



Edwin M. Lee, Mayor

Trent Rhorer, Executive Director

MEMORANDUM

TO: HUMAN SERVICES COMMISSION

THROUGH: TRENT RHORER, EXECUTIVE DIRECTOR

FROM: SYLVIA DEPORTO, DEPUTY DIRECTOR
JOHN TSUTAKAWA, DIRECTOR OF CONTRACTS *39/*

DATE: AUGUST 19, 2016

SUBJECT: **GRANT MODIFICATION: SAN FRANCISCO CHILD ABUSE PREVENTION CENTER (NON-PROFIT) TO PROVIDE MANDATED REPORTER TRAINING AND INTERVENTION SERVICES**

	<u>Current</u>	<u>Modification</u>	<u>Revised</u>	<u>Contingency</u>	<u>Total</u>
GRANT TERM:	7/1/14- 6/30/17	7/1/16 – 6/30/17	7/1/14- 6/30/17		
TOTAL GRANT AMOUNT:	\$1,164,384	\$292,359	\$1,456,743	\$114,674	\$1,602,417
ANNUAL AMOUNT	7/1/14 – 6/30/15 \$298,128	7/1/15 – 6/30/16 \$575,581	7/1/16 – 6/30/17 \$583,034		
Funding Source	<u>County</u>	<u>State</u>	<u>Federal</u>	<u>Contingency</u>	<u>Total</u>
MODIFICATION	76,013	\$213,422	\$2,924	\$29,236	\$321,595
FUNDING:					
PERCENTAGE:	26%	73%	1%		100%

The Department of Human Services (DHS) requests authorization to modify the existing grant with San Francisco Child Abuse Prevention Center (SFCAPC) for the period of July 1, 2016 to June 30, 2017 in an additional amount of \$292,359 plus a 10% contingency for a revised total grant amount not to exceed \$1,602,417. The purpose of the modification is to extend: 1) expansion of community education and training program on child abuse to the most at-risk populations, 2) continue the program for multi-disciplinary team meetings (MDT) for children and young adults who have been commercially sexually exploited (CSEC), and 3) adjust the program budget to partially offset the Grantee’s increased cost of doing business.

Background

The Child Abuse Prevention Center has been designated by the Board of Supervisors as the county's Child Abuse Council since 1982, and as such, has responsibility to:

- Be the conduit for interagency cooperation and coordination in the prevention, detection, treatment, and legal processing of child abuse cases;
- Promote public awareness of the abuse and neglect of children and of the resources available for intervention and treatment;
- Encourage and facilitate the training of professionals in the detection, treatment, and prevention of child abuse and neglect;
- Recommend improvements in services to families and victims; and
- Encourage and facilitate community support for child abuse and neglect programs.

As San Francisco recognizes CSEC as a form of child abuse, a protocol for identification and treatment was completed by the CSEC Steering Committee in October 2015. An integral part of the protocol was the recommendation to develop and implement a monthly MDT process for CSEC in order to increase services coordination and afford better outcomes for CSEC. A pilot program for the MDT process was successfully launched last year and this modification continues that vital service coordination.

Services to be Provided

The modification funding will provide for the following:

1. Continued expansion of community education and systems improvement services. These expanded programs will focus on the communities most at risk for child abuse based on known community risk factor to ensure that children know how to keep themselves safe and providers know how to identify and report abuse. Training will be expanded to include CSEC to ensure providers understand their legal obligations and strengthen prevention efforts.
2. Continue the program for monthly MDT team meetings for children and young adults who have been commercially sexually exploited. (CSEC/YA). These meetings will be for any CSEC/YA with high level needs referred by any of the CSEC agencies. The goal of the MDT is twofold: to provide recommendations for systems improvement for the CSEC protocol and to provide case coordination for victims. The agencies involved include FCS, Probation, Mental Health, DPH, Huckleberry Youth Programs and education services.

For more specific information regarding the services to be provided, please refer to the attached Appendices A-2 & A-2(a).

