The Prevention and Family Recovery Initiative

Case Study: San Francisco

Advancing the capacity of Family Drug Courts to provide comprehensive family-centered treatment that improves child, parent and family outcomes.
About the Prevention and Family Recovery Initiative

Prevention and Family Recovery (PFR) seeks to advance the capacity of Family Drug Courts (FDCs) to provide and sustain a comprehensive family-centered care approach that improves outcomes for children, parents and families affected by substance use disorders and child abuse and neglect.

In April 2014, Children and Family Futures (CFF), with the support of the Doris Duke Charitable Foundation and The Duke Endowment, began working with four diverse FDCs to integrate evidence-based parenting programs and children’s developmental and therapeutic services into their larger FDC systems of care. The FDCs received a direct financial grant and intensive technical assistance and coaching via a dedicated PFR Change Team.

The grantees’ original project period was April 1, 2014 to May 31, 2016. After recognizing that two years was not enough time to integrate evidence-based interventions while simultaneously tackling more global systems change, the four grantees received an additional year of capacity-building support. Their PFR grant period ends May 31, 2017. (Visit the PFR web page for more information.)

PFR is about broader, sustainable systems improvements rather than a single intervention. It is about transforming the way FDCs and their cross-system collaborative partners make decisions about policies, programs and resource allocations, and ultimately how to better serve, support and improve outcomes for families in the child welfare system that are affected by parental substance use disorders.

About the PFR Case Studies

PFR is multifaceted and complex. The grantees implemented different evidence-based interventions in four varying county and state sociopolitical contexts. The PFR case studies provide a context-rich story of each site’s PFR journey – their successes, challenges and lessons learned about effective evidence-based service implementation within the FDC context.

These case studies tell how each FDC’s initiative evolved during the initial two-year PFR grant period. They highlight practice and policy changes grantees made at the project, organizational and systems levels to shift from being an independent program within a single system (the court) to an integrated family treatment collaborative that is part of the larger systems of care (involving child welfare and substance use disorder treatment) for these families.

The grantees’ stories will continue to unfold during their continuation year, as they further examine the effectiveness of their PFR enhancements and modifications, and assess their initiative’s impact on child, parent and family well-being. At the end of the second year, most of the grantees’ families were still involved in the FDC program and receiving services. As such, the case studies do not provide outcome data at this point in time.

Acknowledgments

Children and Family Futures (CFF) acknowledges and thanks the grantees for their tremendous effort and hard work. The four grantees’ perseverance and willingness to share their successes and challenges provides guidance so that other collaborative courts might learn from their experiences. These case studies reflect a significant collaborative effort of the grantees, the PFR Change Teams and the larger PFR Project Team. PFR would not have been possible without the generous support and commitment of the Doris Duke Charitable Foundation and The Duke Endowment. Their understanding of the difficulties and time-intensive nature of systems change work, coupled with their leadership and forward-thinking, adaptive funding approach created a robust and supportive peer learning environment. This level of involvement and support has resulted in a richer, stronger and more comprehensive set of outcomes. Finally, the “PFR community” would not be complete without the PFR National Advisory Council, whose expertise and insights helped guide the larger PFR initiative as well as advance the work of the four grantees in immeasurable ways.
This case study is one of a series of four that describe how a group of diverse Family Drug Courts, under the Prevention and Family Recovery (PFR) initiative, are transforming the way they work to better serve, support and improve outcomes for children, parents and families affected by substance use disorders and child abuse or neglect.

WHAT PFR SEeks TO ACHIEVE

• Comprehensive family-centered treatment
• Effective cross-systems collaboration
• Child safety – no repeat maltreatment
• Timely and sustained reunification
• Improved parent-child relationships

This case study tells the story of San Francisco’s PFR initiative. The case studies for the other three grantees—Pima County (Tucson, AZ), Robeson County (Lumberton, NC) and Tompkins County (Ithaca, NY)—are available on the PFR web page.
An Introduction to the San Francisco Family Treatment Court

Target Population

The San Francisco Family Treatment Court (FTC) was started nearly a decade ago as the Dependency Drug Court (see sidebar) primarily to meet the needs of San Francisco county’s hardest-to-serve families, typically parents whose children had been in foster care for an extended period of time or who were facing termination of their reunification services and parental rights. Over time, the FTC broadened its reach. The FTC’s current target population is parents with identified substance use disorders who are receiving court-ordered family reunification or family maintenance services. The FTC can serve 50 families (approximately 60 parents) at any given time for its approximately 14-month long program.

Referrals to FTC can be made by the child welfare Protective Services Workers, dependency attorneys or community service providers. Most are self-referrals through the Homeless Prenatal Program (HPP), the community-based intensive case management provider to FTC clients. Most parents facing allegations of substance abuse or misuse are referred to HPP early on in their dependency cases. As such, at the start of the PFR initiative in 2014, FTC implemented a weekly Family Services Intake Group to identify and enroll families as early as possible.

During the initial two-year grant period, the FTC served 122 PFR adult participants and their 161 children. PFR parents enrolled in the FTC are typically mothers (75%) in their mid-20s to early-30s who are unemployed, but not looking for work (e.g., because they are full-time caregivers or looking for permanent housing). Participants are racially and ethnically diverse. African Americans make up the greatest proportion of participants (34%), followed by Whites (33%) and Hispanics (24%). The majority of their children (66%) are ages 0 to 5 years at FTC enrollment; though more than one-third (37%) are infants (less than 1 year old). Approximately 65% of all children are in out-of-home care at time of FTC enrollment.*

Court Structure

The FTC is a parallel court, with judicial rotation as often as every two years. At the time PFR began, San Francisco’s basic court operations shared some similarities with other FDCs, but also differed in many respects. The FTC team would briefly staff and discuss cases prior to court each week, albeit with limited input from many key partners. Court itself moved rapidly, with participants appearing bi-weekly before the Judge and briefly interacting primarily with the FTC Coordinator about their attendance in services, case management needs and drug testing results. Being an open court, participants watched their peers meet with the Coordinator and the other FTC team members.

