



**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



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:	JUNE 17, 2022										
SUBJECT:	NEW CONTRACT: FAMILY SUPPORT SERVICES (FSS) (NON-PROFIT) FOR SAFECARE® TRAINING TO DEPARTMENT OF PUBLIC HEALTH NURSES										
CONTRACT TERM:	7/1/22-6/30/26										
CONTRACT AMOUNT:	<table border="0"> <tr> <td><u>New</u></td> <td><u>Contingency</u></td> <td><u>Total</u></td> </tr> <tr> <td>\$258,812</td> <td>\$25,881</td> <td>\$284,694</td> </tr> </table>	<u>New</u>	<u>Contingency</u>	<u>Total</u>	\$258,812	\$25,881	\$284,694				
<u>New</u>	<u>Contingency</u>	<u>Total</u>									
\$258,812	\$25,881	\$284,694									
ANNUAL AMOUNT:	\$64,703										
FUNDING:	<table border="0"> <tr> <td><u>County</u></td> <td><u>State</u></td> <td><u>Federal</u></td> <td><u>Contingency</u></td> <td><u>Total</u></td> </tr> <tr> <td>\$258,812</td> <td></td> <td></td> <td>\$25,881</td> <td>\$284,694</td> </tr> </table>	<u>County</u>	<u>State</u>	<u>Federal</u>	<u>Contingency</u>	<u>Total</u>	\$258,812			\$25,881	\$284,694
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\$258,812			\$25,881	\$284,694							
PERCENTAGE:	100% 100%										

DS
EL

The Department of Benefits and Family Support (BFS) requests approval of a sole source waiver and authorization to enter into a contract with Family Support Services (FSS) for the time period beginning July 1, 2022 and ending on June 30, 2026, in the amount of \$258,812 plus a 10% contingency for a total not to exceed amount of \$284,694. 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. See sole source memo for complete information.

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
Sole Source

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

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 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.
PHN	Public Health Nurse
SF-HSA	San Francisco Human Services Agency

III Target Population (PHNs)

All San Francisco families with children ages birth to five years old who have an open child welfare case or open court dependency case. Priority is given to clients involved in Family Treatment Court (FTC).

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 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. 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. 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.

Referrals may be provided by DHS, self-referrals, and local service providers such as hospitals and/or the Program.

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

SafeCare® Provider Training Requirements & Expectations

SafeCare® Provider staff responsibilities include the following:

Must attend the five-day SafeCare® Training Workshop

- Must demonstrate skills in the field to become a Certified SafeCare® Provider
- Adherence to SafeCare® protocols is regularly monitored by their Coach (Coordinator) through direct observation
- Must participate in weekly meetings with their assigned Coach (Coordinator) to discuss cases.

- Must participate in monthly SafeCare® team meetings.

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 (Coordinator) Responsibilities:

- Must attend the SafeCare® Provider Training Workshop and achieve full Provider certification.
- Must complete 2-day of additional training in SafeCare® Coaching.
- Must coach and support SafeCare® Providers and monitor fidelity according to NSTRC's minimum required frequencies:
 1. Six (6) live family sessions
 2. One (1) 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%)
- Should conduct regular 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 their local SafeCare® Trainers to assess organizational progress in implementing SafeCare®, program successes, and problem-solving techniques. NSTRC recommends quarterly meetings.

Trainer Responsibilities:

- Trainers are responsible for coordinating and conducting the 5-day SafeCare® Provider Workshops.
- Certify new SafeCare® Providers and provide monthly/quarterly fidelities of all SafeCare® Providers.
- Identify and train new Coach Trainees and provide support to the coach in the partnership.
- After completing the SafeCare® Provider Workshop training and coach training and gaining experience delivering SafeCare® and coaching SafeCare® Providers, 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 Providers and reporting of data to NSTRC.

- Trainer training includes a two-day workshop by NSTRC 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 SafeCare® Provider training, as rated by a NSTRC trainer observer.

After certification, SafeCare® Trainers are required to meet **all** requirements to maintain certification, including: annual fidelity by having NSTRC observe areas in their workshop, trainer certification, trainer certification maintenance, coaching fidelity reliability, trainer conference calls with NSTRC and bi-annual Trainer Conference in Atlanta.

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 PHN and parent. Some services may be provided at any appropriate community space 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. SafeCare® Providers should possess the capability to provide culturally, linguistically-relevant services to a diversity of communities and families in San Francisco.
- C. All SafeCare® Provider staff working in the SafeCare® program as a Provider, 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 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 statistical longitudinal reports on families that have completed SafeCare® Training.

VIII. Service Objectives

- A. 100% of SafeCare® families completing the Home Safety module will receive safety materials (e.g., safety 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 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 FSS Program Manager by the 5th of each month:

- 1. Number of SafeCare® referrals received
- 2. Number of closed SafeCare® referrals
- 3. Number of SafeCare® referrals transitioned to an open SafeCare® case
- 4. Number of completed/closed SafeCare® cases

FSS 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 FSS 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 basis to the FCS Program Support Analyst. The reported information should include the YTD progress toward meeting the indicated service and outcome objectives. The FCS Program Support Analyst 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, Program Support 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.

Safecare DPH- Training
HUMAN SERVICES AGENCY BUDGET SUMMARY
BY PROGRAM

2/2/2022

FAMILY SUPPORT SERVICES

Term
7/1/2022 - 6/30/2026

(Check One) New Renewal Modification
 If modification, Effective Date of Mod. No. of Mod.

