

File No. 091385

Committee Item No. 5  
Board Item No. \_\_\_\_\_

**COMMITTEE/BOARD OF SUPERVISORS**  
AGENDA PACKET CONTENTS LIST

Committee: Public Safety Committee

Date: January 4, 2010

Board of Supervisors Meeting

Date \_\_\_\_\_

**Cmte Board**

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| <input type="checkbox"/>            | <input type="checkbox"/> | Budget Analyst Report                        |
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**OTHER**

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Completed by: Victor Young

Date December 30, 2009

Completed by: Victor Young

Date \_\_\_\_\_

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



1 [Resolution approving the City and County's Extension of the existing Three Year Plan for  
2 State-funded child abuse prevention programs]

3  
4 **Resolution approving the extension of San Francisco's Three-Year County Plan for the**  
5 **Child Abuse Prevention, Intervention, and Treatment; Community Based Child Abuse**  
6 **Prevention; and Promoting Safe and Stable Families programs.**

7  
8 WHEREAS, The California Department of Social Services requires counties to submit  
9 plans for the uses of Child Abuse Prevention, Intervention, and Treatment; Community Based  
10 Child Abuse Prevention; and Promoting Safe and Stable Families funds which are allocated  
11 annually to counties; and,

12 WHEREAS, San Francisco's existing plan was approved by the Board of Supervisors  
13 on July 27, 2006 and is on file with the Clerk of the Board of Supervisors in File No. 060682,  
14 which is hereby declared to be a part of this resolution as if set forth fully herein; and,

15 WHEREAS, The San Francisco City and County Board of Supervisors is required by  
16 the California Department of Social Services to approve the extension of the existing Three-  
17 Year County Plan for Child Abuse Prevention, Intervention and Treatment program,  
18 Community Based Child Abuse Prevention, and Promoting Safe and Stable Families until the  
19 next County Self Assessment / System Improvement Plan cycle; and,

20 WHEREAS, The State Department of Social Services is requiring that all California  
21 counties align their next Three-Year County Plan with their next three-year System  
22 Improvement Plan due May 2010; and,

23 WHEREAS, San Francisco's next County Self Assessment and System Improvement  
24 Plan will be an integrated plan as required by California Department of Social Services and  
25 submitted to the Board of Supervisors separately for approval; now, therefore, be it

1           RESOLVED, That the San Francisco City and County Board of Supervisors approves  
2 the extension of the existing county three-year plan for the Child Abuse Prevention,  
3 Intervention and Treatment program, Community Based Child Abuse Prevention, and  
4 Promoting Safe and Stable Families for the county and state fiscal years July 1, 2008 through  
5 May 10, 2010; and, be it

6           FURTHER RESOLVED, That a copy of this resolution be forwarded to his Honor, the  
7 Mayor, with a request that he transmit copies to the California Department of Social Services  
8 with a request they take all action necessary to achieve the objectives of this resolution.  
9

10 See attachments: Notice of Intent Regarding CAPIT/CBCAP/PSSF Plan for San Francisco  
11 City and County, and San Francisco's approved existing County Plan for these programs  
12 dated September 1, 2005.  
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# 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

November 30, 2009

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 (CDSS), as well as five copies of two attachments.

The California Department of Social Services requires counties to submit plans for the uses of certain federal and state child abuse prevention and intervention funds in order to receive federal and state reimbursement. San Francisco's existing plan for the use of Child Abuse Prevention, Intervention, and Treatment (CAPIT), Community Based Child Abuse Prevention (CBCAP), and Promoting Safe and Stable Families (PSSF) funds, dated September 1, 2005, was approved by the Board of Supervisors on July 26, 2007.


The current resolution requests the retroactive approval of the extension of the existing plan for the State fiscal year FY 2008-09 and for July 1, 2009 through May 10, 2010. This approval was originally requested to be submitted to CDSS by June 30, 2008, later extended to July 14, 2008.

These documents accompany the resolution:

- Notice of Intent Regarding CAPIT/CBCAP/PSSF Plan for San Francisco City and County to be sent to the California Department of Social Services, and
- The existing approved plan dated September 1, 2005 for the use of Child Abuse Prevention, Intervention, and Treatment (CAPIT), Community Based Child Abuse Prevention (CBCAP), and Promoting Safe and Stable Families (PSSF) funds.

The following person may be contacted regarding this matter: Heather Davis, 557-6378

Sincerely,

  
Trent Rhorer  
Director

Cc: Cristine De Berry  
Starr Terrell

File 091385

RECEIVED  
OFFICE OF SUPERVISORS  
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**ATTACHMENT B**

STATE OF CALIFORNIA – HEALTH AND HUMAN SERVICES AGENCY CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

**NOTICE OF INTENT REGARDING CAPIT/CBCAP/PSSF PLAN  
FOR SAN FRANCISCO CITY and COUNTY**

**STATE FISCAL YEARS: July 1, 2008 THROUGH May 10, 2010**

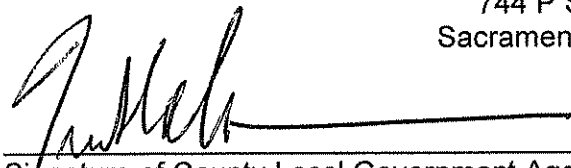
The undersigned confirms that the County intends to take the following action with respect to their Child Abuse Prevention, Intervention and Treatment (CAPIT), Community Based Child Abuse Prevention (CBCAP), and Promoting Safe and Stable Families (PSSF) Plan.

- ☒ Extend the timeframe of the County's existing CAPIT/CBCAP/PSSF approved Plan and, as appropriate, vendor contracts, until the next (County Self Assessment(CSA)/System Improvement Plan (SIP) cycle, contingent on County Board of Supervisor (BOS) approval. This plan is to be submitted and is to include, at minimum, the State Fiscal Years (SFYs) that the plan is to be in effect not to exceed the date when the next SIP is due in accordance to All County Information Notice (ACIN) No. I-50-06.
- ☐ Submit an update to the County's existing CAPIT/CBCAP/PSSF Plan until the next CSA/SIP cycle. This updated plan is contingent on County BOS approval. This plan must identify the SFYs that the plan is to be in effect not to exceed the date when the next SIP is due in accordance to ACIN No. I-50-06 (Triennial cycle).
- ☐ Submit a new CAPIT/CBCAP/PSSF Plan for an interim period that includes all the elements as outlined in ACIN No. I-25-05 (2005/2008 Three-Year Plan instructions).

Each of the above options requires county BOS approval at the time the plan is submitted to CDSS. This approval shall be in the form of a signed copy of a resolution by the county BOS approving the CAPIT/CBCAP/PSSF Plan.

In order to receive funding, please sign and return this Notice of Intent by June 30, 2008, to:

California Department of Social Services  
Office of Child Abuse Prevention  
744 P Street, MS 11-82  
Sacramento, California 95814



Signature of County Local Government Agency responsible  
for CAPIT/CBCAP/PSSF Program Administration

11/30/09  
Date

Trent Rhorer  
Print Name

Director  
Title

**Human Services Agency - Dept of Human Services  
Family and Children's Services Division**

170 Otis Street, 8<sup>th</sup> Floor  
San Francisco, CA 94103  
PH: 415.557.6348, FAX: 415.431.9270  
Email: [Steve.Acerlona@sfgov.org](mailto:Steve.Acerlona@sfgov.org)



**Steve Arcelona**, Acting Deputy Director

**Family Preservation and Support Program**

170 Otis Street, 8<sup>th</sup> Floor  
San Francisco, CA 94103  
PH: 415.557.5915, FAX: 415.431.9270  
Email: [Robin.Love@sfgov.org](mailto:Robin.Love@sfgov.org)

**Robin Love**, Family Preservation and Family Support  
Program Coordinator

*"Promoting Safe and Stable Families"*

Date:	September 1, 2005	
County:	City and County of San Francisco	
Contact Person(s):	Robin Love, FPSP Coordinator (County Liaison) John Tsutakawa, Sr. FCS Analyst (County Co-Liaison)	
Agency Name:	City and County of San Francisco Human Services Agency Department of Human Services Family and Children's Services Division	
Address:	170 Otis Street, 8 <sup>th</sup> Floor San Francisco, CA 94103	170 Otis, 4 <sup>th</sup> Floor San Francisco, CA 94103
E-Mail:	<a href="mailto:Robin.Love@sfgov.org">Robin.Love@sfgov.org</a>	<a href="mailto:John.Tsutakawa@sfgov.org">John.Tsutakawa@sfgov.org</a>
Telephone:	(415) 557-5915	(415) 557-5070
Fax:	(415) 431-9270	(415) 558-2211

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On behalf of the San Francisco City and County Human Services Agency Family and Children's Services Division, I am pleased to submit our 2005-2008 PSSF/CAPIT/CBCAP County Plan to the California Department of Social Services (CDSS) Office of Child Abuse Prevention (OCAP).

