SECOND AMENDMENT TO AGREEMENT
BETWEEN THE COUNTY OF SAN MATEO AND
DALY CITY PENINSULA PARTNERSHIP COLLABORATIVE

THIS SECOND AMENDMENT TO THE AGREEMENT, entered into this _____ day of _____, 20_____, by and between the COUNTY OF SAN MATEO, hereinafter called "County," and **DALY CITY PENINSULA PARTNERSHIP COLLABORATIVE**, hereinafter called "Contractor";

W I T N E S S E T H:

WHEREAS, pursuant to Government Code Section 31000, County may contract with independent contractors for the furnishing of such services to or for County or any Department thereof;

WHEREAS, Daly City Peninsula Partnership Collaborative (DCPPC) is an established agency that provides Differential Response case management services for the Northern Region of San Mateo County; and

WHEREAS, on February 12, 2013, the parties entered into an Agreement for DR services, Resolution #072377 , for the term of January 1, 2013 through December 31, 2015, in the amount of $1,207,500; and

WHEREAS, on March 19, 2014, the parties amended the Agreement to add 3% Cost of Living Adjustment as approved by your Board of Supervisors, Resolution # 072915, in the amount of $24,151 for a new total obligation of $1,231,651; and

WHEREAS, the parties wish to further amend the Agreement for continuation of DR services, extending the term through June 30, 2017, increasing the amount by $630,154 to an amount not to exceed $1,861,805.

NOW, THEREFORE, IT IS HEREBY AGREED BY THE PARTIES HERETO AS FOLLOWS:

1. **Section 1- Exhibits and Attachments of the Agreement is amended to read as follows:**

   Exhibit A1- Program Description - Revised
   Exhibit B1- Scope of Work - Revised
   Exhibit C1 – Budget for FY 2013-15
   Exhibit C2-Payment Schedule-Revised
   Exhibit C3 – Budget for January 16 through June 30 2017-New
   Exhibit D1- Program Monitoring-Revised

Exhibit E1-Differential Response – Referral Process-Revised
Exhibit F – 504 Compliance
Exhibit G – Contractor's Declaration Form
Exhibit H – Child Abuse Prevention and Reporting
Exhibit I – Fingerprinting Certification

2. **Section 2- Services to be performed by Contractor is amended to read as follows:**

In consideration of the payments set forth herein and in Exhibits C1, C2 and C3, Contractor shall perform services for County in accordance with the terms, conditions and specifications set forth herein and in Exhibits A1, B1, D1, and E1.

3. **Section 3- Payments is amended to read as follows:**

In consideration of the services provided by Contractor in accordance with all terms, conditions, and specifications set forth in this Agreement and in Exhibits A1, B1 D1 and E1, County shall make payment to Contractor based on the rates and in the manner specified in Exhibits C1, C2 and C3. County reserves the right to withhold payment if County determines that the quantity or quality of the work performed is unacceptable. In no event shall County's total fiscal obligation under this Agreement **exceed ONE MILLION EIGHT HUNDRED SIXTY ONE THOUSAND EIGHT HUNDRED FIVE DOLLARS ($1,861,805)**. In the event that County makes any advance payments, Contractor agrees to refund any amounts in excess of the amount owed by County at the time of contract termination or expiration.

4. **Section 4-Term is amended as follows:**

Subject to compliance with all terms and conditions, the term of this Agreement shall be from January 1, 2013 through June 30, 2017.

5. Exhibit A1 replaces Exhibit A in its entirety and is attached hereto and incorporated by reference herein.

6. Exhibit B1 replaces Exhibit B in its entirety and is attached hereto and incorporated by reference herein.

7. Exhibit C2 replaces Exhibit C in its entirety and is attached hereto and incorporated by reference herein.

8. Exhibit C3 is hereby added to the Agreement and is attached hereto and incorporated by reference herein.

9. Exhibit D1 replaces Exhibit D in its entirety and is attached hereto and incorporated by reference herein.

10. Exhibit E1 replaces Exhibit E in its entirety and is attached hereto and incorporated by reference herein.

11. All other terms and conditions of the Agreement dated February 12, 2013 and amended March 19, 2014, between the County and Contractor shall remain in full force and effect.

IN WITNESS WHEREOF, the parties hereto, by their duly authorized representatives, have affixed their hands.

COUNTY OF SAN MATEO

By:_____
President, Board of Supervisors, San Mateo County

Date:_____

ATTEST:

By:_____
Clerk of Said Board

DALY CTY PENINSULA PARTNERSHIP COLLABORATIVE
Pat Bohm, Executive Director

Pat Bohm
_____
Contractor's Signature Executive Director

Date: November 17, 2015

EXHIBIT A1

Program Description
North Differential Response
January 1, 2016 through June 30, 2017

I. PROGRAM DESCRIPTION

Program Purpose

Differential Response (DR) provides earlier and more meaningful responses to emerging signs of family problems so child welfare agencies can mobilize resources to help families before problems escalate:

DR has four goals:

1) Increased safety and protection of the most vulnerable children referred to child welfare services.
2) More children maintained safely in their home with community services and support and fewer children involved in the child welfare system.
3) Greater family and community understanding and commitment to the protection of children.
4) Increased fairness and equity for all families referred to the child welfare system.

II. POPULATION TO BE SERVED

DR services will be provided to targeted populations which will allow the most vulnerable and needy families to engage in community-based services.

