

Department of Benefits and Family Support

MEMORANDUM

Department of Disability and Aging Services	TO:	HUMAN SERV	VICES CO	MMISSION					
Office of Early Care and Education	THROUGH:	TRENT RHORER, EXECUTIVE DIRECTOR							
D.O. D. 2000	FROM:	JOAN MILLER, DEPUTY DIRECTOR ESPERANZA ZAPIEN, DIRECTOR OF CONTRACTS							
P.O. Box 7988 San Francisco, CA 94120-7988	DATE:	MAY 20, 2022							
www.SFHSA.org	SUBJECT:	NEW GRANT: HOMELESS PRENATAL PROGRAM (NON-PROFIT) TO PROVIDE SUBSTANCE USE SUPPORT SERVICES FOR PARENTS							
	GRANT TERM:	7/1/22-6/20/26							
	AMOUNT:	<u>New</u> \$4,560,100	<u>Continge</u> \$456,010		<u>Total</u> \$5,016,110				
	ANNUAL AMOUNT:	<u>Keeping</u> <u>Families</u> <u>Together</u>	<u>New Beg</u> Famly Tr Court						
London Breed Mayor Trent Rhorer	<u>Funding Source</u> FUNDING:	\$665,172 <u>County</u> \$3,100,868	\$474,852 <u>State</u>	2 <u>Federal</u> \$1,459,232	\$1,140,025 <u>Contingency</u> \$456,010	<u>Total</u> \$5,016,110			
Executive Director	PERCENTAGE:	68%		32%					

The Department of Benefits and Family Support (BFS) requests authorization to enter into a new grant with the Homeless Prenatal Program for the time period beginning July 1, 2022 ending on June 30, 2026, in the amount of \$4,560,100 plus a 10% contingency for a total not to exceed amount of \$5,016,110. The purpose of the grant is to strengthen, support and preserve families affected by substance use and involved with the child welfare system or at risk of becoming involved with the child welfare system. The program uses a strength-based model focused in three core areas: Family Engagement

and Intensive Case Management, Community Outreach and Linkage to Supportive Services, and Peer Mentor Support.

Services to be Provided

The Grantee will perform the following services to reach 295 families annually:

A. Family Engagement and Intensive Case Management

Grantee will work collaboratively with FCS, DPH, and other local agencies to provide substance-use related interventions, case management and support for 295 families served by FCS annually. Engagement and case management services will include, but is not limited to the following;

- 1. Reducing harm related to substance use;
- 2. Facilitating successful completion of recommended substance use treatment;
- 3. Collaborating with partner programs such as the Family Treatment Court, substance-use treatment providers, and other community-based organizations working with the target population;
- 4. Providing and/or referring families to evidence-based parent training, such as Triple PTM (Positive Parenting Program), SafeCareTM, or other evidence-informed parenting programs;
- 5. Providing incentives designed to promote families' access to services associated with better birth outcomes for pregnant persons
- 6. Educating families about addiction and providing them information about the structure and intake requirements of various treatment programs.

B. Community Outreach and Supportive Services

- 1. Advise PSWs, Protective Services Supervisors (PSSs), other FCS staff, community partners, families and other participants in the Child and Family Team about current trends and evidence-informed practices in substance use assessment and intervention, treatment options, and chemical dependency issues;
- 2. Work collaboratively with the FCS Training and Workforce identified community partners on various topics related to substance use; and
- 3. Disseminate information on families and substance use through meetings, presentations and community forums.

C. Peer Mentor Support

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

Location and Time of Services

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

Selection

The Grantee was selected through Request for Proposals #975, which was competitively bid in February 2022.

Funding

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

ATTACHMENTS

Appendix A-Services to be Provided Appendix B- Program Budget-Keeping Families Together Appendix B-1- Program Budget-Family Treatment Court

Appendix A: Services to Be Provided Homeless Prenatal Program Substance Use Services July 1, 2022 to June 30, 2026

I. Purpose of Grant

The purpose is to strengthen, support, and preserve FCS-involved families, or families at risk of FCS involvement, who are affected by substance use, homelessness, domestic violence, mental health issues, or other identified risk factors. This grant supports a strength-based model focused in three core areas:

- 1. Family engagement and intensive case management
- 2. Community outreach and linkage to supportive services and resources
- 3. Peer mentor support and skill-building