Our Agency looks forward to the continued implementation of our primary prevention and early intervention services and programs. During the next year we will continue to ramp up our activities in the PSSF category of Adoptions and over the next three years, FCS will further our prevention efforts by building on lessons learned from the implementation of several service integration pilots we have initiated in partnership with our Family Resource Centers (e.g. Calworks linkages, Team Decision Making, Enhanced Visitation, Differential Response).

If I can provide any additional information regarding our plan or prevention programs and services, please do not hesitate to contact me at the number and/or email address listed above.

Robin Love, FPSP Coordinator / County Liaison

Promoting Safe & Stable Families (PSSF)  
Child Abuse Prevention, Intervention and Treatment (CAPIT)  
Community Based Child Abuse Prevention (CBCAP)  
2005-2008 SAN FRANCISCO COUNTY PLAN

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## I. EXECUTIVE SUMMARY

### A. CAPC and required PSSF Collaborative

San Francisco County will maintain its Child Abuse Council and PSSF Planning Committee. These two bodies will have a joint meeting twice a year to advise the Department on the direction of family support and preservation services and unmet needs within the community.

### B. Vision Statement

San Francisco County is committed to supporting families in all stages of child welfare involvement from prevention to early intervention to aftercare for reunified families and support for emancipating youth. The vision was developed through the County's family preservation and family support efforts over the last ten years.

### C. Needs Assessment

San Francisco County conducted the needs assessment through various forums including dialogues with community based organizations and services providers, interviews with child welfare line staff, a focus group on adoption services, and input from managers involved with child welfare redesign and other initiatives. Data on families and children involved with FCS was also provided by the Department's Policy Unit.

### D. Planning Process

The FPSP Coordinator and Family and Children's Services Contracts Liaison (county liaison and co-liaison) convened several planning sessions in an effort to gather a wide range of input from a diverse group of stakeholders. Separate work sessions were held using different information gathering and convening styles to accommodate the various target audiences and different planning needs. From these sessions, the Liaisons developed the draft plan. This plan is to be submitted to the San Francisco Child Abuse Council and the Board of Supervisors for their review and approval.

In addition to PSSF and CAPIT dollars, San Francisco invests over \$4,000,000 into services to support and preserve families. The changes at this time to PSSF and CAPIT funded programs are part of the implementation of differential response at the hotline and investigations phases of child welfare, the renewed focus on the disproportionality of children of color in foster care, and the allocation of PSSF funds towards the county's adoption efforts.

### E. Competitive Bid Process

San Francisco County applies a competitive bid process for the procurement of the contracts using PSSF, CBCAP, and PSSF funds. Request for proposals are conducted on a regular basis, at least once every three to four years for most contracts. Section II.E. describes the process in detail from development of the RFP to contract selection to Commission approval.

#### F. Goals/Outcomes/Evaluation

San Francisco also uses services and outcome objectives as part of all contracted services. Engagement outcomes include clients served and units of service. Short-term outcomes include changes in knowledge, skills, or attitudes as a result of services or interventions. Intermediate outcomes include changes in family functioning in various areas such as family relationships, housing, health, and child safety.

As part of the System Improvement Plan, San Francisco has identified long-term outcomes for improvement. These include preventing re-occurrence of abuse of children who remain in the home, re-entries of children into foster care, and outcomes for emancipating youth.

#### G. County CAPIT/CBCAP/PSSF Program Accountability and Oversight

Program oversight is the responsibility of the FPFS Program Manager and FCS Contracts Liaison. The oversight includes the use of service and outcome objectives, quarterly reporting, monthly meetings for PSSF Contracts, program and administrative monitoring through site visits, periodic evaluation and competitive bidding.

#### H. County Reporting

The County Liaison and Co-Liaison are responsible for reporting data on PSSF, CAPIT, and CBCAP services to the state. This includes the annual narrative and data report for CAPIT/CBCAP services due usually at the end of September of each year.

#### I. Fiscal

Section II.H. details the distribution of PSSF, CAPIT, and CBCAP funds. The funding is primarily going to family preservation and support services, as well as maintaining the work of the San Francisco Child Abuse Council. As required for PSSF, specific funds have been allocated for time-limited reunification and adoptions support.

## II. DESCRIPTION OF SAN FRANCISCO'S FAMILY SUPPORT, CHILD ABUSE PREVENTION AND EARLY INTERVENTION PROGRAM TO PROMOTE SAFE AND STABLE FAMILIES

### A. Child Abuse Prevention Center / Promoting Safe and Stable Families Collaborative Bodies

The "Promoting Safe and Stable Families" program for 2005-2008 will give emphasis to the continued alignment and integration of new child welfare service enhancement initiatives and strategies designed to:

- (1) Sustain or expand the availability of supportive service options for families and their children in collaboration with our community partners
- (2) Improve or enhance traditional child welfare services

San Francisco's prevention program has two key components leveraging four complementary funding streams CAPIT, CBCAP, CTF and PSSF along with significant all county funds to operate six neighborhood-based family resource centers. The family resource centers (FRCs) target communities in San Francisco that experience a significant number of children who are at-risk of removal, more likely to be removed or placed in out-of-home care in these neighborhoods.

*Component A* encompasses the child abuse prevention education and training, public awareness, policy development and advocacy activities.

*Component B* is the direct services activities in partnership with community-based non-profit agencies serving San Francisco's children and families. Funded services include basic needs, parenting classes, enhanced services to address unmet needs such as **specialized case management**<sup>1</sup>, counseling, respite, in-home supportive and **special needs services**<sup>2</sup>. Several service integration pilots are also funded (e.g. **enhanced visitation**<sup>3</sup> and team decision making for emergency response removals).

### 1. CHILD ABUSE PREVENTION CENTER / PROMOTING SAFE AND STABLE FAMILIES COLLABORATIVE BODIES

#### San Francisco Child Abuse Council

The San Francisco Child Abuse Council (SF-CACo) is a multidisciplinary collaborative body comprised of partners and representatives from:

- ♦ Public Agencies (*Mental and Public health, DHS-FCS*)
- ♦ 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

<sup>1</sup> Case Management that is customized for a specific target group to address unique linguistic, cultural / ethnic norms e.g. APIFRN Case Management services for Pacific Islanders – Somoan/Pilipino.

<sup>2</sup> Services and support for families with children who have learning, emotional or physical disabilities.

<sup>3</sup> Families in reunification who have had successful visits and are ready for less restrictive supervised visits are referred to FRCs to continue their visits in or near the communities where they reside. Families receive 1-on-1 support by a trained Case Manager, families have access to other FRC services, can prepare meals and visit more frequently in a family friendly environment.

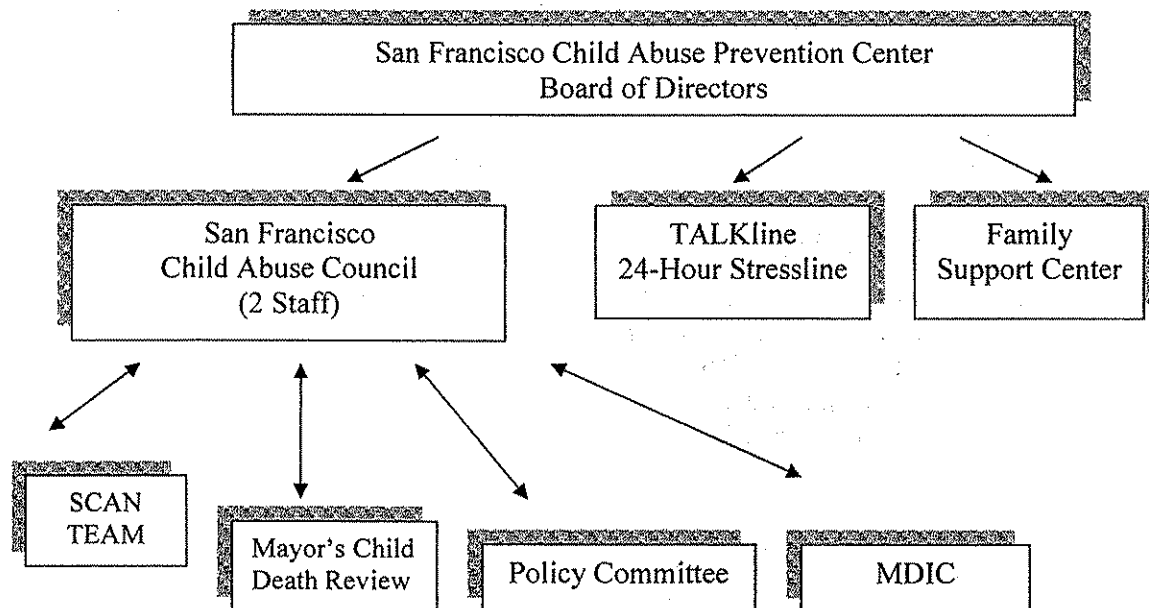
- ☐ Bylaws Attached (SF Child Abuse Prevention Center)
- ☐ Current Roster Attached

The lead agency for the SF-CACo is the San Francisco Child Abuse Prevention Center. The SF-CACo is responsible for the provision of the Mandated Reporter Training and staffing for the SF-CACo subcommittees. Direct services also provided by the San Francisco Child Abuse Center include the 24-Hour TALKline and Family Support Center for families with children ages 0-18.

