



**SAN FRANCISCO
HUMAN SERVICES AGENCY**

Department of Benefits
and Family Support

Department of Disability
and Aging Services

Office of Early Care
and Education

P.O. Box 7988
San Francisco, CA
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London Breed
Mayor

Trent Rhorer
Executive Director

MEMORANDUM

TO: HUMAN SERVICES COMMISSION

THROUGH: TRENT RHORER, EXECUTIVE DIRECTOR

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

DATE: MAY 20, 2022

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

DS
ET

GRANT TERMS: 7/1/22-6/30/26

GRANT AMOUNTS: See Table next page

<u>Funding Source</u>	<u>County</u>	<u>State</u>	<u>Federal</u>	<u>Contingency</u>	<u>Total</u>
FUNDING:	\$2,227,733	\$1,741,682	\$81,008	\$405,042	\$4,455,466
PERCENTAGE:	55%	43%	2%		100%

The Department of Benefits and Family Support (BFS) requests approval of a sole source waiver and 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, 2022 to June 30, 2026, in the amount of \$4,050,424 (\$2,432,952 to FSS and \$1,617,472 to MSJSE) plus a 10% contingency for a total not to exceed amount of \$4,455,466. The purpose of the grants is to provide *SafeCare®* Parenting Education, an evidence-based home visitation model for the prevention of child neglect, to San Francisco families with children who are at risk for abuse or neglect.

GRANTEE	ANNUAL	FY 22-26	CONTINGENCY	NOT TO EXCEED
Family Support Services	\$608,238	\$2,432,952	\$243,295	\$2,676,247
Mt St Joseph-St Elizabeth	\$404,368	\$1,617,472	\$161,747	\$1,779,219
TOTAL	\$1,012,606	\$4,050,424	\$405,042	\$4,455,466

Background

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

Services to be provided

Grantees will provide the following:

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

9. Continue to build local infrastructure to sustain and spread *SafeCare*® in San Francisco City & County.

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

Selection

Both Mt. St. Joseph/St. Elizabeth and Family Support Services have been granted a sole source for SafeCare®. See attached sole source for details.

Funding

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

ATTACHMENTS

Appendix A-Services to be Provided (FSS)

Appendix B-Program Budget (FSS)

Appendix A-Services to Be Provided (MSJSE)

Appendix B-Program Budget (MSJSE)

Sole Source

Appendix A– Services to be Provided
Family Support Services of the Bay Area
SafeCare® Parenting Education
07/01/22-06/30/26

I. Purpose of Grant

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

II. Definitions

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

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

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

III Target Population

All San Francisco families with children 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.

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

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

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

SafeCare® Provider Training Requirements & Expectations

FSSBA will maintain a staff of seven (7) comprised of SafeCare® Providers, Coaches and a Trainer/Coordinator.

SafeCare® Provider staff responsibilities include the following:

SafeCare® Providers

- Must attend the five-day 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 prepares periodic reports.
- Train 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, SafeCare® Trainers are observed at one year following training and must complete recertification every two years to maintain.
- SafeCare® trainers must maintain accreditation with NSTRC, as the specific requirements are developed by NSTRC
- 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. They are:

Each SafeCare® Providers will need:

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

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 (to leave with each family)
 - 2) Packet of coloring sheets and box of crayons
 - 3) Toys for Family (walking child – age 5)
 - 4) Toys for infant (0- walking age)
 - 5) Gloves
 - 6) Stickers for reinforcing children's positive behaviors

Additional administrative support to the SafeCare® Program will be provided by a 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 as required by law.
- B. Provide culturally, linguistically-relevant services to a diversity of communities and families in San Francisco.
- C. Ensure that all staff working in the SafeCare® program as a SafeCare® Provider, Coach, or Trainer has a minimum level education/work experience equivalent to a Bachelor's Degree from an accredited institution of higher education.
- D. Administer a client satisfaction survey
- E. Maintain accreditation status as required by the NSTRC.

