

## **SAN FRANCISCO CHILDREN AND FAMILIES COMMISSION MEETING AGENDA**

**DATE:** Wednesday, October 4, 2023

**TIME:** 4:30pm – 6:30pm

**PLACE:** 1650 Mission Street, Suite 312, San Francisco, CA 94103

### **PUBLIC ACCESS (if not attending in person)**

<https://us06web.zoom.us/j/87360252915>

**Zoom Public Access Number:** +1 669 900 6833 US (San Jose) +1 669 444 9171 US +1 253 215 8782 US (Tacoma) +1 346 248 7799 US (Houston) +1 719 359 4580 US +1 253 205 0468 US +1 929 205 6099 US (New York) +1 301 715 8592 US (Washington DC) +1 305 224 1968 US +1 309 205 3325 US +1 312 626 6799 US (Chicago) +1 360 209 5623 US +1 386 347 5053 US +1 507 473 4847 US +1 564 217 2000 US +1 646 931 3860 US +1 689 278 1000 US

**Webinar ID:** 873 6025 2915

**Public Comment Email:** [sfdec@sfgov.org](mailto:sfdec@sfgov.org)

1. Call to order
2. Roll call
3. Discussion and possible action to approve the June 7, 2023 meeting minutes (Action item) [Commissioners provided with the following: draft minutes]
4. General public comment
5. Help Me Grow and Developmental Screening Initiative presentation and update (Discussion Item)
6. Discussion and possible action to approve the Request for Proposals (RFP) DEC24-1: Early Intervention and Specialized Services System of Care (Action Item) [Commissioners provided with Coversheet and RFP]
7. Discussion and possible action to approve the Request for Proposals (RFP) DEC24-2: San Francisco Family Resource Center Initiative (Action Item) [Commissioners provided with Coversheet and RFP]
8. Update on Annual Audit and State Report (Discussion Item)
9. Commissioner updates
10. Executive Director updates
11. Adjourn

## Know Your Rights

### PUBLIC RECORDS REQUESTS

Every City Department must provide members of the public with timely and transparent access to public records and information under the [San Francisco Sunshine Ordinance](#) and the [California Public Records Act](#).

For questions about DEC's public information request policy or to make a public records request please email [dec.publicrecords@sfgov.org](mailto:dec.publicrecords@sfgov.org).

### SUNSHINE ORDINANCE

Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils, and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review. For information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, please contact: Sunshine Ordinance Task Force Administrator.

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Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, the San Francisco Public Library and on the City's website at [www.sfgov.org](http://www.sfgov.org). Copies of explanatory documents are available to the public online at <http://www.sfbos.org/sunshine> or, upon request to the Commission Secretary, at the above address or phone number.

### LANGUAGE ACCESS

Per the Language Access Ordinance (Chapter 91 of the San Francisco Administrative Code), Chinese, Spanish, and/or Filipino (Tagalog) interpreters will be available upon requests. Meeting Minutes may be translated, if requested, after they have been adopted by the Commission. Assistance in additional languages may be honored whenever possible. To request assistance with these services please contact the Commission Secretary Arianna Cruz-Sellu at [arianna.cruz-sellu@sfgov.org](mailto:arianna.cruz-sellu@sfgov.org) or (628) 652-3058. at least 48 hours in advance of the hearing. Late requests will be honored if possible.

### DISABILITY ACCESS

Children and Families Commission hearings and Early Childhood Community Oversight and Advisory Committee hearings are held at 1650 Mission Street, 3<sup>rd</sup> floor, San Francisco. The building and meeting room are wheelchair accessible. Remote public participation is available upon request for individuals who cannot attend in person due to disability. Making a request to participate remotely no later than one (1) hour prior to the start of the meeting helps ensure availability of the meeting link. Sign Language Interpretation is also available upon request. Captions can be enabled if participating remotely.

If requesting remote Sign Language Interpretation, please submit an accommodation request a minimum of four (4) business hours prior to the start of the meeting. Allowing a minimum of 48 business hours for all other accommodation requests (for example, for other auxiliary aids and services) helps ensure availability. To request accommodation, please contact Arianna Cruz-Sellu at [arianna.cruz-sellu@sfgov.org](mailto:arianna.cruz-sellu@sfgov.org) or (628) 652-3058.

### LOBBYIST ORDINANCE

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance [SF Campaign & Governmental Conduct Code 2.100] to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at 25 Van Ness Avenue, Suite 220, San Francisco, CA 94102, (415) 252-3100, FAX (415) 252-3112, website: [sfgov.org/ethics](http://sfgov.org/ethics).

## 認識您的權利

### 索取公共記錄

根據《三藩市陽光條例》(San Francisco Sunshine Ordinance) 及《加州公共記錄法案》(California Public Records Act), 每個市政部門都必須為公眾提供及時和透明的公共記錄和訊息。

如對「早期幼兒教育部」的索取公共記錄政策有任何疑問, 或欲索取公共記錄, 請發送電子郵件至 [dec.publicrecords@sfgov.org](mailto:dec.publicrecords@sfgov.org)。

### 《陽光條例》

政府的職責是服務大眾, 並在大眾的監督下作出決定。設立市縣的委員會、董事會、理事會和其他機構的目的, 是為市民處理事務。此條例確保審議工作是在市民的監督下進行, 並確保城市的運作能公開給市民審查。欲了解根據《陽光條例》下您所擁有的權利 (《三藩市行政法典》第 67 章) 或舉報違反條例的行為, 請聯絡: 「陽光條例專案小組」負責人。

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《陽光條例》的副本可向「陽光條例專案小組」職員或三藩市公共圖書館索取, 以及在市政府網站 [www.sfgov.org](http://www.sfgov.org) 查閱。大眾可於網上查閱附帶說明的文件副本 (網址: <http://www.sfbos.org/sunshine>), 或透過上述地址或電話號碼向委員會秘書索取。

### 語言便利服務

根據《語言便利條例》(《三藩市行政法典》第 91 章), 我們可按要求提供中文、西班牙文及/或菲律賓文(他加祿語)的口譯服務。會議記錄在獲得委員會通過後可翻譯成所要求的語言。我們將盡可能提供其他語言的協助。欲要求相關的協助服務, 請於聽證會前至少 48 小時, 聯絡委員會秘書 Arianna Cruz-Sellu (電郵地址: [arianna.cruz-sellu@sfgov.org](mailto:arianna.cruz-sellu@sfgov.org)), 或致電 (628) 652-3058。對於遲來的請求, 我們將盡可能配合。

### 便利殘障人士服務

「兒童及家庭委員會」聽證會及「早期幼兒社區監督和諮詢委員會」聽證會於以下地點舉行: 1650 Mission Street, 3<sup>rd</sup> floor, San Francisco。大樓及會議室均方便輪椅人士出入。對於因殘障而無法親自出席會議的人士, 我們可應要求提供遠程公眾參與服務。請最遲在會議開始前一 (1) 小時提出遠程參與要求, 有助確保我們能夠提供會議連結。我們也可應要求提供手語翻譯。遠程參與的人士也可以啟動字幕。

如要求遠程手語翻譯, 請在會議開始前至少四 (4) 個辦公小時提交有關安排的要求。對於所有其他安排的要求 (如其他輔助設備和服務), 請至少在 48 個辦公小時前提出, 有助確保我們能夠配合。欲要求便利性安排, 請聯絡委員會秘書 Arianna Cruz-Sellu (電郵地址: [arianna.cruz-sellu@sfgov.org](mailto:arianna.cruz-sellu@sfgov.org)), 或致電 (628) 652-3058。

### 《遊說條例》

《三藩市遊說條例》[三藩市推廣及政府行為準則 2.100] 規定, 影響或試圖影響地方立法或行政行動的個人和實體在進行遊說活動前, 可能需要作出登記及通知。欲了解《遊說條例》的詳情, 請聯絡「三藩市道德委員會」, 地址: 25 Van Ness Avenue, Suite 220, San Francisco, CA 94102, 電話: (415) 252-3100, 傳真: (415) 252-3112, 網站: [sfgov.org/ethics](http://sfgov.org/ethics)。

## Conozca sus derechos

### SOLICITUDES DE REGISTROS PÚBLICOS

Todos los departamentos municipales deben proporcionarles a los ciudadanos un acceso oportuno y transparente a los registros públicos y a la información de conformidad con la [Ordenanza Sunshine de San Francisco](#) y la [Ley de Registros Públicos de California](#).