Population to be served by priority:

1) Path Two (Path 2) families, which have been defined as all referrals identified by the San Mateo County Children and Family Services (CFS) Social Workers (SW) as the most vulnerable and needy families who would benefit from engaging in community-based services.
2) Path One (Path 1) families with victim children.

Path 2 families will have priority over Path 1 families. If case load permits, Path 1 families will receive the same level of case management service.

CFS will make all referrals to the DR program. CFS' Community Workers will schedule and conduct multi-disciplinary team (MDT) meetings with Contractor's staff to discuss referrals and transfer confidential client information. Contractor will utilize the Community Approach to Relating and Engaging with Families (CARE) System to receive Path 1 and 2 referrals.

EXHIBIT B1

Scope of Work
North Differential Response
January 1, 2016 through June 30, 2017

Contractor will provide, to the satisfaction of the Director of Children and Family Services or his or her designee, services in connection with the specified DR services to Path 1 and Path 2 families.

I. GEOGRAPHIC AREA AND LOCATIONS:

A. Provide DR to the following zip codes:

- Brisbane (94005)
- Daly City (94014, 94015)
- San Bruno (94066) Pacifica (94044)
- South San Francisco (94080)
- Millbrae (94030)
- Burlingame (94010)

B. Service providers will be co-located with social worker staff or in community offices· as agreed upon by both parties. If San Mateo County (County) determines that the locations are ineffective and/or inaccessible, Contractor will secure other sites. Contractor will inform Children and Family Services (CFS) if locations change.

II. TRAINING AND STANDARDIZED ASSESSMENTS:

A. Provide Family Connections case management model training to Program Director, Program Managers, Case Managers and Intake Worker.

B. Determine the appropriate staff to attend County-sponsored training including, but not limited to, Case Managers, Intake Workers, Program Managers and multi-disciplinary team members.

III. CASE MANAGEMENT:

Contractor will accept all referrals from the CFS DR Program to provide case management services. Contractor will assign cases to case managers immediately after an MDT. Contractor will not maintain a wait list. Based on

historical data, it is expected that the Contractor will receive approximately 300 referrals. If the total number of referrals exceeds the projected caseload by 25%, the County and Contractor will meet to discuss on-going case management on new referrals. Case management services will be provided based on the priority populations outlined in Exhibit A.II.

A. **Case Management Model**

Contractor will utilize the Family Connections (FC) case management model. FC is a prevention/early intervention, community-based service program. The program works with families in their homes and neighborhoods to help them meet the basic needs of their children, with the goal of reducing the risk of child neglect. FC is based on a set of nine practice principles shown to work with the most vulnerable families and includes: community outreach individualized family assessment, customized interventions, helping alliance, empowerment approaches, strengths perspectives, cultural competence, developmental appropriateness and outcome-driven service plans. FC identifies informal support systems and contacts potential resources that can meet the family's needs, makes multiple contacts with family and support members, develops a mutually negotiated family support plan, provides a combination of home visiting and community based case management interventions, identifies and connects the family with a broad network of community resources, and creates opportunities for parents and children to experience positive and enjoyable interactions with each other. FC has shown to increase appropriate parenting attitudes, decrease depressive symptoms, decrease caregiver stress and everyday stress, decrease child behavior problems, and reduce incidents of child abuse and neglect.

B. **Central Intake**

Path 1 and Path 2 referrals will be received by a single Intake Worker, who will review the information for completeness and direct them to Daly City Peninsula Partnership Collaborative staff. After assignment, and in coordination with County Social Workers as appropriate, families will be contacted using a standard case management model that includes: Engagement/Assessment; Family-Centered Care Planning; Linking to Resources; and Graduation. County protocols for Path 1 and Path 2 referrals will be followed at all steps of the process, and new referrals will be made to the CFS hotline if allegations of abuse or neglect arise.

C. **Engagement/Assessment**

At this phase, the Case Manager makes the first contact with the family in their own language by phone, in the home or at school. The goals of this first contact are to:

1) Engage the family in receiving services or referrals
2) Provide an initial assessment of the family's needs and current resources
3) Connect the family with resources for any immediate needs
4) Make arrangements for further assessment and planning
5) Establish and maintain up to date and accurate Efforts to Outcomes (ETO) system records and files

Contractor will use the following strategies to obtain initial engagement:

1) Work to identify an immediate need that can be met quickly (e.g. food provision, ESL classes, affordable child care), building trust and providing the family with an incentive to engage in care planning.
2) Case Managers will use a nonjudgmental, supportive approach, and will be assigned to families according to their cultural, geographical and language needs. Families will have the option of meeting in their home, at Family Resource Centers (FRC), at other community service locations, or any other location that feels safe and comfortable to the family.

During the initial assessment phase, the Case Manager will administer the Family Assessment Screening Tool (FAST), use strength based questions and conversations, and collect information about the family's needs and resources. In Path 2 cases, the Case Manager will accompany a Children and Family Services (CFS) Social Worker (SW), proceeding with family assessment if the case is judged to be low risk.

D. **Family-Centered Care Planning**

Creating an effective care plan requires the active participation of the family, as well as their network of relatives, community members and service providers who have a stake in the family's success. Engaging them in their own service planning is key to a successful outcome. Contractor will also use the 41

Developmental Assets for young children and youth as an underpinning of the strength based approach with families and children.

The Case Manager will develop and/or plug into other plans that may already be in place for the family. ETO system records will be maintained and updated accurately. Using participatory approaches, the Case Manager will find flexible ways to:

1) Assess the family's strengths and resources;
2) Identify areas of need;
3) Create a plan that invests the family in setting goals and working jointly on strategies for reaching them.

