



**SAN FRANCISCO  
HUMAN SERVICES AGENCY**

Department of Benefits  
and Family Support

Department of Disability  
and Aging Services

P.O. Box 7988  
San Francisco, CA  
94120-7988  
[www.SFHSA.org](http://www.SFHSA.org)



**London Breed**  
Mayor

**Trent Rhorer**  
Executive Director

**MEMORANDUM**

**TO:** HUMAN SERVICES COMMISSION

**THROUGH:** TRENT RHORER, EXECUTIVE DIRECTOR

**FROM:** JOAN MILLER, DEPUTY DIRECTOR OF FCS  
ESPERANZA ZAPIEN, DIRECTOR OF CONTRACTS

**DATE:** FEBRUARY 9, 2024

**SUBJECT:** NEW GRANT: **ALTERNATIVE FAMILY SERVICES (NON-PROFIT)** TO PROVIDE CHILDREN’S CRISIS CONTINUUM PILOT PROGRAM (CCCPP) 24-28

**GRANT TERM:** 2/1/2024 – 6/30/2028

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<b>GRANT AMOUNT:</b>	<u>New</u>	<u>Contingency</u>	<u>Total</u>
	\$2,667,636	\$266,764	\$2,934,400

**ANNUAL AMOUNT:** See table below

<b><u>Funding Source</u></b>	<u>County</u>	<u>State</u>	<u>Federal</u>	<u>Contingency</u>	<u>Total</u>
<b>FUNDING:</b>	\$394,336	\$2,273,300		\$266,764	\$2,934,400
<b>PERCENTAGE:</b>	15%	85%			100%

The Department of Benefits and Family Support (BFS) requests approval of a sole source waiver and authorization to enter into a grant with Alternative Family Services (AFS) for the period of February 1, 2024 through June 30, 2028, in an amount of \$2,667,636 plus a 10% contingency for a total amount not to exceed \$2,934,400. The purpose of this grant is for Alternative Family Services to: (1) develop and implement two new Enhanced ISFC homes that are equipped to provide services to eligible SF foster youth in crisis.

<b>Fiscal Year</b>	<b>Annual Amount</b>
2/1/2024 – 6/30/2024 (5 months)	\$295,346
7/1/2024 – 6/30/2025	\$593,073
7/1/2025 – 6/30/2026	\$593,073
7/1/2026 – 6/30/2027	\$593,073
7/1/2027 – 6/30/2028	\$593,073
<b>Grant Total</b>	<b>\$2,667,636</b>

### **Background**

In response to the California Department of Social Services' request for proposals (RFP) for the Children's Crisis Continuum Pilot Program, FCS was awarded \$8.5 million to create a comprehensive regional Children's Continuum of Care that will enable SF foster youth in crisis to receive the critical stabilization and long-term wellness services they deserve, close to their homes and families.

FCS will partner with Alternative Family Services (AFS) to build upon existing less-restrictive programs already being offered in SF and throughout the Bay Area, including Wraparound for coordination of services and in-home interventions; Mobile Response Team (MRT) and Family Urgent Response System (FURS) for 24/7 on-call support; a three-bed Crisis Stabilization Unit (CSU) for youth in immediate crisis; two Enhanced Short-Term Residential Therapeutic Programs (E-STRTPs), which provides intensive residential placement for one youth at a time; and 46 Intensive Services Foster Care (ISFC) homes, for foster youth who require more targeted care than traditional resource homes. Together, these programs will provide a strong foundation of services for local foster youth upon which to build a more expansive service continuum.

FCS will also collaborate closely with Child Welfare and Behavioral Health Departments from Contra Costa, Marin, Solano, and Sonoma Counties to provide an expanded range of services and placements for foster youth in crisis from around the Bay Area.

Together, these entities will design and implement a continuum that meets all objectives listed in CDSS' RFP by (1) providing individualized stabilization and ongoing treatment services to foster youth in the least restrictive, most family based settings possible, as close to home as possible, and (2) implementing continuous data-responsive performance improvement.

Alternative Family Services was a named service provider in the CCCPP award, and therefore is the only provider able to fulfill the requirements of the accepted project proposal.

### **Services to be Provided**

The funding requested through this opportunity will be used to start up a range of *additional* high-end programs that will support our local dependent youth with complex needs to remain in their communities while getting the crisis services that they need.

As a part of this programming, AFS will develop two (2) of the four (4) new E-ISFC homes, increasing options for youths experiencing destabilization to receive targeted care in the least restrictive settings possible. These E-ISFC homes are intended to serve SF youth, children and non-minor dependents receiving services from FCS, or referred by San Francisco Department of Public Health or San Francisco Juvenile Probation Department.

AFS will obtain licensure for, staff, and support the two (2) Enhanced Intensive Services Foster Care (E-ISFC) homes. The long-term goal of these E-ISFC homes is to provide foster home placements for San Francisco youth who are at risk of placement in a residential treatment program, or those needing to step down from a residential program with ultimate goal of being placed with a relative or in a kinship family home. The E-ISFC homes will be designed to be fully integrated with the other components of the continuum of care for children in San Francisco including both higher and lower levels of care, services in formal care settings, and services in the community.

These programs are intended to seamlessly integrate with the other continuum programs already available for San Francisco County youth including wraparound, mobile response, crisis stabilization, Enhanced STRTP homes, and other existing ISFC homes, in order to stabilize youth, minimize placement disruptions and unnecessary psychiatric hospitalization, and to improve safety and improve wellbeing outcomes.

### **Location and Time of Services**

E-ISFC homes will be located:  
Locations to be determined

E-ISFC services operate 24/7/365.

**Selection**

Grantee was named in City's successful application and the Sole Source Waiver is attached.

**Funding**

Funding for this grant is provided by State and local funds.