II. Definitions

Definitions	
ANSA	Adult Needs and Strengths Assessment
NB	New Beginnings
CFT	Child and Family Team
DPH	Department of Public Health
FCS	Family & Children's Services
FTC	Family Treatment Court
Grantee	Homeless Prenatal Program
HPP	Homeless Prenatal Program
ICM	Intensive Case Management
KFT	Keeping Families Together
LOC	Level Of Care
PSS	Protective Services Supervisor
PSW	Protective Services Worker
SUD	Substance Use Disorder
WIC	Women, Infants, and Children

III. Target Population

The target population is as follows:

- **A.** Eligible families (including fathers) with children at risk of abuse or neglect because of substance use, as identified by Family and Children's Services (FCS)
- **B.** Families (including fathers) at risk of or experiencing separation due to abuse or neglect as a result of substance use, as identified by FCS
- **C.** Pregnant persons who are at risk for FCS involvement due to poor family functioning, homelessness, substance use, domestic violence, or other risk factors.

IV. Description of Services

Grantee shall provide the following services during the term of this grant:

A. Family engagement and intensive case management

Grantee will collaborate with FCS, Department of Public Health (DPH), and other local agencies to provide intensive case management services and support for 295 families served by FCS

annually. The goal of intensive case management is to provide individualized, collaborative, coordinated and supportive services that will assist the client in their family reunification, stabilization or prevention of FCS involvement. Case management will be based on a formal assessment, and will be family-centered, strengths-based, needs-driven, solution-oriented, and community-based. Intensive case management will work to support families in strengthening the Five Protective Factors:

- Family functioning/resiliency
- Social support
- Concrete support
- Nurturing and attachment
- Knowledge of parenting/child development

Clients are connected to Intensive Case Management (ICM) through direct referral from FCS, DPH, grantee's internal referral process, or through self-referral. For FCS referrals, grantee will contact the referring FCS worker within 24 hours of receiving a referral and begin outreach. Families are outreached and scheduled for an intake by a Peer Mentor. Once the family has completed an intake, the Grantee will consult and collaborate with the worker regarding service needs. Grantee will provide engagement services aimed at facilitating successful completion of services, and reducing safety and risk related to substance use.

For self-referrals and New Beginnings families, clients first register with the Grantee's Client Services team, complete a Risk Assessment Questionnaire, and a referral to ICM is made based on identified risk factors. The ICM team then outreaches to the client for a first meeting to complete the ANSA and Action Plan. To avoid duplication of services, all new referrals are screened

All clients receiving Intensive Case Management under this grant will receive:

- 1. Individualized Action Plan based on Assessments
 - a. Assess parental strengths and challenges around child development, responsibilities of role, discipline, etc., utilizing agency assessment tools.
 - b. Co-create a client-centered action plan based on assessment tools, focusing on the protective factors for the Protective Factors Survey and the following domains on the Adult Needs and Strengths Assessment (ANSA): Family Functioning, Social Connectedness, Adjustments to Trauma, Anxiety, Depression, Substance Use, Employment/Education, and Housing.

2. Consistent "Face Time" Direct Service

Case Managers will provide 1:1 counseling and skill-building such as:

- a. Education, guidance, and emotional support for parenting skills
- b. Check-ins on case management plan progress and steps to address barriers
- c. Proactive and interactive skill-building of life skills
- d. Monitor holistic health and response to environmental pressures (refer and link to Mental Health services, as needed)
- e. Linkage to additional services regarding Housing and Financial Coaching
- f. Access to Coordinated Entry for Housing

3. Off-Site Direct Service

Case managers provide community connection and support through intentional integration into the client's community context to reinforce parenting skills/teachable moments

Examples can include conducting home visits, and attending court, CFTs, doctors' appointments, etc.

4. Wellness/Parenting Group Participation

ICM clients can participate in any HPP wellness or parenting group offering to increase social engagement/supports and gain additional skills and knowledge.

