CALIFORNIA HEALTH & HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
744 P Street • Sacramento, CA 95814 • www.cdss.ca.gov

KIM JOHNSON
DIRECTOR

GAVIN NEWSOM
GOVERNOR

Assurances Template

FAMILY FIRST PREVENTION SERVICES (FFPS) PROGRAM ASSURANCES

City and County of San Francisco

Instructions: These assurances must be submitted by local child welfare services (CWS) and probation agencies that opt into the FFPS Program and are a required component of the local comprehensive prevention plan (CPP). These assurances will remain in effect unless changed by the submission of updated assurances and an updated CPP. Any changes to the local CPP must include resubmission of these assurances.

Title IV-E Prevention Program Reporting Assurance

In accordance with section 471(e)(5)(B)(x) of the federal Social Security Act and California Welfare and Institutions Code (WIC) section 16587(d)(9), *San Francisco Family and Children's Services and Juvenile Probation Department* is providing this assurance, consistent with the local CPP and the California Title IV-E Prevention Services State Plan, to collect and report to the CDSS information and data required for the FFPS Program, including all information and data necessary for federal financial participation, federal reporting, to determine program outcomes, and to evaluate the services provided. This includes, but is not limited to, child-specific information and expenditure data.

Child Safety Monitoring Assurance

In accordance with section 471(e)(5)(B)(ii) of the federal Social Security Act and California WIC sections 16587(d)(7)-(8), the *San Francisco Family and Children's Services and Juvenile Probation Department* assures it will provide oversight and monitoring of the safety of children who receive services under the FFPS Program, including oversight and monitoring of periodic risk assessments throughout the period of service delivery. County Title IV-E agencies that contract with community-based organizations, assure how safety will be monitored and the oversight of periodic risk assessments conducted by the community-based organizations. If the local child welfare and/or probation agency determines the child's risk of entering foster care remains high despite the provision of the services, the agency assures that it will reexamine the child's prevention plan during the 12-month period. In the case of an Indian child, the agency assures the assessments, and any reexamination of the prevention plan will be conducted in partnership with the Indian child's tribe.

Workforce Development and Training Assurance

In accordance with section 471(e)(5)(B)(viii) of the federal Social Security Act, the *San Francisco Family and Children's Services and Juvenile Probation Department* assures it will adhere to the FFPS training plan as outlined in the California Title IV-E Prevention Services State Plan, and ensure caseworkers within both the community and Title IV-E pathways under the FFPS program are supported and trained in assessing what children and their families need, connecting to the families served, knowing how to access and deliver the needed trauma-informed and evidence-based services, overseeing and evaluating the continuing appropriateness of the services, and all foundational requirements, including understanding how the requirements of the federal Indian Child Welfare Act (ICWA) and implementing state law intersect with prevention services provided through the community based and Title IV-E pathways.

Trauma-Informed Service Delivery Assurance

The *San Francisco Family and Children's Services and Juvenile Probation Department* assures that in accordance with section 471(e)(4)(B) of the federal Social Security Act and California WIC section 16587(d)(6), each service in the CPP provided to or on behalf of a child is provided under an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma, including historical and multigenerational trauma, and in accordance with recognized principles of a trauma-informed approach and trauma-specific interventions to address trauma's consequences and facilitate healing.

Model Fidelity for Evidence-Based Programs and Continuous Quality Improvement Assurance

In accordance with section 471(e)(5)(B)(iii)(II) of the federal Social Security Act and California WIC sections 16587(d)(10) and 16587(d)(11)(A), the *San Francisco Family and Children's Services and Juvenile Probation Department* assures that services provided in the CPP will be continuously monitored to ensure fidelity to the practice model, to determine the outcomes achieved, and to refine and improve practices based upon information learned, using a continuous quality improvement framework, developed in accordance with instructions issued by the CDSS. The agency agrees to participate in state level fidelity oversight, evaluation and coordination to determine the effectiveness of a service provided under the FFPS program.

Advancement of Fairness and Equity Strategies Assurance

In accordance with the Governor's Executive Order N-16-22, and consistent with California Five Year Prevention Services State Plan, the *San Francisco Family and Children's Services and Juvenile Probation Department* assures that the implementation of interventions, services and supports should be equitable, culturally responsive and targeted to address dis-proportionality and disparities experienced by black, indigenous, and people of color,

as well as lesbian, gay, bisexual, transgender, queer and plus (LGBTQ+) children and youth.

Assurance of Coordination with Local Mental Health

In accordance with section 471(e)(10)(C) of the federal Social Security Act and California WIC section 16588(f)(3), the *San Francisco Family and Children's Services and Juvenile Probation Department* assures the establishment of a joint written protocol, based on the model developed by the CDSS and Department of Health Care Services for use among the child welfare agency, probation department, behavioral health agency, and other appropriate entities to determine which program is responsible for payment, in part or whole, for a prevention service provided on behalf of an eligible child.

Assurances Signatures

Signature: These assurances must be signed by the official with authority to sign the CPP and submitted to the CDSS for approval.

4/7/2023 — DocuSigned by: Joan Miller 452869C38D214CC...

(Date) (Signature of Authorized CWS Representative)

4/7/2023 — Steve Arcelona 4-7-23

(Date) (Signature of Authorized Probation Representative)

Signature: Steve Arcelona
Steve Arcelona (Apr 7, 2023 13:43 PDT)

Email: steve.arcelona@sfgov.org

COMPREHENSIVE PREVENTION PLAN
The City and County of San Francisco: Strong Families and Communities

County Information

Title IV-E Agency Information: Human Services Agency – Family and Children's Services

Submitting Authority: Family and Children's Services Director

Contact Name: Joan H. Miller

Contact Email: Joan.h.miller@sfgov.org

Signature of CWS Representative: DocuSigned by: Joan Miller 452869C38D214CC...

Signature of Authorized Probation Representative:

Signature of Authorized Behavioral Health Representative:

Table of Contents

Introduction and Background

The City and County of San Francisco has a vision for a holistic and collaborative prevention-oriented system that is community driven and empowers families. Implementation of the Family First Prevention Services Act (FFPSA) under Title IV-E prevention services in partnership with California Department of Social Services (CDSS) offers an opportunity to break down silos and remove barriers to collaboration among family support organizations. FFPSA and the community pathways approach empowers jurisdictions to create a shared collaborative system that supports families where they are at in their community, supports community-based providers to deliver family and youth centered services that strengthen community, and aligns public and private initiatives cohesively to serve the diverse communities of San Francisco.

The City and County of San Francisco has a long history of cross-sector collaboration and efforts to reach families in the community. San Francisco County has strong relationships between public family-serving agencies, including Family and Children's Services (FCS), Juvenile Probation, Department of Public Health (DPH), Department of Children, Youth and Their Families (DCYF), Office of Early Childhood, and the San Francisco Office of Education. Since 1998, San Francisco County has supported a network of 26 Family Resource Centers (FRCs) that aim to improve parental support networks and provide opportunities for child development and accessing services to support child health needs in the communities they live. Serving neighborhoods across the city and county—as well as six populations that need specialized services including homeless families, LGBTQIA families, families with children with disabilities, and families with young children exposed to violence—the FRC network serves families in their neighborhoods, in their home languages, and without stigma. FRCs create an essential community safety net through:

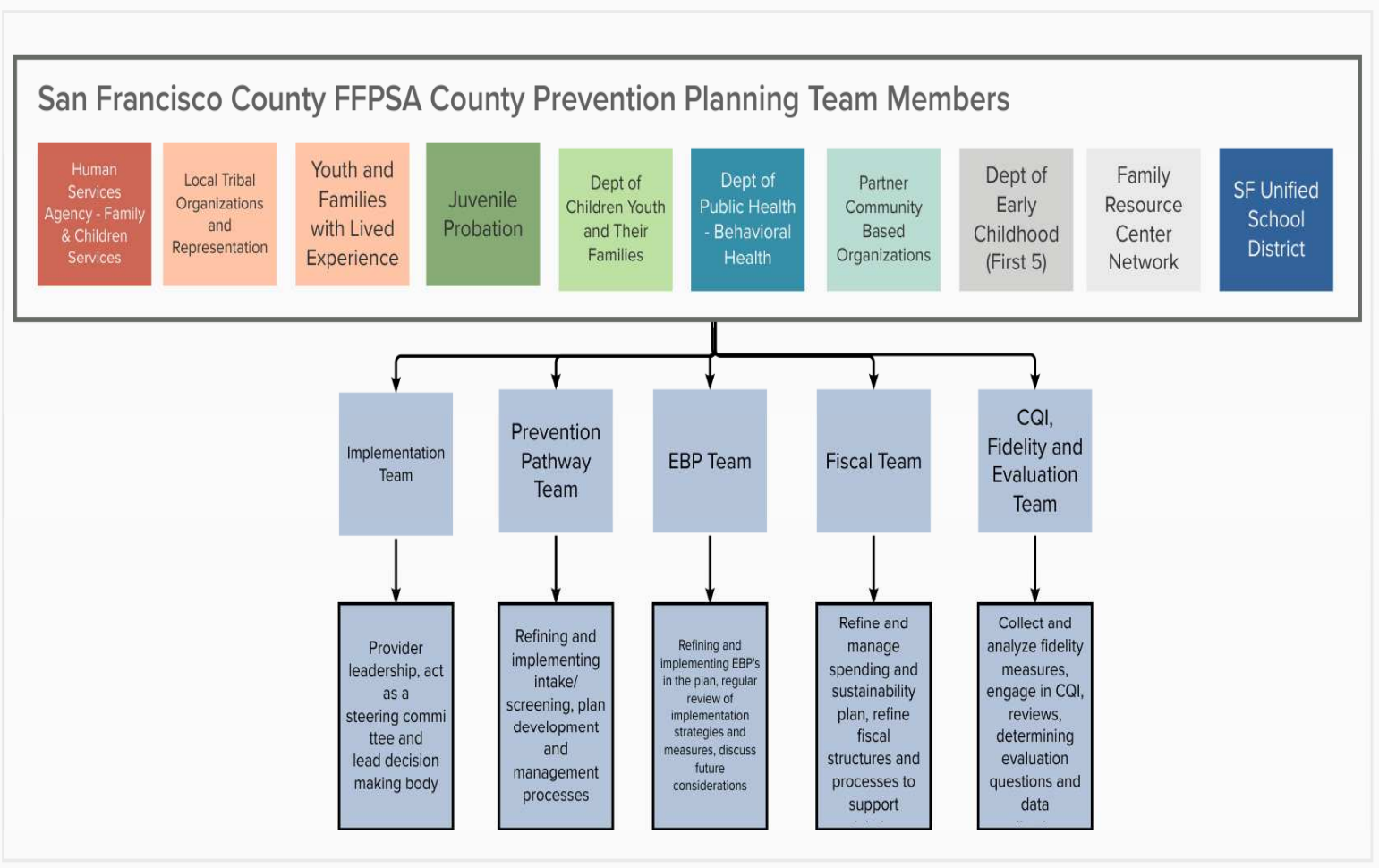
- Connections to public benefits and additional access to basic needs
- Early intervention services to increase healthy dynamics in families and reduce the possibility of issues escalating to more expensive and disruptive services
- Opportunities for parents to become leaders within their communities and throughout the city
- Connections and supportive relationships among parents
- Parenting education and support to foster positive parent-child/family relationships
- Individual and family therapy
- School readiness supports
- Development of a systemic approach to strengthening families and communities by operationalizing the research-informed Protective Factors as an outcomes framework

Additionally, the County has a strong network of family- and youth-serving organizations that have a prevention-oriented mission and believe that the shift toward a collaborative prevention-oriented system is achievable. The community believes in the goal of reducing incidences of abuse and neglect, decreasing entries into foster care, reducing disproportionality, addressing systemic and historical traumas, promoting the social determinants of health, increasing protective factors, and improving the lives of children, youth, and families throughout the County.

Governance Structure, Cross-Sector Collaboration, and Partner Engagement

San Francisco County's Human Services Agency – Family and Children's Services (HSA-FCS) has engaged public and private partner agencies and organizations, local tribal representation and agencies, as well as community members, youth, and families with lived expertise to explore community readiness and engagement in a holistic prevention-oriented system, determine the community prevention pathway and process, and decide on the evidence-based practices that will best support the community needs of San Francisco. This cross-sector and cross-functional structure, illustrated in exhibit 1 below, has been involved in the review of this plan and will continue to participate throughout implementation of the County Prevention Plan in different iterations as needed to support implementation components. During the course of planning, key partner leaders supported communication and feedback with youth and families who had lived experience, including youth ages 18 to 21 and community-based organizations (CBOs) that support them. Five core teams will comprise the teaming structure during implementation to support meaningful decision making and continuous improvement of implementation strategies such as communication and engagement strategies; training, fidelity monitoring, continuous quality improvement (CQI) and evaluation of the core plan components; and regular review and evaluation of fiscal status. Changes in core components, evidence-based practices (EBPs), fiscal structures, or other major adaptations to the plan will be discussed in collaboration with key partners based on the team responsible and in partnership with public agency leadership to ensure collective decision making and consensus on changes.

Exhibit 1: San Francisco County FFPSA Governance Structure



Teaming and Partner Collaboration and Participation

A list and visual of all partners who have been actively engaged and who have participated in the prevention plan development is in appendix A. The HSA-FCS intends to maintain active engagement of partners and stakeholders through participation in various implementation teaming efforts, which will include opportunities to engage in the following activities based on interest and availability:

- Building community capacity to expand prevention services access points
- Building community capacity to manage family prevention plans
- Determining the EBPs to incorporate, expand, or explore for San Francisco during ongoing implementation
- Monitoring fiscal blending and prevention funding and CQI of fiscal processes
- Ongoing data collection, CQI processes for the prevention pathway and EBPs, and monitoring/review of evaluative outcomes
- Ongoing fidelity monitoring of the prevention pathway process, prevention plan management, and the evidence-based prevention services
- Ongoing communication of overall initiative, implementation progress, and outcomes with key stakeholders and engagement of community members and partners in the process

San Francisco County has historically engaged members of the community for input on initiatives and will continue to take active efforts to include community members on prevention plan implementation teams. During the prevention plan development process, the teams used data from the Black and Indigenous People of Color Family Justice Summit Report, Strengthening Families Task Force, Students and Families Recovery with Inclusive and Successful Enrichment (RISE) Working Group, Asset Mapping Prevention Resources Report of 2019 from the Office of the Controller, and the Mayor's Children and Family Recovery Plan. The teams subsequently held four focus groups and seven individual interviews with parents, caregivers, and youth who experienced involvement with child welfare in San Francisco. The County Prevention Plan Implementation Teams will continue to engage community members in the review and selection of EBPs, review of changes to the prevention or implementation plan, communication, and messaging, CQI efforts, and outcomes whenever possible.

Tribal Consultation and Collaboration

American Indian and Alaska Native (AI/AN) people are a very small proportion of San Francisco, representing only 0.2 percent of the total population. However, they are overrepresented in child welfare, accounting for 0.6 percent of the total referrals and 0.7 percent of the total investigations. The San Francisco prevention planning teams have reviewed the child welfare data by zip code and identified target areas to build capacity of culturally relevant services for this population to reduce the disproportionate impact of child welfare involvement on AI/AN families. Prevention services for AI/AN families should emphasize partnership with families to meet them where they are and engage tribal representatives in accordance with family preference.

The San Francisco prevention planning teams have engaged with two lead agencies in the immediate Bay Area that provide services for the Bay Area AI/AN population. Friendship House San Francisco is an Indigenous-led social service provider located in the Mission District that provides an array of programming aimed at addressing mental health concerns and reducing the impact of substance use on adolescent youth, adults, and pregnant or mothers with young children. The Native American Health Center provides behavioral health and community wellness services to the AI/AN population in the Bay Area.

Both partners have been engaged to participate on implementation teams, have provided input on how the evidence-based services selected for the County Prevention Plan can complement the work being done in the community, and were provided opportunities to review the final draft of this plan. Both SafeCare and Motivational Interviewing have shown effectiveness with AI/AN populations, and Trauma Focused-Cognitive Behavioral Therapy (TF-CBT) is on the list of EBPs for further exploration. It will be important to have both tribal partners involved in ongoing workgroups to discuss EBPs that could serve this population meaningfully and to support future decision making about where to invest prevention funding for culturally relevant services.

In compliance with Welfare and Institutions Code (WIC) section 16587 (d)(B)(3), HSA will ensure that inquiry about tribal membership is incorporated into service planning. Existing contracts, as well as future contracts with FRCs, CBOs, or other service providers, will additionally provide these assurances to ensure culturally relevant EBPs are being provided.

As additional engagement efforts occur with tribes and tribal organizations, services and EBPs will be identified. Ongoing discussions or funding adjustments will be assessed and planned for to ensure funding is available or leveraged for culturally appropriate services or any necessary cultural adaptations to EBPs that are consistent with the EBPs model fidelity standards as allowed by Administration for Children and Families Information Memorandum 21-04 guidance.

Integrated Core Practice Model (ICPM)

San Francisco County uses the ICPM as a framework to inform practice internally with FCS and Juvenile Probation staff, and with system partners through the interagency Assembly Bill (AB) 2038 system of care to outline practice expectations and goals for how the agency does its work. As a component of implementing the County Prevention Plan, San Francisco will use the training resources available to share the ICPM framework and expectations with prevention plan partners and support the integration of the framework into the prevention services access points to engage with families and assess their needs and candidacy, the management of family prevention plans, and the delivery of prevention services with families. Additionally, San Francisco County will use the ICPM framework to evaluate CQI of these core components.

ICPM Behavior	County of San Francisco's Strategies for Using the ICPM
Foundational	System and Partner Behaviors • Engage in open, honest collaboration and accountability with the stakeholders participating in implementation teams to gain input and give timely information. • Ensure accountability through evaluation components as outlined in the logic model. • Expect all team members to be accountable for what they say and do within planning meetings. • Lead with principles and practices that are trauma informed and racial-equity centered (see appendix D). Behaviors with Families • Engage in open, honest, clear, and respectful communication with families seeking assistance and receiving prevention services. • Prevention access points and prevention plan management teams will, to the extent possible, use Motivational Interviewing engagement strategies to engage families in the prevention pathway. This will include intake, eligibility screening, discussing services available and how to access them, and collaboratively managing family prevention plans. • Engage in trauma informed and race equity centered engagement practices through all phases of the practice model. • Support communication with families in the method they prefer and provide engagement or services in culturally relevant languages whenever possible with translation services available where appropriate.
Engagement	System and Partner Behaviors • Use multiple forums to ensure community partners and service providers will have the opportunity to contribute and be informed about primary, secondary, and tertiary prevention services throughout the County and efforts to integrate trauma informed and racial equity centered practices. • Foster a sense of trust among implementation team partners and work toward gaining a better understanding of the roles/responsibilities of each agency. Behaviors with Families • Use Motivational Interviewing engagement strategies to establish a relationship with all members of the family (child, youth, young adult, and caregivers) through intake, screening, assessment of family needs, and managing the family prevention plan. • At intake and throughout a family's engagement in prevention services, providers will rely on the family's input, actively maintain a collaborative

ICPM Behavior	County of San Francisco's Strategies for Using the ICPM
	relationship, and share relevant information from which family can make informed decisions along the prevention pathway. • Throughout a family's engagement in prevention services there will be consistent use of language that is in alignment with cultural expectations, is guided by trauma-informed principles, shows consideration of the family's perspective, and demonstrates respect for the family's role as an expert in planning and decision making. • Families will be provided with information about available prevention resources and will have the ability to opt in for services or not. Messaging will be clear that opting in for prevention services is optional. An expectation of family engagement for intake, screening, and prevention plan management is that the hours will be flexible, more than 5 days/week, and by appointment. Engagements with the family will take place in the setting of their choosing.
Assessment	System and Partner Behaviors • Use common assessment tools that are already being used effectively by partner organizations, such as Protective Factors or Child and Adolescent Needs and Strengths (CANS), with minor modifications to ensure all FFPSA data needs are captured to minimize multiple assessments being conducted with each family. • Expand opportunities for data sharing between the child welfare agency and community-based partners who are managing prevention plans to ensure consistency in the assessment processes. • Support the development of a collaborative process to ensure that HSA-FCS verification of family eligibility for FFPSA prevention services is external to the prevention pathway and services provided. Behaviors with Families • Both prevention access point and prevention plan management staff will gather information using Motivational Interviewing skills that support engaging the family and identifying their eligibility and interest in receiving prevention services. • When a partner CBO is acting solely as a prevention access point, staff will ensure the family is engaged with the prevention plan management team to further support them in accessing prevention services. • Prevention plan management staff will facilitate assessments using an appropriate family strength and needs tool to determine the most appropriate prevention services (likely the Protective Factors or CANS assessment). The assessment can be done in parts at a pace that works for the family. The tool will help staff to gain an understanding of the family needs. • Prevention plan management staff will engage in periodic screening for risk and engage in team-based decision making.
Teaming	System and Partner Behaviors • As a collective, community partners are engaged in the design, testing, and implementation of a prevention-oriented system of care in San Francisco County. • Coordination and communication occur regularly between multiple teams that will support different components of the prevention plan. Behaviors with Families • Prevention access point team goals are to support the family with any appropriate prevention services that they can provide and to use a team approach to ensure the family engages with the prevention plan case manager team for their prevention plan. • The prevention plan case manager's goal is to establish a team in partnership with the family to access available prevention services in the community and to support the family through their Prevention Plan, from needs assessment to service completion.

