7.6	22.7	18.5		4.6 | 8.6	-6.2%
C2.4	▲	Legally Free Within 6 Months (17 Months In Care)		3.0	10.9	7.1		1.7 | 3.5	3.4%
C2.5	▼	Adoption Within 12 Months (Legally Free)		85.9	53.7	55.7		54.7 | 89.3	-3.8%
C3.1	▼	Exits To Permanency (24 Months In Care)		10.2	29.1	23		8.4 | 13.3	-6.4%
C3.2	▼	Exits To Permanency (Legally Free At Exit)		93.1	98.0	96.6		93.1 | 100.0	-0.4%
C4.1	▲	Placement Stability (8 Days To 12 Months In Care)		89.2	86.0	82.9		87.4 | 92.0	1.4%
C4.2	▼	Placement Stability (12 To 24 Months In Care)		72.7	65.4	62.5		69.4 | 77.0	-1.1%
C4.3	▼	Placement Stability (At Least 24 Months In Care)		47.7	41.8	33.4		47.7 | 58.4	-3.0%
2B1	▲	Timely Response (Imm. Response Compliance)		95.0	n/a	97.3		86.3 | 95.4	1.5%
2B2	▼	Timely Response (10-Day Response Compliance)		89.3	n/a	93.9		80.5 | 95.5	-1.1%

Decreasing trend desired

Measure		Description	Performance*	Current score	Federal goal	State average	Trend line**	Historical min|max	Percent change°
C1.2	▲	Median Time To Reunification (Exit Cohort), months		6.2	5.4	8.4		6.2 | 10.9	-20.5%
C1.4	▼	Reentry Following Reunification (Exit Cohort)		16.9	9.9	11.3		13.8 | 25.1	5.0%
C2.2	▼	Median Time To Adoption (Exit Cohort), months		29.9	27.3	30.5		28.8 | 43.1	3.8%
C3.3	▲	In Care 3 Years Or Longer (Emancipated/Age 18)		67.1	37.5	61.0		63.7 | 76.4	-1.0%

Quickview legend

- ▲ Passing and improving
- ▼ Passing but worsening
- ▲ Below goal but improving
- ▼ Below goal and worsening

Composites	Current score	Federal goal
Reunification	110.6	122.6
Adoption	106.5	106.4
Long term care	82.1	121.7
Placement stability	109.5	101.5

* Black inset bar represents agency performance; vertical bar is the federal standard; green shaded area is the target zone

** Trendlines range from the relative mininum to maximum within each measure. Baseline date is July 2004.

° Percent change between the previous and current reporting period.

Source: UC Berkeley Center for Social Services Research

G. Systemic Factors

G.1 Relevant Management Information Systems

SF-HSA

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

- Three hundred and twelve desktop computers;
- Twenty three laptops with data cards;
- Eighteen "tokens," devices that allow child welfare workers to log into the statewide Child Welfare Services/Case Management System (CWS/CMS) from remote locations. These are used by emergency response workers, especially by those on weekend standby.

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

- *Business Objects:* Three SF-HSA planning staff and two in the agency's Information Technology division use Business Objects, a data tool that allows for queries of the CWS/CMS database for canned reports and ad hoc queries. They use it to develop reports, identify trends, and spot patterns in the agency's operations. During the last year the analysts shifted to a desktop version of the tool, and this year will be facilitating the agency's embrace of a web-based version. With web access, all child welfare staff will be able to log onto the web and gain access to data reports without having to request them. The Planning staff will be working with managers and supervisors to tailor these reports to their needs and train them on how to refresh them with new dates. This will create much more robust access to child welfare data, and it will free the Planning Unit for more complex queries and analyses.
- *Safe Measures:* The agency contracts with the Children's Research Center for this on-line data service. It allows workers, supervisors, and managers to examine performance measures on an individual, unit, office, and program level. SF-HSA has recently piloted a "Monthly Measures" report from Safe Measures that will draw on AB 636 performance measures to structure program supervision.
- *Ad Hoc Analytics:* Because SF-HSA struggles to keep pace with program requests for data, it contracts with the Children's Research Center/Ad Hoc Analytics program to develop a specified number of reports. Ad Hoc Analytics has developed monthly reports for tracking basic trends and is working on a quarterly report with deeper analysis. It has also responded to discrete requests for analysis on the utilization of Structured Decision Making assessments, and it has helped respond to the requests of the information that the Annie E. Casey Foundation uses to measure the impact of its grant.
- *ArcView:* SF-HSA utilizes this geographic information system software to analyze patterns of placement, removals, and referrals. It has map filters that allow it to plot caseloads both in San Francisco and out of county. SF-HSA uses this information to identify areas with high rates of child maltreatment and gaps in services.

- *Lotus Notes:* SF-HSA's child welfare program is now on the same email system as the rest of the agency, having shifted from Microsoft Outlook to Lotus Notes. The unified system allows greater ease of communication across programs.
- *Intranet and Extranet:* Since the last Self Assessment, SF-HSA has become a "non-dedicated" county, which has allowed it to provide child welfare workers with access to the agency-wide intranet. Child welfare workers can now take advantage of work flow efficiencies, like using the intranet to make reservations for cars and meeting space, as well as to ask for IT and support services requests. It has also allowed the child welfare program to post its procedures manual in a central place. During the last year, SF-HSA revamped its website, making it much more accessible and user-friendly. It also has placed its procedures manual on its website to create greater transparency with the community.
- *PSSF/CAPIT/CBCAP Funded Providers Management Information System (MIS):* As described in Sections D.2.a.ii, G.4.a.i, and G.4.a.ii, SF-HSA has partnered with the city's Department of Children, Youth, and Families and First 5 San Francisco to pool family support resources. The partnership allows SF-HSA to require that its CAPIT/CBCAP/PSSF providers utilize the First 5 web-based database. The new database will make reports on client services more accessible, both to SF-HSA and to the providers themselves. It will gather a greater range of information, reduce the burden of data submission, and allow for closer coordination between the partnering agencies.

Analysis of MIS

The agency is committed to maximizing the statewide child welfare database, the **Child Welfare System/Case Management System** (CWS/CMS) as a tool for outcome-based casework. It is incorporating the AB 636 outcome measures into supervision and practice, which requires that the CWS/CMS data be accurate and timely. This summer SF-HSA deployed a full-time child welfare supervisor to improve the program's data entry. He researches the data fields related to AB 636 outcome measures, develops protocols for data entry related to those fields, trains staff and supervisors on these protocols, and then runs regular compliance reports to ensure that the fields are being completed accurately. This person also analyzes state all-county-notices related to CWS/CMS data entry. He is developing a strategic plan for the next calendar year that details the program's goals, priorities, training, and equipment deployment for CWS/CMS.

The data quality assurance officer is also working closely with **Safe Measures**, the online quality assurance tool that organizes CWS/CMS data into outcome measures. He is working with Safe Measures to finalize a **"Monthly Measures"** report that will summarize the performance of individual workers' key performance measures in their respective areas of practice. The report will guide required monthly supervisory meetings with individual caseworkers. The report also rolls up individual performance into unit performance reports, which inform required monthly meetings between supervisors and managers. With a data-driven structure for supervision, SF-HSA will have a clear focus for caseworkers that will result in improved outcomes for clients.

Two years ago SF-HSA began implementing **Structured Decision-Making** (SDM) data tools for casework. The agency began by implementing the "front-end" tools: the Hotline assessment, the Risk assessment, and the Safety assessment. These tools provide hotline and emergency response workers with recommendations based on actuarial information to guide their decisions

and reduce the potential influence of personal bias. SF-HSA appears to be using these tools frequently. In October, the hotline screening tool was used on 97% of required reports. Recently staffing disruptions have affected the use of the Risk and Safety tools by emergency response workers. In May, the Risk tool was used with 97% of required investigations, but dropped to just 57% in October; similarly, the Safety tool was used with 90% of required investigations in May, but in October fell to 65%. SF-HSA has taken steps to stabilize front-end staffing and will be providing training and supervision to ensure that the SDM tools are once again used consistently. A May, 2009 evaluation of the agency's use of SDM found that while completion of the tool was high, it was still not having the desired effect of reducing the number of removals, particularly removals of African American children. Because SDM incorporates earlier data, such as earlier substantiated reports, that reflect patterns of disproportion, it may take time for the tool to achieve the desired equity.

SF-HSA has been using the **Efforts to Outcomes** database for its Independent Living Skills program, and in the last few months, its team decision-making process. The database is managed by the University of California at Berkeley, and it has the potential to identify which interventions or practices lead to positive client outcomes. However, SF-HSA has no administrative privileges, and it has been frustrated by the lack of useful reports. In the next year it aims to work more closely with the University of California to make better use of the information contained in the Efforts to Outcomes database.

A database that also has the potential to support program evaluation is the **Shared Youth Database**. This data mart collects information from child welfare, juvenile probation, and children's mental health databases. Information from the database can be used to illustrate the "career" of a young person across multiple systems. A typical scenario for a multi-system child would be coming into foster care a young age, using children's mental health as he or she reaches school age, and in adolescence becoming involved in juvenile justice system. This next year the data mart is shifting to a web-based format, and the information has not been collected since June, 2008. However, an extract of the historical data is being used by an independent researcher at this point to identify which school and Department of Children, Youth, and Families services produce positive child outcomes.

The San Francisco Juvenile Probation Department utilizes a database called the **Juvenile Justice Information System**. This is a local SQL Server database, although it does send data to the California Department of Justice's Juvenile Court and Probation Statistical System. It tracks transactions that depict a juvenile's progress through the probation and court processes from the time of referral to final disposition. The system generates a list of juveniles who have been detained, which is checked each morning by officers. They use any available information in the database for initial investigations, and the system also automatically populates some fields of the officers' court, detention, and social reports. However, the primary purpose of the Juvenile Justice Information System is tracking, reporting, and analysis, not necessarily casework. It is being transitioned to a web-based database over the next two-to-three years, and the department plans to add features that will support casework, including a calendar function that will notify probation officers of pending court dates so that they can follow up with families.

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

Juvenile Probation

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

a. The Juvenile Probation Department operates a Local Area Network on which the Juvenile Justice Information System (JJIS) is deployed. This information system maintains data on every referral including access to Mugshots and linkage to court events provided by the Superior Court.
b. The Department has deployed desktop computers to all probation officers, and clerical personnel. In addition, key staffers within the Juvenile Hall and Log Cabin Ranch facility have access to the network applications via desktop computers.
c. Managers have access to smartphone technology and are able to access the county email system while mobile.
d. The department intranet provides access to the Youth Assessment and Screening instrument used to conduct assessments of youth risk, need and protective factors.
e. Each probation unit is being deployed a laptop computer in 2010 to facilitate field access to information and capacity to document key case supervision events.
f. The department has access to the Case Management System maintained by the Department of Children Youth and Their Families. This system tracks process and outputs entered by each of the contracted community-based organizations.
g. The department uses Microsoft Sharepoint and Crystal reports to deploy management information and produce adhoc reports using data maintained the JJIS relational database.
h. SFJPD has dedicated terminals with access to the California Law Enforcement Telecommunications System. This system allows law enforcement agencies across the state to share arrest and other classified information.
i. The Department of Public Health, SF-HSA, and Juvenile Probation Department have been working to develop a shared youth database that so that each agency can input and access information regarding clients they share. This system and its associated protocols and standards are still under development.
j. Finally, the department is in the process of investing in video and internet technologies that will allow for the use of Skype or other voice over IP tools so that Placement probation officers will be able to coordinate audio and video communications between minors and their parents/guardians while the youth is in placement.
k. The SFJPD does not have any dedicated analyst on staff. Adhoc and management reports are produced by the director of Administrative Services and the Juvenile Detention Alternatives Coordinator. These two individuals perform these functions in addition to their primary assignments within the department. Their expertise and understanding of

the database layout and SQL server and .NET technology has allowed the department to produce quality reports and management information regarding a variety of aspects related to probation services delivery. However, since the Juvenile Justice Information System is primarily a case and referral tracking system as compared to a case management system, it has limited capacity related to the reporting of qualitative data regarding the progress of youth while on under the supervision of the SFJPD. This information is generally maintained in individual case files.

See SFJPD monthly reports at: http://www.sfgov.org/site/juvprobation_index.asp?id=452

G.2. Case Review System

G.2.a Court structure/relationship

San Francisco's Unified Family Court encompasses Juvenile Court and Probate, Delinquency, Family Law, and Dependency cases. The Dependency Judge manages three court commissioners. The Agency is represented by city attorneys, and panel attorneys represent parents and children. Children may also be assigned Court Appointed Special Advocates. This year the Family Court established a Drug Dependency Court and, in collaboration with the federal Zero to Three Initiative, a Zero to Three Court for very young children. The Unified Family Court houses both dependency and family court cases as well mediation services; Juvenile Probation cases are heard in a different location at the Juvenile Detention Center. The Unified Family Court building provides childcare for parents.

A key PQCR recommendation cited the need to improve the relationship with Court for both child welfare and juvenile probation. SF-HSA does partner with the Court on several initiatives, including Zero to Three, Dependency Drug Court, and Foster Youth Services. Bench officers and executive staff from the JPD and SF-HSA meet on a regular basis to identify and troubleshoot issues and develop related planning and training.

Use of continuances

Continuances, which occur for a number of reasons, are a significant problem for both Juvenile Probation and child welfare, as they delay decisions and subsequently permanency for children and families. The Court itself acknowledged this in focus groups for the PQCR. Continuances were also of concern for the Core Team, which identified resistance to adoption as one reason, as attorneys are reluctant to agree to adoption for fear of losing services and supports offered in an open dependency case. For Juvenile Probation, there were additional concerns as parents are not entitled to an attorney and therefore need orientation and support around the court process.

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

- Conflict or disagreement between parties (department, parents or attorneys)
- Incomplete adoptive home-studies
- Lack of an identified adoptive home

- ❖ Lack of notification to minors from their attorneys of their right to come to court
- ❖ A minor's inability to come on a calendared hearing due to school or other activities

Termination of parental rights

In this assessment period, search workers were moved under the court office unit to better coordinate search results with court notification. They are working closely with the paralegal through the City Attorney's office who handles the notification. San Francisco has begun to encourage earlier termination of parent rights if an identified home has been found for a child who may still be in the process of home-study completion, rather than waiting until it is completed.

Use of alternative dispute resolution

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

(At the time that this report is being finalized, SF-HSA has requested the local analysis and findings regarding recommendations of the California Blue Ribbon Commission on Children in Foster Care, which was convened by the California Administrative Office of the Court. When the local findings are received, SF-HSA will attach them as a belated appendix to this report.)