VII. Agency Responsibilities

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

VIII. Service Objectives-for all SafeCare® Families

- A. 100% of SafeCare® families completing the Home Safety module will receive safety materials (e.g., safely 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 graduate.

IX. Outcome Objectives

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

X. Reporting Requirements

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

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

XI. Monitoring Activities

- A. Program Monitoring: Program monitoring will include review of client eligibility, client files, case documentation, service delivery documentation, and back-up documentation for reporting progress towards meeting service and outcome objectives.
- B. Fiscal Compliance and Grant Monitoring: Fiscal monitoring will include review of the Grantee's organizational budget, the general ledger, quarterly balance sheet, cost allocation procedures and plan, State and Federal tax forms, audited financial statement, fiscal policy manual, supporting documentation for selected invoices, cash receipts and disbursement journals. The compliance monitoring will include review of Personnel Manual, Emergency Operations Plan, Compliance with the Americans with Disabilities Act, sub-grants, and MOUs, and the current board roster and selected board minutes for compliance with the Sunshine Ordinance.

**HUMAN SERVICES AGENCY BUDGET SUMMARY
BY PROGRAM**

	Term
Family Support Services	7/1/22 - 6/30/26
(Check One) New <input checked="" type="checkbox"/> Renewal <input type="checkbox"/> Modification <input type="checkbox"/>	
If modification, Effective Date of Mod. No. of Mod.	

Program: In-Home / Family Support Services - SafeCare					
Budget Reference Page No.(s) Program Term	FY-22-23	FY23-24	FY 24-25	FY 25-26	TOTAL FY22-26
Expenditures					
Salaries & Benefits	\$331,375	331,375	331,375	331,375	1,325,500
Operating Expense	\$184,081	184,081	184,081	184,081	736,324
Subtotal	\$515,456	\$515,456	515,456	515,456	2,061,824
Indirect Percentage (%)	18%	18%	18%	18%	18%
Indirect Cost (Line 16 X Line 15)	\$92,782	\$92,782	\$92,782	\$92,782	371,128
Capital Expenditure	\$0				-
Total Expenditures	\$608,238	\$608,238	608,238	608,238	2,432,952
HSA Revenues					
General Fund	334,530	334,530	334,530	334,530	1,338,120
State	261,542	261,542	261,542	261,542	1,046,168
Federal CFDA #93.590	12,166	12,166	12,166	12,166	48,664
TOTAL HSA REVENUES	608,238	608,238	608,238	608,238	2,432,952
Other Revenues					
Total Revenues	608,238.00				608,238
Full Time Equivalent (FTE)					

Prepared by: Lanny Suwarno, Director of Finance & Administration

HSA-CO Review Signature:

HSA #1

Appendix B, Page 2

Document Date:

5/1/2022

Program: In-Home / Family Support Services - SafeCare

POSITION TITLE	Salaries FY21-22	FTE	FY-22-23	FY23-24	FY 24-25	FY 25-26	FY 26-27	TOTAL
Chief Executive Officer	\$172,734	4%	\$6,737	\$6,737	\$6,737	\$6,737	\$6,737	\$33,685
Chief Operations Officer	\$110,917	30%	\$33,275	\$33,275	\$33,275	\$33,275	\$33,275	\$166,375
SafeCare Program Director	\$82,000	80%	\$65,600	\$65,600	\$65,600	\$65,600	\$65,600	\$328,000
Program Supervisor	\$62,400	75%	\$36,500	\$36,500	\$36,500	\$36,500	\$36,500	\$182,500
Social Worker	\$53,800	100%	\$50,545	\$50,545	\$50,545	\$50,545	\$50,545	\$252,725
Social Worker		100%	\$50,545	\$50,545	\$50,545	\$50,545	\$50,545	\$252,725
Social Worker								
Social Worker								
Administrative Assistant	\$50,000	50%	\$19,548	\$19,548	\$19,548	\$19,548	\$19,548	\$97,740
Part Time Data Entry Assistant								
TOTAL			\$262,750	\$262,750	\$262,750	\$262,750	\$262,750	\$1,313,750
FRINGE BENEFIT RATE 18%								
EMPLOYEE FRINGE BENEFITS			\$68,625	\$68,625	\$68,625	\$68,625	\$68,625	\$343,125
TOTAL SALARIES & BENEFITS			\$331,375	\$331,375	\$331,375	\$331,375	\$331,375	\$1,656,875
HSA #2								

