



**SAN FRANCISCO
HUMAN SERVICES AGENCY**

Memorandum

To: Human Services Commission

Through: Trent Rhorer, Executive Director

From: Joan Miller, Deputy Director
Esperanza Zapien, Director Of Contracts DS
EZ

Date: June 19, 2026

Subject: New Grants: **Mount St. Joseph-St. Elizabeth dba Epiphany Center and Family Support Services (FSS)** (Non-Profits) for SafeCare Parenting Education Services 26-30

Grant Term: 7/1/26-6/30/30

Grant Amount: See table below

Funding Source:	County	State	Federal	Contingency	Total
	\$4,524,468			\$452,446	\$4,976,914

Percentage: 100%

The San Francisco Human Services Agency (SFHSA) requests authorization to enter into new grant agreements with Mount St. Joseph-St. Elizabeth dba Epiphany Center and Family Support Services (FSS) for the period of July 1, 2026, to June 30, 2030, in the amount of \$4,524,468 plus a 10% contingency for a total amount not to exceed \$4,976,914. The purpose of these grants is to provide SafeCare® Parenting Education, an evidence-based home visitation model for the prevention and intervention of child abuse and neglect to San Francisco families.



GRANTEE	ANNUAL	FY 26-30	CONTINGENCY	NOT TO EXCEED
Family Support Services	\$679,423	\$2,717,692	\$271,769	\$2,989,461
Mount St. Joseph-St. Elizabeth dba Epiphany Center	\$451,694	\$1,806,776	\$180,677	\$1,987,453
TOTAL	\$1,131,117	\$4,524,468	\$452,446	\$4,976,914

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, FCS 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 ages 0-5 who are at high risk for abuse and neglect.

Services to be Provided

SafeCare has been the primary resource utilized by FCS as an intervention for parents and caregivers of children ages 0-5 who are either at-risk for or have a history of child neglect and/or physical abuse. SafeCare is an in-home behavioral parenting program that promotes positive parent-child interactions, informed caregiver response to childhood illness and injury, and a safe home environment. The SafeCare curriculum is delivered by SafeCare Providers (SCPs) in three modules:

1. Health: targets risk factors for medical neglect by teaching parents/caregivers how to identify and address illness, injury, and general child health.
2. Home Safety: targets risk factors for environmental neglect and unintentional injury by helping parents/caregivers identify and eliminate common household hazards and teach them about age-appropriate supervision.
3. Parent-Infant/Child Interaction (PII/PCI): targets risk factors associated with neglect and physical abuse by coaching parents/caregivers on positive interaction with their infant/child, and structuring activities to engage their children and promote positive behavior.

All three modules involve baseline assessment, intervention (training), and follow-up assessments to monitor change. Using this format, parents are trained so that skills are generalized across time, behaviors, and settings. SafeCare® Providers will work with parents until they meet a set of skill-based criteria that are established for each module. Services to SafeCare® eligible families also include case management (advocacy, linkages, information and referral), as well as a developmental screening (Ages and Stages Questionnaire [ASQ]) for all children in the household ages 5 and under. The ultimate goal of the program is to address the concerns that brought the family to the Department's attention and prevent their return to the child welfare system.

Selection

Both Mount St. Joseph-St. Elizabeth dba Epiphany Center and Family Support Services (FSS) have been granted a sole source waiver for SafeCare®. See attached sole source waiver for details.

Funding

These grants are provided through 100% County General Funds.

Attachments

Family Support Services:

Appendix A, Scope of Services

Appendix B, Budget

Mt. St. Joseph-St. Elizabeth dba Epiphany Center

Appendix A, Scope of Services

Appendix B, Budget

Sole Source Waiver

Appendix A– Services to be Provided
Family Support Services
SafeCare® Parenting Education
07/01/26-06/30/30

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 Services Division of the San Francisco 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 (FSS)

In-Home Parenting	Refers to parent education services provided in the home/community 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.

III Target Population

All San Francisco families with children ages birth to five years old 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.

Referrals may be provided by FCS, the Differential Response Program, local service providers such as hospitals and community-based organizations, and self-referrals. Those participants that fail to complete the program are always welcome to re-enter the program through the self-referral process.

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 Provider, 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 Provider 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 18 months) and parent-child interactions (18 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. Parents are given child development information and basic infant care. The primary method for teaching this module is Planned Activities Training (PAT) Checklist. Providers 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. Providers 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 counseling skills. Problem-solving is used by the SafeCare® Providers 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 Providers to use good counseling 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 counseling will be used across the three SafeCare® modules as needed.

