



MEMORANDUM

TO: HUMAN SERVICES COMMISSION

THROUGH: TRENT RHORER, EXECUTIVE DIRECTOR

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

DATE: JANUARY 22, 2018

SUBJECT: GRANT MODIFICATION: **HOMELESS PRENATAL PROGRAM**
(NON-PROFIT) TO PROVIDE NEW BEGINNINGS AND FAMILY
TREATMENT COURT PROGRAMS

GRANT TERM:	<u>Current</u>	<u>Modification</u>	<u>Contingency</u>	<u>Total</u>
	7/1/17	1/1/18 -		
	6/30/20	6/30/20		
TOTAL AMOUNT:	\$1,673,519	\$768,688	\$244,221	\$2,686,428
ANNUAL AMOUNT:	<u>FY17/18</u>	<u>FY18/19</u>	<u>FY19/20</u>	
	\$702,433	\$869,887	\$869,887	
Funding Source	<u>County</u>	<u>State</u>	<u>Federal</u>	<u>Contingency</u>
MODIFICATION	\$468,900		\$299,788	\$76,869
FUNDING:				\$845,557
PERCENTAGE:	61%		39%	100%

The Department of Human Services (DHS) requests authorization to modify the grant agreement with Homeless Prenatal Program for the period of January 1, 2018 to June 30, 2020, in an additional amount of \$768,688 plus a 10% contingency for a total grant amount not to exceed \$2,686,428. The purpose of the modification is to add the New Beginnings (NB) and Family Treatment Court (FTC) Programs to the existing grant. These additional programs provide counseling and supports as well as a link to ongoing drug treatment to 1) expecting parents with substance use issues and 2) families with children participating in the court-supervised treatment and parenting program called Family Treatment Court, respectively.

Background

The Homeless Prenatal Program (HPP) has been a partner of the Family and Children’s Services (FCS) division since 2006 when they were first awarded the grant for substance abuse support services for families involved with child protective services.

NB and FTC programs seek to reduce the impact of substance abuse through counseling and support that will help minimize drug usage and reduce the risk of child maltreatment. NB provides early-intervention to low-income, expecting mothers experiencing homelessness with history of substance use, serving as a primary preventative strategy

for FCS. FTC is designed to link parents participating in the Family Treatment Court program to substance use support services to promote recovery, facilitate successful reunification with their children and mitigate the risk of future child welfare involvement.

These existing HPP programs were last managed and funded by the Department of Public Health (DPH). By bringing them under FCS, these, along with the existing support services program, form a cohesive continuum of services for families who are negatively impacted by substance abuse, and create more opportunities for engaging these families.

Services to be Provided

Under the existing grant agreement, the Grantee currently provides the following services:

- A. **Family Engagement and Substance Abuse-Related Case Management:** Collaboration with FCS, DPH, and other local agencies to provide substance abuse related interventions, case management and support for 120 families served by FCS annually.
- B. **Community Outreach and Supportive Services:** Advise FCS staff and community partners about current trends and evidence-informed practices in substance abuse assessment and intervention, treatment options, and chemical dependency issues as well as provide a minimum of two trainings to FCS staff and other identified community partners on various topics related to substance abuse.
- C. **Peer Mentor Support:** Peer Mentors will function as parent advocates, mentors, and teachers, in working with FCS-involved families. Generally, Peer Mentors will provide moral support to help allay clients' anxiety, help to de-escalate fears, help prioritize critical tasks, and support families in achieving their overall care plan goals and objectives.

Under the proposed grant modification, the Grantee will provide the following additional services:

- D. **Family Treatment Court (FTC):** Grantee will facilitate the FTC process and provide case management and assessment for an estimated 50 unduplicated FCS linked families.
 - *Community Outreach:* Grantee will work with city attorneys, PSWs, and treatment providers to provide ongoing training and information about referral and participation.
 - *Intake and Enrollment into Services:* Grantee will conduct an intake and substance use assessment, and work with parent to develop and treatment plan that will support them toward the goal of reunification. Once the intake and assessment process has begun, the participant will begin attending status hearings at FTC.
 - *Case management:* Grantee will provide case management services to parents collaborating with substance use treatment, Human Services Agency, Department of Public Health and the San Francisco County Superior Court. The goal of case management is to provide individualized, collaborative, coordinated and supportive services that will assist the client in their family reunification or stabilization. Case management will be based on a formal assessment, and will be family-centered, strengths-based, needs-driven, solution oriented, and community based.
- E. **New Beginnings Program:** Grantee will manage a substance abuse prevention program for pregnant and parenting adults. It is estimated that a minimum of 125 unduplicated parents will be served by the program. As part of a city-wide collaborative, HPP serves as a link between the streets and drug treatment programs for pregnant, parenting mothers and women of child bearing age with substance abuse issues. The goal is to build a trusting relationship with these women and help them obtain the services they needs (drug counseling and medical care) in order to deliver a healthy baby, adopt healthy and nurturing parenting skills, and keep custody of their children.
 - *Community Outreach:* Grantee will conduct community-based outreach and distribute lotion, soap, bathroom tokens and snacks as an incentive to access services. New clients will complete registration and risk assessments in HPP's triage program.

