



Edwin M. Lee, Mayor

Trent Rhorer, Executive Director

MEMORANDUM

TO: HUMAN SERVICES COMMISSION

THROUGH: TRENT RHORER, EXECUTIVE DIRECTOR

FROM: SYLVIA DEPORTO, DEPUTY DIRECTOR
JOHN TSUTAKAWA, DIRECTOR OF CONTRACTS *Jh*

DATE: JUNE 16, 2017

SUBJECT: NEW GRANT RENEWAL: **HOMELESS PRENATAL PROGRAM**
(NON-PROFIT) TO PROVIDE SUBSTANCE ABUSE SUPPORT
SERVICES TO FAMILY & CHILDREN'S SERVICES (FCS) - LINKED
FAMILIES

GRANT TERM:	<u>Current</u>	<u>Contingency</u>	<u>Total</u>		
	7/1/17-				
	6/30/20				
TOTAL AMOUNT:	\$1,605,936	\$160,594	\$1,766,530		
ANNUAL AMOUNT:	<u>FY17/18</u>	<u>FY18/19</u>	<u>FY19/20</u>		
	\$535,312	\$535,312	\$535,312		
Funding Source	<u>County</u>	<u>State</u>	<u>Federal</u>	<u>Contingency</u>	<u>Total</u>
FUNDING:	\$1,092,036		\$513,900	\$160,594	\$1,766,530
PERCENTAGE:	68%	0%	32%		100%

The Department of Human Services (DHS) requests authorization to enter into a new grant with the Homeless Prenatal Program for the time period beginning July 1, 2017 ending on June 30, 2020, in the amount of \$1,605,936 plus a 10% contingency of \$160,594 for a total not to exceed amount of \$1,766,530. The purpose of the grant is to strengthen, support and preserve FCS-involved families affected by substance abuse using a strength-based model focused in three core areas: Family Engagement and Substance Abuse-Related Case Management, Community Outreach and Supportive Services, and Peer Mentor Support.

Background

FCS has used a strength-based approach to substance abuse services since 1989, with Homeless Prenatal Program (HPP) as its CBO partner since 2006.

The current program will focus on the following core areas: Family Engagement and Substance Abuse-Related Case Management, Community Outreach and Supportive Services, and Peer Mentor Support. These program components will form a cohesive continuum of services for families with children at risk

or abuse or neglect who are negatively impacted by substance abuse, and maximize opportunities to engage these families.

Services to be Provided

The Grantee will perform the following services:

A. Family Engagement and Substance Abuse-Related Case Management

Grantee will work collaboratively with FCS, DPH, and other local agencies to provide substance- abuse related interventions, case management and support for 120 families served by FCS annually. Engagement and case management services will include, but is not limited to the following;

- Encouraging sobriety;
- Reducing harm related to substance abuse;
- Facilitating successful completion of recommended substance abuse treatment;
- Collaborating with partner programs such as the Family Treatment Court, substance-abuse treatment providers, and other community based organizations working with the target population;
- Providing and/or referring families to evidence based parent training (such as Triple P™ (Positive Parenting Program), SafeCare™, or other evidence-informed parenting programs);
- Provide incentives designed to promote families’ access to services associated with better birth outcomes and the elimination of barriers to women-centered services for pregnant, drug-abusing women;
- Educating families about addiction and providing them information about the structure and intake requirements of various drug treatment programs.

B. Community Outreach and Supportive Services

Grantee will:

- Advise PSWs, Protective Services Supervisors (PSSs), other FCS staff, community partners, families and other participants in the CFT about current trends and evidence-informed practices in substance abuse assessment and intervention, treatment options, and chemical dependency issues;
- Working collaboratively with the FCS Training and Workforce Development Team, provide at least two trainings to FCS staff and other identified community partners on various topics related to substance abuse; and
- Disseminate information on families and substance abuse through meetings, presentations and community forums.