ICPM Behavior	County of San Francisco's Strategies for Using the ICPM
	• The prevention plan case manager will work with community-based services to identify culturally appropriate services to meet the family's needs and will be a continued support to the family as they engage with prevention services. The Prevention Plan case manager will actively work to protect family confidentiality and share only needed information to the referred CBO as appropriate and assist the family in contacting the CBO.
Service Planning and Delivery	System and Partner Behaviors • Agency partners will use data to guide decision making about which EBPs to implement, expansion of EBPs, or need for cultural adaptations of services • Partners will track data to best determine how to use funding and maximize revenue sources to best meet family's needs Behaviors with Families • Customized prevention plans are co-developed with the family and monitored and adjusted as needed to reflect the family's needs and/or progress through prevention services. • Throughout service delivery, the prevention plan case manager will facilitate interaction with the family by staying impartial and consistently creating an atmosphere of transparency, mutual exploration, and respect, and acknowledges prior safety solutions. • Well-rounded case management and linkages will be provided using Motivational Interviewing and ongoing assessment, collaboration, and engagement with the family and other supports including the prevention access point and the community-based service provider(s).
Transition	System and Partner Behaviors • Partners will keep each other well informed of agency changes, either in key services or initiatives, funding, data, or staffing to prepare for the impact of these transitions on the Comprehensive Prevention Plan. Behaviors with Families • The prevention plan case manager will provide transition planning and preparation well ahead of the family's transition out of preventive services in collaboration with the service provider and in alignment with the EBP being provided. • The prevention plan case manager in coordination with the community-based service provider will collaborate with the family as the expert during transition planning. • The prevention plan case manager in coordination with the community-based service provider will coordinate and collaborate with the family's informal and formal supports as identified by the family to ensure successful transition.

Target Candidacy Population(s), Needs Assessment, Service/Asset Mapping

The City and County of San Francisco has a strong history of providing prevention services to support families through interagency collaboration and resourcing of services to support families involved in Child Welfare or Juvenile Probation, a well-known community-based Family Resource Center network, a healthy provider network and active Provider Advisory Board that includes hospitals and medical providers, school-based services, and faith-based organizations. Service array strengths and gaps were assessed through a variety of data collection methods:

- Child welfare and juvenile probation quantitative data from July 2021–June 2022
- Focus groups with HSA-FCS staff in summer 2022

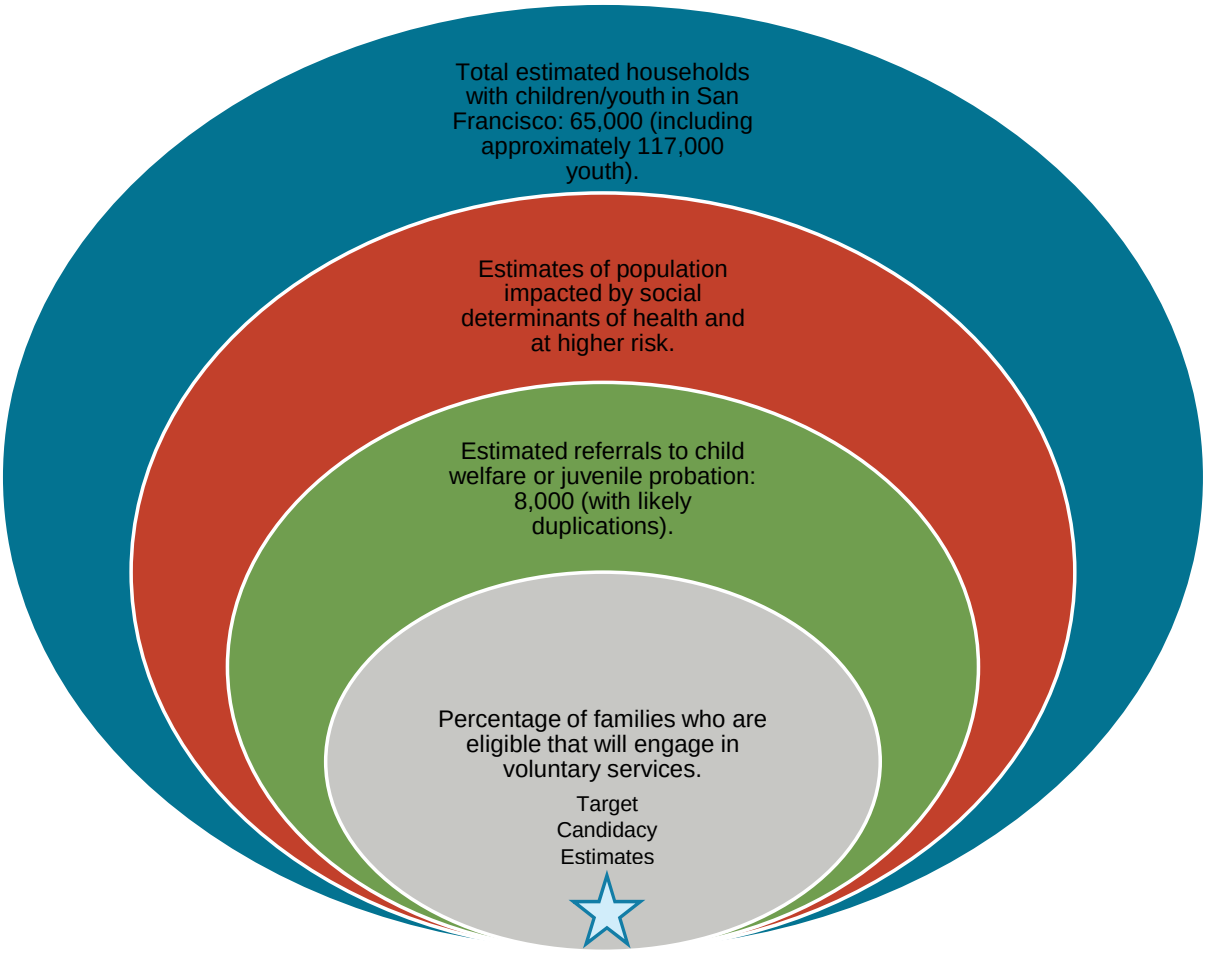
- Capacity assessment survey conducted in spring 2022 to assess the current array of prevention services in community-based providers, their capacity to provide the services with fidelity, and their capacity to collect participant level data, conduct CQI, and evaluation activities
- Individual organizational-level focus groups through summer and fall 2022 with agency leadership to capture information about agency motivation to participate in FFPSA prevention plan activities and general agency capacity strengths and gaps to implement components of the prevention plan
- Organizational-level fiscal discussions in the fall of 2022 to assess individual organizational capacity to collect and monitor FFPSA data and fidelity related to fiscal drawdown of Title IV-E FFPSA prevention funds in administrative, training, and service delivery categories; to identify organizational funding to support blending/braiding of funding and identification of payor of last resort for Title IV-E FFPSA-eligible services; and to complete billing for Title IV-E FFPSA-specific fiscal categories
- Interagency fiscal landscape in fall 2022 to assess current array of prevention services and funding
- Focus groups and interviews with persons with lived expertise in the fall of 2022 (participants were identified through the FRC Family Alliance and CWS Legacy programs), facilitated by a community member with lived expertise
- Department of Early Childhood Grantee conversations from spring of 2022
- Final recommendations to Strengthening Families Task Force Team Lilly, fall of 2022
- "Investing in Prevention – Building a Child and Family Well-Being Network" June 17, 2022, PowerPoint slides
- San Francisco Mayor's Children and Family Recovery Plan
- 2019 Office of the Controller – Mapping Resources to Prevent Child Abuse in San Francisco report
- Plan of Safe Care Community Collaborative Recommendations
- Safe & Sound 2020 Annual Report
- San Francisco Policy Self-Assessment 2019
- San Francisco top needs for families identified by First Five, June 22, 2022
- September 2021 FRC – First Five essential services
- DCYF 2020 Community Needs Assessment Report
- Final 2019 San Francisco CSA
- Child Abuse Prevention Programs Master List
- Family First Transition Act Service Provider Directory – CDSS
- Juvenile Probation Commission Monthly Report
- San Francisco Juvenile Probation Department Annual Report 2021
- Fiscal Year (FY) 2020/2021 DPH Final – Annual Report
- DCYF 2022 Community Needs Assessment
- DPH Annual Report FY 2021 Report

Assessment of Target Candidacy Population

The San Francisco prevention planning teams reviewed a variety of data from different perspectives to determine target candidacy populations for prevention services. According to 2020 US Census data the City and County of San Francisco has a total population of approximately 874,000 people with estimated 65,000 households with youth under the age of 18 including a total estimate youth population of 117,000. The social determinants of health are known to be an indicator of potential child welfare involvement and in San Francisco County approximately 10 percent of the population lives at less than 200 percent of federal poverty level, approximately 10 percent have experienced substance use disorder (SUD), 22–

26 percent have self-reported mental health concerns, and San Francisco has lower than average homeownership and high housing cost burdens.

Based on this data and historical percentage of engagement in voluntary prevention services a target number for Title IV-E prevention services by year three of implementation could be between 2,000 and 3,500 families. This target number is based on the child welfare and juvenile probation data available, but due to the inability to retrieve unduplicated data in a timely manner, the potential for duplication was accounted for. The calculation was based on the potential number of families who could be eligible based on census data, child welfare and probation referrals that are not accepted and/or evaluated out, as well as rates of engagement in voluntary services such as Differential Response.



Assessment of Community Needs

San Francisco prevention planning teams reviewed child welfare and census data by zip code, by race/ethnicity, by allegation, and by age of the child/youth in order to determine strengths and gaps that need to be addressed. The data tables reviewed are included in appendix B. Black or African Americans, Latina/o/x and Hispanic, and AI/AN populations are overrepresented in child welfare compared to their proportion of the overall population of San Francisco, and by reviewing the data by zip code and allegation it allows the team to see opportunities for targeted interventions or further exploration of the potential root causes for disparities.

The available allegation data by race/ethnicity allowed the prevention planning teams to look at the percentage of referrals by allegation type for each population and also look at the total percentage of those referrals that are evaluated out, inconclusive, or unfounded to get a better picture of the numbers of families who might be eligible for prevention services and to better understand the kinds of prevention services that would best support the need and in which zip codes or communities there are opportunities to have the greatest impact.

In addition to quantitative community data San Francisco prevention planning teams reviewed focus group data from HSA-FCS and CBO staff, as well as the focus group and interview data from persons with lived expertise. As a component of year one implementation San Francisco intends to further explore with community members the unique needs of the Black or African American and Latina/o/x and Hispanic populations of San Francisco to better understand the root causes of high referrals and ensure that services and EBPs are meaningful and adequately address the needs of these two populations who are overrepresented.

Readiness Assessments

The Capacity and Readiness Assessments included the following domains and looked at both individual organizations, as well as general community readiness for moving toward a holistic and community-based prevention system:

- Motivation: The willingness or desire of individuals in an organization or community to change and adopt an intervention
  - Motivation is often reflected in the beliefs, attitudes, and commitment of those involved with the change.
- General capacity: Aspects of an organization or community's healthy functioning
  - General readiness of organizations and the community to provide prevention services were assessed on the capacity building dimensions of knowledge and skills, resources, infrastructure, culture and climate, and engagement and partnerships.
- Intervention-specific capacity: Human, technical, and physical conditions needed to implement a particular program or practice effectively, in this case the County FFPSA prevention plan.
  - Areas of interest here included organizational and community strengths and gaps on the knowledge, skills, structures, and supports needed for a specific component of the prevention plan intervention, including the intake and screening for prevention services eligibility, family needs assessment and prevention plan management, and the provision of evidence-based services included in the plan.

The following readiness strengths and gaps were identified through the Capacity and Readiness Assessments which shaped the team identification of the prevention pathway, as well as the selection of EBPs that are included. The team aimed to build on community strengths in infrastructure, community connectedness and collaboration and to build an array of services that would address the most priority gaps and needs.

Component of Readiness	Strengths and Beliefs	Areas to Build Capacity/ Considerations
Motivation for a Prevention-Oriented System	▪ FFPSA offers an opportunity to create a more collaborative and robust community vision of prevention that empowers families. ▪ Community-based human services providers have historically had good relationships, are innovative and creative in finding ways to support families where they are at, already have a strong culture to provide different levels of prevention services. ▪ Have a strong network of FRCs and providers embedded in the communities they serve. ▪ CBOs have staff that are hopeful and committed to helping families where they are.	▪ Seek alignment with other community initiatives so it does not become "just another program"—break down silos. ▪ Engage both small and large providers to participate and build capacity with equity. ▪ Ensure services and approach are family centered; engage families and pregnant population early, focus on building relationships, and include primary prevention strategies. ▪ It is important to adequately address the cultural diversity of San Francisco. ▪ Communicate prevention vision in a way that engages more than just human services organizations, must engage community leaders and normalize help seeking behaviors.
General Community Capacity	▪ There are strong sources of public funding to support this kind of effort: it is critical to collaborate and not duplicate services. ▪ Existing prevention services are strong, e.g., Triple P and SafeCare, so it is	▪ Staffing in general is a concern; staffing to deliver services (including clinical staff) and staff to manage services. Need competitive pay to attract and retain staff. ▪ Other contributing factors that influence risk and protective factors on the prevention

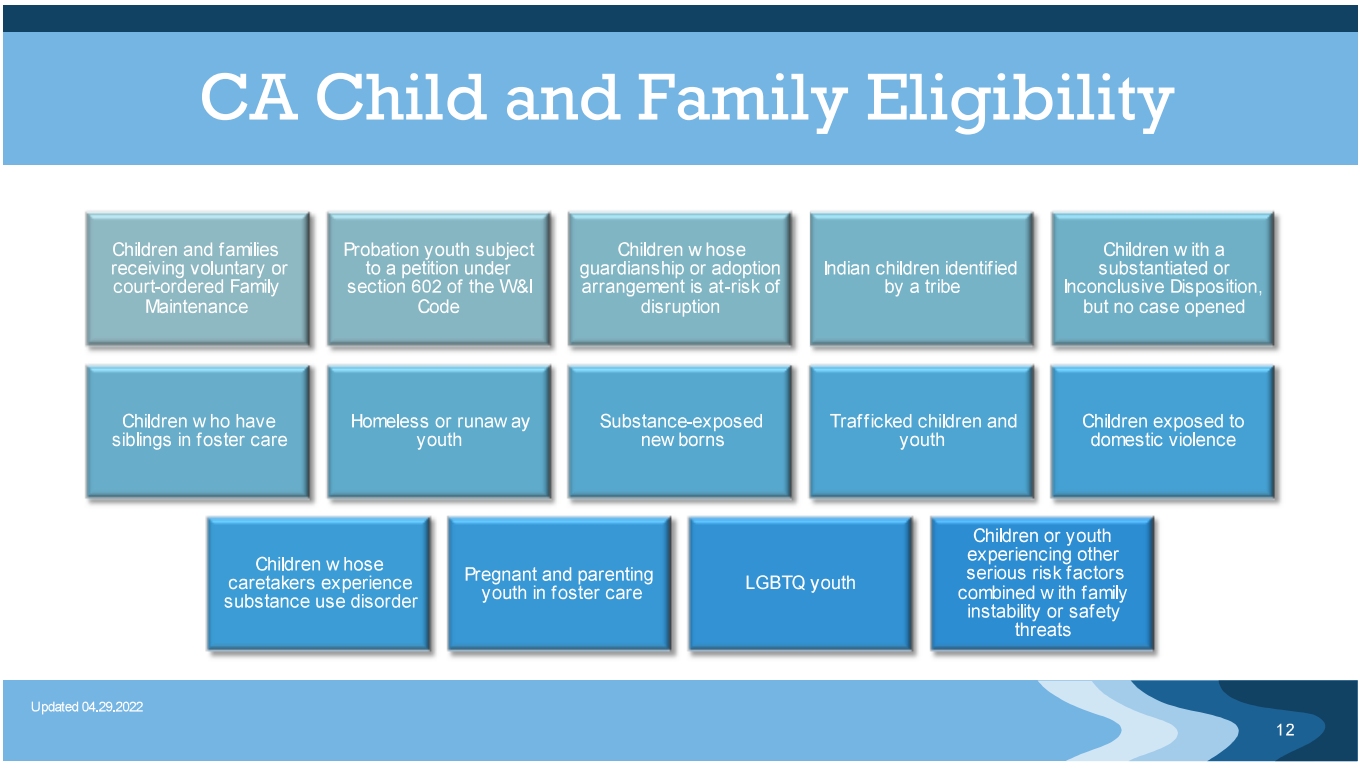
Component of Readiness	Strengths and Beliefs	Areas to Build Capacity/ Considerations
	important to consider what already exists and not add other services that create confusion and competition between providers. ▪ There are a lot of services available in the community—what are the barriers to accessing these services? ▪ There are existing systems and structures that can support the effort, e.g., some partners with strong capacity for training, others have strong capacity to monitor and measure some EBPs, FRC network, and parent warmlines (TALKLine and API Parental Stress Line) are well-known resources. ▪ There are current and historical experiences in use of "train the trainer" models and collaboration to expand services more broadly across the County to support EBPs training and fidelity needs.	continuum: access to basic needs, e.g., housing, is critical. ▪ Build capacity to respond to domestic violence, substance use disorders, and mental health concerns. ▪ It is critical to communicate the prevention vision clearly to community and staff to engage and get buy-in. ▪ It is critical to build capacity of the services to ensure that families have access to and are engaging in the services they need when they need them; reduce waitlists for mental health services and substance abuse services; in particular, increase options for families with young children for inpatient substance abuse services.
Intervention-Specific Capacity	▪ Will require a lot of coordination and collaboration between providers and public agencies. ▪ Will be important to ensure that this effort is in alignment and complements other City and County initiatives. ▪ There are some great prevention services ongoing that are not in California's plan or in the clearinghouse that FFPSA funds could support building evidence for. ▪ There are strong foundations for parental support programs in San Francisco, but there is a need for targeted services to the populations most impacted by child welfare and juvenile probation, e.g., African American and Latina/o/x and Hispanic populations.	▪ Need support for the following: – Training on EBPs and new processes and building a sustainable train the trainer model for identified EBP's – Support for monitoring EBPs for fidelity and any evaluations required – Support for understanding which funding sources pay for a service when? – Support for building capacity for culturally responsive practice ▪ Need support for smaller organizations to build their capacity to be an active participant. ▪ Need to support building a true community pathway system of care coordination and/or navigation for families that is outside of Child Welfare or Juvenile Probation but does not replicate the Differential Response program. ▪ Improve data sharing and management. ▪ Improve evaluation capacity and sharing evaluation results.
Fiscal Capacity	▪ Existing capabilities of blending funding sources. ▪ Existing time reporting processes that can be further developed. ▪ Collaborative partnerships and current contracts between community agencies, HSA-FCS, DPH, and/or DCYF. ▪ Strong motivation to support prevention through existing processes. ▪ Consistent capturing of case counts and reporting on existing services/activities.	▪ Need support with data and fiscal requirements for Title IV-E FFPSA. ▪ Need support around fiscal CQI processes. ▪ Workforce staffing issues, especially competitive salaries. ▪ Minimal financial resources i.e., small fiscal units/teams, sometimes teams of one. ▪ Reporting in multiple systems for different funding sources or funding entities. ▪ Some organizations lack consistent documented standard operating procedures.

