



London Breed, Mayor

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

Trent Rhorer, Executive Director

**MEMORANDUM**

TO: HUMAN SERVICES COMMISSION

THROUGH: TRENT RHORER, EXECUTIVE DIRECTOR

FROM: TRACY BURRIS, INTERIM DEPUTY DIRECTOR  
 JOHN TSUTAKAWA, DIRECTOR OF CONTRACTS *JT*

DATE: AUGUST 17, 2018

SUBJECT: NEW GRANT: **ST. VINCENT DE PAUL SOCIETY OF SAN FRANCISCO (NON-PROFIT) TO PROVIDE DOMESTIC VIOLENCE INTERVENTION SERVICES TO FAMILIES INVOLVED WITH CHILD WELFARE**

GRANT TERM: 7/1/18- 6/30/19

	<u>FY18-19</u>	<u>Contingency</u>	<u>Total</u>
TOTAL AMOUNT:	\$331,376	\$33,137	\$364,513

ANNUAL AMOUNT: \$331,376

Funding Source	<u>County</u>	<u>State</u>	<u>Federal</u>	<u>Contingency</u>	<u>Total</u>
FUNDING:	\$198,826	\$79,531	\$53,019	\$33,137	\$364,513
PERCENTAGE:	60%	24%	16%		100%

The Department of Human Services (DHS) requests authorization to enter into a grant agreement with St. Vincent de Paul Society of San Francisco (SVDP) for the time period beginning July 1, 2018 and ending on June 30, 2019, in the amount of \$331,376 plus a 10% contingency of \$33,137 for a total not to exceed amount of \$364,513. The purpose of the grant is to provide comprehensive domestic violence (DV) intervention and referral services to families who are involved with Family and Children’s Services (FCS).

**Background**

SDVP has long history of offering services to families impacted by DV since it opened one of the first emergency shelters in San Francisco in the 1980s. Currently, its comprehensive intervention services include a transitional housing program, an emergency shelter, drop-in support services to survivors of domestic violence, and therapeutic and support services for children and youth. Since 2005, SVDP has

been a valuable community partner for FCS, providing DV intervention and consultation services for families involved with or referred to FCS.

**Services to be Provided**

Grantee will work collaboratively with FCS staff to provide consultation and resource referral, which includes joint home or office visits with Protective Services Workers (PSW). Upon request, they will provide the PSWs a formal written assessment of the cases referred, which includes information on lethality risk, impact of the violence on the children, and other concerns and observations pertinent to the case.

SVDP will provide on-going support to moderate-to-low-risk families using standardized assessments, family engagement techniques, evidence-based practice and community partnership for a period of six to nine months with the goal of reducing the likelihood of re-referral. They provide advice to FCS staff on the development of internal protocols and guidelines to better support families experiencing domestic/intimate partner violence that are referred to or involved with FCS. They also consult as allowed under applicable law, and attend family court hearings and testify on behalf of FCS upon request.

For more information regarding services to be performed by the Grantee, please refer to Appendix A (attached).

**Location and Time of Services**

Domestic violence intervention services will be provided at DHS sites (170 Otis St. and 3801 Third Street), as well as off-site visits within San Francisco, Riley Center's Community Office (1175 Howard Street), at Family Resource Centers or the families' home. Time of services will be flexible and there may be emergency DV situations that require consultations in the evening. Grantee will also provide back-up support when there is a staff vacancy or regular staff is on an extended leave.

**Selection**

Grantee was selected through Request for Proposals 784, which was competitively bid in March 2018.

**Funding**

Funding for this grant is provided by local General funds (60%), State funds (24%), and Federal funds (16%).

**ATTACHMENTS**

Appendix A-Services to be Provided

Appendix B-Program Budget

**Appendix A – Domestic Violence Intervention Services**  
**Services to be Provided by Saint Vincent de Paul Society of San Francisco**  
**July 1, 2018 to June 30, 2019**

**I. PURPOSE**

To provide comprehensive domestic violence intervention and referral services to families who are involved with Child Protective Services (CPS) or families who have been referred to HSA’s Family and Children’s Services (FCS) hotline. These services are intended to increase the safety of children and families and promote family stabilization.

**II. DEFINITIONS**

- CPM            Core Practice Model, a State model which outlines the values, components, elements and behavior associated with Child Welfare
- CPS            Child Protective Services
- DV             Domestic Violence
- DR             Differential Response or DR is an approach to working with moderate-to-low risk families with a substantiated, inconclusive or unfounded CPS allegation using standardized assessments, family engagement techniques, evidence-based practice and community partnership.
- FCS            Family and Children Services Division of HSA
- Grantee        Saint Vincent De Paul Society
- PSW            Protective Services Worker
- RED Team     A group decision-making and partnership strategy to respond proportionally to allegations of maltreatment within a differential response system. It is informed by a consultation and information sharing framework that includes harm/danger, risk statements, complicating factors, safety, strengths/ protective factors, the purpose/focus of consultation and next steps. The members of the RED team are charged with reviewing, evaluating and directing (RED) Hotline referrals that have been accepted through intake screening.
- HSA            San Francisco Human Services Agency

**III. TARGET POPULATION**

Families where DV/intimate partner violence is present and who have been referred to FCS, including families with an active CPS case and families who have been referred for Differential Response services.