The role of the SF-CACo is threefold:

1. To develop and advocate for specific policies and system improvements 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, Child Death Review Team, Mayor's Child Sex Trauma Committee, Multi-Disciplinary Interview Center and Child Welfare Redesign Core Team)

The structure of the SF-CAPC is illustrated below:



## Description of Interagency Collaborative Committees and Child Abuse Council Activities

### *Child Death Review Team*

A team comprised of professionals across disciplines, which examines possible child abuse situations that may have been involved in a child's death. The Child Death Review Team utilizes this process to identify and develop specific recommendations of a preventative nature that may reduce the occurrence of child abuse. Also where appropriate, the Team may develop course of action/recommendations regarding specific death incidents.

### *Mayor's Child Sex Trauma Advisory Committee*

Public and private agencies that meet monthly to coordinate services to child sexual abuse victims and their families. Committee works to develop new services where needed in the community.

### *SCAN Team*

A multi-disciplinary committee that meets monthly to review the most serious cases of child abuse to ensure coordination of services to the child and family and share in team decision making on the safety of each child. Representatives from the local hospitals join with legal, social service and community agencies and law enforcement in the sharing of information.

### *Mandated Reporter Training*

The CACo through the Child Abuse Prevention Center is contracted by the Human Services Agency (SF-HSA) Department of Human Services (SF-DHS) to provide the necessary training for professionals to meet mandated reporter state and federal requirements. There are two primary goals of the mandated reporter training:

- To ensure that professionals with daily or regular contact with children understand the concepts of child abuse and neglect and
- To increase the skill set of professionals to objectively and appropriately recognize and respond to suspected child abuse and neglect situations.

### *Child Safety Awareness Training*

The CACo works with various providers and the SFUSD in an effort to reach San Francisco's children to educate them how to protect themselves from child abuse and neglect. Approximately 5,000 children are reached each year through this program.

### *Public Awareness Campaigns*

Annually, the CAPCo sponsors a "raise awareness" campaign focusing on a specific child abuse and neglect prevention issue based on relevant data and the understanding that the issue can be prevented by increasing parental and caregiver knowledge, skills and awareness of sources of support if needed.

The 2006/2007 campaign will focus on "Shaken Baby" syndrome. The SF-CAC partners with advertising firms, public and community partners to develop the campaign strategy, disseminate posters and informational materials, to identify venues for presentations and for ongoing promotional efforts. The SF- CAC, wherever possible, seeks to be culturally and linguistically responsive to the diversity of San Francisco's communities by translating materials in several languages and engaging with a number of community-based agencies to reach families, additional providers and the community at-large.

#### *Multi-Disciplinary Interview Center*

The SF-CAC chairs the service delivery committee for the interview Center and sits on the Policy Committee that oversees the program. This multi-disciplinary collaborative interviews all children where sexual abuse is suspected. The goal of the Center is to provide one forensic interview and videotape per child to eliminate the need for numerous interviews. The Center also is able to coordinate the work between the different mandated agencies that are involved in each case.

#### *Child Welfare Redesign Core Team and Differential Response Workgroup*

The SF-CAC is a member of both of these groups and participates in regular meetings of each. The Council is able to share information from these groups back to the community and also provide input from the community to these activities.

#### Promoting Safe and Stable Families Planning Committee

As part of SF-DHS Families and Children Division's continued realignment of activities and initiatives to better address and achieve our service enhancement and system improvement goals, the Promoting Safe and Stable Families Committee will be integrated with the SF-CACo. Both groups, while operating simultaneously in the past, also operated independently.

To facilitate this effort both the Executive Director of the Child Abuse Prevention Center and staff from the SF-CACo have been attending monthly meetings with other Family Resource Center Director's to discuss and strategize on the specifics of the integration. The CACo policy committee has discussed this issue amongst its members and has agreed to fully support the integration.

The PSSF planning body, reconvened after a long hiatus, is comprised of public (Intra/Inter-agency) and community-based service providers and community representatives from the following disciplines and/or services areas: First Five, Department of Children Youth and Their Families, HSA Funded Family Resource Centers, Support for Families with Children of Disabilities, Greenbook and Safestart Initiatives, SF Family Support Network, Family Support Services of the Bay Area, Mount St. Joseph/St. Elizabeth, SF Unified School District, Child Care Health Project – Department of Public Health, SF Children's Council, WuYee Children's Services, Native American Health Center, Parent Child Family Center, the Family Services Agency and an active Foster Parent (member of PSSF Steering Committee).

It continues to be a challenge to engage birth parents as part of SF HSA Family and Children's Services redesign and PSSF/CAPIT planning bodies. Currently, two efforts have promise for effectively engaging and supporting birth parents in our various planning, implementation and evaluation processes. One is the Redesign Parent Advisory Council and the other is community-based Parent Support Action Teams. Both efforts have been funded as part of our Family-To-Family and PSSF Initiatives to promote and encourage parent input and involvement.

This new proposed integration will lend itself to a comprehensive prevention strategy with several essential components that will inform the work, strengthen existing partnerships, create more connectivity among and across efforts, as well as expand the network of primary prevention partners, providers, public agency and communities to support the families and children that reside in San Francisco.

The PSSF Planning Body will be convened semi-annually in collaboration with the SF-CACo, the Family & Children's Services Division (SF-FCS) - Human Services Agency (SF-HSA). Information sharing, lessons learned, updates on progress towards implementing initiatives and opportunities for problem-solving and strategy development are seen as essential agenda items for discussion during each semi-annual convening.

During the recent convening to develop the PSSF/CAPIT/CBCAP 2005-2008 plan, attendees reaffirmed their commitment for a continued partnership with HSA to (1) prevent the occurrence/reoccurrence of child abuse and neglect and (2) promote the well-being of San Francisco's families and children through the provision of family support, primary prevention and early intervention services.

#### Promoting Safe and Stable Families (PSSF) Steering Committee

The PSSF Steering Committee serves as the centralized decision-making body for PSSF funding allocation recommendations to the Family and Children's Services Division. These recommendations are framed by the priorities outlined in the county plan to address current needs for enhanced or expanded services.

This interagency and community partner collaborative body is designed to be reflective of key stakeholders with expertise and/or familiarity with family, child, and youth needs or services. Designated representative seats include: a Foster Parent, a Foster Youth, Mental Health, Public Health, the Department of Children, Youth and Their Families, Asian Pacific Islander, Chicano/Latino, African American and Special Needs subcommittees, foundation and family support field representatives.

Recommendations made by the Steering Committee are based on the relevance of the proposal submitted to achieve PSSF/CAPIT/CBCAP plan goals and priorities; demonstration of unmet or expanded need; the ability to absorb additional funds (many of the CBO's also receive significant allocations of all county funds); successful contract (numerical and outcome objectives) performance and thoroughness and clarity of proposal based on required proposal format.

## B. VISION STATEMENT

### OUR VISION

Support and Services provided to families and children of San Francisco City and County will take place within a context that is inviting, respectful, culturally/linguistically competent, and responsive to the families of the community.

The services and activities offered will be comprehensive and represent a broad continuum, from prevention to preservation.

A family support and empowerment approach will give families choices, respect their decisions, encourage them to seek information on their own, and encourage them to be the focus of control for their own lives as long as we can ensure the safety of their children.

Family Preservation services will avert the unnecessary placement of children away from their families, as long as we can ensure the child's safety. Services will improve family functioning through the provision of culturally/linguistically relevant prevention and early intervention services that empower families and involve the community's support, participation, and ownership.

Children who are unable to reunify with their birth parents will receive concurrent planning that promotes real permanency through adoption, legal guardianship or stable placement with a relative or committed foster parent. Children who remain in long-term care will be given every opportunity to develop lifelong connections with caring adults and sufficient life skills to care for themselves upon emancipation.