All three modules involve baseline assessment, intervention (training) and follow-up assessments to monitor change. SafeCare® Providers 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 Providers 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® Providers will work with parents until they meet a set of skill-based criteria that are established for each module.

Services to SafeCare® eligible families:

- Provide case management services to SafeCare families as needed to support child safety, family stability, successful service engagement, and program completion.
 - Services may include:
 - assessment of family needs;
 - coordination of services;
 - linkage to community resources;
 - advocacy;
 - crisis intervention;

- housing and basic needs support;
 - transportation assistance; and
 - provision of client needs and barrier-removal resources necessary to address conditions that may negatively impact child safety, family well-being, or participation in SafeCare services.
- Case management activities may include: assisting families in obtaining food, clothing, hygiene supplies, infant care items, household necessities, safety equipment, utility assistance, housing stabilization resources, and other supports that promote safe and stable home environments.
 - Case management should not exceed one year, except when approved by Department.
- Conducting an Ages and Stages Questionnaire (ASQ) for the identified child, if needed and if appropriate, and an ASQ for all children in the household age 5 and under. FSS will acquire appropriate authorizations for release of information and scan the ASQ to Department of Public Health's Foster Care/Mental Health unit. FSS will be responsible for referring family for additional services or assessments, if needed.
 - Develop, maintain, and distribute culturally and linguistically responsive outreach, engagement, and educational materials designed to increase family participation, promote SafeCare services, improve retention, support caregiver learning, and strengthen connections between families and community resources. Materials may include brochures, flyers, newsletters, videos, social media campaigns, text messaging content, educational handouts, and other communication tools.
 - Plan, coordinate, and implement family outreach, engagement, educational, and community-building events that support SafeCare program goals, caregiver participation, child safety education, parent-child relationship building, family stabilization, service retention, and connections to community resources. Activities may include workshops, resource fairs, family engagement events, educational presentations, community outreach activities, and distribution of safety, health, and developmental materials.

SafeCare® Provider Training Requirements & Expectations

FSS will maintain a staff of SafeCare® Providers, Coach, and a Trainer/Coordinator. SafeCare® staff responsibilities include the following:

SafeCare® Providers

- Must attend SafeCare® Training Workshop.
- Must pass all end-of-module training quizzes with a minimum score of 85% and demonstrate skills in the field to become certified SafeCare® Providers.
- 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® Providers, 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® Providers are provisionally certified.

Coach Responsibilities:

- Must attend SafeCare Provider workshops and achieve full certification.
- Must complete one day of additional training in SafeCare® coaching.
- Must work with SafeCare® Provider 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® Providers who consistently fall below minimum standards (85%)

Coordinator/Trainer Responsibilities:

- Train, support and monitor SafeCare® Coaches and Providers
- Conduct meetings of all SafeCare® staff
- Compile and analyze data and prepare periodic reports
- Train new SafeCare® Providers and Coaches within the implementing organization
- Individuals to conduct SafeCare® trainings for new SafeCare® Providers 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® Providers 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® Provider training, as rated by a NSTRC trainer observer.
- After certification, Trainers are recertified annually.
- Ensure enrollment of all SafeCare® Providers 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. Providers are to ensure resources to successfully implement and maintain SafeCare® services are provided.

Each SafeCare® Provider 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, totes 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 (first aid kit)
- No choke test tube for assessing choking hazards

- Optional materials:
 - 1) Digital thermometer with cover (for 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 Family Preservation Program Supervisor. This position will also assist in the daily function of the program, carry a small load of cases; 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 or other appropriate community spaces as necessary.

VI. Grantee Responsibilities

- A. Ensure that all known or suspected instances of child abuse and neglect are reported to the Child Abuse Hotline as required by law.
- B. Provide culturally, linguistically-relevant services to a diversity of communities and families in San Francisco.
- C. Conduct recruitment, outreach, and engagement activities to support staffing, referrals, community awareness, and family participation. Develop and distribute materials that promote SafeCare services and increase program engagement.
- D. Ensure that all staff working in the SafeCare® program as a SafeCare® Provider, Coach, or Trainer has a minimum level education/work experience equivalent to a Bachelor's Degree from an accredited institution of higher education.
- E. Administer a client satisfaction survey to monitor performance measures.
- F. Maintain accreditation status as required by the NSTRC.
- G. Provide case management services that include resource coordination and barrier-removal supports to assist in family stabilization, maintaining engagement and successful completion of SafeCare® services.