New Beginnings Case Management activities aimed at strengthening Protective Factors, ensuring healthy births, and preventing Child Welfare involvement may include:

- a. Building Social Connections:
 - i. Encourage participation in wellness groups and classes such as Prenatal and Healthy Feeding to build connection with other new parents
 - ii. Create birth plan with client and help identify supports during birth and postpartum
 - iii. Discuss healthy/unhealthy supports and relationships
- b. Addressing Concrete Support Needs:
 - i. Referrals to prenatal care, mental health services and community resources
 - ii. Connection/follow-up with coordinated entry for shelter and housing support
 - iii. Assistance with applying to childcare
 - iv. Provide basic needs to families around pregnancy and postpartum
- c. Encouraging Nurturing & Attachment:
 - i. Conduct home visits after birth to screen for safety in home and observe/offer support with healthy attachment
 - ii. Connect client to lactation consultant for breastfeeding support
 - iii. Encourage attendance at Knowing Your Baby and follow-up in 1:1 session

d. Building Knowledge of Parenting & Child Development:

- i. Discuss "Ages and Stages"
- ii. Role play positive parenting techniques
- iii. Link clients to parenting classes at HPP or in community
- e. Strengthening Resilience:
 - i. Discuss techniques for stress management and self-care
 - ii. Address substance use issues, including referring to outpatient or residential treatment, discussing risks to mother and baby, encouraging sobriety, and discussing relapse prevention plans
 - iii. Screen for postpartum depression and make referrals to mental health resources
 - iv. Facilitate "Mothers and Babies" 12-week curriculum based on Cognitive Behavioral Therapy Principles to prevent/manage postpartum depression and stress

KFT case management services will focus on reducing child welfare involvement and risks associated with substance use and child maltreatment in addition to strengthening protective factors listed above. They include, but are not limited to:

- a. Encouraging sobriety
- b. Reducing harm related to substance use
- c. Educating families about addiction and providing them information about the structure and intake requirements of various drug treatment programs

- d. Facilitating referrals to the DPH Treatment Access Program for Substance Use Disorder (SUD) and Level of Care (LOC) assessments
- e. Facilitating successful completion of recommended substance use treatment
- f. Peer-to-peer fatherhood-specific intensive case management services focused on issues pertaining to high-need clients who are fathers, such as Child Welfare involvement, children's rights, child support barriers, co-parenting barriers, and neglect and abuse prevention.
- g. Participating in Child and Family Team (CFT) meetings to provide ongoing collaborative services and support to children and families
- h. In collaboration with FCS and others on the CFT, monitoring the participation and progress of families in pre-treatment and in-treatment programs, including addressing problems threatening to the families' recovery process
- i. Participating in other related FCS meetings as requested, including Administrative Reviews and other family-involved team meetings
- j. Collaborating with partner programs such as the Family Treatment Court (FTC), substance-use treatment providers, and other community-based organizations working with the target population
- k. Providing and/or referring families to evidence-based parent training (such as Triple PTM (Positive Parenting Program), SafeCareTM, or other evidence-informed parenting programs
- 1. Providing incentives designed to promote families' access to services associated with better birth outcomes and the elimination of barriers to these essential services
- m. Ensuring that case management services are non-duplicative and streamlined with other care plan goals and objectives, as outlined in the Shared Family Care Plan;
- **n.** Providing ongoing support after the FCS case is closed, with the aim of reducing recidivism.

In addition to the above interventions, FTC case management services include:

- a. Collaborative court-monitored team approach where participants interact with the Judge on a weekly, bi-weekly, or monthly basis
- b. Comprehensive progress reports/updates to FCS and Attorneys every time parents appear at court
- c. Evidence-based incentive program where parents are rewarded for continued positive progress and behavioral change

B. Community outreach and supportive services

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

a. Advise PSWs, Protective Services Supervisors (PSSs), other FCS staff, community partners, families and other participants in the CFT about current trends and evidence

informed practices in substance use intervention, treatment options, and chemical dependency issues

- **b.** Working collaboratively with the FCS Training and Workforce Development Team, provide at least two trainings to FCS staff and other identified community partners on various topics related to substance use
- **c.** Disseminate information on families and substance use through meetings, presentations and community forums
- d. Case consultation with client's care providers in the community, including DPH, Department of Homelessness and Supportive Housing, and other community organizations
- e. Accompaniment to essential appointments in the community and linkage to care

C. Other HPP Programs:

ICM clients also have access to the following services at HPP

<u>Peer Support Model:</u> Peer Mentors work in conjunction with Family Case Managers. Peer Mentors are supportive in achieving clients' goals and timelines set out by the HPP Case Manager. Peer Mentors are representatives of San Francisco's diverse demographics and help create a bridge of trust between the families and Family Case Manager.