G.2.b Timely Notification of Hearings

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

G.2.c Parent-child-youth participation in case planning

SF-HSA child welfare staff believe that family participation in case planning is an agency strength. This was also a finding of the PQCR. Child welfare workers develop case plans with parents, and review with parents and youth as timely and appropriate. They ask parents and youth to sign the case plan to indicate their agreement. SF-HSA utilizes team decision-making meetings in determining removals and placement changes, and uses family conferencing to develop case plans. Both of these family meeting forums pull together family members and key individuals to address safety and risk issues, to identify the strengths and needs of families, and to develop case plans. Visitation plans that outline specific objectives are also developed in

conjunction with parents. Youth ages 14 and up must complete a transitional independent living plan every six months, and youth ages 17 and up have meetings with their caseworkers to address goals, services, and resources for emancipation. To ensure permanency and self-sufficiency, SF-HSA also conducts meetings for youth in preparation for exit from foster care. Participants include family and community members identified by the youth to attend. SF-HSA expanded its parent partner program in 2009 and thus provides additional support for parents in understanding and completing their case plan.

G.2.d General case planning and review

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

1. **Permanency Hearings:** The court conducts permanency hearings on a scheduled basis to ensure that hearings are within required time frames.

2. **Concurrent Planning:** At the Emergency Response stage, when relatives and other permanent placement options are being developed, SF-HSA engages in concurrent planning, which is simultaneous planning for both reunification and for alternative permanency options. The concurrent planning process includes relative searches, discussing possible permanence with relatives, developing contingency plans and agreements, assessments of adoptability, and services for incarcerated parents. In partnership with private providers, SF-HSA conducts family finding on designated cases entering the foster care system, as well as for children who meet the Older Youth Adoption criteria. Before a child welfare worker can write a court report for termination of services, a mandatory administrative review occurs for any case without a permanent plan of either guardianship or adoption. Concurrent planning was a focus of this year's PQCR, and recommendations to improve it included better integration of adoptions unit and the front end. Adoptions staff are now receiving secondary assignments on some reunification cases to expand concurrent planning efforts.

Adoption

SF-HSA considers adoption as a primary permanent placement option. As a part of concurrent planning, SF-HSA starts recruitment of adoptive homes if there are indications that the child may need this, even if reunification is the primary plan. There are attempts to have the initial placement become the adoption placement and minimize disruption for the child. During the course of a case, joint adoptability assessments are completed annually on each child to continually assess adoptability and to document when adoption is not an appropriate option. To facilitate the adoption process, SF-HSA utilizes mediation services to assist with resolving issues with biological or adoptive families.

Through its involvement in the California Youth Permanency Project and with the support of Older Youth Adoption funding, SF-HSA emphasizes older youth adoption. This is particularly

important as there are erroneous assumptions regarding adoptions for older youth, which the Core Team identified. These include the assumption that older youth do not want to be adopted, and therefore are never asked about permanency, and the assumption that there are no homes for older youth. Both staff and Core Team members have requested materials be developed for prospective adoptive parents that has information about supports and resources for adoptive families.

Efforts to support older youth adoption include:

- Two staff positions with Bay Area Academy of former foster youth to provide on-going training for FCS staff and community partners on LifeBooks, Permanency and Grief and Loss
- Training on the use of LifeBooks
- Development of 10 digital youth stories with a focus on Loss and Grief
- Revision of the PRIDE modules for foster parents and provide training for potential foster families
- Youth participation in the Breakthrough Series Collaboratives, FCS Workgroups and other planning groups and committees as needed
- Consultants to provide training, case review, and one-on-one mentoring for FCS staff on Grief and Loss, and other Permanency Issues

This year SF-HSA and partner foster family agencies launched a school-based campaign to recruit foster and adoptive parents. SFUSD subcontracted with a media consultant to develop a targeted media campaign, facilitate youth participation, conduct focus groups, produce and design posters, palm cards, website content, brochures and a video. Campaign materials are being promoted by Foster Youth Services Liaisons at all SFUSD schools and via the Foster Youth Services website. Four SFUSD schools will be targeted for specific recruitment activities.

G.3 Foster/Adoptive Parent Licensing, Recruitment, and Retention

G.3.a General licensing, recruitment, and retention

As part of the **Family-to-Family** initiative, SF-HSA has a Recruitment, Training, and Support Strategy Group composed of licensing staff, other child welfare staff, and foster parents. In partnership with the Foster Youth Services Program and several private providers, SF-HSA is implementing a new recruitment campaign in partnership with San Francisco Unified School District. The campaign focuses on keeping older youth in their schools with the understanding that the school is a community. The recruitment campaign includes media, outreach and community building, and kicked off this fall. SF-HSA plans to utilize the Efforts to Outcome database in evaluating recruitment efforts.

SF-HSA contracts with the San Francisco City College to provide training for persons interested in becoming foster parents. Parents and youth who have experienced the child welfare system are some of the regular presenters so that prospective foster parents can understand what the issues are that families and children in the child welfare system experience, and appreciate more fully their role and ability to help support reunification and permanency. The agency also has a contract for foster parent respite services, which are mainly for families that qualify for Perinatal

SA/HIV Infant Program (formerly Options for Recovery) support resources. The Perinatal SA/HIV Infant Program is a state and federally funded program to support medically fragile and substance exposed children in care.

To maintain children in the least restrictive placement possible, SF-HSA recognizes that many caregivers often need supportive services in order to safely care for children in their home. Another important element of retaining foster parents is recognizing their services, which SF-HSA does in part through annual recognition events. Some of the investments that SF-HSA makes in supporting caregivers include:

- *Support Services Staff:* To retain foster parents, SF-HSA has two full time workers whose role is to provide support to foster parents, helping them negotiate the SF-HSA system, such as assisting them when they need new Medi-Cal cards. These workers also provide parenting advice, and ensure that foster parents are recognized and able to participate in SF-HSA activities.
- *Relative Caregiver Support Network:* Since 1995, SF-HSA has contracted with Edgewood Children's Center to provide a comprehensive program of supportive services for relative caregivers and the children in their care. These services include case management, peer counseling, workshops, respite, recreational activities, and support groups, including support groups for grandparents.
- *Options for Recovery:* This program provides respite, training, and recruitment for caregivers of medically fragile children, especially those who are born substance exposed or born with HIV, ages birth to five. This program also provides monthly support groups,
- *Respite:* Foster parents can receive up to 24 hours per month of respite, either through Options for Recovery or through another contract with Family Support Services of the Bay Area. Respite can be either in-home or out of home, based on the parents' choice.
- *Specialized Training for Adoptive Parents :* This program provides specialized training for adoptive parents. Family Builders by Adoption provides adoptive parent recruitment and specialized training, which includes parent needs surveys, educational classes, support groups, and parent-child workshops.

Please also refer to Section D.2, which describes the current configuration of the licensing and adoption units to promote an efficient home-study process and increased permanency.

G.3.b Placement resources

San Francisco places over half of its children in care with relatives or NREFMs. For those children in out-of-home care, nearly 30% are with foster or foster family agency homes. San Francisco contracts with Edgewood Center for services supporting relative placements with the flagship Kinship Center, and also utilizes wraparound programs, both SB163 and the Family Mosaic Program through the SF-DPH Children's Mental Health program, to support placements in family settings, including for youth at risk of higher level placement. Currently the SB163 wraparound program serves about 120 children and youth in the child welfare, probation, and mental health systems, with plans to expand this year to 149 children and youth. A limited number of intensive treatment foster care and multidimensional treatment foster care homes are also available through private providers. The multidimensional treatment foster care programs

are an evidence-based intensive foster parenting intervention which is being developed in San Francisco in partnership with Seneca Center. They include three homes for preschoolers and recruitment for foster parents willing to care for adolescents.

For SF-JPD, whose placements are frequently either in either group homes or institutions, the largest issue is the lack of local placement options. Because of San Francisco's economics and cost of housing, SF-JPD has few placement resources in San Francisco and a dwindling number in the Bay Area. Increasingly, it is placing youth in other counties and other states. This complicates planning for transition and re-entry. SF-JPD was just awarded a federal Department of Justice "Second Chance" grant. SF-JPD, the Unified Family Court, and a community based organization will establish a re-entry court and coordinate a service plan six-months prior to each juvenile's return. To serve youth with special needs, SF-JPD's primary resource is the Seneca Center, which provides SB163 wraparound services. SF-JPD is planning to increase its slots with Seneca from 10 to 20.

Over the past year, SF-HSA, JPD, and SF-DPH, along with private providers, have reviewed its decision making processes for service delivery options for high-needs youth. The result is the Multi-Agency Systems Team, a collaborative interagency review process that provides assessment, service, and placement recommendations when children and youth with serious emotional and behavioral challenges are at risk of, or being considered for out-of-home placement in a high level of care, including facilities operating at residential care levels XIII or XIV and the community treatment facility. By working in close partnership, the Multi-Agency Services Team committee, consisting of SF-HSA, SF-DPH, JPD, SFUSD, and key local service providers, will promote solution-focused recommendations that assure least restrictive and most appropriate service delivery and levels of care. The committee replaces several other meetings in an effort to provide more efficient, effective and expedient service delivery and support. Members review and approval referrals for the following:

- Out of state facilities
- Step-down from Residential Care Level XIII or XIV facilities or the Community Treatment Facility
- Referral to Residential Care Level XIII or XIV
- Referral to the Community Treatment Facility
- Referral to SB 163 Wraparound/Seneca Connections
- Complex cases requiring interagency consultation (i.e. high-risk behaviors, hospitalization, placement disruptions, etc.)

G.4 Quality Assurance System

G.4.a. CAPIT/CBCAP/PSSF

G.4.a.i County Accountability of PSSF/CAPIT/CBCAP Funded Providers

SF-HSA invests PSSF/CAPIT/CBCAP funds through a system of neighborhood-based family support centers. In the last year, SF-HSA partnered with two other San Francisco public agencies, First Five San Francisco and the San Francisco Department of Children, Youth, and Families, which were also funding the centers, to combine resources and oversight activities. In

the past, the family resource centers were reporting program and fiscal information separately to each of the public partners, creating duplicative reporting responsibilities and making it difficult to assess the cumulative impact of services. To maximize public investments and create programmatic and operational efficiencies, the three agencies worked together with the community to develop a single, aligned family resource center strategy. Their work culminated in a joint request for proposals in the spring of this year. SF-HSA ensured that the Office of Child Abuse Prevention requirements were explicit, and participated in reading proposals and selecting grantees.

The three partners are overseeing the contracts together. The new arrangement is still in transition, and some details may change in the next year, but SF-HSA continues to ensure that PSSF/CAPIT/CBCAP requirements are met. SF-HSA's Redesign Manager is responsible for the programmatic oversight of the PSSF/CAPIT/CBCAP contractors, ensuring that vendors are providing the services contracted for, identifying any problems related to implementation, and monitoring that the contractors are serving families that are at risk of child maltreatment. This oversight includes the use of standardized service descriptions that are aligned with Office of Child Abuse Prevention definitions and service requirements. It also includes the use of service and outcome objectives, quarterly reporting, quarterly meetings with PSSF/CAPIT/CBCAP contractors, program and administrative monitoring through site visits, periodic evaluation and competitive bidding.

The fiscal and compliance aspects of contract monitoring will be performed by the joint staff of the partner agencies. Contractors have long complained of conflicting expectations and standards between city departments, and over the last five years, the City and County of San Francisco has undergone a joint monitoring effort to standardize expectations and conduct monitoring more efficiently and effectively. Each of the family resource centers has received a five-year grant, and each will receive a minimum of one site visit every three years. Contractors who perform well on the site visit and are otherwise high-functioning will have the option of a self-assessment the next year. If they are doing particularly well, they may even get a one-year waiver. Contractors who are having difficulties will receive a site visit every year. The three agencies will be making site visits together, and they will issue corrective action plans together.

To track service and outcome objectives, contractors are required to use standardized forms. One advantage of the partnership is that contractors will be able to submit client and fiscal information through First Five's web-based portal, called the Contract Management System. No invoices are paid unless the contractor's client and compliance information is current.

As part of its redesign and system improvement activities, SF-HSA implementing small tests of changes to identify the best ways to involve parents in planning as well as evaluation and program development efforts. In the 09-10 FY, CBCAP peer review activities will be incorporated as part of the PSSF/CAPIT/CBCAP county plan convening and development.

G.4.a.ii. *Evaluation of Prevention Programs*

The three partner agencies have released a $50,000 request for proposals for an independent evaluation of the family resource centers. SF-HSA will participate in a reading panel with the

other two partner agencies to select a qualified researcher who has experience with family support programs. Since the summer, SF-HSA analytical staff have been meeting with counterparts in First Five and DCYF to review family assessment tools and the identify client outcomes that will be the key ingredients of the evaluation. These are described in the matrix on the next page. The three partners will ensure the contractors' timely submission of assessment and program information by requiring that they use the First Five web portal, and by tying payment of invoices to submission of data. When a vendor has been selected for the evaluation, he or she will work with the three partners to develop procedures related to assessment and data collection, as well as a process by which formative information about program strengths and weaknesses can be shared with the programs and the community to improve services. SF-HSA will be augmenting the evaluation by analyzing the child welfare outcomes, including recurrence of maltreatment and re-entries into care, for the family support center clients.

Family Resource Center Initiative Proposed Evaluation Plan - September, 2009

Evaluation Method	Purpose	Rationale for Selection	Decision Points/Tasks	Timeline
YEAR ONE MEASURES				
ACCOUNTABILITY & PARTICIPATION MEASURES				
Case Management System database	Standard, web-based tracking for: - Billing/Accountability/Reporting - Participant Attendance - Participant Demographics - Linkage to child welfare outcomes	- High level of familiarity and cost effectiveness - Can accommodate future outcome evaluation	- Continue to enhance and upgrade system throughout 2009-2011.	- Year 2 Revisions Complete June 30th, 2010
QUALITY MEASURES				
a) San Francisco Family Support Network (SFFSN) Standards Self Assessment b) San Francisco Family Support Network Participant Evaluation	- Assesses implementation of the SFFSN Standards, which are based on nine principles of family support, from the perspective of program staff and participants	- Builds off work of the SFFSN; both funders and grantees have had input into this work	- Decide on funder assessment or self-assessment; finalize protocol - Clarify if HSA satisfaction survey is still a requirement - Determine which version of Participant Satisfaction Survey and finalize procedure.	- January 1st, 2010
OUTCOME MEASURES				
a) Parental Stress Scale ***or*** Parental Stress Index (Pre/Post) b) The Parenting Scale (Pre/Post)	- Measure key parenting outcomes associated with Evidence Based Parent Education Curricula	- Instruments have been field-tested and widely used in other parent education research - Instruments afford a degree of flexibility for multiple types of curricula	- Decide between Parental Stress Index and Parental Stress Scale - Review for accurate translation and cultural appropriateness - Develop assessment protocols - Compare with other embedded curriculum assessments	October 15th, 2009
Family Development Matrix *(Currently Used by FRCs Engaged in Formal Linkage with Child Welfare; Optional for Other FRCs)*	- Measures 24 case management outcome indicators, including 2 indicators of school success: parent involvement in child's school/ability to connect with ed. resources/child attendance	- Connects to Child Abuse Prevention Pathways - Aligns with work in 12 other counties	- Ensure effective integration with other data systems - Decide whether appropriate for other grantees engaged in case management	- May 1st, 2010
Optional Outcome Measure – Child Strengths and Difficulties Questionnaire	- Measures key child outcomes associated with Evidence Based Parent Education Curricula	- Field-tested and widely used in research - Instrument available for multiple age groups/languages	- Create guidelines and encourage use when appropriate based on group type and presenting needs	October 15th, 2009
YEAR TWO MEASURES				
Parents as a Teacher Inventory	- Measures key school readiness outcomes in the areas of play, creativity, other parent/child interactive skills	- Field-tested and widely used in research	- Review for accurate translation and cultural appropriateness - Make decision about shortening if copyright issues allow	October, 2010

G.4.a.iii. *Ensuring Services for Children at Risk of Child Maltreatment*

All PSSF/CAPIT/CBCAP funded programs give priority to children who are at-risk of child abuse and neglect, more likely to be removed and/or come to attention of the child welfare system. Language is incorporated into each family resource center service contract that specifies target population (e.g. 85% of families served will have at least one child 0-12, 65% at least one child 0-5). Because the funding is now augmented by DCYF, families with older children can be served at the family resources centers through other funds. Teen services, such as the Independent Living Skills Program, are part of separate program and funding streams.

