



London Breed, Mayor

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

Trent Rhorer, Executive Director

MEMORANDUM

TO: HUMAN SERVICES COMMISSION

THROUGH: TRENT RHORER, EXECUTIVE DIRECTOR

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

DATE: MAY 19, 2019

SUBJECT: GRANT MODIFICATION: **INSTITUTO FAMILIAR DE LA RAZA (NON-PROFIT) TO PROVIDE DIFFERENTIAL RESPONSE COORDINATION SERVICES**

GRANT TERM:	<u>Current</u> 7/1/16-6/30/19	<u>Modification</u> 7/1/19-6/30/2021	<u>Contingency</u>	<u>Total</u>
GRANT AMOUNT:	\$649,463	\$552,958	\$120,242	\$1,322,663
ANNUAL AMOUNT:	<u>FY 18/19</u> \$276,479	<u>FY 19/20</u> \$276,479	<u>FY 20/21</u> \$276,479	
FUNDING SOURCE:	<u>County</u>	<u>State</u>	<u>Federal</u>	<u>Contingency</u>
MODIFICATION FUNDING:	\$192,388	\$1,010,033		\$120,242
PERCENTAGE:	16%	84%		100%

The Department of Human Services (DHS) requests authorization to modify the grant agreement with Instituto Familiar de La Raza (IFR) for the period of July 1, 2019 to June 30, 2021, in an additional amount of \$552,958 plus a 10% contingency for a total grant amount not to exceed \$1,322,663. The purpose of the modification is extend the grant for two more years.

Background

Since 2005, San Francisco Family & Children’s Services (FCS) has been providing Differential Response (DR) services as part of the California statewide Child Welfare Redesign. When Family and Children’s Services (FCS) identifies a family as at-risk for future child maltreatment, the DR Liaisons engage with families to enhance their strengths, as well as work with families to address their concerns and needs. The goal is to strengthen, support and preserve families who have been referred to child welfare services using community-based interventions, which includes standardized assessments, family engagement techniques, evidence-based practices, and community partnerships. Currently, 10 Family Resource Centers (FRC)

provide DR services in addition to a community-based agency that provides specialized DR services to families experiencing domestic violence.

Services to be Provided

As the Lead DR Coordination agency, the Grantee provides an organized governance structure for a multi-ethnic network of FRCs. The Grantee maintains an extensive DR procedure manual as well as infrastructural and data systems that cover the spectrum of DR services and lead agency responsibilities.

Grantee provides a Lead DR Coordinator who supports, and is the central point of contact for the FRCs that provides DR services to families as well as for HSA and First 5. The responsibilities of the Coordinator includes facilitation, referral triage, training, quality assurance, community convening, case supervision, and reporting. The grantee will also attend and participate in Red Team meetings, a group decision-making framework to assess and respond to allegations of child maltreatment.

The Lead DR Coordinator also facilitates and coordinates a variety of meetings such as the monthly DR Coordination team meetings to provide oversight of the DR processes. An administrative support person is assigned to support the Lead DR Liaison.

In January of 2018, the Grantee received additional funding to provide staffing for the RED Team, a group decision-making framework to assess and respond to allegations of child maltreatment within the Differential Response system. This additional funding is annualized in this modification.

For more specific detail regarding services to be provided, please refer to Appendix A-2 (attached).

Program Monitoring: A program monitoring for Instituto Familiar de la Raza was conducted on March 7, 2019. The Department found no findings and Grantee is expected to meet service and outcome objectives for FY18-19.

Fiscal Compliance and Contract Monitoring: A standard fiscal and contract compliance monitoring was completed for FY 18-19. The Department found no fiscal and compliance monitoring findings and found the Grantee in compliance with all City contracting requirements.

Selection

Grantee was selected through Request for Proposals #675 which was released March 10, 2016. The IFR proposal was the highest ranked of the three received. The original term was three years with a two-year option to renew. This extends the grant to full time period specified in the RFP.

Funding

Funding will be provided through County general funds (16%) and State funds (84%).

ATTACHMENTS

Appendix A-2 – Services to be Provided

Appendix B-2 – Program Budget

Appendix A-2 – Services to be Provided
Instituto Familiar de la Raza
Differential Response Program Coordination Services
July 1, 2016 – June 30, 2021
Last update: 3/20/2019

I. Purpose of Grant

Grantee will provide the coordination, referral triage, training, quality assurance, case consultation and planning to the Differential Response Liaisons across a multi-cultural, multi-neighborhood network of family resource centers and other similar programs.

The goal of this contract is to implement a coordinated, high quality network of community partners to strengthen, support and preserve families who have been referred to Child Protective Services but whose circumstances do not warrant opening a child welfare case. The program will use community based interventions including standardized assessment, family engagement techniques and community partnerships.