Component of Readiness	Strengths and Beliefs	Areas to Build Capacity/ Considerations
	▪ Most organizations have electronic systems for payroll and documentation of staff services/activities. ▪ Some organizations have time study capacity or are using time studies, where others would have to build capacity. ▪ Use of interagency fiscal auditing and monitoring.	▪ EBPs are minimally tracked with many agencies not having any experience in tracking or claiming for EBPS. ▪ Organizations have concerns about administrative capacity needed to build and sustain capacity. ▪ Organizations have inconsistent systems to allow invoicing to an individual child/client level. ▪ Organizations have concerns about maintaining the fee for service method of reimbursement. ▪ Organizations need additional supports for blending funding streams. ▪ Organizations reflected a need to support silos within the community to fully achieve fiscal capacity. ▪ There is no city system interface for billing, requiring all agencies to use the entity they contract with or their own system.

San Francisco Target Candidacy Population

San Francisco HSA-FCS and the Juvenile Probation Department in partnership with ICF conducted extensive engagement with community partners, individuals with lived experience, and providers across the County in through 2022 to identify populations at imminent risk of foster care and to match EBPs that could meet the population's needs. This process involved engaging the Implementation and Prevention Pathway teams as well as forming parenting, mental health, and substance use service array workgroups to review relevant EBPs and make recommendations for which services would meet the needs of children, youth, and families in the City and County of San Francisco. These efforts, along with the readiness and capacity assessment, helped prepare the County to commit to embracing all FFPSA candidacy subgroups, and four out of the ten EBPs outlined in California's Prevention Plan. Through the capacity assessment data analysis, the teams determined that each candidacy subgroup is at high risk of entering foster care and would benefit from the FFPSA parenting, mental health and/or substance use prevention and treatment services included in California's Prevention Plan, as well as non-FFPSA prevention services.

Candidacy Population



Service/Asset Mapping

Based on both quantitative and qualitative data available to the San Francisco prevention planning team, there are both strengths and gaps that supported the decision making for the EBPs to include in the County's Comprehensive Prevention Plan.

In general, the data suggests that there are not enough culturally relevant services to support the high proportion of Black/African American and Latina/o/x and Hispanic populations represented, and that although there may be a large body of mental health and substance use services in San Francisco that accessing them for families who are referred by Child Welfare or Juvenile Probation has been a challenge and there are often long wait lists.

Service Area	Identified Strengths	Identified Gaps
Mental Health Services	▪ There is a strong base of known providers for FFPSA-eligible mental health services. ▪ The ability to expand capacity through additional training and fidelity supports can help address gaps.	▪ There are not enough services that treat the family unit. ▪ There are often long wait lists and not enough capacity to meet the need. ▪ There is currently a workforce crisis for licensed mental health professionals, particularly for the nonprofit sector. ▪ There is a high population of immigrants who have experienced trauma and not enough mental health services that adequately address this population.
Substance Use Services	▪ There are several community-based substance use services available to support outpatient adults.	▪ The critical gaps are in supporting the following populations: – Culturally relevant services for target populations – Substance-exposed newborns – Adolescent youth and their families – Adults who need inpatient treatment where they can bring their children
Parenting Support Services	▪ There is a strong foundation of family support services through the FRC network and a deeply embedded Triple P program throughout the County. ▪ The FRCs are well-known in their communities and often have staff who reflect the diversity of the community they are in to support engaging parents in services.	▪ There are not enough culturally relevant services to support the populations overrepresented in the Child Welfare and Juvenile Probation systems. ▪ There are not enough services that support the family unit across multiple stressors.

San Francisco County has been working to ensure racial equity in the provision of individual services and programs are being provided to children, youth, parents, or caregivers. Some of this work has been through collecting data related to disproportionality in child welfare and juvenile probation. CDSS has partnered with University of California Berkeley on the California Child Welfare Indicators Project on identifying data to help inform and improve child welfare. (These data can be located at California Child Welfare Indicators Project [berkeley.edu/]) One of these data points reflects that HSA-FCS has seen a slight decrease in reentries in the last 5 years with each race/ethnicity group, with the largest decreases in the Black/African American and Latina/o/x and Hispanic youth populations.

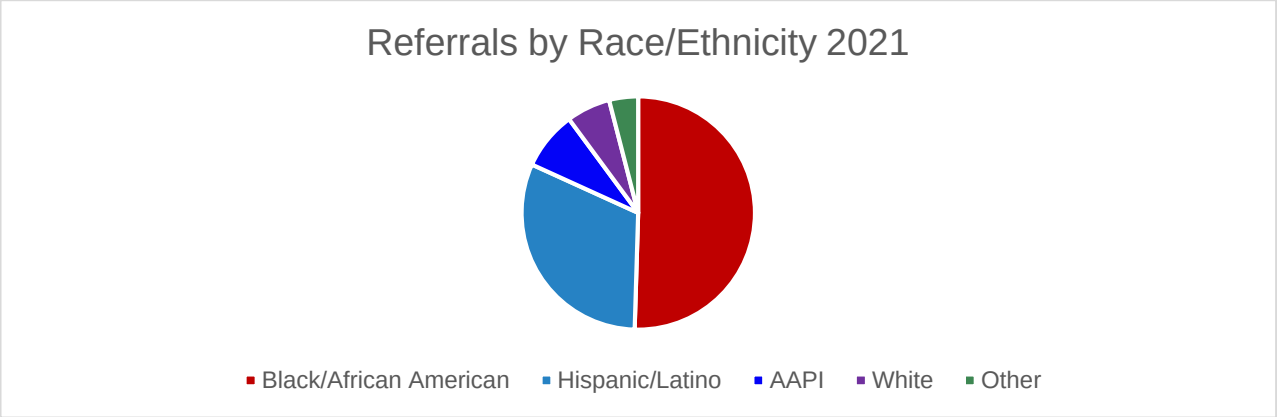
HSA-FCS data reflected below shows the disproportionality of Black or African American and Latina/o/x and Hispanic children and families coming to the attention of child welfare.

Proportion of Population and Child Welfare Involvement by Race/Ethnicity

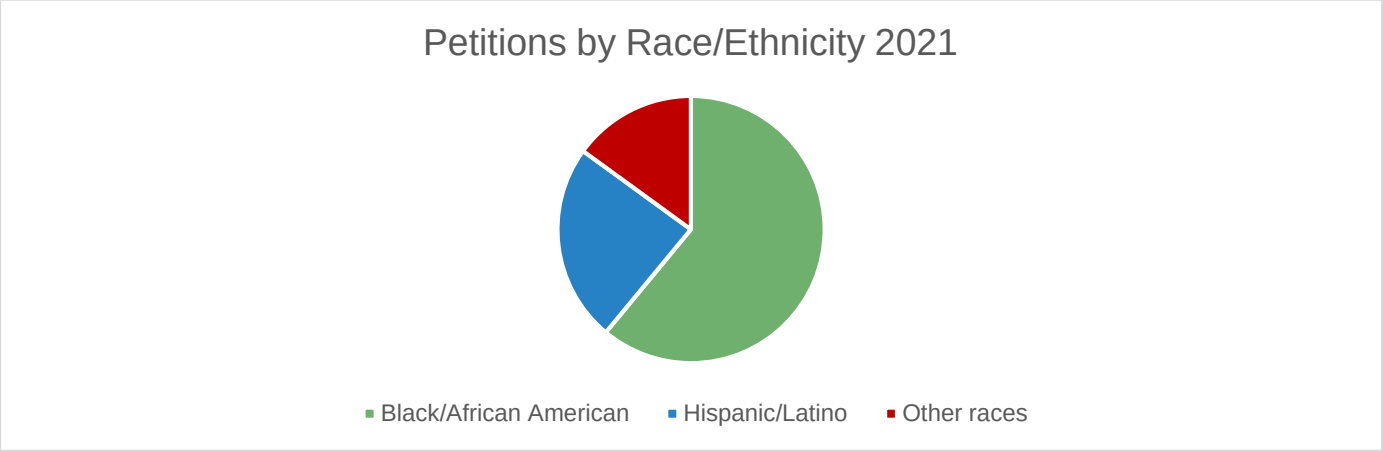
Race/Ethnicity	Total SF County Population (2020 Census)	Percentage of total Child Welfare referrals (July 2021 – June 2022)	Percentage of investigated referrals (July 2021 – June 2022)
Asian/ Pacific Islander	34.4%	12.5%	13%
Black / African American	5%	26.9%	29%
Hispanic/ Latino	15.2%	34%	36.3%
American Indian/ Alaska Native	.2%	.6%	.7%
White/ Caucasian	40.5%	10.8%	10.5%
Unknown	N/A	15.1%	10.3%

HSA-FCS child welfare eligibility data 07/01/21 to 06/30/22 and California Census data

As documented in the Juvenile Probation Department's (JPD) 2021 Annual Report (Annual report 2021 (sf.gov)), there are a disproportionate number of African American young people involved in the juvenile justice system in San Francisco, with disparities even more severe for African American girls. This disproportionality with regard to Black/African American youth and Latina/o/x and Hispanic is evident in both referrals received by JPD from police as well as petitions filed by the District Attorney's Office as reflected in the charts below. This further supports the need to expand culturally relevant services to support families with adolescents.



San Francisco JPD Annual Report 2021



San Francisco JPD Annual Report 2021

The San Francisco prevention planning teams reviewed zip code data that reflects areas where Black/African American and Latina/o/x and Hispanic children and families in San Francisco are overrepresented, which could allow for targeted services through the FRC network within these zip code areas.

The additional EBPs that Title IV-E FFPSA funding will support show effectiveness with Black/African American and Latina/o/x and Hispanic populations which, with the racial equity and existing programs/services, should have a direct correlation in addressing the above referenced disproportionality and keeping children and youth safely at home. This, as well as the existing funding to the FRC Initiative and CBOs, ensures that culturally relevant services are being provided to children, youth, and families within San Francisco County. Each FRC and CBO can provide culturally compatible services to children, youth, and families within the neighborhoods they serve and can ensure that parent education services are culturally sensitive and relevant to San Francisco County's population. These services also ensure that the underserved populations have access to adequate services.

Fiscal Asset Mapping

San Francisco County and community partners have completed asset mapping over the past few years, some of which include funding information to help inform service availability, needs or gaps in the community and how the service/program is being funded. Fiscal readiness focus meetings were, and will continue to be, held with CBOs and FRCs. Information gathered from existing asset mapping was used by the fiscal prevention planning team as a baseline to complete additional fiscal asset mapping and to develop a prevention fiscal. This landscape includes the level of prevention (primary, secondary, or tertiary), funding entity, funding source, funding amount, agency, and service or activity that is funded. The fiscal team used existing reports, data, fiscal, budget and contract information, fiscal landscape, and information from the fiscal readiness focus meetings to consider whether any funds could be leveraged to further support prevention. This also helped inform the implementation, prevention pathway, and fiscal teams about any gaps or needs in services in mental health, SUD, or in-home parenting areas. Through this process the fiscal team became more informed on which CBOs or FRCs were providing EBPs in these key areas and which funding entity was supporting the funding. The team kept informed on the work the prevention planning team was doing around identification of candidacy as well as EBPs for the Comprehensive Prevention Plan. Once these are determined, the work the fiscal team completed on the fiscal landscape will help identify where funding is currently, where adjustments can be made, or what funds can be leveraged to ensure funding is available to support EBPs that are identified for prevention as well as culturally appropriate services in San Francisco County. The key partnerships and communications between agencies, both internally and externally, along with existing fiscal and contract processes will help ensure funding is available in a timely manner and to ensure that the EBPs needed to support prevention in San Francisco are funded. San Francisco County has also identified maintaining a portion of the state Family First Prevention Services (FFPS) Block Grant funds to assist with the implementation of EBPs, such as building capacity or evaluation.

One asset map the fiscal prevention team reviewed was the Mapping Resources to Prevent Child Abuse in San Francisco report. HSA-FCS requested the City Performance team, within the Office of Controller's Office, and Safe & Sound to complete an asset map of contracted services that assist in preventing child abuse. This was completed as part of the

San Francisco Child Abuse Prevention Council work and to help inform the County for the County Comprehensive Prevention Plan.

The Mapping Resources to Prevent Child Abuse in San Francisco report identified 375 distinct programs representing more than $143,000,000 in spending. The challenges identified in the report include inconsistent data availability, reliability on self-reporting, and missing cost information. The report helped inform the County on existing programs, gaps, or areas of need and what funds and funding sources were supporting. Key information in the report included:

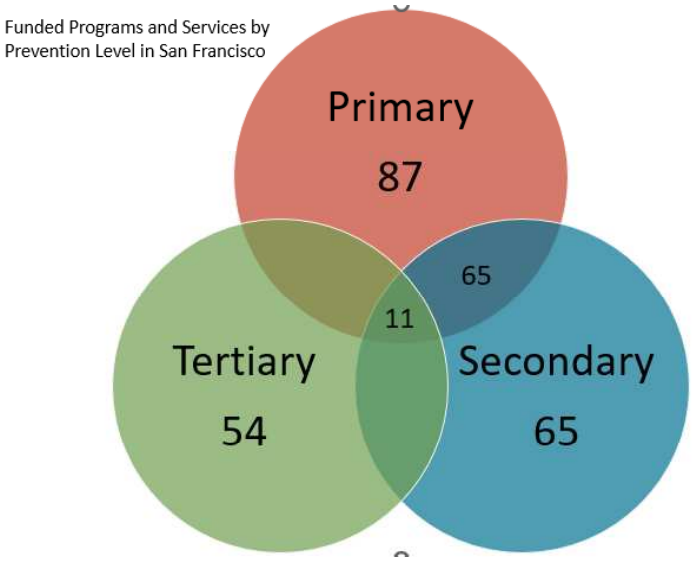
- DPH houses 40 percent of the programs, with mental health being the most common service; four departments house over 85 percent of child abuse prevention programs, with over $110 million of the $143,000,000 coming from DPH and HSA.
- Prevention services are highly reliant on CBOs, with over 85 percent of programs being available through a contract with a CBO.
- Secondary services are more accessible, but individuals want more information on primary services.
- More services are provided to children than parents or other caregivers.
- 13 percent of the programs use EBPs.

Distinct Programs in the Asset Map by Lead Department

	Distinct Programs	Percent of Total	Total cost	Programs Without Cost Information
DPH	147	39.20%	$64,808,389	36
San Francisco Unified School District	81	21.60%		81
Human Services Agency	67	17.87%	$47,555,232	7
First 5	30	8.00%	$15,173,291	1
Juvenile Probation	15	4.00%		15
Recreation and Parks	10	2.67%	$8,411,353	5
District Attorney	5	1.33%	$652,024	1
Sheriff	5	1.33%	$1,250,682	1
Adult Probation	4	1.07%	$3,460,000	0
Dept of Children, Youth, and Families	4	1.07%	$869,654	0
Status of Women	4	1.07%		4
Homelessness and Supportive Housing	3	0.80%	$865,240	0
TOTAL	**375**	**100%**	**$143,045,865**	**151**

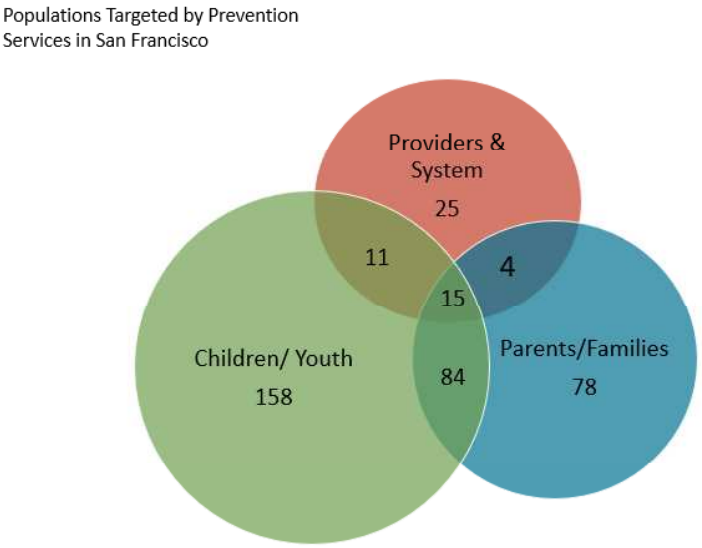
Note/source: Dollar values are generally FY 2018 budget, with the exception of approximately 25 programs for which FY 2018–2019 or FY 2019–2020 budgets were provided.

Mapping Resources to Prevent Child Abuse in San Francisco: https://data.sfgov.org/Health-and-Social-Services/Child-Abuse-Prevention-Services-in-San-Francisco/3had-h899



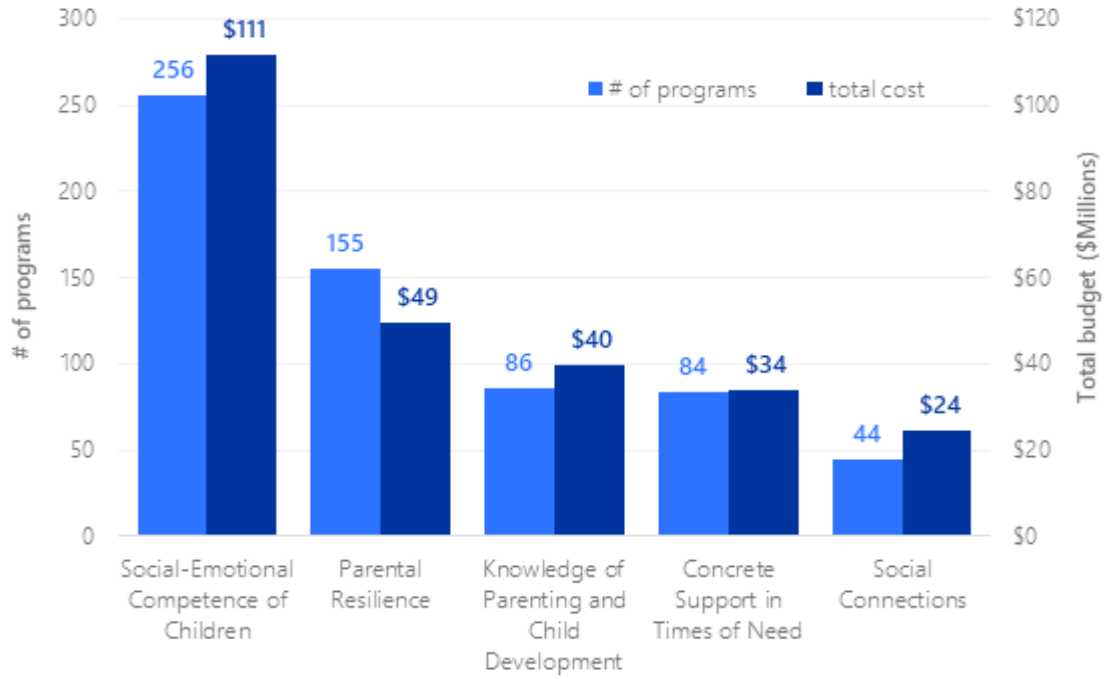
Mapping Resources to Prevent Child Abuse in San Francisco: https://data.sfgov.org/Health-and-Social-Services/Child-Abuse-Prevention-Services-in-San-Francisco/3had-h899

Services were categorized into four areas to include children, parents, professionals who work with children and the entire system. More than two-thirds of the 250 prevention programs identified targeted children exclusively. Crossover with children and parent services occurred with 84 programs. This reflects the need for services to families as a whole and how the impact of meeting a family's needs through areas of social determinants can improve family well-being, stabilize families, and provide the necessary supports needed to maintain children in the community with their family. The purpose behind FFPSA Title IV-E, additional funding through FFPSA Title IV-E, the partnership with FRCs and CBOs to serve families in their communities and reflective of their culture, and the additional services through the identified EBPs highlighted within the Comprehensive Prevention Plan all will provide these necessary supports for families, increase Protective Capacities, improve social determinants of health (SDOH) and assist in preventing a family's situation from worsening and reducing child welfare and juvenile probation involvement.



