City and County of San Francisco

London Breed, Mayor

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

Trent Rhorer, Executive Director

MEMORANDUM

TO:	HUMAN SERVICES COMMISSION
THROUGH:	TRENT RHORER, EXECUTIVE DIRECTOR
FROM:	JOAN MILLER, DEPUTY DIRECTOR JOHN TSUTAKAWA, DIRECTOR OF CONTRACTS JK
DATE:	MAY 17, 2019
SUBJECT:	NEW GRANT: **FAMILY SUPPORT SERVICES** (FSS) (NON-PROFIT) FOR SAFECARE® TRAINING TO DEPARTMENT OF PUBLIC HEALTH NURSES
GRANT TERMS:	7/1/19-6/30/22

	Current	Contingency	Total		
GRANT AMOUNTS:	$177,639	$17,764	$195,403		

	FY 19/20	FY 20/21	FY 21/22		
ANNUAL AMOUNT:	$59,213	$59,213	$59,213		

Funding Source	County	State	Federal	Contingency	Total
FUNDING:	$97,701	$76,385	$3553	$17,764	$195,403
PERCENTAGE:	55%	43%	2%	0%	100%

The Department of Human Services (DHS) requests authorization to enter into a new grant agreement with Family Support Services (FSS) for the time period beginning July 1, 2019 and ending on June 30, 2022, in the amount of $177,639 plus a 10% contingency of $17,764 for a total not to exceed amount of $195,403. The purpose of is to provide training and supervision for Public Health Nurses (PHNs) in the Maternal, Child and Adolescent Health (MCAH) section of the Department of Public Health (DPH) to continue to utilize *SafeCare®*, an evidence-based in-home parent training model for the prevention and intervention of child neglect.

Background

Since 2011, the Department has been utilizing *SafeCare®,* an in-home parent training 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. Using an evidence-based program allows Family and Children's Services (FCS) to align its services with a model supported by research in the

areas of effective parenting and childcare techniques, child development, health, safety and nutrition.

The Maternal, Child and Adolescent Health (MCAH) Public Health Nurses is a logical match for the *SafeCare®* Program. The Department of Public Health (DPH) is committed to use of evidence-based practices in their home visits to families involved with child welfare to improve outcomes for families with young children. Nurses trained in *SafeCare®* curricula provide this training during home visitation to identified families – typically families through DDC (dependency drug court) or for children with significant medical issues.

Target Population
1. Families with children 0 to 5 years of age, who reside in SF. The nurses funded by this program will assist primarily families with children 0 through 2 years of age with a focus on children with more intensive medical needs.
2. Families identified at high, moderate and low risk for neglect and inconclusive or substantiated referrals for neglect.

Services to be Provided
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-
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.

Parent-Child/Parent-Infant Interactions Module-
This module consists of training on parent-infant interactions (birth to 8-9 months) and parent-child interactions (8-10 months to 5 years). The purpose of this module is to teach parents to provide engaging and stimulating activities, increase positive interactions, and prevent troublesome child behavior.

All three modules involve baseline assessment, intervention (training) and follow-up assessments to monitor change.

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.

Selection
Family Support Services is an approved sole sourced for these services.

Funding
This grant will be funded through a combination of County, State, and Federal funds.

ATTACHMENTS
Appendix A – Services to be Provided
Appendix B – Program Budget

Appendix A – Services To Be Provided
Family Support Services
SafeCare® for DPH Nurses
07/01/19-06/30/22

I.   Purpose

The purpose is to provide administrative support and funds to support the Public Health nurses implementing SafeCare®, 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.

II.   Definitions

DPH	San Francisco Department of Public Health
FCS	Family & Children's Service Division of the Human Services Agency
Grantee	Family Support Services
In Home Parenting	Refers to parent education services provided in the home where parents actively acquire parenting skills through mechanisms such as homework, modeling or practicing skills. Parent education is focused on the acquisition of new parenting skills and behaviors to promote positive parent-child interaction.
PHN	Public Health Nurse
SF-HSA	San Francisco Human Services Agency

III   Target Population

All San Francisco families with children 0-5 who have a history of child maltreatment and/or risk factors for maltreatment. May be voluntary and may or may not have an open child welfare case or open court dependency care. 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 SafeCare® evidence-based parent training curriculum consists of the following three required module activities for referred families:

Health Module-

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

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

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

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

Other Related Activities-
In addition to the required three modules of SafeCare® model, there are two additional focal points: problem-solving and counseling skills. Problem-solving is used by the SafeCare® home visitors to help parents work through the many problems they may face that are not addressed by the SafeCare® model. Structured problem-solving involves correctly framing the problem, generating

potential solutions, identifying pros and cons of those solutions, choosing a solution, and acting.