Si tiene preguntas sobre la política de solicitud de información pública de DEC o si desea realizar una solicitud de registros públicos, por favor envíe un email a [dec.publicrecords@sfgov.org](mailto:dec.publicrecords@sfgov.org).

## ORDENANZA SUNSHINE

El deber del gobierno es servir al público, tomando sus decisiones a la plena vista del público. Las comisiones, juntas, consejos y otras agencias de la Ciudad y el Condado existen para conducir los asuntos de los ciudadanos. Esta ordenanza garantiza que las deliberaciones se lleven a cabo ante el pueblo y que las operaciones de la Ciudad estén abiertas a la revisión por parte de la población. Para obtener información sobre sus derechos de conformidad con la Ordenanza Sunshine (Capítulo 67 del Código Administrativo de San Francisco) o para denunciar una infracción de la ordenanza, por favor póngase en contacto con: Administrador del Grupo de Trabajo de la Ordenanza Sunshine.

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Se pueden obtener copias de la Ordenanza Sunshine con el secretario del Grupo de Trabajo de Sunshine, en la Biblioteca Pública de San Francisco y en el sitio web de la Ciudad en [www.sfgov.org](http://www.sfgov.org). Las copias de los documentos explicativos están a disposición del público por Internet en <http://www.sfbos.org/sunshine> o, previa solicitud al Secretario de la Comisión, en la dirección o el número de teléfono indicados anteriormente.

## ACCESO LINGÜÍSTICO

De acuerdo con la Ordenanza de Acceso Lingüístico (Capítulo 91 del Código Administrativo de San Francisco), se dispondrá de intérpretes de chino, español y/o filipino (tagalo) si así se solicita. Las actas de las reuniones podrán traducirse, si así se solicita, una vez que hayan sido adoptadas por la Comisión. Siempre que sea posible, se podría ofrecer asistencia en otros idiomas. Para solicitar asistencia con estos servicios, por favor póngase en contacto con la Secretaria de la Comisión Arianna Cruz-Sellu escribiendo a [arianna.cruz-sellu@sfgov.org](mailto:arianna.cruz-sellu@sfgov.org) o llamando al (628) 652-3058 al menos 48 horas antes de la audiencia. En la medida de lo posible, se atenderán las solicitudes presentadas con retraso.

## ACCESO PARA DISCAPACITADOS

Las audiencias de la Comisión de Niños y Familias y las audiencias del Comité Asesor y de Supervisión Comunitaria de la Primera Infancia se celebran en 1650 Mission Street, 3<sup>er</sup> piso, San Francisco. El edificio y la sala de reuniones son accesibles en silla de ruedas. La participación del público a distancia está disponible previa solicitud para las personas que no pueden asistir en persona debido a una discapacidad. Solicitar la participación a distancia a más tardar una (1) hora antes del inicio de la reunión ayuda a garantizar la disponibilidad del enlace de la reunión. También se ofrece interpretación en lenguaje de señas previa solicitud. Se pueden activar los subtítulos si se participa a distancia.

Si solicita interpretación a distancia en lenguaje de señas, envíe una solicitud de adaptación con un mínimo de cuatro (4) horas laborables de anticipación al inicio de la reunión. Para el resto de las solicitudes de adaptación (por ejemplo, para otras ayudas y servicios auxiliares), se requiere un mínimo de 48 horas laborables de anticipación, lo que contribuye a garantizar su disponibilidad. Para solicitar una adaptación, por favor póngase en contacto con Arianna Cruz-Sellu escribiendo a [arianna.cruz-sellu@sfgov.org](mailto:arianna.cruz-sellu@sfgov.org) o llamando al (628) 652-3058.

## ORDENANZA DE CABILDEO

Las personas y entidades que influyen o intentan influir en la acción legislativa o administrativa local pueden estar obligadas por la Ordenanza de Cabildeo de San Francisco [Código de Conducta Gubernamental y Campaña de San Francisco 2.100] a registrarse y notificar las actividades de cabildeo. Para obtener más información sobre la Ordenanza de Cabildeo, por favor póngase en contacto con la Comisión de Ética de San Francisco en 25 Van Ness Avenue, Suite 220, San Francisco, CA 94102, (415) 252-3100, FAX (415) 252-3112, página web: [sfgov.org/ethics](http://sfgov.org/ethics).

## Alamin ang Inyong mga Karapatan

### MGA PAGHILING NG MGA PAMPUBLIKONG RECORD

Kailangang magbigay ang bawat Departmento ng Lungsod ng napapanahon at transparent na access sa mga pampublikong record at impormasyon sa ilalim ng [San Francisco Sunshine Ordinance](#) at ng [California Public Records Act](#).

Para sa mga tanong tungkol sa patakaan ng DEC sa paghiling ng pampublikong impormasyon o para humiling ng pampublikong record, mag-email sa [dec.publicrecords@sfgov.org](mailto:dec.publicrecords@sfgov.org).

## SUNSHINE ORDINANCE

Tungkulin ng pamahalaan na paglingkuran ang publiko, na gumagawa ng desisyon nang ganap na nakikita ng publiko. Nariyan ang mga komisyon, lupon, konseho, at iba pang ahensya ng Lungsod at County para pangasiwaan ang negosyo ng mga tao. Tinitiyak ng ordinansang ito na isinasagawa ang mga pagdedesisyon sa harap ng mga tao at bukas para sa pagsusuri ng mga tao ang mga operasyon ng Lungsod. Para sa impormasyon tungkol sa inyong mga karapatan sa ilalim ng Sunshine Ordinance (Kabanata 67 ng San Francisco Administrative Code) o para mag-ulat ng paglabag sa ordinansa, makipag-ugnayan sa: Sunshine Ordinance Task Force Administrator.

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Puwedeng kumuha ng mga kopya ng Sunshine Ordinance mula sa Clerk ng Sunshine Task Force, sa Pampublikong Aklatan ng San Francisco, at sa website ng Lungsod sa [www.sfgov.org](http://www.sfgov.org). Available online sa publiko ang mga kopya ng mga dokumento ng paliwanag sa <http://www.sfbos.org/sunshine> o, kung hiniling sa Kalihim ng Komisyon, sa address o numero ng telepono sa itaas.

## ACCESS SA WIKA

Batay sa Language Access Ordinance (Kabanata 91 ng San Francisco Administrative Code), magiging available kung hiniling ang mga tagasalin sa wikang Chinese, Spanish, at/o Filipino (Tagalog). Puwedeng isalin ang Mga Katitikan ng Pagpupulong, kapag hiniling, pagkatapos pagtibayin ng Komisyon ang mga ito. Puwedeng tanggapin ang tulong sa mga karagdagang wika kapag posible. Para humiling ng tulong sa mga serbisyong ito, makipag-ugnayan sa Kalihim ng Komisyon na si Arianna Cruz-Sellu sa [arianna.cruz-sellu@sfgov.org](mailto:arianna.cruz-sellu@sfgov.org) o sa (628) 652-3058 kahit 48 oras bago ang pagdinig. Tatanggapin ang mga nahuling paghiling kapag posible.

## ACCESS PARA SA MAY KAPANANAN

Isinasagawa ang mga pagdinig ng Children and Families Commission at mga pagdinig ng Early Childhood Community Oversight and Advisory Committee sa 1650 Mission Street, 3<sup>rd</sup> floor, San Francisco. May access para sa wheelchair ang gusali at silid para sa pagpupulong. Kapag hiniling, available ang remote na pampublikong pakikilahok para sa mga indibidwal na hindi makakadalo nang personal dahil sa kapansanan. Nakakatulong ang paghiling na lumahok nang remote kahit isang (1) oras bago ang pagsisimula ng pagpupulong para masigurado ang pagiging available ng link ng pagpupulong. Available din ang Sign Language Interpretation kapag hiniling. Puwedeng i-enable ang mga caption kung remote na lalahok.