**ATTACHMENTS**

Appendix A – Services to be Provided

Appendix B – Budget

Sole Source Waiver

**Appendix A-Services to be Provided**  
**Alternative Family Services**  
**Children's Crisis Continuum Pilot Program (CCCPP)**  
**February 1, 2024 – June 30, 2028**

**I. Purpose**

In response to the California Department of Social Services' request for proposals (RFP) for the Children's Crisis Continuum Pilot Program, San Francisco Human Services Agency (SF HSA) was awarded \$8.5 million to create a regional Children's Continuum of Care that will enable foster youth in crisis to receive the critical stabilization and long-term wellness services they deserve, close to their homes and families. As the lead applicant, SF HSA will leverage its strong working relationship with SF Department of Public Health, other child serving public agencies in the county, and experienced service providers. SF HSA will also collaborate closely with Child Welfare and Behavioral Health Departments from Contra Costa, Marin, Solano, and Sonoma Counties to provide an expanded range of services and placements for foster youth in crisis from around the Bay Area.

The purpose of this grant is to develop, implement and provide integrated crisis programming that strengthens the continuum of services available to San Francisco County foster youth. This programming includes two new Enhanced ISFC homes. These programs are intended to seamlessly integrate with the other continuum programs already available for San Francisco County youth including wraparound, mobile response, crisis stabilization, Enhanced STRTP, and other existing ISFC homes, in order to stabilize youth, minimize placement disruptions and unnecessary psychiatric hospitalization, improve safety and improve well-being outcomes.

To support San Francisco County and neighboring Counties with filling the gap of services for youth with behaviors and needs that are more acute, Alternative Family Services (AFS) will provide, staff, and support two (2) Enhanced Intensive Services Foster Care (E-ISFC) homes. The long-term goal of these E-ISFC homes is to provide foster home placements for San Francisco youth who are at risk of placement in a residential treatment program, or those needing to step down from a residential program with ultimate goal of stepping down into a relative or kinship family home. The E-ISFC homes will be designed to be fully integrated along with the other components of the continuum of care for children in San Francisco including both higher and lower levels of care, services in formal care settings, and services in the community.

San Francisco Human Services Agency (SF HSA) will hold the right of first refusal for slots in all of these programs; when there is a bed or home that is not needed by a San Francisco youth, SF HSA will make the unused space available to the other counties in the regional collaborative.

## II. Definitions

AFS	Alternative Family Services
BHCIP	Behavioral Health Continuum Infrastructure Program
CASA	Court Appointed Special Advocates
CCCPP	Children’s Crisis Continuum Pilot Program (outlined in Assembly Bill 154, chapter 86, statutes of 2021), the grant through which these new services are possible
CCL	Community Care Licensing
CSU	Crisis Stabilization Unit
CBHS	San Francisco Community Behavioral Health Services, a part of the Department of Public Health
CCRP	Children’s Crisis Residential Program
CDSS	California Department of Social Services
CFT	Child and Family Team Meeting
DHS	San Francisco Department of Human Services, a division of HSA
E-ISFC	Enhanced Intensive Services Foster Care
E-STRTP	Enhanced Short Term Residential Treatment Program
FCS	Family and Children’s Services, a division of HSA
Grantee	Seneca Family of Agencies
ISFC	Intensive Treatment Foster Care
MRT	Mobile Response Team
OCM	San Francisco Human Services Agency Office of Contract Management

SFA	Seneca Family of Agencies
SF HSA	San Francisco Human Services Agency
STRTP	Short Term Residential Treatment Program

### **III. Target Population**

Alternative Family Services welcomes and serves all ethnicities and populations within San Francisco. The overall target population for the Children’s Crisis Continuum Pilot Program (CCCPP) is child welfare-involved children and youth who are receiving services from FCS. Each component of the program has additional specificity in the target population based on age, location of the placement, and needs levels as outlined below.

The target population for E-ISFC placement services is all children, youth and their caregivers (including biological family) who meet the following criteria:

1. All children, youth and non-minor dependents who are receiving services from FCS who are at risk of placement in a residential treatment program or hospitalization, or those needing to step down from a residential treatment program.
2. All children, youth and non-minor dependents who are referred by San Francisco Department of Public Health and San Francisco Juvenile Probation Department who are likely to benefit from an intensive foster care placement, with relative family placement as the planned outcomes.

### **IV. Description of Services**

#### **A. Enhanced Intensive Services Foster Care (E-ISFC) Homes**

##### **E-ISFC Start Up Activities:**

1. Establish location of two (2) new E-ISFC homes.
2. Obtain CCL licensure for two (2) new E-ISFC homes.
3. Recruit two (2) Enhanced Caregivers.
4. Hire and train E-ISFC leadership and support staff.
5. All other activities necessary to facilitate programming for the new E-ISFC homes.

##### **E-ISFC Description of Services:**

All services shall meet the criteria set forth in the CCCPP grant award, which includes integration across the continuum of services.

1. Collaborate within the San Francisco Continuum of Care to provide and/or support extensive behavioral and mental health needs and services including but not limited to:
2. Conduct intake assessment session(s) with youth and family to introduce services, gain consent and gather assessment information.
3. Coordinate service provision with County staff as well as within the San Francisco Continuum of Care.
4. Daily mental health and crisis interventions to stabilize youth in the placement and maintain that stability.
5. Offering access to regular individual therapy.
6. Target treatment plans that address barriers to success in less restrictive placements
7. Access to psychiatric, substance abuse counseling, and medication assessment by qualified, licensed Nurse Practitioner and/or Clinician.
8. Transportation of youth to and from medical, legal, school, therapy, place of employment and other related appointments. For youth attending a school of origin outside of the E-ISFC home location district, coordinate with the wider continuum as well as FCS to meet transportation needs.
9. Identification of supports and engagement with family members and other members of the youth's support team. Family members and/or identified step down placement caregivers should be included in transition planning and family therapy as deemed appropriate by the treatment team.
10. Hold regular CFT meetings to discuss treatment plan, permanency, progress, and concerns.
11. Meet educational needs for all youth placed.
12. Transition planning: Discharge occurs from the E-ISFC home in one of two ways, planned or unplanned. From the time of intake, the AFS social worker engages the CFT to develop clearly defined permanency goals for the youth including assigned action steps for members of the CFT. The treatment team communicated regularly with the child's county social worker and the CFT regarding progress of the plan toward the permanency goals, including recommendations for extension in length of the placement period. Part of the planned discharge or transition program is continued counseling and services to the child to support the transition plan. Unplanned discharge may occur when: 1) the resource family has an emergency which requires removal of the youth, 2) the youth's behavior necessitates removal at



the Enhanced Caregiver's request, 3) a youth requests to be removed, 4) the birth parent unexpectedly removes the youth from care (voluntary placement only), 5) a youth is removed due to abuse, neglect or imminent danger, 6) the youth is removed by an authorized representative or law enforcement, and/or 7) other circumstances.