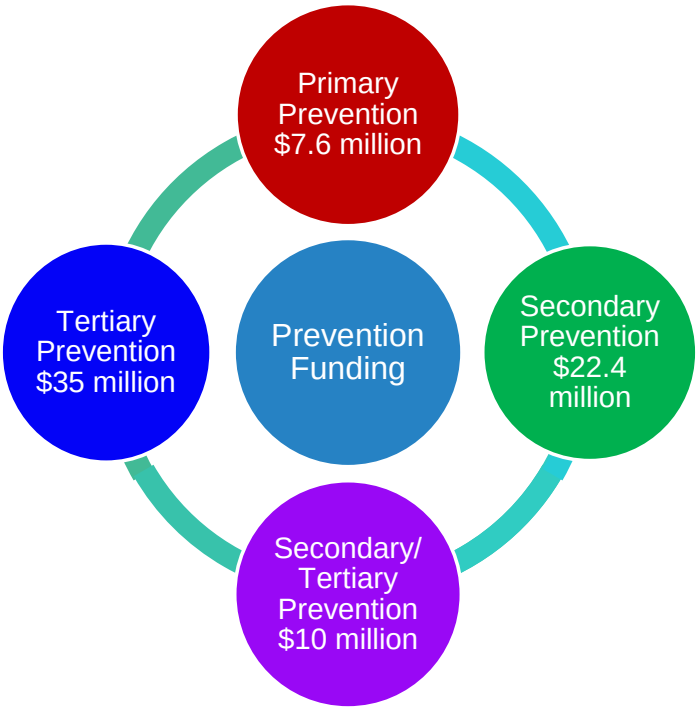
Mapping Resources to Prevent Child Abuse in San Francisco report: https://data.sfgov.org/Health-and-Social-Services/Child-Abuse-Prevention-Services-in-San-Francisco/3had-h899

Program Counts and Costs by the Five Protective Factors:



Mapping Resources to Prevent Child Abuse in San Francisco report: https://data.sfgov.org/Health-and-Social-Services/Child-Abuse-Prevention-Services-in-San-Francisco/3had-h899

Through the fiscal landscape mapping, the fiscal prevention team was able to identify 94 programs providing primary prevention, 149 programs providing secondary prevention, 96 programs providing tertiary prevention, 9 programs providing primary, secondary and tertiary services, 40 programs providing primary and secondary prevention and 31 programs providing secondary and tertiary prevention, for a total of at least 419 programs being funded for prevention. There were an additional 72 programs providing a level of prevention that could not be determined. This reflects at least 491 programs in San Francisco providing prevention services. Available fiscal information reflected a rough estimate of over $7.6 million of funding in primary prevention, over $22.4 million in secondary prevention, over $35,000 in tertiary prevention, and over $10 million in secondary and tertiary prevention. See San Francisco Existing Prevention Services attachment. This information is a point of time and may not be fully reflective of all prevention services being provided or funded in San Francisco. Information for the fiscal landscape mapping was obtained from the Mapping Resources to Prevent Child Abuse in San Francisco report, HSA, DCYF, DPH and Department of Early Childhood information or through online website searches. The primary focus for the fiscal landscape mapping was to obtain prevention information within HSA, with a secondary focus on what other partner agencies were providing. The graphic below reflects the estimated funding that supports prevention in San Francisco.



JPD partners with two main inter-agencies, DCYF and Department of Public Health – Behavioral Health Services (DPH-BHS), for contracting prevention or intervention services to Juvenile-involved youth. JPD uses its fiscal landscape, including the funds below, to meet the Juvenile-involved youth service array:

- Juvenile Justice/Corrections (Enhancing Law Enforcement Activities Fund) $5,000,000
- Youth Offender Block Grant (YOBG) $5,000,000
- Realignment Funds $3,800,000
- Juvenile Justice Crime Prevention Act Grant (JJCPA) $4,000.000

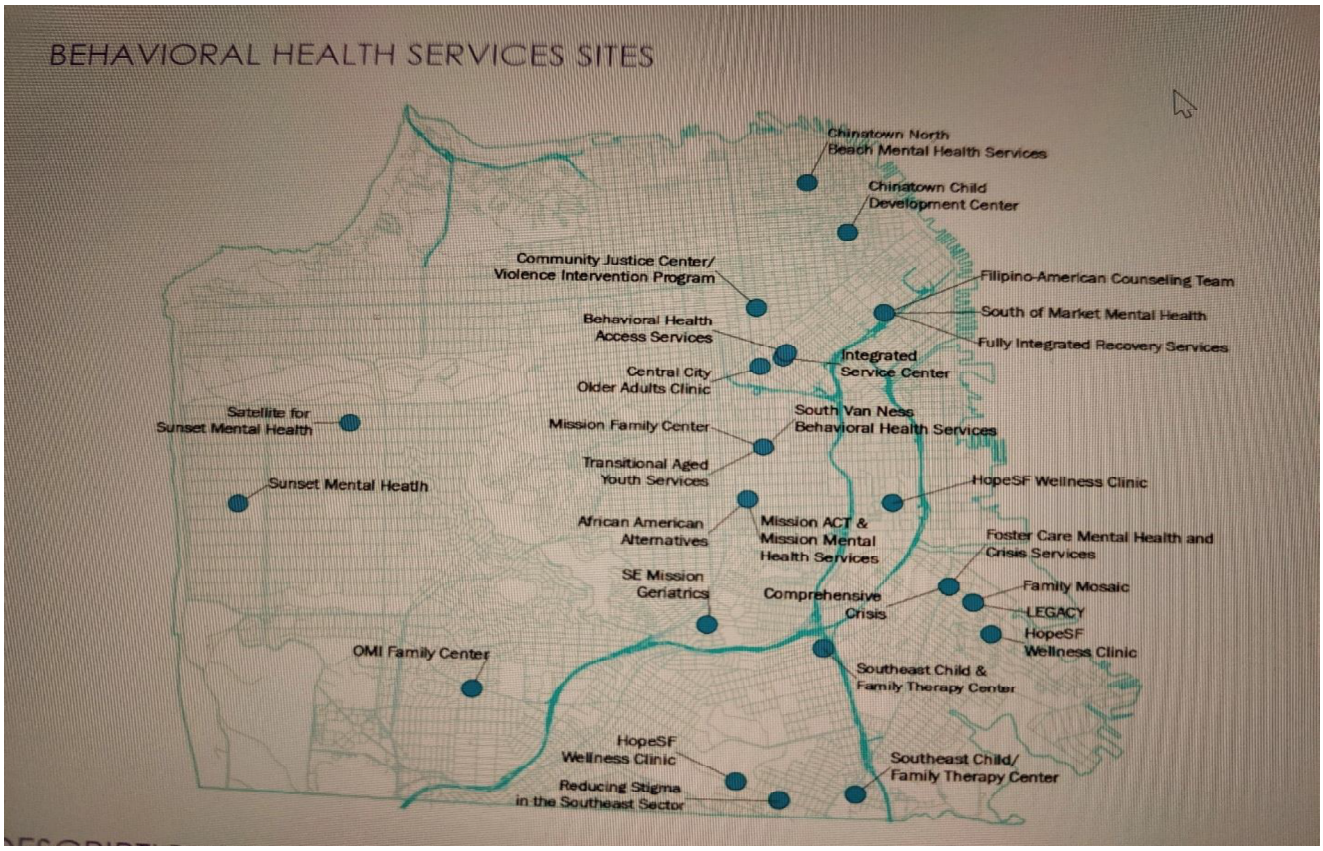
The DCYF has an additional 42 agencies providing 186 programs, of which most offer at least one level of prevention, and others with two levels of prevention or prevention and intervention. Over the years DCYF has adjusted funding to focus more on primary and secondary, and less on tertiary prevention. Categories of prevention include:

- Barrier removal
- Food and other basic needs distribution
- Referrals/connections to services
- Learning supports
- Wellness and mental health supports
- Enrichment/skill building
- Family supports
- Comprehensive afterschool
- Comprehensive summer
- School day
- Mentorship
- Internship opportunities

Financial incentives are provided in some programs to support and encourage participant engagement and participation. These programs provide services to children, youth and young adults ranging from age five to age twenty-four.

Fiscal asset mapping and the fiscal landscape will be assessed and considered on an ongoing basis to help support planning, development, and implementation of the Comprehensive Prevention Plan.

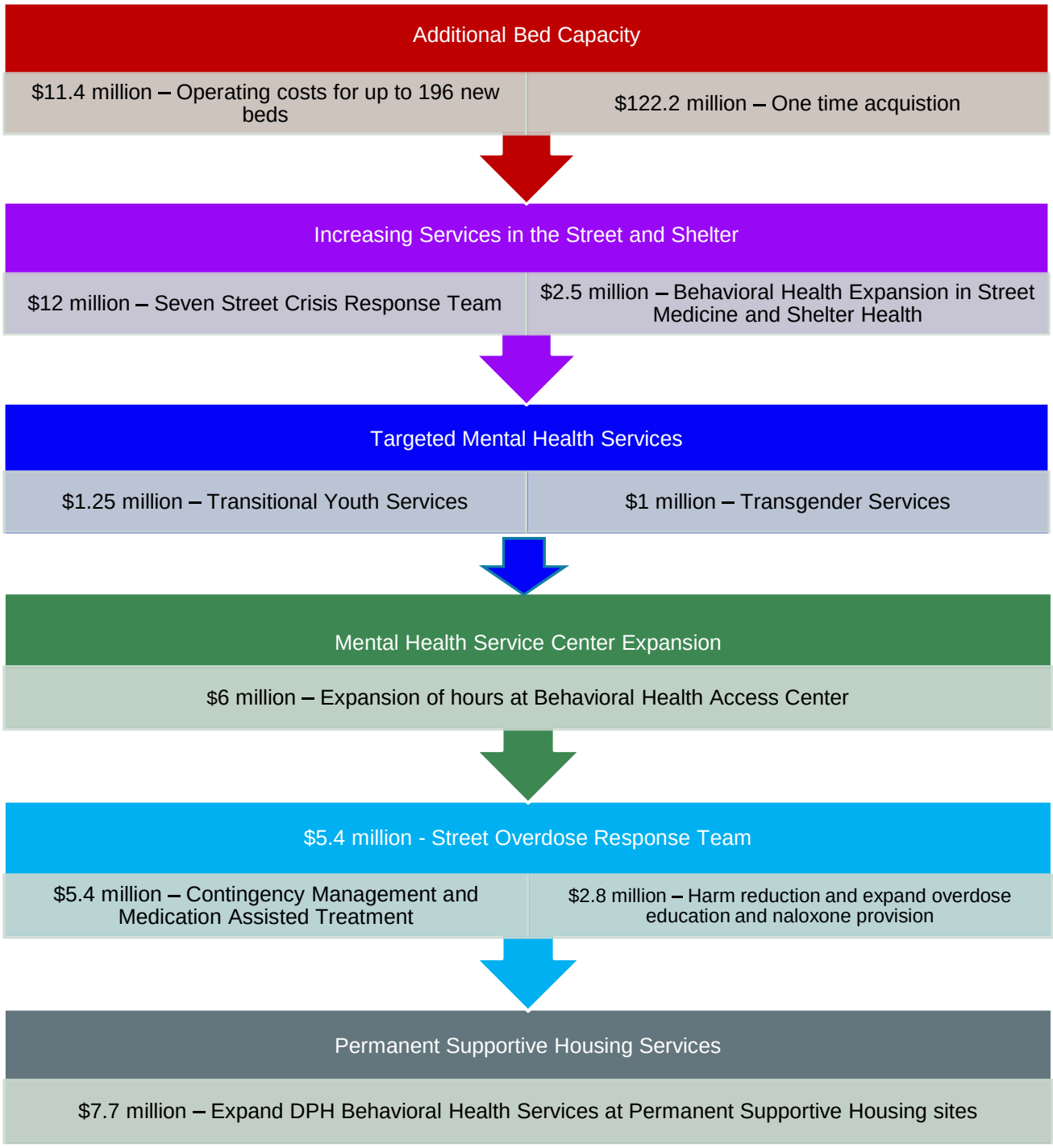
San Francisco DPH is set up with two major divisions. The Population Health Division's focus is on protecting the health of the general population. San Francisco Health Network's focus is on health of patients to provide health services at all levels of prevention; especially at the primary prevention level. In 2019 the San Francisco Board of Supervisors passed an ordinance to establish Mental Health San Francisco. This allowed a reform, or re-visioning, of the mental health system and allowed for additional mental health and substance use supports to be made available to individuals without housing. In FY21 $28.1 million was allocated with additional one-time funds of $69.4 million to continue to support this vision. Below is a map reflecting San Francisco Behavioral Health Services Sites:



SF DPH Final – Annual Report FY2021.pdf

DPH contracts with 103 nonprofit and 14 public agencies to provide additional support and to help individuals receive adequate behavioral health services.

Key mental health initiatives put in place in FY20/21 were Street Crisis Response Team, the Office of Coordinated Care, expansion of residential care and treatment and the initiation of the Mental Health Service Center. Prop C was approved in 2018 where allocations have been steadily increased for mental health funding to $93,100,000 in FY20/22. Prop C is expected to raise $250,000,000 - $300,000,000 per year with at least 25 percent of the funding going directly to DPH to support housing, behavioral health services, address homelessness and to create additional supports like an additional emergency shelter and drop-in hygiene programs. DPH has prioritized behavioral health services and services to people experiencing lack of housing as seen below:



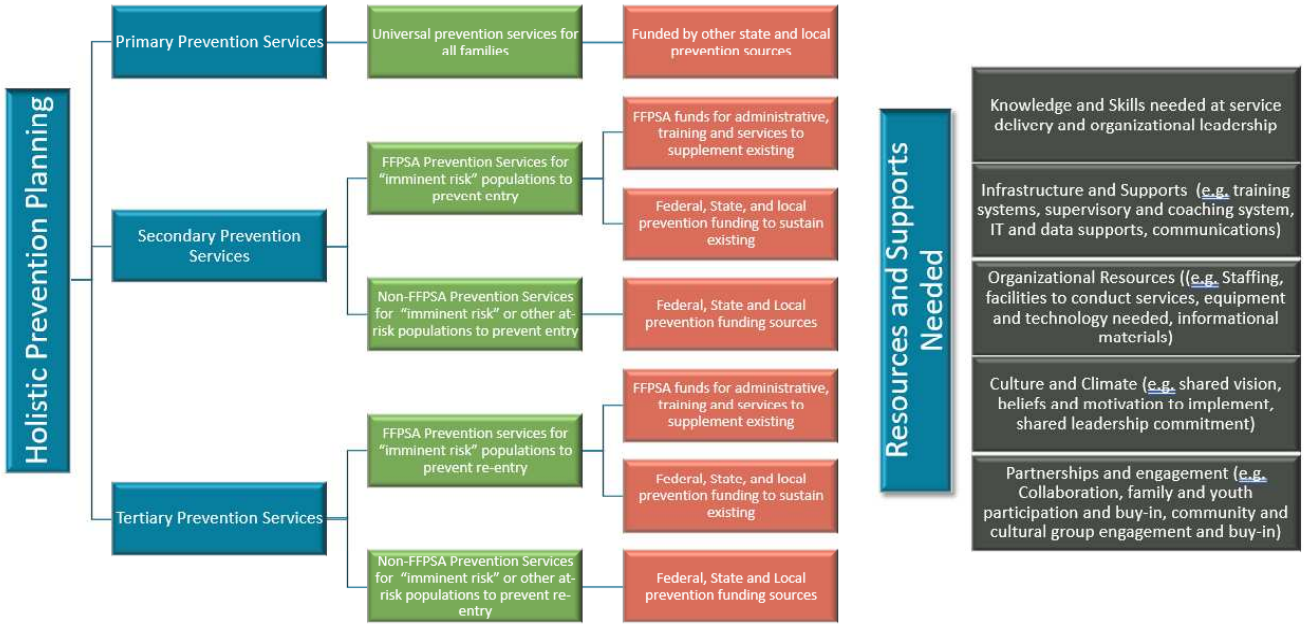
San Francisco DPH Budget Documents DPH: Budget and Finances (sfdph.org)

Fiscal asset mapping and fiscal landscape will be assessed and considered on an ongoing basis to help support planning, development, and implementation of the Comprehensive Prevention Plan. The existing asset mapping, fiscal landscape, fiscal readiness focus meetings, and existing funding used currently to support prevention reflects the historic support and funding of prevention within San Francisco. Allowing San Francisco to maintain the existing service array while expanding services in mental health, parenting supports and SUDs. The historical levels of support for prevention, asset mapping and fiscal landscape shows that there is opportunity, as well as funding potential, to build capacity with existing EBPs of SafeCare, Family Centered Treatment, Triple P + Pathways (Level 4) and Triple P – Individual (Level 4). In addition, there is the ability to provide and build capacity for the additional EBPs of Brief Strategic Family Therapy, Motivational Interviewing, and Nurse-Family Partnership with additional Title IV-E FFPSA funding. Brief Strategic Family Therapy, Motivational Interviewing, and Nurse-Family Partnership are included in California's Comprehensive Prevention Plan as well as in the Title IV-E Prevention Clearinghouse. These additional EBPs will provide prevention services in areas where

needs and gaps have been identified and have shown effectiveness with Black/African American and Latina/o/x and Hispanic populations. Needs and gaps identified through readiness surveys were:

- Lack of services for family units.
- Need for an expanded service array to decrease wait lists and build community capacity.
- Lack of mental health services, especially for high population of immigrants.
- Lack of culturally relevant services for target populations.
- Lack of services for substance-exposed newborns.
- Lack of services for adolescent youth and their families.
- Lack of services for SUDs, especially for adults in need of inpatient treatment where their children can live with them and obtain services.
- Lack of culturally relevant services for populations is overrepresented in child welfare and juvenile probation systems.
- Lack of services that support families across multiple stressors.

The below graphic shows San Francisco County's vision of a holistic prevention planning program and how existing funding, service array for mental health, parenting supports and SUDs and the addition of the additional EBPs and Title IV-E FFPSA funding will support this vision.



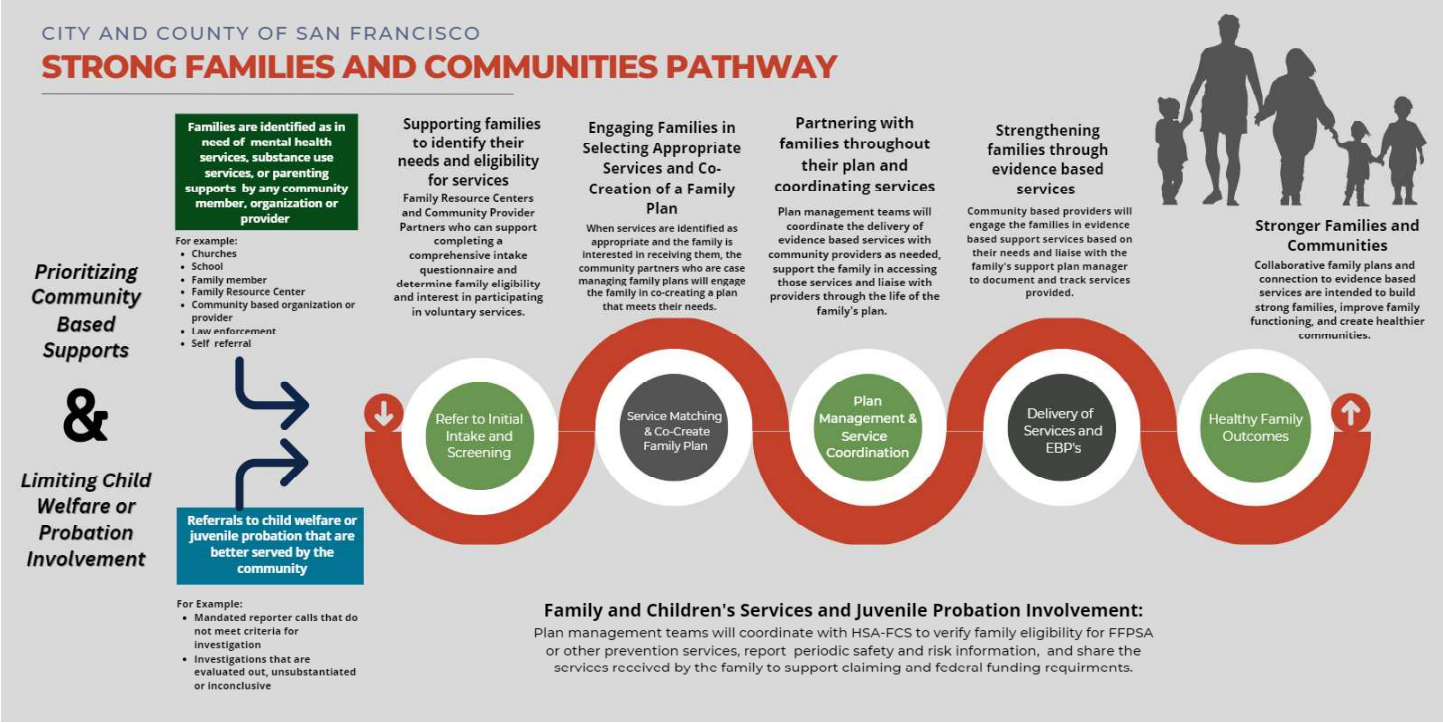
Existing prevention funding will be leveraged to ensure a continuum of prevention services are available at all levels (primary, secondary, and tertiary) of prevention. This will be accomplished through existing or new contract amendments, work orders between internal agencies, existing funding such as grants, and federal, state, county, local, or other funding. As EBPs are identified, contracts and work orders will be adjusted to allow CBOs or FRCs the necessary fiscal support to adequately serve FFPSA candidates. Funding adjustments will be assessed and planned for to ensure funding is available or leveraged for culturally appropriate services or any necessary cultural adaptations to EBPs that are consistent with the EBPs model fidelity standards in alignment with Administration for Children and Families Information Memorandum 21-04 guidance. Ongoing fiscal discussions, fiscal readiness focus meetings, CBO and FRC fiscal information, and fiscal CQI processes will help further identify when adjustments will be needed and can be leveraged for funding selected EBPs.