Kung hiniling ng remote na Sign Language Interpretation, magsumite ng kahilingan para sa tulong nang hindi bababa sa apat (4) na oras ng negosyo bago ang pagsisimula ng pagpupulong. Nakakatulong ang paglalaan ng minimum na 48 oras ng negosyo para sa lahat ng iba pang kahilingan para sa tulong (halimbawa, para sa iba pang auxiliary aid at serbisyo) para masigurado ang pagiging available nito. Para humiling ng tulong, makipag-ugnayan kay Arianna Cruz-Sellu sa [arianna.cruz-sellu@sfgov.org](mailto:arianna.cruz-sellu@sfgov.org) o sa (628) 652-3058.

## LOBBYIST ORDINANCE

Ang mga indibidwal at entity na nakakaimpluwensya o sinusubukang makaimpluwensya ng lokal na lehislitibo o administratibong aksyon ay posibleng atasan ng San Francisco Lobbyist Ordinance [SF Campaign & Governmental Conduct Code 2.100] na magparehistro at mag-ulat ng aktibidad sa pag-lobby. Para sa higit pang impormasyon tungkol sa Lobbyist Ordinance, makipag-ugnayan sa San Francisco Ethics Commission sa 25 Van Ness Avenue, Suite 220, San Francisco, CA 94102, (415) 252-3100, FAX (415) 252-3112, website: [sfgov.org/ethics](http://sfgov.org/ethics).

## **SAN FRANCISCO CHILDREN AND FAMILIES COMMISSION MINUTES**

**DATE:** Wednesday, June 7, 2023

**TIME:** 4:30pm – 6:30pm

**PLACE:** 1650 Mission Street, Suite 312, San Francisco, CA 94103

### **PUBLIC ACCESS (if not attending in person)**

<https://us06web.zoom.us/j/82705514909?pwd=ekZoRmJrdEZyUk9KRkZpRG9ONUkzZz09>

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**Webinar ID:** 827 0551 4909

**Passcode:** 738409

**Public Comment Email:** [sfdec@sfgov.org](mailto:sfdec@sfgov.org)

#### 1. Roll call

Present: Commissioner Armstrong, Commissioner Crawford, Commissioner Lambert, Commissioner Malawa, Commissioner Supervisor Melgar, Commissioner Miller and Commissioner Armstrong.

Not Present: Commissioner Su

#### 2. Call to order

#### 3. Discussion and possible action to approve the March 1, 2023, meeting minutes (Action item) [Commissioners provided with the following: draft minutes]

No public comment. Motion passed to approve minutes unanimously.

#### 4. General public comment:

- Eleana Binder, Glide Memorial, part of the Family Resource Center Alliance, serving thousands of children and their caregivers. Glide operates our own family resource center which helps create pathways to economic independence, family resilience, and healthy child development. The Department of Early Childhood's originally proposed FRC budget of 23.1 million dollars for fiscal year 23-24 and 26.7 million dollars for fiscal year 24-25 should be fully maintained in order to provide a central community support for families and develop a true 2 generation support system in San Francisco. Thank you.
- Jenny Pearlman with Safe & Sound, on behalf of the Family Resource Center Alliance. We are very concerned about the mayor's budget cuts to the Department of early childhood, which total above 13%, the largest percentage of cuts for any major department in the city. If there's a cut in funding, we will not be able to do what we're asked to do now, and what the increased needs of families are as well as, the

additional things that the city is looking to family resource centers to do. So, we are concerned about that. Thank you.

- Alex Maykowski with Children’s Council: That the budget should be is a statement of values. And I think that’s true. And when we look at these budgets. What does it say about the city? And you know some of these things, supposedly, are supposed to help the business community. But we know there's piles and piles of research that shows the childcare and early childhood education itself is proven economic driver. So just looking at these budgets. It seems like we're willing to sell out our future to pay for the present. And that doesn't seem right. Thank you.
  - Wendy Nekirk Rhodes with Support for Families: I know many of us share concerns about the vibrancy of our downtown and the ways that we can support families and make San Francisco a livable place for families, and the FRCs are a crucial part of that and our families, many of whom face innumerable systemic barriers and challenges, and are overwhelmingly families of color and families who are newcomers or are struggling.
5. Public Hearing on the First 5 California 2021-22 Annual Report (Action Item) [Commissioners provided with the following: coversheet]- (see Appendix B). First 5 California released their annual report, CFC is required a public hearing about said report. Every year the state compiles data from all the 58 counties summarizing both state and county level investments. The report is structured as follows:
- Brief history of First 5 California, its structure and audit findings, and partnerships
  - Summary of how First 5 California supports Children, Parents, and early learning teachers
  - County Commission Highlights

Motion to approve acceptance of the report was made by Commissioner Lambert and seconded by Commissioner and Supervisor Melgar. The motion carried unanimously.

No public comment

6. Discussion and possible action to approve a professional service contract up to a ten-year total of \$495,196 for fiscal year 2023-24 through fiscal year 2032-33, to Macias, Gini & O’Connell LLP for audit services, pending funding availability and performance (Action item) (See Appendix C)

Proposition 10 legislation requires each county go through an annual financial audit which must be done with an external auditor, Macias, Gini & O’Connell has been our auditor since 2008. It has been brought to the commission as a ten-year contract to consolidate the annual action. Macias, Gini & O’Connell provide a full-service audit and they have agreed to not surpass the agreed upon amount. The city provided a prequalified to choose from and Macias, Gini & O’Connell were first across categories.

Motion to approve professional service contract was made by Commissioner and Supervisor Melgar and seconded by Commissioner Crawford and Commissioner Miller. The motion carried unanimously.

No public comment

7. Discussion and possible action to approve an amendment to a professional service contract for a total amount not to exceed \$3,340,000 from July 2021 through June 2028 with Cityspan Technologies, Inc. for licensing, maintenance, upgrades, and development of a new grants Contract Management System for the new Department of Early Childhood (DEC) (Action item) (See Appendix A and D)

As a the newly merged Department of Early Childhood our previous grants and contracts management system no longer meet our needs. This action item is to approve the development of a new system with Cityspan Technologies Inc. The build will take 2-3 years most of which will be community input.

**Commission Discussion:** Concern expressed about operationalizing the strategic plan and capacity to be responsive to the department. There was interest expressed in checking back on this after a year of contract for an iterative process, so that any potential bugs can be addressed. Commissioner Armstrong joined the meeting at 5:15

Motion to approve the amendment to the professional service contract was made by Commissioner Lambert and seconded by Commissioner Crawford. The motion carried unanimously.

No public comment

8. Update on Family Resource Center Initiative RFP planning (Discussion only) (See Appendix A and E)  
DEC Executive Director Ingrid Mezquita and Senior Program Officer Shelli Rawlings-Fein presented an update on the Family Resource Center Initiative and Request for Proposal planning, discussing:

- Timeline overview
- Current Allocations
- Logic Model Refinement and Adaption
- Proposed New FRCI model
- Leader and Community Input

### **Commissioner Discussion**

Concerns expressed around feasibility of expansion given budget concerns additionally around how impactful parent empowerment strategies will be to vulnerable families i.e., those in poverty. Commissioners discussed the potential impact of Family Resource center services no longer being primarily neighborhood based. The benefits of school partnerships and other cross-sectional partnerships was discussed.

### **Public Comment**

Mario Paz Good Samaritan FRC: Thank you very much for the presentations for the updates and the logic model and all the work that's gone into preparing for the RFP. We see ourselves as a holistic model that build a continuum of service to serve families from 0 to 8 primarily, and around both really care and education and school ready school readiness. It's going to be difficult to sort of choose one or the other when we know that we're strong, in both for many of us have built that capacity over the last 15 years. I just wanted to share that we understand that the changes may be necessary. Consideration that DCYF is also releasing their RFP during the summer, and I know for a lot of providers who will be responding to both.