Many families access the family resource centers and family support/preservation programs through referral by a child welfare worker and the child abuse hotline, including referrals that are "screened out." Several contracted providers have also been collaborating around differential response, which will direct many families evaluated out by the child abuse hotline to their services.

An essential goal of the family resource center alignment is that city and county dollars are strategically invested to proportionally target the neediest families and children in San Francisco. The partners reviewed a number of critical community indicators to prioritize funding allocations by neighborhood. Data indicators included:

- Child welfare referrals, substantiated referrals, and removals;
- Family applications for Medi-Cal, Healthy Kids, CalWORKs, and Non Assistance Food Stamps;
- Census data related to the percentage of families living below the federal poverty level
- Births, infant mortality, and teen birth rate; and
- First Five, San Francisco Unified School District Kindergarten Readiness Profile.

The family resource centers were asked to focus on a set of core services, most of which are specifically aimed at reducing family stress and preventing child maltreatment. Some of the First Five funds were used to support activities that improve school readiness, as shown in the following table.

Core Services for Neighborhood-Based Family Resource Centers

Services	Examples
Parenting education and support	Curriculum-Based Parenting Series Peer Support groups
Access to resources and opportunities	Information and Referral Workshops and classes Family Economic Self Sufficiency Basic Needs Assistance
Coordinate support services	Family Advocacy Case Management Linkages with Child Welfare Services:

Core Services for Neighborhood-Based Family Resource Centers

Services	Examples
	• Differential Response • Team Decision Making (TDM) • Supervised Visitation Counseling Home Visits Maternal Depression Screenings Child Developmental Screenings Respite Care
Direct services to promote school readiness and school success	Parent/Child Interactive Activities Early Literacy Opportunities Drop In Child Development programs Linkages for School-Aged Children/Teens COMMUNITY BUILDING Family events Parent Leadership/volunteer opportunities Neighborhood connections and collaboration Outreach

G.4.a.iv. *Ensuring effective services for children with special needs and their families*

Special needs services for families and children has been identified as a priority within the Family Preservation and Support Program in previous years and most recently, reaffirmed as a priority during the planning sessions with child welfare staff and community providers. Two goals are essential to ensuring these families and children are served effectively:

- ❖ To enhance the capacity of community-based providers to identify, assess and support families who have children with learning, emotional, and physical disabilities and
- ❖ To facilitate improved access for families to the information, resources and 1-on-1 peer support/mentoring that will enable them to effectively care for their special needs child(ren).

SF-HSA's PSSF/CAPIT/CBCAP funds support neighborhood-based family resource centers. To work more effectively with children who have learning, emotional, and/or physical disabilities and with their families, SF-HSA contracts with a Support for Families Family Resource Center. For 27 years, this community based organization has provided information, education, and parent-to-parent support free of charge to families of children with any kind of disability or special health care need. It provides technical assistance, training, parent mentoring, and on-site, drop-in support groups at the family resource centers.

G.4.b. Juvenile Probation

To ensure the quality of its services, the Juvenile Probation Department relies on a competitive bidding process for all contracts, in compliance with city contracting standards. At least once every three years, services are elicited through a request for proposals process. At that time, the merits of applicants are weighed and the best providers are selected.

G.4.c. Child Welfare

G.4.c.i. Quality assurance for child welfare system

The agency continues to have a two-person unit that operates as a traditional quality assurance (QA) unit, responding to concerns raised by managers about problematic procedures and functions, researching practice through case reviews or through Safe Measures, developing recommendations for improvement, and monitoring implementation of those measures.

However, the agency is increasingly moving toward a model of not having QA as a separate function, but rather integrating QA processes throughout its program structure. In particular, SF-HSA is strengthening supervision. It has convened a **quality supervision workgroup** with managers and supervisors. Since the new vision for quality assurance and supervision involves data-driven management and supervision, the agency has shifted a child welfare supervisor to the agency's Planning Unit to focus on improving data quality. As described in Section G.1, he researches which fields are tied to which AB 636 outcomes and to other important indicators, develops protocols that are consistent with state guidelines, trains staff on the new procedures, and runs compliance reports to monitor implementation.

To ensure quality standards, the agency's **child welfare handbook** is updated regularly with procedures based on the findings of management reviews, and it contains all current child welfare policies and procedures. *This last year 26 new sections were added to the handbook, including sections on NRFEM placements and differential response path one guidelines.* To make child welfare processes more transparent, and to hold itself accountable, the agency will be posting the handbook on its website.

The agency also contracts for an **ombudsman,** who responds to community and family complaints related to child welfare services. With an advanced degree in conflict resolution, he has worked in the field of family mediation since 1991, and has been SF-HSA's ombudsman since 2003. The ombudsman reviews individual complaints, monitors trends, and consults directly with the agency's deputy director who oversees child welfare. The ombudsman meets with the child welfare deputy director, and program managers and supervisors as relevant, each month to review individual complaints from families. He also provides two reports that make recommendations for systemic improvements based on trends in family complaints. For example, when the ombudsman noticed a series of complaints related to disjuncture between the program's licensing and placement functions, he re-activated a monthly meeting between the two groups to review foster parents who were either waiting for placements or waiting for licensing clearance. The ombudsman has also been central to the agency's creation of a parent advisory group, as well as a peer-to-peer support initiative that recruits parents who have been through the child welfare process to support parents newly in the system. He has also participated in the SF-

HSA self improvement plan and self assessment processes, and because he often talks with parents who have had contact with the agency's hotline, he participated in the differential response workgroup.

G.4.c.i. Quality assurance for Juvenile Probation

The San Francisco Juvenile Probation Department (JPD) relies on its Supervising Probation Officers to perform regular case reviews and case conferences with Probation Officers to ensure that all cases are managed in accordance with JPD policies and local, state and federal law.

G.4.c.ii. Evaluation of client outcomes related to AB 636

The data quality officer and the Quality Supervision workgroup have collaborated to pilot a new initiative called "**Monthly Measures**." This involves identifying the key indicators for child welfare performance, working with the Safe Measures service to develop monthly reports that reflect recent and continuing performance on those measures at the individual worker level, and using those reports to structure supervision meetings. Additionally, managers receive reports that have rolled the individual worker performance into unit-level performance, and these are used by managers in their meetings with supervisors. The deputy director receives similar reports reflecting the performance of her program managers, which are used in their meetings. More than reports, this is an effort to create a structure for supervision that is tied to client outcomes. SF-HSA launched a pilot in November with units that represent the emergency response, court dependency, family service, and transition to permanency functions. In January, 2010 the agency will roll this new structure out to the rest of the units in these functions, and it will begin developing measures for other types of function, including adoptions and the hotline. The goal is to fully implement Monthly Measures by July, 2010.

In addition to the Monthly Measures effort, SF-HSA's planning and IT staff have developed a series of reports for managers and supervisors to monitor performance. In the appendix of this report is a quarterly dashboard derived from the state's quarterly data report. This dashboard is reviewed at monthly meetings with supervisors and managers, as well as at quarterly meetings of the child welfare division.

G.4.c.iii. Monitoring ICWA and MEPA compliance

To ensure consistency and accuracy in the noticing process and ensure that qualified families are connected with tribal advocacy and services, SF-HSA has two child welfare workers who are specialists in Indian Child Welfare Act (ICWA) requirements. Working with the Bay Area Academy, SF-HSA recently provided a mandatory training to child welfare workers on law, policy, and practice related to ICWA. SF-HSA monitors ICWA placements through its AB 636 outcome measures, which are distributed to all staff each quarter. It also has a data quality officer who tracks patterns of ICWA placements and alerts SF-HSA managers to concerns. To ensure proper data entry for these measures, SF-HSA recently arranged for the Bay Area Academy to provide a training to child welfare workers on CWS/CMS codes related to ICWA. The data quality officer is available for ongoing technical assistance.

SF-HSA has updated its Joint Adoptability Assessment to address MEPA; this form is completed annually for every child in out-of-home placement, and reviewed by supervisors in the Adoptions Unit. Forms for the Placement and Review Committee (PARC), an interagency forum which reviews requests for foster-adoptive homes and placement levels, were also updated to reflect MEPA. Please refer to sections G.2.b, G.4.c.iii, and G.5.b.xi for further information on ICWA compliance.

G.4.c.iv Monitoring Mental Health Needs

SF-HSA has a vital partnership with the San Francisco Department of Public Health (SF-DPH), which provides foster care mental health services. SF-DPH is now conducting **Child and Adolescent Needs and Strengths Assessment (CANS)** for every child entering foster care. This practice-based tool informs decisions about care plans and intensity of services. It is also useful for measuring outcomes. CANS scores offer thresholds to inform decisions about the need for behavioral health services, the dosage and intensity of those services, including specialized placements within child welfare.

SF-HSA is also working with SF-DPH and designated private partners to evaluate various mental health services to ensure their effectiveness. These evaluation and oversight efforts include:

- An analysis of the therapeutic visitation program, including an examination of its correlations on AB 636 outcomes;
- An evaluation of SB163 wraparound mental health services that utilizes child welfare data and mental health assessment information;
- A cross-site evaluation of residential based services;
- SF-HSA participates on the SF-DPH System of Care panel, which monitors the effectiveness and scope of mental health services;
- SF-HSA and SF-DPH participate a task force that reviews the needs of children in high-end residential treatment placements;
- SF-HSA, SF-DPH, and Juvenile Probation meet weekly with service providers to review the continuing suitability and effectiveness of high-end placements.

G.4.c.v. Children and Families with Special Needs

As described previously, SF-HSA contracts with a community based organization, Support for Families Family Resource Center, to provide advocacy and support services. This agency helps parents of children with special needs find and gain access to entitled services for their children and themselves. In addition, SF-HSA maintains a specialized caseload with children who are clients of the Regional Center, and who acts as a liaison and ensures that foster children receive specialized infant stimulation and other services. SF-HSA has a child welfare worker dedicated to ensuring that children receive appropriate special education services according to the *Individuals with Disabilities Education Act*. This worker represents children who are being served by the San Francisco Unified School District, and the agency contracts with the Community Alliance for Special Education (CASE). A statewide pioneer in special education

advocacy, CASE has worked with all of the local education agencies in the Bay Area. It provides technical assistance for all San Francisco foster children, and it represents children directly when they are served by school districts in the surrounding Bay Area. In addition, CASE provides an annual training on education rights to child welfare workers.

G.4.c.vi Monitoring child and family involvement

At the Emergency Response stage, when relatives and other permanent placement options are being developed, SF-HSA engages in concurrent planning, which is simultaneous planning for both reunification and for alternative permanency options. The process includes relative searches, discussing possible permanence with relatives, developing contingency plans and agreements, assessments of adoptability, and services for incarcerated parents. To support searches for emergency, relative, and permanent placements, SF-HSA works with the Kinship and the Incarcerated Parent Programs. Before a child welfare worker can write a court report for termination of services, a mandatory administrative review occurs for any case without a permanent plan of either guardianship or adoption. Although there are occasional issues with workflow and case transfers, SF-HSA supervisors believe that concurrent planning is agency strength.

Since February, 2003, SF-HSA has used a **team decision-making** (TDM) model that invites family and relevant community members into the discussion of the best placement for a child. It now holds TDMs for all placement changes and initial removals from a child's family of origin. SF-HAS as developed protocol for the final implementation stage of TDM, which is permanent placement including reunification. In a review of protocols, the agency is clarifying the purpose of TDMs in relation to other meeting forums, including family group conferencing. Concurrent planning is an underlying principle throughout this family team meeting process. SF-HSA has been frustrated with the reports available through the TDM Efforts to Outcome database, but is working with the University of California at Berkeley to produce useful information that will allow it to better track and report on TDM meetings.

As part of the San Francisco's Peer Quality Case Review this May, focus groups were conducted with a number of different partners, including relative caretakers, youth, and staff. The PQCR focused on timeliness to adoption and related concurrent planning, and part of the focus group questions included information on TDMs and Family meetings and participants' experiences with them. This provided valuable feedback for staff to improve the process. While both line workers and supervisors found TDMs useful, community partner agencies, relative caretakers and youth spoke to the need to have a "live" decision in the TDM, and for staff to be mindful of the power dynamic in the room. This information will be used to develop goals and directions for the county's imminent Self Improvement Planning.

SF-HSA has made a number of other efforts to ensure that families have input into decisions that affect them. It created a Parent Advisory Council several years ago to provide guidance on how best to work with families. It contracts for peer parent intervention and support groups that support families in the decision-making process.

G.4.c.vii. Family- to-Family Self Evaluation

SF-HSA formed a Family-to-Family Self Evaluation group in 2003, and it has continued to meet. The group has varied membership, blending program and analytical staff perspectives. Each time it meets, the group examines the latest results for the agency's AB 636 performance outcome measures. It also initiates research projects that explore the agency's performance on specific issues. During the last year, it initiated and monitored a study of re-entries into care that included extensive data analysis using an event-horizon analytical framework, case reviews, and interviews with caseworkers. The results were disseminated to child welfare staff and to community stakeholders through the recent Self Assessment process. During the next year, the group will be examining the trends and underlying issues related to family reunifications.

G.5 Service Array

G.5.a. Efficacy and Availability of Current Services

San Francisco has a rich array of family support services, built over decades of concern about the well-being of families living in a dense, expensive city. Several of the city's family support programs were started in the 1800s. It is built on a network of family support providers, especially family resource centers. San Francisco formed the first child abuse prevention council in the state. The University of California at San Francisco opened the first modern family resource center in the early 1970s, *before* passage of the 1974 Child Abuse Prevention and Treatment Act (CAPTA). In response to the crack cocaine epidemic of the 1980s, SF-HSA began developing more community based programs to support families affected by substance abuse and keep their children out of foster care. The Family Preservation and Support Service Program Act of 1993 helped SF-HSA to support and expand the family resource center network into underserved neighborhoods.