<u>Wellness Groups and Services:</u> Activities that encourage a healthful transition from pregnancy to parenting by offering a holistic and integrated array of services designed to help parents deliver healthy babies, encourage parent/child bonding and acquire parenting skills that promote positive child development. These include lactation consultation, family planning, prenatal classes, group prenatal care provided by midwives from San Francisco General Hospital, alternative health services (e.g., prenatal yoga classes, acupuncture, doula support), postpartum support, lactation consultation and family planning counseling.

<u>Therapy:</u> Onsite individual, family and group therapy for HPP clients, as well as parenting classes, fatherhood services and children's playgroups.

<u>Housing:</u> HPP's Housing Assistance Program serves our ICM families with housing case management; limited, short-term financial assistance; and workshops that help families obtain and retain safe housing.

<u>Client Services:</u> Daily drop-in support, crisis management and emergency services (including food, clothes and diapers) and referral services.

<u>Childcare Center</u>: Onsite quality childcare for children while their parents participate in services. HPP also has an outdoor Wellness Garden for young children with a curriculum led by skilled child development teachers with backgrounds in horticultural therapy.

<u>Bringing Families Home:</u> ICM families may be referred by FCS to receive rapid rehousing through Bringing Families Home (BFH). Referred clients receive supportive housing case management and housing broker services. HPP ensures integration of services to avoid duplication across teams.

<u>Enhanced Visitation</u>: As a Family Resource Center, HPP provides Enhanced Visitation onsite. Visit supervisors collaborate with family case managers to maximize support to families.

Fatherhood Group: A supportive space maintained by dads for dads, sharing the challenges and rewards f

fatherhood. Topics include co-parenting, child development, CPS, healthy relationships, family law etc.

V. Grantee Responsibilities

- A. Grantee is a mandated reporter of child abuse.
- **B.** Grantee shall ensure all employees and volunteers of this grant are tested annually for tuberculosis.
- **C.** Grantee shall attend all meetings required by FCS, including but not limited to unit meetings, CFTs, worker orientations, etc.
- **D.** Grantee shall familiarize themselves with FCS practices and policies.
- **E.** Grantee shall conduct criminal background checks on all employees and shall arrange to receive subsequent criminal notifications if the employee is convicted of a crime during the time of his or her employment.

VI. Location and Time of Services

Services are provided virtually, and at grantee facilities at 2500 18th St. in San Francisco, in the home of the family, or wherever appropriate. Service hours vary depending upon the needs of families but can include evenings.

VII. Service Objectives

On an annual basis, the Grantee will meet the following Service Objectives:

- 1. Serve a minimum of 295 unduplicated parents annually across New Beginnings, Keeping Families Together, and Family Treatment Court, including the following:
 - a. Serve a minimum of 125 families through the New Beginnings Program
 - b. Serve a minimum of 50 unduplicated parents participating in Family Treatment Court
 - c. Serve a minimum of 120 unduplicated parents through Keeping Families Together
- 2. Contact 100% of FCS referrals

Exceptions will be made when referrals lack accurate information for families. Grantee will invite all families to attend an intake process that is designed to engage them in services.

- 3. Provide weekly peer support groups for 60 unduplicated families
- 4. Complete a minimum of 80% biopsychosocial assessments on all open KFT, FTC, and New Beginnings cases where HPP is able to engage the family.
- 5. Provide two trainings to FCS staff on SUD and its impact on families

VIII. Outcome Objectives

On an annual basis, the Grantee will meet the following Outcome Objectives:

- 1. At reassessment, at least 60% of KFT parents participating in the program will demonstrate a decreased level of substance use
- 2. At reassessment, at least 65% of FTC parents participating in the program will demonstrate a decreased level of substance use
- 3. At reassessment, at least 50% of KFT parents participating in the program with a documented need related to family functioning will demonstrate improvement

- 4. At reassessment, at least 65% of FTC parents participating in the program with a documented need related to family functioning will demonstrate improvement
- 5. At reassessment, at least 65% of New Beginnings parents participating in the program will demonstrate improved family functioning
- 6. At least 70% of NB participants (with known birth outcomes) will give birth to a baby with a healthy birth weight
- 7. At least 85% of NB participants' babies (with known birth outcomes) will have a negative toxicology screening result at birth
- **IX. Satisfaction Surveys:** There will be a point-in-time standard satisfaction survey given to clients twice annually. The surveys will be anonymous and confidential. The survey data will be collected and analyzed by the Evaluation team, and presented back to the appropriate programs to strategize any implementations or changes. The results will also be shared with HSA.