#### The goals of the PSSF/ CAPIT/ CTF/ CBCAP 2005-2008 Plan are to:

- I. To strengthen and build upon the existing continuum of family-centered services that are easily accessed and culturally and linguistically relevant in targeted neighborhoods that are either disproportionately reflected in the child welfare system and/or contains large concentrations of African-American, Latino and Asian/Pacific Islander populations.
- II. To promote the strength and stability of families living in low-income neighborhoods in San Francisco through development of a seamless network of support that facilitates efficient linkages among providers, child welfare staff and the families served.
- III. To maintain the present family support, primary prevention and early intervention efforts while identifying opportunities to further reform the system of services for families and children.
- IV. To enhance accountability to the families served by including parents in the design and evaluation of programs and services.

#### Focus Outcomes for 2005-2008

- Prevent the occurrence and reoccurrence of child abuse and/or neglect
- Reduce the Foster Care Entries and Re-Entries
- Increase Reunification of Children with their Birth Parents
- Reduce Length of Time to Permanency (legal guardianship/adoptions)



#### Role of the Family Resource Centers in Primary Prevention and Early Intervention Service Delivery

The HSA funded Family Resource Centers (FRC) seek to achieve the goals and outcomes of the 2005-2008 PSSF/CAPIT/CBCAP Plan by the provision of family support and family preservation services, programs and resources to families with children ages 0-12 that reduce the stressors and/or risk factors that have been correlated with child abuse and neglect.

These services are designed to compliment and enhance traditional child welfare services provided by the Family and Children's Division. As a collaborative body of service providers, the FRCs embraced a theory of change that underlies their work with families:

"FRCs offer supportive services for families and children that strengthen the ability of parents to care for themselves and their children by promoting resiliency, enhancing parental competencies and improving family functioning (e.g. coping skills, stress management, child development information, child rearing techniques, navigating systems, accessing resources, peer-to-peer support and strength-based case management).

### C. NEEDS ASSESSMENT / DESCRIPTION OF SERVICES

#### NEEDS ASSESSMENT

Over the last two years, as many other California child welfare systems, SF-FCS has completed a number of needs assessments, key informant interviews and planning processes with staff, supervisors and diverse groups of community partners, youth, parents and stakeholders. In addition the aforementioned planning activities meetings, a review of child welfare outcome and other Foster Care quantitative data provided a basis for informed/directed discussions and strategy development.

Specific sources of qualitative and quantitative data that was reviewed and/or referenced in developing San Francisco's PSSF/CAPIT/CBCAP Plan is highlighted below:

- AB636 Quarterly County Outcome Reports
- UC School of Social Research CWS-CMS Data & Analysis
- SF-HSA Quarterly Foster Care Reports
- Safestart Initiative Summary of Findings – Client Demographics and Needs
- DCYF Community Needs Assessment
- Initiatives Inventory (MIG)
- FRC Summary of Parent/Client Needs and Services Provided Annual Monitoring Report (04-05)

As required by the CDSS, Table A illustrates general San Francisco City and County demographics and child welfare system data. The table included the specific data bulleted below:

- County Population
- Age 0-18 Population
- Number of Children Attending School
- Number of Children Born to Teen Parents
- Number of Children Dropping Out of School
- Number of Child Abuse Reports
- Number of First-Time Entries Into Foster Care
- Number of Families in CalWORKs
- Number of Families Living Below the Poverty Level
- Number of Children Participating in Subsidized School Lunch Programs

- Number of Children on Child Care Waiting Lists
- Number of Low Birth Weight Babies
- Number of Children Receiving Age-Appropriate Immunizations

To frame the discussion the following data was provided during the PSSF/CAPIT/CBCAP 2005-2008 planning work sessions with our CWW staff and community partners. The data presented below covers the period from January 1, 2004 – December 31, 2004 (unless specified):

- Ethnic Proportions of San Francisco Children in the Child Welfare System
- Ages of Children in Care
- Children with Child Abuse Reports by Allegation
- Child Abuse Reporters and Report Findings by Disposition
- 2003 Child Abuse Referrals by Zip Code
- 1998-2004 First Entries Into Care by Ethnicity
- 2003 First Entries Into Foster Care by Zip Code
- Placement Types by Ethnicity (January 1, 2004 - November 2004)
- 2004 Exits From Care
- 1998-2004 Re-entries Into Care

**Table A – County Demographics and Child Welfare System Data**

	Number	Source	Comments
Children's Population	776,733	2000 Census	
Age 0 - 18 Population	112,802	2000 Census	
Number of Children Attending School	57,144	SFUSD School Accountability Report Card, 2004-05	
Number of Children Born to Teen Parents	45.1 Per 1,000	2004 Community Health Assessment, SF-DPH	
Number of Children Attending Special Education Classes	6,156	SFUSD School Accountability Report Card, 2004-05	
Number of Children Out of School	460	California Department of Education website	
Number of Child Abuse Reports	5,972	UC Berkeley	
Number of First Time Entries into Foster Care	383	UC Berkeley	
Number of Families in CalWORKs	5,133	April 2005 CalWORKs Quarterly Report	
Number of Families living below the poverty line	11,515 Family Households	2000 Census	
Number of Children Participating in Subsidized School Lunch Programs	30,533	SFUSD School Accountability Report Card, 2004-05	
Number of Children on Child Care Waiting Lists	3,000	Childcare Subsidy Database	Currently 3,000 families are on the subsidized childcare waiting list.
Number of Low Birth Weight Babies	7.4 per 1,000	2004 Community Health Assessment, SF-DPH	
Number of Children Receiving Age-Appropriate Immunizations	66% of 2 year olds; 88% of 5 year olds	San Francisco Immunization Assessment, San Francisco Immunization Coalition	Data is actually from 1996, but is the latest information posted on DPH or Coalition websites.

The needs assessment findings highlighted below are gathered from various needs assessment reports drafted within the last three years and from input shared during several planning sessions convened by the County Liaison (FPSP Coordinator) and Co-Liaison (FCS Sr. Analyst) in late summer 2005 as part of the development of the 2005-2008 PSSF/CAPIT/CBCAP Plan.

### Perspectives – Community Providers and Public Agencies

Participants who attended the community planning session initially identified several needs and/or stressors that impact the families and children they serve. Many of these are areas that are beyond the limited scope of a child welfare system and are tied to larger societal and market forces. Adequately addressing many of the needs and/or stressors identified requires a coordinated, concerted and sustained response by various public and private sector entities.

Needs and/or stressors identified have been grouped under the following broad categories:

- Housing
- Employment and Income
- Substance Abuse
- Physical, Mental, and Emotional Health
- Care of Children in the Home
- Child Welfare Requirements (navigating systems / accessing services)
- Childcare, Afterschool Programs and Education (flexible hours)
- Basic Needs (food, clothing)

#### Housing

Many families residing in San Francisco need affordable housing and support around housing issues particularly housing financial assistance. Participants at the meetings spoke frequently about serving families living in marginalized housing situations. Many of the families they serve are homeless while many others are at-risk of losing housing. Others live in crowded, dangerous, or otherwise inadequate situations. The lack of safe, affordable, quality family housing is a major stressor and can place children and families at risk of homelessness, potential environmental dangers/exposure to dangerous situations, educational barriers, and emotional harm.

Obtaining and maintaining adequate housing is extremely difficult in San Francisco. Rental costs are high and low income housing is scarce. The most affordable housing is usually in neighborhoods that have higher levels of crime, substance abuse, and other issues. Many families involved with San Francisco's child welfare system reside in public housing. Transitional housing is limited, particularly for families with older children. Lack of housing is often a barrier for families trying to reunify.

Unfortunately, housing is one of the areas the San Francisco's child welfare system is least able to address without significant response from those governmental entities and departments designed to address this issue. There is minimal affordable housing stock with future growth in affordable housing stock progressing at slower rate than demand requires. The lack of housing stock coupled with high rental costs and property values creates tremendous housing pressure. Often parents have to leave San Francisco to the East Bay or other locations in order to get housing.

#### Employment and Income

The second most pressing unmet need identified was the need for living wage employment and increased household income. This issue is further exacerbated by the high cost of living in San Francisco. The issues of under and unemployment impacts the ability of parents to provide for basic necessities for themselves and their children and to maintain housing. Poverty impacts children directly in many ways, including physical and mental health, educational performance and general wellbeing.

Many parents have limited education, job experience, vocational skills, and are often hampered by substance abuse and mental health problems. Many have difficulty even obtaining entry-level work. Even entry-level work does not pay a livable wage if you reside in San Francisco. More often than not many families spend the majority of their income for housing, leaving little for other basic needs including childcare, food, and clothing.