E. **Linking To Resources**

Home-visiting enables the Case Managers to bring some services directly to the client. In order to assure that clients are able to access other resources throughout the County, the Case Managers will assist clients in obtaining bus passes, or tokens, when they are available.

F. **Graduation/Follow-up**

When the family is ready to graduate from the program, the Case Manager will:

1) Visit the family to assess completion or continued progress toward goals;
2) Complete up-to-date and accurate ETO system records and files;
3) Administer the FAST;
4) Provide a client satisfaction survey.

G. **Case Manager**

The Case Manager is the primary service coordinator for families assessed to receive non-County services. The Contractor will supervise and train the Case Managers to work with children and families. Case Managers will perform the following activities, including but not limited to:

- Assume all case management duties for Path 1 & Path 2 families utilizing the Family Connections model as described in Exhibit B.III.
- Follow DR process as described in Exhibit E.
- Re-refer clients to CFS Hotline, as appropriate.

- Visit the client and conduct standardized Path 1 family assessments using pre-FAST form. As indicated in the Family Connections model, develop individualized, outcome driven service plans.
- Conduct standardized Path Two family assessments using pre-FAST. Contractor will develop outcome-driven, individualized service plans as indicated in the Family Connections model.
- Work jointly with SWs to conduct standardized Path 2 family assessments using pre-FAST. SW will conduct assessment including safety, risk and protective capacity using Structured Decision Making hotline tool R(SDM). Contractor will develop outcome-driven, individualized service plans as indicated in the Family Connections model.
- Engage families in services through a strength-based working relationship by meeting with families in their homes once a week for 1 - 1.5 hours.
- Provide family support and informational services (i.e., home-teaching, motivational support, parent education, coaching, supportive problem solving, when appropriate, linkages to drug and alcohol treatment programs and domestic violence services, etc.).
- Assist in coordinating transportation to appointments, meetings, and classes, as well as bus tokens and taxi vouchers as needed.
- Conduct reassessments after 90 days. Contractor will determine if case needs to continue for another 90 days.
- Update service plan.
- Close cases as appropriate, conducting post-FAST at time of closure.
- Develop and maintain case files in the secure, web-based ETO system containing assessment information, case plan, and record of contacts with clients.
- Track and monitor case activities through the life of a case and case closure.
- Maintain up-to-date case records in ETO system. Provide up-to-date

case information to CFS, when requested.

- Provide services to a caseload of at least 10-15 open cases per month per Case Manager, for a maximum of 25 cases.
- Maintain knowledge of community services including referral and qualification requirements.
- Identify, establish, and link families to services and resources including on-site services as well as neighborhood-based services.
- Collaborate with service providers and consult with staff when clinical expertise is needed in development of service plans.
- Participate in community outreach activities.
- Participate in regular MDTs, meetings, individual supervision sessions and other meetings as appropriate.
- Complete the Family Connections case management training and all County-provided training related to DR, as determined by the County, such as the Community Worker curriculum, DR process, MDT and Mandated Reporter Training (MRT).
- Participate in on-going training activities, as required by the County.
- Perform other duties as assigned.

H. **Intake Worker**

- Intake Worker will perform the following activities, including but not limited to:
- When needed, perform duties of a case manager (see Case Manager description) and carry a partial caseload.
- Provide assistance to case managers to support family service plans/goals.
- Serve as the single point of entry for all referrals made by CFS and assign referrals to Case Managers.
- When assigning cases, primary consideration will be given to cultural and linguistic needs of the family.
- Assist in coordinating intake and assignment of Path 1 and Path 2

referrals as described in the DR process.

- Maintain and improve community resource databases for case management use.
- Maintain knowledge of community services including referral and qualification requirements.
- Participate in agency and County meetings, as required.
- Attend trainings, as required.

I. **Administration of Case Manager**

Contractor will be responsible for administrative services related to recruiting and training Case Managers and Intake Worker to meet DR demands. Administrative services shall include:

- Approving and signing timecards, leave, sick, etc.
- Conducting performance evaluation.
- Providing coaching and mentoring.
- Identifying other appropriate training.

J. **Supervision**

The Program Director will:

- Be responsible for developing, implementing, and maintaining program operations in accordance with the requirements of this Agreement.
- Be responsible for ensuring compliance with all policies and guidelines, stay current with any changes and updates.
- Review cases in the ETO system for content on a quarterly basis.
- Ensure progress notes are accurate and timely. Be able to provide case notes when requested by the County.
- Prepare all required reports.
- Prepare, administer and monitor the program budget to ensure the accomplishment of program and service objectives within budget restrictions.

- Hire, train and supervise Program Managers who have clinical and community based experience, preferably with masters level education.
- Oversee the hiring, training and supervision of the Program Managers, Intake Worker and Case Managers. Staff must reflect the region's demographic. Case Managers will be culturally and linguistically appropriate for the population to be served.