**V. Location and Time of Services**

E-ISFC homes are located at:  
Locations to be determined

E-ISFC services operate 24/7/365.

**VI. Service Objectives**

The grantee and FCS will collect data to report on these outputs, using specific measures that the County will develop. The measures will use existing data and other sources including the CCCPP grant methodology table and timeline to establish baselines on current performance from which targets will be set during the contract negotiation period.

**E-ISFC Service Objectives**

Weekly

1. Grantee will provide a weekly occupancy report to FCS Placement staff, with both child information and number of available beds.

Monthly

1. Number of youth admitted to the E-ISFC beds
2. Number of youth discharged from E-ISFC beds
3. Days, aggregated average and range of days of occupancy for each youth admitted
4. Number of CFTs meetings completed within specified time periods
5. Number of children receiving CFTs
6. Name of Enhanced Caregiver in attendance at CFT
7. Quantity and types of support services provided to youth
8. Number of children receiving MRT, Wraparound services
9. Average response time to placement intake
10. Hours of crisis response provided per child once placed
11. Step-down/Step-up data
12. Hospitalization data
13. Placement data

Annually

## 1. Client satisfaction with service delivery

**VII. Outcome Objectives**

This section articulates outcome objectives and the desired direction of improvement as outlined in the CCCPP proposal. The County will use existing data and other sources of information to establish baselines on current performance from which performance targets will be set. The CDSS work plan and the timeline in **VI. Service Objectives** will be used to measure outcomes during the start-up period.

Goal	Method	Measure	Frequency
Reduce ED visits	MRT/CSU diversion	Regional ED admission data	Monthly
Reduced hospital admissions	Crisis stabilization at CSU and CCRP	Regional hospital admission data	Monthly
Reduced hospital readmissions served in the continuum	Crisis stabilization at CSU and CCRP	Regional hospital admission data	Monthly
Eliminate out-of-state facility admissions	Development of E-ISFC homes and crisis facilities	Placement data	Monthly
Reduce law enforcement contact	MRT/CSU diversion	# of contacts with law enforcement while enrolled in Wraparound (JPD data)	Monthly
Reduce placement disruptions/unplanned changes among youth ordered to out-of-home placement	Increased number of and access to individualized intensive services and placement settings (many youth currently return to custody due to placement failures)	Placement data, Incident Reports, Wraparound documentation, JPD data	Monthly
Reduced absences from placement	Highly individualized intensive treatment and placement settings	Placement data, Incident Reports, Wraparound documentation	As needed
Reduced length of stay and/or reduction in readmittance in intensive programs	Increased number of and access to individualized intensive services and placement settings	Crisis program average length of stay/readmittance data	Monthly
Reduced number of placement disruptions	Highly individualized intensive treatment and	Placement data, Incident Reports, Wraparound documentation	Monthly

	placement settings		
Reduced length of stay in congregate care settings	Increased number of and access to individualized intensive services and placement settings	Congregate care setting average length of stay	Monthly
Increased availability of home-based placements	Increased E-ISFC homes from 2 to 4	Licensed E-ISFC homes	Annual
Enhanced youth safety and well-being	Increased number of and access to individualized intensive services and placement settings	Decrease the actionability of risk factors and the impact of trauma on youth and family functioning, as measured by the CANS	Quarterly
Enhanced youth connection to natural support network	Wraparound and Family Finding	CFT membership and CANS Permanency Module	Six Months
Discharge outcomes, including exits to permanency	Increased number of and access to individualized intensive services and placement settings	CANS	Intake, every six months thereafter, discharge
Youth and caregiver satisfaction with services	Increased number of and access to individualized intensive services and placement settings	Satisfaction surveys	Annual, discharge

## VIII. Grantee Responsibilities

### A. Enhanced Intensive Services Foster Care (E-ISFC) Homes

1. Provide E-ISFC services, direct care, supervision, residential housing and mental health supportive services to youth.
2. Provide two (2) E-ISFC approved homes to house youth that meet and conform to the current criteria as defined by California Department of Social Services Community Care Licensing Division Standards. Ensure homes are Foster Family Agency licensed, resource family approved homes and certified as ISFC homes in good standing. Ensure homes maintain compliance with CCL California State mandates and CDSS Foster Family Agency Interim Licensing Standards.

3. Each home will house at least one youth or non-minor dependent. No more than one youth shall be placed in an approved home unless contractor provides a written assessment to the placing agency, of the risk and compatibility of placing more than one youth in the home. Referred youth who are siblings, or parenting youth with children may be placed together in the same home if the placement is approved by the designated placing agency.
4. Services will be provided by an interdisciplinary team of highly qualified and trained staff. Grantee will recruit, train and provide sufficient, licensed, qualified staff for the E-ISFC homes that meet the State's ISFC and ILS qualifications, training and duty requirements.
  - a. Provide adequate staffing, training, documented protocol and team member skills required to provide crisis management and de-escalation if/as needed to ensure the safety of youth.
  - b. Ensure all staff have the ability to engage with families, accurately assess family and youth needs and demonstrate knowledge of the cultural, religious, regional, ethnic, social, linguistic, gender and sexual orientation needs of the individuals and community being served.
  - c. Ensure the capacity to support Spanish-speaking youth.
5. Accept youth referred by the placing agency regardless of actual or perceived race, ethnic group identification, ancestry, national origin, tribal affiliation, color, religion, sex, sexual orientation, gender identity and expression, mental or physical disability, or HIV status.
6. Provide services to youth who may be the most difficult to place due to commercial sexual exploitation, experiencing severe trauma, a history of multiple placement disruptions due to challenging behaviors such as aggression, or current gang affiliation/activity, provided that the youth is able to reside safely in the community (is not assaultive to the caregiver, or a danger to themselves or others).
7. Recruit, train and ensure each home has an approved dedicated Enhanced Caregiver or set of Enhanced Caregivers who will take on the role and functions of an ISFC resource parent(s) in providing the necessary services and supports for each youth. This Enhanced Caregiver should:
  - a. Provide a safe, consistent and structured home environment for youth 24/7.
  - b. Possess education, work and/or lived experience including training and completion of necessary requirements as outlined in CCL mandates and CDSS ILS for ISFCs to provide care to the youth.
  - c. Utilize trauma informed approaches to support youth in their care
  - d. Work closely with the treatment team as well as designated FCS staff to deliver services and supports that address the needs of the youth.

