



**SAN FRANCISCO
HUMAN SERVICES AGENCY**

Department of Benefits
and Family Support

Department of Disability
and Aging Services

Office of Early Care
and Education

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London Breed
Mayor

Trent Rhorer
Executive Director

MEMORANDUM

TO: HUMAN SERVICES COMMISSION

THROUGH: TRENT RHORER, EXECUTIVE DIRECTOR

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

DATE: MAY 21, 2021 *js for EZ*

SUBJECT: NEW GRANT: INSTITUTO FAMILIAR DE LA RAZA
(NON-PROFIT) TO PROVIDE DIFFERENTIAL
RESPONSE COORDINATION SERVICES

GRANT TERM: JULY 1, 2021 to JUNE 30, 2026

GRANT AMOUNT:	<u>New</u>	<u>Contingency</u>	<u>Total</u>
	\$ 1,448,015	\$14,480	\$1,462,495

ANNUAL AMOUNT:	<u>FY20-21</u>	<u>FY21-22</u>	<u>FY23-24</u>	<u>FY24-25</u>	<u>FY25-26</u>
	\$289,603	\$289,603	\$289,603	\$289,603	\$289,603

FUNDING:	<u>Funding Source</u>	<u>County</u>	<u>State</u>	<u>Federal</u>	<u>Contingency</u>	<u>Total</u>
	FUNDING:	\$231,682	\$1,216,333		\$14,480	\$1,462,495
	PERCENTAGE:	16%	84%			100%

The Department of Benefits and Family Support (BFS) requests authorization to enter into a new grant agreement with Instituto Familiar de La Raza (IFR) for the period of July 1, 2021 to June 30, 2026, in the amount of \$1,448,015 plus a 10% contingency of \$14,480 for a total not to exceed amount of \$1,462,495. The purpose of the grant is to provide Differential Response Coordination Services.

Background

Since 2005, San Francisco Family & Children's Services (FCS) has been providing Differential Response (DR) services as part of the California statewide Child Welfare Redesign. When FCS identifies a family as at-risk for future child maltreatment, the DR Liaisons engage with families to enhance their strengths, as well as work with them to address their concerns and needs.

During the 2019-2020 fiscal year, there were 300 active referrals made to the Differential Response team. Of this amount, 140 of the referred families (47%) voluntarily engaged in services offered by DR Liaison, and another 32 referred families (10%) engaged in other services provided by the Family Resource Centers, of which there are 14 currently providing DR services.

The goal for differential response is to provide families with prevention-focused supports that can mitigate hotline referrals and maltreatment.

Services to be Provided

As the Lead DR Liaison Coordination agency, the Grantee will provide an organized governance structure for a multi-ethnic network of community-based Family Resource Centers that are located in various neighborhoods across the City. The Grantee will maintain an extensive DR procedure manual as well as infrastructural and data systems that cover the spectrum of DR services and lead agency responsibilities.

Grantee will provide a Lead DR Liaison Coordinator who will support, and be the central point of contact for the DR/FRC liaisons that are providing DR services to families. The Coordinator will act as the central point of contact for HSA and First 5 as well. The responsibilities of the Coordinator will include referral facilitation and triage, training, quality assurance, community convenings, case supervision, and reporting.

The Lead DR Liaison Coordinator will also facilitate and coordinate a variety of meetings such as the monthly Differential Response Coordination team meetings, which includes HSA and First 5, to provide oversight of the DR processes.

For more specific detail regarding services to be provided, please refer to Appendix A (attached).

Selection

Grantee was selected through Request for Proposal #929, released February 25, 2021.

Funding

Funding will be provided through County general funds (16%) and State Realignment funds (84%).

ATTACHMENTS

Appendix A – Services to be Provided

Appendix B – Program Budget

Appendix A – Services to be Provided
Instituto Familiar de la Raza
Differential Response Program Coordination Services
July 1, 2021 – June 30, 2026

I. Purpose of Grant

Grantee will provide the coordination, referral triage, training, quality assurance, case consultation, and planning to the Differential Response Liaisons across a multi-cultural, multi-neighborhood network of family resource centers and other similar programs.

The goal is to implement a coordinated, high quality network of community partners to strengthen, support, and preserve families who have been referred to Child Protective Services but whose circumstances do not warrant assessment, family engagement techniques, and community partnerships.

II. Definitions

SFHSA/HSA	San Francisco Human Services Agency
Grantee	Instituto Familiar de la Raza
CPS	Child Protective Services (same as Family and Children’s Services)
FCS	Family and Children’s Services
FCS-Linked	Families that have been referred through the FCS Hotline and/or families that have been active or have a recently closed case with FCS at the time of engagement by the Family Resource Center
Differential Response (DR)	An approach to working with moderate-to-low risk families with a substantiated, inconclusive, or unfounded CPS allegation using standardized assessment tools, family engagement techniques, evidence-based practice, and community partnership.
DRL	Differential Response Liaison (the community based service provider from one of the Family Resource Centers assigned to work with the family).
FRC	Family Resource Center serving as a centrally located provider of community-based services to support children and families.

CPM Core Practice Model, a State model that outlines the values, components, elements, and behavior associated with Child Welfare.