The Program Managers will:

- Be responsible for the day-to-day management of the collaborative program.
- Hire, train, supervise and coordinate the Intake Worker and Case Managers.
- Be responsible for reviewing Path 1 and Path 2 referrals and service plans.
- Coordinate and participate in the implementation of differential response, its goals, objectives, policies, and procedures.
- Ensure cases are up-to-date and case information is current to ensure validity and accuracy of reports.
- Read progress notes, review cases in the ETO system for content with staff and ensure cases are up-to-date at least on a monthly basis.
- Ensure the quality and quantity of the home visits. This includes shadowing case managers on home visits once per quarter per worker.
- Provide individual and group supervision, including sign-off on closed client files, provide additional quality control.
- Participate in the evaluation of the effectiveness of DR.
- Conduct regular meetings with DR staff to ensure all appropriate policies and guidelines are followed.
- Coordinate all community efforts around DR to ensure seamless process for families.

- Act as liaison and maintain an effective working relationship with Human Services Agency, FRCs, Core Service Agencies, community-based public and private organizations, and the community.
- Act as advocate and spokesperson in the community in support of DR programs and services.

IV. SUSPECTED CHILD ABUSE AND NEGLECT/MANDATED REPORTER RESPONSIBILITIES:

Contractor will ensure that all staff working with families are trained regarding mandated reporting requirements and report suspected child abuse and neglect as required by law. This includes but is not limited to: Case Managers, Intake Workers, Volunteers, Supervisors, Clerical Staff, Home Visitors, Team Leaders, and Program Managers.

V. COMMUNITY AND FACILITY CAPACITY

Coordinate the delivery of services to the families assessed for DR within the family's neighborhood or community.

When applicable, the following are services and linkages required under this project including, but not limited to:

- 4Cs, especially for child care
- Headstart
- Pre to Three
- Immigration
- Agencies that serve developmentally delayed adults
- Alcohol and Drug Treatment and Counseling
- Mental Health Services
- Domestic Violence Services
- CalWORKs, MediCal, Food Stamps, and other public assistance programs
- Health Services (Public Health Nurse)
- Probation/Juvenile Justice
- Parenting and Child Development

- Employment, Education and Skills Development
- Ancillary services designed to assist children, families and foster youth to participate in activities to fulfill their service plan goals (i.e., on-site child care, transportation assistance, etc.)
- Informal supports and activities designed to enhance family well being (i.e., Support groups, community events, enrichment activities, etc.)

VI. SERVICE INTEGRATION

- Collaborate with other agencies involved in the DR implementation to ensure seamless process for clients.
- Attend CFS unit meetings, as agreed upon by Contractor and County, to help foster relationship with CFS staff.
- Collaborate with FRCs and Core Service Agencies located throughout the Regions.
- Coordinate case plan with existing CalWORKS, food stamps and employment service plans.
- Assist in filling out the forms and completing the application process for cases where the family has applied for aid programs.
- Provide web and e-mail access, maintenance and technical support.

VII. POLICIES AND PROCEDURES

Submit the following policies and procedures to County:

- Incident Reporting Guidelines
- Confidentiality

VIII. DATA AND EVALUATION

- Implement and maintain a secure, web-based ETO System to track outcomes and monitor case activities.
- Ensure information is current and accurate.
- Work with CFS, evaluators and other DR service providers in the data collection and evaluation of the DR program.
- Develop, jointly with the County, data and evaluation procedures.

IX. ADDITIONAL SERVICE DELIVERABLES

- Participate in the DR Workgroup and additional subcommittees as determined jointly by County and Contractor.
- Participate in the preparation and presentation of information and education forums about DR, through DR Workgroup, System Improvement Plan (SIP) Oversight meetings, community forums or other avenues, in collaboration with the County. Forums shall be held at mutually agreed upon locations, dates, and times, when possible.
- Contractor will conduct a joint needs assessment that includes community input to determine specific needs of the population within the region of service. The decision to conduct needs assessments will be agreed upon by both parties.

COUNTY WILL:

I. TRAINING AND STANDARDIZED ASSESSMENTS

- Provide initial and on-going DR training for appropriate County and Contractor staff.
- Train appropriate County and Contractor staff on DR process and MDT.

II. INITIAL ASSESSMENTS AND CONTACT

- Assess Child Abuse Hotline referrals for Path 1, Path 2, and Path 3 response using standardized assessment tools.
- For Path 1 and Path 2, County Community Worker (CCW) receives referral from CPS intake unit and convenes an MDT with Contractor's Intake Worker and other staff as determined by Contractor.

III. CASE MANAGEMENT

- Perform all case management duties for Path 3 referrals.
- A SW will conduct a joint response with Contractor for Path 2 referrals. SW will determine risk and Contractor's Case Manager will complete the service needs assessment using FAST tool.

IV. COUNTY COMMUNITY WORKER

- Be responsible for hiring, training and supervising CCWs. The CCWs will coordinate and facilitate MDT meetings.

V. MULTI-DISCIPLINARY TEAMS (MDTS)

- Provide Contractor with policies and procedures related to MDTs.

VI. SERVICE INTEGRATION

- Provide CCWs to serve and support families that are referred for DR

services.