- e. Be trained to implement safety and preventative measures to respond to any self-harm or other behaviors that pose risk to youth or others.
  - f. Ensure youth are offered and encouraged to participate in extracurricular, learning activities based on the youth's individual needs and goals as described in their case plan. Allow youth to participate in age appropriate, structured activities as appropriate.
  - g. Continue to provide services to youth, to the extent possible, if hospitalized, or if they have eloped, or other circumstances in which youth is temporarily outside of the home.
  - h. Ensure youth are offered and receive any mental health services determined necessary by the treatment team.
  - i. Participate in and attend youth events, activities, court appearances, Child and Family Team Meetings, school activities, educational and medical appointments, as well as extracurricular programs where and when appropriate.
  - j. Not act as conservator or representative payee for a minor under the approval of the Social Security Administration for youth they support.
  - k. Not have custody or guardianship of the youth.
  - l. Allow supervised family visits as designated by FCS, and support visitation as deemed appropriate.
  - m. Support youth's development of natural supports and permanent connections with appropriate individuals outside of staff member supports.
  - n. Report significant incidents immediately including but not limited to mental health crises, incarcerations, and hospitalizations and work as necessary with FCS to ensure appropriate assessment and intervention.
  - o. Follow FCS runaway/AWOL procedures.
8. Ensure respite care and additional supports and services are available to the Enhanced Caregiver to ensure opportunity for self-care and personal breaks while caring for the youth placed in their home. Grantee will make every effort to ensure timing of such respite will be implemented in a way to cause minimal or no disruption to the youth while in care.
9. Provide documentation of a current Child and Adolescent Needs and Strengths (CANS) assessment for each youth placed.
10. Provide a needs and services plan within 30 days of placement.
11. Ensure all confidentiality requirements regarding client information are maintained.
12. Collect and manage client data in a secure and encrypted database and be able to accurately report on services provided.
13. Grantee will ensure all employees are TB tested and retain information on tests in their personnel files.

14. Grantee will provide culturally and linguistically competent service to meet the diverse needs of the youth served.
15. Grantee will conduct criminal background checks/fingerprinting on all employees interacting with clients and arrange to receive subsequent criminal notifications if the employee is convicted of a crime during the time of their employment.

**IX. Agency Responsibilities**

1. Provide referrals, support and technical assistance as needed to support ongoing implementation and program utilization.
2. County caseworkers and juvenile probation officers will participate as members of the care coordination team in developing and implementing plans to support and stabilize the children, youth and families served.
3. County caseworkers will provide routine case management services in accordance with Division 31 of the California Department of Social Services Regulations, and will maintain authority for court recommendations, placements, and other required documents such as case plans.
4. Juvenile probation officers will provide routine case management services for juvenile justice-involved youth and will maintain authority for court recommendations, placements, and other required documents such as case plans.

**X. Reporting Requirements**

- A. Grantee will provide a monthly spreadsheet detailing monthly revenues and expenses.
- B. Grantee will provide monthly updates to the County regarding progress on work plan timeline in the CCCPP core workgroup meeting.
- C. Grantee will provide an annual report summarizing the contract activities, referencing the tasks as described in Section IV-Description of Services, VI-Service Objectives, and VII-Outcome Objectives. This report shall provide cumulative fiscal year results for each objective outlined above. This report will also include accomplishments and challenges encountered by the Grantee.
- D. Grantee will provide a daily occupancy report to FCS with both child information and number of available beds via secure email.
- E. Grantee will provide a monthly programmatic spreadsheet detailing numerical service objectives.
- F. Grantee will provide the following data in cumulative monthly, quarterly and annual reports:
  - i. Incoming referral sources.

- ii. Youth and family demographics.
  - iii. Number of youth enrolled.
  - iv. Number of unduplicated clients served.
  - v. Discharge outcomes including number of youth sent to a higher level of care, youth discharged to the community and youth discharged to other parts of the continuum such as E-STRTP, E-ISFC or ISFC settings, as well as other linkages made.
  - vi. Entrance and discharge information including reason for placement and reason for placement at discharge.
  - vii. Average length of stay.
- G. Report and document all critical incidents to the placing agency as soon as possible, but no later than 24 hours from when the incident occurred.
- H. Provide an annual report summarizing the contract activities, referencing the tasks as described in the Description of Services, Services Objective and Outcome Objectives. This report will provide cumulative fiscal year results for each objective outlined above as well as accomplishments and challenges encountered by the Grantee. This report will also include a narrative of accomplishments and challenges encountered by the Grantee during the fiscal year.
- I. Monthly and Quarterly reports are due 15 days after the close of the reporting period, and the Annual report is due 90 days after the end of the fiscal year. All reports must be entered into SFHSA's Contracts Administration Reporting and Billing Online (CARBON) system.
- J. Reports with identifying youth information will not be uploaded to the CARBON system; rather, they will be sent via secure email with password protection to the FCS Program Manager and the Program Support Analyst.
- K. Reports will be submitted electronically to the following staff:

Tommy Pazhempallil, Program Manager  
Family & Children Services Division  
[Tommy.Pazahempallil@sfgov.org](mailto:Tommy.Pazahempallil@sfgov.org)

Elizabeth Léone, Senior Contracts Manager  
HSA Office of Contract Management  
[Elizabeth.Leone@sfgov.org](mailto:Elizabeth.Leone@sfgov.org)