X. Reporting Requirements

- **A.** Grantee will provide a **monthly** report of activities, referencing objectives as described in Sections VII (Service Objectives), items 1-2. Grantee will enter the monthly metrics in the Contracts Administration, Reporting & Billing Online (CARBON) database by the 15th of the following month.
- **B.** Grantee will provide a **quarterly** report of activities, referencing all objectives described in Section VII (Service Objectives) and Section VIII (Outcome Objectives). Grantee will provide year-to-date information for all objectives in each quarterly report. Grantee will also provide one or two success story vignettes, and a brief description of opportunities and challenges experienced, in each quarterly report. Grantee will enter the quarterly metrics in the CARBON database by the 15th of the month following the end of the quarter.
- C. Grantee will provide, on a semi-annual basis, a list of all clients served.
- D. Grantee will provide an annual report summarizing the contract activities, referencing all objectives described in Section VII (Service Objectives) and Section VIII (Outcome Objectives). This report will also include accomplishments and challenges encountered by the Grantee. Grantee will enter the annual metrics in the CARBON database by the 15th of the month following the end of the program year.
- E. Grantee will provide Ad Hoc reports as required by the Department.
- F. For assistance with reporting requirements or submission of reports, the grantee will contact:

Casey Schutte Program Support Analyst Family & Children's Services Human Services Agency Casey.Schutte@sfgov.org Robin Love Program Manager Family & Children's Services Human Services Agency Robin.Love@sfgov.org

XI. Monitoring Activities

- A. <u>Program Monitoring</u>: Program monitoring will include review of client eligibility, and all supporting documentation for reporting progress towards meeting service and outcome objectives, along with some or all of the following: (1) Direct observation of services to evaluate program quality and participation rates, and (2) Review of documentation to demonstrate completion of service and outcome objectives.
- B. <u>Fiscal Compliance and Contract Monitoring</u>: 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, subcontracts, and MOUs, and the current board roster and selected board minutes for compliance with the Sunshine Ordinance.

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2						
3	HUMAN SERVICES AGE	NCY BUDGET S	UMMARY			
4		BY PROGR	AM			
5	Agency Name:	Grant Term:	7/1/22 - 6/30/26			
6	(Check One) New ☑ Renewal □	Modification				
7	If modification, Effective Date:		Modification No.:			
8	Name:	Substance Use Sup	port Services for Pa	arents : Keeping Fa	milies Together	
9		Year 1	Year 2	Year 3	Year 4	Budget
10		7/1/22 - 6/30/23	7/1/23 - 6/30/24	7/1/24 - 6/30/25	7/1/25 - 6/30/26	7/1/22 - 6/30/26
11	Expenditures	111122 - 0130123	111/20 - 0/30/24	111127 - 0/30/23	1,1120 - 0130120	111122 - 0130120
	Salaries & Benefits	\$518,519	\$518,519	\$518,519	\$518,519	\$2,074,074
		\$59,892	\$59,892	\$59,892	\$59,892	\$239,568
	Subtotal	\$578,411	\$578,411	\$578,411	\$578,411	\$2,313,642
15	Indirect Percentage (%)	15%	15%	15%	15%	15%
16	Indirect Costs (Line 16 X Line 15)	\$86,762	\$86,762	\$86,762	\$86,762	\$347,046
17	Capital Expenses	\$0	\$0	\$0	\$0	\$0
18	Total Expenses	\$665,172	\$665,172	\$665,172	\$665,172	\$2,660,688
19						
20	HSA Revenues					
21	General Fund					\$0
22						
23						
24 25						
26						
27						
28						
29	Total HSA Revenues	\$0	\$0		\$0	\$0
30						
31	Other Program Revenues					
32						
33						
34						
35 36						
30	Total Other Program Revenues	\$0	\$0		\$0	\$0
38		φυ	φ0		φ0	φ0
	Prepared by: Beverly Ashworth		Telephone No.: 41	5 546 6756 x328		Date: 5/12/2022
	HSA Budget Summary			0 0 0 0 0 0 0 XJZO		1/19/2022
	non Baaget Gammary					1/10/2022