SafeCare® also teaches home visitors to use good 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. Staff members conduct observations of parental knowledge and skills for each module by using a set of observation checklists. The SafeCare® training format is based on well-established social learning theory and evidence from previous research. Service home visitors and parents will be trained using a general seven step format:

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

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

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

If FCS determines a need for more training of more staff, the home visitor will do the following:

Home Visitor Training Requirements & Expectations.
Home visitor staff responsibilities include the following:

Home Visitors
- Must attend a SafeCare® Training Workshop for five days
- Must demonstrate skills in the field to become certified SafeCare® home visitor

- Adherence to the SafeCare® protocols is regularly monitored by their Coach (Coordinator) through direct observation or recording of sessions
- Must participate in weekly team meetings with Coaches (Coordinator) to discuss cases.

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, Home Visitors are provisionally certified.

Coach (Coordinator) Responsibilities:
- Must attend SafeCare® Home Visitation training and achieve full certification.
- Must complete one day of additional training in SafeCare® coaching.
- Must work with Home Visitor to monitor fidelity according to NSTRC's minimum required frequencies:
  1. The first nine family sessions (two must be live observations)
  2. One session per month thereafter
  3. Fidelity assessment and coaching sessions should be done more frequently for Home Visitors who consistently fall below minimum standards (85%)
- Should conduct weekly meetings of all SafeCare® staff to discuss SafeCare® implementation.
- Will be regularly supported and monitored by their SafeCare® Trainer to assist them in performing their coaching duties.
- Coaches should participate in periodic implementation meetings with NSTRC to assess organizational progress in implementing SafeCare®, program successes, and problem-solving techniques. NSTRC recommends quarterly meetings.

Trainer Responsibilities:
- Train individuals to conduct SafeCare® trainings for new home visitors and coach within the implementing organization and provide support to the coach in the partnership.
- After completing home visitor training and coach training and gaining experience delivering SafeCare® and coaching SafeCare® home visitors, individuals may complete SafeCare® Trainer training.
- Trainer training requires a commitment to NSTRC to adhere to the requirements regarding distribution of materials, support of SafeCare® coaches and home visitors and reporting of data to NSTRC.

- Trainer training includes a two-day workshop that teaches trainees about: SafeCare® training methods, teaching adult learners, setting up role-plays, and providing feedback to trainees, and supporting SafeCare® coaches. Trainees are provisionally certified as a trainer upon completion of the workshop.
- 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 home visitor training, as rated by a NSTRC trainer observer.
- After certification, SafeCare® Trainers are observed at one year following training and must complete recertification every two years to maintain.

SafeCare® Trainers will continue to supervise PHN SafeCare® Visits to ensure compliance to SafeCare® requirements and protocols. Additionally, should new PHNs require SafeCare® training, Grantee will include them in their regular training schedule.

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 Contractor 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. Home visitors should possess the capability to provide culturally, linguistically-relevant services to a diversity of communities and families in San Francisco.

C. All home visitor staff working in the SafeCare® program as a Home Visitor, Coach, or Trainer is required to have a minimum level education equivalent to a Bachelor's Degree from an accredited institution of higher education.

D. Administer an annual client satisfaction survey

VII. Agency Responsibilities

A. HSA is responsible for providing referrals from open or closed Child Welfare Cases.

B. HSA is responsible for completing reports on statistical longitudinal reports on families that have completed SafeCare® Training.

VIII. Service Objectives

A. 100% of SafeCare® families (12 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 (14 families) will receive health materials (e.g., first aid kits) if needed.

C. 50% of families or 12 families referred 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

Monthly Reports

The DPH Nurse Coordinator will provide the following data directly to the FSSBA Program Manager by the 5th of each month:

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 and YTD
4. Number of SafeCare® referrals transitioned to an open SafeCare®/DR case and YTD
5. Number of completed/closed SafeCare® cases and YTD
6. Ethnicity of both parent and child

FSSBA will combine this monthly data, along with data from their SafeCare® grant and the SafeCare® data from the Epiphany Center into one monthly report submitted to FCS. The FSSBA Program Manager will enter the information into CARBON by the 15th day of the month following the last day of the reporting period.

Quarterly and Annual Reports

The DPH Nurse Coordinator will report the outcomes for Sections VIII and

IX on a quarterly and annual basis. The reported information should include the YTD progress toward meeting the indicated service and outcome objectives. The DPH Nurse Coordinator will enter the information into CARBON by the 15th day of the month following the last day of the reporting period.

Questions can be submitted to the following staff:

Liz Crudo, Program Manager at Liz.Crudo@sfgov.org,
Vanetta Dunlap, Senior Program Analyst at Vanetta.Dunlap@sfgov.org, and,
Johanna Gendelman, Contract Manager at Johanna.Gendelman@sfgov.org

IX.   **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 and Compliance Monitoring: Fiscal monitoring will include review of the Contractor'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, MOUs, and the current board roster and selected board minutes for compliance with the Sunshine Ordinance.