VII. POLICIES AND PROCEDURES

- Provide the following policies and procedures:
    a. DR
    b. MDTs

EXHIBIT C2

Payment Schedule
North Differential Response
January 1, 2016 through June 30, 2017

In consideration for the services provided by the Contractor pursuant to this Agreement and subject to the provisions of paragraph two of this Agreement herein, County will pay Contractor in the manner described below, unless otherwise specifically authorized by the Children and Family Services Director or his designee:

1. County shall pay Contractor monthly for actual expenditures. Contractor must provide detailed invoice on a format as specified by the County. Contractor may transfer funds within personnel and operating expenses. Transfer of funds between personnel and operating expenses require the approval of the CFS Program Manager.

    a. Funds are distributed as follows:

FY2012-13 $ 201,250	(January 1, 2013 – June 30,2013 – 50% of year)
FY2013-14 $ 402,500	(July 1, 2013 – June 30,2014)
FY2014-15 $ 402,500	(July 1, 2014 – June 30, 2015)
FY2015-16 $ 201,250	(July 1, 2015 – December 31, 2015)
FY2015-16 $ 201,250	**(January 1, 2016 – June 30, 2016)**
FY2016-17 $ 414,575	**(July 1, 2016 – June 30, 2017)**
$1,823,325	

    b. Cost of Living Adjustment payments distributed as follows:

FY2013-14 $ 6,038	(July 1, 2013 – June 30,2014)
FY2014-15 $ 12,075	(July 1, 2014 – June 30, 2015)
FY2015-16 $ 6,038	(July 1, 2015 – December 31, 2015)
FY2015-16 $ 6,038	**(January 1, 2016 – June 30, 2016)**
FY2016-17 $ 8,291	**(July 1, 2016 – June 30, 2017)**
$38,480	

    Total costs will not exceed ONE MILLION EIGHT HUNDRED SIXTY ONE THOUSAND EIGHT HUNDRED FIVE DOLLARS ($1,861,805.00) for the term of the Agreement. All payments under this Agreement must directly support services specified in Exhibit B1 of this Agreement.

2. County may withhold all or part of Contractor's total payment if the Director of Children and Family Services or his designee reasonably determines that Contractor has not satisfactorily performed the services described in Exhibit B1. County will consider Contractor's performance as being acceptable for the purposes of full payment if Contractor meets at least 90% of each of the targeted outcomes as outlined in Program Monitoring Exhibit D.1.b, c and g.

3. Invoices shall be sent electronically to HSA-CFScontracts@smcgov.org with a copy to the CFS contract manager. Payments shall be made within thirty (30) work days upon receipt of Contractor's invoice.

4. Provision of services is subject to availability of State funds and acceptable program performance. In the event that the County does not receive the adequate funding

from the State, the contract may be re-negotiated and/or rescinded.

5. County will give thirty (30) days' prior written notice to Contractor of County's intent to withhold payment.

6. If County reasonably determines that circumstances warrant immediate action, County may withhold payment immediately, without the thirty (30) day waiting period, upon County's written notice with justification to Contractor.

EXHIBIT C3

Budget – Daly City Peninsula Partnership
North Differential Response
January 1, 2016 through June 30, 2017

REVENUE	**January 1, 2016 - June 30, 2016**	**FY 2016-17**
Contract Amount	201,250.00	414,575.00
Cost of Living Adjustment (COLA)	6,038.00	8,291.00
TOTAL REVENUE	**207,288.00**	**422,866.00**
PROGRAM EXPENSES		
Personnel Expenses		
Salaries	153,484.00	312,841.00
Benefits	10,000.00	20,000.00
Payroll Taxes	15,500.00	31,000.00
Payroll & Account Administrator	4,500.00	9,000.00
501c3 Administration	12,495.00	24,991.00
TOTAL PERSONNEL EXPENSES	**195,979.00**	**397,832.00**
Operating Expenses		
Insurance	500.00	1,000.00
Audit	500.00	1,000.00
Rent		
Utilities	750.00	1,500.00
Phone	3,000.00	6,000.00
Postage	25.00	50.00
Office Supplies	1,750.00	3,500.00
Travel/Mileage	3,500.00	7,000.00
Staff Development/Training	250.00	500.00
Maintenance/Repair	250.00	500.00
Books/Publications	250.00	500.00
Printing/Publishing	250.00	500.00
Sub-contractors: Info Systems		
Capital Expenses		
Other: Professional Service Fees		
TOTAL OPERATING EXPENSE	**11,025.00**	**22,050.00**
Equipment /Software		
Computer Hardware/Software		2,500.00
Automobiles		
Furniture		
Rentals		
Other: Info Systems		
TOTAL EQUIPMENT EXPENSES		**2,500.00**
Program Expenses		
TOTAL PROGRAM EXPENSE	**0.00**	**0.00**
Indirect (5%)	**284.00**	**484.00**
Miscellaneous		
TOTAL EXPENSES	**207,288.00**	**422,866.00**
NET	**0.00**	**0.00**

EXHIBIT D1

Program Monitoring
North Differential Response
January 1, 2016 through June 30, 2017

PROGRAM MONITORING

1. Contractor agrees to meet the following performance measure(s) and outcomes:

Performance Measure(s)			
Measure	**FY 2014-15 Actual**	**FY 2015-16 Projected**	**FY 2016-17 Projected**
Maintain the percentage of children without a substantiated re-referral to Children and Family Services concerning child safety.	95%	95%	95%