- *Intake and Enrollment into Services:* Grantee will assess clients' immediate and longer-term needs through a registration and screening process. Clients are then triaged to the appropriate program and service level, and a plan of care is formulated as appropriate to help meet their needs.
- *Case Management:* Grantee will provide an in-depth assessment, early intervention counseling, education and case management, with the goal of enabling its clients to have healthy babies and reduce the risk of child maltreatment. Grantee will also provide some necessary items that a family may need such as bus tokens, baby items, cribs and strollers.

For additional detailed information regarding services to be provided, please refer to Appendices A and A-1 (attached).

Location and Time of Services

Services are provided either at Grantee facilities, in the home of the family or wherever appropriate. Status hearings for FTC participants are held at a facility of the Superior Court of California, County of San Francisco (currently at 575 Polk Street). Service hours vary depending upon the needs of families but can include evenings.

Selection

The Grantee was selected through Request for Proposals #736, which was competitively bid in March 2017.

Funding

Funding for this grant modification is provided by a combination of County General Fund and Federal funds.

ATTACHMENTS

Appendix A - Services to be Provided

Appendix A-1 – Services to be Provided

Appendix B - Program Budget

Appendix B-1 – Program Budget

**Appendix A – Services to be Provided
Homeless Prenatal Program
Substance Abuse Support Services
July 1, 2017 – June 30, 2020**

I. Purpose

The purpose of this grant is to strengthen, support and preserve FCS-involved families affected by substance abuse using a strength-based model focused in three core areas: Outreach and Engagement, Family Case Management, and Peer Support.

II. Target Populations

- A. Families (including fathers) with children at risk of abuse or neglect because of substance abuse as identified by Family and Children’s Services.
- B. Families (including fathers) at risk of or experiencing separation due to abuse or neglect as a result of substance abuse as identified by Family and Children’s Services.
- C. Pregnant women who are abusing drugs and/or alcohol identified by Family and Children’s Services.

III. Definitions

CBO	Community-Based Organization
PSW	Protective Services Worker
FTC	Family Treatment Court
FCS	Family & Children’s Services Division of the San Francisco Human Services Agency. FCS is the public entity charged with responding to allegations of child maltreatment, assessing safety and risk, and providing foster care and other services related to the safety, permanency and well-being of children, youth and families.
SFHSA	San Francisco Human Services Agency
Peer Mentors	Parents formerly involved with CPS/FCS that are hired by the Grantee to provide one-on-one support to families that are actively involved with FCS; peer parents work in conjunction with family case managers and Protective Services Workers
CFT	A Child and Family Team (CFT) includes the family, their natural supports, and all of the ancillary individuals who are working with them toward their successful transition out of the child welfare system. The Protective Services Worker (PSW), mental health staff and other service providers collaborate to engage youth and families as partners in the team environment.

Child and Family Team (CFT) Meetings are regular, structured, facilitated, topical discussions with the family and/or the youth, the youth/family's natural supports, the FCS PSW, FCS Facilitator and other team members related to a particular topic. They feature solution-focused discussions to address the specific needs of the family so in order to meet the safety, permanency and well-being needs of the child. These needs and plans to address them are documented in the Shared Family Care Plan, which guides the work of all of the members of the team.

Shared Family Care Plan

The Shared Family Care Plan is a simple document that is developed and refined during the CFT meetings to clarify the specific behavioral issues that the family is working on, and establish an agreed upon plan for addressing those issues. It is developed in collaboration with the family, and guides the FCS Case Plan as well as other service or treatment plans (e.g. the behavioral health treatment plan).

DPH

Department of Public Health

III. Services to be Provided:

A. Family Engagement and Substance-Abuse Related Case Management

Grantee will work collaboratively with FCS, DPH, and other local agencies to provide substance- abuse related interventions, case management and support for 120 families served by FCS annually. The goal of case management is to provide individualized, collaborative, coordinated and supportive services that will assist the client in their family reunification or stabilization. Case management will be based on a formal assessment, and will be family-centered, strengths-based, needs-driven, solution oriented, and community based. Case management may involve support of peer mentors or coordination with other peer mentors assigned to FCS cases.

Grantee will contact families within 24 hours of receiving referral from FCS. Grantee will notify FCS referring worker and consult with worker regarding service needs. Grantee will then provide outreach and engagement services aimed at facilitating successful completion of services, and reducing safety and risk related to substance abuse.