II. Definitions

SFHSA/HSA San Francisco Human Services Agency

Grantee Instituto Familiar de la Raza

CPS Child Protective Services (same as Family and Children’s Services)

FCS Family and Children’s Services Division

FCS Linked Families that have been referred through the FCS Hotline and/or families that have active or recently closed cases with FCS at the time of engagement by the Family Resource Center.

Differential Response (DR) An approach to working with moderate-to-low risk families with a substantiated, inconclusive or unfounded CPS allegation using standardized assessments, family engagement techniques, evidence-based practice and community partnership.

FRC A Family Resource Center serves as a centralized location for children and families to access services critical to their well-being.

CQI Continuous Quality Improvement is the comprehensive process of identifying, describing, and analyzing strengths and problems and testing, implementing, learning from and revising solutions.

- Relies on an organizational culture that is proactive and supports continuous learning
- Grounded in the overall mission, vision, and values of the agency
- Dependent upon the meaningful and active engagement of staff at all levels, children, youth, families, and stakeholders

RED Team A group decision-making and partnership strategy to respond proportionally to allegations of maltreatment within a differential response system. It is informed by a consultation and information sharing framework that includes harm/danger, risk statements, complicating factors, safety, strengths/ protective factors, the purpose/focus of consultation and next steps. The members of the RED team are charged with reviewing, evaluating and directing (RED) 10-day response cases that have been accepted through intake screening.

CPM Core Practice Model, a State model which outlines the values, components, elements and behavior associated with Child Welfare

III. Target Population

This grant will primarily serve families referred to FCS who receive a substantiated moderate-to-low risk assessment. Families identified as such will generally have a closed or soon-to-be-closed FCS referral that needs to be transitioned to community partners for engagement in supportive services and/or case management.

In addition DR case management services, FCS referrals involving families with children ages 0-5 and neglect-related risk will also be triaged to Family Support Services for SafeCare in-home parenting support.

IV. Description of Services

- a. Coordination: Hire and maintain a coordination team, which consists of a Program Coordinator and Data and Training Coordinator.
- b. Outreach: Educate child welfare staff about the Differential Response program and services offered.
- c. RED Team Participation/Case Consultation
 - i. Participate and facilitate the RED Team meetings led by FCS staff to review Hotline referrals.
 - ii. Triage referrals to appropriate DR Liaison based on a process described in the section below (Referral Triage).
 - iii. Train and coach DR Liaisons participating in the RED Team meetings as needed.
- d. Referral Triage
 - i. Regular review of DR designated referrals from FCS to identify key presenting concerns and assessment of family needs in consultation with FCS Protective Service Workers (PSWs)/ Supervisors, and other assigned representatives.
 - ii. Regular review of potential SafeCare designated referrals from FCS to identify minimum screen-in criteria and assessment of family needs in consultation with FCS PSW, SafeCare providers, and other assigned representatives.
 - iii. Identify “best fit” for neighborhood/population-based DR Liaison services based on consideration of client/family culture and geographic location as well as individual DR/CR CBO capacity, and equity among service providers.
 - iv. Ensure community based DR Liaison follow-up within required timeframes and documentation of contacts/dispositions is completed.
 - v. Coordinate and assist community-based DR Liaison in identifying resources and support as needed for families who agree to participate in and/or receive services.
- e. Quality Assurance / Technical Assistance:
 - i. Design and ongoing review of forms and documentation for tracking and disposition of referrals which includes but not limited to capturing demographic, service utilization, service delivery, outcome and satisfaction data.
 - ii. Compile data collected from DR Liaisons and prepare quarterly reports
 - iii. Provide case file review to ensure proper standardized documentation is contained in file and is completed thoroughly, accurately and adheres to case management best and/or evidenced informed practice.
 - iv. Verify that files are completed thoroughly, accurately and in keeping with best practice as outlined in the Standards of Quality for Family Strengthening and Support (SQFSS).
 - v. Provide ongoing monitoring of parent engagement and case management practices to ensure alignment with the standards identified in the SQFSS.
 - vi. Provide individual and group case consultation and support for DR Liaisons.
 - vii. Identify training needs and provides training and /or identifies consultant or other training opportunities to address needs.
 - viii. Oversee and implements a family-involved Continuous Quality Improvement process. Solicit regular feedback from families, HSA staff and community agency staff and use that feedback to refine policies, practice and procedures.

