



London Breed, Mayor

Department of Human Services
 Department of Aging and Adult Services
 Office of Early Care and Education

Trent Rhorer, Executive Director

MEMORANDUM

TO: HUMAN SERVICES COMMISSION

THROUGH: TRENT RHORER, EXECUTIVE DIRECTOR

FROM: JOAN MILLER, DEPUTY DIRECTOR
 JOHN TSUTAKAWA, DIRECTOR OF CONTRACTS *JK*

DATE: MAY 17, 2019

SUBJECT: NEW GRANTS: **FAMILY SUPPORT SERVICES (FSS) and MT. ST. JOSEPH-ST. ELIZABETH/EPIPHANY CENTER (MSJSE)** (NON-PROFITS) FOR SAFECARE® PARENTING EDUCATION

GRANT TERMS: 7/1/19-6/30/22

GRANT AMOUNTS See Table Below

Funding Source	County	State	Federal	Contingency	Total
FUNDING:	\$1,739,925	\$1,360,305	\$63,270	\$316,350	\$3,479,850
PERCENTAGE:	55%	43%	2%	0%	100%

The Department of Human Services (DHS) requests authorization to enter into grant agreements with Family Support Services (FSS) and Mt. St. Joseph-St. Elizabeth/Epiphany Center (MSJSE) for the period from July 1, 2019 to June 30, 2022, in the amount of \$3,163,500 (\$1,963,743 to FSS and \$1,199,757 to MSJSE) plus a 10% contingency of \$316,350 for a total not to exceed amount of \$3,479,850. The purpose of the grants is to provide *SafeCare*® Parenting Education, an evidence-based home visitation model for the prevention of child neglect, to San Francisco families with children who are at risk for abuse or neglect.

Grantee	FY19/20	FY 20/21	FY21/22	TOTAL	Contingency	Not to exceed total
Family Support Services	\$654,581	\$654,581	\$654,581	\$1,963,743	\$196,374	\$2,160,117
Mt St Joseph-St Elizabeth	\$399,919	\$399,919	\$399,919	\$1,199,757	\$119,976	\$1,319,713
TOTAL	\$1,054,500	\$1,054,500	\$1,054,500	\$3,163,500	\$316,350	\$3,479,850

Background

SafeCare® is an evidence-based home visitation model which is supported by research in the areas of effective parenting and childcare techniques, child development, health, safety and nutrition. More than 60 research studies have documented the development and validation of *SafeCare*®. Since 2011, the Department has been utilizing *SafeCare*®, a home visitation model program designed for child welfare that provides direct skill training to parents in child behavior management, planned activities training, home safety training, and child health care skills to prevent and intervene with child maltreatment. *SafeCare*® targets families with children 0-5 who are at high risk for neglect.

Services to be provided

Grantees will provide the following:

1. Maintain 9.5FTE home visitors, certified in the *SafeCare*® model.
2. Maintain *SafeCare*® trainers.
3. Facilitate weekly meetings, provide on-going staff support, perform on-going model fidelity monitoring, and keep all documentation up to date on the staff trained.
4. Continue to provide *SafeCare* Training Workshop for five days for new home visitors as needed.
5. Support the home visitors so that they are able to follow *SafeCare*® fidelity requirements. This includes, but is not limited to, visiting families weekly and following the model outlines and paperwork.
6. Supervise the home visitors as required by the *SafeCare*® model and provide feedback to the trained home visitors.
7. Using local infrastructure, continue to hold meetings, monthly coaching visits, and individual coaching sessions to sustain *SafeCare*® with fidelity.
8. Provide the Home Visitors with the needed supplies to implement the *SafeCare*® model. These supplies include but are not limited to safety home supplies like latches, locks, and health-related supplies like thermometers, etc.
9. Continue to build local infrastructure to sustain and spread *SafeCare*® in San Francisco City & County.

Please refer to Appendices A (attached) for more specific detail on services to be provided.

Selection

Grantees are sole sourced for these services. *SafeCare*® is a branded service model that is evidence-based and has a very strict structure on fidelity/adherence to the model. It has a unique controlled structure of programmatic implementation and sustainability. At this point in time, only one source exists in San Francisco that could provide the structure and level of services the *SafeCare*® program currently requires. The Grantees employ certified *SafeCare*® trainers and coaches, whom the Department has invested years in developing and certifying to their level of expertise.

Funding

This grant renewal will be funded by a combination of Federal (2%), State (43%), and County (55%) General Funds.