Today SF-HSA supports a network that includes six family resource centers, including one in the neighborhood with the highest child welfare prevalence rate, Bayview Hunters Point. It has centers that specifically work with the Asian and Latino communities, and it provides phone counseling services in multiple languages. Some centers have a clinical orientation and others that are grassroots programs that mobilize peer support. The network provides in-home and center-based services. It includes faith-based providers like Mount St. Joseph/St. Elizabeth, which provides in home supportive services. SF-HSA has also reached out to the faith community, including the pastors of African American churches, to recruit foster parents. These programs serve families at every stage, from primary prevention to after-care.

In the 2008 – 09 fiscal year, SF-HSA invested $6.8 million in community based family support programs, including $3.7 million in family resource centers. Because San Francisco is a combined city and county, one third of SF-HSA's annual budget has been drawn from local general funds. It often used these funds to overmatch state and federal money, to pilot new programs, and to enhance the capacity of the family support network. Yet at the height of the network's funding, families still often had to wait for critical services like counseling, parent education, housing, and especially, substance abuse treatment. SF-HSA reduced funding to its family support network last year, and the budget challenges of the next year will once again be

painful. SF-HSA will make try to minimize the impact on families, but successive years of budget cuts have frayed the continuum of care.

G.5.b. Description and Analysis of Services
G.5.b.i. Services available to meet the needs of ethnic/minority populations

Through its network of family resource centers, SF-HSA is able to meet the needs of a diverse population of families. For example, Asians form 37% of the city's child population, and SF-HSA funds Asian Perinatal Advocates to provide support services through a center on the periphery of Chinatown. It funds the YMCA of San Francisco to provide a culturally congruent family resource center in the city's largest African American enclave in the Bayview, and funds a collaboration of Latino family support providers in the city's Mission District. Working with First 5 San Francisco and the Department of Children, Youth, and Families, SF-HSA ensures that parent education services are culturally sensitive, including use of the *Positive Black Parenting* curriculum.

G.5.b.ii. Assessment of the strengths and needs of children and families

Child welfare workers are skilled at assessing the strengths and needs of families throughout the continuum of service delivery. SF-HSA has implemented the assessment tools of Structured Decision-Making, which includes a standardized assessment at the point of assigning cases. In addition, SF-HSA funds community based organizations services to assess families. These include the Homeless Prenatal Program, which provides substance abuse counselors who can work with SF-HSA staff to assess clients and link them with appropriate services. SF-HSA contracts with another community based organization, Friends Outside, to assess and work with incarcerated parents. It also has a team of contracted mental health consultants to assess the mental health needs of children and families through administrative reviews and multi-disciplinary teams.

G.5.b.iii. Services that address the needs of the family and individual child

As described in the beginning of this section, SF-HSA funds a range of parent support programs, including a 24-hour phone counseling line for parents. The family resource centers provide peer support groups, parent education, basic needs assistance, and therapy. In San Francisco, housing is a critical issue, and SF-HSA was recently awarded 100 family unification program housing vouchers from HUD, and it will work in partnership with the San Francisco Housing Authority to ensure that families for whom inadequate housing is a barrier to family reunification or maintenance will receive housing subsidies. The child welfare program also works closely with the SF-HSA's own Housing and Homeless program, which manages shelter, transitional housing, and eviction prevention services for families.

G.5.b.iv. Services and the delivery of services for children with disabilities and their families

As described in Sections G.4.a.iv and G.4.c.v, Support for Families Family Resource Center, which works through the family resource center system to engage families, provide peer support, and advocate for their needs. SF-HSA also provides a full-time child welfare worker and

contracts with the Community Alliance for Special Education to ensure that foster children with special education needs receive appropriate services through the public school system.

G.5.b.v. Services and the delivery of services targeted to children at risk for abuse or neglect

SF-HSA funds family resource center programs to provide outreach to families identified through the differential response assessment of the hotline. These community based organization staff engage families that have been assessed to be at risk, but who have not yet reached the threshold of child maltreatment. Their outreach staff make home visits and use the child abuse reporting incident to mobilize these families to seek support. In addition, families can identify themselves as needing support and seek services on a drop-in basis at the resource centers.

G.5.b.vi. Services designed to enable children at risk of foster care placement to remain with their families when their safety and well-being can be reasonably assured

The Structured Decision-Making assessment tools, which are based on actuarial data, help SF-HSA make informed decisions about whether children can remain safely at home with their families. Through the team decision-making process, relatives and persons of importance to the families can participate in the decisions about how to maintain the child's safety and well-being while he or she remains with the family. Child welfare workers develop and monitor case plans that ensure that the family's strengths are accentuated and its risks are addressed, which can be through community based support services. When families are assessed to be at low to moderate risk for child maltreatment, SF-HSA utilizes a differential response approach to make referrals to community based family support organizations, providing early support and preventing any future entry into care.

G.5.b.vii. Services designed to help children achieve permanency

Section E.1 contains an analysis of SF-HSA's adoption processes. SF-HSA considers adoption as a primary permanent placement option. As a part of concurrent planning, SF-HSA starts recruitment of adoptive homes if there are indications that the child may need this, even if reunification is the primary plan. To minimize disruption for the child, child welfare workers strive to have the initial placement become the adoption placement. During the course of a case, joint adoptability assessments are completed annually on each child to continually assess adoptability and to document when adoption is not an appropriate option. To facilitate the adoption process, SF-HSA utilizes mediation services to assist with resolving issues with biological or adoptive families.

In the course of removing children from their biological parents, SF-HSA conducts relative searches for alternative placements and when appropriate, encourages adoption and permanency. It also contracts with Family Builders for recruiting, screening, and orienting potential adoptive parents, a process that also includes relative searches for children who have been in foster care for extended periods of time. The agency's contract with Seneca Center also entails relative searches at the point of entry into care, who, whether they adopt the foster child or not, can act as sources of permanency and connection for him or her. Through its involvement in the California

Youth Permanency Project, SF-HSA is putting an increased emphasis on getting older youth adopted. A focus on recruiting homes for older youth was made a requirement of the current contract with Family Builders.

G.5.b.viii. Services accessible to families and children in all geographical locations

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

Bridging this geographical distance is a constant challenge. To maintain the parent bond after child removal, SF-HSA provides transportation for parents to visit their children placed outside of the city. A graduate intern recently compiled a community resource guide for Bay Area counties, providing child welfare workers with information for service referrals. SF-HSA funds the Community Alliance for Special Education to provide school advocacy services for foster children in surrounding counties. SF-HSA's Independent Living Skills Program does aggressive outreach to foster youth placed in other counties. San Francisco is exploring the possibility of out-stationing child welfare workers in other counties, in part so that they can develop contacts and expertise with community agencies and school districts in other counties.

G.5.b.ix. Services that can be individualized to meet the unique needs of children and families

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

G.5.b.x. Availability of services/current gaps in continuum of care

SF-HSA funds or provides directly a robust continuum of services, from primary prevention, to secondary prevention, intervention with families that have open child welfare cases, and after care services. The following is a list of prevention and support services provided:

- *Primary Prevention Services* include the drop-in family resource center programs that SF-HSA funds in partnership with other city departments. The centers provide parent education

and peer support classes, counseling, crisis intervention, respite, advocacy, community-building events, information and referral, employment assistance, and assistance with basic needs. One of the centers also provides 24-hour phone counseling, and SF-HSA also connects high risk families with its eviction prevention and housing services.

- *Differential Response Services* are designed for families that have been referred to the child abuse hotline, and are clearly struggling, but whose situations do not rise to the legal level of child abuse. Outreach workers from the family resource centers attempt to contact these parents and engage them in prevention services.
- *Family Preservation Services* are designed for families whose current level of child abuse falls below the threshold for mandatory intervention, but for whom there is a risk of increased abuse in the absence of help or if a current crisis is not mitigated. Participation in services is voluntary and the services provided include home visiting, parent education, and behavioral health services, as well as the supervision and support of a child welfare worker. SF-HSA currently has 205 children whose families are participating in voluntary services.
- *Family Support Services* augment the assessment and mandated case management activities performed by child welfare workers. They include in-home supportive services, parenting, mentoring, enhance visitation, and intensive case management.
- *Kinship Support Services Program* provides support services to relative caregiver families to ensure safe and stable homes for children who can not currently live with their parents.

Thinking of gaps in the continuum of care is difficult when the entire system is facing serious funding challenges. Currently families often face delays in obtaining needed resources, including parent education, behavioral health counseling, and safe housing. In the community meetings that were convened for the self assessment, the issue of re-entries into care was discussed at length, and it was agreed that families needed more support for after-care. This includes substance abuse services that emphasize relapse prevention, ongoing mental health services, and enhanced social support for families. SF-HSA intends to preserve the services and utilize its resources as efficiently as possible, while working with community partners to take advantages of grant opportunities to address service gaps.

G.5.b.xi. Services to Native American children

The census is poor at documenting San Francisco's number of Native American children. The 2008 mid-census estimate is that San Francisco has 647 Native American children; however, the margin of error is as large as the number itself. SF-HSA currently has 20 open cases (both in placement and in family maintenance status) involving Native American children: 14 in permanent placement; three in reunification; and three in maintenance. These children represent a number of tribal nations, including:

- Sioux – 10
- Omaha – 3
- Pomo – 3
- Blackfeet – 2
- Navajo – 1
- Native Alaskan (Native Village of Kiana) - 1

To meet the State's requirement for determining whether children are American Indian and/or ensuring compliance with the Indian Child Welfare Act (ICWA), SF-HSA must work with tribal nations from a distance. They are not always responsive, and because of the distance, it is sometimes difficult to build effective relationships with all of the tribal nations that it notifies. Of the twenty children whose families identify them as Native American, 11 are either enrolled or found eligible, three are pending verification, and four were found ineligible. Another 47 children with open cases have had their families identify their secondary ethnicity as Native American. Of those, one was found eligible, 16 are pending verification, and 27 were found ineligible.

In the last fiscal year, SF-HSA received 5,138 child abuse referrals, of which 20 involved persons who identified themselves as Native American. However, another 75 families listed Native American as a secondary ethnicity. The tribal affiliations of families are not registered in CMS until an ongoing case is opened. About 17% of all referrals were substantiated; for Native Americans, the rate was 20%.

SF-HSA no longer has dedicated Native American caseloads, with those cases being distributed according to the agency's regular case assignment process. SF-HSA recently provided a mandatory training on the Indian Child Welfare Act (ICWA) for all child welfare staff. SF-HSA is a member of the Bay Area Collaborative of American Indian Resources, a collaborative funded by the Annie E. Casey Foundation. San Francisco and Alameda are the two counties involved, along with representatives form the American Indian agencies of both counties. An SF-HSA child welfare worker is the co chair of the collaborative, along with a representative from the American Indian Child Resource Center. The purpose is to coordinate services for families, have Native American representation at team decision-making meetings, reduce the number of children coming into foster care, and improve outcomes for families involved in the foster care and juvenile justice systems.

SF-HSA tries to refer Native American families to programs that build on the strength of their heritage. For example, it refers Native American families to Friendship House American Indian Lodge, which provides residential treatment services to women with children birth to five years old. The Agency works frequently with the Native American Health Center in Oakland to link families with culturally appropriate services.

San Francisco needs to recruit more Native American foster homes, as it often has to rely on foster family agencies for non-relative Native American placements. According to the most recent AB 636 report, SF-HSA had 12 ICWA-eligible children placed in April, 2009. Five were with relatives, and the other seven were with non-relative, non-Native American substitute care providers.

G.5.b.xii. Availability of child abuse prevention education

The San Francisco Board of Supervisors has designated the San Francisco Child Abuse Council as the local child abuse prevention council, as described by California Welfare and Institutions Code Section 18982. The Council is a multidisciplinary, collaborative body comprised of members interested in child abuse prevention, including:

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

The lead agency for the Council is the San Francisco Child Abuse Prevention Center. It is responsible for the provision of the city's mandated reporter training and staffing for the Council subcommittees. CAPC focuses on child abuse awareness, education, prevention, and intervention.

The role of the San Francisco Child Abuse Council is threefold:

1. To develop and advocate for specific policies and system improvements to provide education and awareness regarding child abuse prevention and to prevent the occurrence of child abuse and/or neglect.
2. To raise public and child safety awareness through marketing campaigns, training, distribution education materials and information.
3. To coordinate interagency collaboration through the convening of / participation in various subcommittees and activities (e.g. SCAN Team, which reviews the most serious cases of child abuse to Child Death Review Team, Mayor's Child Sex Trauma Committee, Multi-Disciplinary Interview Center and the Family & Children's Services /Juvenile Probation Core Team)

Each year the Council provides prevention education and training to approximately 5,000 schoolchildren in safety awareness and assertiveness, and to approximately 5,000 child-serving professionals in how to identify and report suspected child abuse and neglect. The Council educates the public, policy makers and legislators about child abuse prevention and awareness, and it convenes or participates in cross-organization meetings about child welfare services. The Council also creates and disseminates information such as the Guide on Child Abuse to shelters serving homeless persons and battered women. The host agency for the Council is the San Francisco Child Abuse Center, which is also a family resource center and provides primary prevention and awareness services including a 24-hour phone counseling line for parents.

G.5.b.xiii. Availability of child and family health and well-being resources

SF-HSA has a work-order with the San Francisco Department of Public Health for eight public health nurses who review the medical records for foster children. SF-HSA has a 90.7% compliance rate in timely medical visits for its foster children, compared to a statewide rate of 86.5%. It has only a 59.4% compliance rate on timely dental exams, compared to a statewide rate of 61.5%. It is investigating whether the dental measure is a result of poor data entry or actual lack of exams.

Since SF-HSA enrolls San Francisco citizens on Medi-Cal, it is easy for child welfare workers to make referrals. The City and County of San Francisco provides universal health insurance for all county residents if needed, and the Medi-Cal program works closely with the other public providers of health insurance.

G.5.b.xiv. Existence of established networks of community services and resources

This report has described at length San Francisco's network of family resource centers and family support providers. These centers are dispersed geographically in low-income neighborhoods, and several of them emphasize services to specific racial or ethnic groups. SF-HSA has partnered with two other city agencies to pool resources for the network and evaluate services more fully.