**IV. SERVICES TO BE PROVIDED**

Grantee will provide the following:

- A. Consultation and Resource Referral for FCS staff
  - Provide support to PSWs for cases that include DV;
  - i. when requested, accompany PSW staff on off-site visits (including home visits and evening visits);

- ii. provide specific case consultation/guidance, which may require weekends in emergency situation;
- iii. assist with the development of appropriate interventions for survivors of DV/intimate partner violence and their children;
- iv. participate in the RED Team meetings led by FCS staff to review Hotline referrals;
- v. assist parents with planning for safety of their own and their children in response to possible episodes of DV;
- vi. share resource information and referrals to DV shelters and community services;
- vii. provide consultations and referrals to the person who perpetuated violence regardless of their gender, as appropriate; and attend Child and Family Team (CFT) Meetings, which may include evening hours
- viii. Grantee staff to be available by cell phone when not on-site.

**B. Formal DV Assessment and Lethality Assessment.**

Upon request, provide PSWs a formal written assessment of the cases referred, which includes information on lethality risk, impact of the violence on the children, and other concerns and observations pertinent to the case. Assessment formats to be based on best practice current models and approved by both parties

**C. Services for Families on the DR Pathway**

- i. Provide intensive DV counseling and case management services to the family, including joint home or office visits with the PSW and family;
- ii. connect families to community services and resources ;
- iii. DRL will make at least three attempts to engage family;
- iv. provide on-going support and case management for a period of six to nine months.

**D. Technical Assistance**

Advise FCS on the development of internal protocols and guidelines to better support families experiencing domestic/intimate partner violence that are referred to or involved with CPS.

**E. Consult and Collaborate with the FCS Counsel**

Consult as allowed under applicable law, and attend family court hearings and testify on behalf of FCS upon request of FCS or their attorneys.

Quality Assurance:

**F. Clinical Supervision and On-going Staff Development**

- i. Provide its staff with clinical supervision and ongoing staff development including team building activities. Supervision will include an updated model for working with families using Safe and Together Model, and provide DV Specialists with engagement tools.
- ii. Ensure staff have the necessary competencies to work with a diverse group of families in San Francisco and knowledge of community resources and supports.

**G. Provide administrative support such as managing staff's schedule and case assignments to ensure appropriate service coverage and equitable caseload distribution/effective workload management.**

**V. SERVICE OBJECTIVES**

- A. Two DV Specialists will provide domestic violence intervention services, including of-site visits, referrals and assessment services, to a minimum of 260 unduplicated families referred by FCS annually.

- B. DR Liaison will provide DV services and case management to 30 families referred by FCS annually.
  - C. DR Liaison will contact DR families in monthly face-to-face meeting once they engage in DR services.
- Quality Assurance Objectives:
- D. Supervision to DV Specialists and DR Liaison will be provided every other week.
  - E. Program Manager will meet with Early Response Program Director and Protective Services Supervisors quarterly to discuss emerging trends and address issues related to client services.

## **VI. OUTCOME OBJECTIVES**

- A. 100% of referrals to DV Specialists resulting from RED Team will be triaged to DR Liaison within five (5) business days after DV Specialists provide counseling to the family. Exceptions include those referrals with open CPS case.
- B. At least 80% of the parents served by the DV Specialists will complete a personalized DV safety plan detailing how they will respond to future incidents of DV to ensure the safety of their own and their children.
- C. At least 80% of the parents served by the DR Liaison will demonstrate improved functioning or well-being. Improved family functioning will be measured by a standard assessment tool adopted in consultation with FCS.
- D. Less than 30% of families served will be re-referred back to the Grantee with new allegations of abuse or neglect within a one-year period after working with Grantee.
- E. At least 90% of PSWs who have consulted with Grantee staff shall rate overall satisfaction with the services provided by Grantee staff as four (4) or higher on a five-point scale.