Appendix A– Services to be Provided
Mount St. Joseph-St. Elizabeth/Epiphany Center
SafeCare® Parenting Education
07/01/22 - 06/30/26

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

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Evidenced-Based	Best research evidence, best clinical experience and consistent with family/client values
FCS	Family & Children’s Service Division of the Human Services Agency
Fidelity	In intervention research, fidelity commonly refers to the extent to which an intervention implemented as intended by the designers of the intervention
Grantee	Mt. St. Joseph-St. Elizabeth/Epiphany Center

Mt. St Joseph-St. Elizabeth/Epiphany
6/30/22

7/1/19-

7/2

In Home Parenting	Refers to parent education services provided in the home 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
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III Target Population

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IV. Service Description

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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.

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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.

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

SafeCare® Provider Training Requirements & Expectations

Grantee will maintain a staff comprised of SafeCare® Providers, Coaches, and a trainer/coordinator.

SafeCare® Provider staff responsibilities include the following:

SafeCare® Providers

- Must attend a SafeCare® Training Workshop for five days
- Must pass all end-of-module training quizzes with a minimum score of 85% and demonstrate skills in the field to become certified SafeCare® 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. They are:

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, rolling file organizers to carry supplies

Each family requires:

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

V. Location and Time of Services

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

VI. Grantee Responsibilities

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

VII. Agency Responsibilities

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

VIII. Service Objectives-for all SafeCare® Families

- A. 100% of SafeCare® families (15 families) completing the Home Safety module will receive safety materials (e.g., safely gates), if needed.
- B. 100% of SafeCare® families (15 families) completing the Health module will receive health materials (e.g., first aid kits) if needed.
- C. 50% of families (24 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 Contractor and FCS and include the following:
 - 1. Number of SafeCare® referrals received broken out by sources

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

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

Name

Term

Mount St. Joseph-St. Elizabeth

7/1/2022 - 6/30/2026

(Check One) New Renewal Modification

If modification, Effective Date of Mod. No. of Mod.

Program: In-Home / Family Support Services - SafeCare® Parenting Education

Budget Reference Page No.(s)

Total

Program Term

7/1/22 - 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

Expenditures

Salaries & Benefits

\$334,977

\$334,977

\$334,977

\$334,977

\$1,339,909

Operating Expense

\$16,647

\$16,647

\$16,647

\$16,647

\$66,589

Subtotal

\$351,625

\$351,625

\$351,625

\$351,625

\$1,406,498

Indirect Percentage (%)

15%

15%

15%

15%

15.00%

Indirect Cost (Line 16 X Line 15)

\$52,744

\$52,744

\$52,744

\$52,744

\$210,975

Capital Expenditure

\$0

\$0

\$0

\$0

Total Expenditures**\$404,368****\$404,368****\$404,368****\$404,368****\$1,617,473****HSA Revenues**

General Fund

\$222,403

\$222,403

\$222,403

\$222,403

\$889,612

State

\$173,878

\$173,878

\$173,878

\$173,878

\$695,512

Federal CFDA #93.590

\$8,087

\$8,087

\$8,087

\$8,087

\$32,348

TOTAL HSA REVENUES**\$404,368****\$404,368****\$404,368****\$404,368****\$1,617,472****Other Revenues**