Over the course of PFR, pre-court staffings and court took on a decidedly different feel. By the end of year one (May 2015), San Francisco had experienced judicial transition, including a new Supervising Judge over the Unified Family Court and a new FTC Judge. The incoming FTC Judge had previous experience with juvenile dependency law and collaborative courts and was highly motivated to lead the FTC team. The new judge approached her role in FTC with curiosity and sup-

Originally known as the Dependency Drug Court, the San Francisco team changed the court’s name two years into the PFR process to the Family Treatment Court. As FTC Judge Kathleen Kelly explained, “The new name reflects not only best practices in this field, but the true work of the dedicated team which provides coordinated, family focused, trauma informed care to all members of the families we serve – parents and children alike.”

(For ease of reading, San Francisco’s new name is used throughout the case study.)

*Snapshot based on grantee data submitted June 2016.
portive leadership. Her approach, along with the new Supervising Judge’s, increased expectations about outcomes and accountability and led to a host of changes in how the FTC operates today.

Existing Collaborative Partnerships

At the beginning of PFR, the FTC had some well-established collaborative partnerships primarily with the Homeless Prenatal Program and the Department of Public Health’s Behavioral Health Services, which has provided annual funding for FTC operations since its inception in 2009.

While the FTC communicated with four family-based residential treatment programs in San Francisco, the partnerships were “shallow” and treatment providers were not actively involved in FTC operations. (HealthRIGHT 360 became the court’s primary substance use treatment partner at the start of the PFR grant.)

Additionally, Family and Children’s Services (child welfare), its Protective Service Workers (PSWs), and Foster Care Mental Health (children’s mental health) were only peripherally involved with the FTC program and operations. While the court received funding from DPH, as mentioned above, there was no formal relationship in place with regard to FTC operations. (See “Meet the PFR Core Team and Partners.”)

Meet the San Francisco PFR Core Team and Partners

- **San Francisco Superior Court** – serves as the lead agency for the PFR initiative. The court employs the FTC Judge, the full-time FTC Coordinator, and a part-time consultant who helps bridge communication between the FTC and dependency court in addition to providing translation services and limited case management.

- **Family and Children’s Services (child welfare)** – provides family reunification services, refers families to needed services and ensures the safety of the child.

- **Department of Public Health** – oversees mental health and substance use disorder treatment services. DPH also supports the dedicated FTC Public Health Nurse (PHN) to provide SafeCare, children’s health care coordination, and developmental screening to all FTC participants with children ages 0 to 5 years old.

- **Foster Care Mental Health (FCMH)** – coordinates the delivery of mental health services for all children and families involved in San Francisco’s child welfare system. FCMH, a program within the Department of Public Health, supports the FTC’s Children’s Services Coordinator.

- **Homeless Prenatal Program (HPP)** – a full-service family resource center that provides intensive case management services to FTC participants. HPP also provides substance use disorder assessments and referrals to treatment, and serves as the link between the FTC and the substance use treatment providers.

- **HealthRIGHT 360** – the primary family-based substance use and mental health treatment provider for FTC participants.
Given the critical role of child welfare in any family drug court, it is worth expanding on this relationship a bit.

The FTC-Child Welfare Relationship

The lack of child welfare agency and PSW engagement had not always been the case in San Francisco. During the FTC’s early years, child welfare was actively involved and supported the FTC as the best option for families struggling with parental substance use disorders. But over time, the relationship between the FTC and child welfare devolved due to a lack of shared values, mutual accountability and joint decision making, and conflicting views about clients’ progress.

During PFR, the San Francisco team had to work hard to address a number of factors that contributed to child welfare’s lack of engagement in the FTC operations:

- There was a lack of agreement and shared vision about the overall goal for families involved in the FTC.
- The FTC and its partners lacked consistent protocols for sharing information about families’ progress and challenges. Not only was there a lack of communication between the FTC and dependency court (a challenge that many parallel courts often face), but the three core systems—child welfare, treatment and the FTC—had conflicting views about clients’ status.
- The child welfare PSWs viewed the FTC as a court-driven program in which they had limited input on FTC policies and procedures.
- The PSWs did not have a clear understanding of their role within the FTC and struggled with how best to support families participating in the court. Many felt attending court and staffing was an ineffective use of their time as they had limited input in case planning and decision making about families.
- Without a dedicated PSW FTC unit, the FTC potentially works with more than 25 PSWs, each of whom may only have one, two or only a few families enrolled in the FTC. As a result, having PSWs attend staffing and court was not feasible for the child welfare agency, from a pure resources perspective. Further, the PSWs face significant logistical challenges getting to court (e.g., lengthy travel times, limited and costly parking), which only exacerbated the problem.
• Frequent judicial rotation (as often as every two years), coupled with minimal formal written FTC policies and procedures, created challenges in maintaining consistency of the FTC model and dedicated resources. Newly assigned judges often experience a learning curve with collaborative courts, made more challenging with their short tenure. Frequent judicial assignments also mean FTC staff have to repeatedly champion the court’s model to ensure continued adequate personnel and funding.

• The child welfare department was already involved in competing initiatives to integrate evidenced-based practices into the system, with limited follow through and success. The PSWs perceived PFR as the latest in a long line of new initiatives and one in which they had little to no input or control.

The FTC’s Relationship with Other Partners

Similar issues around lack of a shared vision, ineffective communication and conflicting values contributed to the substance use treatment providers’ lack of engagement and participation. Children’s mental health was not yet at the table, though more so because the FTC had not yet begun to focus on the children. Public health nurses had a historic relationship with child welfare, and although some were housed with child welfare at the Human Services Agency, the PHNs were not engaged with the FTC specifically. The FTC had a historic relationship with DPH, as they oversaw substance use treatment and children’s mental health services. However, due to leadership transitions within DPH, the agency’s Behavioral Health Services division was not represented on the FTC Steering Committee during the first two years of the grant.

All of this existing community context is important because, as the FTC would learn, without the active involvement of child welfare and the other key partners, they had little information about the children or the parent-child relationship. As a result, prior to PFR, the FTC typically focused on the parent’s recovery and did not address family well-being, limiting the court’s ability to positively impact permanency outcomes.

However, as this case study explains, the FTC’s collaborative relationships with several of these key partners evolved and strengthened over the initial two-year PFR grant period. This was particularly evident with the FTC-child welfare partnership.