C. Peer Mentor Support

Peer Mentors will work in conjunction with Family Case Managers and PSWs. Peer Mentors will be supportive in achieving clients’ goals and timelines set out by the HPP Case Manager and PSW. Peer Mentors will be representative of San Francisco’s diverse demographics and will help create a bridge of trust among and between families, the PSWs and the Family Case Managers. They will also function as parent advocates, mentors, and teachers, in working with FCS-involved families. Generally, Peer Mentors will provide moral support to help allay clients’ anxiety, help to de-escalate fears, help prioritize critical tasks, and support families in achieving their overall care plan goals and objectives.

Location and Time of Services

Services are provided either at Grantee facilities, in the home of the family or wherever appropriate. Service hours vary depending upon the needs of families but can include evenings.

Selection

The Grantee was selected through Request for Proposals #736, which was competitively bid in March 2017.

Funding

Funding for this grant is provided by a combination of County General Fund and federal funds.

ATTACHMENTS

Appendix A-Services to be Provided

Appendix B-Program Budget

**APPENDIX A – Services to be Provided
Homeless Prenatal Program
Substance Abuse Support Services
July 1, 2017- June 30, 2020**

I. Purpose

The purpose of this grant is to strengthen, support and preserve FCS-involved families affected by substance abuse using a strength-based model focused in three core areas: Outreach and Engagement, Family Case Management, and Peer Support.

II. Target Populations

- a. Families (including fathers) with children at risk of abuse or neglect because of substance abuse as identified by Family and Children’s Services (FCS)
- b. Families (including fathers) at risk of or experiencing separation due to abuse or neglect as a result of substance abuse as identified by FCS
- c. Pregnant women who are abusing drugs and/or alcohol identified by FCS

III. Definitions

ANSA	The Adult Needs and Strengths Assessment (ANSA) is a multi-purpose tool developed for adult’s behavioral health services to support decision making, including level of care and service planning, to facilitate quality improvement initiatives, and to allow for the monitoring of service outcomes.
CBO	Community-Based Organization
CFT	<p>A Child and Family Team (CFT) includes the family, their natural supports, and all of the ancillary individuals who are working with them toward their successful transition out of the child welfare system. The Protective Services Worker (PSW), mental health staff and other service providers collaborate to engage youth and families as partners in the team environment.</p> <p>CFT Meetings are regular, structured, facilitated, topical discussions with the family and/or the youth, the youth/family’s natural supports, the FCS PSW, FCS Facilitator and other team members related to a particular topic. They feature solution-focused discussions to address the specific needs of the family in order to meet the safety, permanency and well-being needs of the child. These needs and plans to address them are documented in the Shared Family Care Plan, which guides the work of all of the members of the team.</p>
CPS	Child Protective Services
CPM	California Child Welfare Core Practice Model (CPM) outlines the values, components, elements and behaviors associated with child welfare practice. Information on the CPM can be found at: http://calswec.berkeley.edu/california-child-welfare-core-practice-model-0
DPH	Department of Public Health
FCS	Family & Children’s Services Division
FTC	Family Treatment Court
Grantee	Homeless Prenatal Program
NCFAS	The North Carolina Family Assessment Scale (NCFAS) is an assessment tool designed to examine family functioning in the domains of Environment, Parental Capabilities, Family

Interactions, Family Safety, and Child Well-being. It provides an organizing framework for social workers to conduct a comprehensive family assessment intended to inform the construction of a service plan and subsequently document changes in family functioning that represent outcomes of the service plan.

Peer Mentors	Parents formerly involved with CPS/FCS that are hired by the Grantee to provide one-on-one support to families that are actively involved with FCS; peer parents work in conjunction with family case managers and Protective Services Workers
PSW	Protective Services Worker
HSA	San Francisco Human Services Agency
Shared Family Care Plan	The Shared Family Care Plan is a simple document that is developed and refined during the CFT meetings to clarify the specific behavioral issues that the family is working on, and establish an agreed upon plan for addressing those issues. It is developed in collaboration with the family, and guides the FCS Case Plan as well as other service or treatment plans (e.g. the behavioral health treatment plan).