According to the National Economic Development and Law Center, the annual income required for economic self-sufficiency for a San Francisco family of three (one adult, infant and preschooler) was \$69,241 in 2003.

African-American and Latino children experience the highest rates of poverty, 36% and 18% respectively with children experiencing greater rates of poverty than adults (Source: DCYF 2005 Community Needs Assessment).

#### Substance Abuse

Substance abuse and the availability of treatment options and treatment modalities such as outpatient care, residential treatment for mothers with several children, harm reduction and relapse prevention was also identified as an unmet need by PSSF/CAPIT planning participants.

There is a high incidence of substance abuse in families involved with child welfare including crack cocaine, heroine, methamphetamines, and alcohol. Substance abuse drains financial resources; decreases work capacity, decreases parenting ability, and often places children at risk of prenatal exposure, developmental and other medical conditions, exposure to needles or chemicals, criminal activity or in-and-out traffic in the home.

Current fiscal and budgetary constraints in Public Health for substance abuse services, support and treatment creates a extreme pressure on existing services and programs while need continues to increase.

#### Physical, Mental, and Emotional Health

Mental and emotional Health of children and their parents also begins to emerge as a major issue for those families who are involved (more likely to become involved) with San Francisco's child welfare system. Participants reflected on how the culmination of several stressors (e.g. difficulties of parenting, maintaining nurturing and safe homes, struggles with substance abuse and under/unemployment) plays a heavy toll on the physical, emotional and mental health of families and their children and impacts a family's resiliency to cope overtime and families find themselves dealing with constant crisis.

Families need emotional support to deal with trauma. Many families residing in communities where they can afford housing deal with on a daily basis violence or the threat of violence in their communities. Many have experienced abuse and neglect from their own childhood. Many may not even understand the role of mental health in overall wellbeing of themselves and their children. The lack of early identification, acknowledgement (often seen as taboo to discuss) and acceptance of mental and emotional conditions makes it difficult for providers to engage families in proactive solutions. Access to adult therapeutic services is very limited with long waiting lists. Follow-through on treatment plans is also challenging for families who are operating in a crises mode more often than not. Resources for ongoing community education and information about services and support are also limited as a result of the continued budget and fiscal constraints within the Public Health Department.

#### Care of Children in the Home

Families need help around the care of their children beyond basic needs. This includes information and respite and substitute care. Culturally sensitive, easy to understand and practical information in areas such as child's development, child discipline, health, and nutrition for parents is essential to promote attainment of developmental milestones and child wellbeing.

Parental peer-support, access to specific services, coping skills and stress relief/reduction techniques are specifically identified as unmet needs for San Francisco families.

#### Child Welfare Requirements

Accessing public systems for services can be daunting for families who are in crisis or who are chronically marginal.<sup>4</sup> This coupled with the lack of coordination among agencies and multiple and multiple service requirements makes follow-through and adherence to mandates extremely challenging and overwhelming.

Parents involved with child welfare system are sometimes at a loss as to what to do, especially when there are various court dates, appointments, CalWORKs employment plans, required participation in parenting classes, substance abuse treatment activities, eligibility paperwork to complete as well as court-ordered visitation that must be done in a short period of time to reunify with their children.

#### Childcare, After school Programs and Educational Enrichment

Families need childcare and extended care for older children in order to work, pursue education, and to meet mandated child welfare requirements (e.g. to attend required classes and participate in intervention services).

Early childhood education is recognized as beneficial for children's development. In San Francisco, there is a range of subsidized childcare although the quality of the care varies. Universal Preschool for All will go along way in addressing the childcare needs of families with young children. However, affordable or subsidized childcare for infants is very limited and extended care for older children (with the exception of the Boys and Girls Clubs/YMCA programs) is expensive. For those families that have children with learning, emotional or physical disabilities the need educational support, special needs services and tutoring is even more acute.

Additionally, advocacy skills and peer support/mentoring for parents to engage effectively with San Francisco Unified School District administration, teachers and other SFUSD supportive services such as testing for and development of Independent Education Plans (IEP) is greatly needed and often not seen as a high priority given other needs that have been deemed more pressing.

Currently, over 3,000 San Francisco children and families are on the waiting list for subsidized child/extended care.

#### Basic Needs

As aforementioned, the high cost of living and lack of adequate income means that families residing in San Francisco are stretched to meet their minimal needs for shelter, food and clothing. Families often need help with rental assistance (moving in catching up on back rent) and utilities such as electricity and water. While San Francisco has an exceptional Season of Sharing Program, families can only access these resources once within identified timeframes and have to compete with several other families in similar situations because demand is so high and financial support so limited.

In 2003, one-third of San Francisco's families were not able to meet basic needs without public or private assistance (Source: DCYF 2005 Community Needs Assessment).

#### Domestic Violence/Exposure to Violence

Families need safety from domestic violence and need to reside in communities free from violence. Many child welfare cases involve domestic violence, violence where children witness violence or are physically injured as a result of violence. While by policy, San Francisco does not treat child witnessing as abuse or neglect, we recognize

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<sup>4</sup> Describes the effect of long-term poverty and isolation – families are deprived of supports and opportunities and consequently, fall into a dysfunctional malaise where their ability to care for their children becomes impaired.

the trauma of witnessing domestic violence on the children. Support is needed for all parties involved, the children and offending and non-offending parents.

Summary Findings from the SafeStart<sup>5</sup> database reflected that 29% of SafeStart families have some involvement with CPS. Of those, 50% indicated that CPS substantiated that a child or children were exposed to violence (abuse and neglect) and 22% indicate that a child or children were removed. Further the report stated that in the area of Nature of Violence, 58% of the children served were exposed to violence in their home, 19% were exposed in the community. Nearly 60% of children have been exposed to many violent incidents over time. Chronic and acute exposure in more than one location is especially harmful and may result in severe emotional or behavioral problems.

#### Language and Culture

San Francisco has a diverse immigrant population that includes Latino and Chicano, Asian and Pacific Islander, and Eastern European populations. In 2004, approximately 35% of the city's births were to immigrant women.

Language and acculturation for new immigrants are major barriers for many families and this is especially acute for those families involved with the child welfare system. These families are often isolated and have difficulty accessing mainstream services. Some groups are concentrated in particular neighborhoods and uncomfortable going outside their immediate surroundings. Further, there are disincentives for immigrant families seeking citizenship to even access public services and assistance.

Asian Pacific Islander youth have the highest depression rates of any population of youth. Samoan youth have the highest arrest rate of any ethnic group in San Francisco.

#### Support for Fathers

Fathers often need support to involve them with their families and children. Services are often directed toward mothers and their children. Often domestic violence services and residential treatment programs are not directed to fathers. Fathers may be incarcerated at times and disconnected from the child welfare process. Fathers often don't have role models or the support to remain involved with their families and many times are portrayed negatively, as in the case of African-American fathers, by the media and the public at-large.

#### Other Critical Issues - Overrepresentation of Children of Color in the foster Care System

San Francisco, like many other child welfare systems across the nation, has a prevalence of children of color. African-Americans, while only about 11% of the total population, comprise 71% of children currently in care (Source: UCB Center of Social Services Research Data 2004).

Forty-two percent (42%) of all referrals in 2004 were for African-American children, forty-nine percent (49%) of those were substantiated and fifty-seven percent (57%) entered care. Latino and Asian/Pacific Islander children are also more likely to enter the child welfare system, entering at rates of twenty-four percent (24%) and eleven percent (11%) respectively.

For African-Americans, the two most frequent reasons for removal of a child are neglect (including caretaker absence/incapacity) and physical abuse.

In December 2003, in response to a renewed concern about the rising numbers of African American children in the child welfare system, the Stuart Foundation, the Annie E. Casey Foundation, the Youth Law Center and the Bayview Hunter's Point Family Resource Center decided to collaborate together and partner with the HSA Family and Children's Services Division to identify solutions that could begin to address over representation.

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\$651,<sup>5</sup> SafeStart is a federally funded initiative to support for families with children ages birth – 6 years who are exposed to violence.

In November 2004, upon conclusion of 11 months of task force convening, research study and analysis, the "Raising Our Children Together - A Report on Recommendations for Reducing the Disproportionality of African-American Children in San Francisco's Child Welfare System" was completed.

The report identifies nine major recommendations grouped within three primary categories community involvement, model programs and system change. Several of the recommendations emphasized preventive family support practice and community partnership strategies.