Amie Latterman Children's Council/CPAC/SFECEAC: Yesterday at the Board Supervisors, nearly 300 families, early educators, children, and advocates, turned out to give public comment at the board, in English, Chinese, Spanish, Tagalog, and other languages for over 3 hours demanding that the city budget protect baby Prop C, and a lot of work has gone in to make sure that this money is protected during this budget process.

Jenny Pearlman with Safe & Sound: I know from my work just coordinating the Family Resource Center Alliance as well as many partnerships with other child supporting agencies that that is something that takes a lot of time and resources. and with the potential cuts in the current budget, it gives me concern. Particularly since the 250 pilot programs that were funded, that funding has ceased, and those are things that we invested a lot of time and energy into. And then the funding ended after a year. I know they were pilots, but if this is going to be a huge emphasis of this next planning period and RFP. I would have liked to have seen the funding continue for those. Thank you.

Naeemah Charles with Children's Council: I'm just call calling to raise some concerns about the current budget for DEC from the First 5 perspective, I just want to check in on baby Prop C funding and the funding for the various city services. We are working with the Mayor's office right now. We are very concerned to see the

proposals away from Prop C and childcare. So, we just want to raise that to the commission and look into the FRC's funding source as well. Thank you so much.

9. Committee updates  
No committee Meetings

10. Commissioner updates  
Commissioner Lambert: It is the season, Summer Stride, the library's signature summer learning programs, is upon us. So, there is all kinds of programs and events for you and your families happening at the 28 libraries open seven days a week. Cultural programs, clown shows, magic programs. Come one, come all, enjoy your neighborhood library.

11. Executive Director updates  
DEC Executive Director Ingrid Mezquita discussed the following updates

- Budget Process and Upcoming Hearings
- Reorganization and shoring up staffing structure still in progress
- Upcoming EC COAC and CFC join retreat in September
- 2 Vacant Seats and upcoming elections in the new fiscal year

12. Adjourn  
Meeting Adjourned at 6:39 PM

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## Know Your Rights

### PUBLIC RECORDS REQUESTS

Every City Department must provide members of the public with timely and transparent access to public records and information under the [San Francisco Sunshine Ordinance](#) and the [California Public Records Act](#).

For questions about DEC's public information request policy or to make a public records request please email [dec.publicrecords@sfgov.org](mailto:dec.publicrecords@sfgov.org).

### SUNSHINE ORDINANCE

Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils, and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review. For information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, please contact: Sunshine Ordinance Task Force Administrator.

City Hall – Room 244 1 Dr. Carlton B. Goodlett Place  
San Francisco, CA 94102-4683  
415-554-7724 (Office); 415-554-7854 (Fax)  
E-mail: [SOTF@sfgov.org](mailto:SOTF@sfgov.org)

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, the San Francisco Public Library and on the City's website at [www.sfgov.org](http://www.sfgov.org). Copies of explanatory documents are available to the public online at <http://www.sfbos.org/sunshine> or, upon request to the Commission Secretary, at the above address or phone number.

### LANGUAGE ACCESS

Per the Language Access Ordinance (Chapter 91 of the San Francisco Administrative Code), Chinese, Spanish, and/or Filipino (Tagalog) interpreters will be available upon requests. Meeting Minutes may be translated, if requested, after they have been adopted by the Commission. Assistance in additional languages may be honored whenever possible. To request assistance with these services please contact the Commission Secretary Maya Castleman at [maya.castleman@sfgov.org](mailto:maya.castleman@sfgov.org) or (628) 652-3040. at least 48 hours in advance of the hearing. Late requests will be honored if possible.

### **DISABILITY ACCESS**

Children and Families Commission hearings and Early Childhood Community Oversight and Advisory Committee hearings are held at 1650 Mission Street, 3<sup>rd</sup> floor, San Francisco. The building and meeting room are wheelchair accessible. Remote public participation is available upon request for individuals who cannot attend in person due to disability. Making a request to participate remotely no later than one (1) hour prior to the start of the meeting helps ensure availability of the meeting link. Sign Language Interpretation is also available upon request. Captions can be enabled if participating remotely.

If requesting remote Sign Language Interpretation, please submit an accommodation request a minimum of four (4) business hours prior to the start of the meeting. Allowing a minimum of 48 business hours for all other accommodation requests (for example, for other auxiliary aids and services) helps ensure availability. To request accommodation, please contact Maya Castleman at [maya.castleman@sfgov.org](mailto:maya.castleman@sfgov.org) or (628) 652-3040.

### **LOBBYIST ORDINANCE**

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance [SF Campaign & Governmental Conduct Code 2.100] to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at 25 Van Ness Avenue, Suite 220, San Francisco, CA 94102, (415) 252-3100, FAX (415) 252-3112, website: [sfgov.org/ethics](http://sfgov.org/ethics).

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## AGENDA ITEM # 6

Discussion and possible action to approve the Request for Proposals (RFP) DEC24-1: Early Intervention and Specialized Services System of Care (Action Item) [Commissioners provided with Coversheet and RFP]

## RECOMMENDATION

Staff recommends approval of this item (or similar language)

## BACKGROUND

In conversations with parents to inform the Department of Early Childhood 2023-27 Strategic plan, the City's parents expressed a strong desire for improved supports for children with suspected or identified developmental delays and special health needs. This sentiment was shared in listening sessions with Black, Spanish-speaking and Chinese speaking parents. They expressed encounter providers that seemed to not be aware of resources and sometimes skills to support their children with suspected or identified developmental delays. This input is consistent with previous input and our knowledge of the status of services supporting screening, assessment and intervention for developmental delays in some parts of the system of care for young children.

In recognition of these circumstances and need, First 5 and OECE have supported screening, provider training, family support and intervention initiatives in the past. Our consolidation into a single department provides the opportunity for more integrated planning and implementation approach to strategies to support these needs while leveraging our past progress.

This RFP will build a consolidated Early Intervention service system from complementary parts - notably family support will be contextualized into this part of DEC grant making approach. The components of the service system sought by this RFP will be:

**Children with Special Health Needs and Early Intervention Family Resource Center** (one provider)- FRC services will follow frameworks established in the FRC Initiative.

**Centralized Access Point** (one provider): Provide a hub for information about child development and developmental screening, developmental screening for children, screening results repository for families and providers, screening follow-up recommendations (including tracking follow-up completed), support to care coordination, and initial early intervention steps parents can implement.

**Developmental Play Groups** (multiple providers): Playgroups targeting children exhibiting mild to moderate delays, but not eligible for formalized early intervention. Playgroups target children 0 - 3 that are mobile to sites in the City and reflective of culture and language of families to be served.

**Care Coordination** (multiple providers): Care coordination to support families with children 0 - 5 who have a developmental concern or at risk for a developmental delay, particularly as indicated by eligibility for formal early intervention services or screening result scores with ASQ concern and monitoring indication or result scores with social-emotional screening in concern indication.

## **ATTACHMENTS**

RFP Excerpt - RFP DEC24-1: Early Intervention and Specialized Services System of Care

### **Starting RFP Checklist:**

- If LBE applies (100% General Fund/For Profit Only), refer to OCA RFP Template language and reach out to CMD regarding the 14B subcontracting goals
- IT RFPs – refer to OCA Template language
- Secure civil service approval for PSC
- Review Section VI.M. Local Business Enterprise Goals and Outreach of RFP document, select the correct language for your specific RFP.

\*Be sure to search and make sure you are using the words grant and/or contract, which ever is appropriate.