G.5.c. Outreach Activities

A key rationale for funding the community-based network of family support providers and family resource centers is to provide outreach that is sensitive to local racial and ethnic communities, as well as to vulnerable groups such as teen parents, families of children with special needs, and neighborhoods that are isolated. SF-HSA also uses staff from these centers to engage parents who are path-one differential response referrals. As part of its Family-to-Family initiative, SF-HSA created a Parent Advisory Council. The members are a diverse group of parents who have been involved with the child welfare system, and they do outreach to parents currently involved in the system. This year SF-HSA used federal stimulus funds to create a peer parent program that hired six parents formerly involved in child welfare to work with the Emergency Response workers, engaging parents who have been referred and have active investigations, bridging them to support services and advocating for their needs. These parents are racially and ethnically diverse.

SF-HSA has also focused on heightening the ethnic and racial sensitivity of its staff. It has had two mandatory trainings on "undoing racism." The titles of the training that was provided by the Bay Area Academy in the last year included:

- When Did You First Realize You Were Straight? Strategies and legal Requirements for Working with Gay, Lesbian, Bisexual, Transgendered, and Questioning Youth
- Bias in Decision-Making in Child Welfare
- What's Class Got to Do With It? Considerations for Child Welfare
- African American Fathers: The Forgotten Parent
- Rescuing and Restoring Sexually Exploited Children: The Road to Recovery

G.5.d. Describe how underrepresented groups participated in the assessment process.

Youth and parent partners were active participants in the Core Team as were a number of community-based organizations representing targeted neighborhoods. These included Family Resource Centers serving Asian and Spanish-speaking populations.

G.5.e. Indicate which services are funded by CBCAP, CAPIT, PSSF funds.

The accompanying table details SF-HSA's investments of PSSF/CAPIT/CBCAP funds.

SF-HSA Investments of PSSF/CAPIT/CBCAP Funds

Contracted Services	Service / Program	*Funding Stream(s)*
Chicano/Latino Family Resource System	Mental health counseling/support groups, family advocacy, child safety case manager (TDM)	PSSF
	Enhanced visitation	PSSF
	Comprehensive I&R, parenting classes/workshops, home visiting, case management, individual & family counseling	All County GF
Bayview Hunter's Point Family Resource Center	Emergency food, substance abuse diversion, 1-on-1 mentoring support	PSSF
	Enhanced visitation, child safety case manager (TDM)	PSSF
	Basic I&R, Information Workshops, Support Groups, Parenting Classes, Family Advocacy, Case Management, Food Pantry, Crisis Intervention, Community Events & Celebration & Family Advocacy	All County GF
Ocean/Merced/Ingleside Family Resource Center	Parent engagement incentives, community events & celebrations, food pantry, basic I&R, parenting workshops, support groups, family advocacy & case management	All County GF
Asian/Pacific Islander Family Resource Network	Specialized case management – Samoan/Filipino cases	PSSF
	Intensive case management / enhanced visitation	PSSF
	Basic I&R, parent child family club, drop-in child care, parent respite nights, parenting workshops, support groups, bilingual parenting classes, pre-employment training classes, computer classes, child development classes, family advocacy, case management, & enhanced visitation	All County GF
Asian Perinatal Advocates In-Home Program	Screening for high risk factors, in-home based services and support, age development information for parents, case management, crisis intervention, parental stress reduction information for parents	CAPIT/CBCAP (24%) CTF (13%) GF (63%)
Asian Perinatal Advocates Parent Stress Line	APA Hotline in seven languages. Counseling via phone to address presenting issues identified by Asian Pacific Islander parents. Information and referrals services and follow-up with parents to ensure services were accessed and beneficial.	CAPIT / CBCAP (43%) CTF (43%) GF (14%)
Potrero Hill Family Resource Center	Basic I&R, food pantry, community events & celebrations, business center, parenting workshops, support groups, nutrition classes, family advocacy	PSSF
Mt. St. Joseph /St. Elizabeth	In-home supportive services and resources for families including assessment, case planning, linkages, and crisis intervention.	CTF and County GF
Family Support Services of the Bay Area	In-home supportive services and case management for families including assessment, case planning, linkages, and crisis intervention.	County GF (100%)
Family Support Services of the Bay Area	Respite services for at-risk families	CAPIT (11%)
SF Child Abuse Council	Serving on city-wide child abuse oversight committees, mandated reporter training, primary prevention in schools	CAPIT (44%)

G.5.f. Evidence-based and Evidence-informed prevention programs and practices

SF-HSA is implementing a number of the prevention programs cited in the directory of evidence-based and evidence-informed programs developed by the Friends National Resource Center on Child Abuse and Prevention (http://www.friendsnrc.org/index.htm). It also relies on the California Evidence Based Clearinghouse (http://www.cachildwelfareclearinghouse.org/) as a resource for evaluating the empirical evidence for programs and practices. The following efforts have received the Clearinghouse's highest rating for research-based evidence:

- *Incredible Years* is a series of three developmentally based curricula for parents, teachers, and children. Through its funding of family resource centers, SF-HSA is implementing this model, and it has trained child welfare workers in the program's concepts. It is cited by both the Friends Center and the Clearinghouse as evidence-based.
- *Triple P – Positive Parenting Program* is a multi-level system of parenting and family support aimed at preventing severe behavioral, emotional and developmental problems in children by enhancing the knowledge, skills, and confidence of parents. Developed for children from birth to 16 years old, it can be provided individually or in groups, and has levels of intervention that make it flexible. SF-HSA is implementing this model through its funding of the family resource centers, and it has trained child welfare workers in the program's concepts. It is cited by both the Friends Center and the Clearinghouse as evidence-based.
- *Trauma-Focused Cognitive Behavioral Therapy* is a conjoint child and parent psychotherapy model for children who are experiencing significant emotional and behavioral difficulties related to traumatic life events. It is cited by the Clearinghouse. SF-HSA child welfare workers have been trained in this model, and the San Francisco Department of Public Health has a group of therapists who are using this model in their work with foster children.
- *Multidimensional Treatment Foster Care* is a treatment model for children 12-18 years old with severe emotional and behavioral disorders and/or severe delinquency that prepares youth to live in families rather than congregate care, and that prepares parents to effectively work with youth. Another version of this program is similar, but is more developmentally appropriate for younger children. Although supported by evidence, the version for younger children does not receive the Clearinghouse's highest rating. SF-HSA staff have been trained in both models, and the agency is partnering with Seneca Center to provide this treatment model directly.

In addition, SF-HSA is implementing the following practices that the Friends Center or the Clearinghouse has ranked as "promising," having supporting, if not conclusive evidence of benefits:

- *Wraparound* is a team-based planning process intended to provide individualized and coordinated family-driven care. It is designed to meet the complex needs of children who experience emotional and behavioral difficulties that make them at risk of placement in institutional settings; and who experience emotional, behavioral, or mental health difficulties. The requires that families, providers, and key members in the lives of families build a creative plan that responds to the unique needs of the child and family

and increases the natural support available to families. Through SB 163, SF-HSA is contracting with the Seneca Center to provide wraparound services to foster children in the highest levels of care with the goal of having them step down to lower levels.

- *Family Group Decision Making* convenes a family group comprised of children, youth, families, and their support networks to contribute to decisions about the child's safety, permanency, and well-being. SF-HSA is implementing this model through the use of family conferencing staff, child welfare workers specifically trained in the model who are housed in the team decision-making unit for close collaboration.
- *Structured Decision Making* is a comprehensive case management system, and its actuarial-based assessments support major case decision points from intake to reunification. SF-HSA has been utilizing SDM assessment tools for more than two years and recently evaluated the fidelity and utility of the tools.
- *Project Safe Care* is an in-home parenting model program that provides direct skill training to parents in child behavior management and planned activities training, home safety training, and child health care skills to prevent child maltreatment. SF-HSA is working with the California Evidence Based Clearinghouse to train its child welfare staff in this model. This program is also cited by the Friends Center.
- *Family to Family (F2F)* is a child welfare improvement initiative of the Annie E. Casey Foundation. It is grounded in three basic assumptions: 1) children do best in families; 2) families do best in communities that support them; and 3) the child welfare system cannot do this work alone. SF-HSA was an early grantee of the Annie E. Casey Foundation, and it has also been a national anchor site for F2F efforts.

SF-HSA is committed to both using and conducting research. For example, its Self Evaluation group utilized sophisticated "event-horizon" statistical techniques and structured case reviews to understand the phenomenon of re-entries into foster care. SF-HSA is also collaborating with other city departments to conduct a comprehensive, research-based evaluation of the parenting programs it is implementing through its contractors. It is participating in a multi-county, cross-site evaluation of residential based services.

Service Array Analysis

SF-HSA has been fortunate to have a network of diverse and skilled partners, and it has engaged in a series of ambitious practice reforms, but budget reductions have affected the availability of services and resources for at risk families. The impact of systemic factors on SF-HSA's performance on AB 636 measures is complex, however, and the agency is trying to better understand the impact of its efforts on client outcomes.

Many of the issues related to the service array and client outcomes can be distilled in the agency's challenge to reduce reentries into foster care. SF-HSA's performance on reentries has improved from a high rate in 2004 of 25% of children reentering care within one year – making it one of the worst performing counties in the state -- to a June, 2007 rate of 15%, which is closer to the statewide rate of 12%. The federal goal is 9.9%. This year the agency's Family to Family Self Evaluation workgroup oversaw a study of re-entries into care that included multiple

regression analyses, case file reviews, focus groups, and a literature review. Some of the key findings from the study include:

- Thirty six percent of San Francisco children in care have had multiple entries.
- Reentries aggravate foster care's racial disproportion, as African American children are 42% more likely to reenter care.
- Sixty four percent of re-entries occur within one year of leaving care.
- Re-entries are concentrated among two groups: 1) young children of substance abusing parents; and 2) adolescents who are "out of control" at home.
- By the age at latest entry, a third of foster children who reentered care were still infants; about half, adolescents.
- About one quarter of re-entries involved infants whose mothers left residential drug treatment.
- One fourth of the reentry foster children first entered care when they were adolescents.
- About a quarter of the children have special needs (developmental delays, physical health or mental health needs).
- Children last placed with relatives are half as likely as children in foster homes to return to foster care. Foster Family Agencies performed nearly as well.
- The strongest risk factors identified from San Francisco data – and confirmed by literature – are placement instability, short initial stays in foster care, African American ethnicity, and a significant referral history (five or more referrals).

The findings have many implications for San Francisco's service array. The challenges of serving addicted parents with very young children are longstanding and well-known. SF-HSA funds a community based organization to bridge parents into drug treatment. The agency has partnered with the San Francisco Department of Public Health (SF-DPH) to explore how treatment programs can improve outcomes. Despite poor completion rates, the larger issue is a lack of treatment: addicted mothers often have to wait for program openings and lose their momentum for recovery. After-care services are very limited, and once a parent completes treatment, the child welfare worker often does not extend the case plan to include after-care services. Safety planning in the event of relapse is not completed consistently for reunifying families, nor is the team decision-making forum yet utilized consistently to prepare and support families who are ready to reunify. SF-HSA will continue to work with SF-DPH, but these are issues that are endemic to child welfare practice and will require sustained, case-by-case efforts.

Reentries into care underscore the emerging trend of out of control youth. Much of San Francisco's family support system was created in the 1980s and 1990s to meet the needs of parents addicted to crack cocaine who had young children. Today foster care is often a safety net for parents who cannot manage their adolescent child's behavior. Many of the youth who first enter care are using drugs recklessly, joining gangs, and engaging in risky sexual behavior. Their behavior then undermines family reunification. San Francisco's service array is still tilted toward younger children, and SF-HSA has to work with its partners to better respond to this emerging trend.

The analysis of reentries also found, however, that effective responses from the child welfare system may be less about service development and more about structural reform. A recent study

(Osterling et al., 2009) found that the strategies most often used by California counties to reduce reentries include assessment, team decision-making, after care services, improved data entry, and improved use of available services. None of these strategies has particular evidence of effectiveness. Research literature does provide some preliminary evidence that dependency drug courts and wraparound services may reduce reentries. San Francisco's own data underscores that the use of relative homes has a major impact on reducing reentries.

San Francisco has already implemented a dependency drug court and a wraparound program. It has much higher rates of kin placement than the rest of the state. *The larger issue, however, may be how to create accountability in San Francisco's child welfare system for client outcomes.* Section G.1 describes SF-HSA's efforts to develop a data-driven process for supervision of child welfare workers, as well as its partnership with other city departments to evaluate services funded through family resource centers. Today's formidable budget environment heightens the need for efficient, effective case practices and services.

G.6. Staff/Provider Training

G.6.a Training for Social Workers

The San Francisco State University Bay Area Training Academy Service Training Project provides the majority of training for SF-HSA child welfare workers. The Bay Area Academy offers a training program that increases staff knowledge and skills in the practice of culturally responsive public child welfare. Bay Area Academy works with Family and Children's Services (FCS) management team to identify current training needs. The Academy also provides the Core training curriculum for new workers and supervisors. Its curriculum covers various areas including child development, risk assessment, substance abuse issues, and case management. Given the current budget climate, SF-HSA did not hire new workers last year or this year. When the agency is able to hire again, FCS will supplement Core for new workers with internal training that covers county policies, resources, CWS/CMS skills, and other relevant areas.

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

G.6.b. Training for Juvenile Probation Officers

The required 63-hour Core Placement Officer training for SF-JPD's placement staff is provided through the University of California at Davis Resource Center for Family-Focused Practice. All of its sworn officers, including supervisors and administrators, are required to undergo 40 hours of training annually; juvenile counselors, 24 hours annually. All newly hired officers are required to undergo 172 hours of training. SF-JPD has a full-time training officer who ensures that staff meet their training requirements each year, as well as a compliance representative from the Standards and Training for Corrections program. SF-JPD is required to submit regular

reports about training participation to the state. The curricula for these trainings is certified by the California Corrections Standards Authority (http://www.cdcr.ca.gov/Divisions_Boards/CSA/).

G.6.c. Training for providers, county liaisons, vendors and parents

SF-HSA continues to collaborate with the City College of San Francisco, the Edgewood Center for Children and Families, and Seneca to provide specialized IV-E trainings for staff of community based organizations, group homes, foster family agencies, foster parents and Family and Children's Services staff. The training curriculum is designed to build and strengthen agency and care provider capacity to meet AB 636 outcomes and serve San Francisco children and youth in foster care.

SF-HSA also collaborates with the Family Resource Center Network (FRCs), as well as with public partner agencies First 5 and DCYF, to establish provider training through the network to the FRCs. In this way, training is provided to the staff and contractors for CAPIT/CBCAP/PSSF funds. Consultation and training is a high priority in the First 5 agency budget to support the efforts of the FRCs. Additional training dollars are leveraged through SF-HSA's contract with the Bay Area Academy and trainings are also open to staff, liaisons, FRCs and community partners, and caretakers.

SF-HSA expanded its parent partner program in 2009 and now has several peer mentors on site, as well as a Parent Advisory Council which has met monthly since 2006. These peer parents offer support and informal education to parents in the child welfare system and participate in various workgroups and BSCs (Breakthrough Series Collaboratives) to provide the parent voice in planning efforts. Under the auspices of the Family to Family program, SF-HSA conducted the Building a Better Future training for peer parents, staff, and community partners in the fall of 2009. SF-HSA provides staff training for the peer parent partners as well as other consultation supports.