#### Perspectives – Child Welfare Workers

Child welfare workers were also engaged as part of the PSSF/CAPIT/CBCAP planning process. As with the community planning process, child welfare workers identified a number of needs with housing as one of the most critical needs for families involved with the child welfare system and the most difficult issue for child welfare workers to resolve. Many shared their frustration in finding safe, affordable housing and housing assistance for families. They also felt the lack of a consistence point person at the San Francisco Housing Authority meant navigating that system very difficult for child welfare workers and almost impossible for families in crisis. Other needs identified included the need for additional flexible resources that can be used to help families meet basic needs such as clothing, better transportation options for parents with several children. Parenting education and modeling, life skills, money management and education advocates to support parental involvement in the academic achievement of their children was also seen as important for families they serve.

Several child welfare workers noted that increasingly families need more intensive case management for longer periods of time as well as ongoing hand-holding, mentoring and follow-up support to sustain positive outcomes. Community crime, exposure to community violence, lack of living wage employment opportunities and substance abuse treatment options were seen as stressors that lead to the deterioration of the family unit and increased incidents of child neglect and abuse.

Systemic issues raised by child welfare workers included the need for lower caseloads, improved communication across the division and along the chain of command, clarity around existing procedures and proposed new expectations. Limitations of categorical funding also hindered the ability of child welfare workers to effectively focus on prevention and to meet the needs of children, particularly those in relative caregiver placements.

Other identified systemic needs included continued support from management, especially in the front end, in the areas of developing uniform strength-based assessment tools and emergency safety plans, improved care for families when children remain in their homes and building effective community partnerships.

In partnering with the community, child welfare workers emphasized the need for better working relationships that facilitated an increased understanding of the community-based services available, how to access them and improved communication to ensure that families actually received and benefited from the service(s) requested.

In addition to the community partner and child welfare worker feedback, as part of the Child Welfare Redesign assessment process, the several PSSF planning stakeholders participated in confidential key informant interviews. The interview were conducted by MIG, a Berkeley based research and planning firm. The findings, excerpted from the September 2003, "An Overview of San Francisco's Existing Child Welfare Services Initiatives" Report, are highlighted below:



*"The principles and strategies of the Promoting Safe and Stable Families (PSSF) FCS program are directly in line with CWS Redesign. In particular, PSSF promotes community-based family support services that are easily accessible, culturally relevant and offered in the community or at home. The PSSF program advances inter-agency partnerships, focuses on screening in and supporting vulnerable families, promotes permanency through enhanced visitation at FRC sites with supportive services, and builds workforce capacity by cross-training staff and community-based agencies".*

#### Strengths

- HSA FCS established relationships with other agencies and community-based organizations and formalized these new partnerships through the PSSF Full Planning and Steering Committees.
- Family Resource Centers were established in six San Francisco neighborhoods.
- PSSF relationships have created a foundation for new community partnerships that HSA FCS is seeking to forge through the Family-To-Family Initiative.
- Community partners are interested in and open to working with FCS in new ways on behalf of the children and families from their communities.
- Many HSA FCS workers are committed to prevention and early intervention.
- Some workers have genuinely embraced the Family Resource Centers and are making referrals and engaging in co-case management that is providing real benefits to families.
- San Francisco's recently launched African-American Disproportionality Project will inform the Fairness and Equity Committee of the CWS Redesign.

#### Areas for Improvement

- HSA FCS referrals to the services and supports available through PSSF have been declining in recent years. Interviewees attribute this decline to a number of factors: 1) lack of awareness or understanding among new child welfare workers about the services available through PSSF / FRCs; 2) an emphasis by some workers on serving clients that are in the system, rather than investing time in pre-placement prevention; 3) hesitation among some workers about sharing responsibility with community-based organization.
- The PSSF Full Planning Committee has been meeting less frequently and with somewhat less focus.

### DESCRIPTION OF SERVICES

#### Priority of Funding for Prevention Services

Over the last 10 years, the SFHSA Family & Children's Services Division has emphasized primary prevention and early intervention for the families and children we serve through the leveraging of state, federal and all county dollars to fund a comprehensive preventative, family support and family preservation program. SFHSA has sustained funding at baseline levels established in the late 90's. Unfortunately in fiscal year 2005-2006, for the first time in a number of years, the reality of our fiscal constraints began to out pace our ability to absorb the reductions. To demonstrate continue commitment the SFHSA leadership made the decision to reallocate approximately \$200,000 of all county funds to maintain the PSSF (family support, family preservation, time limited reunification and adoptions) services and programs at their 2003 baseline levels.

TABLE-B is a matrix of PSSF Enhanced Services and Family Resource Center Services and Programs and TABLE-C illustrates the Family Support, Primary Prevention and Early Intervention allocations by funding stream and contracted service provider.

#### Services for Special Needs Children and 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 2005-2008 priority during the planning sessions with child welfare staff and community providers. Two primary goals are essential to ensuring these families and children are served effectively:

- (1) To enhance the capacity of community-based providers to identify, assess and support families who have children with learning, emotional, and physical disabilities and
- (2) 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).

SFHSA FCS contracts with Support for Families of Children with Disabilities for the provision technical assistance, training, parent mentoring and on-site drop-in support groups (at FRCs) to enable family resource centers and child welfare staff to work more effectively with children who have learning, emotional and/or physical disabilities.

#### Supplanting of Public Funding

SFHSA has not used PSSF or CAPIT/CBCAP dollars to supplant other funds. This county has invested over \$4,000,000 in general funds for child welfare prevention related services and programs. This is county funding far beyond the approximately \$600,000 in PSSF, CAPIT, and CBCAP funds and \$180,000 in CTF funds. Despite many challenges, the county has maintained the level of funding including covering decreases in the CAPIT and PSSF allocations. It is anticipated that the county will have to make some reductions for FY 06/07 as a result of the decrease in CAPIT and PSSF funds over the last two years.

#### Prioritizing Children At-Risk of Abuse and Neglect and Services for Children Ages Under 14

All programs funded (All County, PSSF, CAPIT, CBCAP) as part of the Family Preservation and Support Program 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; Services are designed to be prevention orientated and strength-based in an effort to support and families with children at risk of abuse and/or neglect). Other contract providers within the Family Preservation and Support Program serve children ages 0-18, but are generally directed to families with young children. 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. 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.

#### Services Based on Unmet Needs

These services are designed to address unmet needs or needs that would be unmet if not for these services. Some of these services have been in place for several years and in some cases solely provided to the specific target population of children at risk for child abuse and neglect and/or more likely to be removed and enter into the child welfare system. The services, specifically PSSF, were first identified through a planning process for

the early Family Preservation/Family Support Funds. Certain areas such as the enhanced visitation and team decision-making community partnership pilot were identified as priority over the years and incorporated into the program.

**TABLE- B Matrix of Comprehensive Services Funded by SF-HSA Family & Children's Services Division – Family Support, Prevention & Early Intervention**

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 Stressline	APA Hotline in 7 languages Provides counseling via phone to address presenting issues identified by Asian Pacific Islander parents. Provides 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%)

**TABLE- C PSSF Categorical Expenditures by Contracted Provider and Allocation Amount**

Contracted Provider	PSSF 516 FS	PSSF 515 FP	PSSF 676 TLR	PSSF 675 Adoptions	HSA All County General Funds	TOTAL ALLOCATION
Chicano/Latino System Family Resource System		62,978	120,600		439,625	623,203
Bayview Hunter's Point Family Resource Center	50,000		135,000		407,379	592,379
Potrero Hill Family Resource Center	50,000				238,403	258,403
Support for Families of Children with Disabilities	50,500				0	50,500
Asian Pacific Islander Family Resource Network		110,600			538,588	649,188
Black Adoptions Placement, Research Center				51,866	\$469,000	\$520,866
Convening, Program Planning, TA	10,000					
Actual 05-06 Allocations – FPSP Program (PSSF)	160,500	173,578	255,600	51,866		641,544
Amount Allocated by Category – Actual Federal Allocation 05-06	80,800	80,800	80,800	80,800		
Required Categorical Allocation by %	20% Exceeds Req.	20% Exceeds Req.	20% Exceeds Req.	20% Less than Req.		

The table above reflects the total amount to sustain the PSSF services and programs currently funded, \$641,544, approximately the amount originally allocated in 2003. The federal Allocation for San Francisco City and County for fiscal year 2005-2006 was \$404,582. The difference between actual PSSF expenditures and federal revenue received in 05-06 was absorbed in 2005-2006 by HSA using All County General Funds. By 2007, FCS will be positioned to meet the 20% allocation for Adoptions as required by the federal legislation.