Selection

Grant is sole sourced. The contractor has been designated by the San Francisco Board of Supervisors as the County's Child Abuse Council and has been granted authority to provide these services under this designation.

Funding

Funding for these grants is provided by Federal and State funding and local General Fund.

Attachments

Appendix A-2 and A-2(a) – Services to be Provided
Appendix B-2 – Program Budget

Appendix A-2 - Services to be Provided
San Francisco Child Abuse Prevention Center
7/1/14-6/30/17
Revised 7/1/16

I. Purpose

The purpose of these services is:

- A. to educate mandated reporters about child abuse and child abuse reporting requirements, to provide the community, including child-serving professionals, parents, and children with knowledge and tools to prevent abuse and to speak up when it happens, and to give technical assistance in the areas of child abuse prevention and other relevant topics;
- B. to create and improve partnerships to prevent and respond to child abuse in San Francisco in a more effective and coordinated manner; and
- C. to provide prevention and intervention services to families at risk of abuse and neglect in order to improve outcomes for both children and their parents by enhancing their protective factors and thereby reducing the risk of child abuse.

II. Definitions

CARBON Child Abuse Council	Contracts Administration Reporting, Billing Online system A legislatively controlled requirement that each county in California designate a Child Abuse Council which is tasked with system coordination and community education
Grantee	San Francisco Child Abuse Prevention Center
HSA	Human Services Agency of San Francisco
FCS-linked	Clients that have active/open cases with FCS at the time of engagement.
FCS	Family and Children Services, a division of HSA
Mandated Reporter	Those persons mandated by law to report suspected incidents of child abuse. These include school teachers and administrators, child care workers, substance abuse treatment staff, nurses, social workers, shelter and domestic violence staff, animal care and control officers, dentists, physicians, law enforcement personnel, and staff of child- and youth-serving agencies and faith-based organizations.
Professional	Master's Level-MFT, MSW, LCSW; in some cases a B.A. with a Master's in progress with supervision by an LCSW.

Primary Prevention Training	Child Safety Awareness, a child abuse prevention program for children, and the adults around them. The program focuses on elementary school children in the San Francisco Unified School District and provides them with knowledge, tools, and assertiveness skills to protect themselves in unsafe and uncomfortable situations. Seminars for adults reinforce the lessons taught to the children and educate adults about child abuse and its prevention.
Systems-Improvements	Creating and strengthening partnerships among multiple organizations, city agencies, committees and task forces in San Francisco to prevent and respond to child abuse in a more effective and coordinated manner.

III. Target Populations

There are unique target populations for each of the three service areas. For training and public awareness, the target population is mandated reporters for child abuse, elementary school children and the adults around them, including child-serving professionals, and parents. For the systems-improvement services, the target population is local public, nonprofit, and private agencies that prevent and/or respond to child maltreatment. For the intervention services, the target population is families with children residing in San Francisco under age 18 at risk for abuse and/or neglect.

IV. Services to be Provided

Prevention and Response Services provided through its Child Abuse Council: Community Education through Mandated Reporter Training, Primary Prevention Training, and Technical Assistance and Systems Improvements

Community Education: Through its Child Abuse Council, Grantee will provide the following Community Education services:

- A. Provide training on child abuse and child abuse reporting to mandated reporters. Grantee will regularly schedule training at various sites in the community.
- B. Teach safety lessons to elementary school children and provide resources and technical assistance to adults in the school community, such as social workers, nurses, and teachers. Grantee will target school communities with demographics indicating risk factors for child abuse.
- C. Provide training to adults on child abuse, child abuse prevention, talking to children about safe and unsafe situations, and responding to a child who discloses abuse. Grantee will schedule trainings with diverse groups in the community.