- ix. Develop and refine procedures and policies as needed to ensure efficient and effective ongoing implementation.
 - x. Oversee orientation and mentoring of newly hired DR Liaisons.
- f. Convening
 - i. Facilitate and coordinate community based service team DR Liaison meetings.
 - ii. Facilitate and coordinate DR Coordination team meetings.
 - iii. Actively participate in FCS Differential Response Workgroup and make presentations regarding ongoing DR Implementation.
 - iv. Participate in other FCS or community based collaborative meetings, trainings and committees as needed.
 - g. Administration of Engagement Funds
 - i. Administer and distribute the funds to FRCs based on the caseload and capacity twice a year. Engagement funds will be used to incentivize client engagement. Grantee shall administer the funds according to the policy detailed in the DR Policy and Procedure Manual.

V. Location of Services

Coordination of DR services will be provided at Grantee's offices as well as HSA building at 170 Otis Street. Services will also be provided at neighborhood-based locations within the city and county of San Francisco during regular business hours.

VI. Grantee Responsibilities

Grantee responsibilities are summarized as follows:

- a. develop an implementation plan (within the first 6 months of contract start date, with progress reported in the quarterly report) that is framed in a CQI methodology that will include but not limited to:
 - i. How services and support for DR Liaisons and families will be coordinated and delivered
 - ii. How delivered services will be captured and evaluated
 - iii. The impact of services and achievement of desired outcomes
 - iv. Capture lessons learned to inform continuous quality improvement (type of services offered, service delivery methods, evidence based / evidence informed practice) as identified in the Standards of Quality for Strengthening & Support
- b. Develop a system for tracking the effect of DR on specific families over time in collaboration with HSA and First Five.
- c. Coordinate and facilitate the DR Services Coordination Meeting, which will include HSA, First 5, and other DR stakeholders.
- d. Attend the DR Workgroup meeting.
- e. Provide technical assistance to ER PSWs and other duties as appropriate.
- f. As mandated reporter, report incidents of child abuse, domestic violence, and elder abuse.
- g. Ensure all employees of this grant are TB tested annually.
- h. Conduct criminal background checks on all employees and shall arrange to receive subsequent criminal notifications if an employee is convicted of a crime during the time of his or her employment.
- i. Be familiar with FCS practices and policies such as the California Core Practice model. Information on the CPM can be found here: <http://calswec.berkeley.edu/California-child-welfare-core-practice-model>.

VII. Departmental Responsibilities

- a. Participate in all DR Workgroups and related meetings.
- b. Provide referrals, support and technical assistance as needed to support ongoing implementation.
- c. Communicate current policy and protocol updates and revisions.

VIII. Service Objectives

- a. Coordinate a minimum of 10 case consultation meetings to DR CBO staff, annually.
- b. Coordinate a minimum of 10 DR CBO service team trainings, annually.
- c. Provide all newly hired DR CBO line staff with an orientation session for DR services.
- d. Respond to 95% or more of all referrals within 2 working days.

- e. Participate in 95% or more of RED Team meetings.

IX. Outcome Objectives

- a. Grantee will conduct a survey of all DR Liaisons every six months. The survey instrument will be approved by HSA, and at least 75% of differential response liaisons will rate Grantee as very good or excellent. The Survey will measure:
 - i. Leadership of the differential response network
 - ii. Triaging differential response cases
 - iii. Trainings and quality assurance work

X. Reporting Requirements

- a. Grantee will provide a quarterly report of activities, referencing the tasks as described in Sections VIII and IX, the Service and Outcome Objectives. Grantee will enter the quarterly metrics in CARBON by 45 days after the end of the quarter.
 - i. Grantee will provide highlights of accomplishments including client vignettes and success stories.
 - ii. Grantee will provide an overview of service delivery and program opportunities and challenges as appropriate.
 - iii. Grantee will maintain a Master Client list of all unduplicated clients served during the specified reporting period.
- b. Grantee will provide an annual report summarizing the contract activities, referencing the tasks as described in Sections VIII and IX, the Service and Outcome Objectives. This report may substitute for the final quarterly report referenced in the above item. Grantee will enter the annual metrics in CARBON 45 days after the end of the program year. The annual report will include an expenditure list for engagement funds used by FRCs.
- c. Grantee may be required by the department to produce other ad-hoc reports, including monthly statistical summaries.
- d. For assistance with reporting requirements or submission of reports, contact:

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Program Support Analyst
Family and Children's Services
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XI. Monitoring Activities

- a. Program Monitoring: Program monitoring will include review of client eligibility, and all supporting documentation for reporting progress towards meeting service and outcome objectives.
- b. Fiscal Compliance and Grant Monitoring: Fiscal monitoring will include review of 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, subgrants, and MOUs, and the current board roster and selected board minutes for compliance with the Sunshine Ordinance.