IV. Services to be Provided

Grantee will work to reduce harm related to substance abuse, facilitate assessment for substance abuse and dependence, and facilitate successful completion of recommended substance abuse treatment. All services provided will be consistent with and aligned with the California Core Practice Model (CPM)

a. Family Engagement and Substance-Abuse Related Case Management

Grantee will collaborate with FCS, DPH, and other local agencies to provide substance- abuse related interventions, case management and support for 120 families served by FCS annually. The goal of case management is to provide individualized, collaborative, coordinated and supportive services that will assist the client in their family reunification or stabilization. Case management will be based on a formal assessment, and will be family-centered, strengths-based, needs-driven, solution oriented, and community based.

Grantee will contact families within 24 hours of receiving referral from FCS. Grantee will notify FCS referring worker and consult with worker regarding service needs. Grantee will then provide outreach and engagement services aimed at facilitating successful completion of services, and reducing safety and risk related to substance abuse.

Engagement and case management services will include, but may not be limited to the following;

- Encouraging sobriety;
- Reducing harm related to substance abuse;
- Facilitating referrals to the DPH Treatment Access Program for assessments for substance abuse and dependence;
- Facilitating successful completion of recommended substance abuse treatment;
- Participating in the Child and Family Team (CFT) meetings that provides ongoing collaborative services and support to children and families, including participating in CFT meetings as necessary
- In collaboration with FCS and others on the CFT, monitoring the participation and progress of families in pre-treatment and in-treatment programs, including addressing problems threatening to the families' recovery process;
- Participating in other related FCS meetings as requested, including Administrative Reviews and other family-involved team meetings;
- Collaborating with partner programs such as the Family Treatment Court (FTC), substance-abuse treatment providers, and other community based organizations working with the target population;
- Administering the North Carolina Family Assessment Scale (NCFAS) at least two times during the families' involvement with services – once at an agreed upon time near the intake process to gather

baseline data, and at least once after engagement in services in order to guide service planning and measure progress in family functioning¹;

- Providing and/or referring families to evidence based parent training (such as Triple P™ (Positive Parenting Program), SafeCare™, or other evidence-informed parenting programs);
- Provide incentives designed to promote families' access to services associated with better birth outcomes and the elimination of barriers to women-centered services for pregnant, drug-abusing women;
- Ensuring that case management services are non-duplicative and streamlined with other care plan goals and objectives, as outlined in the Shared Family Care Plan;
- Educating families about addiction and providing them information about the structure and intake requirements of various drug treatment programs; and,
- Providing on-going support after the FCS case is closed with the aim of reducing recidivism.

b. Community Outreach and Supportive Services

- Advise PSWs, Protective Services Supervisors (PSSs), other FCS staff, community partners, families and other participants in the CFT about current trends and evidence-informed practices in substance abuse intervention, treatment options, and chemical dependency issues;
- Working collaboratively with the FCS Training and Workforce Development Team, provide at least two trainings to FCS staff and other identified community partners on various topics related to substance abuse; and
- Disseminate information on families and substance abuse through meetings, presentations and community forums.

c. Peer Mentor Support

Peer Mentors will work in conjunction with Family Case Managers and PSWs. Peer Mentors will be supportive in achieving clients' goals and timelines set out by the HPP Case Manager and PSW. Peer Mentors will be representative of San Francisco's diverse demographics and will help create a bridge of trust among and between families, the PSWs and the Family Case Managers. They will also function as parent advocates, mentors, and teachers, in working with FCS-involved families. Generally, Peer Mentors will provide moral support to help allay clients' anxiety, help to de-escalate fears, help prioritize critical tasks, and support families in achieving their overall care plan goals and objectives. Generally, their tasks and responsibilities will fall under Prevention and Case Management:

- **Prevention:** Peer Mentors will educate clients about addiction, the structure, and intake requirements of various drug treatment programs. Peer Mentors will also assist clients in accessing services such as WIC (Women, Infant, Child) supplemental nutritional program, CalWORKs, Welfare-to-Work, CalFresh (foodstamps) and Medi-Cal benefits.
- **Case Management:** Peer Mentors will assist the PSW, Family Case Manager and DPH in substance abuse intervention-related activities. The tasks and responsibilities of Peer Mentors may include:
 - Co-facilitate the KFT support groups
 - Assist and advocate for the parents entering into treatment, such as sitting with a client while necessary phone calls are made, and accompanying client families to court appointments, doctor offices, and treatment program intakes; and
 - Assist clients in securing temporary and/or permanent housing
 - Attend CFT meetings

V. Location and Time of Services

Services are provided either at Grantee facilities, in the home of the family or wherever appropriate. Service hours vary depending upon the needs of families but can include evenings.