Title IV-E FFPSA funding will supplement, and not supplant, any existing federal funding to assist in further funding prevention services or activities. The following table reflects some areas where this blending of funding could occur to support providing prevention services to a child or family.

Steps to Receive Prevention Services	Activities	Fund Sources
▪ Community "access" points for child/family • Self-referrals • Community (church, school, Boys & Girls clubs) • JPD • Child Welfare Services • DCYF • DPH-Behavioral Health • Department of Early Childhood First Five San Francisco FRC Initiative • Select CBOs	▪ Receipt of a referral ▪ Determine if the identified needs can be met by agency or individual referred to another agency(s) ▪ Establish eligibility based on candidacy ▪ Confirm family is willing to participate in services ▪ Meet with the child/family to confirm interest and willingness to opt in for prevention services	▪ Office of Child Abuse Prevention (OCAP) funding ▪ Promoting Safe Stable Families • Family support • Family preservation ▪ CBCAP ▪ CA CAPIT ▪ FFPSA administrative costs • Establish eligibility • Assessing the family's functioning • Case management • Information and referral
▪ FRC or CBO provides Prevention plan case manager Partner • Conducts a family needs assessment • Coordinates candidacy with Title IV-E agency • Create a prevention plan with the child/family (FRC, CBO and County) • Provide oversight of case management for the prevention plan • Monitor for safety and risk • Provides EBP or makes any necessary referrals for EBP	▪ Creation of the prevention plan with the individual/family outlining the requirements to maintain the child in the home ▪ Case management services as support to child/family ▪ Provide or referral child/family to an EBP ▪ Review and assess safety or risk to the child	▪ FFPSA Administrative Costs • Establish eligibility • Assessing the family's functioning • Case management • Information & referral ▪ FFPSA Services Cost • Provision of the EBP • Assessing the ongoing case management
▪ FRC or CBO engages the child/family upon receipt of the referral to provide identified services • Provide data • Ensures EBP is adequately being provided, monitors fidelity and monitors costs of services and outcomes • Establishes and maintains relationships and contracts with other community providers of services • Provides oversight of the contract scope of work • Oversee program delivery	▪ FRC or CBO actions: • Ensure collection and data on FFPSA is maintained • Submit timely invoices with necessary data requirements • Conduct internal monitoring of compliance with contract requirements • Ensure fidelity to the EBP ▪ FCS/JPD/BHS actions: • Contract Monitoring and oversight • Ensure FRC/CBO is using EBP to fidelity	▪ FFPSA Administrative Costs are claimed for: • Data collection and reporting beyond the child's eligibility for FFPSA • Verification and documentation of program eligibility • Additional activities may include: – Referral to services – Preparation & participation in judicial determinations – Development of case plan

• Submits claim to child welfare for reimbursement	• Ensure services and resources are provided to the individual/family	– Rate setting – A proportionate share of agency overhead ▪ FFPSA Services Cost • Provision of the EBP: – Assessing the ongoing case management
▪ County Implementation Team • Conducts administrative functions to support contract requirements • Ensure the prevention plan efforts are meeting requirements	▪ Provide oversight of case management and safety monitoring ▪ Coordinate and collaborate with involved partners and agencies ▪ Provide feedback and review CQI	▪ FFPSA Administrative Costs are claimed for: • Oversight and management of contract • Working closely with CBOs providing technical assistance and support • Ensuring consistent and ongoing quality improvement • Assesses when termination is needed either voluntarily or involuntarily

Prevention Services



The San Francisco planning teams identified eight EBPs to include in the initial round of implementation based on the needs identified and current community capacity to deliver or expand services. Expanding capacity in the following services supports the development of an FFPSA-eligible case management EBP and supports the critical identified target audience needs with cross-cutting services that address all age categories and candidacy populations. Decisions were made based on existing capacity and needs, the cross-cutting nature of the EBP, the age ranges supported, and the clinical licensure requirements due to the workforce shortage currently impacting much of California.

- Motivational Interviewing
- Brief Strategic Family Therapy
- Nurse-Family Partnership
- Multisystemic Therapy
- SafeCare
- Effective Black Parenting
- Familias Unidas
- Youth Acceptance Project

Triple P services will maintain current capacity and current funding as there currently is strong capacity for this EBP in San Francisco and the program is well-known to providers and families.

During implementation, the San Francisco planning teams will be regularly reviewing recommendations from workgroups, stakeholders and community members including those with lived expertise to regularly review the selection, provide feedback on the current service array, and explore additional EBPs as needed to ensure the services array continues to meet the needs of the community.

The Prevention Pathway in San Francisco will complement their robust Differential Response program using Review, Evaluate & Direct (RED) team strategies to make decisions about child welfare referrals and whether the risk level for each individual family is appropriate for prevention services. The community providers who are contracted to provide Differential Response services in San Francisco will be involved in the initial testing of the pathway to support alignment and quality improvement in the process before expanding opportunities to other providers.

 Mental Health Services

 Substance Use Services

 Parenting Support Services

 Prevention Path/ Plan Management

EBP	Title IV-E Prevention Service Area	Target Candidacy and Age Group	Description and Average Service Duration	Funding Source(s)
Motivational Interviewing (well-supported) ***18 current providers at varying levels of fidelity***	 	All ages candidacy populations for intake/screening and prevention plan management plus children whose caretakers experience SUD.	Particularly effective for engagement models and shows effectiveness with adolescents. Can be administered in 1 to 3 sessions for clinical uses but can be used in practice as primary method to engage and manage family prevention plans, can be delivered in any setting.	FFPSA funding to support broad training and fidelity monitoring for intake/screening, assessment, and prevention plan management; FFPSA funding to support clinical use for substance use services. The fiscal and implementation teams will work with the EBP providers and DPH-Behavioral Health to ensure there is alignment with California Advancing and Innovating Medi-Cal (CalAIM) requirements and payor of last resort.
Brief Strategic Family Therapy (well-supported) ***5 current providers***	  	***Families with children ages 6–18 with appropriate presenting needs in the following candidacy populations:*** Children and families receiving voluntary or court-ordered Family Maintenance; children whose caretakers experience SUD; Probation youth subject to a petition under Welfare & Institute Code (WIC) section 602; children or youth experiencing other serious risk factors combined with family instability or safety threats; children with a substantiated or inconclusive disposition, but no open case; children	Focus is on youth or adolescent behaviors in the context of the family: the entire family is treated for maladaptive behaviors, conflict resolution, problem solving, and parent-child bonding through 12 to 16 weekly sessions that can be delivered in clinical or home settings.	Existing funding for sustaining current capacity and FFPSA funding to expand training, service delivery and management of fidelity more broadly. The fiscal and implementation teams will work with the EBP providers and DPH-Behavioral Health to ensure there is alignment with CalAIM requirements and payor of last resort.

		who have siblings in foster care; Indian children who have been identified by a tribe and present with appropriate family functioning problems; Children whose guardianship or adoption arrangement is at risk of disruption.		
Nurse-Family Partnership (well-supported) ***1 current provider***		First-time parents with children ages 0–2 with appropriate presenting needs in the following candidacy populations: Substance-exposed newborns; pregnant and parenting youth in care; children whose caretakers experience SUD; Indian children who have been identified by a tribe and present with appropriate parenting support needs.	Focused on pregnant first-time mothers who are at risk of or are experiencing trauma, violence, homelessness, substance use or mental health needs. Provides intensive services as early as 16 weeks of pregnancy and continues post-birth for up to 2 years with tapering of intensity. Can be delivered in a variety of settings, including the home.	Existing funding for sustaining current capacity and building capacity with supplemental FFPSA funding to add additional nurses. The fiscal and implementation teams will work with the EBP providers and DPH-Behavioral Health to ensure there is alignment with CalAIM requirements and payor of last resort.
Multisystemic Therapy (well-supported)		***Families with children ages 12–17 with appropriate presenting needs in the following candidacy populations:*** Probation youth subject to a petition under WIC section 602; children or youth experiencing other serious risk factors combined with family instability or safety threats (primarily high risk of Juvenile Probation entry); Indian children who have been identified by a tribe and present with appropriate presenting problems; homeless or runaway youth with presenting mental health or SUD; trafficked children and youth with presenting mental health or SUD; children whose guardianship or	Intensive home-based family treatment with the primary goals of decreasing criminal behaviors and out-of-home placements. Service intensity varies with the needs of the youth and family. Recommended duration of services is 3 to 5 months; services can be provided in the home or a school-based setting, based on family need.	The San Francisco JPD will use FFPSA funding to stand up a unit of Multisystemic Therapy (MST) to support justice-involved youth. Will also accept referrals from child welfare of community-based providers. The fiscal and implementation teams will work with the EBP providers and DPH-Behavioral Health to ensure there is alignment with CalAIM requirements and payor of last resort.

		adoption arrangement is at risk of disruption due to criminal activity, adolescent SUD or other high risk of entry presenting problems.		
Parents as Teachers (well-supported) ***1 current provider, community interest in expansion***		***Families with children ages 0–5 with appropriate presenting needs in the following candidacy populations:*** Children or youth experiencing other serious risk factors combined with family instability or safety threats; pregnant and parenting youth in foster care; children whose guardianship or adoption arrangement is at risk of disruption; children exposed to domestic violence; Indian children who have been identified by a tribe and present with appropriate parenting support needs.	Home-visiting parent education program that teaches new and expectant parents skills intended to promote positive child development and prevent child maltreatment. Parents as Teachers (PAT) aims to increase parent knowledge of early childhood development, improve parenting practices, promote early detection of developmental delays and health issues, prevent child abuse and neglect, and increase school readiness and success.	Existing funding for sustaining current capacity and FFPSA funding to expand training, service delivery and administration of a new program. The fiscal and implementation teams will work with the EBP providers and DPH-Behavioral Health to ensure there is alignment with CalAIM requirements and payor of last resort.
SafeCare (supported) ***4 current providers***		***Families with children ages 0–5 with appropriate presenting needs in the following candidacy populations:*** Substance-exposed newborns; pregnant and parenting youth in care; children whose caretakers experience SUD; children and families receiving voluntary or court-ordered Family Maintenance; children with a substantiated or inconclusive disposition, but no open case; children or youth experiencing other serious risk factors combined with family instability or safety threats; pregnant and parenting youth in foster care;	In-home parenting support service for high-risk populations (e.g., substance-exposed newborn, family with previous child welfare experience). Weekly sessions for 18 to 20 weeks of services.	Existing funding for sustaining current capacity and community-based funding/ alternative prevention resources to expand capacity through training more broadly.

		Indian children who have been identified by a tribe and present with appropriate parenting support needs.		
Familias Unidas (well-supported) ***No known current providers***		***Latina/o/x families with children ages 12–16 with appropriate presenting needs in the following candidacy populations:*** Children and families receiving voluntary or court-ordered Family Maintenance; children whose guardianship or adoption arrangement is at risk of disruption; children with a substantiated or inconclusive disposition, but no case opened; Children who have siblings in foster care; children exposed to domestic violence; children whose caretakers experience SUD; children or youth experiencing other serious risk factors combined with family instability or safety threats.	Family-centered drug use and sexual risk behavior prevention intervention for Latina/o/x and Hispanic youth and their families. Familias Unidas was specifically developed for Latina/o/x and Hispanic populations. It helps empower parents to speak with their adolescents about how to prevent drug use and sexual risk behaviors. Can be delivered in a community-based setting or school setting. Alternates group services with individual family services and is conducted over a 12-week period with groups of 12 to 15 families.	Community-based funding for standing up a team of providers to implement and build capacity for the Hispanic population who are disproportionately represented.
Effective Black Parenting (promising) ***1 known current provider***		***African American families with children ages 0–17 with appropriate presenting needs in the following candidacy populations:*** Children whose guardianship or adoption arrangement is at risk of disruption; children with a substantiated or inconclusive disposition, but no case opened; children who have siblings in foster care; children exposed to domestic violence; children whose caretakers experience SUD; children or youth	Effective Black Parenting Program (EBPP) is a group-based parent skills training program designed to serve Black and African American families. EBPP aims to promote family pride and cohesion and to help families cope with the negative effects of racism. Intended to be provided in community-based settings in groups of 15 to 30 families over a 14-week period.	Community-based funding for standing up a team of providers to implement and build capacity for the African American population who are disproportionately represented.

		experiencing other serious risk factors combined with family instability or safety threats.		
Triple P + Pathways/Level 4 Group (promising) ***11 current providers***		***Families with children ages 0–12 with appropriate presenting needs in the following candidacy populations:*** Children whose guardianship or adoption arrangement is at risk of disruption; children with a substantiated or inconclusive disposition, but no case opened; children and families receiving voluntary or court-ordered Family Maintenance; children who have siblings in foster care; children exposed to domestic violence; children whose caretakers experience SUD; children or youth experiencing other serious risk factors combined with family instability or safety threats; Indian children who have been identified by a tribe and present with appropriate parenting support needs.	Triple P-Group is for parents who are interested in promoting their child's development or who are concerned about their child's behavior. Delivered in five 2-hour group sessions plus telephone consultations.	Existing funding to support sustaining current capacity.
Triple P – Standard/Level 4 Individual (promising) ***8 current providers***		***Families with children ages 0–12 with appropriate presenting needs in the following candidacy populations:*** Children whose guardianship or adoption arrangement is at risk of disruption; children with a substantiated or inconclusive disposition, but no case opened; children and families receiving	Standard Triple P is a parenting intervention program for families with concerns about their child's moderate to severe behavioral problems. Sessions focus on promoting child development, managing misbehavior, and implementing planned activities and routines to encourage independent child play. Delivered in 8 to	Existing funding to support sustaining current capacity.

		voluntary or court-ordered Family Maintenance; children who have siblings in foster care; children exposed to domestic violence; children whose caretakers experience SUD; children or youth experiencing other serious risk factors combined with family instability or safety threats; Indian children who have been identified by a tribe and present with appropriate parenting support needs.	10 individual sessions.	
Youth Acceptance Project ***One current provider***		***Families with children ages 3–21 who are struggling with acceptance of their LGBTQIA identifying child or youth:*** LGBTQIA+ youth populations.	Designed to work both with families of children already in or at risk of entering the child welfare system due to family stress resulting from their child's sexual orientation, gender identity or expression. The Youth Acceptance Project intervention is designed to increase understanding of LGBTQ+ children among parents/ caregivers, foster parents, extended family members, social workers and/or congregate care staff involved in a child's care.	Existing funding to support sustaining current capacity.

Ongoing assessment will regularly occur to determine what is or is not working, and funding will continuously be reevaluated to consider how any additional EBPs can be supported and sustained. The table above outlines the current capacity to maintain or expand the non-FFPSA funded EBPs as well as support the expansion of four EBPs (Brief Strategic Family Therapy, Nurse-Family Partnership, Multisystemic Therapy and Motivational Interviewing) through Title IV-E FFPSA funds.

Theory of Change/Logic Model

The implementation of prevention services offers an opportunity for HSA-FCS, Juvenile Probation, and contracted community service providers to continue their work toward early intervention, supporting communities, and increasing services for families to achieve positive outcomes and reducing the need for child welfare involvement. As outlined in the logic model, HSA-FCS and Juvenile Probation will build upon their current resources and enhance their infrastructure (e.g., policy, data collection, contracts), practice supports (e.g., technical assistance), and collaboration (e.g., planning,

communication) to support an array of prevention services aligned with the needs of children and families throughout the City and County of San Francisco, with the ultimate goal of supporting safe and stable families.

The FFPSA logic model for San Francisco can be found in appendix D. This logic model broadly depicts the activities and anticipated outcomes associated with the Comprehensive Prevention Plan. Specifically, the logic model highlights:

a. Key implementation drivers (i.e., infrastructure, practice supports, collaboration and coordination, and services) and inputs

b. The activities of the FFPSA Implementation and Prevention Pathway Teams and their associated outputs

c. Anticipated system and child and family outcomes

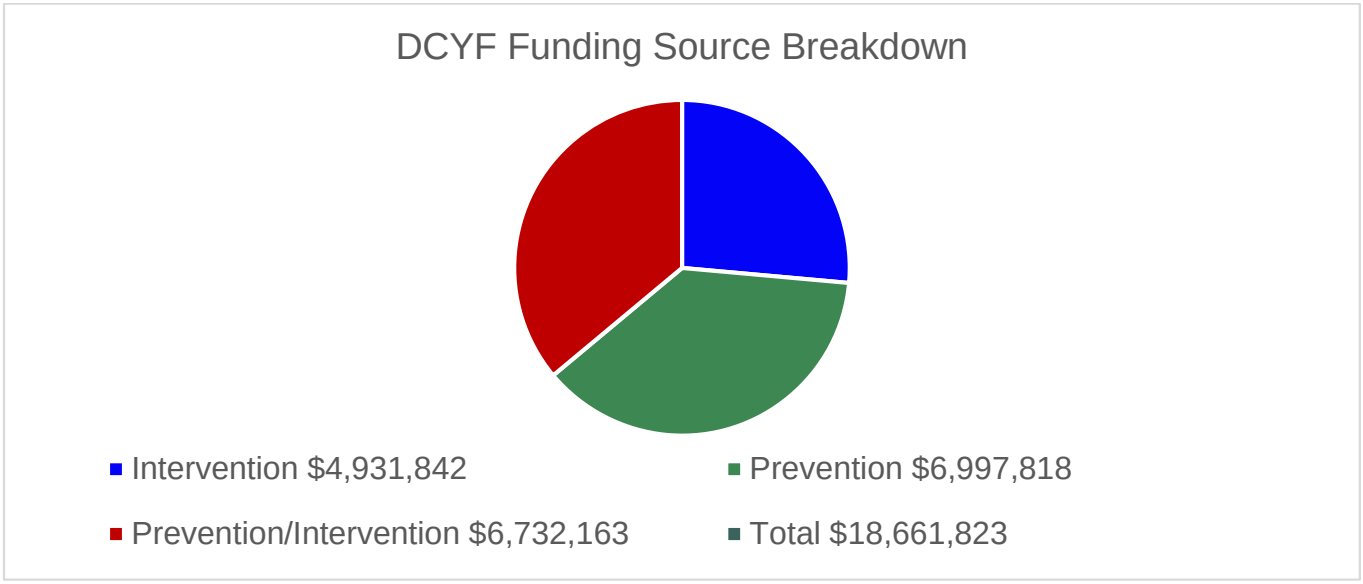
Spending and Sustainability Plan

HSA-FCS leverages a combination of state, federal and grant funds to support its programs, as well as local general funds, which can be used more flexibly to fulfill matching requirements, exceed those requirements, or address gaps when alternative fund sources are unavailable. This array of funding presents possible opportunities to support existing and additional EBPs; to fund community programs providing primary, secondary and/or tertiary prevention through increasing capacity to support prevention EBPs; and to support evaluation and the collection of data. HSA-FCS's overall FY22/23 adopted budget is $157.9 million, and largely supported by a combination of capped federal and state allocations ($19.5 million), Federal Title IV-E ($38.4 million), State Realignment ($56.9 million), Child Welfare Health Related revenue ($4.9 million) and State General Fund for foster care aid payments ($2.3 million). This budget supports services provided directly by department staff, as well as by outside partners through inter-agency agreements ($23.2 million) and contracts ($21.7 million). The budget also funds the board and care of children placed in foster care ($47.3 million).