4/11/2019

HUMAN SERVICES AGENCY BUDGET SUMMARY
BY PROGRAM

Name	Term		Term
FAMILY SUPPORT SERVICES			7/1/19 - 6/30/22

(Check One)   New X__   Renewal __   Modification __

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

Program: SafeCare Training - DPH Nurses

Budget Reference Page No.(s)	Annual Budget	Annual Budget	Annual Budget	Total Term
Program Term	7/1/19-6/30/20	7/1/20-6/30/21	7/1/21-6/30/22	7/1/19 - 6/30/22
Expenditures				
Salaries & Benefits	$37,015	$37,015	$37,015	$111,045
Operating Expense	$ 13,166	$ 13,166	$ 13,166	$39,498
Subtotal	$50,181	$50,181	$50,181	$150,543
Indirect Percentage (%)	18%	18%	18%	
Indirect Cost (Line 16 X Line 15)	$9,032	$9,032	$9,032	$27,096
Capital Expenditure				
Total Expenditures	$59,213	$59,213	$59,213	$177,639
HSA Revenues				
	$59,213	$59,213	$59,213	$177,639
TOTAL HSA REVENUES	$59,213	$59,213	$59,213	$177,639
Other Revenues				
Total Revenues	**$59,213**	**$59,213**	**$59,213**	**$177,639**
Full Time Equivalent (FTE)				

Prepared by: Interim - Director of Finance			4/11/2019
HSA-CO Review Signature:			
HSA #1			**11/15/2007**
Net	$0	$0	

Program: SafeCare Training - DPH Nurses

Salaries & Benefits Detail

1.00

POSITION TITLE	Agency Totals		For HSA Program		7/1/19-6/30/20	7/1/20-6/30/21	7/1/21-6/30/22	7/1/19 - 6/30/22
					For HSA Program	For HSA Program	For HSA Program	TOTAL
	Annual Full TimeSalary for FTE	Total % FTE	% FTE	Adjusted FTE	Budgeted Salary	Budgeted Salary	Budgeted Salary	Total Term
Chief Executive Officer	$158,844	100.0%	0.5%	0.5%	$804	$804	$804	$2,412
Deputy Director	$105,405	100.0%	2.5%	2.5%	$2,708	$2,708	$2,708	$8,124
SafeCare Program Director	$71,105	100.0%	20.0%	20.0%	$14,399	$14,399	$14,399	$43,197
Program Specialist/Home Visitor	$43,705	100.0%	25.0%	25.0%	$0	$0	$0	$0
Office Manager	$42,645	100.0%	2.8%	2.8%	$1,209	$1,209	$1,209	$3,627
SafeCare Program Supervisor/Trainer	$50,700	100.0%	20.0%	20.0%	$10,267	$10,267	$10,267	$30,801
TOTALS		5.00	0.70	0.70	$29,387	$29,387	$29,387	$88,161
FRINGE BENEFIT RATE					26.0%	26.0%	26.0%	26.0%
EMPLOYEE FRINGE BENEFITS					$7,628	$7,628	$7,628	$22,884
TOTAL SALARIES & BENEFITS					$37,015	$37,015	$37,015	$111,045

$0

HSA #2   11/15/2007

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Program: SafeCare Training - DPH Nurses

Expenditure Category	Operating Budget 7/1/19-6/30/20		Original Budget 7/1/20-6/30/21		Revised Budget 7/1/21-6/30/22		TOTAL 7/1/19 - 6/30/22	
Rental of Property	$	4,069	$	4,069	$	4,069	$	12,207
Utilities(Elec, Water, Gas, Phone, Scavenger)	$	682	$	682	$	682	$	2,046
Office Supplies, Postage	$	761	$	761	$	761	$	2,283
Building Maintenance Supplies and Repair	$	158	$	158	$	158	$	474
Printing and Reproduction	$	1,009	$	1,009	$	1,009	$	3,027
Insurance	$	217	$	217	$	217	$	651
Staff Training	$	693	$	693	$	693	$	2,079
Staff Travel-(Local & Out of Town)	$	132	$	132	$	132	$	396
Rental of Equipment	$	174	$	174	$	174	$	522
CONSULTANT/SUBCONTRACTOR DESCRIPTIVE TITLE							$	-
CODB Awarded 1-12-18							$	-
Computer Consultant	$	733	$	733	$	733	$	2,199
							$	-
							$	-
OTHER							$	-
Small Furniture & Equipment	$	399	$	399	$	399	$	1,197
Depreciation	$	98	$	98	$	98	$	294
Vehicle Gas, Maintenance & Fees	$	-	$	-	$	-	$	-
Advertising/Recruitment	$	154	$	154	$	154	$	462
Employee Costs	$	86	$	86	$	86	$	258
Meetings/Orientations	$	256	$	256	$	256	$	768
Client Needs	$	-	$	-	$	-	$	-
Program Supplies	$	3,534	$	3,534	$	3,534	$	10,602
Memberships, Subscriptions & Publications	$	11	$	11	$	11	$	33
TOTAL OPERATING EXPENSE	$	13,166	$	13,166	$	13,166	$	39,498

Total								11/15/2007

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