



Edwin M. Lee, Mayor

Department of Human Services  
Department of Aging and Adult Services

Trent Rhorer, Executive Director

**MEMORANDUM**

TO: HUMAN SERVICES COMMISSION

THROUGH: TRENT RHORER, EXECUTIVE DIRECTOR

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

DATE: MAY 19, 2017

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

GRANT TERM:	<u>Current</u> 7/1/14- 6/30/17	<u>Renewal</u> 7/1/17 – 6/30/19	<u>Contingency</u>	<u>Total</u>	
TOTAL GRANT AMOUNT:	\$1,456,743	\$1,200,313	\$120,031	\$1,320,344	
ANNUAL AMOUNT	7/1/17 – 6/30/18 \$600,156	7/1/18 – 6/30/19 \$600,156			
Funding Source	<u>County</u>	<u>State</u>	<u>Federal</u>	<u>Contingency</u>	<u>Total</u>
RENEWAL	\$384,100	\$600,157	\$216,056	\$120,031	\$1,320,344
FUNDING:					
PERCENTAGE:	32%	50%	18%		100%

The Department of Human Services (DHS) requests authorization to renew the existing grant with San Francisco Child Abuse Prevention Center (SFCAPC) for the period of July 1, 2017 to June 30, 2019 in an amount of \$1,200,313 plus a 10% contingency for a total grant amount not to exceed \$1,320,344. The purpose of this grant is 1) to educate the public about child abuse and child abuse reporting requirements and to provide intervention services for families at risk of abuse and/or neglect, 2) continue community education and training on child abuse to the most at-risk populations, and 3) continue multi-disciplinary team meetings (MDT) for commercially sexually exploited children and young adults (CSEC/YA).

**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 an MDT process for CSEC in order to increase services coordination and afford better outcomes for CSEC.

### **Services to be Provided**

#### Community Education:

- Provide training on child abuse, its prevention and child abuse reporting to mandated reporters. Grantee will regularly schedule training at various sites in the community and will explore other methods of disseminating knowledge and education on these issues, including additional on-line communications.
- 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.
- 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.
- Provide technical support to community agencies as requested regarding mandated reporting, child abuse prevention and response resources, including training and other programs.

#### Systems Improvements:

- Convene and facilitate, if appropriate, meetings of the Children's Advocacy Center Oversight Committee to address services and the response to child abuse, implement policies, procedures, and protocols and identify systems issues relating to the city's response to abuse.
- Convene and co-chair quarterly meetings of the Children's Advocacy Center Leadership Committee and conduct all work related to these two committees.
- Co-Chair, if appropriate, and attend meetings of the County Child Death Review Committee quarterly and work to ensure system coordination and follow up related to child deaths and trends in San Francisco.
- Co-Chair, if appropriate, and attend meetings that pertain to child abuse and neglect services in the community, such as the Family Violence Council.
- 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:

- Formal Clinical Intervention Services includes the following:
  - 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.
- 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.

#### MDT for CSEC/YA

Grantee will convene monthly MDT team meetings, called the MOVE meeting (Monthly Oversight for Victims of Exploitation) 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 to collaboratively plan treatments and responses that will increase safety, stability and well being in their lives. 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 & A-1.

#### **Grantee Performance**

A Program Monitoring site visit was conducted on 3/10/17. Grantee continues to routinely meet or exceed both service and outcome objectives. Client satisfaction with intervention services remains high with 100% of respondents rating the services at least a 3 on a 4 point scale. Already this year, they have provided 20 child safety awareness trainings at school; annual goal was 15. Demand is high for mandated reporter training and SFCAPC continue to prioritize effectively to reach the most at-risk populations.

A Fiscal /Contract Compliance monitoring site visit was conducted on 3/20/17. Grantee was found to be in full compliance with City contracting guidelines as well as fiscally sound.