HUMAN SERVICES AGENCY BUDGET SUMMARY

Name Instituto Familiar de la Raza, Inc.	Term 7/1/16 to 6/30/21
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(Check One) New Renewal Modification

If modification, Effective Date of Mod. 7/1/19 No. of Mod. 2

Program: DR Coordination	FY 16/19	FY19-20	FY20-21	
Budget Reference Page No.(s)	PRIOR TERM			TOTAL
Program Term	7/1/16-6/20/19	7/1/19-6/30/20	7/1/20-6/30/21	7/1/16 to 6/30/21
Expenditures				
Salaries & Benefits	\$510,957	\$216,137	\$216,137	\$943,231
Operating Expense	\$53,794	\$24,280	\$24,280	\$102,353
Subtotal	\$564,751	\$240,417	\$240,417	\$1,045,584
Indirect Percentage (%)	15%	15%	15%	15%
Indirect Cost (Line 16 X Line 15)	\$84,713	\$36,062	\$36,062	\$156,838
Capital Expenditure				
Total Expenditures	\$649,463	\$276,479	\$276,479	\$1,202,421
HSA Revenues				
General Fund				
45FCCSWOIP	\$649,463	\$276,479	\$276,479	\$1,202,421
TOTAL HSA REVENUES		\$276,479	\$276,479	\$1,202,421
Other Revenues				
Total Revenues		\$276,479	\$276,479	\$1,202,421
Full Time Equivalent (FTE)		2.78	2.78	0.00

Prepared by: Benny Ng

415-229-0546

HSA-CO Review Signature: _____

HSA #1

Program Name: DR Coordination
 (Same as Line 9 on HSA #1)

Salaries & Benefits Detail

POSITION TITLE	Agency Totals		For HSA Program		Fy 16-19	FY19-20	FY20-21	TOTAL
	Annual Full Time Salary for FTE	Total % FTE	% FTE	Adjusted FTE				7/1/19-6/30/21
Program Director	\$113,065	100%	7%		\$21,199	\$7,915	\$7,915	\$15,830
Program Manager	\$92,275	100%	30%		\$64,838	\$27,682	\$27,682	\$55,364
Clinical Supervisor	\$92,540	100%	1%		\$9,930	\$925	\$925	\$1,850
DR Coordinator	\$65,000	100%	100%		\$183,159	\$65,000	\$65,000	\$130,000
DR Training & Data Coordinator	\$54,000	100%	100%		\$81,000	\$54,000	\$54,000	\$108,000
DR Coordination Assistant	\$41,000	100%	20%		\$16,854	\$8,200	\$8,200	\$16,400
Program Support	\$40,454	100%	20%		\$24,022	\$8,091	\$8,091	\$16,182
TOTALS	\$498,334	7.00	2.78	0.00	\$401,002	\$171,813	\$171,813	\$343,626
FRINGE BENEFIT RATE	26%							
EMPLOYEE FRINGE BENEFITS	\$128,559.28				\$109,955	\$44,324	\$44,324	\$88,648
TOTAL SALARIES & BENEFITS	\$626,893				\$510,957	\$216,137	\$216,137	\$432,274
HSA #2								83202

Program Name: DR Coordination
(Same as Line 9 on HSA #1)

Operating Expense Detail

Expenditure Category	TERM	FY 16-19	FY19-20	FY20-21	Total FY19-21
Rental of Property		\$7,713	\$2,726	\$2,726	\$5,452
Utilities (Elec, Water, Gas, Phone)		\$3,856	\$1,483	\$1,483	\$2,965
Office Supplies, Postage		\$4,122	\$1,112	\$1,112	\$2,224
Building Maintenance		\$7,053	\$2,224	\$2,224	\$4,448
Printing and Reproduction		\$1,903	\$222	\$222	\$444
Insurance		\$4,101	\$1,557	\$1,557	\$3,114
Staff Training		\$5,000	\$2,000	\$2,000	\$4,000
Staff Travel (Local & Out of Town)		\$1,800	\$400	\$400	\$800
Rental of Equipment		\$1,446	\$556	\$556	\$1,112
CONSULTANT/SUBCONTRACTOR DESCRIPTIVE TITLE					
Graphic Designer			\$1,000	\$1,000	\$1,000
Prof Consultation			\$600	\$600	\$600
OTHER					
Program Supplies/Membership Fees		\$4,100	\$2,200	\$2,200	\$4,400
Meeting Expenses		\$6,300	\$1,200	\$1,200	\$2,400
Group Activities		\$6,400	\$2,000	\$2,000	\$4,000
Engagement Fund			\$5,000	\$5,000	\$10,000
TOTAL OPERATING EXPENSE					
		\$53,794	\$24,280	\$24,280	\$46,959

HSA #3