ATTACHMENTS

Appendix A-Services to be Provided (FSS)

Appendix A-Services to Be Provided (MSJSE)

Appendix B-Program Budget (FSS)

Appendix B-Program Budget (MSJSE)

Appendix A– Services to be Provided
Family Support Services
 SafeCare® Parenting Education
 07/01/19-06/30/22

I. Purpose of Grant

The purpose of the grant is to provide home-based services to San Francisco families with children who are at risk for abuse or neglect through utilizing SafeCare®, an evidence-based in-home parent training model that provides direct skill training to parents in child behavior management, home safety, and child health care to prevent and intervene with child maltreatment.

II. Definitions

ASQ	Ages and Stages Questionnaire, a developmental screening for children
CEBC	California Evidence-Based Clearinghouse for Child Welfare
Didactic	Tending to give instruction or advice
Efficacious	Having the ability, power, or capacity to produce a desired effect
Empirical Research	Research conducted “in the field”, where data are gathered first-hand and/or through observation. Case studies and surveys are examples of empirical research.
Evidenced-Based	Best research evidence, best clinical experience and consistent with family/client values
FCS	Family & Children’s Service Division of the Human Services Agency
Fidelity	In intervention research, fidelity commonly refers to the extent to which an intervention is implemented as intended by the designers of the intervention
Grantee	Family Support Services
In Home Parenting	Refers to parent education services provided in the home where parents actively acquire parenting skills through mechanisms such as homework, modeling or practicing skills. Parent education is

focused on the acquisition of new parenting skills and behaviors to promote positive parent-child interaction.

NSTRC	National SafeCare® Training and Research Center
Permanency	A practice and philosophy to achieve stability and long-term family and/or community connection and support for a child or youth
SDM	Structured Decision Making-a set of tools used in determining child safety and risk to increase consistency and accuracy
SF-HSA	San Francisco Human Services Agency

III Target Population

All San Francisco families with children 0-5 who have a history of child maltreatment and/or risk factors for maltreatment. May be voluntary and may or may not have an open child welfare case or open court dependency case. Risk factors may include substance abuse or domestic violence issues, teenage parents, parents of special needs children, single parents and low-income families.

IV. Service Description

The Grantee will be required to implement the SafeCare® evidence-based parent training curriculum consisting of the following three required module activities for referred families:

Health Module-

The goals of this module are to train parents to use health reference materials, prevent illness, identify symptoms of childhood illnesses or injuries, and provide or seek appropriate treatment by following the steps of a task analysis. To assess actual health-related behavior, parents role-play health scenarios and decide whether to treat the child at home, call a medical home visitor, or seek emergency treatment.

Parents are provided with a medically validated health manual that includes a symptom guide, information about planning and prevention, caring for a child at home, calling a physician or nurse, and emergency care. Parents are also supplied with health recording charts and basic health supplies (e.g., thermometer). After successfully completing this module, parents are able to identify symptoms of illnesses and injuries, as well as determine and seek the most appropriate health treatment for their child.

Home Safety Module-

This module involves the identification and elimination of safety and health hazards by making them inaccessible to children. The Home Accident Prevention Inventory – Revised (HAPI-R) is a validated and reliable assessment checklist designed to help a home visitor measure the number of environmental and health hazards accessible to children in their homes. Rooms are evaluated using this assessment tool and then training takes place to assist parents in identifying and reducing the number of hazards and making them inaccessible to their children. Safety latches are supplied to families. This protocol is effective in significantly reducing hazards in the home and these reductions have been found to be maintained over time.

Parent-Child/Parent-Infant Interactions Module-

This module consists of training on parent-infant interactions (birth to 8-9 months) and parent-child interactions (8-10 months to 5 years). The purpose of this module is to teach parents to provide engaging and stimulating activities, increase positive interactions, and prevent troublesome child behavior. The primary method for teaching this module is Planned Activities Training (PAT) Checklist. Home visitors observe parent-child play and/or daily routines and code for specific parenting behaviors. Positive behaviors are reinforced and problematic behaviors are addressed and modified during the in-home sessions. Home visitors teach parents to use PAT checklists to help structure their everyday activities. Parents also receive activity cards that have prompts for engaging in planned activities.

Other related Activities-

In addition to the required three modules of SafeCare® model, there are two additional focal points: problem-solving and communication skills. Problem-solving is used by the SafeCare® home visitors to help parents work through the many problems they may face that are not addressed by the SafeCare® model. Structured problem-solving involves correctly framing the problem, generating potential solutions, identifying pros and cons of those solutions, choosing a solution, and acting.

SafeCare® also teaches home visitors to use good communication skills, including: how to frame a session, building rapport, how to ask questions to elicit more information, how to provide positive and corrective feedback, and how to close a session. Problem-solving and effective communication skills will be used across the three SafeCare® modules.