Engagement and case management services will include, but may not be limited to the following;

- Encouraging sobriety;
- Reducing harm related to substance abuse;
- Facilitating referrals to the DPH Treatment Access Program for assessments for substance abuse and dependence ;
- Facilitating successful completion of recommended substance abuse treatment;

- Participating in the Child and Family Team that provides ongoing collaborative services and support to children and families, including participating in CFT meetings as necessary
 - In collaboration with FCS and others on the CFT, monitoring the participation and progress of families in pre-treatment and in-treatment programs, including addressing problems threatening to the families' recovery process;
 - Participating in other FCS related meetings as requested, including Administrative Reviews and other family-involved team meetings;
 - Collaborating with partner programs such as the Family Treatment Court, substance-abuse treatment providers, and other community based organizations working with the target population;
 - Administering the North Carolina Family Assessment Scale (NCFAS) at least two times during the families' involvement with services – once at an agreed upon time near the intake process to gather baseline data, and at least once after engagement in services in order to guide service planning and measure progress in family functioning;
 - Providing and/or referring families to evidence based parent training (such as Triple P™ (Positive Parenting Program), SafeCare™, or other evidence-informed parenting programs);
 - Provide incentives designed to promote families' access to services associated with better birth outcomes and the elimination of barriers to women-centered services for pregnant, drug-abusing women;
 - Ensuring that case management services are non-duplicative and streamlined with other care plan goals and objectives, as outlined in the Shared Family Care Plan;
 - Educating families about addiction and providing them information about the structure and intake requirements of various drug treatment programs.
 - Within the above services, and in addition to them, develop, implement and manage care plans for health-related needs covered by Medi-Cal; and,
 - Providing on-going support after the FCS case is closed with the aim of reducing recidivism.
- B. Community Outreach and Supportive Services
- Advise PSWs, Protective Services Supervisors (PSSs), other FCS staff, community partners, families and other participants in the CFT about current trends and evidence-informed practices in substance abuse assessment and intervention, treatment options, and chemical dependency issues;
 - Working collaboratively with the FCS Training and Workforce Development Team, provide at least two trainings to FCS staff and other identified community partners on various topics related to substance abuse; and
 - Disseminate information on families and substance abuse through meetings, presentations and community forums.

V. Location and Time of Services

Services are provided either at Grantee facilities, in the home of the family or wherever appropriate. Service hours vary depending upon the needs of families but can include evenings.

VI. Grantee Responsibilities

- A. Grantee will provide supervision, management, and quality assurance of services.
- B. Grantee will provide assessment and case management to up to 120 FCS-involved families per year. This amount is subject to increase based upon client needs and Grantee capacity.
- C. Grantee will provide data as per reporting requirements.

- D. All Grantee employees are mandated reporters for suspected child abuse or neglect. Should a client require a referral back to FCS the Grantee will contact the FCS Hotline.
- E. Grantee will develop and maintain language capacity based on client needs and county demographics.
- F. Conduct service satisfaction surveys of families receiving services.
- G. Participate in evidence-based trainings and trainings about best practices.
- H. Participate in HSA/FCS meetings and required trainings.
- I. Provide attendee training evaluations for all HPP substance abuse-related trainings.

Emphasizing collaboration and joint case planning, the Grantee will also work closely to develop service recommendations for parents. This includes: requesting informed consent and authorization to support clients in communicating with their PSW; outlining the communication protocols, in collaboration with FCS, specifying the method by which FCS will receive updates on family progress; facilitating family participation in Family Team Court through ongoing case management, weekly treatment progress reporting and participation in collaborative treatment planning; providing monthly progress report on families participating in services indicating participation in services and progress meeting goals, in a format agreed upon by FCS and the Grantee.

VII. Departmental Responsibilities

- A. HSA/FCS will keep Grantee apprised of changes in policy and protocol.
- B. Provide referrals and technical assistance as needed to support ongoing program implementation.
- C. Collaborate in joint service planning and share relevant information regarding family history and situation to ensure appropriate interventions are applied.

VIII. Service Objectives (annually unless noted)

Grantee will:

- A. Contact 100% of FCS referrals. Exceptions will be made when referrals lack accurate contact information for families. Grantee will invite all families to attend an intake process that is designed to engage them in services.
- B. Complete 100% of assessments on all incoming cases where they are able to engage the family. Exceptions will be made in the case of couples with active Domestic Violence (priority will be given to the victim and the perpetrator will be referred out).
- C. Provide two trainings to FCS staff on substance abuse and impact on families.