**City and County of San Francisco  
Department of Early Childhood**

**Request for Proposals #DEC24-1 for:  
Early Intervention and Specialized Services System of Care**



Request for Proposals Issued:  
Pre-Proposal Conference:  
Deadline to Submit Proposals:

[DATE]  
[DATE and TIME]  
[DATE and TIME]

**→ REMINDER TO UPDATE THE TABLE OF CONTENTS BEFORE PUBLISHING. HOVER ANYWHERE OVER THE TABLE WITH YOUR MOUSE AND CLICK THE RIGHT BUTTON ON YOUR MOUSE TO BRING UP THE UPDATE MENU. – RIGHT CLICK, THEN CLICK “UPDATE FIELD”, THEN CLICK “UPDATE PAGE NUMBERS ONLY”.**

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**Attachments**

Attachment 1: Agreement for Professional Services (form G-100)

Attachment 2: Budget Forms

Attachment 3: Other Supporting Documentation from Program – [suggest inserting a link instead of attachments]

## I. INTRODUCTION AND SOLICITATION SCHEDULE

### A. Introduction

#### 1. General

The Department of Early Childhood (DEC) is seeking experienced entities to oversee, implement, and enhance over time four critical components of San Francisco's System of Care for Early Intervention and Specialized Services for children with a developmental concern or identified disability and their families. Entities may apply to any of the following service components as outlined below. Applications for multiple components will be accepted from the same entity. Components included in this RFP are:

- Families of Children/Youth with Special Health Care Needs and Early Intervention Population FRC
- Centralized Access Point
- Developmental Play Groups
- Care Coordination and Individualized Support Services

Funding is not intended to support the full array of existing services, activities and components of the San Francisco Help Me Grow System. The above components fall under the broader umbrella of Help Me Grow (HMG) but do not represent the entirety of it. Future Request for Proposals will address additional HMG components. The entities selected as part of this RFP are expected to fully collaborate with one another, other HMG partners, and other agencies within the Family Resource Center Initiative (FRCI), in order to enhance the overall system of care for children with developmental concerns and/or special health care needs and their families.

#### 2. Background

DEC envisions a future where all children enter kindergarten with the cognitive, social/emotional, and physical skills that support school success. Kindergarten readiness is a major predictor of later academic and life success, and as such acts as a key indicator for child well-being in San Francisco. Research suggests that third- and eighth-grade test scores in low-income districts in California lag behind national counterparts because children start out less ready for school in our state (First 5 Center for Children's Policy, 2020). Yet despite gains in school readiness over time, San Francisco Unified School District's 2021 Kindergarten Readiness study showed that 42% of entering kindergartners were still not adequately prepared for school. Children not yet meeting readiness standards were disproportionately from Latino, African American and Native Hawaiian or Pacific Islander households, households with non-native speakers of the English Language, and were more likely to have an identified disability. Seven and a half percent (7.5%) of children in the study sample had designated special needs, and 71.4% of them did not meet the readiness standard. Children who are identified and connected to services early can and should receive individualized supports to promote their readiness and school success. Often children are able to exit early intervention services at a level appropriate for their age without requiring special education services in kindergarten. Children with a disability benefit greatly from identification and supports being introduced as early as possible, but there is currently no system-wide mechanism for ensuring this service connection happens for all children who need it prior to kindergarten entry.

Developmental disabilities, such as Autism Spectrum Disorder (ASD), a learning disorder, or Attention Deficit Hyperactivity Disorder (ADHD), are common in children in the United States, and the prevalence has increased in recent years. During 2019–2021, the prevalence of any

diagnosed developmental disability in children aged 3–17 years increased from 7.40% to 8.56% (National Center for Health Statistics, 2023). Developmental screenings can play a key role not only in kindergarten readiness, but in later school success, and building a brighter future for all children. With proper screening, caregivers can better understand a child’s physical, cognitive, language, behavior, and socio-emotional development, and detect any potential risk of developmental delay or divergence as early as possible, introducing early intervention services if warranted. Early intervention services, such as speech-language pathologists, physical and occupational therapists, psychologists, and social workers, target areas for growth according to each young child’s individual needs and can positively change a child’s developmental trajectory, with ripple effects extending throughout the life course. A strong system of supports provided as early as possible can benefit the whole family, offering caregivers the tools they need to create a healthy, supportive home and learning environments.

According to the 2021 California Department of Health Care Services (DHCS) Preventative Services Report, developmental screening rates in California were at only 23.11%; screening rates in San Francisco were similarly low at 22.61%. These rates reflect screenings performed by Medi-Cal providers and do not reflect community-based screening like those provided at our Early Care and Education Centers (ECE), Family Resource Centers (FRCs), and HMG systems, thus screening rates in San Francisco are likely higher than reflected in the DHCS data. However, once children are screened and identified as being at risk or experiencing developmental delays, early intervention services are delivered at an even surprisingly lower rate of 5.38% for the State; only 2.94% of children age birth to 5 received early intervention services in San Francisco. This is likely due to the complex array of supports that exist to promote child health and respond to identified concerns, as well as the fact that families can move through three to four large systems of care from the time a child is born to school entry, including the pediatric system, the early care and education system, Early Start Regional Centers, and School District Special Education teams, with any number of gaps and disruptions that can happen along the way (First 5 Center for Children’s Policy, 2022).

This research points to the need for a more robust and unified approach to developmental screening, referral, and early intervention for children with developmental concerns and/or identified disabilities and their families. Given the multiple reasons that timely linkage to appropriate supports can be delayed or disrupted, it is important to have a clear pathway to services and a coordinated process that enhances access, integrates with the larger system of care to remove barriers, and ultimately helps families to act quickly and with confidence when they have concerns about their child’s development. This has become all the more imperative since the COVID pandemic. An analysis comparing the number of evaluations and ASD identifications before and after the onset of the COVID-19 pandemic found that before the pandemic, 4-year-old children were receiving more evaluations and identifications than 8-year-old children did when they were 4 years of age. However, these improvements in evaluation and ASD detection were wiped out beginning in March 2020 (Center for Disease Control Autism and Developmental Disabilities Monitoring Network, 2023). These delays, and the compilation effect they will have in initiation of services, mean that efforts must be redoubled to bring rates back to pre-pandemic levels and beyond.

DEC Strategic Planning and FRCI planning throughout 2021 and 2022 centered parents’ voices and experience through in-depth listening sessions with Chinese-Speaking, Spanish-speaking and Black/African American parents. Parent listening sessions were accompanied by 19 parent input sessions hosted at family resource centers, key informant interviews, and two large community surveys reaching nearly 3,000 parents. Findings from these planning activities revealed several consistent themes. Early intervention and inclusion of children with developmental concerns or

disabilities was surfaced by parents and discussed in nearly every conversation. Parents talked about wanting support for their children of all abilities, including navigation and social emotional supports in particular. They want early care and education settings to be inclusive and providers to be skilled in working with all children, regardless of ability or behavior challenge. They also need access to early intervention and individualized services, like speech therapy. Finally, parents whose children have developmental concerns or disabilities want free and low-cost parenting classes and connections with culturally specific peer networks for support. The frequency and prevalence expressed by parents, as well as the number of complex inter-related service needs and issues, including an overlay of racism and implicit bias often present in health, behavioral health, and mental health services have resulted in DEC creating a new procurement to bolster the City's Early Intervention and Specialized Services System of Care, intended to integrate within both the Early Learning Initiatives and FRC Initiative.

San Francisco has been a Help Me Grow (HMG) Affiliate County since 2014. Help Me Grow (HMG) is a nationally recognized systems-change model which helps establish an interconnected community of care to advance timely developmental screening, early intervention, and successful outcomes for children. Thirty-one states throughout the United States, and approximately half of California counties, are implementing this system to support early identification and referral for children ages birth to 5 with developmental, behavior and/or social-emotional concerns. HMG builds collaboration across sectors, including health care, early care and education and family support to support the healthy development of all children. As such the HMG framework will continue to be a unifying framework for the services under this RFP and other DEC funded services supporting children's health and well-being.

### **3. Diversity, Inclusion, and Racial Equity**

DEC is committed to a culture of inclusion in which our differences are celebrated. Everyone should have what they need to thrive no matter their race, age, ability, gender, sexual orientation, ethnicity, or country of origin. The Department believes that a diverse and inclusive workforce will produce more creative and innovative outcomes for the organization, and ultimately, its clients.

DEC is committed to combating systemic racism and disparate impact of governmental services by advancing racial equity in all aspects of our work, ensuring access to services and providing support to communities to ensure their ability to succeed and thrive.