- D. Provide technical support to community agencies as requested regarding training and other child abuse prevention strategies and programs.
- E. Collaborate with FCS through bi-annual meetings and joint planning to enhance mandated reporter and primary prevention trainings, support Grantee's technical assistance capabilities, and provide increased collaboration on developments in child abuse prevention and response, such as a trauma-informed approach and response to commercially sexually trafficked youth.
- F. Provision of services does not include providing legal services to City departments/staff
 - a. Grantee will not represent itself/act as legal counsel for the City
 - b. Grantee will refer to the City Attorney's Office, any legal issues that develop/arise

Systems Improvements; Through its Child Abuse Council, Grantee will provide the following System Improvement services:

- A. Convene and chair meetings monthly of the Children's Advocacy Center Oversight Committee to address services around child sexual abuse and implement policies, procedures, and protocols.
- B. Convene and co-chair quarterly meetings of the Children's Advocacy Center Leadership Committee and conduct all work related to these two committees.
- C. Co-Chair the County Child Death Review Committee quarterly and ensure system coordination and follow up based on child deaths and trends in San Francisco.
- D. Co-Chair, if appropriate, and attend meetings that pertain to child abuse and neglect services in the community, such as Family Violence Council.
- E. Participate in the Bay Area Regional Coalition of Child Abuse Council meetings.

Intervention Services

Grantee will provide one or more of the following therapeutic services:

- A. Formal Clinical Intervention Services includes the following:
 - 1. Crisis intervention: Assessment and prioritization of needs, linkage to resources, services or support to deescalate crisis and physically or emotionally stabilize family members thereby assisting the family in regaining their previous level of functioning.
 - 2. Counseling/Family Therapy: Formal written assessment with intensive counseling by professional staff to address issues and behaviors that

negatively affect the health, safety and well-being of the family and/or individual family members. Where appropriate, families will receive:

- Individual therapy
- Family therapy
- Play therapy
- Therapeutic childcare

- B. **Care Management:** Intervention and coordination of action in partnership with a parent (child or family members) to help the family identify priorities and develop a plan of action to address the problems that are affecting the socio-economic, basic needs, health, safety or well-being of a family or individual family member. Intervention includes completion of a comprehensive strength-based assessment; development of service plan and monitoring of progress towards identified goals and outcomes with an overarching focus on building each family's Protective Factors. Care manager roles and functions include advocating, mediating, active listening, and information and referrals.
- C. **Groups:** Facilitated activity that provides parents/caregivers the opportunity to share information, and create problem-solving strategies during a supportive shared group experience. Specific groups may include but are not limited to: Single Parent Network, parenting skills and education workshops, and facilitated social activities.

V. Location and Time of Services

Services will be at both the SFCAPC sites at 1757 Waller Street and 3450 Third Street. Hours of operation may vary but will be a minimum of 20 hours a week, based upon client and target population needs.

VI. Service Objectives

Prevention and Response Services: Community Education and Systems Improvements

- A. Annually provide mandated reporter training to a minimum of 1,400 mandated reporters in the community.
- B. Annually provide a minimum of 45 training sessions for mandated reporters: i.e. school teachers, child care workers, substance abuse staff, nurses, social workers, shelter and battered women staff; animal care and control officers, dentists, physicians, law enforcement, and staff of child- and youth-serving agencies and faith-based organizations.
- C. Annually provide primary prevention training (Child Safety Awareness) to children at a minimum of 15 schools.
- D. Annually provide primary prevention training to a minimum of 200 adults that interact with children such as parents and/or professionals.

- E. Coordinate bi-annual meetings with FCS to ensure up to date information from CPS is being related to the community and systems issues are referred back to CPS.
- F. Annually convene and chair 10-12 meetings of the Children's Advocacy Center Oversight Committee and convene and co-chair 3-5 meetings of the Children's Advocacy Center Leadership Committee.
- G. Annually co-chair 4 meetings of the County Child Death Review Committee.
- H. Annually co-chair or attend a minimum of 6 inter-agency meetings that pertain to child abuse and neglect services in the community, such as Family Violence Council and CSEC.
- I. Annually attend a minimum of 6 Bay Area Regional Coalition of Child Abuse Council meetings

Intervention Services

- A. SFCAPC will service a minimum of 120 unduplicated parents/caregivers annually.
- B. SFCAPC will provide clinical services to 40 unduplicated families.
- C. SFCAPC will provide care management to 80 unduplicated families.
- D. SFCAPC will provide groups to 40 unduplicated families annually.