#### **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 and local General Fund funding.

#### **Attachments**

Appendices A and A-1 – Services to be Provided  
Appendix B – Program Budget

**Appendix A - Services to be Provided**  
**San Francisco Child Abuse Prevention Center**  
**Mandated Reporter Training and Intervention Services**  
**7/1/17-6/30/19**

**I. Purpose**

These services will:

- A. 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. Create and improve partnerships to prevent and respond to child abuse in San Francisco in a more effective and coordinated manner; and
- C. 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	Contracts Administration Reporting, Billing Online system
Child Abuse Council	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 actively supporting 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 actively involved with 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**

Community Education:

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

- A. Provide training on child abuse, its prevention and child abuse reporting to mandated reporters. Grantee will regularly schedule training at various sites in the community and will explore other methods of disseminating knowledge and education on these issues, including additional on-line communications.
- 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 mandated reporting, child abuse prevention and response resources, including training and other 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 the Prevention Center's Child Abuse Council, Grantee will provide the following System Improvement services:

- A. Convene and facilitate, if appropriate, meetings of the Children's Advocacy Center Oversight Committee to address services and the response to child abuse, implement policies, procedures, and protocols and identify systems issues relating to the city's response to abuse.
- 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, if appropriate, and attend meetings of the County Child Death Review Committee quarterly and work to ensure system coordination and follow up related to 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 the 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, attend and facilitate, if appropriate, 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 attend and co-chair, if appropriate, 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 the 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 serve 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 report any 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 reporters 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 **monthly** metrics in the CARBON database by the 15<sup>th</sup> of each following month. Metrics are as follows:
- Number of mandated reporter training provided that month
  - Number of unduplicated parents/caregivers seen that month
- B. Grantee will provide a **quarterly** report of activities, referencing all Section VI & VII- Service and Outcome Objectives. Grantee will enter the quarterly metrics in the CARBON database by the 15th of the following quarter. Metrics should be both for the quarterly and cumulative (Year to date: YTD). *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 and YTD
  - Annually provide primary prevention training (Child Safety Awareness) to children at a minimum of fifteen schools.
    - Report in CARBON: count of schools and YTD
  - 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.
- 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 15<sup>th</sup> of the month following the end of the program year. Send a copy of the annual report via email to the FCS program manager.
- 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](mailto:Liz.Crudo@sfgov.org)

and

Contract Manager,  
[David.Flores@sfgov.org](mailto: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-1: Services to be Provided**  
**San Francisco Child Abuse Prevention Center**  
**Multi-Disciplinary Team**  
**for**  
**Commercially Sexually Exploited Children and Young Adults**  
**July 1, 2017 to June 30, 2019**

**I. Purpose of Grant**

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

The MOVE meetings have 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 MOVE/CSEC MDT partners.

**V. Location and Time of Services**

The Children’s Advocacy Center/San Francisco Child Abuse Prevention Center is located at 3450 3<sup>rd</sup> Street, San Francisco. This location will house the MOVE meetings. MOVE/CSEC 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 information-sharing and establish guidelines and decision making processes.
5. Coordination of the MOVE meeting, including scheduling, staffing support, facilitation, and minutes/action items for all MOVE/CSEC 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 MOVE meeting that includes, but is 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
9. Connect stakeholders to community based organizations serving this population in order to identify and connect CSEC youth to services.
10. Provision of services does not include providing legal services to City departments/staff
  - Grantee will not represent itself/act as legal counsel for the City
  - Grantee will refer to the City Attorney's Office, any legal issues that develop/arise

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

1. Track cases referred to MDT and services received by CSEC/YA referred to MOVE and identify duplication, gaps and/or barriers in services. This is achieved by primarily anecdotal information provided by discussion at MOVE meeting and verified where possible in consultation with FCS CSEC Analyst.
2. Written Report back to CSEC Steering Committee issues, findings and recommendations to the MOVE meeting/process.

## VII. Service Objectives

- A. Conduct regular monthly MOVE/CSEC MDT meetings; reviewing at least one case per month, providing minutes, action steps and agendas
- B. Attend and actively participate in quarterly CSEC Steering Committee meetings; providing written quarterly updates 10 business days before each meeting on the ongoing MOVE/CSEC MDT, including recommendations for system improvement to inform program decision-making moving forward.