DEC seeks to partner with community-based organizations that share these values in their organizational culture and program services. The agency sees our contracted community-based partners and their work as a means to enhance and further advance efforts to address racial equity and inclusion across San Francisco.

Respondents to this request for proposals must ensure that they clearly demonstrate how these values are exemplified through their organizational and program operations. This should include a description of the organization's plans, strategies, and activities to address racial equity and inclusion among staff and program participants, as well as internal controls to regularly review current practices through the lens of racial equity and inclusion to identify areas of improvement.

Additional examples of information to be provided are: the organizational mission or inclusion statements, non-discrimination documents, and/or other supporting documents, community

outreach plans, staff training activities on racial equity, and a description of or data on the demographics of staff and program participants.

#### 4. Selection Overview

Depending on RFP component, the City shall award a contract to one or multiple Proposers that meet the Minimum Qualifications of this Solicitation and obtain the highest ranking scores. Responsive Proposals will be evaluated by a panel (“Evaluation Panel”) consisting of one or more parties with expertise related to goods and/or services being procured through this Solicitation. The Evaluation Panel may include staff from various City departments. Proposals will be evaluated based on the criteria outlined herein.

##### B. Anticipated Term

A contract awarded pursuant to this Solicitation shall have a tentative term of three (3) years from July 1, 2024 to June 30, 2027 subject to annual availability of funds, annual satisfactory contractor performance, and need. DEC reserves the right to enter into contracts of a shorter duration or to extend all or some contracts for additional one-year extensions for two years through June 30, 2029.

##### C. Anticipated Not to Exceed Amount and Funding Amounts

The total estimated annual funding for this RFP is approximately \$2,450,000 per year, which may increase or decrease depending on funding availability. The source of funding for these services is state, federal and local funds. Payment for all services provided in accordance with provisions under this contract shall be contingent upon the availability of funds. The City shall not guarantee any minimum amount of funding for these services.

Grant awards may be reduced or eliminated in response to reduced allocations or decreased funding availability. Also, grants made through this RFP may be augmented, if additional funds become available, without additional application processes provided they are in alignment with the scope and services outlined in this RFP. Funds unawarded in one category, may be shifted to another category.

The below table indicates the maximum level of funding available for each RFP component, and approximate number of entities anticipated to be funded. Actual number of entities and funding levels to those entities will be determined based on review of applications received, proposed services and budgets given the maximum amount available for each component. For components where multiple entities may be selected there is an additional priority and criteria to fund in different geographic locations and reach a diversity of family populations. These criteria along with scope, ranking, and budgets will be taken into consideration in final selection.

<b>RFP Service Component</b>	<b>One Entity/Multiple Entities</b>	<b>Maximum Amount</b>
Families of Children/Youth with Special Health Care Needs and Early Intervention Population FRC	One Entity	Up to \$800,000
Centralized Access Point	One Entity	Up to \$400,000
Developmental Play Groups	4-5 Entities	Up to \$600,000
Care Coordination and Individualized Support Services	3-4 Entities	Up to \$650,000
<b>Total</b>	<b>9-11 Entities</b>	<b>Up to \$2,450,000</b>

#### **D. Solicitation Schedule**

The anticipated schedule for this Solicitation is set forth below. These dates are tentative and subject to change.

[Pre-Proposal conference – one week after the RFP issue date  
 Letter of intent deadline – two weeks after the RFP issue date  
 Deadline for submission of questions – 2 days after bidders conference  
 Proposals due – one month after RFP issue date]

<b>Proposal Phase</b>	<b>Tentative Date</b>
Request for Proposals Issued	[DATE and TIME]
Pre-Proposal Conference	[DATE and TIME] [Enter location details]
<b>Mandatory Letter of Intent Deadline</b>	<b>[DATE and TIME]</b>
Deadline for Written Questions	[DATE and TIME]
Deadline to Submit Proposals	[DATE and TIME]
<b>Tentative Evaluation of Proposals</b>	<b>[DATE and TIME]</b>
<b>Tentative Notice of Contract Award</b>	<b>[DATE and TIME]</b>

#### **E. Limitation of Communications During Solicitation**

From the date this Solicitation is issued until the date the competitive process of this Solicitation is completed (either by cancelation or final Award), Proposers and their subcontractors, vendors, representatives and/or other parties under Proposer’s control, shall communicate solely with the Contract Manager whose name appears in this Solicitation. Any attempt to communicate with any party other than the Contract Manager whose name appears in this Solicitation (Section VI. B.) – including any City official, representative or employee – is strictly prohibited. Failure to comply with this communications protocol may, at the sole discretion of City, result in the disqualification of the Proposer or potential Proposer from the competitive process. This protocol does not apply to communications with the City regarding business not related to this Solicitation.

## F. Definitions

**Developmental Milestones:** are specific behavioral, cognitive, physical, and emotional skills and abilities that most children achieve by certain ages. Skills such as taking a first step, smiling for the first time, and cooing are developmental milestones. These milestones serve as markers to gauge a child's growth and development over time. They help parents, caregivers, and healthcare professionals determine if a child is developing typically or if there might be potential concerns.

**Developmental Monitoring:** involves observing how your child grows and whether your child meets the typical developmental milestones, or skills that most children reach by a certain age, in playing, learning, speaking, behaving, and moving.

**Developmental Screening:** is a standardized tool (either a parent questionnaire or an observational) that has been validated by research to learn more about the child's development. It is used to identify infants, toddlers, and young children who may be at risk for potential health, developmental, or social-emotional concerns.

**ASQ (Ages and Stages Questionnaire):** is a developmental screening tool designed for use by early educators and health care professionals to look at child development in *Communication, Gross Motor, Fine Motor, Problem-Solving, and Personal Social*. It is a parent-completed questionnaire that creates a snapshot of developmental progress to identify risks of delays and/or celebrate milestones of children between the ages of 1 month to 5 and half years.

**ASQ:SE (Ages and Stages Questionnaire for Social-Emotional):** is a developmental screening tool tailored to exclusively screen the social and emotional behaviors of children to celebrate milestones or identify any need for further assessment. It is a parent-completed questionnaire that looks at 9 behavioral areas such as *self-regulation, compliance, social communication, adaptive functioning, autonomy, affect, and interaction* of children between the age of 1 month to 6 years.

**ACEs (Adverse Childhood Experiences):** are potentially traumatic events that occur in a child's life before the age of 18 and have a profound impact on their long-term health and well-being. ACEs can include a wide range of experiences such as; physical and emotional abuse, neglect, violence, household mental illness, household substance abuse, incarceration, environmental issues, and racism.

**Developmental Evaluation/Assessment:** A formal developmental evaluation may be needed if the developmental screening tool identifies an area of concern. This formal evaluation is a more in-depth look at a child's development, usually done by a trained specialist, such as a developmental pediatrician, child psychologist, speech-language pathologist, occupational therapist, or other specialists. The results of this formal evaluation determine whether a child needs specific treatments, early intervention services, or both.

**Early Intervention:** the services and support that are available to babies and young children with developmental delays and disabilities and their families. May include speech therapy, physical therapy, and other types of services based on the child's and family's needs. Can have a significant impact on a child's ability to learn new skills and overcome challenges and can increase success in school and life.

**Learning Activities / Play:** Activities for children who are developing typically or need non-intensive support in one or more developmental areas or with social-emotional skills. Learning activities enhance the growth and development of infants and young children.