VII. Outcome Objectives

Prevention Services: Community Education and Systems Improvements

- A. In surveys conducted by the Grantee for mandated reporter training, a minimum of 80% of respondents will indicate that the training increased their knowledge regarding child abuse and child abuse reporting requirements.
- B. In surveys conducted by the Grantee for mandated reporter training, a minimum of 75% of respondents will state that they will be more likely to report suspected child abuse as a result of the training.
- C. In surveys conducted by the Grantee for Child Safety Awareness training, the professionals working with the children receiving this training will state that a minimum of 80% of these children received lasting tools to help them remain safe in unsafe and uncomfortable situations.
- D. In surveys conducted by the Grantee, 75% of the adults receiving training on child abuse and its prevention will indicate that the training increased their knowledge of child abuse, and a minimum of 70% will state that they are more likely to take action to prevent abuse as a result of the training.

Intervention Services

- A. 80% of recipients, who respond to an anonymous satisfaction survey, of services will rate the services at least a three on five-point scale including measures of: Comfortable Environment, Responsiveness of Staff, Availability of Staff, and Effectiveness of Staff.
- B. 65-75% of parents receiving care planning services will show improvement on their Protective Factors, as measured by completion of a pre and post evaluation tool. Protective Factors include: Parental Resilience, Knowledge of Parenting & Child Development, Social Connections, Concrete Support, and Social & Emotional Competence of Children.

VIII. Grantee Responsibilities

- A. Grantee will provide public outreach to increase awareness of SFCAPC programs and services.
- B. Grantee will provide professional supervision of all staff (professional and paraprofessional) interns and volunteers, and psychiatric consultation as needed.
- C. Grant employees are a mandated reporter for child abuse. Should a case require a referral back to CPS, the grantee will contact HSA.
- D. Report all incidents of suspected child abuse and neglect as required by law.
- E. Grantee will develop and maintain adequate language capacity and appropriate referrals for other languages.

IX. Reporting

- A. Grantee will provide a **quarterly** report of activities, referencing the tasks as described in Section VI & VII- Service and Outcome Objectives. Grantee will enter the monthly metrics in the CARBON database by the 15th of the following month. ***SFCAPC will report on all Service and Outcome Objective listed in Section VI & VII on a quarterly basis. Examples of reporting measures in CARBON are as follows:***
 - Annually provide 45 training sessions for mandated reporters: i.e. school teachers, child care workers, substance abuse staff, nurses, social workers, shelter and battered women staff; animal care and control officers, dentists, physicians, and law enforcement personnel.
 - Report in CARBON: count of classes/workshops
 - Annually provide primary prevention training (Child Safety Awareness) to children at a minimum of fifteen schools.
 - Report in CARBON: count of schools
 - Additional requested Ad Hoc reports may include highlights of accomplishments and any challenges experienced by the program and include brief summations on status of various committees, if requested.

- B. Grantee will provide a **quarterly** report of activities, referencing the tasks as described in Section VI & VII - Service and Outcome Objectives. 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 an **annual** report summarizing the contract activities, referencing the tasks as described in Section VI & VII - Service and 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.
- D. Grantee will provide Ad Hoc reports as required by the Department.
- E. For assistance with reporting requirements or submission of reports, contact:

FCS Manager,
Liz.Crudo@sfgov.org

and
Contract Manager,
David.Flores@sfgov.org

X. Monitoring

- 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 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, subgrants, and MOUs, and the current board roster and selected board minutes for compliance with the Sunshine Ordinance.