The Gap that PFR Sought to Fill

When PFR came along in 2014, the FTC was already operating in an environment rich with community-based treatment services and supports that included multiple long-term residential substance use treatment programs, many different parenting programs (typically housed within the substance use treatment facilities), and Child-Parent Psychotherapy.

The community’s wealth of existing services presented both opportunities and challenges. Though these services existed in the community, parents in the dependency system often had difficulty accessing and connecting to them. Families were often overwhelmed with multiple referrals and no “warm hand-off” or follow-up between agencies. If parents were linked to services, they were often duplicative, too intensive or did not match the family’s needs. Lack of transportation was also a signifi-
citant barrier. Perhaps most importantly, the FTC lacked a partner who could integrate the needs of children into the court proceedings.

PFR provided the FTC with an opportunity to build on its existing community foundation to expand access to children’s services and to create linkages and relationships that would move the FTC closer to its goal of “One Family, One Plan.” San Francisco’s PFR goals were to:

• Draw consistent and coordinated attention to the needs of children and the parent-child relationship across all FTC cases.

• Increase linkages to evidenced-based parenting education and counseling, child-parent psychotherapy, child developmental assessments and other interventions for children and families.

• Improve cross-agency communication and collaboration between child welfare, mental health, substance use disorder treatment and the court.

• Identify and implement systems changes that benefit all families involved in the child welfare system.

The court decided on a two-pronged approach to achieve its goals. They used PFR funds to:

1. Integrate SafeCare, an existing evidenced-based parenting education and skill development program, into the FTC program by hiring an additional, FTC-dedicated Public Health Nurse (PHN) to deliver SafeCare to FTC participants.

2. Hire a Children’s Services Coordinator (CSC) to ensure that all children receive timely assessments and access to therapeutic and developmental services and other core needs.

This case study of San Francisco continues with how the team implemented these specific enhancements, the early challenges they encountered with each strategy and how they overcame those barriers. Their story conveys how, as the FTC team carried out their chosen strategies, they ultimately encountered a need to deal with two broader practices that had more far-reaching effects on the team’s PFR efforts: information sharing and collaboration.

Integrating PFR into Existing Foster Care Service Delivery Reform Efforts: An Ongoing Contextual Challenge

When PFR began in April 2014, San Francisco county was already in the midst of a major foster care service delivery reform, the Katie A. Settlement. The December 2011 class action settlement order mandates that the California Departments of Social Services and Health Care Services provide coordinated, comprehensive, community-based mental health services to children in or at risk of foster care placement. San Francisco’s Katie A. efforts are named the Interagency Services Collaborative (IASC).

The IASC has already made significant changes to children’s screening, assessment and service referral and delivery processes that impact the FTC’s ability to refer families directly to its long-standing community partner agencies for long-term children’s therapeutic services. As the settlement implementation expands, IASC continues to make policy and practice changes that the FTC team and partners will have to adapt to as they seek to integrate and sustain PFR into the larger systems of care.
Selecting an Evidence Based Practice: Why SafeCare?

Prior to PFR, Family and Children’s Services contracted with two community-based organizations to provide SafeCare to families with children 0 to 5 years old. Around the time PFR began, FCS was in the process of hiring three Public Health Nurses (PHNs) through the Department of Public Health’s (DPH) Maternal, Child, and Adolescent Health Department. The PHNs would provide developmental screening and health care coordination to all child-welfare-involved children birth to 5 years old, as well as deliver SafeCare services. FCS began requiring that all Family Maintenance cases involving children birth to 2 years old who were medically fragile or had significant medical needs be referred to SafeCare with a PHN.

Through PFR, FCS dedicated one PHN to provide SafeCare to FTC families with children ages 0 to 5 years who were in Family Maintenance or transitioning from Family Reunification to Family Maintenance. This expansion of SafeCare not only reached a broader population of children, but also filled an important gap for FTC families: The lack of an appropriate, evidence-based parent-child intervention for reunifying families whose needs went beyond basic parenting classes but did not rise to a level requiring the more intensive Infant-Parent Psychotherapy or Child-Parent Psychotherapy.

Early Implementation Experiences

The implementation of SafeCare was, for the most part, smooth and challenge-free, as the FTC team made sure practices were in place to effectively engage parents in SafeCare and manage the demand for these services.

- Parent engagement and retention. To foster parent engagement in SafeCare, the FTC team provided parents with ample notice about the program, the referral process and how SafeCare services fit within the larger FTC program. Through the FTC’s open court structure, participants also learn about SafeCare by watching their peers meet with the team. As participants near their SafeCare referral date, the FTC Judge explains what SafeCare is and introduces the FTC PHN to participants. Parents can ask questions or raise concerns before services are initiated. The FTC team members address any client outreach and engagement challenges during pre-court case conferencing.

SafeCare typically begins after the family has reached overnight visits. The timing enables the PHN to help...
Before, the FTC used to spend a lot of time thinking about how to engage parents into parenting services. The team has found that with the FTC PHN, engagement has been easier, even though parenting is court-ordered. As one team member noted, “We’ve seen a really big difference in how the parents are engaging in this service … before it felt like parents did it early in treatment and checked off the box.” At the end of year two, 84 percent of parents referred to SafeCare had either completed or were still active in the program.

the parent transition back to a full-time caregiver role more smoothly, and bring important information back to team members about the family’s progress. During court, the FTC Judge uses positive reinforcement and motivational interviewing techniques to encourage a parent’s full participation and successful completion of SafeCare.

• Demand exceeding capacity. When referrals quickly exceeded the FTC PHN’s maximum caseload of 10 families in the first year, the team promptly developed a contingency plan. Overflow cases would first go to the PHNs already providing SafeCare services to other families involved in child welfare. This ensured that families would continue to receive public health nursing services and that the FTC team still had easy access to information about a family’s progress. If capacity was reached with the PHNs, then the FTC would refer families to the community SafeCare providers, who would report back to the dedicated FTC PHN on families’ progress. In addition, those families would still receive public health nursing services from the FTC PHN. These overflow procedures strengthened collaboration and ensured seamless continuation of services.