All three modules involve baseline assessment, intervention (training) and follow-up assessments to monitor change. SafeCare® home visitors conduct observations of parental knowledge and skills for each module by using a set of observation checklists. The SafeCare® training format is based on well-established social learning theory and evidence from previous research. Service home visitors and parents will be trained using a general seven step format:

- Describe desired target behaviors
- Explain the rationale or reason for each behavior
- Model each behavior (demonstrate desired behavior)
- Ask parent to practice behavior
- Provide positive feedback (point out positive aspects of performance)
- Provide constructive feedback (point out aspects of performance needing improvement)
- Review parent's performance, have them practice areas that need improvement, and set goals for the week.

Using this format, parents are trained so that skills are generalized across time, behaviors, and settings. Each module is implemented in approximately one assessment session and five training sessions and is followed by a social validation questionnaire to assess parent satisfaction with training. SafeCare® home visitors will work with parents until they meet a set of skill-based criteria that are established for each module.

Services to SafeCare® eligible families may also include case management, which may include any of the activities above as well as advocacy, linkages, information and referral. Case management should not exceed one year, except when approved by Department.

Services will include an ASQ for the identified child if needed and if appropriate, an ASQ for all children in the household under age 5. FSSBA will acquire appropriate authorizations for release of information and scan ASQ to Department of Public Health's Foster Care/Mental Health unit. FSSBA will be responsible for referring family for additional services or assessments, if needed.

Referrals may be provided by DHS, local home visitors such as hospitals and community-based organizations and/or the Differential Response Program.

Home Visitor Training Requirements & Expectations

FSSBA will maintain a staff of 7, comprised of SafeCare® home visitors, coaches and a trainer/coordinator.

Home visitor staff responsibilities include the following:

SafeCare® home visitors

- Must attend a SafeCare® Training Workshop for five days
- Must pass all end-of-module training quizzes with a minimum score of 85% and demonstrate skills in the field to become certified SafeCare® home visitor
- Must maintain adherence to the SafeCare® protocols as regularly monitored by a Coach through direct observation or recording of sessions

- Must participate in meetings with other SafeCare® home visitors, Coaches and/or Coordinator/Trainer for discussion of cases, protocols and procedures.

Training for staff includes workshops with some didactic presentations, and extensive role plays and practice of skills to mastery levels. All trainings include extensive modeling of skills, trainee practice with feedback that leads to skill mastery. Upon completion of training, SafeCare® home visitors are provisionally certified.

Coach Responsibilities:

- Must attend SafeCare® Home visitor workshops and achieve full certification.
- Must complete one day of additional training in SafeCare® coaching.
- Must work with SafeCare® home visitor to monitor fidelity according to NSTRC's minimum required frequencies:
 1. The first nine family sessions (two must be live observations)
 2. One session per month thereafter
 3. Fidelity assessment and coaching sessions should be done more frequently for SafeCare® home visitors who consistently fall below minimum standards (85%)

Coordinator/Trainer Responsibilities:

- Train, support and monitor SafeCare® Coaches and home visitors.
- Conduct meetings of all SafeCare® staff
- Compile and analyze data and prepares periodic reports.
- Train individuals to conduct SafeCare® trainings for new SafeCare® home visitors and coach within the implementing organization and provide support to the coach in the partnership.
- Trainer training requires a commitment to NSTRC to adhere to the requirements regarding distribution of materials, support of SafeCare® coaches and SafeCare® home visitors and reporting of data to NSTRC.
- Following the workshop, trainer trainees are observed by NSTRC during their first training to ensure fidelity to the training model.
- Provisionally certified trainers will become fully certified once they achieve 85% or greater mastery in the delivery of a SafeCare® home visitor training, as rated by a NSTRC trainer observer.
- After certification, SafeCare® Trainers are observed at one year following training and must complete recertification every two years to maintain.

- SafeCare® trainers must maintain accreditation with NSTRC, as the specific requirements are developed by NSTRC (estimated to be completed by 12/16).
- Ensure enrollment of all SafeCare® home visitors into NSTRC portal by date specified by NSTRC.
- Attend NSTRC meeting and maintain San Francisco accreditation through use of NSTRC portal.

Resources Needed for SafeCare® Training and Implementation

SafeCare® requires a few additional materials beyond what is normally needed for conducting home-based services. Home visitor is to ensure resources to successfully implement and maintain SafeCare® services are provided. They are:

Each SafeCare® home visitor will need:

- Screwdriver for installing latches
- Baby doll for doing role-plays with the parents
- Access to a copier (will receive master copies of the SafeCare® assessment forms and a health manual; copies will need to be made for each family served)
- Clipboard, rolling file organizers to carry supplies

Each family requires:

- Health manual and other SafeCare® forms
- Safety First Kit or the following basic safety latches:
 - 1) Cabinet Latches
 - 2) Door knob holders
 - 3) Drawer latches
- Health Kit
- No choke test tube for assessing choking hazards
- Optional materials:
 - 1) Digital thermometer with cover (to leave with each family)
 - 2) Packet of coloring sheets and box of crayons
 - 3) Toys for Family (walking child – age 5)
 - 4) Toys for infant (0- walking age)
 - 5) Gloves
 - 6) Stickers for reinforcing children’s positive behaviors

Additional administrative support to the SafeCare® Program will be provided by a Program Specialist. This position will also assist in the daily function of the program, as well as various statistical and program reports, as requested.