IX. Outcome Objectives

- A. At least 60% of parents participating in the program will demonstrate a decrease in substance abuse at six months after the initial referral and assessment. The six month re-assessments will reflect a combined improvement in the five point substance use ratings scale for the following areas:
 - *Substance abuse*
 - *Severity of use*
 - *Stage of recovery*

- *Environmental influences*
- *Stage of recovery/motivation*

B. At least 60% of parents engaged in case management services will demonstrate improved family functioning as measured at six months after referral and assessment, utilizing the NCFAS.

XI. Reporting

Monthly, Quarterly and Annual Reports

Grantee shall submit monthly, quarterly and annual performance reports during the term of the grant.

1. The reports shall contain data on progress toward meeting service and outcome objectives. This format should be cumulative, showing each quarter separately, providing a total and compared overall to the specific yearly service and outcome objectives.
2. Grantee shall report quarterly on the percentage of families served who are Medi-Cal eligible.
3. Quarterly reports are due no later than fifteen days following the end of the quarter.
4. An Annual Report is due 45 days following the end of the fiscal year. The report should include highlights of accomplishments and any challenges experienced by the program and include two client vignettes.
5. All reports must be entered into the Contracts Administration, Billing and Reporting Online (CARBON) system.

XII. 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 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
Homeless Prenatal Program
New Beginnings and Family Treatment Court Programs
January 1, 2018- June 30, 2020

I. Purpose

The purpose of this grant is to reduce the impact of substance use on the target populations by providing counseling and support services that will help minimize their drug usage, and provide them with a link to ongoing drug treatment to reduce the risk of child maltreatment.

II. Target Populations

- a. Families (including fathers) with children at risk of abuse or neglect because of substance abuse as identified by Family and Children’s Services (FCS) going through Family Treatment Court (FTC)
- b. Families (including fathers) at risk of or experiencing separation due to abuse or neglect as a result of substance abuse as identified by FCS
- c. Pregnant women with housing needs who are identified as at-risk of child welfare involvement

III. Definitions

ANSA	The Adult Needs and Strengths Assessment (ANSA) is a multi-purpose tool developed for adult’s behavioral health services to support decision making, including level of care and service planning, to facilitate quality improvement initiatives, and to allow for the monitoring of service outcomes.
CBO	Community-Based Organization
CFT	<p>A Child and Family Team (CFT) includes the family, their natural supports, and all of the ancillary individuals who are working with them toward their successful transition out of the child welfare system. The Protective Services Worker (PSW), mental health staff and other service providers collaborate to engage youth and families as partners in the team environment.</p> <p>CFT Meetings are regular, structured, facilitated, topical discussions with the family and/or the youth, the youth/family’s natural supports, the FCS PSW, FCS Facilitator and other team members related to a particular topic. They feature solution-focused discussions to address the specific needs of the family in order to meet the safety, permanency and well-being needs of the child. These needs and plans to address them are documented in the Shared Family Care Plan, which guides the work of all of the members of the team.</p>
CPS	Child Protective Services
CPM	California Child Welfare Core Practice Model (CPM) outlines the values, components, elements and behaviors associated with child welfare practice. Information on the CPM can be found at: http://calswec.berkeley.edu/california-child-welfare-core-practice-model-0
DPH	Department of Public Health
FCS	Family & Children’s Services Division
FTC	Family Treatment Court
Grantee	Homeless Prenatal Program
NCFAS	The North Carolina Family Assessment Scale (NCFAS) is an assessment tool designed to examine family functioning in the domains of Environment, Parental Capabilities, Family

Interactions, Family Safety, and Child Well-being. It provides an organizing framework for social workers to conduct a comprehensive family assessment intended to inform the construction of a service plan and subsequently document changes in family functioning that represent outcomes of the service plan.

PSW Protective Services Worker

HSA San Francisco Human Services Agency

Shared Family Care Plan The Shared Family Care Plan is a simple document that is developed and refined during the CFT meetings to clarify the specific behavioral issues that the family is working on, and establish an agreed upon plan for addressing those issues. It is developed in collaboration with the family, and guides the FCS Case Plan as well as other service or treatment plans (e.g. the behavioral health treatment plan).

IV. Services to be Provided

Grantee will work to reduce harm related to substance abuse, facilitate assessment for substance abuse and dependence, and facilitate successful completion of recommended substance abuse treatment. All services provided will be consistent with and aligned with the California Core Practice Model (CPM)

- a. **Family Treatment Court (FTC):** Grantee will facilitate the FTC process and provide case management and assessment for FCS linked families.

Community Outreach: Grantee will work with city attorneys, PSWs, and treatment providers to provide ongoing training and information about referral and participation.

Intake and Enrollment into Services: Grantee will conduct an intake and substance use assessment, and work with parent to develop and treatment plan that will support them toward the goal of reunification. Once the intake and assessment process has begun, the participant will begin attending status hearings at FTC.

Case management: Grantee will provide case management services to parents collaborating with substance use treatment, Human Services Agency, Department of Public Health and the San Francisco County Superior Court (further described below).