The FTC team recognized early on that the new information gathered by the PHN needed to be plugged into the court proceedings. The team grappled with how to best integrate the PHN’s information while they clarified what information was most valuable to the court and its partners. As discussed later in this case study, the FTC PHN’s updates on SafeCare (and other PHN services) were integrated into and shared with the FTC team, including the PSWs, through two main venues: the FTC Client Progress Reports and Collaborative Case Reviews. The PHN also directly notified the family’s PSW when services started and provided additional updates on a regular basis.

The Critical Role of the Designated FTC PHN

The successful implementation and integration of SafeCare would not have been possible without the addition of the dedicated FTC PHN, who team members say fit seamlessly into the FTC’s culture and operations. The FTC PHN plays a key role in coordinating family and child services. Through her ongoing contact with families (or, as she describes it, “keeping the pulse” on everyone in the FTC), she brings vital information regarding family functioning, parental capacity and safety back to the FTC team. This improved communication has enabled the team to develop a deeper understanding about a family’s readiness for reunification.

“I think one of the greatest things about SafeCare is the opportunity to be in the home every week and see what’s going on. I say ‘home,’ but 90% of the time, I am actually in treatment programs or transitional housing. But it’s an opportunity to be there and to interact with the family on a very regular basis and that’s given us the chance to provide more information to the child welfare worker. It’s a culture shift.”

– Dedicated FTC Public Health Nurse
SafeCare’s Positive Impact on Families and the Systems

The San Francisco PFR team agrees that SafeCare’s integration into the larger FTC program is one of its greatest accomplishments. They are now seeing:

- **More appropriate matching of services to clients’ needs.** With the SafeCare FTC PHN providing more frequent and increased information about family functioning, the FTC and its partners have gained a better understanding of families’ needs. They can now more appropriately target the higher-level Infant-Parent Psychotherapy and Child-Parent Psychotherapy to those children with intensive mental health service needs, rather than using these services as a catch-all for all families in the FTC.

- **More informed decision making about readiness for reunification.** By bringing information about home safety and parenting capacity to the team, the FTC PHN provides partners with a more complete picture of family functioning. As a result, the FTC team is better able to make informed decisions and recommendations about a family’s movement towards reunification.

“**It’s been a work in progress for the PSWs, but when they partner with the PHNs and really understand SafeCare, they are able to follow up with a parent about what they are learning and how they’re applying it in their daily activities, and they can report that back to the court. So it’s more concrete information that they’re gathering... much more specific about what behaviors the parents need to change in relation to their child’s health and safety, and they put that in the case plan.”**

– Deputy Director, Human Services Agency of San Francisco

- **Better leveraging of the PHN expertise.** The PHN provides families with more than just SafeCare. She offers a full range of other public health nursing services, including regular developmental screenings for infants and children, health education, health care coordination and referrals to medical and dental care. The PHN home visiting model enables the FTC to better address families’ larger health needs.

Elevating the Needs of the Children with a Children’s Services Coordinator

**Why a Children’s Services Coordinator?**

As previously noted, PFR came at a time when no one on the FTC team was dedicated to monitoring the mental health and trauma needs and services of children whose parents were in the FTC. Because no formal written policies existed regarding communication and information sharing, the PSWs had limited opportunity to participate in the FTC in a meaningful way – which meant the FTC had limited information about the children.

San Francisco used PFR funds to develop a Children’s Services Coordinator (CSC) position to draw consistent attention to the needs of the children and the parent-child relationship and ensure that all children received timely assessments, appropriate service linkages and coordinated treatment planning.

The team chose to implement the CSC as a civil service position within the Department of Public Health’s Foster Care Mental Health (FCMH) program, rather than as a contract position within the Superior Court as originally planned. Housing the CSC within FCMH would more effectively improve cross-systems collaboration, communication and service linkages and increase the position’s sustainability potential.
Defining—and Refining—the Role of the CSC

In September 2014, the CSC was hired and dedicated half-time to the FTC. Her roles and responsibilities, as originally outlined, were expansive and included:

- Outreach and engagement of families into the FTC.
- Integrated family treatment planning and monitoring.
- Participation in FTC operations (e.g., pre-court case conferences, FTC status hearings, monthly clinical team meetings).
- Building collaborative relationships among child welfare, court, FCMH and numerous community-based service providers.
- Data collection, tracking and reporting.

The other half of her time, the CSC works for FCMH, conducting the Child and Adolescent Needs and Strengths (CANS) assessments and developing care plans for children in the larger juvenile dependency system. Per the Katie A. Settlement Agreement (see earlier sidebar), FCMH ensures that all children in or at risk of entering foster care must receive appropriate assessments and linkages to services.

During early implementation of the CSC position, the FTC team and partners faced competing ideas about what the CSC’s role should entail and how to best carry out those responsibilities. Through FTC team and leadership discussions, it became clear that the original job description contained certain responsibilities that ultimately were not feasible or clear, or that duplicated the efforts of the PSWs or PHN.

By April 2015 (the end of PFR year one), the FTC team and FCMH had better operationalized the CSC position. They implemented procedures to improve communication and information flow and help the CSC better leverage rather than duplicate the efforts of the PSWs and PHN. The team shifted the CSC’s responsibilities away from developing the children’s care plan to focus more on ensuring that the child’s perspective was elevated within the collaborative team.

By May 2016 (the end of PFR year two), the CSC’s role as a member of the FTC Core Team was more solidified. She now focuses her time on consulting regularly with the PSWs and HPP case managers, attending and often facilitating Collaborative Case Reviews (discussed later), and providing the team with information on children’s mental health assessments and service linkages. The CSC has come to play an important leadership role within and outside the FTC team in advocating for increased focus on building families’ parental capacity and protective factors.

“I see my role [as the CSC] as two-fold. One part is gathering data around the children’s services and interventions that the child needs. The second part is… being a part of a culture shift and how we talk about families, and understanding that a family isn’t one adult that’s in substance abuse treatment, but that it’s a family who had a child in dependency. I see my role as that we can’t make a decision about the family without considering the child’s needs.”