V. Location and Time of Services

Services will be principally provided in the home, as scheduled between the program staff and parent. Some services may be provided at Grantee offices, as necessary.

VI. Grantee Responsibilities

- A. Ensure that all known or suspected instances of child abuse and neglect are reported as required by law.
- B. Provide culturally, linguistically-relevant services to a diversity of communities and families in San Francisco.
- C. Ensure that all staff working in the SafeCare® program as a SafeCare® home visitor, Coach, or Trainer has a minimum level education/work experience equivalent to a Bachelors Degree from an accredited institution of higher education.
- D. Administer a client satisfaction survey

VII. Agency Responsibilities

- A. HSA is responsible for providing referrals from open or closed Child Welfare Cases.
- B. HSA is responsible for completing reports on statistical longitudinal reports on families that have completed SafeCare® Training.

VIII. Service Objectives-for all SafeCare® Families

- A. 100% of SafeCare® families (20 families) completing the Home Safety module will receive safety materials (e.g., safely gates), if needed.
- B. 100% of SafeCare® families (28 families) completing the Health module will receive health materials (e.g., first aid kits) if needed.
- C. 50% of families or 32 families opened will successfully graduate.

IX. Outcome Objectives

- A. A minimum of 80% of SafeCare® families who have completed the Safety module will show a reduction in Home Hazards from pre-service scores to post-service scores.
- B. A minimum of 80% of SafeCare® families who have completed the Health module will show an improvement on Sick or Injured Child Checklist (SICC) scores from pre-service scores to post-service scores.
- C. A minimum of 80% of SafeCare® families who have completed the Parent/Infant Interaction module will show an improvement in Planned Activity Training (PAT) scores from pre-service scores to post-service scores.
- D. A minimum of 80% of SafeCare® families who have completed the Parent/Child Interaction module will show an improvement in Planned Activity Training (PAT) scores from pre-service scores to post-service scores.

X. Reporting Requirements

- A. Monthly reports* will be in a format agreed by the Contractor and FCS and include the following:
1. Number of SafeCare® referrals received broken out by sources and YTD
 2. Number of closed SafeCare® referrals and YTD
 3. Number of SafeCare® referrals transitioned to an open SafeCare® case - YTD
 4. Number of SafeCare® referrals transitioned to an open SafeCare®/DR case - YTD
 5. Number of completed/closed SafeCare® cases - YTD
 6. Ethnicity of both parent and child
- B. Quarterly and annual reports with cumulative totals for each service and outcome objective. Reports must be entered into the Contracts Administration, Billing and Reporting Online (CARBON) system by no later than the 15th day of the month following the last day of the reporting period.
- C. Provide baseline and ongoing subsequent data to NSTRC's evaluation team for the local and national cross-site evaluation and to DHS for annual OCAP report.
- D. Reports will be submitted electronically to the following DHS staff:
- Liz Crudo, Program Manager at Liz.Crudo@sfgov.org
Vanetta Dunlap, Senior Program Analyst at Vanetta.Dunlap@sfgov.org
Johanna Gendelman, Contract Manager Johanna.Gendelman@sfgov.org

*Reports to include data from SafeCare® partner, Mount St. Joseph-St. Elizabeth/Epiphany Center. The partner is responsible for providing this data to FSSBA by no later than the 5th of each month to ensure timely reporting.

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, sub-grants, and MOUs, and the current board roster and selected board minutes for compliance with the Sunshine Ordinance.

Appendix A– Services to be Provided
Mount St. Joseph-St. Elizabeth/Epiphany Center
 SafeCare® Parenting Education
07/01/19-06/30/22

I. Purpose of Grant

The purpose of the grant is to provide home-based services to San Francisco families with children who are at risk for abuse or neglect through utilizing SafeCare®, an evidence-based in-home parent training model that provides direct skill training to parents in child behavior management, home safety, and child health care to prevent and intervene with child maltreatment.

II. Definitions

ASQ	Ages and Stages Questionnaire, a developmental screening for children
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Didactic	Tending to give instruction or advice
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FCS	Family & Children’s Service Division of the Human Services Agency
Fidelity	In intervention research, fidelity commonly refers to the extent to which an intervention is implemented as intended by the designers of the intervention
Grantee	Mt. St. Joseph-St. Elizabeth/Epiphany Center
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focused on the acquisition of new parenting skills and behaviors to promote positive parent-child interaction.