G.7 *Agency Collaborations*

SF-HSA is pivoting its child welfare program to engage parents, family members, and community partners in sharing the responsibility for the well-being of at-risk children. It now convenes over 800 team decision making meetings per year, with relatives, pastors, service providers, therapists, and teachers. It is in the process of hiring five to ten "peer parents" using federal stimulus funds and the CalWORKs internship program. Peer parents participate in the Parent Advisory Committee, Breakthrough Series Collaborative workgroups, the development of the SF CAN DO initiative (see below), and other workgroups and projects. SF-HSA has engaged key agencies in a series of partnerships, often as a result of Family-to-Family planning efforts, and they include:

In October, 2006 the San Francisco Board of Supervisors amended the San Francisco Administrative Code to create the **Foster Care Improvement Task Force**. Led by Supervisor Sophie Maxwell, the task force was charged with implementing the recommendations of a study

on racial disproportion in foster care. By legislative resolution, the task force's membership included representatives from faith based, advocacy, domestic violence, and child care organizations. Representatives from the six neighborhoods with the highest rates of child welfare participation were included, as were a foster parent and an emancipated youth. The purposes of the task force included developing effective family support strategies for priority areas and populations, as well as improving collaboration among SF-HSA, SF-DPH, and other key city departments.

The work of the Foster Care Improvement Task Force has resulted in initiatives like the wraparound services project, SF CAN DO, and a monthly meeting between supervisors from SF-HSA, SF-DPH Children's Mental Health, and Juvenile Probation to remove barriers and make decisions about services and placements for shared clients. Issues that cannot be resolved at the supervisors meeting are settled at a meeting of the managers of the respective programs and the executive director of the agency providing wraparound services. SF-HSA continues to report to the Board of Supervisors on the progress of its partners in making progress on county goals.

SF CAN DO (Strength from Families, Communities, Agencies, and Neighborhoods, Deciding as One) is a coordinated case management approach for families who are involved in multiple systems and who live in the Hunters View and Hunters Point public housing developments. These developments are the site of a broader effort by the city to rebuild public housing and restore a middle class to isolated, disadvantaged neighborhoods. SF CAN DO incorporates best practice elements from current efforts such as team decision making with community-focused, family-centered practices from programs across the country. In 2007 the Stuart Foundation sponsored a delegation of residents, providers, and city representatives to visit model coordinated case management programs in New York and Washington, D.C. Based on those visits, a service model was developed that included: 1) resident "navigators" to help families navigate system processes; 2) coordinate case plans between agencies; 3) family-centered practice; 4) ongoing training and support for residents and agency staff in how to work with families; and 5) periodic forums with residents, providers, and city agency staff to review progress and improve the program. Implementation began in September, 2009.

SF CAN DO is a project of another city collaborative effort, **Communities of Opportunity**. This effort grew out of a recognition that the majority of families using the city's child welfare, juvenile probation, and children's mental health services came from very circumscribed neighborhoods. Moreover, they had cases in multiple systems that were serving them in a fragmented, ineffective fashion. The Communities of Opportunity effort has resulted in regular meetings among department managers, including SF-HSA, SF-DPH, SFUSD, the Mayor's Office on Housing, the San Francisco Redevelopment Agency, and the Mayor's Office on Economic and Workforce Development to focus on coordination and blending of services in these high risk areas.

The Family Resource Center Realignment was based on collaborative planning with three city departments, including SF-HSA, First Five San Francisco, and the Department of Children, Youth, and Families, and family resource center providers. The city departments pooled their resources to focus the centers' services and conduct a more formal program evaluation. The aim

of the effort was to maximize city and country resources to support key goals and objectives, including AB 636 performance measures, more directly.

In collaboration with SF-HSA and partner foster family agencies, the San Francisco Unified School District developed and is currently implementing a **school-based campaign to recruit foster and adoptive parents**. As described in Section G.2.c, SFUSD subcontracted with a media consultant to develop a targeted media campaign, with materials distributed by Foster Youth Liaisons at all public schools. Four schools are being targeted for specific outreach services, with SFUSD coordinating site based recruitment efforts. SF-HSA and SFUSD have worked hard to improve collaboration in support of families and students. In the last year, 122 of the agency's team decision making meetings have included school staff.

SF-HSA partners with Seneca Center and SF-DPH's Children's Mental Health program to provide **wraparound services**. The genesis of the program was a desire to be more responsive to the unique needs of each family, with children and family having a central role in identifying their strengths and needs and developing a service plan. As part of the savings from moving children to lower levels of residential care, the Seneca Center was able to hire two peer parents as well as a Parent Partner Coordinator. These individuals are stationed at SF-HSA's child welfare office in the Bayview. The Parent Coordinator will facilitate the meetings of the Parent Advisory Council.

SF-HSA continues to develop its initiative on **children of incarcerated parents**. The goal of this initiative is to create systematic services to this population and improve children's outcomes, including a universal contact family visitation policy. This initiative has led to a broader partnership with the San Francisco Sheriff's Department. It has coordinated visitation with parents in the county jail, and it is referring parents to the Sheriff's Department reentry prevention program and its charter school for adults. SF-HSA is also working with San Francisco Adult Probation Department to coordinate case planning, restraining orders, and drug testing.

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

SF-HSA recently partnered with the San Francisco Housing Authority to submit a successful application for 100 subsidized housing vouchers through the HUD **Family Unification Program**. Seventy of the vouchers will be allocated to families for whom inadequate housing is a barrier to either reunifying or maintaining children with their parents. These are permanent vouchers. The other 30 vouchers will be used for emancipated foster youth up to the age of 22. These are 18 month vouchers. Housing is an acute issue in San Francisco, and this partnership

with the Housing Authority will have a significant impact on keeping families together and easing the transition to adulthood for emancipating youth.

San Francisco does not have any Native American reservations; however, SF-HSA works with tribal organizations to align its efforts to common goals. Representatives from SF-HSA chair and co-chair (as an alternate) the **Bay Area Collaboration of American Indian Resources**. This collaborative addresses the needs of Native American children in foster care. It is funded by the Casey Foundation.

Finally, the agency has made strides in **collaborating among SF-HSA programs**. Child welfare workers are required to have a case planning meeting when a family is also receiving CalWORKs. The two programs coordinate services and maximize resources. The child welfare program is also working closely with the agency's workforce development staff to find work for foster youth and emancipated youth, and the two programs coordinated the hiring and training of child welfare's peer parents. SF-HSA manages the city's homeless and housing programs, and child welfare is coordinating referrals for eviction prevention, transitional housing, and emergency housing. Since SF-HSA manages the city's subsidized child care programs, which is another source of frequent internal referrals and strategic planning.

H. Summary Assessment

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

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

H.1 System Strengths and Areas Needing Improvements

In the first quarter of the federal fiscal year 2009, the San Francisco Human Services Agency met 5 out of the 17 federal performance goals. In contrast, the state as a whole met none. A key San Francisco strength would be the stabilization of its placements. It continues to score well

above the federal goal and state averages on all three of the measures for placement stability (C4.1-C4.3). San Francisco does not have children in shelter, and it emphasizes placements with relatives, which offer stability. In fact, 54% of San Francisco's placements are with relatives or non-relative extended family members, compared to a statewide rate of 37%.

San Francisco has adopted best practices to include youth and families in case planning. It implements team decision-making meetings for removals and placement moves; it utilizes promising practices like family group decision-making. SF-HSA has also formed a parent advisory council and has hired parent peer advocates to help families navigate the child welfare system. It also has a robust array of partners to provide family support services. This includes a culturally and linguistically responsive network of family resource centers that is implementing research-based parent education. SF-HSA has pooled resources with two other city departments to support the family resource centers and evaluate outcomes. It partners frequently with SF-DPH, including to provide mental health assessments for all children coming into foster care and to provide evidence-based mental health services. These two agencies partnered with the Seneca Center to implement an SB163 wraparound program that is flexible and responsive to the unique needs of families. SF-HSA's child welfare program invests almost $15 million in contracts with community based organizations, but as a whole the agency invests over $168 million, including many other contracts that support families, including child care, CalWORKs, and homeless programs.

Budget reductions have limited San Francisco's service array. At the height of funding for the community network of services, families still often had to wait for critical services like counseling and substance abuse treatment. SF-HSA reduced funding to its family support network last year, and the budget challenges of the next year will once again be painful. SF-HSA will make try to minimize the impact on families, but successive years of budget cuts have frayed the network of family support services.

Despite its commitment to enriched services and best practices, SF-HSA continues to struggle with longstanding challenges. While it has made dramatic progress in reducing the number of African American children in care, they still comprise 65% of foster children even though their proportion of San Francisco's children's population is just 9%. SF-HSA has adopted structured decision-making assessment tools to minimize bias, sensitized staff through training, and through team decision-making has included relatives and community members in decisions to remove children from their families.

SF-HSA is removing fewer children. At the same time, it has improved on the measure of not having a recurrence of maltreatment with families whose children are not removed. In the latest reporting period, 92.1% of children who were victims of a substantiated child maltreatment allegation had no additional substantiated maltreatment allegation within the subsequent six months. The federal goal for this measure is 94.6% or higher and the state average is 93.1%. For technical reasons, this measure is quite flawed, but it is the only measure available at this time that allows SF-HSA to track outcomes for children who are not removed.

SF-HSA is reunifying more children. This is reflecting on the federal measures related to its rate of reunification. In the latest reporting period, 41.8% of children were reunified within 12

months, improving from a low of 30.2%. The federal goal is 48.4%, and the state average is 45%. The median time to reunification has dramatically improved for two consecutive quarters, falling from a high of 11 months to 6.2 months. The agency's current performance on this measure is now only a few weeks longer than the federal goal of 5.4 months, and falls well below the state average of 8.4 months.

Linked to more reunifications, however, is a persistent issue of reentries into care. A study managed by the SF-HSA Self Evaluation committee found that the sooner children are reunified with their families, the greater the risk of reentries into care. This holds true for all counties. On the federal measures related to reentries, San Francisco has improved, but continues to lag behind the federal goal and the state average. In the latest reporting period, 17% of the children who reunified with their families during the reporting period subsequently returned to foster care within twelve months. The national goal for this measure (C1.4) is 9.9% or less; the state average is 11.3%. Nevertheless, SF-HSA's performance has improved from a high of 25%. The Self Evaluation group found that about one third of children reentering care were infants, typically because their mother relapsed and left a residential treatment program. An emerging trend, however, was that half of the reentries involved adolescents. Many adolescents are entering foster care for the first time because they are out of control at home, and when they are reunified, the home situation quickly deteriorates. The family support system that has evolved in San Francisco over the years has been geared toward the needs of families with young children, but the system has much less capacity for supporting families with adolescents who are abusing drugs, joining gangs, or acting out sexually. SF-HSA is continuing to discuss this phenomenon with its partners and plan possible strategies.

SF-HSA is increasing its adoptions. Though still below the federal goal, SF-HSA has improved on three of four measures related to adoptions. The number of children adopted within two years of entry increased from 32 to 33.3% in the latest quarter, nearing the federal goal of 36.6% and surpassed the state average of 30%. The median time to adoption is 29.9 months, slightly below the statewide figure of 30.5, but above the federal goal of 27.3 months. While gratified by its progress, SF-HSA recognizes that it still has many youth who have been in care for a number of years, and rather than having them emancipate, it wants to create permanency. Paradoxically, as the agency makes progress on having youth adopted, its performance on the federal measures, which emphasize adoptions within two years, will likely dip.

The PQCR identified several significant concerns about SF-HSA's adoption process. Child welfare workers and the court value reunification, and historically SF-HSA's adoption process has been sequential, with families first exhausting the possibilities for reunification before serious efforts were made to find adoptive homes. SF-HSA has begun partnering adoptions workers with workers at the front end of the system to initiate concurrent planning earlier, but the agency is still transitioning to an integrated system in which permanency options are developed and reviewed throughout the course of a case. The PQCR also found that child welfare workers needed to inform potential adoptive caregivers, other service providers, and attorney and Court personnel of resources prior to the termination of parental rights, and to expand the resources available post-adoption..

Many foster children have multiple needs, and before they are likely to move forward in the adoption process, relatives and foster parents need to feel confidence that they will find needed support and resources. The PQCR also underscored the need for broader and more effective recruitment. In the future, SF-HSA would like to improve the relationship between biological and foster parents, possibly using the "icebreakers" model develop by the Annie E. Casey Foundation. Improved communication would meet multiple goals related to reunification, reducing reentries, and facilitating adoptions. SF-HSA hopes that its nascent partnership with the school district for recruitment will result increase the number of qualified and compassionate adoptive and foster parents.

The PQCR found that the Juvenile Probation Department struggled with some of the same issues as child welfare, especially racial disproportion. It found that the juvenile justice system lacks prevention resources, particularly early access to mental health, education, and parenting support services. The community services that exist are not always located in neighborhoods that have high rates of gang involvement. The PQCR also recommended lower probation caseloads, and similar to SF-HSA, recommended that the Juvenile Probation Department improve its communication with the court.

H.2 Strategies for the Future

SF-HSA has a number of reforms underway, and additional ideas were raised in focus groups with staff and community partners. The strategies identified in PQCR focus groups with staff can be grouped according to safety and permanency themes.