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2												
4	Program Name: Homeless Prenatal Program											
5	Substance Use Support Services for Parents : Kee	eping Families	Together									
6			0		14- D-4-11							
7 8			Salari	es & Benef	its Detail							
9	7/1/22 - 6/30/23 7/1/23 - 6/30/24 7/1/24 - 6/30/25 7/1/25 - 6/30/26											
10		Agency T	otals	HSA Pr	ogram	Year 1	Year 2	Year 3	Year 4	TOTAL		
		Annual Full		% FTE funded by								
		TimeSalary	Total	HSA	Adjusted							
11	POSITION TITLE	for FTE	FTE	(Max 100%)	FTE	Budgeted Salary	Budgeted Salary		Budgeted Salary	7/1/22 - 6/30/26		
	Director of Programs	\$125,600	1.00	3%	0.03	\$3,140	\$3,140	\$3,140	\$3,140	\$12,560		
13	Keeping Families Together Program Manager	\$88,778	1.00	86%	0.86	\$75,905	\$75,905	\$75,905	\$75,905	\$303,621		
14	Keeping Families Together Asst Prog Manager	\$67,920	1.00	80%	0.80	\$54,336	\$54,336	\$54,336	\$54,336	\$217,344		
15	Keeping Families Together Case Manager	\$54,530	1.00	100%	1.00	\$54,530	\$54,530	\$54,530	\$54,530	\$218,120		
16	Keeping Families Together Case Manager	\$56,075	1.00	100%	1.00	\$56,075	\$56,075	\$56,075	\$56,075	\$224,300		
17	Keeping Families Together Case Manager	\$60,257	1.00	100%	1.00	\$60,257	\$60,257	\$60,257	\$60,257	\$241,028		
18	Keeping Families Together Case Manager	\$66,272	1.00	100%	1.00	\$66,272	\$66,272	\$66,272	\$66,272	\$265,088		
19	Keeping Families Together Case Manager	\$54,500	1.00	100%	1.00	\$54,500	\$54,500	\$54,500	\$54,500	\$218,000		
20					-	\$0				\$0		
21					-	\$0				\$0		
22					-	\$0				\$0		
23					-	\$0				\$0		
24 25	TOTALS	573932.00	8.00	668%	6.68	\$425,015	\$425,015	\$425,015	\$425,015	\$1,700,061		
	FRINGE BENEFIT RATE	22.00%										
	EMPLOYEE FRINGE BENEFITS					\$93,503	\$93,503	\$93,503	\$93,503	\$374,013		
28 29												
30	TOTAL SALARIES & BENEFITS					\$518,519	\$518,519	\$518,519	\$518,519	\$2,074,074		
31	HSA Salary & Benefits Detail									1/19/2022		

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1										Appendix B, Pag	e 3
2											
4	Program Nam	e: Homeless	F								
5	-		vices for Parents	s : Kee	ping Families T	ogether	r				
6 7				One	rating Expe	nene F	Jotail				
8	-			Ope		11363 1	Jelan				
9											
10 11					Year 1		Year 2		Year 3	Year 4	TOTAL
	Expenditure C	ategory		TERM	7/1/22 - 6/30/2	3 7/	1/23 - 6/30/24	4 7	7/1/24 - 6/30/25	7/1/25 - 6/30/26	7/1/22 - 6/30/26
	Rental of Prop										\$0
			hone, Garbage)								\$0
	Office Supplie		, 0,								\$0
			lies and Repair								\$0
	Printing and F										\$0
	Insurance										\$0
19	Staff Training				\$6,692	2	\$6,692		\$6,692	\$6,692	\$26,768
20	1 1	_ocal & Out of	Town)				. ,				\$0
21			,								\$0
22			R DESCRIPTIVE TI	ΓLE							
23											\$0
24											\$0
25											\$0
26 27											\$0 \$0
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28 29	OTHER Emergency S	upport For Clie	ents		\$34,680)	\$34,680		\$34,680	\$34,680	\$138,720
30					\$10,020		\$10,020		\$10,020	\$10,020	\$40,080
31		-	Nutrition & Activ	vities	\$8,500)	\$8,500		\$8,500	\$8,500	\$34,000
32											
33 34											
					¢50.000	2	¢50,900		¢50,900	¢50,800	¢000 560
35	1	AT ING EAPE			\$59,892	<u> </u>	\$59,892		\$59,892	\$59,892	\$239,568
36	1	_									
37	HSA Operation	ng Expenses	Detail								1/19/2022