	Outcome	Six Month Goal
a.	For Path 1, Contractor will make contact or attempted face-to-face with families within 10 days of MDT. For Path 2, Contractor will contact the assigned Social Worker to schedule joint response within 24 hours of the MDT	100% 100%
b.	Contractor will attempt at least three times (must include one home visit or face, one phone call, one letter) to schedule a face-to-face meeting with Path 1 and families within 30 days of MDT. If unsuccessful in scheduling a face-to-face meeting, cases will be closed	100%
c.	Percent of engaged families who will have a completed pre-FAST and case plan within 45 days of the MDT.	100%
d.	Percent of Path 1 families engaged in services. Engagement for Path 1 is defined as family has completed a first visit and assessment (FAST) and was provided at least one referral or linkage to service.	50%
e.	Percent of Path 2 families engaged in services. Engagement for Path 2 is defined as engaged in case management services.	70%
f.	Percent of engaged families who are connected to community resources that address identified family needs at case closing. Families can be connected by information and referral and have a clear understanding of how they can access that community resource or family can be actively engaged in community services.	95%
g.	Percent of engaged families who have completed a pre and post family assessment and have shown improvement in family functioning as shown by partial or completed attainment of service plan goals.	75%
h.	Absence of re-referrals after 30 days of initial report.	80%
i.	Absence of recurrence of maltreatment within 6 months (substantiated reports).	95%

2. Contractor will be responsible for submitting quarterly and six month narrative reports and six month financial report.
    a. Quarterly Activity Reports are to be submitted by the following dates:

        April 15, 2016 | July 31, 2016 | October 15, 2016 | January 31, 2017
        April 15, 2017 | July 31, 2017 |
    b. Six-month report is to be submitted by:

        July 31, 2016
    c. Year-end reports and year-end financial reports are to be submitted by:

        January 31, 2017 | July 31, 2017 (fiscal year end)

3. Reports will be submitted electronically to HSA-CFScontracts@smcgov.org with a copy to the CFS contract manager.

4. Accompanying the six-month report, Contractor will submit electronically to HSA-CFScontracts@smcgov.org with a copy to the CFS contract manager a roster of the Board of Directors and meeting dates.

5. Contractor will submit a financial audit, as soon as it becomes available, electronically to HSA-CFScontracts@smcgov.org with a copy to the CFS contract manager.

6. County will conduct site visit during the term of the Agreement to review all aspects of program operations and review Contractor's documentation related to case management. This site visit will be arranged in advance with Daly City Peninsula Partnership Collaborative.

EXHIBIT E1

Referral Process
North Differential Response
January 1, 2016 through June 30, 2017

Children and Family Services (CFS) Phone Screener:

1. Receives calls from the public.

2. Gathers referral information including information from additional questions. The phone screener will:

    - Determine if a referral should be generated (i.e. does the allegation address child maltreatment according to statutory and state operational definitions).
    - Determines if the child is in immediate danger.
    - Gather names, locations, telephone numbers, family members, schools children attend.
    - Documents reporter information.
    - Determines if the report concerns a vulnerable population (i.e. victim child age 0-5 years, substance abusing parent, homelessness, chronic neglect, special needs).
    - Screen for prior reports.
    - Completes Structured Decision Making (SDM) hotline tool.

3. Inputs referral into CWS/CMS.

4. Screener determines if referral meets DR Criteria:

    - Path 1 - referral meets the statutory definition of maltreatment but there are no safety issues identified and the risk to the victim child age 0-5 is low. No CWS response.

5. Screener documents path decision in CWS/CMS, Special Projects and sends referral to Regional ER Supervisor for review of path designation, assignment and cross reports to police as necessary.

Children and Family Services Regional Emergency Response (ER) Supervisor:

1. Receives ER referrals.

2. Reviews path assignments:

    - Reviews referral information
    - Contacts collaterals for information if appropriate

3. If it is concluded that it is a Path 2 situation, refers to the Community Partner for a joint DR response.

PATH 1 - Community Partner Response

Assessment of the referral is such that there is a low risk of harm to child, but child appears safe. The family, however, may need supportive services to overcome difficult life situations or parenting challenges. The Community Partner helps this family with immediate resources including counseling, parenting classes, and emergency food assistance. Furthermore, the Community Partner continues their contact with the family on a regular basis to ensure engagement of services to resolve the problems and prevent further crisis. Families voluntarily use services.

ER Supervisor confirms/determines referral to be Path 1, closes the referral in CWS/CMS and releases the referral information to CARE.

The Agency Community Liaison will receive the information via CARE and conduct an MDT to assign Path 1 referral.

- MDT will be conducted to share referral information, including historical information.
- MDT may be conducted through teleconferencing but must occur at a formal time specifically scheduled to conduct the MDT. Community Partner will obtain the information via the CARE database.

INITIAL CONTACT WITH THE FAMILY

1. Community Partner receives Path 1 referral via MDT:
    - Receives referral assignments on a flow basis
    - Reviews information
    - Determines key issues to explore in initial meeting
    - Checks school records if accessible
    - Accesses referral information in CARE database
2. Community Partner calls client to set up home visit within 10 days. If unable to contact the family, Community Partner will make at least 3 attempts in 30 days which will include at least:
    - One phone call to the family
    - One visit to the home (or other face-to-face contact)
    - One letter to the family
3. If family is contacted but declines family meeting, Community Partner inputs information into database and closes the case.
4. Once contact with the client is made and appointment is set, Community Partner sees client on home visit and engages family using strength-based intervention:
    - Introduces self and clarifies reason for the visit.
    - Reviews the referral information with the family.
    - Includes all family members and others living in the home in the discussion whenever possible.
    - Engages family in assessment process using observation and interviewing skills to gather

information.

- Completes Assessment Tool and enters the information into the database.
- Assessment will focus on parental capacity but if any safety or risk issues are identified, a referral is made back to the child abuse hotline (650-595-7922).