The goal of case management is to provide individualized, collaborative, coordinated and supportive services that will assist the client in their family reunification or stabilization. Case management will be based on a formal assessment, and will be family-centered, strengths-based, needs-driven, solution oriented, and community based. Case management services will include, but may not be limited to the following;

- Reducing harm related to substance abuse;
- Encouraging sobriety;
- Facilitating referrals to the DPH Treatment Access Program for assessments for substance abuse and dependence;
- Facilitating successful completion of recommended substance abuse treatment;
- Participating in the Child and Family Team (CFT) meetings that provides ongoing collaborative services and support to children and families, including participating in CFT meetings as necessary
- In collaboration with FCS and others on the CFT, monitoring the participation and progress of families' pre-treatment and in-treatment programs, including addressing problems threatening to the families' recovery process;
- Participating in other related FCS meetings as requested, including Administrative Reviews and other family-involved team meetings;
- Collaborating with partner programs such as FTC, substance-abuse treatment providers, and other community based organizations working with the target population;

- Administering the North Carolina Family Assessment Scale (NCFAS) at least two times during the families' involvement with services – once at an agreed upon time near the intake process to gather baseline data, and at least once after engagement in services in order to guide service planning and measure progress in family functioning¹;
- Providing and/or referring families to evidence based parent training such as Triple P™ (Positive Parenting Program), SafeCare™, or other evidence-informed parenting programs;
- Provide incentives designed to promote families' access to services associated with better birth outcomes and the elimination of barriers to women-centered services for pregnant, drug-abusing women;
- Ensuring that case management services are non-duplicative and streamlined with other care plan goals and objectives, as outlined in the Shared Family Care Plan;
- Educating families about addiction and providing them information about the structure and intake requirements of various drug treatment programs; and,
- Providing on-going support after the FCS case is closed with the aim of reducing reentry.

- b. **New Beginnings Program:** Grantee will manage a substance abuse prevention program for pregnant and parenting adults. As part of a city-wide collaborative, HPP serves as a link between the streets and drug treatment programs for pregnant, parenting mothers and women of child bearing age with substance abuse issues. The goal is to build a trusting relationship with these women and help them obtain the services they needs (drug counseling and medical care) in order to deliver a healthy baby, adopt healthy and nurturing parenting skills, and keep custody of their children.

Community Outreach: Grantee will conduct community-based outreach and distribute lotion, soap, bathroom tokens and snacks as an incentive to access services. New clients will complete registration and risk assessments in HPP's triage program.

Intake and Enrollment into Services: Grantee will assess clients' immediate and longer-term needs through a registration and screening process. Clients are then triaged to the appropriate program and service level, and a plan of care is formulated as appropriate to help meet their needs.

Case Management: Grantee will provide an in-depth assessment, early intervention counseling, education and case management, with the goal of enabling its clients to have healthy babies and reduce the risk of child maltreatment. Grantee will also provide some necessary items that a family may need such as bus tokens, baby items, cribs and strollers.

V. Location and Time of Services

Services are by and large provided Monday through Thursday from 9AM to 5PM and Friday 9AM-4PM at 2500 18th Street. Service hours may vary depending upon the needs of families and can include evenings.

VI. Grantee Responsibilities

- a. Grantee will provide supervision, management, and quality assurance of services.
- b. Grantee will provide assessment and case management to 50 FTC families and 125 New Beginnings clients per year. This amount is subject to change based upon client needs and Grantee capacity.
- c. Grantee will provide data as per reporting requirements.
- d. All Grantee employees are mandated reporters for suspected child abuse or neglect. Should a client require a referral to FCS, Grantee will contact the FCS Hotline.
- e. Grantee will develop and maintain language capacity based on client needs and county demographics.
- f. Conduct service satisfaction surveys of families receiving services.
- g. Participate in trainings about best practices.
- h. Participate in HSA/FCS meetings and required trainings.

¹ Grantee will continue to administer ANSA as its primary assessment tool until 1) its database is reconfigured to accommodate NCFAS and 2) outcome objectives are redesigned in collaboration with FSC in order to align them with the NCFAS framework.

- i. Emphasizing collaboration and joint case planning, the Grantee will also work closely to develop service recommendations for parents. This includes:
 - requesting informed consent and authorization to support clients in communicating with their PSW;
 - outlining the communication protocols, in collaboration with FCS, specifying the method by which FCS will receive updates on family progress;
 - facilitating family participation in FTC through ongoing case management, weekly treatment progress reporting and participation in collaborative treatment planning; and
 - providing monthly progress report on families participating in services indicating participation in services and progress meeting goals, in a format agreed upon by FCS and the Grantee.