NSTRC	National SafeCare® Training and Research Center
Permanency	A practice and philosophy to achieve stability and long-term family and/or community connection and support for a child or youth
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IV. Service Description

The Grantee will be required to implement the SafeCare® evidence-based parent training curriculum consisting of the following three required module activities for referred families:

Health Module

The goals of this module are to train parents to use health reference materials, prevent illness, identify symptoms of childhood illnesses or injuries, and provide or seek appropriate treatment by following the steps of a task analysis. To assess actual health-related behavior, parents role-play health scenarios and decide whether to treat the child at home, call a medical home visitor, or seek emergency treatment.

Parents are provided with a medically validated health manual that includes a symptom guide, information about planning and prevention, caring for a child at home, calling a physician or nurse, and emergency care. Parents are also supplied with health recording charts and basic health supplies (e.g., thermometer). After successfully completing this module, parents are able to identify symptoms of illnesses and injuries, as well as determine and seek the most appropriate health treatment for their child.

Home Safety Module

This module involves the identification and elimination of safety and health hazards by making them inaccessible to children. The Home Accident Prevention

Inventory – Revised (HAPI-R) is a validated and reliable assessment checklist designed to help a home visitor measure the number of environmental and health hazards accessible to children in their homes. Rooms are evaluated using this assessment tool and then training takes place to assist parents in identifying and reducing the number of hazards and making them inaccessible to their children. Safety latches are supplied to families. This protocol is effective in significantly reducing hazards in the home and these reductions have been found to be maintained over time.

Parent-Child/Parent-Infant Interactions Module-

This module consists of training on parent-infant interactions (birth to 8-9 months) and parent-child interactions (8-10 months to 5 years). The purpose of this module is to teach parents to provide engaging and stimulating activities, increase positive interactions, and prevent troublesome child behavior. The primary method for teaching this module is Planned Activities Training (PAT) Checklist. Home visitors observe parent-child play and/or daily routines and code for specific parenting behaviors. Positive behaviors are reinforced and problematic behaviors are addressed and modified during the in-home sessions. Home visitors teach parents to use PAT checklists to help structure their everyday activities. Parents also receive activity cards that have prompts for engaging in planned activities.

Other related Activities-

In addition to the required three modules of SafeCare® model, there are two additional focal points: problem-solving and communication skills. Problem-solving is used by the SafeCare® home visitors to help parents work through the many problems they may face that are not addressed by the SafeCare® model. Structured problem-solving involves correctly framing the problem, generating potential solutions, identifying pros and cons of those solutions, choosing a solution, and acting.

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All three modules involve baseline assessment, intervention (training) and follow-up assessments to monitor change. SafeCare® home visitors conduct observations of parental knowledge and skills for each module by using a set of observation checklists. The SafeCare® training format is based on well-established social learning theory and evidence from previous research. SafeCare® home visitors and parents will be trained using a general seven step format:

- Describe desired target behaviors

- Explain the rationale or reason for each behavior
- Model each behavior (demonstrate desired behavior)
- Ask parent to practice behavior
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- Review parent's performance, have them practice areas that need improvement, and set goals for the week.

Using this format, parents are trained so that skills are generalized across time, behaviors, and settings. Each module is implemented in approximately one assessment session and five training sessions and is followed by a social validation questionnaire to assess parent satisfaction with training. SafeCare® home visitors will work with parents until they meet a set of skill-based criteria that are established for each module.

Services to SafeCare® eligible families may also include case management, which may include any of the activities above as well as advocacy, linkages, information and referral. Case management should not exceed one year, except when approved by Department.

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Referrals may be provided by DHS, local home visitors such as hospitals and community-based organizations and/or the Differential Response Program.

Home Visitor Training Requirements & Expectations

FSSBA will maintain a staff of 5, comprised of SafeCare® home visitors, coaches and a trainer/coordinator.

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SafeCare® home visitors

- Must attend a SafeCare® Training Workshop for five days
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- Must participate in meetings with other SafeCare® home visitors, Coaches and/or Coordinator/Trainer for discussion of cases, protocols and procedures.

Training for staff includes workshops with some didactic presentations, and extensive role plays and practice of skills to mastery levels. All trainings include extensive modeling of skills, trainee practice with feedback that leads to skill mastery. Upon completion of training, SafeCare® home visitors are provisionally certified.

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- Conduct meetings of all SafeCare® staff
- Compile and analyze data and prepares periodic reports.
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- Trainer training requires a commitment to NSTRC to adhere to the requirements regarding distribution of materials, support of SafeCare® coaches and SafeCare® home visitors and reporting of data to NSTRC.
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 - 6) Stickers for reinforcing children’s positive behaviors

V. Location and Time of Services

Services will be principally provided in the home, as scheduled between the program staff and parent. Some services may be provided at Grantee offices, as necessary.