## VIII. Performance Outcomes

The performance of the multi-disciplinary team will be evaluated via member survey on at least an annual basis to improve facilitation, collaboration and functioning of the team. It is expected that 90% of survey respondents will report:

1. An increase in service coordination/collaboration and a corresponding decrease in service duplication.
2. Increased creative problem-solving for high need children and youth victims.
3. Understanding of Commercial Sexual Exploitation of children as child abuse is effectively promoted.
4. Non-criminalization of youth being exploited, and decrease of arrest or prosecution of the youth whenever possible.

## IX. Reporting Requirements

- A. Grantee will provide a **quarterly** report of activities, referencing the tasks as described in Section VII- Deliverables. Grantee will enter the quarterly metrics in the CARBON database by the 15<sup>th</sup> of the following quarter with an email of report sent to Program Manager. Quarterly report to include accomplishments and challenges/obstacles and any recommendations for CSEC Protocol revision.

- B. Grantee will provide an end of fiscal year report summarizing the grant activities, referencing the tasks as described in Section VII 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 15<sup>th</sup> of the month following the end of the program year with an email of report sent to Program Manager.
- 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](mailto:David.Flores@sfgov.org)  
Principal Administrative Analyst, Office of Contract Management

or

[Karina.Zhang@sfgov.org](mailto:Karina.Zhang@sfgov.org)  
Program Analyst, FCS

#### **X. 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.





	A	B	C	D	E	F	G	H	I	J	K	L	M
	Agency Totals	For HSA Program	MRT/CESI	CSEC	Intervention	MRT/CESI	CSEC	Intervention	MRT/CESI	CSEC	Intervention	TOTAL	
	Annual Full Time Salary for FTE	Total % FTE	Adjusted FTE	% FTE	Adjusted FTE	MRT/CESI	CSEC	Intervention	MRT/CESI	CSEC	Intervention	7/1/17 to 6/30/19	
12	Chief Operating Officer (LY)	128,960	100.00%	16.00%	16.00%	16,765	3,869	-	9,030	3,869	-	33,532	
13	Senior Program Manager, Multidisciplinary Teams (EM)	72,800	100.00%	93.00%	93.00%	31,304	36,402	-	31,304	36,402	-	135,412	
14	Associate Director, Community Education & Strategic Partnerships (JP)	84,760	100.00%	15.00%	15.00%	7,205	5,509	-	14,940	5,509	-	33,163	
15	Community Education Manager (KT)	62,400	100.00%	15.00%	15.00%	7,488	1,872	-	7,488	1,872	-	18,720	
16	Community Educator (RS)	39,522	100.00%	40.00%	40.00%	15,809	-	-	15,809	-	-	31,617	
17	Community Educator (BG)	39,522	100.00%	40.00%	40.00%	15,809	-	-	15,809	-	-	31,617	
18	Data & Evaluation Manager, Third (JC)	62,400	100.00%	35.00%	35.00%	21,840	-	-	21,840	-	-	43,680	
19	Multidisciplinary Team Manager (PMDC)	62,400	100.00%	85.50%	85.50%	22,152	31,200	-	22,152	31,200	-	106,704	
20	Operations Coordinator, Third (TT)	52,000	100.00%	15.50%	15.50%	6,500	1,560	-	6,500	1,560	-	16,120	
21	Operations and Program Assistant, Third (MR)	39,522	100.00%	12.50%	12.50%	4,940	-	-	4,940	-	-	9,880	
22	Associate Director, Operations (BM)	84,760	100.00%	15.00%	15.00%	12,714	-	-	12,714	-	-	25,428	
23	Senior Program Manager, Parent/Child Education (RS)	72,800	100.00%	10.00%	10.00%	-	-	7,280	-	-	7,280	14,560	
24	Playroom Coordinator (KB)	52,000	100.00%	15.00%	15.00%	-	-	7,800	-	-	7,800	15,600	
25	Therapeutic Caregiver (SB)	39,522	100.00%	15.00%	15.00%	-	-	5,928	-	-	5,928	11,856	
26	Therapeutic Caregiver (KZ)	39,522	100.00%	15.00%	15.00%	-	-	5,928	-	-	5,928	11,856	
27	Operations Coordinator, Waller (PC)	39,522	100.00%	10.00%	10.00%	-	-	3,952	-	-	3,952	7,904	
28	Operations and Program Assistant, Waller (KR)	39,522	100.00%	10.00%	10.00%	-	-	3,952	-	-	3,952	7,904	
29	Operations and Program Assistant, Waller (JR)	39,522	100.00%	10.00%	10.00%	-	-	3,952	-	-	3,952	7,904	
30	Operations and Program Assistant, Waller (JH)	72,800	100.00%	10.00%	10.00%	-	-	7,280	-	-	7,280	14,560	
31	Senior Program Manager, Care Coordination (BP)	52,000	100.00%	25.00%	25.00%	-	-	13,000	-	-	13,000	26,000	
32	Clinical Care Coordinator (KB)	52,000	100.00%	25.00%	25.00%	-	-	13,000	-	-	13,000	26,000	
33	Clinical Care Coordinator (MD)	52,000	100.00%	25.00%	25.00%	-	-	13,000	-	-	13,000	26,000	
34	Clinical Care Coordinator (CF)	52,000	100.00%	25.00%	25.00%	-	-	13,000	-	-	13,000	26,000	
35	Clinical Care Coordinator (SS)	52,000	100.00%	25.00%	25.00%	-	-	13,000	-	-	13,000	26,000	
36	Care Manager (LQ)	47,842	100.00%	25.00%	25.00%	-	-	11,960	-	-	11,960	23,921	
37	Senior Program Manager, Counseling Services (HP)	72,800	100.00%	15.00%	15.00%	-	-	10,920	-	-	10,920	21,840	
38	Clinical Supervisor (JF)	80,080	100.00%	20.00%	20.00%	-	-	16,016	-	-	16,016	32,032	
39	Clinical Supervisor (MS)	80,080	100.00%	20.00%	20.00%	-	-	16,016	-	-	16,016	32,032	
40	Associate Director, Children & Family Services (MJ)	84,760	100.00%	5.00%	5.00%	-	-	4,238	-	-	4,238	8,476	
41	TOTALS	1,749,816	2900.00%	672.50%	672.50%	162,525	80,412	162,424	162,525	80,412	162,424	810,722	
42	FRINGE BENEFIT RATE	20.00%											
43	EMPLOYEE FRINGE BENEFITS					32,354	16,144	32,556	32,354	16,144	32,556	162,108	
44	TOTAL SALARIES & BENEFITS					194,879	96,557	194,979	194,879	96,557	194,979	972,830	
45	HSA #2												