	Α	В		С	D	E	F
1						Appendix B, Pa	ge 4
2							
	Program	n Name: Homeless Prenatal Program					
5		ice Use Support Services for Parents : K	Ceeping Fam	nilies Together			
6				-			
7			Capital Ex	cpenses Deta	il		
8				-ponoco _ o o			
9				Year 1	Year 2	Year 3	TOTAL
	FOUL	PMENT	TERM	7/1/22 - 6/30/26		Teal 5	TOTAL
10				1/1/22 - 0/30/20			
11	No.	ITEM/DESCRIPTION					
12							0
13							0
14							0
15							0
16							0
17							0
18							0
19							0
20	TOTAL	EQUIPMENT COST		0	0	0	0
21							
	REM	ODELING					
	Descrip						
24							0
25							0
26							0
27							0
28							0
	TOTAL	REMODELING COST		0	0	0	0
30							
	τοται	CAPITAL EXPENDITURE		0	0	0	0
		nent and Remodeling Cost)	I	0	0	0	0
33	HSA Ca	pital Expenses Detail					1/19/2022

	A	В	С	D	E	F					
1					Appendix B-1, Pa	ige 1					
2											
3	HUMAN SERVICES AGE	NCY BUDGET S	UMMARY								
4		BY PROGR	AM								
5	Agency Name: <u>Homeless Prenatal Program</u> Grant Term:										
6	(Check One) New 🗹 Renewal 🗆 Modification 🗆										
7	If modification, Effective Date:		Modification No.:								
8	Name:	Substance Use Sup	port Services for Pa	arents : New Begin	nings/Family Trea						
9		Year 1	Year 2	Year 3	Year 4	Budget					
10		7/1/22 - 6/30/23	7/1/23 - 6/30/24	7/1/24 - 6/30/25	7/1/25 - 6/30/26	7/1/22 - 6/30/26					
11	Expenditures										
12	Salaries & Benefits	\$331,370	\$331,370	\$331,370	\$331,370	\$1,325,479					
13	-1 5 1	\$81,546	\$81,546	\$81,546	\$81,546	\$326,184					
14	Subtotal	\$412,916	\$412,916	\$412,916	\$412,916	\$1,651,663					
15	Indirect Percentage (%)	15%	15%	15%	15%	15%					
16	Indirect Costs (Line 16 X Line 15)	\$61,937	\$61,937	\$61,937	\$61,937	\$247,749					
17		\$0	\$0	\$0	\$0	\$0					
18	Total Expenses	\$474,853	\$474,853	\$474,853	\$474,853	\$1,899,412					
19											
20	HSA Revenues										
21	General Fund					\$0					
22											
23											
24 25											
26											
27											
28											
29	Total HSA Revenues	\$0	\$0	\$0	\$0	\$0					
30											
31	Other Program Revenues										
32											
33											
34											
35 36											
36 37	Total Other Program Revenues	\$0	\$0	\$0	\$0	\$0					
38		φ0		φυ	φ0	ψυ					
	Prepared by: Beverly Ashworth	L	Telephone No.:	415 546 6756 #32	8	Date:5/12/2022					
	HSA Budget Summary				~	1/19/2022					