VII. Agency Responsibilities

- A. FCS is responsible for providing referrals from open or closed child welfare cases or referrals.

VIII. Service Objectives-for all SafeCare® Families

- A. 100% of SafeCare® families completing the Home Safety module will receive safety materials (e.g., safety gates), if needed.
- B. 100% of SafeCare® families completing the Health module will receive health materials (e.g., first aid kits), if needed.
- C. 50% of families who have a case opened will successfully complete the program (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 Grantee 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 FCS for annual OCAP report.
- D. Reports will be submitted electronically to the following FCS staff:
Brian Baggaley, Program Manager, Brian.Baggaley@sfgov.org
Raena Sebay, Program Support Analyst, Raena.Sebay@sfgov.org
Margarita Gatam, Contracts Manager, Margarita.Gatam@sfgov.org

*Reports to include data from SafeCare® partner, Epiphany Center. The partner is responsible for providing this data to FSS by no later than the 7th 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.

**HUMAN SERVICES AGENCY BUDGET SUMMARY
BY PROGRAM**

Grantee/Contractor: Family Support Services					Full Term:	7/1/26 - 6/30/30
Program: Safe Care Parenting Education					Effective Date:	1-Jul-26
New <input checked="" type="checkbox"/> Modification <input type="checkbox"/> Revision <input type="checkbox"/> Check One) <input type="checkbox"/>						
	7/1/26 - 6/30/27	7/1/27 - 6/30/28	7/1/28 - 6/30/29	7/1/29 - 6/30/30	7/1/26 - 6/30/30	
Expenses	Original	Original	Original	Original	Total	
Salaries & Benefits	\$438,240	\$438,240	\$438,240	\$438,240	\$1,752,960	
Operating-Direct	\$152,563	\$152,563	\$152,563	\$152,563	\$610,252	
Subtotal	\$590,803	\$590,803	\$590,803	\$590,803	\$2,363,212	
Indirect Percentage (%)	15%	15%	15%	15%	15%	
Indirect Costs (Line 16 X Line 15)	\$88,620	\$88,620	\$88,620	\$88,620	\$354,480	
Consultant/Subcontractor (\$50,000+)						
Direct Client Pass-Through						
Capital Expenses						
Total Expenses	\$679,423	\$679,423	\$679,423	\$679,423	\$2,717,692	
HSA / DAS Revenues						
General Fund	\$679,423	\$679,423	\$679,423	\$679,423	\$2,717,692	
Total HSA / DAS Revenues	\$679,423	\$679,423	\$679,423	\$679,423	\$2,717,692	
Grantee/Contractor Revenues						
Total Grantee/Contractor Revenues						
Total Revenues	\$679,423	\$679,423	\$679,423	\$679,423	\$2,717,692	
Prepared By/Date:	Jiamin Wang (3/18/2026)					
Telephone No. & Email:	510-834-2443 ext. 3009 & jwang@fssba.org				HSA Budget Form (12/25)	

Grantee/Contractor: Family Support Services
 Program: Safe Care Parenting Education