VII. Departmental Responsibilities

- a. Keep Grantee apprised of changes in policy and protocol.
- b. Provide referrals and technical assistance as needed to support ongoing program implementation.
- c. Collaborate in joint service planning and share relevant information regarding family history and situation to ensure appropriate interventions are applied.
- d. Develop and support information sharing protocols with the grantee.

VIII. Service Objectives (annual unless otherwise noted)

Grantee will:

- a. Complete at least 80% of biopsychosocial assessments on all incoming FTC cases where they are able to engage the family. Exceptions will be made in the case of couples with active Domestic Violence (priority will be given to the victim and the perpetrator will be referred out).
- b. Grantee will serve at least 125 unduplicated parents through the New Beginnings program.
- c. Grantee will serve at least 50 unduplicated families through FTC.

IX. Outcome Objectives

- a. At least 50% of parents participating in the FTC program will demonstrate a decrease in substance abuse at six months after the initial referral and assessment. The six month re-assessments will reflect a combined improvement in the five point substance use ratings scale for the following areas:
 - Substance abuse
 - Severity of use
 - Stage of recovery
 - Environmental influences
 - Stage of recovery/motivation
- b. At least 75% of parents engaged in FTC case management services will demonstrate improved family functioning as measured at six months after referral and assessment, utilizing the ANSA/NCFAS tool. Outcomes based on NCFAS will be refined in collaboration with FCS staff after the transition of the assessment tool is completed.
- c. At least 60% of pregnant parents engaged in NB will give birth to a baby with a healthy birth weight.
- d. At least 75% of NB participants' babies with known birth outcomes will have a negative toxicology screening result at birth.

X. Reporting Requirements

Grantee shall submit monthly, quarterly and annual performance reports during the term of the grant.

a. Monthly Reports

- Monthly reports are due fifteen days following the end of the month and shall contain the following information:
 - Number of open FTC cases during the month
 - Number of biopsychosocial assessments completed during the month

- Number of unduplicated families who attended peer support groups during the month
- Number of families eligible for Medi-Cal
- Number of open NB cases during the month

b. Quarterly Reports

- The Quarterly Reports shall contain data on progress toward meeting service and outcome objectives. This format should be cumulative, showing each quarter separately, providing a total and compared overall to the specific yearly service and outcome objectives. In addition, the quarterly reports shall contain the percentage of families served who are Medi-Cal eligible.
- Quarterly reports are due no later than fifteen days following the end of the quarter.

c. Annual Reports

- An Annual Report is due 45 days following the end of the fiscal year. The annual report shall summarize the contract activities and reference the tasks as described in Section IV– Description of Services, VII- Service Objectives, and VIII-Outcome Objectives. This report will also include accomplishments and challenges encountered by the Contractor, and two client vignettes.

d. All reports must be entered into the Contracts Administration, Billing and Reporting Online (CARBON) system.

XI. 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 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 1				
2	Document Date: 03/24/2017				
3	HUMAN SERVICES AGENCY CONTRACT BUDGET SUMMARY				
4	BY PROGRAM				
5	Contractor's Name			Contract Term	
6	Homeless Prenatal Program			July 1, 2017 - June 30, 2020	
7	(Check One) New <input type="checkbox"/> Renewal <input checked="" type="checkbox"/> Modification <input type="checkbox"/>				
8	If modification, Effective Date of Mod.		No. of Mod.		
9	Program: Keeping Families Together				
10	Budget Reference Page No.(s)				
11	Program Term	7/1/17-6/30/18	7/1/18-06/30/19	7/1/19-06/30/20	Total
12	Expenditures				
13	Salaries & Benefits	\$405,781	\$425,139	\$425,139	\$1,256,059
14	Operating Expense	\$71,345	\$63,915	\$63,915	\$199,175
15	Subtotal	\$477,126	\$489,054	\$489,054	\$1,455,234
16	Indirect Percentage (%)	15%	15%	15%	
17	Indirect Cost (Line 16 X Line 15)	\$71,569	\$73,358	\$73,358	\$218,285
18	Capital Expenditure	\$0	\$0	\$0	\$0
19	Total Expenditures	\$548,695	\$562,412	\$562,412	\$1,673,519
20	HSA Revenues				
21	General Fund				
22	General HSA Revenue	\$548,695	\$562,412	\$562,412	\$1,673,519
23					
24					
25					
26					
27					
28					
29	TOTAL HSA REVENUES	\$548,695	\$562,412	\$562,412	\$1,673,519
30	Other Revenues				
31	US DOJ - Family Treatment Court	\$90,000			\$90,000
32	SF Co & City Dept of Public Health	\$176,644			\$176,644
33	Evelyn & Walter Haas	\$5,000			\$5,000
34	First Five Family Resource Center	\$175,000			\$175,000
35	HPP General Contribution	\$110,000			\$110,000
36					
37					
39	Prepared by: Beverly Ashworth	Telephone No.: 415 546 6756 328		Date 3/24/2017	
40	HSA-CO Review Signature: _____				
41	HSA #1				