**Appendix A-2(a): Scope of Services to be Provided
San Francisco Child Abuse Prevention Center
July 1, 2016 to June 30 2017**

I. Purpose of Grant

The purpose of the grant is to coordinate the on-going multi-disciplinary team meetings (MOVE) for children and young adults who have been commercially sexually exploited (CSEC/YA).

The MOVE meeting has two goals:

- A. Case coordination to focus on the complex emotional, physical and behavioral needs of victims.
- B. Systems improvement to the CSEC protocol.

II. Goals

- A. Increase service coordination and decrease duplicative services
- B. Increase creative problem-solving for high need children and youth victims.
- C. Increase agency collaboration and communication
- D. Promote the understanding of Commercial Sexual Exploitation of children as child abuse
- E. Non-criminalization of youth being exploited, and decrease of arrest or prosecution of the youth whenever possible.
- F. Monitor implementation and practice of the protocol for system improvement

III. Definitions

AB 12	Youth, ages 18-21 who have opted to continue to receive Child Welfare Services
CASARC	Child and Adolescent Support, Advocacy and Research Center
CAC	Children's Advocacy Center of San Francisco
BHS	Behavioral Health Services, part of DPH
CARBON	Contracts Administration, Reporting, and Billing Online
CSEC	Commercially Sexually Exploited Children

CSEC/YA	Commercially sexually exploited children/young adult
DPH	San Francisco Department of Public Health
FCS	Family and Children’s Services, a division of HSA
GRANTEE	San Francisco Child Abuse Prevention Center (SFCAPC)
HSA	San Francisco Human Services Agency
MOVE/CSEC MDT	Monthly Oversight for Victims of Exploitation: A Multi-Disciplinary Team, designed to provide prevention, identification, assessment, service and placement recommendations for CSEC/YA and the provision of services, including system improvement, to design a case plan to increase stabilization and continued engagement of CSEC/YA.

IV. Target Population

All CSEC/YA up to age 21 referred by any of the MDT partners

V. Location and Time of Services

The Children’s Advocacy Center/San Francisco Child Abuse Prevention Center is located at 3450 3rd Street, San Francisco. This location will house the MOVE meeting. MDTs will take place Monday through Friday from 9 AM to 5 PM.

VI. Description of Services

SFCAPC will work closely with both FCS and the CSEC Steering Committee to coordinate the CSEC Ongoing MDT process. All work is to be developed within the guiding principles for CSEC.

A. The coordination of MOVE will include the following activities:

1. Active participation in CSEC Steering Committee.
2. Develop an understanding of regional and national practice around MDTs for CSEC and incorporate as relevant.
3. Develop relationships with other counties to share best practices regarding CSEC and coordinate policies and services.

4. Research legal and ethical information sharing and establish guidelines and decision making process.
5. Coordination of the MOVE meeting, including scheduling, staffing support, facilitation, minutes/action items for all MDT meetings.
6. Meetings shall be:
 - a. Victim centered,
 - b. Trauma informed,
 - c. Strengths based,
 - d. Developmentally appropriate,
 - e. Culturally, linguistically, and LGBTQ competent and affirming
7. Refine process/protocol for MOVE including criteria, referral process and forms.
8. Engage stakeholders of the M.O.V.E. meeting that includes, but not be limited to, the following participants, as specified in CSEC Protocol:
 - a. Child Welfare
 - b. SFCAPC
 - c. Huckleberry House (CSEC crisis intervention specialists)
 - d. Juvenile Probation
 - e. Mental Health (BHS/DPH)
 - f. CASARC Medical (DPH)
 - g. Education/San Francisco Unified School District
 - h. Legal Services for Children/Individual Attorney
9. Connect stakeholders to community based organizations serving this population in order to identify and connect CSEC youth to services.
10. Maintain data on cases reviewed in MOVE.

B. Implementation and evaluation process will include the following activities and services:

1. Track services received by CSEC/YA referred to MOVE and identify duplication, gaps and/or barriers in services.
2. Report back to CSEC Steering Committee issues, findings and recommendations to the MOVE meeting/process.