Salaries & Benefits Detail

POSITION TITLE	Agency Totals		HSA Program		7/1/26 - 6/30/27		Agency Totals		HSA Program		7/1/27 - 6/30/28		Agency Totals		HSA Program		7/1/28 - 6/30/29		Agency Totals		HSA Program		7/1/29 - 6/30/30		7/1/26 - 6/30/30	
	Annual Full Time Salary for FTE	Total FTE	% FTE funded by HSA (Max 100%)	Adjusted FTE	Original	Annual Full Time Salary for FTE	Total FTE	% FTE funded by HSA (Max 100%)	Adjusted FTE	Original	Annual Full Time Salary for FTE	Total FTE	% FTE funded by HSA (Max 100%)	Adjusted FTE	Original	Annual Full Time Salary for FTE	Total FTE	% FTE funded by HSA (Max 100%)	Adjusted FTE	Original	Total					
Chief Executive Officer	\$195,000	1.00	16%	0.16	\$31,200	\$195,000	1.00	16%	0.16	\$31,200	\$195,000	1.00	16%	0.16	\$31,200	\$195,000	1.00	16%	0.16	\$31,200	\$124,800					
Chief Operations Officer	\$123,000	1.00	18%	0.18	\$22,140	\$123,000	1.00	18%	0.18	\$22,140	\$123,000	1.00	18%	0.18	\$22,140	\$123,000	1.00	18%	0.18	\$22,140	\$88,560					
SafeCare Program Director	\$100,000	1.00	82%	0.82	\$82,000	\$100,000	1.00	82%	0.82	\$82,000	\$100,000	1.00	82%	0.82	\$82,000	\$100,000	1.00	82%	0.82	\$82,000	\$328,000					
SafeCare Program Supervisor	\$73,500	1.00	74%	0.74	\$54,390	\$73,500	1.00	74%	0.74	\$54,390	\$73,500	1.00	74%	0.74	\$54,390	\$73,500	1.00	74%	0.74	\$54,390	\$217,560					
Social Worker	\$62,250	2.00	100%	2.00	\$124,500	\$62,250	2.00	100%	2.00	\$124,500	\$62,250	2.00	100%	2.00	\$124,500	\$62,250	2.00	100%	2.00	\$124,500	\$498,000					
Social Worker(part time)	\$18,801	1.00	100%	1.00	\$18,801	\$18,801	1.00	100%	1.00	\$18,801	\$18,801	1.00	100%	1.00	\$18,801	\$18,801	1.00	100%	1.00	\$18,801	\$75,204					
Administrative Assistant	\$70,304	1.00	29%	0.29	\$20,388	\$70,304	1.00	29%	0.29	\$20,388	\$70,304	1.00	29%	0.29	\$20,388	\$70,304	1.00	29%	0.29	\$20,388	\$81,552					
				-					-					-					-							
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				-					-					-					-							
TOTALS	\$642,855	8.00	4.19	5.19	\$353,419	\$642,855	8.00	419%	5.19	\$353,419	\$642,855	8.00	419%	5.19	\$353,419	\$642,855	8.00	419%	5.19	\$353,419	\$1,413,676					
FRINGE BENEFIT RATE	24%					24%					24%					24%										
EMPLOYEE FRINGE BENEFITS					\$84,821					\$84,821					\$84,821						\$84,821	\$339,284				
TOTAL SALARIES & BENEFITS					\$438,240					\$438,240					\$438,240						\$438,240	\$1,752,960				

Grantee/Contractor: Family Support Services
Program: Safe Care Parenting Education

Appendix B, Page 3

Operating Expenses Detail

	7/1/26 - 6/30/27 Original	7/1/27 - 6/30/28 Original	7/1/28 - 6/30/29 Original	7/1/29 - 6/30/30 Original	7/1/26 - 6/30/30 Total
Expenditure Category					
Rental of Property	\$50,184	\$50,184	\$50,184	\$50,184	\$200,736
Utilities(Elec, Water, Gas, Phone, Garbage)	\$12,628	\$12,628	\$12,628	\$12,628	\$50,512
Office Supplies, Postage	\$4,279	\$4,279	\$4,279	\$4,279	\$17,116
Building Maintenance Supplies and Repair	\$3,590	\$3,590	\$3,590	\$3,590	\$14,360
Printing and Reproduction	\$2,461	\$2,461	\$2,461	\$2,461	\$9,844
Insurance	\$24,902	\$24,902	\$24,902	\$24,902	\$99,608
Staff Training	\$3,000	\$3,000	\$3,000	\$3,000	\$12,000
Staff Travel-(Local & Out of Town)	\$1,830	\$1,830	\$1,830	\$1,830	\$7,320
Rental of Equipment	\$1,722	\$1,722	\$1,722	\$1,722	\$6,888
Consulting/Professional Services					
Computer Consultant	\$10,329	\$10,329	\$10,329	\$10,329	\$41,316
Other					
SC National Accreditation	\$1,500	\$1,500	\$1,500	\$1,500	\$6,000
Software License Fees	\$11,631	\$11,631	\$11,631	\$11,631	\$46,524
Small Furniture & Equipment	\$5,668	\$5,668	\$5,668	\$5,668	\$22,672
Depreciation	\$280	\$280	\$280	\$280	\$1,120
Vehicle Gas, Maintenance & Fees	\$2,613	\$2,613	\$2,613	\$2,613	\$10,452
Advertising and recruitment	\$1,675	\$1,675	\$1,675	\$1,675	\$6,700
Meetings/Orientations	\$2,453	\$2,453	\$2,453	\$2,453	\$9,812
Client Needs	\$3,594	\$3,594	\$3,594	\$3,594	\$14,376
Miscellaneous - Respite Care for Clients	\$575	\$575	\$575	\$575	\$2,300
Program Supplies	\$5,111	\$5,111	\$5,111	\$5,111	\$20,444
Memberships, Subscriptions & Publications	\$2,538	\$2,538	\$2,538	\$2,538	\$10,152
Total Operating Expense	\$152,563	\$152,563	\$152,563	\$152,563	\$610,252