Justin Chan, Budget Analyst  
HSA Budget & Planning Unit  
[Jesse.Rosemoore@sfgov.org](mailto:Jesse.Rosemoore@sfgov.org)

Vanetta Dunlap, Program Support Analyst  
Family & Children Services Division  
[Vanetta.Dunlap@sfgov.org](mailto:Vanetta.Dunlap@sfgov.org)

Farahnaz K. Farahmand, Director - Children, Youth & Families System of Care  
Behavioral Health Services, SF Department of Public Health  
[Farahnaz.Farahmand@sfdph.org](mailto:Farahnaz.Farahmand@sfdph.org)

## **XI. Monitoring Requirements**

- A. Program Monitoring: For start-up and program implementation work, Program monitoring will include a collaborative review of the CCCPP work plan timeline and benchmarks. Ongoing, program monitoring will include the review of client eligibility, client files and client progress, as well as a review of case, service delivery, and back-up documentation reflecting progress toward meeting service and outcome objectives, including efforts to increase culturally sensitive services. Monitoring is inclusive of subcontractor program documentation, as well as the oversight of the subcontractors.
  
- B. Fiscal Compliance and Grant Monitoring: Fiscal monitoring will include review of the Grantee's organizational budget, the general ledger, quarterly balance sheet/income statements, cost allocation procedures and plan, State and Federal tax forms, audited financial statement, fiscal policy manual, supporting documentation for selected invoices, cash receipts, disbursement journals, and flexible fund expenditures. The compliance monitoring will include review of Personnel Manual, Emergency Operations Plan, Compliance with the Americans with Disabilities Act, sub-grants, and MOUs, and the current board roster and selected board minutes for compliance with the Sunshine Ordinance.



	A	B	C	D	E	F	G
1	Appendix B, Page 1						
2							
3	<b>HUMAN SERVICES AGENCY BUDGET SUMMARY</b>						
4	<b>BY PROGRAM</b>						
5	Name					Term :	
6	<b>ALTERNATIVE FAMILY SERVICES, INC.</b>					<b>2/1/2024 to 6/30/2028</b>	
7	(Check One) New <input checked="" type="checkbox"/> Renewal <input type="checkbox"/> Modification <input type="checkbox"/>						
8	If modification, Effective Date of Mod. No. of Mod.						
9	<b>Program: Children's Crisis Continuum Pilot Program (Enhanced-ISFC) 24-28</b>						
10	Budget Reference Page No.(s)	<b>Y1</b>	<b>Y2</b>	<b>Y3</b>	<b>Y4</b>	<b>Y5</b>	<b>Y1 - Y5</b>
11	Program Term	<b>2/1/24-6/30/24</b>	<b>7/1/24-6/30/25</b>	<b>7/1/25-6/30/26</b>	<b>7/1/26-6/30/27</b>	<b>7/1/27-6/30/28</b>	<b>Total</b>
12	<b>Expenditures</b>						
13	Salaries & Benefits	\$29,653	\$254,623	\$254,623	\$254,623	\$254,623	\$1,048,145
14	Operating Expense	\$227,170	\$261,093	\$261,093	\$261,093	\$261,093	\$1,271,540
15	<b>Subtotal</b>	<b>\$256,823</b>	<b>\$515,716</b>	<b>\$515,716</b>	<b>\$515,716</b>	<b>\$515,716</b>	<b>\$2,319,685</b>
16	Indirect Percentage (%)	15%	15%	15%	15%	15%	15%
17	Indirect Cost (Line 16 X Line 15)	\$38,523	\$77,357	\$77,357	\$77,357	\$77,357	\$347,951
18	Capital Expenditure						
19	<b>Total Expenditures</b>	<b>\$295,346</b>	<b>\$593,073</b>	<b>\$593,073</b>	<b>\$593,073</b>	<b>\$593,073</b>	<b>\$2,667,636</b>
20	<b>HSA Revenues</b>						
21	Children's Crisis Continuum Grant Funds	\$295,346	\$593,073	\$461,627	\$461,627	\$461,627	\$2,273,300
22	Other SF County Fund	\$0	\$0	\$131,445	\$131,445	\$131,445	\$394,336
23							
24							
25	<b>TOTAL HSA REVENUES</b>	<b>\$295,346</b>	<b>\$593,073</b>	<b>\$593,073</b>	<b>\$593,073</b>	<b>\$593,073</b>	<b>\$2,667,636</b>
26	<b>Other Revenues</b>						
27							
28							
29							
30							
31							
32	Total Other Revenues	\$0	\$0	\$0	\$0	\$0	\$0
33	Full Time Equivalent (FTE)	0.51	2.32	2.32	2.32	2.32	
35	Prepared by:	Martha E. Duarte			Telephone No.: 707-529-5670		Date: 1/12/2024
36	HSA-CO Review Signature:	_____					
37	<b>HSA #1</b>	<b>10/25/2016</b>					