Total Revenues

\$404,368

\$404,368

\$404,368

\$404,368

\$1,617,472

Prepared by: Mt. St. Jo/St. E

Date 03/18/2019

HSA-CO Review Signature:

HSA #1

11/15/2007

Program Name:
Support Services - SafeCare® Parenting Education

Salaries & Benefits Detail

POSITION TITLE	Agency Totals		For HSA Program		7/1/22 - 6/30/23	7/1/23 - 6/30/24	7/1/24 - 6/30/25	7/1/25 - 6/30/26	Total 7/1/22-6/30/26
	Annual Full Time Salary for FTE	Total % FTE	Hours	Rate per Hour					
Program Director	\$97,375	100%	2,080	46.81	\$97,375	\$97,375	\$97,375	\$97,375	\$389,500
SafeCare® Providers	\$54,080	100%	2,080	26.00	\$54,080	\$54,080	\$54,080	\$54,080	\$235,872
SafeCare® Providers	\$56,160	100%	2,080	27.00	\$56,160	\$56,160	\$56,160	\$56,160	\$181,709
SafeCare® Providers	\$58,240	100%	2,080	28.00	\$58,240	\$58,240	\$58,240	\$58,240	\$131,040
TOTALS			8,320		\$265,855	\$265,855	\$265,855	\$265,855	\$1,063,420
FRINGE BENEFIT RATE	\$0								
EMPLOYEE FRINGE BENEFITS	26%				\$69,122	\$69,122	\$69,122	\$69,122	\$276,489
TOTAL SALARIES & BENEFITS					\$334,977	\$334,977	\$334,977	\$334,977	\$1,339,909

Appendix B, Page 3
 Document Date: 6/2/16

Program Name:
 Family Support Services - SafeCare® Parenting Education

Operating Expense Detail

Expenditure Category	TERM					TOTAL
		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
Rental of Property						
Utilities(Elec, Water, Gas, Phone, Scavenger)		\$3,250	\$3,250	\$3,250	\$3,250	\$ 9,750.00
Office Supplies, Postage		\$274	\$274	\$274	\$274	\$ 822.00
Building and Computer Maintenance		\$2,000	\$2,000	\$2,000	\$2,000	\$ 6,000.00
Printing and Reproduction		\$500	\$500	\$500	\$500	\$ 1,500.00
Insurance		\$6,277	\$6,277	\$6,277	\$6,277	\$ 18,829.65
Staff Training		\$2,000	\$2,000	\$2,000	\$2,000	\$ 6,000.00
Staff Travel-(Local & Out of Town)		\$400	\$400	\$400	\$400	\$ 1,200.00
Rental of Equipment						
CONSULTANT/SUBCONTRACTOR DESCRIPTIVE TITLE						
OTHER						
Program Supplies		\$1,297	\$1,297	\$1,297	\$1,297	\$ 3,890.25
Payroll Processing		\$650	\$650	\$650	\$650	\$ 1,950.00
Staff Recruitment		\$0	\$0	\$0	\$0	\$ -
TOTAL OPERATING EXPENSE		\$16,647	\$16,647	\$16,647	\$16,647	\$49,942

HSA #3 **11/15/2007**

	A	B	C	D	E	F
1						Appendix B, Page 4
2						Document Date: 10/10/2014
3						
4	Program Name:					
5	Family Support Services - SafeCare® Parenting Education					
6						
7	Capital Expenditure Detail					
8	(Equipment and Remodeling Cost)					
9						TOTAL
10	EQUIPMENT	TERM	7/1/22 - 6/30/23	7/1/23 - 6/30/24	7/1/24 - 6/30/25	7/1/22-6/30/26
11	No.	ITEM/DESCRIPTION				
12						
13						
14						
15						0
16						0
17						0
18						0
19						0
20	TOTAL EQUIPMENT COST		0	0	0	0
21						
22	REMODELING					
23	Description:					0
24						0
25						0
26						0
27						0
28						0
29	TOTAL REMODELING COST		0	0	0	0
30						
31	TOTAL CAPITAL EXPENDITURE		0	0	0	0
32	(Equipment and Remodeling Cost)					
33	HSA #4					11/15/2007