HSA Budget Form (12/25)

Appendix A– Services to be Provided
Mount St. Joseph/St. Elizabeth dba Epiphany Center
SafeCare® Parenting Education
07/01/26 - 06/30/30

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 San Francisco Human Services Agency
Fidelity	In intervention research, fidelity commonly refers to the extent to which an intervention implemented as intended by the designers of the intervention.
Grantee	Epiphany Center

In-Home Parenting	Parent education services provided in the home/ community where parents actively acquire parenting skills through instruction, observation, practicing, and receiving positive and corrective feedback. 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.

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.

Referrals may be provided by FCS, the Differential Response Program, local service providers such as hospitals and community-based organizations, and self-referrals. Those participants that fail to complete the program are always welcome to re-enter the program through the self-referral process.

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 professional, 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 (HAPI) is a validated and reliable assessment checklist designed to help a SafeCare® Provider 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 18-months) and parent-child interactions (18 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). SafeCare® Providers 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. SafeCare® Providers teach parents to use PAT checklists to help structure their everyday activities. Parents also receive *cDevelop Cards* during the discussion of developmental expectations for their children and *cActivity Cards* to encourage parents to practice newly acquired skills between SafeCare® sessions.

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® Providers 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 SafeCare® Providers 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 are used across the three SafeCare® modules.

All three modules involve baseline assessment, intervention (training) and follow-up assessments to monitor change. SafeCare® Providers 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® Providers 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® Providers work with parents until they meet a set of skill-based criteria that are established for each module.

Services to SafeCare® eligible families:

- Provide case management services to SafeCare families as needed to support child safety, family stability, successful service engagement, and program completion.
 - Services may include:
 - assessment of family needs;
 - coordination of services;

- linkage to community resources;
 - advocacy;
 - crisis intervention;
 - housing and basic needs support;
 - transportation assistance; and
 - provision of client needs and barrier-removal resources necessary to address conditions that may negatively impact child safety, family well-being, or participation in SafeCare services.
- Case management activities may include: assisting families in obtaining food, clothing, hygiene supplies, infant care items, household necessities, safety equipment, utility assistance, housing stabilization resources, and other supports that promote safe and stable home environments.
 - Case management should not exceed one year, except when approved by Department.
- Conducting an Ages and Stages Questionnaire (ASQ) for the identified child, if needed and if appropriate, and an ASQ for all children in the household age 5 and under. FSS will acquire appropriate authorizations for release of information and scan the ASQ to Department of Public Health's Foster Care/Mental Health unit. FSS will be responsible for referring family for additional services or assessments, if needed.
 - Develop, maintain, and distribute culturally and linguistically responsive outreach, engagement, and educational materials designed to increase family participation, promote SafeCare services, improve retention, support caregiver learning, and strengthen connections between families and community resources. Materials may include brochures, flyers, newsletters, videos, social media campaigns, text messaging content, educational handouts, and other communication tools.
 - Plan, coordinate, and implement family outreach, engagement, educational, and community-building events that support SafeCare program goals, caregiver participation, child safety education, parent-child relationship building, family stabilization, service retention, and connections to community resources. Activities may include workshops, resource fairs, family engagement events, educational presentations, community outreach activities, and distribution of safety, health, and developmental materials.

SafeCare® Provider Training Requirements & Expectations

Grantee will maintain a staff comprised of SafeCare® Providers, Coaches, and a trainer/coordinator. SafeCare® staff responsibilities include the following:

SafeCare® Providers

- Must attend SafeCare® Training Workshop.
- Must pass all end-of-module training quizzes with a minimum score of 85% and demonstrate skills in the field to become certified SafeCare® Provider.
- 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® Providers, 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® Providers are provisionally certified.