	A	B	C	D	E	F	G	H	I	J	K
1	Appendix B, Page 2										
2	<b>ALTERNATIVE FAMILY SERVICES, INC.</b>										
3											
4	<b>Program: Children's Crisis Continuum Pilot Program (Enhanced-ISFC) 24-28</b>										
5	(Same as Line 9 on HSA #1)										
6											
7	<b>Salaries &amp; Benefits Detail</b>										
8											
9											
10											
11											
12		Agency Totals		HSA Program		2/1/24-6/30/24	7/1/24-6/30/25	7/1/25-6/30/26	7/1/26-6/30/27	7/1/27-6/30/28	TOTAL
	POSITION TITLE	Annual Full Time Salary for FTE	Total FTE	% FTE funded by HSA (Max 100%)	Adjusted FTE	Budgeted Salary	Budgeted Salary	Budgeted Salary	Budgeted Salary	Budgeted Salary	2/1/2024 to 6/30/2028
13	Chief Program Officer	\$175,000	1.00	1%	0.01	\$2,625	\$2,431	\$2,431	\$2,431	\$2,431	\$12,350
14	Regional Director	\$145,000	1.00	3%	0.03	\$0	\$4,029	\$4,029	\$4,029	\$4,029	\$16,116
15	Program Director	\$125,000	1.00	12%	0.12	\$0	\$14,472	\$14,472	\$14,472	\$14,472	\$57,887
16	Program Director II	\$115,000	1.00	2%	0.02	\$2,875	\$2,663	\$2,663	\$2,663	\$2,663	\$13,526
17	Clinical Supervisor	\$115,000	1.00	19%	0.19	\$0	\$21,303	\$21,303	\$21,303	\$21,303	\$85,210
18	Mental Health Clinician	\$85,000	1.00	23%	0.23	\$0	\$19,682	\$19,682	\$19,682	\$19,682	\$78,727
19	Resource Family TFC Clinician	\$85,000	1.00	7%	0.07	\$0	\$5,905	\$5,905	\$5,905	\$5,905	\$23,618
20	Facilitator	\$80,000	1.00	23%	0.23	\$0	\$18,524	\$18,524	\$18,524	\$18,524	\$74,096
21	Support Counselor / MHRS	\$72,800	1.00	46%	0.46	\$0	\$33,714	\$33,714	\$33,714	\$33,714	\$134,855
22	Peer Partner	\$75,000	1.00	46%	0.46	\$0	\$34,732	\$34,732	\$34,732	\$34,732	\$138,930
23	Intake Coordinator	\$80,000	1.00	5%	0.05	\$0	\$3,705	\$3,705	\$3,705	\$3,705	\$14,819
24	Supplemental Overtime/Crisis Response	\$104,000	1.00	12%	0.12	\$0	\$12,041	\$12,041	\$12,041	\$12,041	\$48,162
25	Director of Recruitment and Training Services	\$94,000	1.00	9%	0.09	\$9,400	\$8,706	\$8,706	\$8,706	\$8,706	\$44,225
26	Lead Resource Family Recruiter	\$68,000	1.00	5%	0.05	\$3,400	\$3,149	\$3,149	\$3,149	\$3,149	\$15,996
27	Foster Care Operations Manager	\$82,750	1.00	4%	0.04	\$3,310	\$3,066	\$3,066	\$3,066	\$3,066	\$15,573
28	Executive Assistant	\$76,960	1.00	2%	0.02	\$1,924	\$1,782	\$1,782	\$1,782	\$1,782	\$9,052
29	Quality Assurance Manager	\$88,000	1.00	5%	0.05	\$0	\$4,075	\$4,075	\$4,075	\$4,075	\$16,301
30	Information System Manager	\$90,000	1.00	5%	0.05	\$0	\$4,168	\$4,168	\$4,168	\$4,168	\$16,672
31	Program Analyst	\$85,000	1.00	5%	0.05	\$0	\$3,936	\$3,936	\$3,936	\$3,936	\$15,745
32	<b>TOTALS</b>		19.00		2.32	\$23,534	\$202,082	\$202,082	\$202,082	\$202,082	\$831,861
33											
34	FRINGE BENEFIT RATE	26%									
35	EMPLOYEE FRINGE BENEFITS					\$6,119	\$52,541	\$52,541	\$52,541	\$52,541	\$216,284
36											
37											
38	<b>TOTAL SALARIES &amp; BENEFITS</b>	<b>\$0</b>				<b>\$29,653</b>	<b>\$254,623</b>	<b>\$254,623</b>	<b>\$254,623</b>	<b>\$254,623</b>	<b>\$1,048,145</b>
39	<b>HSA #2</b>										

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1															Appendix B, Page 3
2	<b>ALTERNATIVE FAMILY SERVICES, INC.</b>														
3															
4	<b>Program: Children's Crisis Cc</b>														
5	(Same as Line 9 on HSA #1)														
6															
7	<b>Operating Expense Detail</b>														
8															
9															
10	<u>Expenditure Category</u>	TERM:		<u>2/1/24-6/30/24</u>	<u>7/1/24-6/30/25</u>	<u>7/1/25-6/30/26</u>	<u>7/1/26-6/30/27</u>	<u>7/1/27-6/30/28</u>							<b>TOTAL 2/1/2024 to 6/30/2028</b>
11	Rental of Property			\$33,600	\$71,503	\$71,503	\$71,503	\$71,503	\$71,503	\$71,503	\$71,503	\$71,503	\$71,503	\$	319,610
12	Utilities(Elec, Water, Gas, Phone, Garbage)			\$9,000	\$17,829	\$17,829	\$17,829	\$17,829	\$17,829	\$17,829	\$17,829	\$17,829	\$17,829	\$	80,317
13	Office Supplies, Postage			\$2,500	\$2,501	\$2,501	\$2,501	\$2,501	\$2,501	\$2,501	\$2,501	\$2,501	\$2,501	\$	12,503
14	Building Maintenance Supplies and Repair			\$4,200	\$10,096	\$10,096	\$10,096	\$10,096	\$10,096	\$10,096	\$10,096	\$10,096	\$10,096	\$	44,582
15	Printing and Reproduction														
16	Insurance														
17	Staff Training			\$16,000	\$9,262	\$9,262	\$9,262	\$9,262	\$9,262	\$9,262	\$9,262	\$9,262	\$9,262	\$	53,048
18	Staff Travel-(Local & Out of Town)			\$0	\$9,628	\$9,628	\$9,628	\$9,628	\$9,628	\$9,628	\$9,628	\$9,628	\$9,628	\$	38,511
19	Rental of Equipment														
20	<u>CONSULTANT/SUBCONTRACTOR DESCRIPTIVE TITLE</u>														
21	Telepsychiatry Services			\$0	\$4,008	\$4,008	\$4,008	\$4,008	\$4,008	\$4,008	\$4,008	\$4,008	\$4,008	\$	16,031
22	Property Management Services			\$9,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$	9,000
23	<u>OTHER</u>														
24	Treatment Supplies, Clothing, Medical			\$0	\$2,779	\$2,779	\$2,779	\$2,779	\$2,779	\$2,779	\$2,779	\$2,779	\$2,779	\$	11,114
25	Resource Family Stipend			\$0	\$66,686	\$66,686	\$66,686	\$66,686	\$66,686	\$66,686	\$66,686	\$66,686	\$66,686	\$	266,745
26	Resource Family TFC Daily Rate			\$0	\$44,962	\$44,962	\$44,962	\$44,962	\$44,962	\$44,962	\$44,962	\$44,962	\$44,962	\$	179,849
27	Telecommunication			\$230	\$2,084	\$2,084	\$2,084	\$2,084	\$2,084	\$2,084	\$2,084	\$2,084	\$2,084	\$	8,566
28	Subscriptions & Dues			\$0	\$3,334	\$3,334	\$3,334	\$3,334	\$3,334	\$3,334	\$3,334	\$3,334	\$3,334	\$	13,337
29	Staff Recruitment			\$2,400	\$463	\$463	\$463	\$463	\$463	\$463	\$463	\$463	\$463	\$	4,252
30	Resource Family Recruitment			\$24,000	\$2,084	\$2,084	\$2,084	\$2,084	\$2,084	\$2,084	\$2,084	\$2,084	\$2,084	\$	32,336
31	Equipment Costs (Lease/Depreciation, Repair)			\$5,400	\$11,161	\$11,161	\$11,161	\$11,161	\$11,161	\$11,161	\$11,161	\$11,161	\$11,161	\$	50,043
32	Expendable Equipment (FFE)			\$840	\$2,714	\$2,714	\$2,714	\$2,714	\$2,714	\$2,714	\$2,714	\$2,714	\$2,714	\$	11,695
33	Facility Preparation			\$120,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$	120,000
34															
35	<b>TOTAL OPERATING EXPENSE</b>			<b>\$227,170</b>	<b>\$261,093</b>	<b>\$261,093</b>	<b>\$261,093</b>	<b>\$261,093</b>	<b>\$261,093</b>	<b>\$261,093</b>	<b>\$261,093</b>	<b>\$261,093</b>	<b>\$261,093</b>	<b>\$</b>	<b>1,271,540</b>
36															
37	<b>HSA #3</b>														<b>10/25/2016</b>