*Resources for definition, CDC Learn the signs, Brooks Publishing, and Center on the Developing Child Harvard University*

## **G. Target Populations**

In San Francisco an estimated 12.5% of children aged birth to 17 have special health care needs (kidsdata.org, 2021). The Early Intervention and Specialized Services System of Care RFP intends to support all children city-wide and their families who may have a suspected or identified special health care need. The early intervention components of the system are intended to focus more heavily on the birth to five population with an emphasis on ages 9 months to kindergarten entry. The City's universal preschool initiative and FRCI serve approximately 9,000 children annually. Local developmental screening initiatives and data collection efforts to date, demonstrate that roughly 25- 30% of children will have an identified concern of some type and anywhere from 3% - 10% will require ongoing care coordination with connection to early intervention services. Based on this data, DEC is aiming to steadily build a system that has capacity to: promote developmental screening, learning, and play for all children; support triaging and developmental screening follow-up for approximately 1,300 children with some level of identified need; and provide longer-term care coordination for approximately 450 children with moderate to high needs. DEC, with funding support from the Department of Children Youth and Their Families, is also committed to ensuring that all families of children with disabilities and special health care needs in San Francisco age birth to 17, have an easily accessible, one-stop-shop for resources and support.

However, some children are at greater risk for a developmental delay, and disparities also exist for certain children regarding timely identification and diagnosis of concerns. While White babies are screened at higher rates than the national average (36.8 percent compared with 34.2 percent), Asian, Black, and Hispanic babies are screened at lower rates (27.4 percent, 28.6 percent and 31.1 percent, respectively). Similar patterns are seen across income levels, with screening rates for babies in families with low income (29.5 percent) also lower than the national average (State of Babies Yearbook, 2023). Further, disparities in early identification and intervention not only play into school readiness disparities at Kindergarten as already demonstrated, but also contribute to gaps and over-representation within special education enrollments. For example, in Washington D.C. Black and African American children made up less than half of children receiving early intervention in 2021, but represented 76 percent of those receiving special education for school-age children. In Maryland, those figures were 31 percent and 41 percent, respectively. (Hechingerreport.org, 2023).

For families of color, access to early intervention is even more limited. In 2018, 409,315 infants and toddlers (3.5%) received early intervention services under Individuals with Disabilities Education Act Part C. White and Native Hawaiian or other Pacific Islander infants and toddlers were more likely than those in all other racial and ethnic groups to receive Part C services and Black/African American, Asian, American Indian/Alaska Native infants and toddlers, and infants and toddlers of two or more racial and ethnic groups were the least likely to receive early intervention services (Education Trust, 2021). Children living in households with a native language other than English also face particular barriers related to language access.

Therefore, the work of this funded initiative intends to be particularly inclusive of the following populations while also maintaining a broad and universal reach:

- Children enrolled in a City-funded FRC, City-funded ECE program, pediatric clinic, and/or paperless developmental screening tracking system, with a developmental screen indicating an area of concern (i.e. concern zone on any one of the five developmental domains on the ASQ or scores in the monitoring zone in three or more areas, concern zone on the Socio-emotional screening tool like ASQ:SE);
- Children within a City-funded FRC or Early Care and Education site for whom a provider or parent caring for child raises concern;
- Children at risk for developmental delays due to adverse childhood experiences (ACEs) or trauma
- Black/African American and Hispanic/Latino children;
- Children in limited/non-native English Language households;
- Children with a diagnosed or undiagnosed developmental disability or other special health care need; and/or
- Children living in poverty
- Children facing housing insecurities.

Additionally, there may be service components that focus on child-serving providers. These may include:

- Pediatricians, other primary health care providers, and health clinic staff
- Early care and education professionals
- Family support professionals
- Leadership of various child- and family-serving organizations

## II. SCOPE OF WORK

The Scope of Work is to be used as a general guide and is not intended to be a complete list of all work necessary to complete the project. Contractors should use this description when designing their proposed programs. However, contractors may suggest modifications and/or additions that will, in their estimation, make the program more feasible or effective. The description below outlines the key program elements and services the selected vendor(s) will provide.

### A. Description of Services

#### 1. Families of Children/Youth with Special Health Care Needs (CYSHN) and Early Intervention (EI) Population FRC

All FRCs offer a core set of essential family support services to families with children birth to 17 in a placed-based model serving either a particular neighborhood of San Francisco or a city-wide population. (For SF FRCI funding opportunities see RFP DEC24-2) The FRC entity funded under this RFP will serve the identified population of families of children and youth with special health care needs and families of children seeking early intervention services. It will have a focus across the entire age spectrum.

The FRCI Theory of Change and Logic Model (see Appendix XX) is anchored by four Service Clusters intended to achieve the outcomes and purpose listed below.

- Responsive Relationships: Family members learn from one another and have nurturing, supportive relationships inside and outside family resource centers. Services reduce social isolation and increase social supports.

- Parent Self-Efficacy: Parents understand developmental milestones, believe they can influence their child’s development, and use practices that promote milestone achievement. Services promote understanding of child development as well as supporting parental resilience.
- School Readiness and Success: Children enter kindergarten with the cognitive, social/emotional, and physical skills that support school success. Services include understanding about the social-emotional competence of children.
- Stress Mitigation: Parents/caregivers have the information, resources, and connections to peers and professionals to successfully raise their children in San Francisco. Services connect families to concrete supports in times of need.

Each of the four Service Clusters contain prioritized Essential Services that characterize the work of FRCs and contribute to the goals of the initiative. The prioritized Essential Services corresponding to each overarching Service Cluster are outlined briefly in the following sections and are fully described in the Activities Guide in **Appendix XX**. The Activities Guide describes all possible types of services that FRCs may propose or be asked to do. FRCs use the Activities Guide to develop their scope of work with target deliverables commensurate with the level of funding received.

#### Service Cluster 1: Family Engagement and Cross Sector Partnerships

- Intake and Retention Processes
- Direct and Indirect Outreach
- Cross Sector Partnerships, Referral Paths and Connections

#### Service Cluster 2: Parent Leadership and Community Connections

- Parent Advisory Committee, with diverse representation and over-representation from families that experience greater barriers to service access
- Community Events, including at least one event for week of the young child

#### Service Cluster 3: Parent Caregiver Capacity and School Readiness and Success Activities

- Curriculum Based Parent Education
- Parent Classes in School Readiness and Success
- Parent Child Interactive Groups (birth to age 4 required; optional for older ages)
- Support Groups and/or Workshops, minimum of 1 total
- Educational Supports: Workshops and groups on parent-school engagement, leadership and partnership; Early Literacy, Parent-Child STEAM classes; Educational Navigation, Collocation at schools, etc

#### Service Cluster 4: Formal Supports for Individual Families and Those At-Risk for System Involvement

- Basic Needs
- Information and Referral, Family Advocacy, Case Management (at least 1 or more of these services)

In addition to addressing the above Service Clusters and corresponding essential services, the CSN and EI Population FRC will provide systems level supports to strengthen the overall FRCI and HMG service delivery system to more effectively understand and meet the needs of diverse populations. System level supports could include but are not limited to such things as: provider training and capacity building, learning networks, satellite sites, additional advisory boards and workgroups, bolstering of referral exchanges and networks.

The use of evidence-based or informed practices is strongly encouraged and may be required for some service categories, such as Curriculum Based Parent Education and/or as required through the Families First Prevention and Services Act (FFPSA) funded services. The CSN and EI Population FRC should be prepared and able to manage multiple local, state and federal funding streams such as FFPSA, County-based Medi-Cal Administrative Activities (CMAA).

The CYSHN EI Population FRC should be cognizant of the need to develop programming and to address the needs of families with children of different ages as the parenting issues and support desired by parents can vary according to the age of their child. Staff should have the qualifications, competencies and skills to implement activities for children and families across multiple age ranges, giving equal focus to families' needs and circumstances at both the early ages and school-ages, and collaborate across agency staff and partners so that families have a continuum of service as their children grow. Additionally, CYSHN EI Population FRC should possess ability to serve the diverse cultural and linguistic communities. The space utilized in the delivery of Essential Services should be inviting and have a distinctive welcoming, "family-friendly" supportive environment.

Other service considerations, guiding principles and FRCI priorities are included below.

#### Quality Components - Guiding Principles

Family Support encompasses more than a planned service delivery system, it is built upon the premise that the primary responsibility for the development and well-being of children lies within the family, and all segments of society must support families as they rear their children. The Family Support Principles developed by Family Support America provide a philosophical framework that builds upon strengths rather than emphasizing deficits and collaborates with families to determine their goals of services (Best Practice Project 1996). (See Appendix for the Family Support Principles).