	A	B	C	D	E	F	G	H	I	J	K
1											
2											
3											
4	Program Name: Keeping Fa										
5	(Same as Line 9 on HSA #1)										
6											
7	Operating Expense Detail										
8											
9											
10											
11											TOTAL
12	<u>Expenditure Category</u>				<u>TERM</u>	<u>7/1/17-6/30/17</u>	<u>7/1/18-06/30/19</u>	<u>7/1/19-06/30/20</u>			\$ -
13	Rental of Property										\$ -
14	Utilities(Elec, Water, Gas, Phone, Scavenger)					\$17,390	\$17,360	\$17,360			\$52,110
15	Office Supplies, Postage					\$3,055	\$3,055	\$3,055			\$9,165
16	Building Maintenance Supplies and Repair					\$10,700	\$9,700	\$9,700			\$30,100
17	Printing and Reproduction					\$1,800	\$1,800	\$1,800			\$5,400
18	Insurance					\$6,000	\$4,000	\$4,000			\$14,000
19	Staff Training					\$4,600	\$3,600	\$3,600			\$11,800
20	Staff Travel-(Local & Out of Town)					\$1,800	\$1,800	\$1,800			\$5,400
21	Rental of Equipment										
22	CONSULTANT/SUBCONTRACTOR DESCRIPTIVE TITLE										
23											
24											
25											
26											
27											
28	OTHER										
29	Emergency Client Needs					\$15,000	\$12,000	\$12,000			\$39,000
30	Support Group Nutrition and Activities					\$3,200	\$3,200	\$3,200			\$9,600
31	Family Reunification Event					\$4,400	\$4,000	\$4,000			\$12,400
32	Fatherhood Parent Training Nutrition and Activities					\$3,400	\$3,400	\$3,400			\$10,200
33											
34											
35	TOTAL OPERATING EXPENSE					\$71,345	\$63,915	\$63,915			\$199,175
36											
37	HSA #3										3/24/2017

	A	B	C	D	E
1	Appendix B-1, Page 1				
2					
3	HUMAN SERVICES AGENCY BUDGET SUMMARY				
4	BY PROGRAM				
5	Name			Term	
6	Homeless Prenatal Program			January 1, 2018 - June 30, 2020	
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: New Beginnings and Family Treatment Court				
10	Budget Reference Page No.(s)				
11	Program Term	1/1/18 - 6/30/18	7/1/18 - 6/30/19	7/1/19 - 6/30/20	1/1/18 - 6/30/20
12	Expenditures				
13	Salaries & Benefits	\$120,112	\$241,274	\$241,274	\$602,660
14	Operating Expense	\$13,574	\$25,509	\$26,096	\$65,179
15	Subtotal	\$133,686	\$266,783	\$267,370	\$667,839
16	Indirect Percentage (%)	15%	15%	15%	\$0
17	Indirect Cost (Line 16 X Line 15)	\$20,053	\$40,017	\$40,105	\$100,175
18	Capital Expenditure	\$0	\$675	\$0	\$675
19	Total Expenditures	\$153,738	\$307,475	\$307,475	\$768,688
20	HSA Revenues				
21	General Fund	\$153,738	\$307,475	\$307,475	\$768,688
22					
23					
24					
25					
26					
27					
28					
29	TOTAL HSA REVENUES	\$153,738	\$307,475	\$307,475	\$768,688
30	Other Revenues				
31					
32					
33					
34					
35					
36	Total Revenues	\$153,738	\$307,475	\$307,475	\$768,688
37	Full Time Equivalent (FTE)				
39	Prepared by: Beverly Ashworth	Telephone No.: 415 546 6756 ext 328			Date 1/3/2018
40	HSA-CO Review Signature:	_____			
41	HSA #1				1/3/2018

Program Name: New Beginnings and Family Treatment Court
 (Same as Line 9 on HSA #1)