# SAN FRANCISCO HUMAN SERVICES AGENCY

Department of Benefits  
and Family Support

Department of Disability  
and Aging Services

Office of Early Care  
and Education

P.O. Box 7988  
San Francisco, CA  
94120-7988  
[www.SFHSA.org](http://www.SFHSA.org)

Date: February 1, 2024

To: Dan Kaplan, Deputy Director, HSA

From: Esperanza Zapien, Director of Contracts, HSA

RE: **Sole Source Waiver request – Alternative Family Services** to provide the **Children’s Crisis Continuum Pilot Program** with intensive residential treatment and mental health services for children in foster care

In response to the California Department of Social Services’ request for proposals (RFP) for the Children’s Crisis Continuum Pilot Program, San Francisco Human Services Agency (SF HSA) was awarded \$8.5 million to create a comprehensive regional Children’s Continuum of Care that will enable foster youth in crisis to receive the critical stabilization and long-term wellness services they deserve, close to their homes and families.

As the lead applicant, SF HSA will leverage its strong working relationship with SF Department of Public Health’s Behavioral Health Department, as well as other child serving public agencies in the county, and experienced service providers to close the gap between existing services and the multi-tiered treatment and placement settings needed to provide trauma-informed care for system-involved youth, located close to home. SF HSA will also collaborate closely with Child Welfare and Behavioral Health Departments from Contra Costa, Marin, Solano, and Sonoma Counties to provide an expanded range of services and placements for foster youth in crisis from around the Bay Area.

This awarded regional pilot project represents the culmination of years of strategic planning, stakeholder input, regional collaboration, and resource pursuit. SF HSA and our neighboring counties often work together to fill gaps in each county’s service array, ensuring supports are available for all regional children. This collaboration is particularly crucial to local foster youth who often live in neighboring counties outside of San Francisco.

Together, these entities will design and implement a continuum that meets all objectives listed in CDSS’ RFP by (1) providing individualized stabilization and ongoing treatment services to foster youth in the least restrictive, most family based settings possible, as close to home as possible, and (2) implementing continuous data-responsive performance improvement.

Alternative Family Services was a named service provider in the CCCPP award, and therefore is the only provider able to fulfill the requirements of the accepted project proposal outlined below.

## Services to be Provided



**London Breed**  
Mayor

**Trent Rhorer**  
Executive Director



**SAN FRANCISCO  
HUMAN SERVICES AGENCY**

P.O. Box 7988  
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The funding requested through this opportunity will be used to start up a range of *additional* high-end programs that will support our local dependent youth with complex needs to remain in their communities while getting the crisis services that they need.

As a part of this programming, AFS will develop two (2) of the four (4) new E-ISFC homes, increasing options for youths experiencing destabilization to receive targeted care in the least restrictive settings possible. These E-ISFC homes are intended to serve SF youth, children and non-minor dependents receiving services from FCS, or referred by San Francisco Department of Public Health or San Francisco Juvenile Probation Department.

AFS will approve, staff, and support the two (2) Enhanced Intensive Services Foster Care (E-ISFC) homes. The long-term goal of these E-ISFC homes is to provide foster home placements for San Francisco youth who are at risk of placement in a residential treatment program, or those needing to step down from a residential program with ultimate goal of being placed with a relative or in a kinship family home. The E-ISFC homes will be designed to be fully integrated with the other components of the continuum of care for children in San Francisco including both higher and lower levels of care, services in formal care settings, and services in the community.

These programs are intended to seamlessly integrate with the other continuum programs already available for San Francisco County youth including wraparound, mobile response, crisis stabilization, Enhanced STRTP homes, and other existing ISFC homes, in order to stabilize youth, minimize placement disruptions and unnecessary psychiatric hospitalization, and to improve safety and improve wellbeing outcomes.

FCS is proposing the following:

Request: HSA will set up a grant with <b>Alternative Family Services</b> to provide Children’s Crisis Continuum Pilot Program activities consisting of two new Enhanced Intensive Services Foster Care (E-ISFC) homes to provide housing, case management, and crisis stabilization services for SF foster youth in crisis, for the time period <b>February 1, 2024 to June 30, 2028</b> for an amount not to exceed <b>\$3,125,789</b> .
Brief description of services: Alternative Family Services will provide two (2) of the four (4) new Enhanced Intensive Services Foster Care homes for emergency placement for SF children, youth and non-minor dependents who are receiving services from FCS and are at risk of placement in a residential treatment program or hospitalization, or those needing to step down from a residential treatment program. Services to include housing, crisis stabilization, and crisis case management.
Duration: A grant term of four years and five months.
Justification for Sole Source: Alternative Family Services is a named service provider in SF HSA’s successful CCCPP proposal, which was awarded from California Department of Social Services.