RED Team A group decision-making and partnership strategy to respond proportionally to allegations of maltreatment within a differential response system. It is informed by a consultation and information-sharing framework that includes harm/danger, risk statements, complicating factors, safety, strengths/protective factors, the purpose/focus of the consultation, and next steps. The members of the RED Team are charged with **R**eviewing, **E**valuating, and **D**irecting (RED) 10-day response referrals that have been accepted through the intake screening process.

III. Target Population

This grant will primarily serve families referred to FCS who receive a substantiated moderate-to-low risk assessment. Families identified as such will generally have a closed or soon to be closed FCS referral that needs to be transitioned to community partners for engagement in supportive services and or/case management.

In addition, DR case management services, FCS referrals involving families with children ages 0-5 and neglect related risk will also be triaged to Family Support Services for SafeCare® in-home parenting support.

IV. Description of Services

1. Coordination: Hire and maintain a coordination team, which consists of a Program Coordinator, Data Coordinator, and Training Coordinator.
2. Outreach: Educate child welfare staff about the Differential Response program and services offered.
3. RED Team Participation/Case Consultation.
 - a. Participate and facilitate the RED Team meetings led by FCS staff to review Hotline referrals.
 - b. Triage referrals to appropriate DR Liaison based on the process described in the Referral Triage section below.
 - c. Train and coach DR Liaisons participating in the RED Team meetings as needed.
4. Referral Triage
 - a. Regular review of DR designated referrals from FCS to identify key presenting concerns and assessment of family needs in consultation with

FCS Protective Service Workers (PSWs), FCS Protective Service Supervisors (PSSs), and other assigned representatives.

- b. Regular review of potential SafeCare® designated referrals from FCS to identify minimum screen-in criteria and assessment of family needs in consultation with FCS PSW, SafeCare® providers, and other assigned representatives.
 - c. Identify “best fit” for neighborhood, population-based DR Liaison services based on consideration of client/family culture and geographic location as well as individual DR/CR CBO capacity, and equity among care providers.
 - d. Ensure community-based DR Liaison follows up with the family within the required timeframes and documentation of each contact and disposition is completed.
 - e. Coordinate and assist community-based DR Liaison in identifying resources and support as needed for families who agree to participate in and/or receive services.
 - f. Together with SFHSA, develop and execute a communication process between the DR Coordination Team, the DRLs, and FCS staff regarding referral triage and family engagement status.
5. Quality Assurance/Technical Assistance
- a. Design and ongoing review of forms and documentation for tracking and disposition of referrals, which includes but is not limited to capturing demographic data, service utilization, service delivery, outcome data, and satisfaction data.
 - b. Compile data collected from DR Liaisons and prepare quarterly and on-demand reports.
 - c. Conduct periodic case file reviews to ensure proper standardized documentation is contained in the file, and all documentation is completed thoroughly, accurately, and adheres to case management best and/or evidenced-informed practice.
 - d. Verify that files are completed thoroughly, accurately, and in accordance with best practices as outlined in the Standards of Quality for Family Strengthening and Support (SQFSS).
 - e. Provide ongoing monitoring of parent engagement and case management practices to ensure alignment with the standards identified in the SQFSS.
 - f. Provide individual and group case consultation and support for DR Liaisons.
 - g. Identify training needs and provide training and/or identifies consultant or other training opportunities to address training needs.
 - h. Oversee and implements a family-involved Continuous Quality Improvement process. Solicit regular feedback from families, HSA staff and community agency staff and use that feedback to refine policies, practices, and procedures.

- i. Develop and refine policies and procedures as needed to ensure efficient and effective ongoing implementation.
 - j. Oversee orientation and mentoring of newly hired DR Liaisons.
- 6. Convening
 - a. Facilitate and coordinate community-based service team DR Liaison meetings.
 - b. Facilitate and coordinate DR Coordination team meetings with FCS, First 5, and other stakeholders.
 - c. Actively participate in FCS Differential Response Workgroups and make presentations regarding ongoing DR implementation and relevant topics.
 - d. Participate in other FCS or community-based collaborative meetings, trainings, and committees as needed.
- 7. Administration of Engagement Funds
 - a. Administer and distribute the funds to FRCs twice per year, based on the caseload and capacity. Engagement funds will be used to incentivize client engagement. Grantee shall administer the funds according to the policy detailed in the DR Policy and Procedure Manual.

V. Location of Services

Coordination of DR services will be provided at Grantee's offices as well as the HSA building located at 170 Otis Street, San Francisco. Services will also be provided at neighborhood-based locations within the City and County of San Francisco during regular business hours.

VI. Grantee Responsibilities

Grantee responsibilities are summarized as follows:

1. Develop an implementation plan within the first 6 months of contract start date, with progress reported in the quarterly report, that is framed in a CQI methodology that will include at a minimum:
 - a. How services and support for DR Liaisons and families will be coordinated and delivered.
 - b. How delivered services will be captured and evaluated.
 - c. The impact of services and achievement of desired outcomes.
 - d. Capture lessons learned to inform continuous quality improvement (type of services offered, service delivery methods, evidence-based/evidence-informed practice) as identified in the Standards of Quality for Strengthening & Support.
2. Develop a system for tracking the effect of DR on specific families over time in collaboration with HSA and First 5.
3. Coordinate and facilitate the DR Services Coordination Meeting, which will include HSA, First 5, and other DR stakeholders.
4. Coordinate and facilitate the DR Workgroup Meeting.
5. Provide technical assistance to ER PSWs and other duties as appropriate.