Program: SafeCare Training - DPH Nurses

Budget Reference Page No.(s) Program Term	FY 22-23	FY 23-24	FY 24-25	FY 25-26	Total Term FY22-26
Expenditures					
Salaries & Benefits	\$43,986	\$43,986	\$43,986	\$43,986	\$175,943
Operating Expense	\$10,847	\$10,847	\$10,847	\$10,847	\$43,390
Subtotal	\$54,833	\$54,833	\$54,833	\$54,833	\$219,332
Indirect Percentage (%)	18%	18%	18%	18%	18%
Indirect Cost (Line 16 X Line 15)	\$9,870	\$9,870	\$9,870	\$9,870	\$39,480
Capital Expenditure					
Total Expenditures	\$64,703	\$64,703	\$64,703	\$64,703	\$258,812
HSA Revenues					
	\$64,703	\$64,703	\$64,703	\$64,703	\$258,812
TOTAL HSA REVENUES	\$64,703	\$64,703	\$64,703	\$64,703	\$258,812
Other Revenues					
Total Revenues	\$64,703	\$64,703			\$258,812
Full Time Equivalent (FTE)					
Prepared by: Lanny Suwarno, Director of Finance & Administration					2/2/2022
HSA-CO Review Signature:					
HSA #1					

Program: SafeCare Training - DPH Nurses**Salaries & Benefits Detail**

POSITION TITLE	Salaries FY21-22	% FTE	FY 22-23	FY 23-24	FY 24-25	FY 25-26	SALARY FY22-26
Chief Executive Officer	172,734	0.5%	\$864	\$864	\$864	\$864	\$3,455
Chief Operations Officer	110,917	2.6%	\$2,884	\$2,884	\$2,884	\$2,884	\$11,535
SafeCare Program Director	82,000	20.0%	\$16,400	\$16,400	\$16,400	\$16,400	\$65,600
Program Supervisor	62,400	25.0%	\$14,500	\$14,500	\$14,500	\$14,500	\$58,000
Administrative Assistant	50,000	3.0%	\$1,369	\$1,369	\$1,369	\$1,369	\$5,477
TOTAL			\$36,017	\$36,017	\$36,017	\$36,017	\$144,067
FRINGE BENEFIT RATE							
EMPLOYEE FRINGE BENEFITS			7,969	7,969	7,969	7,969	\$31,876
TOTAL SALARIES & BENEFITS			\$43,986	\$43,986	\$43,986	\$43,986	\$175,943
HSA #2							

Appendix B, Page 3

Document Date:

2/2/2022

Program: SafeCare Training - DPH Nurses
Operating Expenses Detail

<u>Expenditure Category</u>	FY 22-23	FY 23-24	FY 24-25	FY 25-26	TOTAL FY22-26
Rental of Property	\$4,400	\$4,400	\$4,400	\$4,400	\$17,600
Utilities(Elec, Water, Gas, Phone, Scavenger)	\$950	\$950	\$950	\$950	\$3,800
Office Supplies, Postage	\$300	\$300	\$300	\$300	\$1,200
Building Maintenance Supplies and Repair	\$250	\$250	\$250	\$250	\$1,000
Printing and Reproduction	\$300	\$300	\$300	\$300	\$1,200
Insurance	\$200	\$200	\$200	\$200	\$800
Staff Training	\$200	\$200	\$200	\$200	\$800
Staff Travel-(Local & Out of Town)	\$130	\$130	\$130	\$130	\$520
Rental of Equipment	\$372	\$372	\$372	\$372	\$1,488
CONSULTANT/SUBCONTRACTOR DESCRIPTIVE TITLE					
Computer Consultant	\$400	\$400	\$400	\$400	\$1,600
OTHER					
Small Furniture & Equipment	\$130	\$130	\$130	\$130	\$520
Depreciation	\$110	\$110	\$110	\$110	\$440
Advertising/Recruitment	\$255	\$255	\$255	\$255	\$1,020
Employee Costs	\$130	\$130	\$130	\$130	\$520
Meetings/Orientations	\$550	\$550	\$550	\$550	\$2,200
Program Supplies	\$1,940	\$1,940	\$1,940	\$1,940	\$7,762
Memberships, Subscriptions & Publications	\$230	\$230	\$230	\$230	\$920
TOTAL OPERATING EXPENSE	\$10,847	\$10,847	\$10,847	\$10,847	\$43,390



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London Breed
Mayor

Trent Rhorer
Executive Director

Date: June 1, 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. Joseph’s/St. Epiphany for DPH Nurse Training

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.

In 2014, The Department of Public Health received funding from the Doris Duke Foundation to provide targeted services to families referred to the Drug Dependency Court. They chose SafeCare® due its positive impact within our Department. The Maternal, Child and Adolescent Health (MCAH) Public Health Nurses was a logical match for the expansion of 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.

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. However, MSJ/SE by their own decision will not be involved in the administration of this portion of the SafeCare program (see Attachment 1). The SafeCare providers negotiated directly with DPH on this portion of the SafeCare ® work.

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



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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.

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.

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:

<p><u>Request:</u> The Department of Benefits and Family Support (BFS) requests authorization to enter into a new contract with Family Support Services for the time period July 1, 2022 to June 30, 2026 for an amount of \$258,812 with a 10% contingency for a total not to exceed \$284,694</p>
<p><u>Brief description of services:</u> The purpose of this contract is to provide <i>SafeCare</i>® 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, specifically to supervise nurses at DPH.</p>



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<u>Duration:</u> A term four years.
<u>Justification for Sole Source:</u> Item has design and/or performance features that are essential to the Department and no other source satisfies the Department's requirements.
<u>Reporting Requirements:</u> Quarterly and Annual Reports
<u>Compliance:</u> The vendor 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.

Approved Disapproved
DocuSigned by:
Dan Kaplan
ED6A450D2D23472...

Dan Kaplan, Deputy Director of Administration and Finance