Salaries & Benefits Detail

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

17

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

**Operating Expense Detail**

TERM	Expenditure Category	7/1/17 to 6/30/18			7/1/18 to 6/30/19			TOTAL 7/1/17 to 6/30/19
		MRT	CSEC	Intervention	MRT	CSEC	Intervention	
14	Rental of Property/Depreciation	6,500.00	3,200.00	-	6,500.00	3,200.00	-	19,400.00
15	Office Supplies, Postage	1,600.00	800.00	-	1,600.00	800.00	-	4,800.00
16	Utilities and Building Maintenance Supplies and Repair	8,100.00	4,000.00	-	8,100.00	4,000.00	-	24,200.00
17	Printing and Reproduction	-	-	-	-	-	-	-
18	Insurance	1,600.00	800.00	-	1,600.00	800.00	-	4,800.00
19	Staff Training	-	1,600.00	-	-	1,600.00	-	3,200.00
20	Staff Travel-(Local & Out of Town)	-	-	-	-	-	-	-
21	Rental of Equipment	-	-	-	-	-	-	-
22	CONSULTANT/SUBCONTRACTOR DESCRIPTIVE TITLE							
23	Mandated Reporter Trainers	6,000.00	-	-	6,000.00	-	-	12,000.00
24		-	-	-	-	-	-	-
25		-	-	-	-	-	-	-
26		-	-	-	-	-	-	-
27		-	-	-	-	-	-	-
28	OTHER							
29	ETO (Dues & Subscriptions)	1,260.00	-	-	1,260.00	-	-	2,520.00
30		-	-	-	-	-	-	-
31		-	-	-	-	-	-	-
32								
33								
34	TOTAL OPERATING EXPENSE	25,060.00	10,400.00	-	25,060.00	10,400.00	-	70,920.00