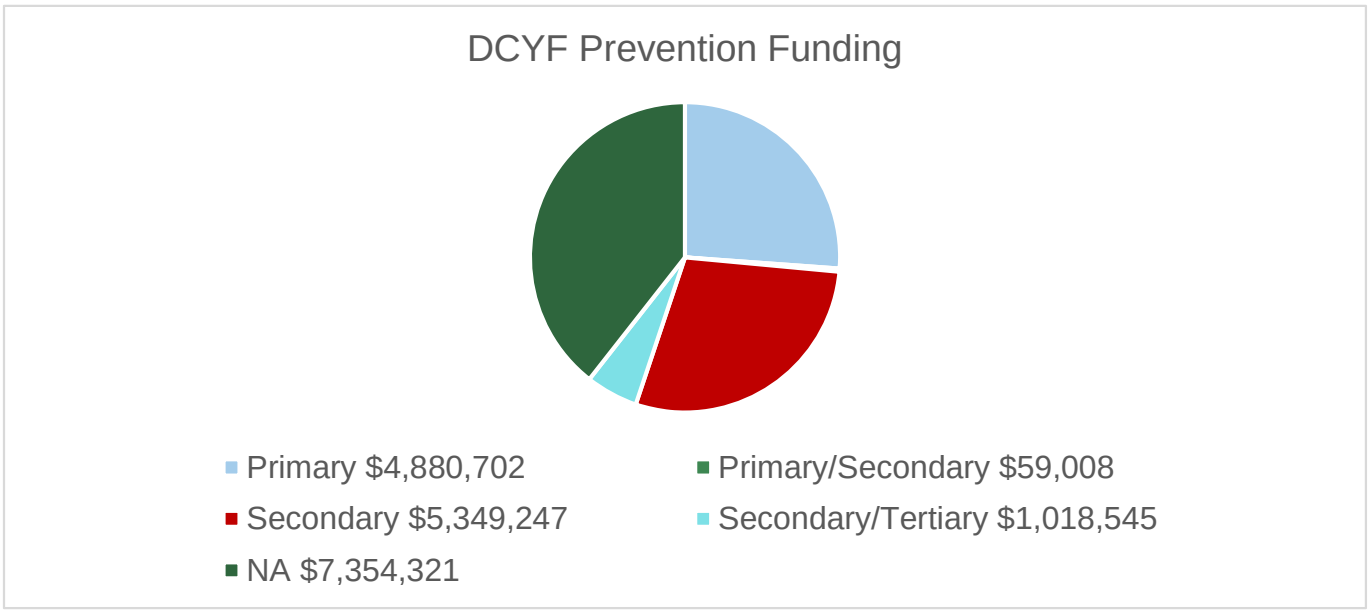
In broad terms, HSA-FCS currently has over $20.1 million budgeted for prevention, including $1 million in Office of Child Abuse (OCAP) funding. HSA-FCS identified the following prevention services funding in its fiscal profile as available for the continued implementation of this plan, based on F22/23 funding levels: Promoting Safe and Stable Families $0.3 million, Children's Trust Funds $0.2 million, Community-Based Child Abuse Prevention $25,000, and State Realignment/Local General Fund $5.7 million. Additionally, HSA-FCS identified one-time sources, available over a multi-year period, that are available to support this effort including State Family First Prevention Services Block Grant $2.1 million (HSA-FCS $1.8 million and JPD $0.3 million), Family First Transition Act $0.5M, and Funding Certainty Grant $0.7 million ($0.5M HSA-FCS and $0.2M JPD). As HSA-FCS progresses through this implementation plan, it will explore opportunities to expand these resources through additional Title IVE leveraging made possible under FFPSA.

Five agencies including DCYF, DPH, DPH-Behavioral Health and Department of Early Childhood support FRCs and CBOs with the Childcare Mental Health Consultation Initiative to support both children and family well-being. Interagency partners in prevention work also have fiscal profiles that will assist in supporting prevention. Below are FY 2021–2022 or FY 2022–2023 overall proposed budgets for each:

- DCYF $297,273,707 including $55,000 Work Order funding supported from inter-agencies (HSA, DPH, etc.) with 3–4 percent going to family support.
  - Prevention $18,661,823



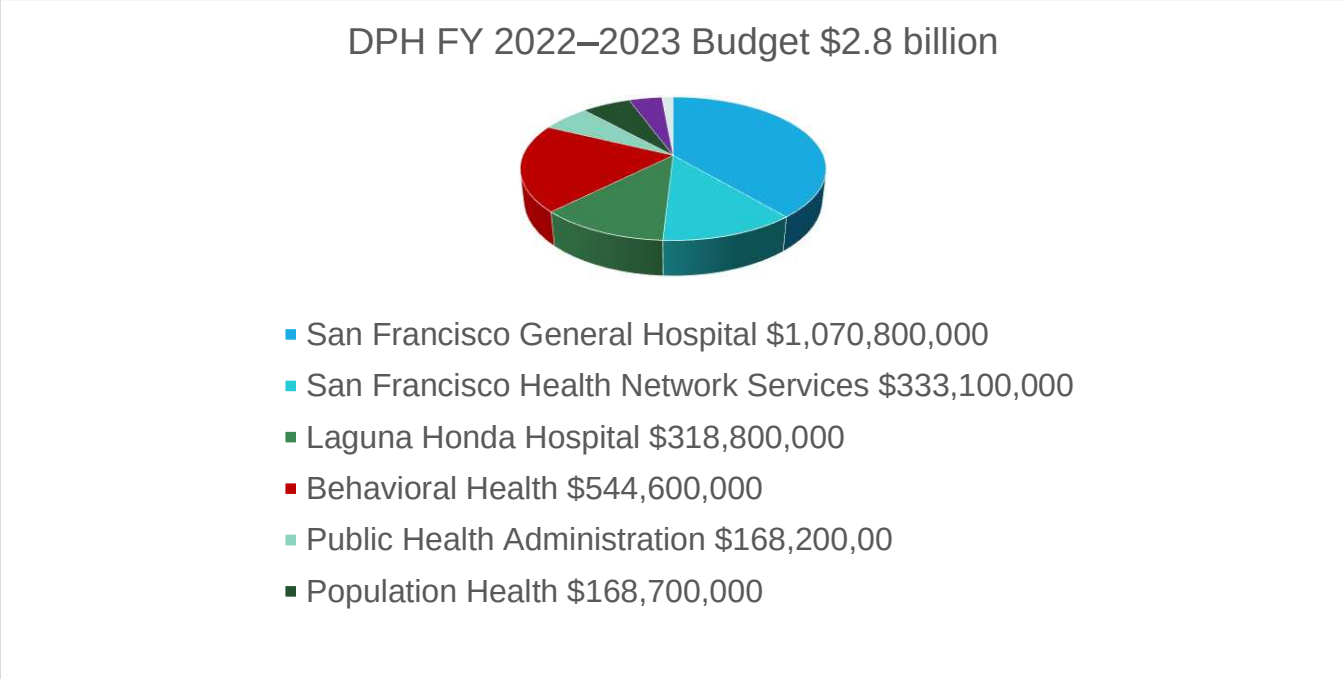
DCYF funding source breakdown for FFPSA Programs-20211205



DCYF funding source breakdown for FFPSA Programs-20211205

- Department of Early Childhood $297,991,938
  - First Five San Francisco $27,452,471
  - Family Support approximately $9 million
- DPH $2,757,867,945
  - Nurse-Family Partnership FY 2021–2022 budget $1,128,429
    - Proposed budget request for three additional nurses to provide Nurse-Family Partnership and be trained in Motivational Interviewing for an estimated total of $767,949.
    - Proposed budget request for Field Nurses and Perinatal Stabilization nurses to be trained in Motivational Interviewing for an estimated total of $817,729.
  - FY 2020–2021 budget $2,775,782,429 + $883,580,138 City and County general funds with $536,000,000 budgeted for mental health programs

- Base budget FY 2022–2023 $26.7 million
  - $6 million budgeted to expand Behavioral Health Access Center
  - $2.3 million budgeted to transition-age youth and transgendered individuals with housing needs
  - $5.4 million budgeted for Street Overdose Response Team to support individuals with substance use disorders experiencing housing issues
  - $5.4 million for Medication Assisted Treatment and Contingency Management
  - $2.8 million in Harm Reduction Services and Naloxone distribution
  - $7.7 million to expand Permanent Supportive Housing Sites
- Department of Health Care Services Integrated Systems of Care Division Child Health and Disability Prevention Program
  - CHDP/EPSDT FY 2021–2022 $700,293
  - FY 2021–2022 General Fund $256,154
  - FY 2021–2022 Federal Fund (XIX) $444,139



San Francisco DPH Budget Documents [DPH: Budget and Finances (sfdph.org)]

- Maternal, Child, and Adolescent Health Division [Maternal, Child, and Adolescent Health Division (ca.gov)]
  - Maternal, Infant and Early Childhood Home Visiting Program Federal Grant
  - Federal Title V MCH Block Grant
  - General Fund
  - Federal Title XIX Medicaid reimbursements
  - California Personal Responsibility Education Program Federal Grant
  - Centers for Disease Control and Prevention, Preventing Maternal Deaths Federal Grant
  - American Rescue Plan Act Funding for Home Visiting
- San Francisco Unified School District – Public Education Enrichment Fund (PEEF) $101.4 million

- Other programs and services at the County Education Office level are diverted to DCYF

DCYF supports funding four hundred organizations with one hundred contracts serving children and youth aged 5 to 24. They receive over 1 million dollars of funding each year to support children and youth within these age ranges. Approximately 3 percent to 4 percent of DCYF's overall budget is allocated for family support. DCYF supports funding for every nonprofit school-based program. A funding limitation for DCYF is general funds are restricted to children and so cannot be used for a transition-age youth after the age of 18.

Between the existing fiscal profile, state FFPS Block Grant, FFTS, and Funding Certainty fund, other funding sources and interagency partnerships from JPD, DPH, DCYF, and the Department of Early Childhood along with key community partners like the local Child Abuse Prevention Council, CBOs, and the FRC Initiative and FCS Provider Resource Advisory Board, San Francisco County has significant funds to provide extensive funding supports for prevention for existing and new EBPs as well as necessary supports to FRCs and CBOs providing the prevention service. The interagency collaboration further supports blending of funding, ensuring payor of last resort and maximizes resources to ensure sustainability. In addition, funding the expanded service array to support families will assist in addressing the gap of services to families that was identified during asset mapping. By broadening the service array to the full family entity, family well-being will be supported; providing services upstream to stop a family's situation from worsening and hopefully decreasing the number of families coming to the attention of Child Welfare or Juvenile Probation systems. FCS/JPD State FFPS Block Grant funding, FFTA funding, FCS/JPD Funding Certainty Grant funds, and ARPA-CBCAP funds are one-time funds and will not be used for sustainability. Once Title IV-E FFPSA prevention funds are allowed to be drawn down, existing prevention funds can be shifted to support non-Title IV-E FFPSA areas further supporting comprehensive prevention in San Francisco.

HSA-FCS currently plans on using the state FFPS Program Block Grant to support existing funding for the FRC Initiative. FRCs are key community partners, provide culturally relevant services individualized to children, youth, and families within their neighborhoods and have been identified as access points for the community pathway for children, youth, and families to receive prevention services. Each FRC is individualized from the staff providing the service through the EBP or service they are providing in their communities. FRCs are embedded in their neighborhoods and provide unique and cultural services and supports specific to each neighborhood and population within their community. The additional FRC Initiative fiscal supports, contracts with CBO's and blending of funding will further enhance the existing service array for children and families with mental health services, parenting support services and SUD services.

As a partner in prevention plan funding and implementation, for FY 2022–2023 JPD has an overall proposed budget of $44,293,697. JPD currently plans on using its state FFPS Block Grant funds and Funding Certainty funds to build capacity for MST, Peer Parent, and AB-12 Programs. The following chart summarizes how JPD intends to use its state FFPS Block Grant funds and Funding Certainty Grant funds:

Program	Number Served	Cost Type	Certainty Grant	Block Grant	TOTAL
MST		Service/Program	*$199,965*	*$196,595*	*$396,560*
		JPD Admin	*$0*	*$150,000*	*$150,000*
MST Subtotal	**30**		**$199,965**	**$346,595**	**$565,560**
Peer Parent		Service/Program	*$35,000*	*$*	*$35,000*
		JPD Admin	*$30,000*		*$30,000*
Peer Parent Subtotal	**5**		**$65,000**	**$0**	**$65,000**
AB-12 Program TBD		Service/Program	*$183,035*		*$183,035*
		JPD Admin	*$0*		*$0*
AB-12 Program Subtotal	**30**		**$183,035**	**$0**	**$183,035**
GRAND TOTAL	**65**		**$448,000**	**$346,595**	**$794,595**

Multisystemic Therapy (MST) Summary

MST is a community-based, family-driven, trauma-informed intervention for youth (age 12 to 17) and their families who are involved with or at risk for involvement with the juvenile justice system due to anti-social, delinquent, or criminal behavior.

A team of licensed MST providers, consisting of two to four therapists and a supervisor, deliver the service in the home, school, or community. Each team is on call 24 hours a day, 7 days a week to provide treatment when and where needed. On average, each therapist sees four to six clients over a 3-to-5-month period.

Requirements

MST is an EBP, which requires strict adherence to the program model. An organization providing MST must be able to support at least one team of therapists, each of whom must have a master's degree in clinical or counseling psychology, social work, or a related mental health field and are dedicated to MST cases only.

The MST teams within an organization work in partnership with MST services, which supports the implementation and ongoing fidelity of MST worldwide by charging standard fees for program development, intellectual property licensing, ongoing training, support, and quality assurance.

MST teams work in partnership with MST services, including initial and ongoing training and quality assurance processes over the life of the program. The teams must also have a close working relationship with MST referral sources, such as JPDs, child welfare agencies, schools, and psychiatric facilities.

Data Collection

MST teams participate in quality assurance monitoring to maintain licensure. The quality assurance includes gathering information from caregivers, therapists, and supervisors. The families receiving MST will be asked, periodically, to answer a few questions.

MST experts, in collaboration with MST supervisors and other MST program staff, use this information to provide feedback to the MST program about how to improve adherence and program outcomes. The data gathered from the reports are stored on an online database powered by the MST Institute, located in the United States.

Service Gap/Target Population

MST is an EBP on the federal Title IV-E Prevention Clearinghouse as well as included in California's Comprehensive Prevention Plan. The goal of MST is to improve youth and family functioning in order to keep youth safely at home, in school or working, out of foster care, and out of trouble with the law. As opposed to other more traditional therapeutic models, MST therapists work within the youth's ecosystem of parents, family members, teachers, probation offices, and others to build and strengthen the youth's functional capacity within it. This holistic approach to achieve measurable outcomes for the youth in the short-term also builds sustainable family and system capacity to support the youth, siblings, and other family members.

Studies have consistently shown that MST participants have lower rates of re-arrests and out-of-home placements compared to non-MST youth. A 22-year follow up study in Missouri found that youth receiving MST had:

- 36 percent fewer felony arrests
- 75 percent fewer violent felony arrests
- 37 percent fewer divorce, paternity, and child support suits
- 56 percent fewer felony arrests for siblings

JPD has identified a need for interventions that improve the functional capacity of parents and family members to influence the behavior of their justice-involved kids. These include youth with substance use issues, difficulties in school, and mental health needs that do not require acute treatment interventions but are beyond the capacity of their parents to address effectively.

JPD will use MST as a first line of intervention to help parents and their natural and community supports to support behavior change for their children and help them complete their probation.

The target population for MST referrals include youth with:

- Multiple referrals to the department or an arrest record of increasingly serious charges
- Behavior patterns beyond parental control or causing difficulties in school
- Complex mental health needs or juvenile domestic violence

JPD's target population for MST referrals fall into several of the eligibility categories in California's Title IV-E Prevention Plan including youth who are:

- Subject to a 602 petition
- In a guardianship or adoption arrangement that is at risk of disruption
- Exposed to domestic violence
- Identify as LGBTQ
- At serious risk factors combined with family instability or safety threats
- Have siblings in foster care

Status of Program Development

JPD is currently working with the DPH to identify a CBO with an existing DPH contract that has the interest and capacity to establish an MST program. Once identified, the program details will be established with the CBO and added to its existing contract. SFJPD will support the program costs through an internal department work order and DPH will manage and monitor the program. The intention is to start referring SFJPD youth and families by July 1, 2023.

MST is a Medi-Cal approved service. SFJPD and DPH-Behavioral Health expect that MST costs allowable under Medi-Cal will be reimbursed through Medi-Cal with Title IV-E FFPSA funding supplementing non-Medi-Cal costs.

Peer Parent

Peer-to-peer parent mentoring program designed to support families that are involved with HSA-FCS, Child Protective Services, and the JPD.

Peer-to-peer mentoring services employ parents who have successfully reunified with children removed by the child welfare system, or who have had children in out-of-home Juvenile Probation placements. These peer-parent mentors provide culturally competent supports and guidance to parents who are currently involved with child welfare or Juvenile Probation and may be struggling to navigate these systems. For many, peer-based support groups can provide a foundation for stronger parent-child relationships, an understanding and modeling of positive parenting, and promotion of social and emotional health of children.

AB-12 Program

Program details TBD to benefit youth aged 18 to 21 in the Extended Foster Care Program to prevent homelessness and justice system involvement.

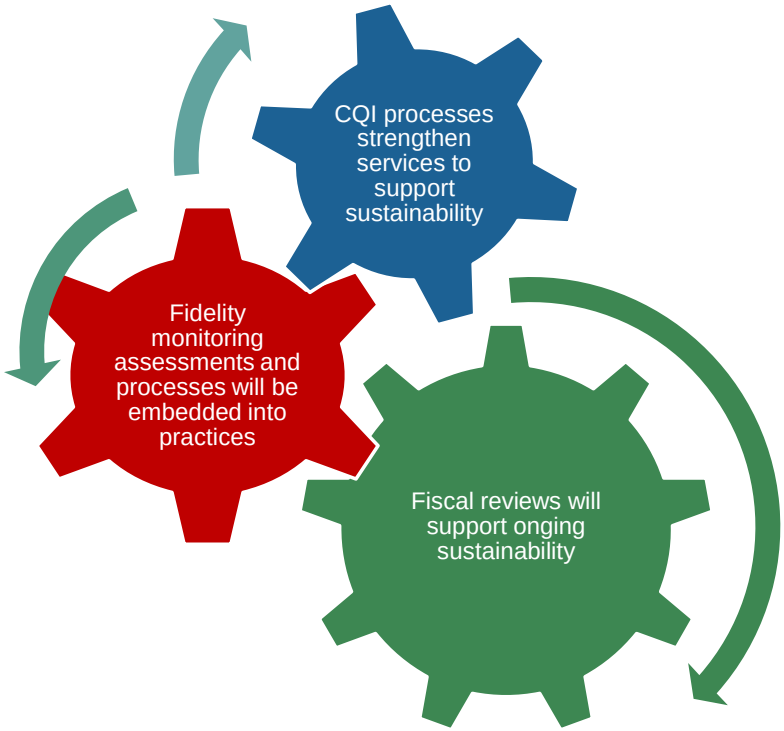
Additional prevention funding information for HSA-FCS can be found in HSA-FCS's 2021–2022 OCAP Summary Sheet-EV Redo report summarized below and the OCAP website Data Dashboards (ca.gov).