CASE PLANNING AND CASE MANAGEMENT

1. Develops case plan with family.
    - Invites family members, support persons, Community Partners to participate in the case planning as appropriate.
    - Reviews the initial information received in the referral.
    - Reviews the information gathered in the family assessment reflecting the family's perception of their needs.
    - Establishes specific, measurable, achievable, realistic, time specific goals.
    - Clarifies roles and responsibilities.
2. Provides case management services for up to a six month period.
    - Refers clients to community agencies for appropriate treatment.
    - Makes appointments and keeps records.
    - Assists in coordinating transportation to appointments, meetings and classes.
    - Confers with other agencies or departments regarding needs of individual clients.
    - Develops immediate solutions to emergency problems and expedites delivery of needed services if possible.
3. Maintains weekly contact with the family, with face-to-face contact a minimum of two times per month.
4. Contacts collaterals about family's progress in services.
5. Inputs info into database about family's progress in services.
6. Completes re-assessment at 90 days and prior to closing case.
7. Conducts case closure review or 90 day reassessment.
8. Completes post assessment and enters closing summary in database.

MANDATED REPORTER RESPONSIBILITIES

Community Partner must report new/suspected allegations of abuse or neglect immediately to the Children and Family Services hotline (650-595-7922).

PATH 2 - Joint Response

Assessment of the referral is such that there is low to moderate risk of harm to child Staff from the Human Services Agency Children and Family Services and the Community Partner work as a team to assess the family's situation, offer supportive services, and follow-up to help the family. Families are encouraged to use services, but it is voluntary. The Social Worker closes the referral once the risk and safety assessment is completed, and then the Community Partner provides the indicated services. However, if a family situation deteriorates and child is at risk, the Community Partner will call the Children and Family Services hotline and make a new referral.

ER Supervisor confirms/determines referral to be Path 2 and releases the referral information into CARE. A Social Worker is assigned and a determination is made for a joint response with Community Partner staff.

The Agency Community Liaison is notified via CARE and will conduct an MDT with the Community Partner to assign the Path 2 referral.

- MDT will be conducted to share the referral information, including historical information.
- MDT may be conducted through teleconferencing but must occur at a formal time specifically scheduled to conduct the MDT. Community Partner will obtain the information via the CARE database.

INITIAL CONTACT WITH THE FAMILY

ER Social Worker:

1. Reviews referral:
    - Confers with CalWORKS staff if an open cases exists with the program
    - Reviews and organizes information
    - Determines key issues to explore in initial meeting
    - Contacts collaterals or background screener for additional information if necessary
2. Meets with the family to complete assessment of safety and risk.
3. Once Social Worker determines that there are no safety threats and the risk is low to moderate the Social Worker will refer to the DR Community Partner. .
4. Coordinates with Community Partner and calls client to arrange home visit with Community Partner; obtains permission to include Community Partner.
5. Conducts face-to-face assessment in the client's home, Social Worker reviewing for risk and safety issues and Community Partner assessing for parental capacity:
    - Introduces self and clarifies reason for the visit. Reviews the referral information with the family
    - Includes all family members and others living in the home in the discussion whenever possible
    - Engages family in assessment process using observation and interviewing skills to gather information
6. Participates in case planning meeting with family, Community Partner and collaterals.

Community Partner:

Community Partner receives Pat11.2 referral from the Agency Community Liaison following the MDT.

1. Reviews information

- Determines key issues to explore in initial meeting with Social Worker
- Checks school records if accessible
- Accesses referral information in CARE database

2. Once the referral is received, the Community Partner will contact the assigned Social Worker by telephone identifying that they have received the referral within a reasonable amount of time, as agreed upon by both parties.

3. **With Social Worker, conducts face-to-face assessment in the family's home, Social Worker reviewing for risk and safety issues and Community Partner assessing for service needs.**

    - Introduces self and clarifies reason for the visit.
    - Reviews the referral information with the family.
    - Includes all family members and others living in the home in the discussion whenever possible.
    - Engages family in assessment process using observation and interviewing skills to gather information.
    - If there are risk issues, Social Worker will advise the Community Partner that the referral has become a Path 3 and Differential Response is no longer appropriate.

4. If the family is not at home, a second joint home visit will be attempted.

5. If the Social Worker is closing the referral, the Community Partner will at minimum facilitate:

    - One phone call to the family
    - One letter to the family

6. If there is no contact, the Community Partner will complete the assessment tool and enter the closing summary into the database.

7. If family is contacted but declines family meeting, Community Partner inputs information into database and closes the case.

CASE PLANNING AND CASE MANAGEMENT

Community Partner:

1. Develops case plan with family

    - Reviews the initial information received in the referral.
    - Reviews the information gathered in the family assessment reflecting the family's perception of their needs.
    - Establishes specific, measurable, achievable, realistic, time specific goals.
    - Clarifies roles and responsibilities.
    - Case manager duties may be reassigned if needed.

2. Provides case management services for up to a 6 month period.

    - Refers clients to community agencies for appropriate treatment.
    - Makes appointments and keeps records.
    - Assists in coordinating transportation to appointments, meetings and classes.
    - Confers with other agencies or departments regarding needs of individual clients.

- Develops immediate solutions to emergency problems and expedites delivery of needed services if possible.

3. Maintains weekly contact with the family, with face-to-face contact a minimum of two times per month.
4. Contacts collaterals about family's progress in services.
5. Inputs info in database about family's progress in services.
6. Completes re-assessment at 90 days and prior to closing case.
7. Conducts case closure review or 90 day reassessment.
8. Completes post assessment and enters the information into the database.
9. Provides closing summary in database.