3. Track data on cases referred, provide analysis linking back to SFCAPC larger work, CSEC Steering and FCS in conjunction with MDT partners

VII. Deliverables

- A. Conduct regular monthly MDT meetings; reviewing at least one case per month.
- B. Provide quarterly updates on the ongoing MDT at CSEC steering committee meetings including recommendations for system improvement to inform program decision making moving forward.
- C. Develop a system for tracking cases referred to the MDT and services received by youth.
- D. Evaluate the multi-disciplinary team via member survey; on at least an annual basis to improve facilitation, collaboration and functioning of the team.

VIII. Reporting Requirements

- A. Grantee will provide a **quarterly** report of activities, referencing the tasks as described in Section VI- Deliverables. Grantee will enter the quarterly metrics in the CARBON database by the 15th of the following quarter. Quarterly report to include accomplishments and challenges/obstacles and any recommendations for protocol revision.
- B. Grantee will provide an end of fiscal year report summarizing the grant activities, referencing the tasks as described in Section VI Deliverables. 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.
- C. Grantee will provide Ad Hoc reports as required by the Department or State.
- D. For assistance with reporting requirements or submission of reports, contact:

David.Flores@sfgov.org

Principal Administrative Analyst, Office of Contract Management

or

Johanna.Gendelman@sfgov.org

Program Analyst, FCS

IX. Monitoring Activities

- A. Program Monitoring: Program monitoring will include review of any back-up documentation for reporting progress towards meeting service and outcome objectives.

- B. Fiscal Compliance and Contract 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, subcontracts, and MOUs, and the current board roster and selected board minutes for compliance with the Sunshine Ordinance.

HUMAN SERVICES AGENCY BUDGET SUMMARY BY PROGRAM

Name **SF Child Abuse Prevention Center** Term **7/1/14 to 6/30/17**

(Check One) New Renewal Modification No. of Mod. _____
 If modification, Effective Date of Mod. 7/1/2016

Program:	MRT/CESI	Intervention	MRT/CESI	CSEC	Intervention	MRT	CSEC	Intervention	Total
10 Budget Reference Page No. (s)									
11 Program Term	7/1/14 to 6/30/15		7/1/15 to 6/30/16		7/1/16 to 6/30/17				
Expenditures									
13 Salaries & Benefits	\$75,388	\$168,740	\$207,075	\$89,303	\$181,583	\$216,627	\$104,348	\$186,011	\$1,229,076
14 Operating Expense	\$6,774	\$8,752	\$7,500	\$15,045	\$0	\$0	\$0	\$0	\$38,071
15 Subtotal	\$82,162	\$177,492	\$214,575	\$104,348	\$181,583	\$216,627	\$104,348	\$186,011	\$1,267,147
16 Indirect Percentage (%)	15%	15%	15%	15%	15%	15%	15%	15%	15%
17 Indirect Cost (Line 16 X Line 15)	\$12,239	\$26,235	\$32,186	\$15,652	\$27,237	\$32,494	\$15,652	\$27,902	\$189,598
18 Capital Expenditure	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
19 Total Expenditures	\$94,401	\$203,727	\$246,761	\$120,000	\$208,820	\$249,121	\$120,000	\$213,913	\$1,456,743
HSA Revenues									
20 General Fund	\$94,401	\$203,727	\$246,761	\$120,000	\$208,820	\$64,771	\$31,200	\$55,617	\$1,025,297
21 State Funding						\$181,859	\$87,600	\$156,157	\$425,616
22 Federal Funding CFDA 93.590						\$2,491	\$1,200	\$2,139	\$5,830
23									
24									
25									
26									
27									
28									
29									
30 TOTAL HSA REVENUES	\$94,401	\$203,727	\$246,761	\$120,000	\$208,820	\$249,121	\$120,000	\$213,913	\$1,456,743
31 Other Revenues									
32									
33 Work order to DPH from HSA on SFCAC's behalf		\$5,000			\$5,000			\$5,000	\$15,000
34									
35									
36									
37 Total Revenues	\$94,401	\$208,727	\$246,761	\$120,000	\$213,820	\$249,121	\$120,000	\$218,913	\$1,471,743
38 Full Time Equivalent (FTE)	7.17								
39									