¹ Grantee will continue to administer the Adult Needs and Strengths Assessment (ANSA) as its primary assessment tool until 1) its database is reconfigured to accommodate NCFAS and 2) outcome objectives are redesigned in collaboration with FSC in order to align them with the NCFAS framework.

VI. Grantee Responsibilities

- a. Grantee will provide supervision, management, and quality assurance of services.
- b. Grantee will provide assessment and case management to up to 120 FCS-involved families per year. This amount is subject to increase based upon client needs and Grantee capacity.
- c. Grantee will provide data as per reporting requirements.
- d. All Grantee employees are mandated reporters for suspected child abuse or neglect. Should a client require a referral back to FCS, the Grantee will contact the FCS Hotline.
- e. Grantee will develop and maintain language capacity based on client needs and county demographics.
- f. Conduct service satisfaction surveys of families receiving services.
- g. Participate in trainings about best practices.
- h. Participate in HSA/FCS meetings and required trainings.
- i. Emphasizing collaboration and joint case planning, the Grantee will also work closely to develop service recommendations for parents. This includes:
 - requesting informed consent and authorization to support clients in communicating with their PSW;
 - outlining the communication protocols, in collaboration with FCS, specifying the method by which FCS will receive updates on family progress;
 - facilitating family participation in Family Team Court through ongoing case management, weekly treatment progress reporting and participation in collaborative treatment planning; and
 - providing monthly progress report on families participating in services indicating participation in services and progress meeting goals, in a format agreed upon by FCS and the Grantee.

VII. Departmental Responsibilities

- a. HSA/FCS will keep Grantee apprised of changes in policy and protocol.
- b. Provide referrals and technical assistance as needed to support ongoing program implementation.
- c. Collaborate in joint service planning and share relevant information regarding family history and situation to ensure appropriate interventions are applied.
- d. Develop and support information sharing protocols with the grantee.

VIII. Service Objectives (annual unless otherwise noted)

Grantee will:

- a. Contact 100% of FCS referrals. Exceptions will be made when referrals lack accurate contact information for families. Grantee will invite all families to attend an intake process that is designed to engage them in services
- b. Complete 100% of biopsychosocial assessments on all incoming cases where they are able to engage the family. Exceptions will be made in the case of couples with active Domestic Violence (priority will be given to the victim and the perpetrator will be referred out).
- c. Provide weekly peer support groups for 60 unduplicated families
- d. Provide two trainings to FCS staff on substance abuse and impact on families.
- e. Transition from the ANSA tool to the NCFAS tool and implement new database in January 2018.

IX. Outcome Objectives

- a. At least 60% of parents participating in the program will demonstrate a decrease in substance abuse at six months after the initial referral and assessment. The six month re-assessments will reflect a combined improvement in the five point substance use ratings scale for the following areas:
 - Substance abuse
 - Severity of use
 - Stage of recovery
 - Environmental influences
 - Stage of recovery/motivation
- b. At least 60% of parents engaged in case management services will demonstrate improved family functioning as measured at six months after referral and assessment, utilizing the ANSA/NCFAS tool. Outcomes based on NCFAS will be refined in collaboration with FCS staff after the transition of the assessment tool is completed.