## **VII. LOCATION AND TIME OF SERVICES**

Domestic violence intervention services will be provided at Grantee's facility, HSA sites (170 Otis St. 3120 Mission St and 3801 Third Street), as well as off-site visits within San Francisco including public spaces and private residences. DR/DV services will be provided at Grantee's facility, at other Family Resource Centers or the families' home. Time of services will be flexible,

## **VIII. GRANTEE RESPONSIBILITIES**

- A. Grantee will ensure all confidentiality requirements regarding client information are maintained.
- B. Grantee is responsible for collecting and managing client data in a secure, encrypted database and must be able to accurately report on services provided.
- C. Ensure all employees and volunteers of this grant are TB tested annually and retain information on tests in their personnel files.
- D. Staff serving clients directly must have at least 40 hours of DV training supervised by an individual who qualifies as a DV counselor, and who has at least one year of experience counseling DV victims (per Evidence Code Section 1037 of State law).
- E. Provide culturally and linguistically competent services to meet the diverse needs of San Francisco families. DV services must be provided in English and Spanish.
- F. Provide staff with clinical supervision, case consultation and administrative support including regular file reviews.
- G. Ensure that all known or suspected instances of child abuse and neglect are reported as required by law. Employees are mandated reporters for suspected child abuse or neglect.
- H. Be familiar with FCS practices and policies such as the California Core Practice model. Information on the CPM can be found here: <http://calswec.berkeley.edu/California-child-welfare-core-practice-model>.
- I. Conduct criminal background checks/fingerprinting on all employees interacting with clients and arrange to receive subsequent criminal notifications if the employee is convicted of a crime during the time of his or her employment.

- J. Provide coverage for contracted services when there is a vacancy or staff is on an extended leave over 30 calendar days.
- K. Ensure staff are reachable by mobile phone to improve availability to HSA staff and families for engagement efforts.
- L. Ensure that 100% of referrals to DVS resulting from RED Team will be triaged to DR Liaison within five business days. Exceptions include those referrals with open CPS case.

**IX. AGENCY RESPONSIBILITIES**

- A. HSA is responsible for providing referrals.
- B. HSA will administer the satisfaction survey referenced in the Outcome Objectives Section to PSWs.

**X. REPORTING REQUIREMENTS**

- A. **Monthly Reporting:** Grantee will enter the following metrics on CARBON within 15 days after completion of each month:
  - i. Number of parents that received DV services during the reporting month
  - ii. Number of personalized DV safety plans completed by DV Specialists during the reporting month
  - iii. Number of parents that engaged in DR services during the reporting month
  - iv. Number of referrals to DV Specialists resulting from RED Team
  - v. Number of referrals to DRL resulting from RED Team

- B. **Quarterly Reports:** Grantee will submit quarterly reports detailing responses for each objective as outlined in Section VIII. This format should be cumulative, showing each quarter separately and provide a total number of families served. The recommended format of the report is described below.

Grantee should also track and report on services provided, including services provided to each family. Grantee will use a secure, encrypted database to track and report on individual referrals with at least the following fields: date of referral, consultation with PSW, contact log, client information (full name, date of birth, gender, sexual orientation, gender identity, ethnicity, primary language, and zip code), case ID, and services provided. Reports are due 15 days after the close of the quarter.

- C. **Annual Reports:** Grantee shall submit an annual report due 45 days after the close of each grant year. The annual report should provide a total number of families served compared to the yearly service and outcome objectives, successes and challenges encountered by the Grantee, as well as several brief client vignettes. The recommended format of the report is described below.

- D. Both quarterly and annual reports include the following:
  - i. **Summary of contract activities** - Provide a summary of contract activities that took place during the reporting period.
  - ii. **Progress towards meeting Service and Outcome Objectives** - Provide a brief description of progress towards meeting service objectives in quarterly reports, and both service and outcome objectives in annual reports. Discuss the challenges encountered in meeting the objectives during the reporting period.
  - iii. **Table showing the service and/or outcome metrics identified in Section V and VI**
  - iv. **Data collection and tracking** - Discuss any issues or challenges specifically related to collecting, tracking and managing client data.

\*Final content of report shall be determined through mutual agreement between grantee and FCS.

- E. Submission of Reports: All reports are to be submitted in the Contracts Administration, Reporting and Billing Online (CARBON) system. Any reports with client identifying information must be sent to Maggie Donahue, Program Manager and Arata Goto, Program Support Analyst, through HSA's encrypted email system.

## **XI. MONITORING**

- A. Program Monitoring: Program monitoring will include review of client data, and all supporting documentation for reporting progress towards meeting service 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.