VI. Grantee Responsibilities

- A. Ensure that all known or suspected instances of child abuse and neglect are reported as required by law.

- B. Provide culturally, linguistically-relevant services to a diversity of communities and families in San Francisco.
- C. Ensure that all staff working in the SafeCare® program as a SafeCare® home visitor, Coach, or Trainer has a minimum level education/work experience equivalent to a Bachelors Degree from an accredited institution of higher education.
- D. Administer a client satisfaction survey

VII. Agency Responsibilities

- A. HSA is responsible for providing referrals from open or closed Child Welfare Cases.
- B. HSA is responsible for completing reports on statistical longitudinal reports on families that have completed SafeCare® Training.

VIII. Service Objectives-for all SafeCare® Families

- A. 100% of SafeCare® families (15 families) completing the Home Safety module will receive safety materials (e.g., safely gates), if needed.
- B. 100% of SafeCare® families (12 families) completing the Health module will receive health materials (e.g., first aid kits) if needed.
- C. 50% of families or 24 families opened will successfully graduate.

IX. Outcome Objectives

- A. A minimum of 80% of SafeCare® families who have completed the Safety module will show a reduction in Home Hazards from pre-service scores to post-service scores.
- B. A minimum of 80% of SafeCare® families who have completed the Health module will show an improvement on Sick or Injured Child Checklist (SICC) scores from pre-service scores to post-service scores.
- C. A minimum of 80% of SafeCare® families who have completed the Parent/Infant Interaction module will show an improvement in Planned Activity Training (PAT) scores from pre-service scores to post-service scores.
- D. A minimum of 80% of SafeCare® families who have completed the Parent/Child Interaction module will show an improvement in Planned Activity Training (PAT) scores from pre-service scores to post-service scores.

X. Reporting Requirements

- A. Monthly reports* will be in a format agreed by the Contractor and FCS and include the following:
 1. Number of SafeCare® referrals received broken out by sources and YTD
 2. Number of closed SafeCare® referrals and YTD
 3. Number of SafeCare® referrals transitioned to an open SafeCare® case - YTD
 4. Number of SafeCare® referrals transitioned to an open

SafeCare®/DR case - YTD

5. Number of completed/closed SafeCare® cases - YTD

6. Ethnicity of both parent and child

- B. Quarterly and annual reports with cumulative totals for each service and outcome objective. Reports must be entered into the Contracts Administration, Billing and Reporting Online (CARBON) system by no later than the 15th day of the month following the last day of the reporting period.
- C. Provide baseline and ongoing subsequent data to NSTRC's evaluation team for the local and national cross-site evaluation and to DHS for annual OCAP report.
- D. Reports will be submitted electronically to the following DHS staff:
Liz Crudo, Program Manager at Liz.Crudo@sfgov.org
Vanetta Dunlap, Senior Program Analyst at Vanetta.Dunlap@sfgov.org
Johanna Gendelman, Contract Manager Johanna.Gendelman@sfgov.org

* Mount St. Joseph-St. Elizabeth/Epiphany Center is responsible to provide reports and data to SafeCare® partner, Family Support Services (FSS) who provides cumulative reports to FCS, by no later than the 5th of each month to ensure timely reporting.

X. 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, sub-grants, and MOUs, and the current board roster and selected board minutes for compliance with the Sunshine Ordinance.

HUMAN SERVICES AGENCY BUDGET SUMMARY

Name		Term			
Mount St. Joseph-St. Elizabeth		7/1/2019 - 6/30/2022			
(Check One)	<input checked="" type="checkbox"/> New	<input type="checkbox"/> Renewal	<input type="checkbox"/> Modification		
If modification, Effective Date of Mod.		No. of Mod.			
Program: In-Home / Family Support Services - SafeCare® Parenting Education					
Budget Reference Page No.(s)					Total
Program Term	7/1/19 - 6/30/20	7/1/20 - 6/30/21	7/1/21 - 6/30/22		7/1/19-6/30/22
Expenditures					
Salaries & Benefits	\$315,040	\$315,040	\$315,040		\$945,120
Operating Expense	\$48,280	\$48,280	\$48,280		\$144,840
Subtotal	\$363,320	\$363,320	\$363,320		\$1,089,960
Indirect Percentage (%)	10%	10%	10%		
Indirect Cost (Line 16 X Line 15)	\$36,599	\$36,599	\$36,599		\$109,797
Capital Expenditure	\$0	\$0	\$0		\$0
Total Expenditures	\$399,919	\$399,919	\$399,919		\$1,199,757
HSA Revenues					
General Fund	\$219,955	\$219,955	\$219,955		\$659,865
State	\$171,965	\$171,965	\$171,965		\$515,895
Federal CFDA #93.590	\$7,999	\$7,999	\$7,999		\$23,997
TOTAL HSA REVENUES	\$399,919	\$399,919	\$399,919		\$1,199,757
Other Revenues					
Total Revenues	\$399,919	\$399,919	\$399,919		\$1,199,757
Prepared by: Jackie Okamura					
Date 03/18/2016					
HSA-CO Review Signature:					
HSA #1					
11/15/2007					