Coach Responsibilities:

- Must attend SafeCare Provider workshops and achieve full certification.
- Must complete one day of additional training in SafeCare® coaching.
- Must work with SafeCare® Provider 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® Providers who consistently fall below minimum standards (85%)

Coordinator/Trainer Responsibilities:

- Train, support and monitor SafeCare® Coaches and Providers
- Conduct meetings of all SafeCare® staff
- Compile and analyze data and prepare periodic reports

- Train new SafeCare® Providers and Coaches within the implementing organization
- Individuals to conduct SafeCare® trainings for new SafeCare® Providers 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® Providers 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® Provider training, as rated by a NSTRC trainer observer.
- After certification, Trainers are recertified annually.
- Ensure enrollment of all SafeCare® Providers 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. SafeCare® Provider is to ensure resources to successfully implement and maintain SafeCare® services are provided.

Each SafeCare® Provider 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, totes 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 (first aid kit)
- No choke test tube for assessing choking hazards
- Optional materials:
 - 1) Digital thermometer with cover (for 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

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 or other appropriate community spaces as necessary.

VI. Grantee Responsibilities

- A. Ensure that all known or suspected instances of child abuse and neglect are reported to the Child Abuse Hotline as required by law.
- B. Provide culturally, linguistically-relevant services to a diversity of communities and families in San Francisco.
- C. Conduct recruitment, outreach, and engagement activities to support staffing, referrals, community awareness, and family participation. Develop and distribute materials that promote SafeCare services and increase program engagement.
- D. Ensure that all staff working in the SafeCare® program as a SafeCare® Provider, Coach, or Trainer has a minimum level education/work experience equivalent to a Bachelor's Degree from an accredited institution of higher education.
- E. Administer a client satisfaction survey.
- F. Maintain accreditation status as required by the NSTRC.
- G. Provide case management services that include resource coordination and barrier-removal supports to assist in family stabilization,

maintaining engagement and successful completion of SafeCare® services.

VII. Agency Responsibilities

- A. FCS is responsible for providing referrals from open or closed child welfare cases or referrals.

VIII. Service Objectives-for all SafeCare® Families

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

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 Grantee 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 FCS for annual OCAP report.
- D. Reports will be submitted electronically to the following FCS staff:
Brian Baggaley, Program Manager, Brian.Baggaley@sfgov.org
Raena Sebay, Program Support Analyst, Raena.Sebay@sfgov.org
Margarita Gatam, Contracts Manager, Margarita.Gatam@sfgov.org

*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 7th 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
BY PROGRAM**

Grantee/Contractor: Mt. St. Joseph-St. Elizabeth dba Epiphany Center				Full Term:	7/1/26 - 6/30/30
Program: SafeCare Parenting				Effective Date:	1-Jul-26
New <input checked="" type="checkbox"/> Modification <input type="checkbox"/> Revision <input type="checkbox"/> Check One <input type="checkbox"/>				Modification #	
				FSP ID	
	7/1/26 - 6/30/27	7/1/27 - 6/30/28	7/1/28 - 6/30/29	7/1/29 - 6/30/30	7/1/26 - 6/30/30
Expenses	Original	Original	Original	Original	Total
Salaries & Benefits	\$369,375	\$369,375	\$369,375	\$369,375	\$1,477,500
Operating-Direct	\$23,402	\$23,402	\$23,402	\$23,402	\$93,608
Subtotal	\$392,777	\$392,777	\$392,777	\$392,777	\$1,571,108
Indirect Percentage (%)	15%	15%	15%	15%	15%
Indirect Costs (Line 16 X Line 15)	\$58,917	\$58,917	\$58,917	\$58,917	\$235,668
Consultant/Subcontractor (\$50,000+)					
Direct Client Pass-Through					
Capital Expenses					
Total Expenses	\$451,694	\$451,694	\$451,694	\$451,694	\$1,806,776
HSA / DAS Revenues					
General Fund	\$451,694	\$451,694	\$451,694	\$451,694	\$1,806,776
State					
Federal					
Total HSA / DAS Revenues	\$451,694	\$451,694	\$451,694	\$451,694	\$1,806,776
Grantee/Contractor Revenues					
Total Grantee/Contractor Revenues					
Total Revenues	\$451,694	\$451,694	\$451,694	\$451,694	\$1,806,776
Prepared by and Date: Igor Tozlovan - Controller					
Telephone No. & Email:		itozlovan@theepiphanycenter.org	415-567-8370 ex 4249	HSA Budget Form (3/26)	