	A	B	C	D	E
1	Appendix B, Page				
2	Document Date: 08/03/2018				
3	<b>HUMAN SERVICES AGENCY CONTRACT BUDGET SUMMARY</b>				
4	<b>BY PROGRAM</b>				
5	Contractor's Name			Contract Term	
6	St. Vincent de Paul Society of San Francisco - Riley Center			July 2018 through June 2019	
7	(Check One) New <input checked="" type="checkbox"/> Renewal <input type="checkbox"/> Modification <input type="checkbox"/>				
8	If modification, Effective Date of Mod.		No. of Mod.		
9	Program: Domestic Violence Intervention Services for FCS Clients				
10	Budget Reference Page No.(s)				
11	Program Term		Fiscal Year 18/19		Total
12	<b>Expenditures</b>				
13	Salaries & Benefits		\$257,147		\$257,147
14	Operating Expense		\$31,006		\$31,006
15	<b>Subtotal</b>		<b>\$288,153</b>		<b>\$288,153</b>
16	Indirect Percentage (%)		15%		15%
17	Indirect Cost (Line 16 X Line 15)		\$43,223		\$43,223
18	Capital Expenditure		\$0		\$0
19	Total Expenditures		\$331,376		\$331,376
20	<b>HSA Revenues</b>				
21	RFP Budget		\$331,376		\$331,376
22					
23					
24					
25					
26					
27	TOTAL HSA REVENUES		\$331,376		\$331,376
28	<b>Other Revenues</b>				
29					
30	Program Support Leverage				
31	Volunteer Coordinator Support		\$6,501		\$6,501
32	Children's Case Manager Support		\$8,041		\$8,041
33	Volunteer hours - Crisis Line Staff Support		\$6,872		\$6,872
34	Crisis Line Support		\$3,420		\$3,420
35					
36	Total Revenues		\$356,210		\$356,210
37					
39	Prepared by: Estella Ramit		Telephone No.: 415-757-6566		Date: 8/3/2018
40	HSA-CO Review Signature: _____				
41	HSA #1				11/15/2007
42					



	A	B	C	D	E	F	G	H	I
1									
2									
3									
4	7/1/18								
5	Program Name: Domestic Violence Intervention Services								
6	(Same as Line 9 on HSA #1)								
7	<b>Salaries &amp; Benefits Detail</b>								
8									
9									
10									
11	Fiscal Year 18/19								
12		Agency Totals		For HSA Program		For DHS Program			TOTAL
13	POSITION TITLE	Annual Full Time Salary for FTE	Total % FTE	% FTE	Adjusted FTE	Budgeted Salary			July '18 to June '21
14	DR Liaison	\$48,553	100%	100%	100%	\$48,553			\$48,553
15	Lead DV Specialist	\$53,731	100%	100%	100%	\$53,731			\$53,731
16	DV Specialist	\$50,629	100%	100%	100%	\$50,629			\$50,629
17	Program Director	\$75,959	100%	10%	10%	\$7,596			\$7,596
18	Program Manager	\$65,610	100%	30%	30%	\$19,683			\$19,683
19	Program Data Manager	\$67,000	15%	15%	15%	\$10,050			\$10,050
20	Support Group Facilitator	\$26,640	40%	15%	15%	\$3,996			\$3,996
21									
22									
23									
24									
25									
26									
27									
28									
29									
30	TOTALS	\$388,121	5.55	3.70	3.70	\$194,237	\$0	\$0	\$194,237
31									
32	FRINGE BENEFIT RATE	32.39%							
33	EMPLOYEE FRINGE BENEFITS					\$62,910	\$0	\$0	\$62,910
34									
35									
36	TOTAL SALARIES & BENEFITS					\$257,147	\$0	\$0	\$257,147
37	HSA #2								11/15/2007

	A	B	C	D	E	F	G	H	I	J	K
1											
2									Appendix B, Page		3
3									Document Date:		7/1/2018
4	Program Name: Domestic Violence										
5	Intervention Services										
6	(Same as Line 9 on HSA #1)										
7	<b>Operating Expense Detail</b>										
8											
9											TOTAL
10	<u>Expenditure Category</u>				TERM Fiscal Year 18/19						\$0
11	Rental of Property										\$0
12	Utilities(Elec, Water, Gas, Phone, Scavenger)				\$1,600						\$1,600
13	Office Supplies, Postage				\$776						\$776
14	Building Maintenance Supplies and Repair										\$0
15	Printing and Reproduction										\$0
16	Insurance				\$1,200						\$1,200
17	Staff Training				\$3,000						\$3,000
18	Staff Travel-(Local & Out of Town)				\$3,000						\$3,000
19	Rental of Equipment										\$0
20	CONSULTANT/SUBCONTRACTOR DESCRIPTIVE TITLE										
21											
22	POCOVI										\$0
23	Translation - Client Services										\$0
24	IT Consultant				\$250						\$250
25	Clinical/Mental Health Consultation (TBD)				\$9,000						\$9,000
26	OTHER										
27	Telephones (including staff cell phone stipends)				\$1,800						\$1,800
28	Client Database Fees				\$10,380						\$10,380
29											
30	TOTAL OPERATING EXPENSE				\$31,006						\$31,006
31											
32	HSA #3										11/15/2007