Program Name:
 Support Services - SafeCare® Parenting Education

Salaries & Benefits Detail

POSITION TITLE	Agency Totals		For HSA Program		7/1/19 - 6/30/20	7/1/20 - 6/30/21	7/1/21 - 6/30/22	Total 7/1/19-6/30/22
	Annual Full Time Salary for FTE	Total % FTE	Hours	Rate per Hour				
Program Director	\$73,195	1.00%	2,080	29.27	\$73,195	\$73,195	\$73,195	\$219,585
Home Visitor -	\$49,046	1.00%	2,080	20.29	\$49,046	\$49,046	\$49,046	\$147,138
Home Visitor -	\$47,480	1.00%	2,080	19.89	\$47,480	\$47,480	\$47,480	\$142,440
Home Visitor -	\$40,449	1.00%	2,080	20.70	\$40,449	\$40,449	\$40,449	\$121,347
Home Visitor -	\$40,350	1.00%	2,080	19.89	\$40,350	\$40,350	\$40,350	\$121,050
TOTALS		0.05	10,400		\$250,520	\$250,520	\$250,520	\$751,560
FRINGE BENEFIT RATE								
EMPLOYEE FRINGE BENEFITS	\$0				\$64,520	\$64,520	\$64,520	\$193,560
TOTAL SALARIES & BENEFITS					\$315,040	\$315,040	\$315,040	\$945,120
HSA #2								11/15/2007

Program Name:
 Family Support Services - SafeCare® Parenting Education

Operating Expense Detail

Expenditure Category	TERM	7/1/19 - 6/30/20	7/1/20 - 6/30/21	7/1/21 - 6/30/22	TOTAL
					7/1/19-6/30/22
Rental of Property					
Utilities(Elec, Water, Gas, Phone, Scavenger)		\$19,055	\$19,055	\$19,055	\$ 57,165.00
Office Supplies, Postage		\$800	\$800	\$800	\$ 2,400.00
Building Maintenance Supplies and Repair		\$13,000	\$13,000	\$13,000	\$ 39,000.00
Printing and Reproduction		\$2,500	\$2,500	\$2,500	\$ 7,500.00
Insurance		\$6,850	\$6,850	\$6,850	\$ 20,550.00
Staff Training		\$1,000	\$1,000	\$1,000	\$ 3,000.00
Staff Travel-(Local & Out of Town)		\$2,250	\$2,250	\$2,250	\$ 6,750.00
Rental of Equipment					
CONSULTANT/SUBCONTRACTOR DESCRIPTIVE TITLE					
OTHER					
Program Supplies		\$1,000	\$1,000	\$1,000	\$ 3,000.00
Payroll Processing		\$825	\$825	\$825	\$ 2,475.00
Staff Recruitment		\$1,000	\$1,000	\$1,000	\$ 3,000.00
TOTAL OPERATING EXPENSE		\$48,280	\$48,280	\$48,280	\$144,840

HSA #3

11/15/2007

**HUMAN SERVICES AGENCY BUDGET SUMMARY
BY PROGRAM**

Name		Term		
FAMILY SUPPORT SERVICES		7/1/19 - 6/30/22		
(Check One) New <input checked="" type="checkbox"/> Renewal <input type="checkbox"/> Modification <input type="checkbox"/>				
If modification, Effective Date of Mod. No. of Mod.				
Program: In-Home / Family Support Services - SafeCare				
Budget Reference Page No.(s)	Annual Budget	Annual Budget	Annual Budget	Total
Program Term	7/1/19-6/30/20	7/1/20-6/30/21	7/1/21-6/30/22	7/1/19 - 6/30/22
Expenditures				
Salaries & Benefits	\$425,813	\$425,813	\$425,813	\$1,277,440
Operating Expense	\$128,916	\$128,916	\$128,916	\$386,748
Subtotal	\$554,729	\$554,729	\$554,729	\$1,664,188
Indirect Percentage (%)	18%	18%	18%	
Indirect Cost (Line 16 X Line 15)	\$99,852	\$99,852	\$99,852	\$299,556
Capital Expenditure	\$0	\$0	\$0	\$0
Total Expenditures	\$654,581	\$654,581	\$654,581	\$1,963,744
HSA Revenues				
General Fund	\$360,019	\$360,019	\$360,019	\$1,080,057
State	\$281,470	\$281,470	\$281,470	\$844,410
Federal CFDA #93.590	\$13,092	\$13,092	\$13,092	\$39,276
TOTAL HSA REVENUES	\$654,581	\$654,581	\$654,581	\$1,963,743
Other Revenues				
Total Revenues	\$654,581	\$654,581	\$654,581	\$1,963,743
Full Time Equivalent (FTE)	7.29	7.29	7.29	7.29
Prepared by: Anne Bolla, Director of Finance & Administration				4/16/2019
HSA-CO Review Signature:				
HSA #1				11/15/2007