**SAN FRANCISCO
HUMAN SERVICES AGENCY**

Department of Benefits
and Family Support

Department of Disability
and Aging Services

Office of Early Care
and Education

P.O. Box 7988
San Francisco, CA
94120-7988
www.SFHSA.org

Date: May 13, 2022
To: Dan Kaplan, Deputy Director, HSA
From: Esperanza Zapien, Director of Contracts, HSA
RE: Sole Source Waiver request – Family Support Services and
Mt. St. Josephs for provision of SafeCare® Parent Education

Both Family Support Services (FSS) and Mt. St. Joseph/St. Elizabeth (MSJ/SE) have been providing SafeCare® services for San Francisco child welfare since 2011. SafeCare® is a branded service model that is evidence based and has a very strict structure on fidelity/adherence to the model. It has a unique pyramid structure of programmatic implementation and sustainability that makes it a much different model than the one the Department previously solicited in 2011, when the Department made the decision to implement the SafeCare® model. SafeCare was first implemented in LA County in the 1990’s and the program’s success led to multiple funded research studies, culminating with the creation of the National SafeCare Training and Research Center, founded in 2007.

At this point in time, only two sources exist in San Francisco that could provide the supervision structure that the SafeCare program currently requires: FSS and MSJ/SE because they both employ certified SafeCare trainers, whom the Department has invested years in developing and certifying to their level of expertise.



London Breed
Mayor

Trent Rhorer
Executive Director

SafeCare® is built upon a system of three levels of staff, along with corresponding levels of supervision. At the bottom of the pyramid are home visitors, who are supervised by coaches who go with them on the home visits to ensure adherence to the SafeCare model. (Coaches are home visitors certified by SafeCare at a higher level to be able to supervise the required 10 visits to become a home visitor and then the once monthly home visit, which is on-going). Coaches follow a similar structure of supervision as do the trainers. It takes approximately three years of dedication to become a SafeCare certified trainer. The Department has invested the time necessary to develop the vendor staff to this capacity.

When SafeCare was first implemented nationally, the model was based on each community certifying their own trainers. San Francisco was fortunate to certify two trainers in 2011. Since then, SafeCare national will NOT certify new trainers and requires all new programs to contract directly with them for supervision of coaches and home visitors. Our current trainers are ‘grandfathered’ in from the start of the program and provide a level of supervision not able to be replicated.



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If we were to change providers, it would put the program back to ‘start-up’. A new vendor would have no certified home visitors, no certified coaches to supervise the visitors and no ability to have local 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 counterproductive, resulting in a loss of a 7 year 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, as well as DPH nurses, none of whom are certified trainers. Without coaches/trainers from FSS and MSJ/SE, the DPH nurse SafeCare home visiting program would be suspended. Further, all SafeCare work would be suspended for an unknown number of months while a new staff was 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.

FCS is proposing the following:

Request: 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, 2022 to June 30, 2026, in the amount of \$4,050,424 (\$2,676,247 to FSS and \$1,779,219 to MSJSE) plus a 10% contingency of \$405,042 for a total not to exceed amount of \$4,455,466.

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.

Duration: A grant term four years.

Justification for Sole Source: Item has design and/or performance features that are essential to the Department and no other source satisfies the Department’s requirements.



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<u>Reporting Requirements:</u> Quarterly and Annual Reports
<u>Compliance:</u> The grantees will meet the normal city requirements for contracting.
<u>Future procurement:</u> Is it expected that the current trainers may retire in the next cycle, requiring the department to revisit the program structure.

DK

Approved Disapproved

Dan Kaplan

ED8A460D2D23472...
Dan Kaplan, Deputy Director of Administration and Finance