– Children’s Services Coordinator
The Complexity of the Children’s Information – An Ongoing Challenge

The addition of the CSC was an innovative way to integrate and elevate children’s needs into the court. Yet tracking, collecting and reporting information on children’s referrals, linkages and progress proved challenging. The team faced external factors, such as changes to confidentiality regulations and complex data systems that contributed to the problem. Internally, given the court’s parallel structure and the fact that reunification and dismissal decisions are made outside of the FTC process, the FTC team did not know initially how much and what type of data to prioritize for information sharing. Additionally, the limited time afforded during pre-court staffing meetings made it difficult for the CSC to present a holistic view of the child’s needs. With limited time, a confusing network of referrals, and so many potential services to review and report on, the CSC is required to prioritize and present information to the FTC team.

The CSC spends a great deal of time interacting with PSWs, Family Case Managers, the PHN and other members of the FTC team. While effective management and reporting of all children’s assessments, referrals and services consistently across all cases remained an ongoing challenge through year two, the implementation of the Collaborative Case Review was a major improvement in bringing San Francisco’s vast systems together.

At the end of year two, child welfare assigned a PSW Liaison to the FTC team. While the primary purpose of the PSW Liaison was to increase communication between the FTC and child welfare, this new position provided a centralized point of contact for the CSC (and other FTC team members) and helped FTC prioritize information more appropriately (see Looking Forward). The FTC team found that the PSW FTC Liaison’s role complemented the CSC’s work in that they could address both the logistics of children’s services (e.g., when and how visitation would take place) and the child’s ongoing presentation and needs (e.g., behavioral issues that may arise before and after visitation).

Lessons Learned Along the Way

The FTC team and partners learned that regular, ongoing discussion at all levels is needed to ensure the CSC position addresses the needs of children and drives the team’s desired cultural shift toward elevating the children’s, and therefore the family’s, well-being into the court processes. The FTC team will continue to explore whether additional modifications are needed to improve the effectiveness and efficiency of the CSC role. Perhaps the biggest lesson learned was how integral effective cross-systems collaboration and information sharing are to realizing the potential of the new CSC position as well as the SafeCare FTC PHN position. As the next part of this case study makes clear, these larger collaborative practices are inherently linked to effective implementation of both these positions.

Integrating SafeCare and Children’s Services Information into FTC Team Processes

Both the dedicated FTC PHN and CSC came on as new members of the FTC Team. They attend FTC pre-court case conferencing and status hearings to provide vital information about the children and overall family functioning. Yet the team struggled with how to use the child-centered information gathered by both the CSC and PHN. To better integrate this information into the FTC processes and structure, the team employed two separate but complementary strategies: a modified report structure and a Collaborative Case Review teaming process.

Strengthening the Reporting Structure

As noted in the collaborative landscape discussion, prior to PFR, communication between the FTC, PSWs and substance use treatment providers was limited and often disjointed. The systems did not regularly share informa-
tion with one another, or when they did, there was little
knowledge or consensus regarding how the information
would be used. When PFR began, the FTC’s existing
Client Progress Reports included a basic family report—
focused almost solely on the parent—that included
updates from the substance use treatment providers,
occasional updates from the PSW, and any carryover
items from the previous FTC court sessions.

“What is so important [about the PHN and CSC] is that I get reports before
court that will have notes to me about what’s going on with the children. And
in pre-court, they are the ones who are really raising that voice about what’s go-
ing on with the children so that we don’t get totally focused on what is going on
with one of the parents…. This team has been so critical and essential to really
raising the level of importance of what’s going on with the child.”

– San Francisco FTC Judge

With the FTC PHN and CSC enhancements now in
place, the FTC recognized it needed to modify these
reports to ensure they contained information about
SafeCare services from the FTC PHN and children’s as-
sessments, service referrals, linkages, participation and
general well-being updates from the CSC, and—more-
over—that this child and family information was shared
with the FTC team. The CSC and PHN began enter-
ing their reports into the FTC database, so that the FTC
could incorporate the information into the overall Client
Progress Reports that are used to guide pre-court staffing
meetings.

The FTC Coordinator and HPP case managers worked to
further modify and refine the progress reports to provide
more up-to-date and relevant content that better met
child welfare’s information needs. For instance,
SafeCare reports provided insight on home safety that
guided the PSWs’ decisions about increased visitation.
The FTC also began working with substance use treat-
ment programs to provide more informative reports on
parents’ participation and progress in treatment, includ-
ing specific behavioral indicators.

Through the process of implementing the new PFR Safe-
Care and CSC enhancements and integrating children’s
information into the larger systems of care, the FTC team
realized it also needed to take a closer look at its existing
collaboration and information sharing with the substance
use treatment system. Obtaining timely, complete and
accurate information about parents’ progress in sub-
stance use treatment was equally important to gaining
a complete picture of a family’s overall well-being. The
team continues to work closely with HealthRIGHT 360
to develop and implement a report form that treatment
counselors complete prior to each court session. This is
still a work in progress.

Collaborative Case Review

Now that the FTC PHN and CSC were gathering and
entering comprehensive child and family-centered ser-
vice information into the FTC database, the FTC needed
a mechanism to best share and discuss that information
with partners and use it to inform and guide decisions in
the FTC. Furthermore, the PFR team continued to seek
out ways to increase the voices of the PSWs and sub-
stance use treatment partners into the court.

“I was on the job for six months and I
realized how much data I was holding,
how much unique [information] I had
from these institutions around me…. I
had no idea where to put it, there was
no outlet for me to put it other than
into a database…. So we implemented
the Collaborative Case Review—and it’s
really been helpful in terms of creating
a plan for the whole team in terms of
responsibility and accountability.”

– Children’s Services Coordinator
In the fall of 2014, the FTC team and partners began discussing the concept of a cross-systems Collaborative Case Review (CCR) teaming process to achieve those goals. The following year (2015), the team worked to develop the process, finalizing the charter in the spring and implementing the CCR structure in the fall.

The CCR brings together FTC staff, the PSW, the treatment provider and other relevant service providers at the start of each family’s FTC case (within 90 days post-disposition) and on an ongoing basis as needed (usually 30 to 60 day intervals). The family joins the meeting after the team does a brief check-in to ensure all members are on the same page and can provide the family with a cohesive message.