Visitation – UPDATED 2021–2022 AND REVISED 9/22/2022

	Children Without Disability	Children with Disability	Parents Without Disability	Parents With Disability
White – non-Hispanic	11	0	9	0
Hispanic	7	2	11	0
Black – non-Hispanic	13	2	17	0
Asian	5	0	10	0
Native American	0	0	3	0
Native Hawaiian and Other Pacific Islander	0	0	1	0
Two or more races	6	0	5	0
Other*	1	0	3	0
TOTAL	**43**	**4**	**59**	**0**

**Includes "unknown," which is consistent with how data have been reported in previous years.*
HSA's 2021–2022 OCAP Summary Sheet-EV Redo report

San Francisco County will apply a CQI process to conduct ongoing fiscal reviews throughout testing and implementation to determine if funding adjustments are needed and how to best maintain sustainability. This could result in adjustments or changes in where the state FFPS Program Block Grant funds or other funding will be spent.

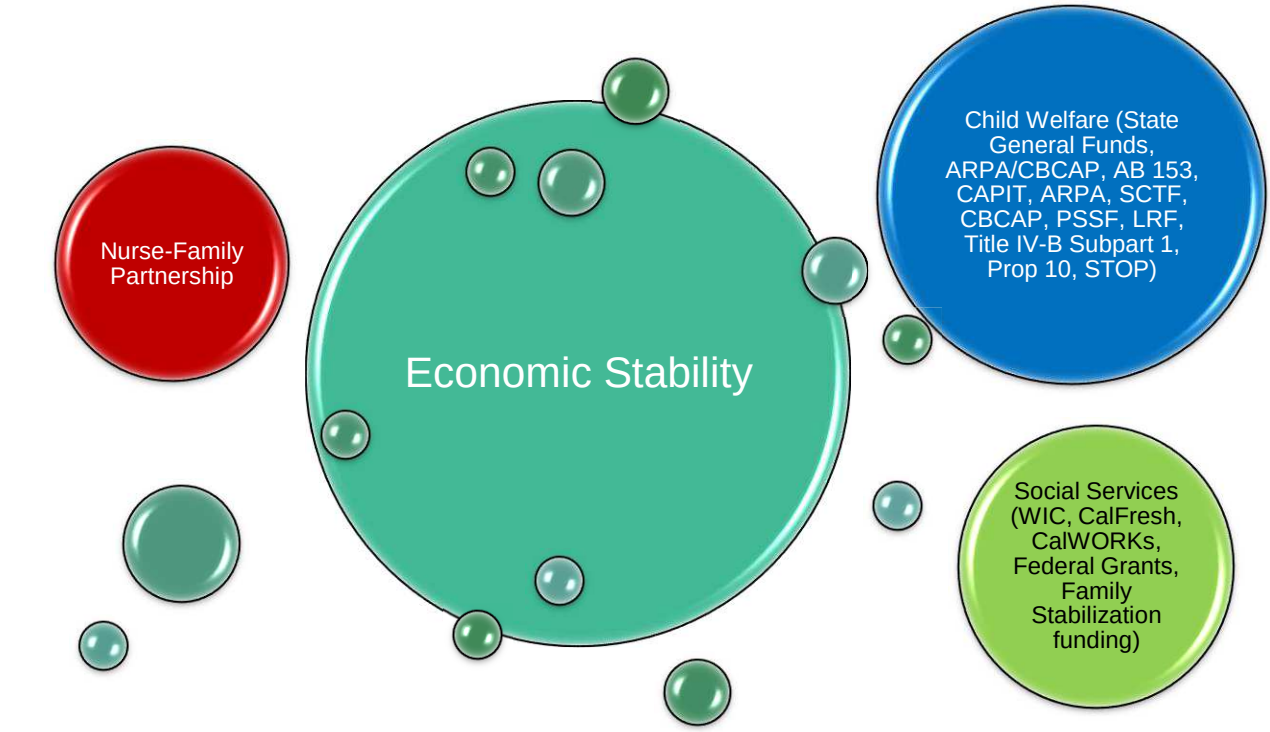


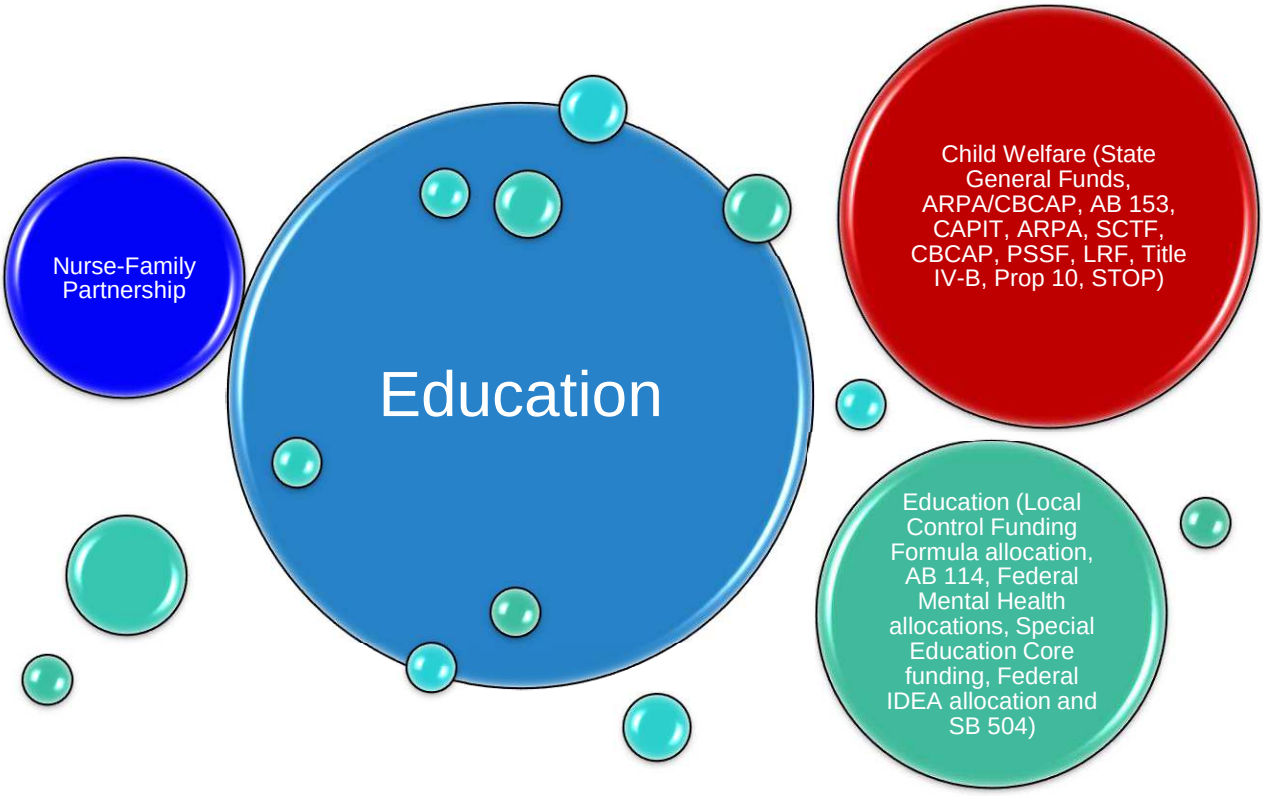
San Francisco has focused on prevention for over 15 years, reflected through funding adjustments from intervention to prevention services, FRC Initiative, Integrated Family Services Model, work on AB 2083: A Children's System of Care, Development of a Prevention Planning Steering Committee, and expansion of Medi-Cal with CalAIM programs. They have a long history of leveraging and blending funding to meet the needs of children, youth, and families. Existing prevention funding will be leveraged to ensure a continuum of prevention services are available at all levels (primary, secondary, and tertiary) of prevention. This will be accomplished through existing, new or contract amendments, interagency work orders, existing funding such as grants, and federal, county, state, local or other funding for mental health, parenting supports and substance use disorders service areas. As EBPs are identified, contracts and work orders will be adjusted and/or request for proposal to allow CBOs or FRCs the necessary fiscal support to adequately provide prevention services to children, youth and families. Ongoing assessment will continuously occur to determine where funding will need to be adjusted to support existing and new EBPs as well as any other necessary costs related to providing prevention. The addition of Title IV-E FFPSA funding will only enhance the County's existing funds for comprehensive prevention for children, youth, and families improving children and family well-being and assisting them in better meeting the five SDOH listed below:

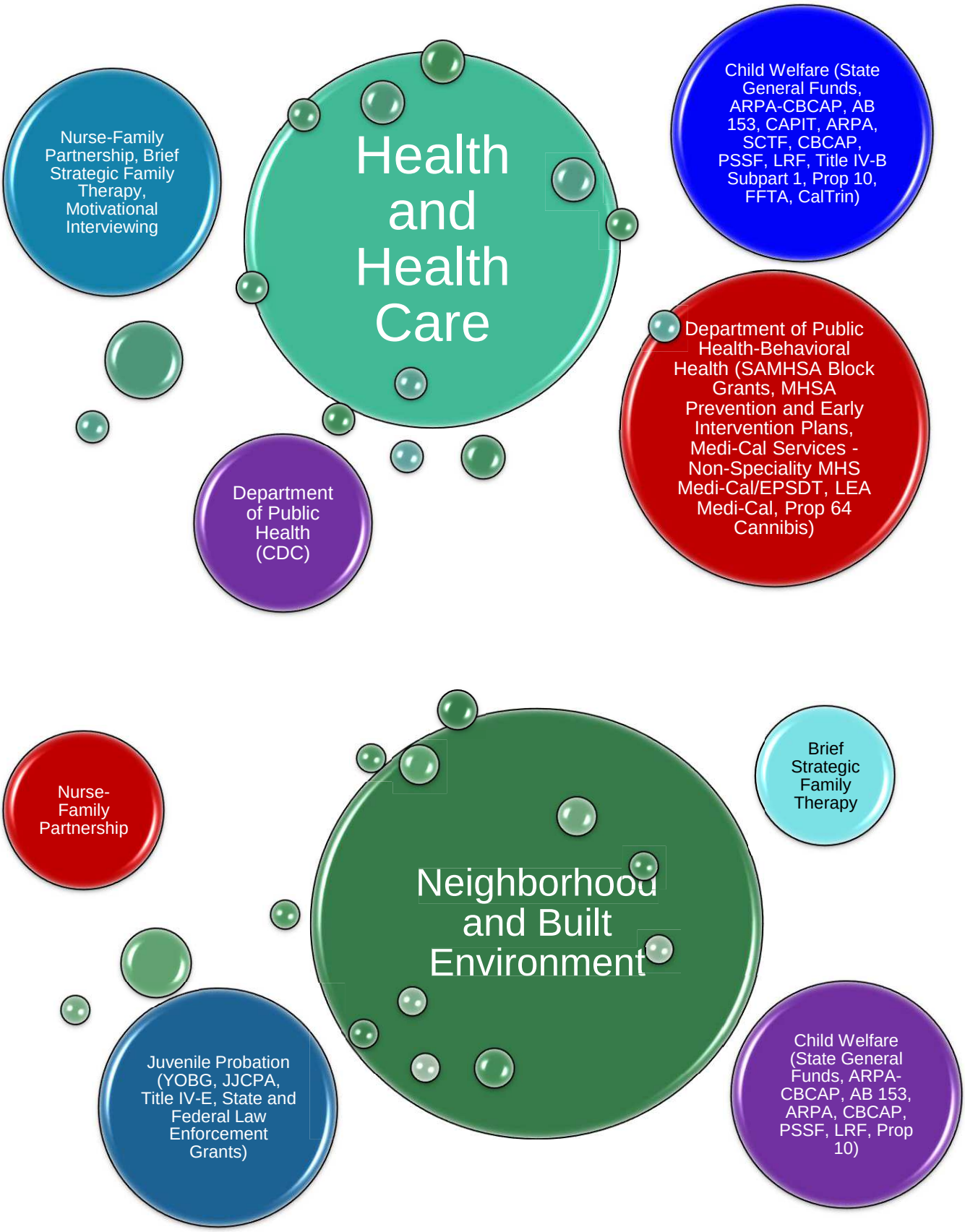
- Economic Stability
- Education
- Health and Health Care (Health and Mental/Behavioral Health)
- Neighborhood and Built Environment
- Social and Community Context

The asset mapping showed disparities within the child welfare and juvenile probation systems with African American/Black and Latina/o/x and Hispanics. Inequities in health are also overseen in these populations resulting in less ability to meet basic needs and fully achieving all SDOHs. Expanding opportunities for families with children 0 to 3 years of age with Nurse-Family Partnership will provide additional opportunities in the first four social determinants: economic stability, education, health and health care, and neighborhood and built environment. Brief Strategic Family Therapy supports families in health and health care, and neighborhood and built environment social determinants. Motivational Interviewing supports families with health and health care social determinants. Below are graphics reflecting funding that child welfare, JPD, DPH, behavioral health or San Francisco Unified School District utilize or could utilize to support

programs that will address economic stability, education, health and health care and neighborhood and built environment SDOHs.






Health and Health Care
Nurse-Family Partnership, Brief Strategic Family Therapy, Motivational Interviewing
Child Welfare (State General Funds, ARPA-CBCAP, AB 153, CAPIT, ARPA, SCTF, CBCAP, PSSF, LRF, Title IV-B Subpart 1, Prop 10, FFTA, CalTrin)
Department of Public Health-Behavioral Health (SAMHSA Block Grants, MHSA Prevention and Early Intervention Plans, Medi-Cal Services - Non-Speciality MHS Medi-Cal/EPSDT, LEA Medi-Cal, Prop 64 Cannibis)
Department of Public Health (CDC)
Neighborhood and Built Environment
Nurse-Family Partnership
Brief Strategic Family Therapy
Juvenile Probation (YOBG, JJCPA, Title IV-E, State and Federal Law Enforcement Grants)
Child Welfare (State General Funds, ARPA-CBCAP, AB 153, ARPA, CBCAP, PSSF, LRF, Prop 10)

Additional Assurances

1. A description of the coordination with the local Mental Health Plan to ensure adherence to federal requirements that Title IV-E remains the payer of last resort.

   San Francisco City and County has a close interagency collaboration, both internally and externally, to assist in supporting individual's behavioral health needs. An example of this is the systems of care work occurring within the City and County. DPH-Behavioral Health has actively participated in the development of the Comprehensive Prevention Plan through sharing processes, helping inform EBP identification and selection, identification of potential candidacy, and providing strengths, gaps, or needs within the community to provide specialty mental health services. This is further found in the partners' work on AB 2083, specialized behavioral health, and Continuum of Care Reform.

   Throughout this work, DPH-Behavioral Health has helped inform different parties on San Francisco's Mental Health Plan and Medi-Cal to help ensure adherence that Title IV-E remain the payer of last resort. San Francisco City and County expects more individuals will qualify for Medi-Cal with CalAIM initiative allowing even more individuals to potentially access necessary behavioral health services. Medi-Cal is already set up as a payer of last resort, for example when an individual has private insurance or other means to cover a service it is billed first prior to Medi-Cal paying for the service. This same system will be maintained with Title IV-E FFPSA funding. If the service is an allowable Medi-Cal service, then Medi-Cal will be billed. If an individual is determined to need a service related to a diagnosable mental health disorder and the individual is a Medi-Cal recipient, then Medi-Cal will be billed. The expectation is that the Title IV-E FFPSA funding will supplement and support the areas an individual may need that are not a Medi-Cal allowable cost or service. Both the FFPSA assessment and the specialty assessment could be used to assess an individual that may need behavioral health services. If an individual has been identified as needing a behavioral health service, then they will be referred. If an individual has already received an FFPSA Title IV-E assessment, then information from this assessment will be used to assist in deciding on services, refer for services and to make an assessment. This will ensure an individual is not required to complete multiple assessments or being over assessed. DPH-Behavioral Health will continue to determine medical necessity. There will be a feedback loop between DPH-Behavioral Health, FRCs and CBOs where at times DPH-Behavioral Health may be an access point for services for an individual. Other times they will be partnering with an FRC or CBO for a child, parent or caregiver that needs to receive a mental health, SUD, or in-home parenting service. It is expected that there may be more crossover with family therapy services for parenting, therapeutic visitation for parenting and with SUD and mental health. These areas will be closely reviewed to ensure the processes in place will maintain Medi-Cal is billed as appropriate and FFPSA Title IV-E is maintained as the payor of last resort. Through the existing processes in place for Medi-Cal and claiming processes that will be set up for FFPSA Title IV-E claiming, FFPSA Title IV-E will remain as the payor of last resort with all Medi-Cal services being billed to Medi-Cal and any other services that are covered by an existing funding service is maintained. At times, this will result in Medi-Cal being claimed for a service and Title IV-E FFPSA being claimed for an administrative cost, resulting in blending of the two funds. For example, if a CBO staff member is providing a Medi-Cal approved EBP to an individual, the service will be billed to Medi-Cal but "case supervision" between the supervisor and staff may be an allowable cost for administrative services with Title IV-E FFPSA and be billed to Title IV-E FFPSA allowing blending of funding to meet each area to ensure the service is being adequately provided to the individual.

2. Plans for meeting the workforce and training requirements established under the state plan.

   Throughout implementation of this plan, trainings will be created to support the following processes:

   - Engagement to support intake and screening for eligibility, interest in prevention services and referral to Prevention plan case manager partners as needed
   - Engaging families in the co-creation of prevention plans and case management supports through the delivery of the prevention services
   - Referrals to community-based providers for prevention services and follow up to ensure families are being engaged and services conducted
   - Data collection, quality assurance and fidelity monitoring for the prevention pathway components
   - Fiscal reporting and claiming processes. An overview training will be developed on Title IV-E funding expectation with an emphasis specific to FFPSA.

Assurance and plans for meeting the workforce and training requirements established under the state plan. Title IV-E agencies will follow the statewide curriculum to ensure that caseworkers within both the community and child welfare pathway are trained on all foundational requirements including the understanding of how tribal considerations intersect with community-based and Title IV-E agency pathway services.

Procurement of nationally qualified trainers to provide training on all EBPs that are targeted for expansion and plans for building capacity for "train the trainer" approaches will be included in the implementation planning process. This will include the development of a training plan to support the phases of implementation.

Additionally, San Francisco will use where relevant its Parent Training Institute, the Bay Area Academy and California Training Institute (CalTrin) resources to support building or delivering additional training specific to the Prevention Navigation Partners which will include the following:

- ICPM
- Mandated reporter training
- Motivational Interviewing
- Overview of Child Welfare and JPD in relationship to prevention services
- Safety in the field
- Mental health, substance use, intimate partner violence
- Implicit bias
- Community Response Guide

3. A description of how counties will ensure that all EBPs, whether delivered via contracted entity or by local Title IV-E agency staff, will adhere to model fidelity protocols.

   Seven of the EBPs included in California's Prevention Plan are currently being provided by CBOs in the County of San Francisco. San Francisco planning teams are identifying CBO's that have the capacity and motivation to participate in process testing for the three California FFPSA-eligible EBPs identified for Phase One of implementation. In addition, HSA-FCS will seek to provide training for the Prevention Navigation partner organizations in the use of Motivational Interviewing to bring the EBP to fidelity. The process testing, along with Motivational Interviewing training, will include plans to monitor adherence to model fidelity and will serve as the basis for ongoing monitoring of model fidelity. This ongoing monitoring will be led by a third-party contractor.

   The third-party contractor will be responsible for collecting initial certifications of fidelity from each of the CBOs and CWS implementing a relevant EBP as well as collecting data on fidelity indicators. This will include detailed information about initial training for all staff providing the service as well as relevant staffing requirements, ongoing training requirements, and EBP-specific fidelity documentation. Key fidelity indicators for the seven EBPs are included in appendix E. The third-party contractor will review this information to ensure that model fidelity is adhered to on an ongoing basis and will report this information to the countywide multidisciplinary team, who will integrate this data into CQI processes.

   In addition, the County of San Francisco will participate in state-level fidelity oversight and coordination. This will include providing timely submissions of relevant fidelity indicator data through the statewide automation system (assumed to be CWS-CARES). As EBPs are added to the California prevention plan and as the County assesses EBPs in the Clearinghouse that are relevant to meet the service delivery needs, the County will ensure practices of fidelity are in alignment with the selected model(s).