	А	В	С	D	E	F	G	Н	I	J
1								Appendix B-1, Pa	ge 2	
2										
3	Program Name: Homeless Prenatal Program									
5	Substance Use Support Services for Parents : Ne	w Beginnings/	Family Tre	atment Court						
6										
7			Salari	es & Benef	its Detail					
8										
9						7/1/22 - 6/30/23	7/1/23 - 6/30/24	7/1/24 - 6/30/25	7/1/25 - 6/30/26	
10		Agency 1	otals	HSA Pr % FTE	ogram	Year 1	Year 2	Year 3	Year 4	TOTAL
		Annual Full		funded by						
		TimeSalary	Total	HSA	Adjusted					
11	POSITION TITLE	for FTE	FTE	(Max 100%)	FTE	Ŭ Ĵ	Budgeted Salary	· · ·	Budgeted Salary	7/1/22 - 6/30/26
12	New Beginnings Program Manager	\$79,250	1.00	100%	1.00	\$79,250	\$79,250	\$79,250	\$79,250	\$317,000
13	New Beginnings Asst Prog Manager	\$67,280	1.00	50%	0.50	\$33,640	\$33,640	\$33,640	\$33,640	\$134,560
14	New Beginnings Case Manager	\$57,167	1.00	100%	1.00	\$57,167	\$57,167	\$57,167	\$57,167	\$228,668
15	New Beginnings Case Manager	\$59,165	1.00	100%	1.00	\$59,165	\$59,165	\$59,165	\$59,165	\$236,660
16	New Beginnings Case Manager	\$56,075	1.00	70%	0.70	\$39,253	\$39,253	\$39,253	\$39,253	\$157,010
17	Director of Programs	\$125,600	1.00	3%	0.03	\$3,140	\$3,140	\$3,140	\$3,140	\$12,560
18					-	\$0				\$0
19					-	\$0				\$0
20					-	\$0				\$0
21					-	\$0				\$0
22	TOTALS	444537.00	6.00	423%	1.73	\$271,615	\$271,615	\$271,615	\$271,615	\$1,086,458
23		00.000								
	FRINGE BENEFIT RATE	22.00%								
	EMPLOYEE FRINGE BENEFITS					\$59,755	\$59,755	\$59,755	\$59,755	\$239,021
26 27										
28	TOTAL SALARIES & BENEFITS					\$331,370	\$331,370	\$331,370	\$331,370	\$1,325,479
29	HSA Salary & Benefits Detail									1/19/2022

	А	В	С	D	E	F	G	Н	Ι	J K	L M
1			-		-					Appendix B-1, P	age 3
2											
	Program Nam	e: Homoloss I	c								
4 5				ts:Ne	w Beginnings/Fa	amilv Tre	eatment Co	ourt			
6						-		- un c			
7				Оре	erating Exper	nses D	etail				
8											
9 10											
11					Year 1		Year 2		Year 3	Year 4	TOTAL
12	Expenditure C	ategory		TERM	7/1/22 - 6/30/2	3 7/1	/23 - 6/30/	24 7	7/1/24 - 6/30/25	7/1/25 - 6/30/26	7/1/22 - 6/30/26
13	Rental of Prop	perty									
14	Utilities(Elec, V	Water, Gas, P	hone, Garbage))							
15	Office Supplie	s, Postage									
16	Building Maint	enance Suppli	ies and Repair								
17	Printing and R	eproduction									
18	Insurance										
19	Staff Training				\$4,375	5	\$4,37	75	\$4,375	\$4,375	\$17,500
20	Staff Travel-(L	ocal & Out of	Town)								
21	Rental of Equi	pment									
22	CONSULTANT/S	UBCONTRACTOF	R DESCRIPTIVE TI	ITLE							
23				_							
24				-						·	
25 26				-							
20				-							
28	OTHER			-							
29	Emergency Su	upport For Clie	ents	_	\$75,971	<u> </u>	\$75,97	71	\$75,971	\$75,971	\$303,884
30	Support Group	o Nutrition and	Activities	_	\$1,200)	\$1,20	00	\$1,200	\$1,200	\$4,800
31	Fatherhood Pa	arent Training	Nutrition & Activ	vities							
32	ļ			_						·	
33 34				-							
35	TOTAL OPER	ATING EXPE	NSE		\$81,546	6	\$81,54	16	\$81,546	\$81,546	\$326,184
36											
37	HSA Operatir	ng Expenses I	Detail								1/19/2022

	Α	В		С	D	E	F
1						Appendix B, Pa	ge 4
2							
	Progran	n Name: Homeless Prenatal Program					
		ice Use Support Services for Parents : New Be	eginnings/F	amily Trea	tment Court		
6							
7		Capita	al Expens	ses Deta	il		
8		·	•				
9			Y	'ear 1	Year 2	Year 3	TOTAL
	EQUI	PMENT TERM		2 - 6/30/26			
11	No.	ITEM/DESCRIPTION					
12							0
13							0
14							0
15							0
16							0
17							0
18							0
19							0
	TOTAL	EQUIPMENT COST		0	0	0	0
21							
	REM	ODELING					
	Descrip						
24							0
25							0
26							0
27							0
28							0
	TOTAL	REMODELING COST		0	0	0	
30						-	-
	TOTAL	CAPITAL EXPENDITURE		0	0	0	0
		nent and Remodeling Cost)	-			•	•
33	HSA Ca	pital Expenses Detail					1/19/2022