Safety and child-well being

- *Sustain key reforms:* SF-HSA already has a number of initiatives underway, including: using the Structured Decision-Making standardized risk and safety assessment tools; implementing differential response with community partners; team decision-making meetings; coordinated case planning with child welfare and CalWORKs; and breakthrough collaborative series experiments aimed at reducing racial disproportion. The focus group participants agreed that it was important that new efforts not be at the expense of initiatives already underway.
- *Improve Hotline coverage:* The staffing for the child abuse reporting hotline was recently reconfigured to be more stable, and late in 2009SF-HSA installed new phone technology for routing calls.
- *First placement = best placement:* The child welfare system needs to find the right placement for children at the outset to minimize disruption and improve the chances for successful concurrent planning. Expanding concurrent planning practices needed to ensure all appropriate relatives is a critical next step.
- *Substitute care provider assessment:* SF-HSA should utilize a Structured Decision-Making assessment tool for evaluating placement homes. Having stronger placements would improve the likelihood of successful reunification as well as adoptions.
- *Team decision-making for reunification*: SF-HSA utilizes team decision-making meetings on a voluntary basis for children who are being reunified or transitioning to permanency, but it has not yet made these meetings mandatory. Having a team approach

to reunification and permanency would reduce the risk for reentries, in part as one forum to establish safety and relapse plans prior to reunificaiton

Permanency

- *Sustain reforms and effective practices:* Among the reforms that SF-HSA is already utilizing to improve permanency outcomes are: deploying peer parents as partners; enhancing its visitation program to be more therapeutic and community based; family team meetings, including team decision-making and family conferencing; partnering with the school district for recruitment of foster and adoptive parents; and placing children with relatives whenever appropriate, including family-finding in the front end as well as in permanent placement and the use of family-finding software; and breakthrough series collaborative efforts focused on disproportion and reunification.
- *Concurrent planning:* SF-HSA needs to create systemic connections between adoption workers and the front end of the child welfare system.
- *Identify pre- and post-adoption resources:* To encourage caregivers to make the commitment to adoption, SF-HSA needs toidentify and communicate resources and services that can provide continuing support even when the child is no longer a dependent of the court.
- *Minimize changes in child welfare workers:* Historically, SF-HSA has maintained a number of specialized caseloads and units, including caseloads directed at specific functions, like the court dependency unit. These specialized caseloads have raised the expertise of individual workers, but have also resulted in numerous transfers between workers as cases move through the court process. In the future, SF-HSA will minimize specialized caseloads and have it be the aim of every child welfare worker to find children permanency.
- *Training:* The reorientation of child welfare workers, from reducing specialized caseloads to not sacrificing permanency at the expense of reunification, will require extensive training. In the new vision for permanency, caregivers and court staff will also require training.
- *Foster parents as mentors:* SF-HSA is exploring the Family to Family strategy of using "icebreaker" meetings to facilitate communication between biological and foster parents about the child's needs and strengths. SF-HSA will build on this and try to cultivate the foster parents as mentors who help the biological parent manage the reunification process.

The County Self Assessment Team also developed recommendations during community forums and small group discussions. These included:

Prevention, reunification, and reducing reentries

- Improve coordination between SF-HSA and service providers;
- Improve case planning for addicted parents, including safety planning in the event of relapse;

- Develop more supportive housing;
- Strengthen family and youth engagement strategies;
- Provide more flexible therapy, more promptly;
- Provide SF-HSA representation at meetings of SF-DPH substance abuse provider meetings;
- Partner more effectively with law enforcement;
- Enhance the wraparound model to provide more social support to families at an earlier stage;
- Provide mentors to both children and parents;
- Develop youth employment opportunities and build on the interests of foster youth.

Well-being and permanency

- *Improve the SF-HSA's and JPD's relationship with the court.* Have standing meetings with court and staff, co-locate staff with the City Attorney, and sustain more specialized courts like the 0- 3 court and Dependency Drug Court. Provide attorneys, including panel attorneys, with updated pamphlets on adoption and legal guardianship. JPD needs to do more for parents in its system, including orientation and support during the court process, possibly through a parent partner program.
- *Pursue customary kinship adoptions.* New legislation allows customary tribal adoption in California, making it possible for adoptions to occur without termination of a parental relationship. It is critical that this legislation be promoted at the federal level to ensure effectiveness.
- *Educate providers about youth permanency.* Provide more information to community based organizations and the Independent Living Skills Program about youth permanency, adoption, and legal guardianship.

The Self Assessment has identified a number of challenges in the child welfare and juvenile probation systems. Implementing some of the recommendations in the current budget climate may be challenging, but many of these efforts do not involve additional resources, but rather a re-orientation of the child welfare and juvenile probation systems to clear family outcomes, especially permanency. SF-HSA and the Juvenile Probation Department will be exploring these recommendations further in coming months. They will build on the team that was mobilized for the Self Assessment to develop a strategic plan, referred to by the state as a Self Improvement Plan. The Self Improvement Plan meetings will begin in January and culminate in a final report that will be submitted to the San Francisco Board of Supervisors and subsequently to the state in May, 2010.

Appendix A: Core Team Composition

	NAME	TITLE	AGENCY
1.	Adam Nguyen	Senior Planning Analyst	SF-HSA
2.	Alfred Cain	Foster Parent	
3.	Angela Ramos	Child Welfare Supervisor	SF-HSA
4.	Ann Sausser	Training Coordinator	Bay Area Academy
5.	Betsy Eddy	Family Manager	Housing & Homeless, SF-HSA
6.	Betsy Wolfe	Director Outpatient	UCSF Infant Parent Program
7.	Charles Stanberry	Parent Partner	SF-HSA
8.	Chris Ide-Don	Education Manager	Support for Families-Family Resource Center
9.	Casey Blake	Project Manager	SF-HSA
10.	Dan Kelly	Program Manager	SF-HSA
11.	Debby Jeter	Deputy Director	SF-HSA
12.	Deborah White	Program Coordinator	Epiphany Center
13.	Delores Betha		S.F. Care
14.	Dion Roberts	Program Manager	Housing/Homeless
15.	Dana Mandolesi	Project Manager	HEY (Honoring Emancipated Youth)
16.	Ellenita Garay	Parent Partner Advocate	SF-HSA
17.	Gary Levene	Supervisor	Juvenile Probation Dept.
18.	Garry Bieringer	Coordinator	Juvenile Probation
19.	Heather Davis	Budget Analyst	SF-HSA
20.	Jay Berlin	Executive Director	Alternative Family Services FFA
21.	Jean Brownell	Project Manager	SF-HSA
22.	Jessica Mateu-Newsome	Child Welfare Supervisor	SF-HSA
23.	Jessica Recinos	Child Welfare Supervisor	SF-HSA
24.	Jill Jacobs	Executive Director	Family Builders By Adoption
25.	Juanita Herrington	Foster Parent	
26.	John Tsutakawa	Program Director	SF-HSA
27.	Judith Lefler	Assistant Director	Bay Area Academy
28.	Kathy Baxter	Director	SF Child Abuse Prevention Center (also CCTF representative)
29.	Linda Medeiros	Public Health Nurse	Dept. of Public Health
30.	Liz Crudo	Project Manager	SF-HSA
31.	Lonnie Webb	Educational Consultant	SFUSD
32.	Lynn Harrell	Parent Partner Advocate	SF-HSA
33.	Maya Durrett	Program Director	SF Court Appointed Special Advocates
34.	Maya Webb	FYS Coordinator	SFUSD
35.	Michelle Moreno	Family Resource Services Coordinator	Instituto Familiar de la Raza
36.	Magdalyn Cain	Foster Parent	
37.	Mai Mai Ho	Executive Director	APA FRC
38.	Mari Solis	Project Manager	SF-HSA
39.	Nina Boyle	Manager	Support For Families Family Resource Center
40.	Pat Davis	Parent Partner	SF-HSA
41.	Reina M. Sanchez	OYA Coordinator Youth Representative	Bay Area Academy
42.	Robin Love	Project Manager	SF-HSA
43.	Sally Coates	Executive Director	SF CASA
44.	Sara Razavi	Executive Director	HEY (Honoring Emancipated Youth)
45.	Seanda Conley	Parent Partner	SF-HSA
46.	Sylvia Pizzini	Director	Seneca Center
47.	Tanya Red	DMC Coordinator	Juvenile Probation Dept.
48.	Toni Hines	Parent Advocate Coordinator	Hunters Point Family
49.	Wendy Edelen	Family Conferencing Facilitator	SF-HSA

Appendix B: Child Welfare Outcomes

Measure S1.1: No Recurrence of Maltreatment
This measure answers the question:
Of all children who were victims of a substantiated maltreatment allegation during the 6-month period, what percent were not victims of another substantiated maltreatment allegation within the next 6 months?

County's Current Performance:
Of the children who were victims of substantiated maltreatment from April 1, 2008 to September 30, 2008, 92.1% did not have a subsequent substantiated referral within the next 6 months.

Measure Number	Measure description	Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
S1.1	No Recurrence Of Maltreatment	04/01/08	09/30/08	384	417	92.1	Yes	1.8%

From the baseline period of January 2004, the percentage of children with no recurrence of maltreatment has improved from 90.5% to 92.1%. Performance has fluctuated from a high of 93.8% to a low of 88.0%. Current performance is below the federal goal of 94.6% and the state average of 93.1%.

Measure S2.1: No Maltreatment In Foster Care
This measure answers the question:
Of all children served in foster care during the year, what percent were not victims of a substantiated maltreatment allegation by a foster parent or facility staff member?

County's Current Performance:
From April 1, 2008 to March 31, 2009, 99.95% of the children in foster care were not victims of substantiated maltreatment.

Measure Number	Measure description	Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
S2.1	No Maltreatment In Foster Care	4/1/08	03/31/09	1,926	1,927	99.95	No	-0.10%

From the baseline period of January 2004, the percentage of children who were not victims of substantiated maltreatment while in foster care remained near 100%. Performance ranged from 99.8% to 100% over the period. Current performance exceeds the federal goal of 99.7% and the state average of 99.6%.

Measure C1.1: Reunification Within 12 Months (Exit Cohort)
This measure answers the question:
Of all children discharged from foster care to reunification during the year who had been in foster care for 8 days or longer, what percent were reunified in less than 12 months from the date of the latest removal from home?

County's Current Performance:
From April 1, 2008 to March 31, 2009, 64.5% of the children discharged from foster care to reunification did so within 12 months of entry.

Measure Number	Measure description	Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
C1.1	Reunification Within 12 Months (Exit Cohort)	04/01/08	03/31/09	127	197	64.5	Yes	11.8%

From the baseline period of January 2004, the percentage of children exiting care to reunification within 12 months of entry significantly increased from 55.7% to 64.5%. Current performance is below the federal goal of 75.2% but above the state average of 62.4%.

Measure C1.2: Median Time To Reunification (Exit Cohort)
This measure answers the question:
Of all children discharged from foster care to reunification during the year who had been in foster care for 8 days or longer, what was the median length of stay (in months) from the date of latest removal from home until the date of discharge to reunification?

County's Current Performance:
Of all children discharged from foster care to reunification from April 1, 2008 to March 31, 2009, the median length of stay was 6.2 months.

Measure Number	Measure description	Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
C1.2	Median Time To Reunification (Exit Cohort)	04/01/08	03/31/09	N.A.	197	6.2	Yes	-29.5%

From the baseline period of January 2004, the median time to reunification decreased from 8.8 months to 6.2 months. Current performance is near the federal goal of 5.4 months and significantly better than the state average of 8.4 months.

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

This measure answers the question:

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

County's Current Performance:

Of the children who entered care for the first time from October 1, 2007 to March 31, 2008, 41.8% were reunified with their families within 12 months of removal.

Measure Number	Measure description	Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
C1.3	Reunification Within 12 Months (Entry Cohort)	10/01/07	03/31/08	51	122	41.8	Yes	23.9%

From the baseline period of January 2004, the rate of reunification within one year for entry cohorts significantly improved from 33.7% to 41.8%. Current performance is below the federal goal of 48.4% and the state average of 45.0%.

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

This measure answers the question:

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

County's Current Performance:

Of all children discharged from foster care to reunification from April 1, 2007 to March 31, 2008, 16.9% reentered foster care within 12 months of exit.

Measure number	Measure description	Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
C1.4	Reentry Following Reunification (Exit Cohort)	04/01/07	03/31/08	42	248	16.9	Yes	-19.2%

From the baseline period of January 2004, the percentage of children reentering care in the year following exit decreased from 21.0% to 16.9%. Current performance is above the federal goal of 9.9% and the state average of 11.3%.

Measure C2.1: Adoption Within 24 Months (Exit Cohort)
This measure answers the question:
Of all children discharged from foster care to a finalized adoption during the year, what percent were discharged in less than 24 months from the date of the latest removal from home?

County's Current Performance:
Of the children discharged from foster care to a finalized adoption from April 1, 2008 to March 31, 2009, 33.3% had exited within two years of removal.

Measure Number	Measure description	Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
C2.1	Adoption Within 24 Months (Exit Cohort)	04/01/08	03/31/09	32	96	33.3	Yes	50.7%

From the baseline period of January 2004, the percentage of children among the adoptions cohort that exited within two years of entry increased from 22.1% to 33.3%. Current performance is near the federal goal of 36.6% and above the state average of 30.0%.

Measure C2.2: Median Time To Adoption (Exit Cohort)
This measure answers the question:
Of all children discharged from foster care to a finalized adoption during the year, what was the median length of stay (in months) from the date of latest removal from home until the date of discharge to adoption?

County's Current Performance:
Of the children who exited care to adoption from April 1, 2008 to March 31, 2009, the median length of stay was 29.9 months.

Measure number	Measure description	Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
C2.2	Median Time To Adoption (Exit Cohort)	04/01/08	03/31/09	N.A.	96	29.9	Yes	-14.1%

From the baseline period of January 2004, the median length of stay for children who exited through adoption fell from 34.8 months to 29.9 months. Current performance is near the federal goal of 27.3 months and below the state average of 30.5 months.

Measure C2.3: Adoption Within 12 Months (17 Months In Care)
This measure answers the question:
Of all children in foster care for 17 continuous months or longer on the first day of the year, what percent were discharged to a finalized adoption by the last day of the year?

County's Current Performance:
Of all children in foster care for 17 continuous months or longer between April 1, 2008 to March 31, 2009, 7.6% had discharged to a finalized adoption within the rolling year.

Measure number	Measure description	Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
C2.3	Adoption Within 12 Months (17 Months In Care)	04/01/08	03/31/09	74	975	7.6	Yes	26.2%

From the baseline period of January 2004, the percentage of children who had been in care for 17 months or more and exited through adoption during the rolling year increased from 6.0% to 7.6%. Current performance is below the federal goal of 22.7% and the state average of 18.5%.

Measure C2.4: Legally Free Within 6 Months (17 Months In Care)
This measure answers the question:
Of all children in foster care for 17 continuous months or longer and not legally free for adoption on the first day of the year, what percent became legally free within the next 6 months?

County's Current Performance:
Of all children in foster care for 17 continuous months or longer and not legally free for adoption on the first day of the period from April 1, 2008 to September 30, 2008, 3.0% became legally free within the next six months.

Measure number	Measure description	Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
C2.4	Legally Free Within 6 Months (17 Months In Care)	04/01/08	09/30/08	28	921	3.0	Yes	22.4%

From the baseline period of January 2004, the percentage of children who became legally free within the 6 months after being in care for at least 17 months, without termination of parental rights, increased from 2.5% to 3.0%. Current performance is below the federal goal of 10.9% and the state average of 7.1%.

Measure C2.5: Adoption Within 12 Months (Legally Free)
This measure answers the question:
Of all children in foster care who became legally free for adoption during the year, what percent were then discharged to a finalized adoption in less than 12 months?

County's Current Performance:
Of all children in foster care who became legally free for adoption from April 1, 2007 to March 31, 2008, 85.9% were subsequently adopted within 12 months.

Measure number	Measure description	Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
C2.5	Adoption Within 12 Months (Legally Free)	04/01/07	03/31/08	79	92	85.9	Yes	56.9%

From the baseline period of January 2004, the percentage of children who were adopted after becoming legally free within the reporting period increased from 54.7% to 85.9%. Current performance exceeds the federal goal of 53.7% and the state average of 55.7%

Measure C3.1: Exits To Permanency (24 Months In Care)
This measure answers the question:
Of all children in foster care for 24 months or longer on the first day of the year, what percent were discharged to a permanent home by the end of the year and prior to turning 18?