40 Prepared by: Debbie Shen
 41 HSA-CO Review Signature: _____ Telephone No.: 415-668-0494 (ext 457)
 42 HSA # _____ Date 2/1/15

Salaries & Benefits Detail

Line	A	B	C	D	E	F	G	H	I	J	K	7/1/14 to 6/30/15		7/1/15 to 6/30/16		7/1/16 to 6/30/17		TOTAL
												MRT/CESI	Intervention	MRT/CESI	CSEC	MRT/CESI	CSEC	
POSITION TITLE			Agency Full Time Salary for FTE	Total % FTE	% FTE	Adjusted FTE	MRT/CESI	Intervention	MRT/CESI	CSEC	MRT/CESI	CSEC	Intervention	MRT/CESI	CSEC	Intervention	TOTAL	
12		Child Abuse Council Director (KB)	Kathy Baxter	82,764	100.00%	0.00%	0.00%	20,691									20,691	
13		Director of Strategic Partnerships	Abigail Stewart Kahn/Lany Yip/TBD	93,000	100.00%	45.00%	45.00%	10,528		22,463				32,550	9,300		114,441	
14		Sr. Program Manager - Strategic	Sherry Ezhuthachan	70,000	100.00%	50.00%	50.00%	-		25,185				31,500	3,500		66,571	
15		Sr. Program Manager - Community	Jenny Pearfman	70,000	80.00%	44.00%	35.20%	17,700		28,475				28,000	2,800		82,755	
16		Community Education Manager (E)	Katie Allen	60,000	100.00%	55.00%	55.00%	5,328		25,514				33,000			63,842	
17		Child Safety Awareness Educator	Roxana Sanchez	38,001	100.00%	53.50%	53.50%	5,268		19,520				20,330			45,118	
18		Parent & Child Educator (BG)	Brianna Green	38,001	100.00%	53.50%	53.50%	-		18,819				6,000	1,500		39,149	
19		Client Services Advocate & Data	Alena Perez	60,000	100.00%	12.50%	12.50%			3,458				5,317			20,258	
20		Operations Coordinator (3rd St)	Tommy Thach	50,000	100.00%	10.63%	10.63%			5,064				5,317			14,238	
21		Client Care & Program Support	Angeliella Castillo	38,001	100.00%	9.17%	9.17%			3,961				3,483			11,404	
22		Executive Director (KA)	Katie Albright	145,143	100.00%	0.00%	0.00%			5,806							5,806	
23		Sr. Program Manager - CSEC (EN)	Elisabet Medina	70,000	100.00%	100.00%	100.00%			23,872					70,000		93,872	
24		Playroom Coordinator (RS)	Russell Stephens	50,000	100.00%	10.00%	10.00%			4,800				4,800		5,000	14,600	
25		Therapeutic Caregiver (LQ/TBD)	Lisa Quach/TBD	38,001	100.00%	10.00%	10.00%			3,500				3,500		3,800	10,800	
26		Therapeutic Caregiver (AT/KB)	Andrew Tan/Katie Blisky	38,001	100.00%	10.00%	10.00%			4,200				4,800		5,000	14,000	
27		Client Care & Program Support	Riva Gardner	50,000	100.00%	10.00%	10.00%			4,200				3,208		3,800	11,208	
28		Client Care & Program Support	Kyle Naganuma/Teriana Briggs	38,001	100.00%	10.00%	10.00%			3,489				3,792		3,800	11,081	
29		Client Care & Program Support	Kira Mack	38,001	100.00%	10.00%	10.00%			2,100				2,100		3,800	5,900	
30		Client Care & Program Support	Christina Hanton/Courtney Thurston	70,000	100.00%	10.00%	10.00%			13,441				10,262		7,000	30,703	
31		Senior Program Manager - Care	Daniel Sapoznick	50,000	100.00%	27.50%	27.50%			5,490				23,399		13,750	42,639	
32		Clinical Care Coordinator (BP)	Beatrice Perez	50,000	100.00%	27.50%	27.50%			16,051				22,155		13,750	51,956	
33		Clinical Care Coordinator (CD/MD)	Carol Davidson/Melissa Dang	50,000	100.00%	27.50%	27.50%			11,376				4,600		13,750	29,726	
34		Clinical Care Coordinator (RM/CF)	Rhea Mistades/Christian Frausto	50,000	100.00%	27.50%	27.50%			9,600				5,520		13,750	28,870	
35		Clinical Care Coordinator (SS)	Sarah Schoomer	46,000	100.00%	25.00%	25.00%			8,800				15,205		11,500	35,505	
36		Care Manager/Events Coordinator	Helena Edwards	46,000	100.00%	23.91%	23.91%			11,165				1,861		11,000	24,026	
37		Care Manager (ME/LQ)	Maeva Edwards/Lisa Quach	70,000	100.00%	10.00%	10.00%			4,479				9,600		7,000	21,079	
38		Senior Program Manager - Couns	Heather Pitre	77,000	100.00%	20.00%	20.00%			14,000				14,000		15,400	43,400	
39		Clinical Supervisor (JF)	John Fenwick	77,000	100.00%	20.00%	20.00%			13,800				13,800		15,400	43,000	
40		Clinical Supervisor & Intern Traini	Maria Sobol	93,507	100.00%	3.98%	3.98%			4,675				3,740		3,720	12,135	
41		Director of Children & Family Serv	Barry Feinberg	1,784,424	2980.00%	726.19%	717.39%	59,515		136,576				180,510	87,100	155,020	1,019,563	
42		TOTALS																
43		FRINGE BENEFIT RATE						15,873		32,164				31,741	17,248	30,991	209,493	
44		EMPLOYEE FRINGE BENEFITS																
45		TOTAL SALARIES & BENEFITS						75,388	168,740	207,075	89,303	181,563	186,011	216,627	104,348	186,011	1,229,076	
46		HSA #2																