X. Reporting Requirements

Grantee shall submit monthly, quarterly and annual performance reports during the term of the grant.

a. Monthly Reports

- Monthly reports are due fifteen days following the end of the month and shall contain the following information:
 - Number of unduplicated FCS referrals during the month
 - Number of biopsychosocial assessments completed for incoming cases during the month
 - Number of unduplicated families who attended peer support groups during the month
 - Number of families eligible for Medi-Cal

b. Quarterly Reports

- The Quarterly Reports shall contain data on progress toward meeting service and outcome objectives. This format should be cumulative, showing each quarter separately, providing a total and compared overall to the specific yearly service and outcome objectives. In addition, the quarterly reports shall contain the percentage of families served who are Medi-Cal eligible.
- Quarterly reports are due no later than fifteen days following the end of the quarter.

c. Annual Reports

- An Annual Report is due 45 days following the end of the fiscal year. The annual report shall summarize the contract activities and reference the tasks as described in Section IV– Description of Services, VII- Service Objectives, and VIII-Outcome Objectives. This report will also include accomplishments and challenges encountered by the Contractor, and two client vignettes.

- d. All reports must be entered into the Contracts Administration, Billing and Reporting Online (CARBON) system.

XI. Monitoring Activities

- a. **Program Monitoring:** Program monitoring will include review of client eligibility, client files, case documentation, service delivery documentation, and back-up documentation for reporting progress towards meeting service and outcome objectives.
- b. **Fiscal Compliance and Grant Monitoring:** Fiscal monitoring will include review of the 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, subgrants, and MOUs, and the current board roster and selected board minutes for compliance with the Sunshine Ordinance.

	A	B	C	D	E
1	Appendix B, Page 1				
2	Document Date: 03/24/2017				
3	HUMAN SERVICES AGENCY CONTRACT BUDGET SUMMARY				
4	BY PROGRAM				
5	Contractor's Name			Contract Term	
6	Homeless Prenatal Program			July 1, 2017 - June 30, 2020	
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	Program: Keeping Families Together				
10	Budget Reference Page No.(s)				
11	Program Term	7/1/17-6/30/18	7/1/18-06/30/19	7/1/19-06/30/20	Total
12	Expenditures				
13	Salaries & Benefits	\$403,182	\$403,182	\$403,182	\$1,209,546
14	Operating Expense	\$62,307	\$62,307	\$62,307	\$186,921
15	Subtotal	\$465,489	\$465,489	\$465,489	\$1,396,467
16	Indirect Percentage (%)	15%	15%	15%	
17	Indirect Cost (Line 16 X Line 15)	\$69,823	\$69,823	\$69,823	\$209,469
18	Capital Expenditure	\$0	\$0	\$0	\$0
19	Total Expenditures	\$535,312	\$535,312	\$535,312	\$1,605,936
20	HSA Revenues				
21	General Fund				
22	General HSA Revenue	\$535,312	\$535,312	\$535,312	\$1,605,936
23					
24					
25					
26					
27					
28					
29	TOTAL HSA REVENUES	\$535,312	\$535,312	\$535,312	\$1,605,936
30	Other Revenues				
31	US DOJ - Family Treatment Court	\$90,000			\$90,000
32	SF Co & City Dept of Public Health	\$176,644			\$176,644
33	Evelyn & Walter Haas	\$5,000			\$5,000
34	First Five Family Resource Center	\$175,000			\$175,000
35	HPP General Contribution	\$110,000			\$110,000
36					
37					
39	Prepared by: Beverly Ashworth	Telephone No.: 415 546 6756 328		Date 3/24/2017	
40	HSA-CO Review Signature: _____				
41	HSA #1				

Program Name: Keeping Families Together
 (Same as Line 9 on HSA #1)