Grantee/Contractor: Mt. St. Joseph-St. Elizabeth dba Epiphany Center
 Program: SafeCare Parenting

Salaries & Benefits Detail

POSITION TITLE	Agency Totals		HSA Program		7/1/26 - 6/30/27		Agency Totals		HSA Program		7/1/27 - 6/30/28		Agency Totals		HSA Program		7/1/28 - 6/30/29		Agency Totals		HSA Program		7/1/29 - 6/30/30		7/1/26 - 6/30/30	
	Annual Full Time Salary for FTE	Total FTE	% FTE funded by HSA (Max 100%)	Adjusted FTE	Original	Annual Full Time Salary for FTE	Total FTE	% FTE funded by HSA (Max 100%)	Adjusted FTE	Original	Annual Full Time Salary for FTE	Total FTE	% FTE funded by HSA (Max 100%)	Adjusted FTE	Original	Annual Full Time Salary for FTE	Total FTE	% FTE funded by HSA (Max 100%)	Adjusted FTE	Original	Total					
Program Director	\$119,000	1.00	100%	1.00	\$119,000	\$119,000	1.00	100%	1.00	\$119,000	\$119,000	1.00	100%	1.00	\$119,000	\$119,000	1.00	100%	1.00	\$119,000	\$476,000					
Lead SafeCare Provider	\$62,500	1.00	100%	1.00	\$62,500	\$62,500	1.00	100%	1.00	\$62,500	\$62,500	1.00	100%	1.00	\$62,500	\$62,500	1.00	100%	1.00	\$62,500	\$250,000					
Lead SafeCare Provider	\$58,000	1.00	100%	1.00	\$58,000	\$58,000	1.00	100%	1.00	\$58,000	\$58,000	1.00	100%	1.00	\$58,000	\$58,000	1.00	100%	1.00	\$58,000	\$232,000					
Lead SafeCare Provider	\$56,000	1.00	100%	1.00	\$56,000	\$56,000	1.00	100%	1.00	\$56,000	\$56,000	1.00	100%	1.00	\$56,000	\$56,000	1.00	100%	1.00	\$56,000	\$224,000					
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TOTALS	\$295,500	4.00	4.00	4.00	\$295,500	\$295,500	4.00	400%	4.00	\$295,500	\$295,500	4.00	400%	4.00	\$295,500	\$295,500	4.00	400%	4.00	\$295,500	\$1,182,000					
FRINGE BENEFIT RATE	25%					25%				25%					25%					25%						
EMPLOYEE FRINGE BENEFITS					\$73,875					\$73,875					\$73,875					\$73,875	\$295,500					
TOTAL SALARIES & BENEFITS					\$369,375					\$369,375					\$369,375					\$369,375	\$1,477,500					

Grantee/Contractor: Mt. St. Joseph-St. Elizabeth dba Epiphany Center
 Program: SafeCare Parenting

Appendix B, Page 3

Operating Expenses Detail

	7/1/26 - 6/30/27 Original	7/1/27 - 6/30/28 Original	7/1/28 - 6/30/29 Original	7/1/29 - 6/30/30 Original	7/1/26 - 6/30/30 Total
Expenditure Category					
Rental of Property					
Utilities(Elec, Water, Gas, Phone, Garbage)	\$12,000	\$12,000	\$12,000	\$12,000	\$48,000
Office Supplies, Postage	\$3,390	\$3,390	\$3,390	\$3,390	\$13,560
Building Maintenance Supplies and Repair					
Printing and Reproduction	\$300	\$300	\$300	\$300	\$1,200
Insurance	\$4,212	\$4,212	\$4,212	\$4,212	\$16,848
Staff Training	\$1,500	\$1,500	\$1,500	\$1,500	\$6,000
Staff Travel-(Local & Out of Town)	\$1,000	\$1,000	\$1,000	\$1,000	\$4,000
Rental of Equipment					
Consulting/Professional Services					
Other					
Client Supplies / GiftCards	\$1,000	\$1,000	\$1,000	\$1,000	\$4,000
Other B					
Total Operating Expense	\$23,402	\$23,402	\$23,402	\$23,402	\$93,608



**SAN FRANCISCO
HUMAN SERVICES AGENCY**

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Date: February 17, 2026
To: Dan Kaplan, Deputy Director, HSA
From: Esperanza Zapien, Director of Contracts, HSA
RE: Sole Source Waiver request – Family Support Services and Mt. St. Joseph/St. Elizabeth for provision of SafeCare® Parent Education

Department of Benefits
and Family Support

Department of Disability
and Aging Services

The Human Services Agency (HSA) requests approval for the sole source waiver for Mt. St. Joseph for the provision of SafeCare® Parent Education for the period of 7/1/2026 to 6/30/2030 for a total amount Not-To-Exceed \$4,976,914.