6. As a mandated reporter, report all suspected incidents of child abuse, domestic violence, and elder abuse.
7. Ensure all employees of this grant are TB-tested annually.
8. Conduct criminal background checks on all employees and shall arrange to receive subsequent criminal notifications if an employee is convicted of a crime during the time of his or her employment.
9. Be familiar with FCS practices and policies such as the California Core Practice model. Information on the CPM can be found here:
<https://calswec.berkeley.edu/programs-and-services/child-welfare-service-training-program/core-practice-model>.

VII. Departmental Responsibilities

1. Participate in all DR Workgroups and related meetings.
2. Provide referrals, support, and technical assistance as needed to support ongoing implementation.
3. Communicate current policy and protocol updates and revisions.

VIII. Service Objectives

1. Coordinate a minimum of 10 case consultation meetings to DR CBO staff, annually.
2. Coordinate a minimum of 10 DR CBO service team trainings, annually.
3. Provide all newly hired DR CBO line staff with an orientation session for DR services.
4. Respond to 95% or more of all referrals within 2 working days.
5. Participate in 95% or more of RED Team meetings.

IX. Outcome Objectives

1. Grantee will conduct a survey of all DR Liaisons every six months. The survey instrument will be approved by HSA, and at least 75% of differential response liaisons will rate Grantee as very good or excellent. The Survey will measure:
 - a. Leadership of the differential response network.
 - b. Triaging differential response network.
 - c. Trainings and quality assurance work.

X. Reporting Requirements

1. Grantee will provide a quarterly report of activities, referencing the tasks as described in Sections VIII and IX, the Service and Outcome Objectives. Grantee will enter the quarterly metrics in CARBON by 45 days after the end of the quarter.
 - a. Grantee will provide highlights of accomplishments including client vignettes and success stories.
 - b. Grantee will provide an overview of service delivery and program opportunities and challenges as appropriate.
 - c. Grantee will maintain a Master Client list of all unduplicated clients served during the specified reporting period.

2. Grantee will provide an annual report summarizing the grant activities, referencing the tasks as described in Sections VIII and IX, the Service and Outcome Objectives. This report may substitute for the final quarterly report referenced in the above item. Grantee will enter the annual metrics in CARBON 45 days after the end of the program year. The annual report will include an expenditure list for engagement funds used by FRCs.
3. Grantee may be required by the department to produce other ad-hoc reports, including monthly statistical summaries.
4. For assistance with reporting requirements or submission of reports, contact:

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XI. Monitoring Activities

1. Program Monitoring: Program monitoring will include review of client eligibility, and all supporting documentation for reporting progress towards meeting service and outcome objectives.
2. Fiscal Compliance and Grant Monitoring: Fiscal monitoring will include review of Grantee's organizational budget, the general ledger, quarterly balance sheet, cost allocation procedures and plan, State and Federal tax forms, audited financial statement, fiscal policy manual, supporting documentation for selected invoices, cash receipts and disbursement journals. 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.

HUMAN SERVICES AGENCY BUDGET SUMMARY BY PROGRAM

Contractor's Name: **Instituto Familiar de la Raza**
 Term: **07/01/2021-06/30/2026**
 (Check One) New Renewal Modification
 If modification, Effective Date of Mod. _____ No. of Mod. _____

Program: Differential Response Coordination Services

Budget Reference Page No.(s)	07/01/2021-06/30/2022	07/01/2022-06/30/2023	07/01/2023-06/30/2024	07/01/24-06/30/2025	07/01/25-06/30/2026	Total
Expenditures						
Salaries & Benefits	\$223,477	\$223,477	\$223,477	\$223,477	\$223,477	\$1,117,386
Operating Expense	\$28,351	\$28,351	\$28,351	\$28,351	\$28,351	\$141,755
Subtotal	\$251,828	\$251,828	\$251,828	\$251,828	\$251,828	\$1,259,141
Indirect Percentage (%)	15%	15%	15%	15%	15%	
Indirect Cost (Line 16 X Line 15)	\$37,774	\$37,774	\$37,774	\$37,774	\$37,774	\$188,871
Capital Expenditure						
Total Expenditures	\$289,603	\$289,603	\$289,603	\$289,603	\$289,603	\$1,448,015
HSA Revenues						
General Fund	\$289,603	\$289,603	\$289,603	\$289,603	\$289,603	\$1,448,015
TOTAL HSA REVENUES	\$289,603	\$289,603	\$289,603	\$289,603	\$289,603	\$1,448,015
Other Revenues						
Total Revenues	\$0					\$0
Prepared by: Benny Ng						
HSA-CO Review Signature:						
HSA #1						11/15/2007

Telephone No.: 415-229-0515 Date: 03/22/2021