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
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4		Program Name:														
5		(Same as Line 9 on HSA #1)														
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Operating Expense Detail

TERM	7/1/14 to 6/30/15		7/1/15 to 6/30/16		7/1/16 to 6/30/17		TOTAL 7/1/14 to 6/30/17
	MRT	Intervention	MRT	CSEC	MRT	CSEC	
Expenditure Category							
Rental of Property/Depreciation	474.00	1,671.90		8,045.00			10,190.90
Utilities(Elec, Water, Gas, Phone, Scavenger)	200.00	600.00					800.00
Office Supplies, Postage	-	800.00					800.00
Building Maintenance Supplies and Repair	-	800.00					800.00
Printing and Reproduction	-	-					-
Insurance	-	800.00					800.00
Staff Training	-	-	1,600.00				1,600.00
Staff Travel-(Local & Out of Town)	-	-	160.00				160.00
Rental of Equipment	-	-					-
CONSULTANT/SUBCONTRACTOR DESCRIPTIVE TITLE							
Mandated Reporter Trainers	6,000.00	-	7,500.00				13,500.00
Program Supplies	-	1,000.00		3,000.00			4,000.00
Clinical Therapy Consultants	-	-					-
Consultants - Training	-	-		2,240.00			2,240.00
OTHER							
Consultants-Computers	-	2,780.00					2,780.00
Telephone/Communications	100.00	300.00					400.00
Emergency Client Support	-	-					-
TOTAL OPERATING EXPENSE	6,774.00	8,751.90	7,500.00	15,045.00			38,070.90

HSA #3 1/0/1900