Salaries & Benefits Detail

	A	B	C	D	E	F	G	H	I
1									
2									
3									
4	Program Name: Keeping Families Together								
5	(Same as Line 9 on HSA #1)								
6									
7	Salaries & Benefits Detail								
8									
9									
10									
11		Agency Totals		For HSA Program		7/1/17-6/30/17	7/1/18-06/30/19	7/1/19-06/30/20	
12	POSITION TITLE	Annual Full Time Salary for FTE	Total % FTE	% FTE	Adjusted FTE	For DHS Program Budgeted Salary	For DHS Program Budgeted Salary	For DHS Program Budgeted Salary	TOTAL 7/1/17 - 6/30/2000
13	Program Manager	\$66,718	100%	78%	78%	\$52,040	\$52,040	\$52,040	\$156,120
14	Asst. Program Manager	\$58,000	100%	17%	17%	\$9,860	\$9,860	\$9,860	\$29,580
15	Case Manager	\$47,000	100%	25%	25%	\$11,750	\$11,750	\$11,750	\$35,250
16	Case Manager	\$42,000	100%	90%	90%	\$37,800	\$37,800	\$37,800	\$113,400
17	Case Manager	\$47,000	100%	75%	75%	\$35,250	\$35,250	\$35,250	\$105,750
18	Case Manager	\$45,000	100%	50%	50%	\$22,500	\$22,500	\$22,500	\$67,500
19	Case Manager	\$45,000	100%	100%	70%	\$31,500	\$31,500	\$31,500	\$94,500
20	AfterCare Reunification Manager	\$42,436	92%	100%	92%	\$39,041	\$39,041	\$39,041	\$117,123
21	Peer Mentor	\$34,000	100%	100%	100%	\$34,000	\$34,000	\$34,000	\$102,000
22	Peer Mentor	\$34,000	30%	100%	30%	\$10,200	\$10,200	\$10,200	\$30,600
23	Director of Programs	\$94,000	87%	12%	10%	\$9,400	\$9,400	\$9,400	\$28,200
24	ChildCare	\$35,298	100%	6%	6%	\$2,118	\$2,118	\$2,118	\$6,354
25	Data & Evaluation	\$82,000	100%	9%	9%	\$7,380	\$7,380	\$7,380	\$22,140
26	Mental Health	\$81,120	77%	12%	9%	\$7,301	\$7,301	\$7,301	\$21,903
27									
28									
29									
30									
31									
32	TOTALS	\$753,572	12.86	7.74	6.61	\$310,140	\$310,140	\$310,140	\$930,420
33									
34	FRINGE BENEFIT RATE	30%							
35	EMPLOYEE FRINGE BENEFITS					\$93,042	\$93,042	\$93,042	\$279,126
36									
37									
38	TOTAL SALARIES & BENEFITS	\$753,572				\$403,182	\$403,182	\$403,182	\$1,209,546
39	HSA #2								3/24/2017

	A	B	C	D	E	F	G	H	I	J	K
1											Appendix B, Page 3
2											Document Date: 3/24/2017
3											
4	Program Name: Keeping Fa										
5	(Same as Line 9 on HSA #1)										
6											
7	Operating Expense Detail										
8											
9											
10											
11											TOTAL
12	<u>Expenditure Category</u>				<u>TERM</u>	<u>7/1/17-6/30/17</u>	<u>7/1/18-06/30/19</u>	<u>7/1/19-06/30/20</u>			\$ -
13	Rental of Property										\$ -
14	Utilities (Electric, Water, Gas, Phone, Garbage)					\$17,352	\$17,352	\$17,352			\$52,056
15	Office Supplies, Postage					\$3,055	\$3,055	\$3,055			\$9,165
16	Building Maintenance Supplies and Repair					\$9,700	\$9,700	\$9,700			\$29,100
17	Printing and Reproduction					\$1,800	\$1,800	\$1,800			\$5,400
18	Insurance					\$4,000	\$4,000	\$4,000			\$12,000
19	Staff Training					\$3,600	\$3,600	\$3,600			\$10,800
20	Staff Travel-(Local & Out of Town)					\$1,800	\$1,800	\$1,800			\$5,400
21	Rental of Equipment										
22	CONSULTANT/SUBCONTRACTOR DESCRIPTIVE TITLE										
23											
24											
25											
26											
27											
28	OTHER										
29	Emergency Client Needs					\$12,000	\$12,000	\$12,000			\$36,000
30	Support Group Nutrition and Activities					\$3,200	\$3,200	\$3,200			\$9,600
31	Family Reunification Event					\$2,400	\$2,400	\$2,400			\$7,200
32	Fatherhood Parent Training Nutrition and Activities					\$3,400	\$3,400	\$3,400			\$10,200
33											
34											
35	TOTAL OPERATING EXPENSE					\$62,307	\$62,307	\$62,307			\$186,921
36											
37	HSA #3										3/24/2017