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 ages 0-5 who are at high risk for neglect.

Services to be Provided

SafeCare has been the primary resource utilized by FCS as an intervention for parents and caregivers of children ages 0-5 who are either at-risk for or have a history of child neglect and/or physical abuse.

SafeCare is an in-home behavioral parenting program that promotes positive parent-child interactions, informed caregiver response to childhood illness and injury, and a safe home environment. The SafeCare curriculum is delivered by SafeCare Providers (SCPs) in three modules:

1. Health: targets risk factors for medical neglect by teaching parents/caregivers how to identify and address illness, injury, and general child health.
2. Home Safety: targets risk factors for environmental neglect and unintentional injury by helping parents/caregivers identify and eliminate common household hazards and teach them about age-appropriate supervision.



Daniel Lurie
Mayor

Trent Rhorer
Executive Director, SFHSA

Kelly Dearman
Executive Director, DAS



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3. Parent-Infant/Child Interaction (PII/PCI): targets risk factors associated with neglect and physical abuse by coaching parents/caregivers on positive interaction with their infant/child, and structuring activities to engage their children and promote positive behavior.

All three modules involve baseline assessment, intervention (training) and follow-up assessments to monitor change. Using this format, parents are trained so that skills are generalized across time, behaviors, and settings. SafeCare® Providers will work with parents until they meet a set of skill-based criteria that are established for each module. Services to SafeCare® eligible families also include case management (advocacy, linkages, information and referral), as well as a developmental screening (Ages and Stages Questionnaire [ASQ]) for all children in the household age 5 and under. The ultimate goal of the program is to address the concerns that brought the family to the Department's attention and prevent their return to the child welfare system.

Sole Source Justification

SafeCare® is an evidence-based in-home parent training model 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® is a branded service model this is evidence based and has a very strict structure on fidelity/adherence to the model. At this point in time, only two sources exist in San Francisco that could provide the structure and the level of services the SafeCare program currently requires. Family Support Services and Mt. St. Joseph/St. Elizabeth employ certified SafeCare trainers and coaches, whom the Department has invested years in developing and certifying to their level of expertise. If we were to change providers, it would put the program back to 'start-up' because the staff we have certified would be lost. A new vendor would have no certified home visitors, no certified coaches to supervise the visitors and no trainers, who supervise both coaches and visitors. All SafeCare work would be suspended until new vendor staff could be oriented and certified to the national SafeCare model. This process would be lengthy and counter-productive, resulting in a loss of now 15 years investment in training the current staff. The two existing contracted trainers also do the intensive five-day training required to begin work as a home visitor, and they train both their own staff, none of whom have the ability to become certified trainers. Without coaches and trainers from FSS and MSJ/SE, the





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SafeCare home visiting program would be suspended. Further, all SafeCare work would be suspended for an unknown number of months while new staff are somehow oriented to SafeCare. There is no other local provider of SafeCare services at the trainer level. The National SafeCare office is at the University of Georgia and we have no direct contractual relationship with them. Denial of service would result in the suspension of the successful SafeCare program, putting more families at risk for involvement with child welfare and more children at risk of being removed from their families, because they did not have access to necessary and evidence-based prevention/intervention services.

Brief description of services: 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.

Grant NTE: The Department of Benefits and Family Support (BFS) 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, 2026 to June 30, 2030, in the amount of \$4,524,468 (\$2,717,692 to FSS, and \$1,806,776 to MSJSE) plus a 10% contingency for a total not to exceed amount of \$4,976,914.

Grant Term: A grant term four years from July 1, 2026 to June 30, 2030

Funding Source: State and Federal Funding

Admin Code: 21.5(b)]

Approved Disapproved

DocuSigned by:

Daniel Kaplan

ED8A450D2D23472

Dan Kaplan, Deputy Director of Administration and Finance