The CCR was considered a major systems improvement and proved to be a turning point for many partners. The CCR model has been an important mechanism for integrating both the FTC PHN and CSC into larger FTC operations and clarifying their roles to other team members. They have provided an open space, where none existed, for PSWs and treatment providers to speak openly and honestly to the team about challenges with the family.

Prior to CCR implementation, the systems did not have a venue for this type of in-depth, cross-disciplinary communication about the family’s needs, challenges and successes. Provider meetings were scheduled primarily to address a problem, rather than encouraging a proactive, collaborative response to families’ needs and services. The CCRs have helped reduce fragmentation between systems and promoted centralized service planning around unified goals.

More specifically, the CCRs have helped the team:

- **Integrate and engage the PSWs as active team members.** FTC team members note that increased information sharing with PSWs is occurring both within and outside the CCR structure. PSWs now reach out to the CSC for assistance in engaging children in services and following up on their progress. In turn, the PSWs provide current information on visitation and any emerging parenting concerns. Through the CCRs, progress towards reunification is routinely discussed and incorporated into court reports.

- **Educate HPP case managers about the needs of children.** In their role as contracted case managers for the FTC and acting as the bridge between the court and substance use disorder treatment, HPP has traditionally focused on the needs of the parent. The CCRs have helped increase HPP’s knowledge and awareness of the children’s needs. As a result, the CSC began providing monthly child-focused consultation and support to HPP case managers as they requested information about parent-child interactions occurring within treatment programs.

- **Increase the FTC’s focus on family reunification.** During the CCR meetings, the team—led by the CSC—was able to develop and maintain a family-focused lens for treatment and service planning and elevate child-centered issues to the level of the court.

Integrating the CCR process was not without its challenges. With multiple providers at the table, the group sometimes experienced differing and competing views about who is the primary client and how to define client success. In essence, continued conflict existed about the FTC’s overall goal. Additionally, some PSWs expressed that they did not feel “backed up” by other members of the team. FTC responded to these concerns by soliciting more information from the PSWs and ensuring the purpose of the meeting is clearly outlined before the parent joins the team.

The logistics of scheduling and organizing the CCRs has been overwhelming at times, particularly without adequate administrative support. Ultimately, the timing and scheduling of the CCRs became largely unsustainable and needed to be reviewed.

In April 2016, six months after implementation, the FTC Coordinator briefly deferred the CCRs. Seeing the benefit of maintaining the CCR structure, the HPP Case Managers assumed responsibility for the process and scheduled CCRs, although they were not as heavily attended. The suspension of the CCRs, in light of their recognized value and positive impact on strengthening communication and collaboration, highlighted the need for the FTC to institutionalize the practice across systems. The team has restored the CCRs and is working on a more sustainable, long-term plan (see Looking Forward).
Evaluation Capacity and Performance Monitoring

The above discussion about improved cross-systems information sharing focuses largely on San Francisco’s efforts to integrate comprehensive, up-to-date information about a family’s progress into the court process, and how the team can best use that information to inform case planning and permanency decisions.

But an equally important need for the San Francisco PFR team was to figure out how they could link process and outcomes data from multiple partners together in one central place. The ability to do so would be necessary to determine the effectiveness of the FTC program in improving outcomes for families, as well as to meet the larger PFR evaluation needs.

The Existing Data Landscape and FTC Team’s Infrastructure

At the start of PFR, data existed in multiple places and systems and to varying degrees of completeness, quality and complexity. Most importantly, none of these data systems were linked together, which meant the FTC could not readily access child welfare, substance use treatment or children’s services data on the families it served. In short, there was no centralized system that could provide the FTC team and partners with a complete picture of what was happening with the whole family across all systems.

Overall and throughout PFR implementation, the San Francisco PFR team faced significant challenges with data collection and reporting, in large part because of the existing fragmented and disconnected data landscape, but also because there was no infrastructure (staffing and resources) in place for dedicated evaluation activities.

Initially, the majority of PFR data collection and reporting responsibilities were assigned to the FTC Coordinator. However, with her other primary responsibilities for overseeing participant progress and managing...
the overall court, the FTC Coordinator had little time to manage data collection. The FTC Oversight Committee soon realized that to effectively carry out evaluation activities, the Coordinator’s role needed to be reworked and certain duties reassigned.

Staffing challenges also affected the FTC team’s ability to effectively implement the NCFAS (a PFR requirement). The person administering the tool changed several times throughout the first year of the grant—from the court’s mental health liaison to the CSC to the FTC Coordinator, who ultimately assumed the responsibility until a long-term solution could be implemented. To resolve this, the HPP case managers will soon assume permanent responsibility for administering the NCFAS.

The FTC team also experienced difficulty integrating the NCFAS into standard operations because FCMH, under the Katie A. Settlement, had already implemented the CANS assessment. The team was unclear how the NCFAS supplemented the CANS and other existing children’s assessments.

Learning to Navigate the Data Landscape – Strategies to Overcome Bumps in the Road

As the San Francisco team worked to build their capacity to not only collect and report data, but actually use that data for program improvements, they put in place several strategies and learned several important lessons to help them address their data challenges.

- **Direct access to child welfare data.** The FTC team and leadership recognized that child welfare outcomes are a vital part of FTC reporting and essential to demonstrate the FTC’s effectiveness. With the help of child welfare agency and family court judicial leadership, the FTC Coordinator, FTC PHN and CSC obtained direct access to the county’s child welfare database. The FTC added a “Special Projects Code” to identify and pull needed child welfare data on families enrolled in the FTC. Direct

Building Evaluation Capacity: A Progress Overview

- **April 2014 (start of PFR):** Court, child welfare and substance use treatment data systems are not linked; no data sharing protocols or agreements exist between the FTC, child welfare and substance use treatment.

- **By September 2014:** A special code is established in the county’s child welfare database to easily identify FTC participants.

- **By October 2014:** The FTC added PFR-required data elements and a specific child page to track children’s services referrals, linkages and outcomes. These changes centralized all data for the child, parent and family.

- **By January 2015:** The FTC Coordinator, FTC PHN and CSC obtain direct access to the county’s child welfare database.