Salaries & Benefits Detail

11	12	Agency Totals		HSA Program		1/1/18 - 6/30/18	7/1/18 - 6/30/19	7/1/19 - 6/30/20	1/1/18 - 6/30/20
		Annual Full Time Salary for FTE	Total FTE	% FTE funded by HSA (Max 100%)	Adjusted FTE	DHS Program Budgeted Salary	DHS Program Budgeted Salary	DHS Program Budgeted Salary	TOTAL Budgeted Salary
13	New Beg Program Manager ew	\$80,000	0.92	4%	0.04	\$1,472	\$2,944	\$2,944	\$7,360
14	New Beg Case Manager sw	\$41,200	1.00	50%	0.50	\$10,300	\$20,600	\$20,600	\$51,500
15	New Beg Case Manager ch	\$41,200	1.00	100%	1.00	\$20,600	\$41,200	\$41,200	\$103,000
16	New Beg Case Manager pf	\$41,200	1.00	31%	0.31	\$6,386	\$12,772	\$12,772	\$31,930
17	Path/New Beg Case Manager ar	\$51,004	1.00	75%	0.75	\$19,127	\$0	\$0	\$19,127
18	Path/New Beg Case Manager ar	\$51,004	1.00	36%	0.36	\$0	\$18,361	\$18,361	\$36,723
19	Medical Director mr	\$154,500	1.00	2.10%	0.021	\$1,622	\$3,245	\$3,245	\$8,111
20	Director of Programs lm	\$89,187	0.94	4.00%	0.038	\$1,677	\$3,353	\$3,353	\$8,384
21	Family Treatment Court Case Mgr ep	\$47,000	1.00	50%	0.50	\$11,750	\$23,500	\$23,500	\$58,750
22	Family Treatment Court Case Mgr pb	\$46,000	1.00	52%	0.52	\$11,960	\$23,920	\$23,920	\$59,800
23	Family Treatment Court Case Mgr TBD	\$46,000	1.00	45%	0.45	\$0	\$20,700	\$20,700	\$41,400
24	Family Treatment Court Prog Mgr am	\$60,000	1.00	25%	0.25	\$7,500	\$15,000	\$15,000	\$37,500
25									
26									
27									
28									
29	TOTALS	\$ 748,295	11.86	474%	4.74	\$92,393	\$185,595	\$185,595	\$463,584
30									
31	FRINGE BENEFIT RATE	30%							
32	EMPLOYEE FRINGE BENEFITS	\$224,489				\$27,718	\$55,679	\$55,679	\$139,076
33									
34									
35	TOTAL SALARIES & BENEFITS	\$972,784				\$120,112	\$241,274	\$241,274	\$602,660
36	HSA #2								1/3/2018

	A	B	C	D	E	F	G	H	I	J	K
1	Appendix B-1, Page 3										
2											
3											
4	Program Name: New Beginnings and Family Treatment Court										
5	(Same as Line 9 on HSA #1)										
6											
7	Operating Expense Detail										
8											
9											
10	<u>Expenditure Category</u>			TERM	<u>1/1/18 - 6/30/18</u>		<u>7/1/18 - 6/30/19</u>		<u>7/1/19 - 6/30/20</u>		TOTAL <u>1/1/18 - 6/30/20</u>
11	Rental of Property										
12	Utilities(Elec, Water, Gas, Phone, Garbage)				\$692		\$1,385		\$1,385		\$3,462
13	Office Supplies, Postage				\$300		\$456		\$456		\$1,212
14	Building Maintenance Supplies and Repair										
15	Printing and Reproduction				\$175		\$200		\$200		\$575
16	Insurance										
17	Staff Training				\$1,957		\$4,500		\$4,500		\$10,957
18	Staff Travel-(Local & Out of Town)				\$900		\$1,258		\$1,845		\$4,003
19	Rental of Equipment										
20	CONSULTANT/SUBCONTRACTOR DESCRIPTIVE TITLE										
21											
22											
23											
24	OTHER										
25	Emergency Services for Clients				\$7,400		\$13,710		\$13,710		\$34,820
26	Nutrition For New Beginnings Community Mtgs				\$250		\$750		\$750		\$1,750
27	Nutrition and Group Supplies for Support Groups				\$1,400		\$2,250		\$2,250		\$5,900
28	Family Events for Clients				\$500		\$1,000		\$1,000		\$2,500
29											
30											
31	TOTAL OPERATING EXPENSE				\$13,574		\$25,509		\$26,096		\$65,179
32											
33	HSA #3										1/3/2018

	A	B	C	D	E	F
1	Appendix B-1, Page 4					
2						
3						
4	Program Name: New Beginnings and Family Treatment Court					
5	(Same as Line 9 on HSA #1)					
6						
7	Program Expenditure Detail					
8						
9						
10	EQUIPMENT		TERM	1/1/18 - 6/30/18	7/1/18 - 6/30/19	7/1/19 - 6/30/20
11	No.	ITEM/DESCRIPTION				TOTAL 1/1/18 - 6/30/20
12	1	Computer/Monitor		\$675		\$675
13						
14						
15						
16						
17						
18						
19						
20	TOTAL EQUIPMENT COST			\$675		\$675
21						
22	REMODELING					
23	Description:					
24						
25						
26						
27						
28						
29	TOTAL REMODELING COST					
30						
31	TOTAL CAPITAL EXPENDITURE			\$675		\$675
32	(Equipment and Remodeling Cost)					
33	HSA #4					

1/3/2018

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