County's Current Performance:
Of all children in foster care for 24 months or longer on the first day of the rolling year from April 1, 2008 to March 31, 2009, 10.2% were discharged to a permanent home by end of the year and prior to turning 18.

Measure number	Measure description	Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
C3.1	Exits To Permanency (24 Months In Care)	04/01/08	03/31/09	94	918	10.2	No	-1.5%

From the baseline period of January 2004, the percentage of children who had been in care for 24 months or more during on the first day of the reporting period and were discharged to a permanent home by the end of the year and prior to turning 18 decreased from 10.4% to 10.2%.

Measure C3.2: Exits To Permanency (Legally Free At Exit)
This measure answers the question:
Of all children discharged from foster care during the year who were legally free for adoption, what percent were discharged to a permanent home prior to turning 18?

County's Current Performance:
Of all children discharged from foster care from April 1, 2008 to March 31, 2009 who were legally free for adoption, 93.1% were discharged to a permanent home prior to turning 18.

Measure number	Measure description	Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
C3.2	Exits To Permanency (Legally Free At Exit)	04/01/08	03/31/09	94	101	93.1	No	-6.9%

From the baseline period of January 2004, the percentage of children who were legally free for adoption during the reporting period and discharged to a permanent home prior to turning 18 decreased from 100% to 93.1%. Current performance is below the federal goal of 98.0% and the state average of 96.6%.

Measure C3.3: In Care 3 Years Or Longer (Emancipated/Age 18)
This measure answers the question:
Of all children in foster care during the year who were either discharged to emancipation or turned 18 while still in care, what percent had been in foster care for 3 years or longer?

County's Current Performance:
Of all children in foster care from April 1, 2008 to March 31, 2009 who were either discharged to emancipation or turned 18 while still in care, 67.1% had been in foster care for 3 years or more.

Measure number	Measure description	Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
C3.3	In Care 3 Years Or Longer (Emancipated/ Age 18)	04/01/08	03/31/09	104	155	67.1	Yes	-12.2%

From the baseline period of January 2004, the percentage of children who had been in care for at least 3 years and emancipated from care or turned 18 while still in care decreased from 76.1% to 67.1%. Current performance is above the federal goal of 37.5% and the state average of 61.0%.

Measure C4.1: Placement Stability (8 Days To 12 Months In Care)
This measure answers the question:
Of all children served in foster care during the year who were in foster care for at least 8 days but less than 12 months, what percent had two or fewer placement settings?

County's Current Performance:
From April 1, 2008 to March 31, 2009, 89.2% of the children who had been in care for more than 8 days but less than 12 months had two or fewer placements.

Measure number	Measure description	Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
C4.1	Placement Stability (8 Days To 12 Months In Care)	04/01/08	03/31/09	381	427	89.2	Yes	1.0%

From the baseline period of January 2004, the percentage of children who had been in care for more than 8 days but less than 12 months and had two or fewer placements increased from 88.3% to 89.2%. Current performance is above the federal goal of 86.0% and the state average of 82.9%.

Measure C4.2: Placement Stability (12 To 24 Months In Care)
This measure answers the question:
Of all children served in foster care during the year who were in foster care for at least 12 months but less than 24 months, what percent had two or fewer placement settings?

County's Current Performance:
From April 1, 2008 to March 31, 2009, 72.7% of the children who had been in care for more than 12 months but less than 24 months had two or fewer placements.

Measure number	Measure description	Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
C4.2	Placement Stability (12 To 24 Months In Care)	04/01/08	03/31/09	192	264	72.7	No	-0.3%

From the baseline period of January 2004, the percentage of children who had been in care for more than 12 months but less than 24 months and had two or fewer placements remained relatively unchanged. Current performance is above the federal goal of 65.4% and the state average of 62.5%.

Measure C4.3: Placement Stability (At Least 24 Months In Care)
This measure answers the question:
Of all children served in foster care during the year who were in foster care for at least 24 months, what percent had two or fewer placement settings?

County's Current Performance:
From April 1, 2008 to March 31, 2009, 47.7% of the children who had been in care for at least 24 months had two or fewer placements.

Measure number	Measure description	Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
C4.3	Placement Stability (At Least 24 Months In Care)	04/01/08	03/31/09	513	1,075	47.7	No	-18.3%

From the baseline period of January 2004, the percentage of children who had been in care for more at least 24 months and had two or fewer placements decreased from 58.4% to 47.7%. Current performance is above the federal goal of 41.8% and the state average of 33.4%.

Appendix C: County Organizational

City and County of San Francisco Organization Chart

(As of June 30, 2007)

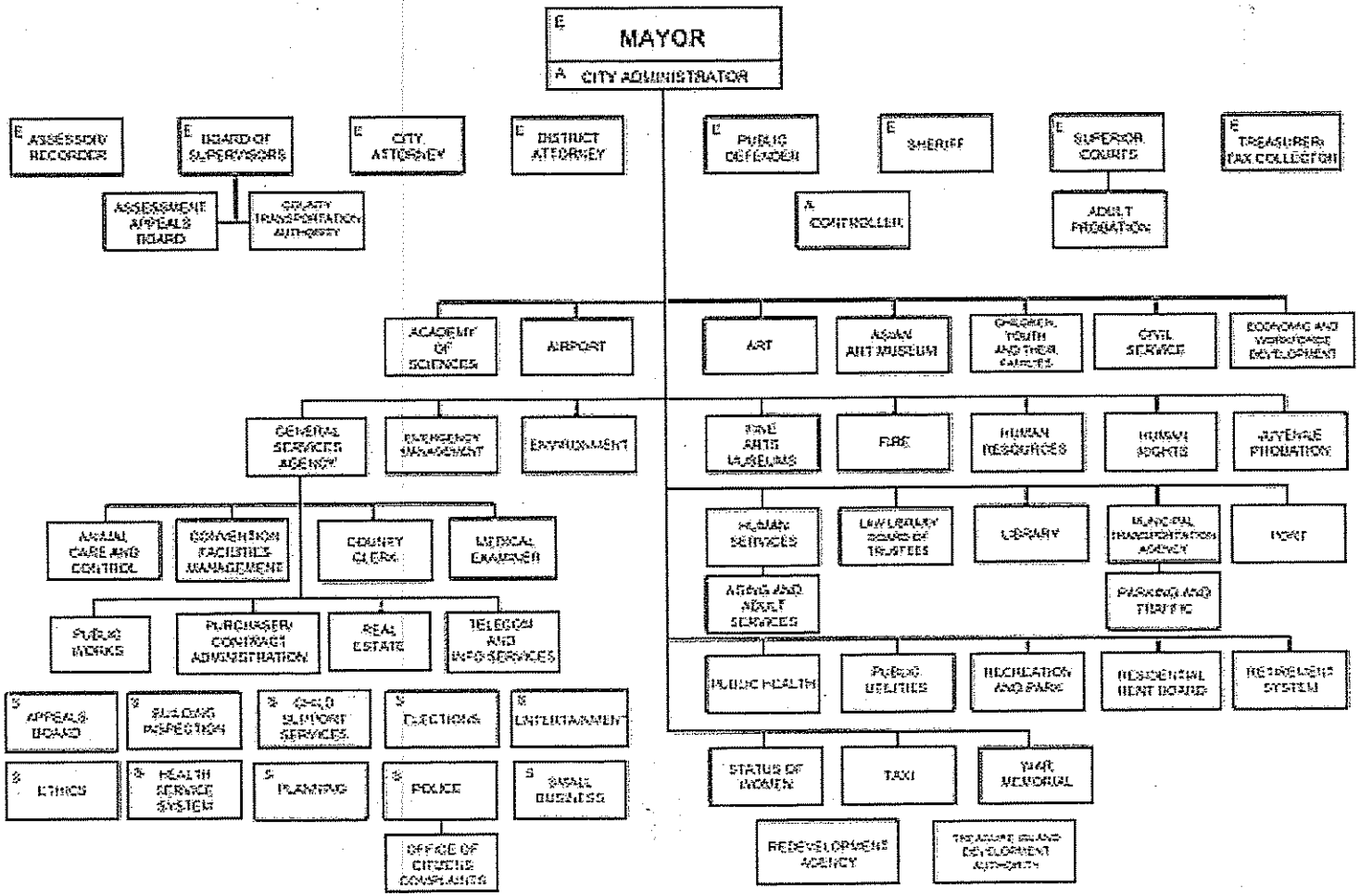


Chart A = Appointed by Mayor and confirmed by Board of Supervisors / E = Elected / S = Shared – appointed by [illegible]

Appendix D: Contracts of the San Francisco Human Services Agency/Family and Children's Services

Vendor Name	Service Type	Description	Service Population / Age Group
Family Suppt Svcs of the Bay Area	Family Support	Family Support	Families with children at risk of abuse and neglect and at risk of foster home placement
Larkin Street Youth Services	Youth Prevention	Intervention Services to Runaway Youth	Runaway adolescents, ages 12 to 17, who have left their homes and are on the streets without a stable living situation or emotional support
Orchid Cell Mark	Misc	Paternity Testing	Parents
University of California, Regents (UCSF)	Family Support	Infant Parent Program: provide parent-child evaluations and a flexible combination of concrete assistance, infant-parent therapy, and developmental neuropsychological assessments to families	Parents with infants age 0-3
Leaders in Community Alternatives	Misc	Drug testing	Parents
APA Family Support Services	Family Support	"Stress line" services 4 hours daily M - F, including telephone counseling, crisis intervention, I&R, and supportive services in 6 Asian languages	API families with children ages 0-18
APA Family Support Services	Family Support	Family support services including bilingual risk assessment, parenting skills, crisis intervention, case management, I&R	API families with children ages Birth / 0 – 5 years.

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Vendor Name	Service Type	Description	Service Population / Age Group
Larkin Street Youth Services	THP+	Subsidized housing for emancipated youth	Emancipated foster youth: 30 scattered site apartments in SF and 20 units at the Westlake Village Apartments complex in Daly City for youth who are pursuing post-secondary education.
Mount Saint Joseph/Saint Elizabeth	Family Support	Family Support and differential response: parenting skills, information and referral, assessment, case management	Families with children at risk of abuse and neglect and at risk of foster home placement
Mount Saint Joseph/Saint Elizabeth	Family Support	Family Support	Families with children at risk of abuse and neglect and at risk of foster home placement
Nat'l Council on Crime & Delinquency	Administration	SafeMeasures database subscription & ad hoc reporting to measure progress in achieving AB 636 Outcome Measures	FCS management and staff
Public Consulting Group-FM Blake	SSI Advocacy	Benefits Screening-Youth Children	Children and youth in foster care in the City/County of SF's custody
Wright, Todd	Administration	Ombudsman	The Ombudsman will serve biological parents, foster and adoptive parents, and families who receive or have received child welfare services.

Appendix D: Contracts of the San Francisco Human Services Agency/Family and Children's Services

Vendor Name	Service Type	Description	Service Population / Age Group
San Francisco Child Abuse Prevention Center	Administration	Training on child abuse reporting to mandatory reporters	Any mandated reporter for child abuse and community programs for children
San Francisco Child Abuse Prevention Center	Family Support		Families with children under age 18 at risk of abuse and neglect
Edgewood Center for Children & Families	Foster Parents, Relatives, and NREFM	Kinship Services: differential response and short-term case management for relative caregivers	Relative caregivers of dependents and nondependents in San Francisco. Includes specialized support groups for Latino and Asian families.
Edgewood Center for Children & Families	THP+	Subsidized housing for emancipated youth	Targets former Edgewood Kinship youth, with priority to pregnant or parenting teens
Family Suppt Svcs of the Bay Area	Foster Parents, Relatives, and NREFM	Respite Care	Foster Parents in OFR program with OFR foster children; Possibly also Foster Parents & Relatives caring for children receiving a special care increment.
First Place for Youth	THP+	THP+	Emancipated foster youth

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Vendor Name	Service Type	Description	Service Population / Age Group
Friends Outside	Family Support	Incarcerated Parents Services, including information requests, case plan review, coordinating, facilitating and/or supervising visitation with children, family history interviews and family search for placement purposes, probation contacts, program referrals, release planning.	Parents incarcerated in all California prisons and all county jails whose children have active Protective Services cases. The child may be in the care of the parent who has not been incarcerated, or in out-of-home placement.
Homeless Prenatal Program	Family Support	Safe Children/Strong Families	
Instituto Familiar de la Raza	Family Support	Differential Response coordinator who provides coordination, referral triage, training, quality assurance, case supervision and planning to the differential response liaisons across the various agencies. Direct case management as well.	Differential response service providers
San Francisco State University	Staff and Partner training	Title IV-E Child Welfare Training, including induction training, SFCANDO training for partners, Gomez reviews, and permanency training	FCS families and staff, multiple city agencies

Appendix D: Contracts of the San Francisco Human Services Agency/Family and Children's Services

Vendor Name	Service Type	Description	Service Population / Age Group
Seneca	Wrap-around	SB 163 wrap around services for foster care	SB163: Children in or at risk of imminent placement in high level group homes to keep them or move them to lower levels of care, including possible adoption.
Salvation Army	THP+	THP+	Emancipated foster youth age 18-24
Consortium for Children	Adoption	Permanency Planning Mediation (PPM), structured home studies that evaluate adoptive and kinship families for the purpose of placement.	Older Youth Adoptions funds may be used to promote adoptions in youth ages 9 and above that have been in out of home care for 18 months or more and are not placed with a relative.
Family Builders by Adoption	Adoption	Adoption Services: outreach, recruitment, training, home studies, matching, post-adoption events and support groups	"While the majority of children served by this contract are under the age of 14, there will be recruitment also directed to older, harder-to-place children."
Hansine Fisher	Medic-Cal Targeted Case Manag-ement (TCM) Consulting	Technical assistance for TCM time survey and claiming	TCM contractors .
Japanese Community	ILSP	Independent Living Skills Program	Eligible foster care youth, ages 14-21 years of age.

Appendix D: Contracts of the San Francisco Human Services Agency/Family and Children's Services

Vendor Name	Service Type	Description	Service Population / Age Group
Youth Council			
Robert Lewis	Adoption	Older youth adoptions case consulting and permanency planning	Foster youth age nine ond over who have been in care for 18 months or more
San Francisco Community College District	Staff and Partner training	IV-E Training for Group Homes, Foster Family Agencies	Group Homes, Foster Family Agencies, SF-HSA Staff, Foster Parents
San Francisco State University	Foster Parents, Relatives, and NREFM	Foster Parent Training	Potential County Foster Parents
St. Vincent de Paul Society	Family Support	Domestic violence counseling: Provide consultation and support to child welfare staff including specific case consultation and guidance; assistance with family interventions.	Clients who have experienced or are experiencing domestic violence issues.