MANDATED REPORTER RESPONSIBILITIES
Community Partner must report new/suspected allegations of abuse or neglect immediately to the Children and Family Services hotline (650-595-7922).

PATH 3 - Children and Family Services Immediate Response

Assessment of the referral is such that there is a high risk of harm to the child and the child's safety may be of concern, which results in an immediate response by a social worker to assess the safety of the child. During this assessment, the social worker determines whether the child can be safely maintained in the home or if there is a need to detain the child in protective custody.

SPECIAL SITUATIONS
Community partners may not decline any referrals. If the Community Partner has concerns about the appropriateness of the referral, a second MDT may be requested. The second MDT will be attended at a minimum by the DR Program Manager or a representative, the Intake worker, and the Liaison. If there is agreement that the referral is not appropriate for DR services, CFS will withdraw the referral.

Non-Familial Sex Abuse
Effective 10/24/06, Non-Familial Sex Abuse referrals will not be referred for Differential Response services.

Open Children and Family Services Referrals and Cases
Open Path 3 referrals and open child welfare cases are to be case managed by the Social Worker and are not appropriate for Differential Response.

Public Health Nursing
The PHNs attached to CFS Emergency Response units will only be involved at the request of the Social Worker. The CFS PHN case management activities will continue only as long as the referral is open. If further PHN services are required after the CFS referral is closed, the CFS PHN will initiate a PHN referral to field nursing. PHN field nurses provide case management services in homes, clinics and other sites to assist families.

Request by Client to Review Referral
If a client requests to review a referral that was made regarding his/her child, he/she may do so after the CWS/CMS referral and investigation have been closed. The client may call the Child Welfare hotline and request an appointment. He/she will be given a scheduled appointment time to visit the appropriate Regional office to review the referral in person.

Reopening of a Referral by Community Case Manager
If a client initially declines services but contacts the community case manager at a later date requesting services, the referral may be reopened if the request is made 30 days or less from the date the referral was declined. If the request is received more than 30 days after services were declined, the referral will not be reopened and the client will be referred to the nearest Family Resource Center.

Sensitive Referrals in CWS/CMS
These referrals are sensitive in nature due to the persons involved therefore all identifying information is restricted from general viewing. Should the person(s) involved/being reported be employees of Children and Family Services or relatives of an employee, the situation may be handled by a neighboring county. In these situations, our Differential Response partners may interface with Social Worker staff from neighboring counties.

Community case managers will act with professionalism and will respect the confidentiality of the person being referred. Community case managers are responsible for reporting these referrals to the Community Partner Program Manager as soon as they become known.

These situations must be discussed with the county DR Program Manager who will discuss with the Community Partner Program Manager.

Sensitive Referrals for Community Partners
These referrals are sensitive in nature due to the persons involved therefore, all identifying information is restricted from general viewing. Should the persons involved being reported be employees of our Community Partners, relatives of an employee HSA staff co-located with the Community Partners, or otherwise known to the community case manager to which the referral is assigned, the following options are available:

1. The concept of "perceived equity" may be followed (the Community Partner Program Manager determines if any uninvolved person would assume that the referral could be handled with equity if assigned to a particular community case manager).

2. The situation may be handled by another DR contractor.

3. The referral may be declined for Path 1 or 2.

Community case managers will act with professionalism and will respect the confidentiality of the person being referred. Community case managers are responsible for reporting these referrals to the Community Partner Program Manager as soon as they become known.

These situations must be discussed with the Community Partner Program Manager who will discuss with the DR Program Manager.

Service Extension
Community Partners may, under certain circumstances, provide services for longer than six months. These situations will be individually considered and approved/denied by the Community Partner Program Manager.

DIFFERENTIAL RESPONSE CASE REVIEW PLAN

1. Cases open to DR over six months:
   Cases over six months (using joint visit or first contact date as first day open) will be reviewed at Case Review MDTs.

Community DR Partner Case Review MDT Participants	Human Services Agency Case Review MDT Participants
Must include: • Program Director and/or Program Manager and/or Intake Supervisor	Must include: • DR Program Manager
May include: • Assigned Case Manager • Any additional participants as designated by Program Director	May include: • DR Liaison • CFS Contract Manager • Any additional participants as designated by DR Program Manager

DR Liaisons will schedule MDTs with designated MDT participants, to take place following receipt of monthly of CARE report. Community Partners will provide referral case records on all cases under review. MDTs may be held at community partner or Agency location.

2. HSA conducts Random Case Review

DR Liaisons will conduct quarterly random review of community partner referral files. DR Liaisons will select one referral per community case manager per quarter and will do review in person and in database.

a. Active referrals will be reviewed for:
   - frequency of contact or contact attempts
   - case plan if family has been engaged applicable
   - evidence of services offered if family has been engaged
   - evidence of service needs met if family has been engaged
   - presence of pre-assessment if family has been engaged

b. Closed referrals will be reviewed for:

   Engaged:
   - frequency of contact
   - case plan
   - evidence of services offered
   - evidence of service needs met, case plan completion
   - presence of pre- and post- assessment
   - increase/decrease/no change in assessment scores

   Not Engaged:
   - frequency of contacts or contact attempts
   - appropriate closure reason

DR Liaisons will coordinate with Community Partner Intake Supervisor or schedule available dates and times for in person random reviews with Community Partner Program Manager or designee. Community Partner will be given at least one week notice to prepare (pull cases) for case review. DR Liaison will complete approved DR Case Review Form when conducting reviews