- **By April 2015 (end of PFR year one):** The FTC added database functions to allow the CSC and PHN to enter Family Reports to inform the team about the status of family members’ assessments, services, and other relevant topics; these reports also incorporated into the overall Client Progress Report and distributed to FTC team members.

- **By December 2015:** Family and Children’s Services assigns a child welfare data analyst to the FTC to generate real-time reports on child welfare outcomes for FTC families. Initial attempts to program a report were unsuccessful and required additional “tinkering.”

- **March 2016:** The San Francisco Superior Court submits a proposal to the Office of Juvenile Justice and Delinquency Prevention to conduct an independent process and outcomes evaluation of the FTC’s effectiveness.

- **By April 2016 (end of PFR year two):** Department of Public Health agrees to explore creation of a new reporting code to track FTC families in its Avatar database. This would allow DPH to analyze the FTC participants’ treatment outcomes, including time to treatment entry, number of treatment episodes and modalities, and other service usage throughout San Francisco’s public health system.
access also helped the FTC PHN and CSC obtain data for the Family Reports. In addition, Family and Children’s Services assigned a child welfare data analyst to support the FTC with needed child welfare outcome data. The analyst now runs special reports directly from the child welfare database in real time.

• **Partner buy-in and commitment.** To both collect and use data for program improvement, the team found that buy-in at all levels and across all partners is needed. Thoughtful outreach and engagement of front-line staff during the initial planning stages is critical, while judicial and agency leadership are needed to convey the importance of data. For example, the FTC’s rapid implementation of the NCFAS without a shared understanding of how the information would inform outcomes led team members to experience the tool as merely a data collection requirement, rather than a mechanism to inform case planning or spark collaboration. The team learned it is critical to integrate data collection and assessment tools into the program’s operational structure at the front end and provide training to all team members, not just those directly using the tools.

• **Agreement on priority data elements.** The PFR data requirements provided an initial snapshot of the court’s challenges and successes with their families. This prompted the FTC judge to press the Steering Committee to regularly review FTC data and pinpoint what data was most informative. As the Oversight and Steering Committees grappled with the PFR data, they began to question what data would best benefit them in the long term. The Steering Committee has begun to prioritize what data should be presented at monthly meetings to monitor the effectiveness of the FTC. The court is in the process of developing a data dashboard, which will include FTC participant retention information as well as child welfare indicators for participant families. The Steering Committee and leadership will need to ensure adequate resources are delegated to carry out the agreed-upon priorities.

• **Technical assistance and training.** The San Francisco team remarked that the evaluation-related technical assistance that the PFR project provided to them (and the other PFR grantees) was valuable on many fronts. Such support helped the team address their site-specific data collection and reporting issues and build capacity to use data for program improvements. They also benefited from the PFR grantee peer-learning community that enabled the four sites to share their evaluation successes and challenges.

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**Overarching Lessons Learned**

During the initial two-year PFR project period, the San Francisco team experienced some difficult challenges that required partners to think critically about their current practices and collaborative relationships. Yet through the team’s commitment and desire to better serve families, they made substantial progress towards their overall goals of improved cross-systems communication and collaboration, elevated attention to the needs of the children and parent-child relationship, increased

The FTC had long hoped to have a dedicated unit of Protective Service Workers (PSWs) and again broached this idea with child welfare during PFR—with no luck at the end of year one. However, by the end of year two, after ongoing discussions, Family and Children’s Services agreed to add a PSW FTC Liaison to the FTC team. The PSW FTC Liaison will not carry an active case-load. Instead she will serve as the link between the court and the assigned PSWs. As a member of the Core Team, the liaison will attend pre-court staffing and court. She will communicate with the PSWs about families’ progress and barriers to participation in services and bring this information to the FTC team. As this is a new position (effective June 2016), the team will continue to refine the liaison’s roles as needed to best serve families in the FTC.
linkages to appropriate evidence-based interventions for families, and systems improvements that benefit all families involved in the child welfare system. During their journey, the team learned several overarching lessons.

- **Cross-Systems Collaboration and Information Sharing are the Bedrock of Effective Service Delivery.** The San Francisco team learned that to build and maintain effective cross-systems collaboration and information sharing, partners must understand and trust each other. For this community, this translated to the need to develop a shared mission and goals, along with a more collaborative structure for team discussion and decision making to best meet families’ needs. The CCRs, in particular, provided a venue for front-line team members to further refine their roles, develop trust and provide coordinated, integrated care to the whole family.

By the end of year two, the PSWs assigned to FTC cases had a clearer understanding of their role within the FTC and how the systems could work together to better support FTC participants. As the Children’s Services Coordinator remarked, “The relational aspect of collaboration has paid off in spades because I have social workers calling me and saying there has been a change in the child’s behavior, what’s the next step, where should we go with this.” FTC training and observation is now a component of PSW orientation training, which should help expand understanding system wide.

- **Public Health is a Vital Partner in Achieving a Family-Focused Approach.** San Francisco’s PFR journey has made clear the vital and valuable role that public health can play in helping move a FTC team to a more family-focused approach. The PHNs in San Francisco not only helped to increase participant engagement in SafeCare and focus the team on the parent-child relationship child (see lesson below), but they also broadened the scope of services to address families’ important health needs.

- **Dedicated Positions Can Advance the Integration of Parenting and Children’s Services into the FTC Program.** The San Francisco team agrees that the addition of the SafeCare FTC PHN and the CSC to the FTC Core Team and structure increased the visibility of children’s needs and the larger family system. Both positions provide a wealth of new information to the team about family functioning. The FTC PHN sheds light on parental capacity, parent-child interaction and safety of the home environment, while the CSC relays information about children’s progress and challenges with services. The CCR teaming process reinforced the value of these two new positions and helped integrate and elevate them into the larger systems of care.

- **Effective Governance and Leadership Drive Change.** When PFR began, the FTC was operating without an established governance structure to oversee and guide FTC operations, practice and policy. The original Advisory Committee that developed the FTC back in 2007 had gradually discontinued over time. As PFR progressed, the team realized that in order to achieve their desired programmatic and systems improvements, they would need to address this governance gap.

“Almost 18 months after [the PHN and CSC] positions were added, it is hard to imagine the team without these positions helping to elevate the needs and well-being of children throughout the [FTC] process.”