**TABLE D – CAPIT / CBCAP / CTF Expenditures by Contracted Provider and Allocation Amount**

Contracted Provider	CAPIT	CBCAP	CTF	HSA All County General Funds	TOTAL
Asian Perinatal Advocates - In Home	18,192		20,321	122,524	161,037
Asian Perinatal Advocates - Stressline	34,804	23,648	21,559		80,011
TALKline Family Support Center				206,040	206,040
TALKline 24-Hour Stressline				201,250	201,250
SF Child Abuse Council	38,514		31,250	17,745	87,509
Mt. St. Joseph/St. Elizabeth			93,625	110,655	204,280
Family Support Services of the Bay Area - Respite	38,876			293,864	332,740
Family Support Services of the Bay Area - Family Preservation / In-Home (also Family Maintenance)				673,119	673,119

#### D. PLANNING PROCESS

The FPSP Coordinator and Senior Family and Children's Services Analyst (county liaison and co-liaison) convened several planning sessions in an effort to gather a wide range of input from a diverse group of stakeholders. Separate work sessions were held using different information gathering and convening styles to accommodate the various target audiences and different planning needs.

Specific planning meetings held include a session with both newly interested public and community partners / former PSSF planning body members and child welfare staff (front-end and adoptions). The SF-CACo policy committee was also engaged as part of the planning process. Representatives were invited from the following community-based organizations and/or public agencies to participate in the planning sessions: Service providers that provide family support, preservation and special needs services, Child Care Health Project, Native American Health Center, Safestart Initiative, First Five San Francisco, Department of Children Youth and Their Families, Greenbook Initiative, Department of Public Health, SF Unified School District, Foster and Birth Parents, Children's Council, and those stakeholders who were interested in working with HSA Family and Children's Services Division to support families and prevent child abuse and neglect.

A format coined "meetings without walls" was utilized with child welfare staff from the front-end. This was particularly important to accommodate the very busy schedules that child welfare workers have by creating opportunities for input that included email and completion of index cards to capture input while other CWW's dropped-by during designated times to in to share their input on flipcharts posted around the meeting room.

Each planning session had a consistent format that included handouts with child welfare data (see page 10 for specific data provided), PSSF/CAPIT/CBCAP background information including excerpts from the 2003-2005 plan and overview of current FCS prevention programs and activities funded by CAPIT/ PSSF / CBCAP. Participants were given the opportunity to share the knowledge about the current needs of San Francisco's families as well as provide ideas and recommendations on "what works" to address them.

For the first time in several years, the Adoptions unit (child welfare workers, supervisors and managers) was given the opportunity to participate in an in-depth planning process to develop goals, brainstorm recommendations as well as assess existing needs for and strengths of the FCS Adoptions program. This effort was a necessary part of the SFHSA FCS Division's desire to build and incorporate into the PSSF/CAPIT/CBCAP 2005-2008 Plan, adoptions and permanency priorities that will be funded utilizing PSSF dollars as required by the federal legislation. Highlights from that process are captured below:

#### SUMMARY OF NEEDS

##### Recruitment

The Adoptions Unit continues to be concerned about the recruitment of quality Adoptive Homes for the children "freed" for Adoption, especially older children and those with special needs (defined broadly to include learning, emotional, physical and mental health needs).

Many of the children who have had longer lengths of stay in Foster Care Long Term Placement need the stability, care and attention from families / parents who are committed and want to be there and provide a nurturing home for these children.

Success of recruitment of Adoptive Homes, given the housing market and cost of living in San Francisco, is tied to the ability of the Adoptions Unit to cast a wide net in order to develop a pool large and diverse enough to address the current needs of waiting children. Thus, regional partnerships are essential to increasing FCS permanency outcomes.

Several different partnerships, over the last 5-10 years, with contracted providers, private advertising companies, and regional partners such as BASSA have yielded a number of lessons learned about "*what works*" and with regard to Adoptions Recruitment. Focusing on "*what works*" recommendations include:

- ♦ The ability of a contracted recruiter to outreach and **penetrate the communities** that are traditionally overlooked (*e.g. those that reflect the current demographic make-up of the children freed for adoption of which many children are of African American descent*)
- ♦ The importance of **establishing relationships** with faith-based entities that have an untapped pool of potential adoptive families and can reach out within their various congregations.
- ♦ The need to **work regionally** with partner counties and recruitment providers that have a presence within these counties
- ♦ The need to **educate and raise awareness** of the public and child welfare staff about the great need for Adoptive Homes so recruitment becomes "Everybody's Business".
- ♦ The need to **engage and partner** with those recruitment and home finding/study providers that really "**know**" the practice, have many years of applied expertise and "*street credibility*".
- ♦ The importance of **support networks** for post-adoptive parents and potential adoptive parents. These groups are future recruiters who can speak from "experiences".
- ♦ **Flexible Resources** for those activities and efforts that have proven to be successful or promote promising best practice

#### Supportive Infrastructure and Systems - Systemic Improvements

##### Internal Education and Promotion

- Missed Opportunities to Promote Younger Children Adoption
- Permanency Philosophical Beliefs and Values

##### Referrals Process

- Matching within 45 days / 60 days vs. 6 months
- Capitalizing on San Francisco Home Studies Sooner for San Francisco's children

##### Staffing Capacity & Expertise

- PIP Specialists to facilitate placement of special needs and older children (defined broadly)

##### Role of Court

- Identify opportunities to foster improved working relationship with the Courts (*e.g. support for finalization of home studies and potential adoptive parents/families; clarifying expectations; promoting effective processes and enhancing communication*)



## Goals

- ❖ To actively promote promising models of practice.
- ❖ To educate within our Division and our communities at-large about adoptions practice and desired recruitment outcomes.
- ❖ To build on lessons learned from prior recruitment and adoption finalization practice.
- ❖ To build effective partnerships with faith-based entities, adoptions providers and our contractors to identify and implement effective strategies which further the Divisions' achievement of its goals and priorities.

## Priorities (2005-2008)

- Placing Children Earlier with an emphasis on older children and those with special needs
  - Research and Identify successful strategies that are effective in targeting adoptive homes for older/special needs children.
- Increasing Visibility
  - Participating in Adoptions Promotions Events
- Getting the Word Out
  - Education and Public Awareness
- Building Relationships
  - Expanding the Boundaries for Recruitment
  - Strengthening Regional Connections
  - Courts
- System and Adoptions Process Efficiency
  - Enhancing Matching
  - Improved Timeframes
- Building Consensus – What is a Good Outcome for Children in Care?

## PSSF Allocation use of funds – Focus Priority

The FCS Adoptions staff recommended that the San Francisco Child Project (a nonprofit community-based/public partnership effort) continue to receive the PSSF funds for Adoptions outreach, education and recruitment promotion.

The SF Child Project has received recognition for its past efforts and has been very successful in its implementation of *"what works"* recruitment strategies. The SF Child Project is seen as an essential component of overall permanency service enhancements.

#### E. COMPETITIVE BID PROCESS FOR SERVICE DELIVERY / ALLOCATION OF REVENUE

The programs supported through CAPIT/PSSF/CBCAP funds are contracts between community based non-profit organizations and SF-HSA. The FCS Sr. Analyst manages two of the contracts funded by CAPIT dollars (Child Abuse Council and Respite), one contract with PSSF dollars (Adoptions) and also contracts utilizing CTF dollars (In-home programs).

The Family Preservation and Support Program Coordinator manages eight contracts sustained with all county and PSSF federal funds (family resource centers and systems) and two contracts including CAPIT, CBCAP, and CTF dollars (API in-home, API hotline).

##### *Contract Monitoring Site visits:*

Each program has at least one on-site monitoring visit a year. At site visits, monitors review fiscal records, year-to-date performance, case records, and other aspects of the program. In addition to formal site visits, ongoing communication between the contractor and SFHSA FCS Family Preservation Coordinator and FCS Sr. Analyst is maintained around contract and service issues.

##### *Competitive Bid Process:*

FCS follows the procurement rules for the city. Any contract over \$10,000 requires competitive bidding and any contract over \$25,000 must follow a formal competitive bid process. Contracts are reviewed and competitively bid on a regular basis. Contracts extend for 1-3 years. If and when they are renewed, a performance evaluation conducted which reviews performance on services and outcome objectives. For PSSF funded contracts, the performance evaluations are conducted annually. The Human Services Commission reviews the evaluation reports prior to renewing the contract. The general policy is to competitively bid services once every three to four years through an RFP process.

The formal competitive bid process involves several steps:

##### Developing the RFP Document

A Request for Proposals (RFP) is developed by FCS staff. The RFP includes the requested scope, instructions, basic City and County requirements, proposal format, and evaluation criteria.