4. Assurance that the agency will monitor child safety, including conducting periodic risk assessments. Local Title IV-E agencies that contract with CBOs for services will also describe the process for how safety monitoring and periodic risk assessments will be overseen. Agencies must include language within service contracts that describes this process to ensure that roles and responsibilities are clear.

   The County of San Francisco has developed the prevention pathway to demonstrate that families can receive or gain access to services through any open door. Recognizing that FFPSA prevention services may not be a match for all children and families, there will be opportunities to access other prevention services to best meet their needs or potential. Exhibit 2 is a graphic of the prevention pathway and what a family can anticipate

experiencing if they choose to opt into prevention services.

Prevention Plan Navigator partner organizations will periodically screen participating families for risk factors through their identified family needs assessment tool and team-based decision making.

5. Assurances of all other requirements under the state Title IV-E Prevention Program Plan approved by the federal Administration for Children and Families.

   See attached signed assurance template document for assurances for Title IV-E Prevention Program Reporting, Child Safety Monitoring, Workforce Development and Training, Trauma-Informed Services-Delivery, Model Fidelity for EBP, CQI, Racial Equity, Diversity and Inclusion, and Coordination with Local Mental Health.

Appendices

A. Participating Partners
B. San Francisco Quantitative Child Welfare Data
C. Trauma-Informed Principles and Competencies
D. Logic Model
E. Fidelity Monitoring Table
F. San Francisco Local Spending Plan

Appendix A: Participating Partners

Agency/Organization	Team Member
ICF Project Director	James Coloma
ICF Implementation Project Lead	Nicole Barnes
ICF Fiscal Expert	Brenda Manus
ICF Evaluation Expert	Kate Stephenson
Family and Children's Services	Joan Miller
Family and Children's Services	Melissa Connelly
Family and Children's Services	Massiel Gonzalez
Family and Children's Services	Jessica Mateu-Newsome
Family and Children's Services	Ronda Johnson
Family and Children's Services	Pamela Connie
Family and Children's Services	Karina Zhang
Family and Children's Services	Tommy Pazhempalil
Family and Children's Services	Tracy Burris
Family and Children's Services	Angela Ramos
Foster Care Mental Health Services – Behavioral Health	Alison Lustbater
Foster Care Mental Health – Behavioral Health	Ritchie Rubio
San Francisco Dept of Early Childhood	Theresa Zighera
San Francisco Dept of Early Childhood	Shelli Rawlings-Fein
San Francisco Dept of Early Childhood	Susan Dip
Safe and Sound – Child Abuse Prevention Council Lead Agency	Jenny Pearlman
Safe and Sound – Child Abuse Prevention Council Lead Agency	Malcolm Gaines
Department of Children Youth and Their Families	Rebecca A, Brown
Department of Children Youth and Their Families	Jasmine Dawson
Juvenile Probation Department	Maria McKee
Juvenile Probation Department	Jessica Bishop
DPH – Nurse-Family Partnership	Maya Vasquez
Human Services Agency – Data and IT	Douglas Thompson
Human Services Agency – Data and IT	Taryn Ness
Human Services Agency – Data and IT	Matthew Younger
Public Health Nurse	Marcy Spaulding
Family and Children's Services - Fiscal Lead	Juliet Halverson
Human Services Agency – Fiscal	Celia Pedroza
Human Services Agency – Fiscal	Heather Davis
Human Services Agency – Budget	Jesse Rosemoore
Human Services Agency – Fiscal	Rachel Brannon
Juvenile Probation Department – Fiscal Lead	Seth Kilbourn
San Francisco Unified School District	Shira Andron
Tribal Representative	Anthony Guzman
Huckleberry Youth Programs	Katie Reisinger
University of California, San Francisco – Clinical Services	Melanie Thomas
University of California, San Francisco – Clinical Services	Rebecca Schwartz
Youth Law Center	Jennifer Pokempner
Youth Law Center	Meredith Desautels
Alternative Family Services	Marsha Lewis
Alternative Family Services	Beverly Johnson
Alternative Family Services	Craig Barton
Instituto Familiar de la Raza (FRC)	Brenda Quintero
Seneca Family of Agencies	Shane Wallin
Huckleberry Youth Services	Katie Reisinger
Edgewood Family Resource Center	Cynthia Green

Appendix B: San Francisco Quantitative Child Welfare Data

(Data collection period of July 2021–June 2022)

Proportion of Population and Child Welfare Involvement by Race/Ethnicity

Race/Ethnicity	Total SF County Population (2020 Census)	Percentage of total Child Welfare referrals (July 2021 – June 2022)	Percentage of investigated referrals (July 2021 – June 2022)
Asian/ Pacific Islander	34.4%	12.5%	13%
Black / African American	5%	26.9%	29%
Hispanic/ Latino	15.2%	34%	36.3%
American Indian/ Alaska Native	.2%	.6%	.7%
White/ Caucasian	40.5%	10.8%	10.5%
Unknown	N/A	15.1%	10.3%

Total Child Welfare Referrals by Allegation

Allegation	Percentage of total referrals
At-risk - sibling abused	12.1%
Caretaker Absence / Incapacity	1.6%
Emotional Abuse	15.8%
Exploitation	.8%
General Neglect	39.9%
Physical Abuse	17.3%
Severe Neglect	.6%
Sexual Abuse	11.8%

Total Child Welfare Referrals by Allegation and Age Group

Age Group/ Allegation Type	Under 1	Age 1-2	Age 3-5	Age 6-10	Age 11-15	Age 16-17	Age 18+
At-risk, sibling abused	50	100	180	350	267	81	1
Caretaker absence/ incapacity	20	9	18	35	61	42	1
Emotional Abuse	139	192	271	515	467	151	1
Exploitation	0	0	0	1	26	19	1
General Neglect	283	279	462	903	967	396	5
Physical Abuse	73	103	223	475	499	181	2
Severe Neglect	8	6	15	12	13	5	0
Sexual Abuse	3	19	47	128	337	181	21
Total referrals by Age	576	708	1242	2637	2419	1056	32

Child Welfare, Public Health and Juvenile Probation Data Reviewed for SF FFPSA Candidacy*

Eligibility Category	Counts of Cases	Total Pool Counts Pulled From/ Notes
Children whose caretakers experience substance use disorder	1014	Any youth with an investigated referral or open case (3446)
Children and families receiving voluntary or court-ordered Family Maintenance	628	All open cases (1453)
Children exposed to DV	504	Any youth with an investigated referral or open case (3446)
Probation youth subject to a petition	174	Total referrals (429)
Homeless or runaway youth	38 + 54 = 92	Open placements (unknown)
Children who have siblings in foster care	90	Open placements (unknown)
Trafficked children and youth	71	All open cases (1453)
Children whose guardianship or adoption arrangement is at-risk of disruption	17 + 5 = 22	Total adoptions (76)
Pregnant and parenting youth in foster care	9 + 0 = 9	Total youth in foster care (unknown)
Child Welfare and Public Health Wraparound and Wrap Like Services	45 + 343 = 388	Includes other intensive services (e.g., IHBS, ISCS, ICC)
In Home Parenting	106	Total referrals
Trial Home Visits	40	NA
Differential Response	233	Total referrals; 68% engaged or 152 families
Voluntary Services	141	All clients with an open case
STRTP	31	All clients in an STRTP at any point
Admissions to Juvenile Hall	185	NA
Dept of Public Health Complex Needs Programs	1327	Includes child-welfare and juvenile justice involvement, but also other intensive (e.g., IHBS, ICC) and outpatient services
Substance-exposed newborns;Children with a substantiated or Inconclusive Disposition, but no case opened;Indian children identified by a tribe;LGBTQ youth; and Children or youth experiencing other serious risk factors combined with family instability or safety threats	Partially Reported, likely duplicated	Estimates from other system partners: 745 self-identified LGBTQIA youth, 1140 homeless or unhoused youth, and 70-90 substance exposed newborns.
Total Potential Eligibility Pool with unknown # of duplications	5055	

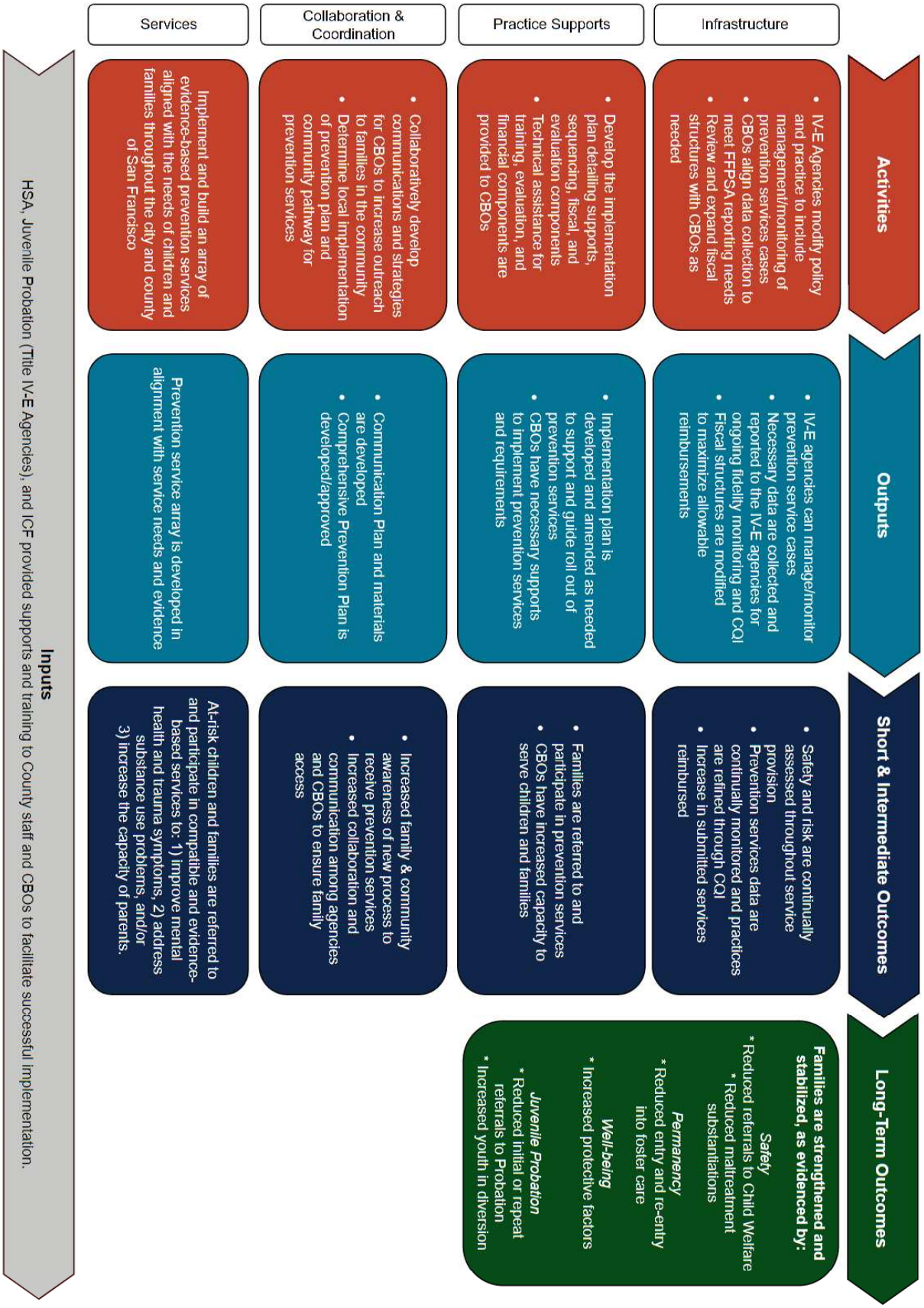
*likely duplications due to data collection systems

Appendix C: Trauma-Informed Principles and Competencies

Leadership Competencies of a Trauma-Informed System

Trauma-Informed Communication	Focuses on the practice of intentionality about the mode, frequency, and amount of information to offer to others in order to minimize the impact of stress and trauma. **Examples:** Connect before correct - Right-sizing information - Framing + Storying Offering stabilization: Providing the why's, likely impacts, and what's next
Inclusive Leadership	Makes space for diversity and difference. Understands power analysis and uses both power building and sharing to create more expansive contexts and communities. Promotes voice and choice. Acknowledges some wounds are results of oppression and must be remedied in relationships and institutions. **Examples**: Power analysis - Power sharing - Power building - Doing with and not for - Taking multiple perspectives - Participatory management
Mindfulness & Reflection	Practice of cultivating awareness, contemplation, and deliberation. Long-term focused versus reactive. Creates opportunities for healing in real time and prevents reverting back to former structures and practices that re-produces stress and trauma. **Examples:** Reflective supervision- Curiosity - Capacity to see & feel without reacting
Complexity	Awareness of systems thinking and change management. Able to operate in space of uncertainty and ambiguity in order to evolve our systems and structures where there are no pre-defined roadmaps. **Examples:** Tolerate ambiguity -Synthesize disparate pieces of information - Ability to consider multi-variate inputs simultaneously
Radical & Critical Inquiry	Capacity to be deeply reflective about one's own self-concept (radical) as well as the institution one leads (critical inquiry). **Examples:** Critical self awareness -Willingness to challenge assumptions - Humility -Critical Institutional Inquiry about organizational treatments, interventions, and problem formulation.
Relational Leadership	Values centrality of relationship. Uses relationship and influence more than power and authority to affect change and systems transformation. **Examples:** Frequent use of appreciation - Whole person consideration - Build cultures of staff connection and shared success - Express and hold emotion and vulnerability- Interact with transparency and trust

Appendix D: Logic Model



Appendix E: Fidelity Monitoring Table

EBP Service, Description, Rationale, and Manual Version	Target Population	Outcomes	Fidelity Indicators
Motivational Interviewing The City and County of San Francisco selects Motivational Interviewing to ensure the inclusion of an evidenced based approach to Substance Use Treatment and Prevention Plan management. Motivational Interviewing serves adults with children and youth of any age and is currently available in 14 California child welfare jurisdictions, and all County probation agencies. The Title IV-E Prevention Services Clearinghouse reviewed studies of Motivational Interviewing focused on illicit substance and alcohol use among youth and adults, and nicotine or tobacco use among youth under the age of 18. This broad applicability of Motivational Interviewing across the lifespan makes it a good fit for serving families.	Adolescents and their parents/ caregivers	• Decrease in youth substance use • Decrease of parent/caregiver substance use • Improved physiological, psychological and lifestyle outcomes	• Provider received training • Meets staffing qualification requirements • Completion of the MICA 3.2 with role play quarterly for providers
Nurse-Family Partnership Nurse-Family Partnership (NFP) is currently being provided through DPH. NFP is a home-visiting program that is implemented by trained registered nurses. NFP serves young, first-time, low-income mothers beginning early in their pregnancy until the child turns two. The primary aims of NFP are to improve the health, relationships, and economic well-being of mothers and their children. NFP aims for 60 visits that last 60–75 minutes each in the home or a location of the mother's choosing.	First-time parents/ caregivers pregnant or with a child under 2 years of age	• Increased positive parenting practices • Improved maternal health • Family self-sufficiency	• Provider received and maintained required training • Meets staffing qualification requirements • 1:8 Supervisor to staff ratio • 1:25 Caseload ratio • Use of NFP standardized web-based data system
Brief Strategic Family Therapy Brief Strategic Family Therapy (BSFT) has been shown to be effective with Latina/o/x and Hispanic families, African Americans, women, and those with HIV/AIDS. This EBP was selected as part of the service array because it has a high level of support from the purveyor and is shown to be effective with non-white	Adolescents aged 6–17 and parents/ caregivers	• Improved child behavioral and emotional functioning • Decrease in youth delinquent behavior and substance use • Decrease in parent/caregiver substance use	• Provider received and maintained required training • Meets staffing qualification requirements • Ongoing completion of the BSFT Adherence

youth. BSFT is one of the few EBPs that can be used with children 6-18, giving it an important role in ensuring coverage of mental health support within the prevention continuum for school-aged children and adolescents.			Certification Checklist
Parents as Teachers Parents as Teachers (PAT) is an In-Home Parent Skilled-based program with the objective of increasing parental knowledge of childhood development and school readiness, improving parenting practices, promoting the early detection of developmental delays and other health issues, as well as preventing incidences of child abuse and neglect. PAT is designed so that it can be delivered to diverse families with diverse needs, although PAT sites typically target families with specific risk factors. The program is targeted to parents that are expecting or have a child 0 to 5 years of age. The Title IV-E Prevention Services Clearinghouse summary of findings indicates that the program has been shown to demonstrate an improvement in social functioning. PAT also uniquely addresses the distinct challenges facing American Indian and Alaska Native (AI/AN) families by leveraging strengths of their communities. CDSS tribal affiliate programs are culturally specific, locally implemented and use community-based paraprofessionals, which support the local workforce development.	Parents/ caregivers with children aged 0 to kindergarten	• Increased number of developmental milestones met • Increased positive parenting practices • Improvement of parent/caregiver emotional and mental health	• Adherence to PAT 17 Essential Requirements • Annual submission of each essential requirement progress through the Affiliate Performance Report (APR) • Providing the Performance Measures Report after APR submission • 1:12 Supervisor to Staff Ratio
Multisystemic Therapy Multisystemic Therapy (MST) is an intensive treatment delivered to promote pro-social behavior and reduce criminal activity, mental health symptomology, out-of-home placements, and illicit substance use for troubled youth (12 to 17 years) and their families. MST has a variation specifically for child abuse and neglect and is already used by five counties (Los Angeles, Alameda,	Children aged 12–17 and their parents/ caregivers	• Decrease in youth delinquent behavior and substance use • Improvement of parent/caregiver emotional and mental health	• Provider received and maintained required training • Completion of the Therapist Adherence Measure Revised (TAM-R) • Completion of the Supervisor Adherence Measure (SAM)

Contra Costa, and Sacramento). MST was recommended by Chief Probation Officers of California because is successful in reducing long-term rates of criminal offenses by youth involved in the juvenile justice system.			• At least 66% of therapists have a master's degree in social work or counseling
Effective Black Parenting Effective Black Parenting Program (EBPP) is a group-based parent skills training program designed to serve Black and African American families. EBPP aims to promote family pride and cohesion and to help families cope with the negative effects of racism.	African American Families with children ages 0-17	• Increase positive parenting practices and child praise • Decrease corporal punishment with children	• Purveyor requires qualifications • Purveyor provided satisfaction measures • Fidelity measures TBD
Triple P – Level 4 Group and Standard (Individual) Triple P – Positive Parenting Program – Group (Level 4) ("Triple P-Group") is a group-based parenting intervention. Triple P-Group is for parents who are interested in promoting their child's development or who are concerned about their child's behavior problems. Standard Triple P is a parenting intervention for families with concerns about their child's moderate to severe behavioral problem. As a part of Standard Triple P, parents engage in one-on-one sessions with a practitioner. These sessions focus on promoting child development, managing misbehavior, and implementing planned activities and routines to encourage independent child play.	Families with children ages 0-12	• Increase positive parenting practices and parent / caregiver mental and emotional well-being • Increase positive child behavioral and emotional functioning	• Purveyor required qualifications • Purveyor provided fidelity measures
SafeCare SafeCare is an in-home behavioral parenting program that promotes positive parent-child interactions, informed caregiver response to childhood illness and injury, and a safe home environment.	Families with children ages 0-5	• Increase family functioning • Decrease out-of-home placements	• Purveyor required qualifications • Purveyor provided fidelity measures
Familias Unidas Familias Unidas is a family-centered intervention that aims to prevent substance use and risky sexual behavior among Hispanic adolescents. Familias Unidas aims	Latinx/o families with adolescent children ages 12–16	• Increase family functioning and positive parenting practices	• Purveyor required qualifications • Purveyor provided fidelity measures

to empower parents by increasing their support network, teaching them about protective and risk factors, improving parenting skills, enhancing parent-adolescent communication, and facilitating parental involvement and investment in adolescents' lives.		• Decrease child substance use and risk • Increase child behavioral and emotional functioning	

Appendix F: San Francisco Spending Plan

See San Francisco Local Spending Plan attachment.