Program: In-Home / Family Support Services - SafeCare

Salaries & Benefits Detail

POSITION TITLE	Agency Totals		For HSA Program		7/1/19-6/30/20	7/1/20-6/30/21	7/1/21-6/30/22	TOTAL 7/1/19 - 6/30/22
	Annual Full Time Salary for FTE	Total % FTE	% FTE	Adjusted FTE	For HSA Program	For HSA Program	For HSA Program	
					Budgeted Salary	Budgeted Salary	Budgeted Salary	
Chief Operations Officer	\$105,405.00	100.0%	32.5%	32.5%	\$34,685	\$34,685	\$34,685	\$104,055
SafeCare Program Director	\$72,171.58	100.0%	80.0%	80.0%	\$58,448	\$58,448	\$58,448	\$175,344
Program Supervisor/Trainer	\$50,700.00	100%	81%	81%	\$41,067	\$41,067	\$41,067	\$123,201
Home Visitors	\$41,570.00	100.0%	475.0%	475.0%	\$182,298	\$182,298	\$182,298	\$546,894
Office/Site Manager	\$43,284.68	100.0%	40.2%	40.2%	\$18,481	\$18,481	\$18,481	\$55,443
Chief Executive Officer	\$158,844.00	50.0%	20.0%	10.0%	\$6,271	\$6,271	\$6,271	\$18,813
TOTALS		5.50	7.29	7.19	\$341,250	\$341,250	\$341,250	\$1,023,751
FRINGE BENEFIT RATE		24.8%						
EMPLOYEE FRINGE BENEFITS					84,563	84,563	84,563	\$253,689
TOTAL SALARIES & BENEFITS	\$0				\$425,813	\$425,813	\$425,813	\$1,277,440
HSA #2								11/15/2007

Program: In-Home / Family Support Services - SafeCare

Operating Expense Detail

Expenditure Category	TERM	TOTAL			
		7/1/19-6/30/20	7/1/20-6/30/21	7/1/21-6/30/22	7/1/19 - 6/30/22
Rental of Property		\$57,301	\$57,301	\$57,301	\$171,903
Utilities(Elec, Water, Gas, Phone, Scavenger)		\$11,224	\$11,224	\$11,224	\$33,672
Office Supplies, Postage		\$1,834	\$1,834	\$1,834	\$5,502
Building Maintenance Supplies and Repair		\$3,919	\$3,919	\$3,919	\$11,757
Printing and Reproduction		\$1,911	\$1,911	\$1,911	\$5,733
Insurance		\$6,732	\$6,732	\$6,732	\$20,196
Staff Training		\$3,489	\$3,489	\$3,489	\$10,467
Staff Travel-(Local & Out of Town)		\$2,000	\$2,000	\$2,000	\$6,000
Rental of Equipment		\$1,538	\$1,538	\$1,538	\$4,614
CONSULTANT/SUBCONTRACTOR DESCRIPTIVE TITLE					
Computer Consultant		\$6,852	\$6,852	\$6,852	\$20,556
SC national Accreditation		\$1,000	\$1,000	\$1,000	
Software license fees		\$1,538	\$1,538	\$1,538	
OTHER					
Small Furniture & Equipment		\$7,708	\$7,708	\$7,708	\$23,124
Depreciation		\$5,254	\$5,254	\$5,254	\$15,762
Vehicle Gas, Maintenance & Fees		\$5,040	\$5,040	\$5,040	\$15,120
Advertising/Recruitment		\$1,845	\$1,845	\$1,845	\$5,535
Employee Costs		\$296	\$296	\$296	\$888
Meetings/Orientations		\$4,445	\$4,445	\$4,445	\$13,335
Client Needs		\$2,615	\$2,615	\$2,615	\$7,845
Program Supplies		\$1,580	\$1,580	\$1,580	\$4,740
Memberships, Subscriptions & Publications		\$795	\$795	\$795	\$2,385
TOTAL OPERATING EXPENSE		\$128,916	\$128,916	\$128,916	\$379,134

Total

11/15/2007