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Reporting Requirements: HSA will develop a report and provide recommendations at the end of the grant period.
Compliance: The grantee will meet the normal city requirements for contracting.
Future procurement: Analysis of next period will determine whether services are still required.

Approved       Disapproved

DocuSigned by:  
*Daniel Kaplan*      2/5/2024

Dan Kaplan, Deputy Director of Administration and Finance

## Grant Solicitation Waiver Instructions

**WHEN TO USE:** For approval of grant solicitation waivers under [Administrative Code Section 21G.8](#), where:

- A competitive process is infeasible or impracticable
- A Public Purpose may reasonably be accomplished by one particular Grantee

Per the City Purchaser's Administrative Code Chapter 21G Rules and Regulations, this Waiver Form is **not required** for grants awarded in accordance with Administrative Code Sections:

- 21G.3(a)(1):** Grants to a governmental entity for programs, activities, or services that can be practically performed only by that particular entity
- 21G.3(a)(2):** Grants to a specific entity as required to comply with applicable law or contract, or as a result of the requirements of the funding source
- 21G.3(a)(3):** Grants made for improvement to property by a property owner
- 21G.8(c):** Grants to any of the four City-owned community cultural center

**INSTRUCTIONS:** Complete this Grant Solicitation Waiver Form to request approval to waive the competitive solicitation requirements under Administrative Code Section 21G.8. Provide specific and comprehensive information to justify why the requested grant should be awarded absent a solicitation. Attach appropriate/required supporting documentation.

The Grant Solicitation Waiver Form must be signed by the Granting Officer or their designee. The Solicitation Waiver must be fully approved before the department makes a commitment to the grantee, and before City funds are encumbered. If the Solicitation Waiver request is denied, the department must conduct a competitive process to select the grantee(s).

For extensions of Solicitation Waivers for a previously awarded sole source grant, attach a copy of all prior approved Solicitation Waivers or other sole source determinations by the relevant authority.

Submit Grant Solicitation Waiver Form for final approval as follows:

- **Granting Agencies under jurisdiction of a commission or board:** to the commission or board, recommending waiver of solicitation requirements for this grant award.
- **Granting Agencies with no board or commission:** to the Purchaser ([oca@sfgov.org](mailto:oca@sfgov.org)), who shall convene the Grant Consensus Committee<sup>1</sup> to review the request.

Once fully approved, upload this signed form, all supporting documentation, and commission, board, or Grant Consensus Committee final approval, as applicable, to PeopleSoft. Select the appropriate Purchasing Authority for the grant award in PeopleSoft.

<sup>1</sup> Representatives from the Controller's Office, Human Resources Department, Office of Contract Administration, and City Attorney's Office

## Grant Solicitation Waiver Form

<b>Department:</b> HSA	<b>Phone:</b> (415) 557-5057
<b>Dept. Contact:</b> Elizabeth Léone	<b>Email:</b> Elizabeth.leone@sfgov.org

<b>Request:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Modification	<b>Grantee:</b> Alternative Family Services	<b>Supplier ID:</b> 0000025708
<b>Short Description of Grant:</b> Children's Crisis Continuum Pilot Program		

<b>Grant Amount:</b> \$3,125,789 (includes contingency)	<b>Grant Duration:</b> 4 years and 5 months
<i>(Attach itemized budget if available)</i>	<b>Anticipated Dates:</b> From 2/1/24 To 6/30/28
<b>Describe the Public Purpose to be fulfilled by this Grant:</b> Intensive residential treatment and mental health services for children in foster care	

### Justification for Waiver of Competitive Solicitation Requirements

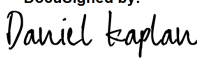
Check the appropriate solicitation waiver reason and address the questions listed. Attach additional supporting documentation as indicated and/or as necessary.

**Competitive solicitation infeasible or impracticable**

- Is this grant required to respond to a public emergency or other exigent circumstances?  Yes  No
- If **YES**, provide a description of the public exigency or emergency, need for the sole source Grant and period of performance, and impact on the Public Purpose if the sole source Grant is not approved.
- If **NO**, grant is *not* required to respond to public emergency or other exigent circumstance:
  - Why is a competitive process infeasible or impracticable?
  - Why is this the only entity that can fulfill this Public Purpose? What does the entity offer that is essential to fulfilling the Public Purpose?
  - What steps were taken to verify that this is the only entity that can fulfill this Public Purpose? Has the department contacted other entities to evaluate their ability to fulfill the Public Purpose, and if so, describe the entities and explain why they cannot meet the department's needs.

**Public Purpose may reasonably be accomplished by one particular Grantee**

- Why this is the only entity that can fulfill this Public Purpose? What the entity offers that is essential to fulfilling the Public Purpose?
- What steps were taken to verify that this is the only entity that can fulfill this Public Purpose? Has the department contacted other entities to evaluate their ability to fulfill the Public Purpose, and if so, describe the entities and explain why they cannot meet the department's needs.
- Is this a recurring Grant to the same recipient?  Yes  No
- If **YES**: How long has this entity fulfilled this Public Purpose for the department?
  - Has department conducted a formal or informal competitive process within the last five years demonstrating lack of other potential Grantees, pursuant to Admin Code §21G.8(b).  Yes  No
  - Solicitation document(s), result(s), and other supporting documentation attached?  Yes  No

<b>Grant Solicitation Waiver request is recommended by:</b>	
Grants Officer (Dept Head) or Designee Name:	Daniel Kaplan
Grants Officer (Dept Head) or Designee Signature:	Date: 2/5/2024
<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border: 1px solid black; padding: 2px;"> <small>DocuSigned by:</small>    <small>ED8A430D2D23472...</small> </div> </div>	