– FTC Judge
The PFR initiative served as a catalyst for the court and child welfare, in particular, to work through some longstanding relationship challenges within the Steering Committee governance structure. As the county child welfare director noted, “We’re recommitting to the [governance] structure because we realized when we do utilize our structure, we do have better communication. We are clearer about what we’re trying to achieve and we’re also able to work together to break down the barriers that exist across systems. It’s taken a while for people to really understand the structure and how to utilize the structure to get work done. After a year of doing it, people are starting to get it and we’re starting to see momentum build.”

At the end of year one (May 2015), the FTC team instituted a new three-tiered governance structure—Oversight Committee, Steering Committee and Core Team—to bring partners together, develop a refined shared mission and vision, clarify team members’ roles and responsibilities, and establish clear mandates.

The governance structure has already had a positive impact in several ways. The role and duties of the FTC Coordinator have been refined and clarified. Much of her front-line work has been reassigned, freeing her up to focus on the FTC’s higher-level programmatic and policy needs. The team feels oversight and decision making is now more collaborative and representative of all partnering systems, rather than driven primarily by FTC staff. Also, as discussed in the section about evaluation capacity building, oversight and leadership have brought the importance of data and documenting the FTC’s effectiveness to the forefront. Prior to PFR, partners did not routinely request, collect, track or discuss outcomes data.

Though the expansion of cross-agency representation at multiple leadership levels was challenging, the team acknowledges that after “significant growing pains,” the newly developed governance structure was an important step to integrating FTC practices more fully into the larger court and child welfare systems.

• **The PFR Initiative Needs to be Integrated into Larger, Parallel Systems Reforms.** The San Francisco PFR team noted that trying to engage in FTC program improvements within the context of a related large-scale systems reform like the Katie A. Settlement is challenging. The needs of the FTC feel dwarfed by comparison. But just as parenting and children’s interventions need to be integrated into FTC operations, the FTC—in turn—needs to be integrated into the larger community environment. The team has learned that empowering the Core Team members and operational staff to develop and implement FTC program improvements has been crucial for moving forward. In addition, having the CSC represent the FTC at IASC implementation meetings has helped infuse IASC principles into the FTC’s procedures and educate FTC team members on emerging practice and policy changes.

Looking Forward – Plans to Build on the Momentum

In their PFR continuation year, the San Francisco team plans to focus on strengthening and growing several priority areas. Moving forward, they will continue to:

• **Develop, refine and integrate data collection, reporting and analyses.** The team plans to develop a data dashboard for monthly updates, establish a memorandum of understanding with the Department of Public Health to integrate substance use treatment information and track FTC clients, and develop an evaluation plan to compare the FTC’s outcomes with those of the traditional dependency court. Through such efforts, the team aims to better understand the
Family and Children’s Services recently reallocated money to create a new full-time assessor position within DPH’s Behavioral Health Access Center to conduct standardized, evidence-based substance use assessments for families involved with child welfare, including parents in FTC. Once hired, the assessor will be a member of the FTC Core Team. This systems improvement not only signifies a move to best practices, but is also the first time that FCS and DPH will work in partnership to address adult service needs, in addition to children’s needs.

effectiveness of current practices, guide needed program and policy changes and promote their program’s sustainability.

- **Strengthen and institutionalize the governance structure.** During year three, the FTC will work with the Department of Public Health to ensure there is broader representation of substance use treatment at both the community provider and broader county levels. The FTC recognizes that with only a single local provider on the Core Team and Steering Committee, it is missing a more representative collective treatment provider perspective. Shoring up the governance structure in this way will be particularly important as the FTC deals with the implications of the state’s Drug Medi-Cal Organized Delivery System waiver, which (among other things) will adversely affect the length of residential treatment services by capping stays at 90 days.

- **Integrate substance use disorder treatment providers into court processes.** The FTC is striving to incorporate treatment providers more routinely into the FTC’s communication and service structure. The team plans to work with HPP to ensure that parents’ treatment needs, progress and challenges are accurately reflected in court, and that HPP’s substance use treatment reports are family focused.

- **Leverage and align with the CCR teaming process.** The FTC team seeks to ensure the needs of the child are reflected in decisions in the FTC and underlying dependency cases. An important next step in this regard is the planned continuation of the CCRs. Moving forward, the FTC will work with system partners and leadership to incorporate the CCR staffing, model and philosophy into the broader teaming structure that Family and Children’s Services is currently developing to support all families in the child welfare system. In doing so, the team will continue to refine the roles of the Children’s Services Coordinator, the FTC Public Health Nurse and the new PSW FTC Liaison.

- **Streamline the approach between the FTC and traditional dependency court.** The FTC recognizes that to more effectively advocate for families, it needs to work with the dependency court to establish communication protocols, shared goals and a common definition of client success. The team realizes that several factors have limited their communication with the parallel dependency court. These barriers have led to a lack of shared goals for families and, as a result, the two courts sometimes develop contradictory perspectives and approaches toward a given family. Though the FTC worked with its partners during the initial PFR grant period to better define the FTC’s role within the dependency system and open up the lines of communication, more work needs to be done.
For more information about the PFR project, contact Children and Family Futures at pfr@cffutures.org.

For more information about the San Francisco Family Treatment Court, contact Jennifer Pasinosky, FTC Coordinator, at JPasinosky@sftc.org

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Children and Family Futures (CFF) is a national nonprofit organization based in Lake Forest, California that focuses on the intersections among child welfare, mental health, substance use disorder treatment and court systems. CFF has over two decades of experience in practice, policy and evaluation arenas to support states, tribes, regions and communities in their efforts to improve outcomes for children and families who are affected by substance use disorders. CFF believes parents with substance use disorders should maintain hope of achieving recovery and family stability so they can care for their children. While no single system or agency working by itself can help parents achieve that goal, CFF recognizes that recovery happens within the context of the family and that professionals from a variety of agencies and systems must work together to meet the needs of families.

Children and Family Futures provides a full range of consulting, technical assistance, strategic planning, and evaluation services for substance use disorder treatment, child welfare, courts, and the communities they serve. To learn more about CFF, visit www.cffutures.org.

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