##### Public Notice

Public notice is provided by mailed notices, information on the County website, and publications in local and community newspapers.

##### Release Period and Respondents' Conference

The RFP is released for a period of time, usually 30 days. During the release period, a respondents' conference is held to answer questions regarding the RFP. Proposals are due by a set date.

##### Selection

After receipt of the proposals, the proposals are screened by contract unit staff to ensure proposals meet minimum qualifications. After screening, a review panel evaluates and scores the proposals. The selection panels are comprised of at least three members, including county and CBO staff who are knowledgeable about community services. The highest scoring proposal is presented to the agency director.

##### Approval by Agency Director

The selection is reviewed and approved by the agency director.

#### Negotiation

Based on the winning proposal, the contract is negotiated including the scope of services and budget.

#### Approval by Human Services Commission

The contract must be approved by the Human Services Commission. The Commission is an oversight body created by the Board of Supervisors with five members appointed by the mayor.

### F. GOALS/OUTCOMES/EVALUATION

#### Goals/Outcomes/Evaluation

##### *Client Satisfaction and Engagement Outcomes*

Clients are involved with each of the programs. Programs are required to elicit client feedback on services as part of their contracts and outcome objectives. Depending on the program, client satisfaction is measured at the end of services or based on a specific time period. Additionally, most of the programs have former clients on their boards or committees.

FCS tracks the number of unduplicated families receiving services. These track the participation of families in various services including case management, family advocacy, support groups, information and referral, respite, parenting classes, and many other services.

The family resource centers and systems track several outcomes including comfortable environment, availability and responsiveness of staff, and connection to services. These measure how families perceive the responsiveness of services.

##### *Short-Term Outcomes*

FCS uses several short-term outcomes. These outcomes include increase in knowledge and skills for informational workshops, nutrition classes, parenting classes. Some providers utilize pre and post tests to measure the change in knowledge as a result of services. Other use parents' perception of what they learned.

##### *Intermediate Outcomes*

For the case management and family advocacy services, FCS uses family functioning scales to measure improvement in various areas such as the children, mental health, parental needs, and family relationships. For services such as respite, the programs measure family stress and other specific areas. A priority during the next two years is to explore the Matrix Evaluation, utilized by several other counties to better assess families' strengths and needs and to determine parent / family progress towards achieving service plan goals and improved family functioning.

##### *Long-Term Outcomes*

For long-term outcomes, FCS plans to track outcomes related to the SIP. While the PSSF and CAPIT funds only partially impact these numbers, they are part of the overall strategies to improve these numbers. These larger outcomes include the rate of first time entries into care, recurrence of abuse of children who remain with their families, the rate of re-entries into foster care.

These are examined outside the contracting process. They are reviewed regularly with the Redesign Core Team, which helps plan San Francisco's strategies to improve on the AB 636 outcomes. Both the FCS Contract Liaison and the Family Support/Family Preservation Program Manager are actively involved in the core team and key committees with child welfare redesign.

## G. COUNTY CAPIT/CBCAP/PSSF PROGRAM ACCOUNTABILITY & OVERSIGHT

### Program Accountability & Oversight

Quality assurance includes the use of service and outcome objectives, quarterly reporting, monthly meetings for PSSF Contracts, program and administrative monitoring through site visits, and periodic evaluation and competitive bidding.

*Objectives:* Each contract is set up with service and outcome objectives. Service objectives measure the quantity and delivery of services. Outcome objectives measure the impact of services. Contractors report on these objectives on a periodic basis.

*Quarterly reports:* Contractors are required to submit quarterly reports on service and outcome objectives. The FPFS Manager or the FCS Contracts Liaison reviews these reports. Concerns are addressed through communication and meetings between FCS staff and the Contractor.

*Monthly meetings:* For the PSSF family resource center contracts, the FPFS Program Manager holds monthly meetings around coordination and quality of services.

The FPSP Coordinator is responsible for the provision of hands-on technical assistance, in-service training and coaching in the areas of program design, implementation and evaluation to the Family Resource Centers. This includes the development of standardized evaluation, data tracking and referral forms as well as minimum program standards. The FPSP Coordinator researches best and promising practice from the fields of child welfare and family support, which is compiled and shared with FRC contractors. Annually, lessons learned captured from implementation are incorporated into service delivery guidelines for programs and services.

The FPSP Coordinator is also responsible for hard case file compliance reviews and oversight for the implementation of several service integration pilots (Team Decision Making and Enhanced Visitation) and redesign service enhancements (CalWORKs Linkages and Differential Response).

## H. COUNTY REPORTING

The FCS Sr. Analyst and the FPSP Coordinator are responsible for negotiating with the nonprofit contractors the data collection requirements and format for reporting. Both compile information capture by contractors and prepare annual progress/performance reports for the Human Services Commission, the state, and other bodies as well as make participates in recommendation processes for resource allocation and contract refinement.

## I. FISCAL

The City and County of San Francisco maintains discrete fiscal codes (known as "index codes") for items to be claimed to PSSF and CAPIT. These index codes are used for creating budgets, setting up contract encumbrances, making payments in our financial system, and tracking those payments for reporting on the quarterly County Expenditure Claim. In addition, contract folders are kept for each contract, which include contract documents, contractor invoices and records of each payment processed.

# ATTACHMENT A

## CAPIT/CBCAP/PSSF Service Goals/Outcomes and Expenditure Plan Summary

COUNTY: San Francisco

ATTACHMENT C1

Date: September 1, 2005  
 Liaison: Robin L. Love Phone No: 415.557.5915  
 Co-Liaison: John Tsutakawa Phone No: 415.557.5070

SERVICE PROVIDER(S) and SERVICES	*Funding (\$)/ Percent of funding	PROJECTED GOALS			ACTUAL OUTCOMES		
		Total Number of Clients to be Served			Total Number of Clients Completing Services		
		CHILDREN	ADULTS	FAMILIES	CHILDREN	ADULTS	FAMILIES
		0-5	6-18	w/disabilities	0-5	6-18	w/disabilities
Economic Opportunity Council (PHERC)		65% of clients served	85% of clients served				
Food Pantry				1,200			
Support for Families w/Children of Disabilities			100% of client served				
1-on-1 Parent Mentoring				20			
TA Consultation for Staff - Providers/CWWs			6 Trainings				
Drop-In Support Groups @ FRCs				3 per month or 48 hours			

# ATTACHMENT A

		PROJECTED GOALS				ACTUAL OUTCOMES			
		Total Number of Clients to be Served				Total Number of Clients Completing Services			
SERVICES AND SERVICE PROVIDER(S)	*Funding (\$)/Percent of funding	CHILDREN		ADULTS		FAMILIES	CHILDREN	ADULTS	FAMILIES
		0-5	6-18	w/disabilities					
Intercity Family Resource Network, Inc (BVHPFRC)		65% of clients served	85% of clients served				0-5	6-18	w/disabilities
Emergency Food					60 families / month				
Substance Abuse Support					30				
Enhanced Visitation					10				
Team Decision Making					20				
Instituto Familiar De La Raza (CLFRS)		65% of clients served	85% of clients served						
MH Case Mgmt. / Peer Support					10				
Team Decision Making					20				
Enhanced Visitation					10				

# ATTACHMENT A

SERVICES AND SERVICE PROVIDER(S)	*Funding (\$)/Percent of funding	PROJECTED GOALS				ACTUAL OUTCOMES			
		Total Number of Clients to be Served				Total Number of Clients Completing Services			
		CHILDREN		ADULTS		FAMILIES	CHILDREN	ADULTS	FAMILIES
		0-5	6-18	w/disabilities			0-5	6-18	w/disabilities
Asian Perinatal Advocates (APIFRN)		65% of clients served	85% of clients served						
Specialized Case Mgmt. for Pacific Islanders					30				
Intensive Case Mgmt. / Enhanced Visitation					10				
Stressline for Asian/Pacific Islander Families in 7 languages						300			
Home visiting for Asian Pacific Islander Families served by SF General Hospital		200				150			

# ATTACHMENT A

		PROJECTED GOALS				ACTUAL OUTCOMES			
		Total Number of Clients to be Served				Total Number of Clients Completing Services			
SERVICES AND SERVICE PROVIDER(S)	*Funding (\$)/Percent of funding	CHILDREN	ADULTS	FAMILIES		CHILDREN	ADULTS	FAMILIES	
		0-5	6-18	w/disabilities		0-5	6-18	w/disabilities	
Child Abuse Council	\$36,514 CAPIT 44%		600		1100				
Family Support Services of the Bay Area	\$36,876 CAPIT 11%	120	60	9					
Black Adoptions Placement & Research Center	\$51,866 PSSF 9%	25							