The work and outcomes of FRCs are built upon the Family Support Principles and are informed by The Center for the Study for Social Policy's Protective Factors Framework, the research of the Harvard Center on the Developing Child regarding effective family support programs, and the principles of Trauma Informed Care and Healing Centered Engagement. Information about these can be found in [Appendix XX](#).

Additionally, the National Standards of Quality for Family Strengthening and Support have been developed to clearly outline how the Family Support Principles and the 5 Protective Factors are applied programmatically. The Wisconsin Core Competencies in Family Support, developed by the Wisconsin Children's Trust Fund, provides FRC managers with important baseline knowledge and skills for the hiring of parent educators, home visitors, and other professionals who work with families.

All services funded regardless of scope, intensity, or duration, shall be operated in accordance with the aforementioned quality components of the FRCI. Funded entity must demonstrate commitment to the family-centered asset-based approach reflected in the above components of quality.

### Capacity Building and Professional Development

Capacity building among grantees is a key component of the FRCI to improve agency practices and strengthen the overall FRC system in San Francisco. Funded agencies can expect to participate in program assessment, training, technical assistance and other quality improvement activities, that identify skills, competencies and practices as guidelines for quality implementation of the Essential Services of the initiative.

Ongoing training opportunities that FRCs are encouraged to utilize include the offerings of the San Francisco Family Support Network, in particular the National Standards of Quality for Family Strengthening and Support built upon the Family Support Principles and the 5 Protective Factors.

Other training opportunities may include, but are not limited to, certification in evidence-based parenting education curriculum, peer learning group opportunities, Family Development Credential, Infant Massage, and other training supported by City funders.

## **2. Centralized Access Point**

Despite many years of effort, in San Francisco to increase rates of developmental screening for children in ECE settings, the city has not yet developed a strong system of monitoring and screening of young children that also support families, family resource center, and clinics.

The Centralized Access Point (CAP) would function as a one-stop-shop where families and caregivers can gain access and linkage to services and information related to: monitoring developmental milestones, developmental screening, early intervention, service connection/navigation, inclusion, disability rights and awareness, and specialized support services for children aged birth to 17. The structure and core services are outlined below.

### City-wide access to developmental monitoring & screening

- Providing access to a centralized digital developmental screening tool and tracking system in multiple languages;
- Provide a library of learning activities that can be used by families and caregivers to support children in meeting their developmental milestones, and increase their socio-emotional, communication, cognitive, and motor skills.
- Aggregate and oversee centralized screening results by risk level and proactively work with families, ECE centers, FRCs, and clinics to initiate appropriate follow-up action steps; and
- Promote play as an essential positive childhood experience and a means to monitor child development and increase skills.

### Intake and Triaging

The primary goal during this service phase is to:

- Obtain an accurate and comprehensive understanding of a child’s developmental needs, the family’s concerns, and the barriers the parent faces in meeting the needs of the child and their family.
- Determine whether the inquiry is for general information, specific concerns, or immediate intervention.
- Review preliminary screening using standardized tools (ASQ and ASQ: SE, ACES for school-age and youth) - digitally via phone tablet or computer and accessible in the family's home language.
- Communicate the outcomes of the screening and follow-up recommendations with the parent/caregiver

### Information and Resources

- Information and initial support on child development, developmental milestones, and early warning signs of developmental delay and/or disorder;
- Resource for home-based developmental promotion activities, tools and knowledge;
- Sharing information and resources around existing workshops, trainings, playgroups, support groups, and other city-wide resources that are available relevant to promoting and strengthening child development;
- A central hub, utilizing multiple modes of access (phone, paper, digital, in-person) where parents/caregivers can find materials and information to identify any risk in their child's various stages of development and support their academic and learning journey from age birth to 17.
- Maintain an up-to-date, comprehensive resource library, using multiple modalities, for information and services related to developmental questions, concerns, delays, and identified disabilities for the birth to 17 age span and the families and providers who care for children.

### Referral and triaging (Lower tier of care coordination)

- Coordination with other related service providers such as care coordinators, early learner providers, social workers, mental health consultants etc. to identify pathways to wrap-around services.
- Intergeneration support – identifying and triaging referral pathways to appropriate services for both child and parent/caregiver

### Follow-up and Monitoring

- Monthly check-ins to monitor the status of family referrals;
- Adjustment in services as necessary based on progress and new concerns;
- Referral information packet for families with up-to-date contact person information such as names, email, and phone number of their care coordinator, social worker, support team, etc

### Documentation, Record Keeping, and Communication

- Document support and guidance provided for families and caregivers with children that have specific developmental risks/concerns.

Generally, for CAP to be effective, it’s important to:

- Coordinate with other partners in the Early Intervention and Specialized Services System of Care and broader HMG and FRCI network, including the Golden Gate Regional Center and San Francisco Unified School District.
- Have staff with a background in early childhood development when supporting families with children age 0 to 5.
- Have the qualifications, competencies and skills to implement activities for children and families across multiple age ranges, giving equal focus to families' needs and circumstances at both the early ages and school-ages, and collaborate across agency staff and partners so that families have a continuum of service as their children grow.
- Create awareness in communities about the existence of such as service to ensure those in need are utilizing it.
- Ensure cultural congruency, sense of belonging, and inclusivity in services provided;
- Ensure that all families, regardless of race, ethnicity, socioeconomic status of geographic location, can access these services.

### **3. Developmental Play Groups**

Play is the means through which experiences, behaviors, social and cultural expressions are merged and transformed into a practice that catalyzes self-interrogation and communal exploration (Janice E. Hale and Erika L. Bocknek). It is not only a tool for learning, expression and socialization, at a deeper level it also provides space for children to exercise and develop their own agency and connect to their history and culture. Yet, many children, particularly low-income children of color are disproportionately deprived of rich, reflective, and responsive play opportunities. For children who may be experiencing developmental concerns or delays, play becomes a particularly important resource and tool for them to make learning gains in an atmosphere of joy and free-exploration.

Addressing play opportunities and supporting achievement of developmental milestones is not just about providing play space and play activities; it must also be about offering accessible, culturally responsive, developmentally appropriate play where diverse identities can be explored and reflected. Developmental playgroups funded through this RFP will be designed to support children who are at risk for developmental issues or are exhibiting mild to moderate delays, and who do not meet the requirements for most early intervention programs.

Playgroups will focus on building developmental skills in the areas of communication, fine motor, adaptive, gross motor and problem solving for children from birth to 3 years. Developmental playgroups should have an ability to be mobile at multiple locations around the city, should be culturally responsive and reflective, offered in multiple languages, and enable parents to learn and support their children's development. Ideally, they should also support learning connections between the multiple caregivers in a child's life.

Developmental playgroups should be available for children whose developmental screening results score in the "monitoring" zone on two or more developmental domains on an evidence-based screening tool.

Entities funded under this RFP component will be expected to:

- Design play content by skills, developmental domains and age group;
- Provide play instructors, trainers, and/or trained facilitators;

- Ensure play opportunities are easily accessible to parents and children through multiple means; schedule, coordinate, and/or host playgroup sessions at identified sites; assist in identifying new locations and partners for playgroup sessions;
- Provide home-based activity handouts or resources to parents and caregivers; digitally enabled multi-lingual play content that families can easily filter and access, organized by age group and play activities for specific skills is not required but preferred.
- Administer developmental screening, or support developmental screening, before sessions begin and at the conclusion of sessions;
- Provide phone consultation to playgroup parents and other professionals as needed;
- Address developmental concerns;
- Expand culturally responsive and reflective developmental play opportunities throughout San Francisco;
- Coordinate with the Centralized Access Point funded through this RFP, particularly in instances where a child might need more intensive supports or interventions.
- Coordinate with other partners in the Early Intervention and Specialized Services System of Care and broader HMG and FRCI network.

Staff supporting the developmental playgroups should have knowledge of child development and early intervention; experience designing developmental activities for children; experience assessing the developmental needs of young children; and experience administering playgroups or parent/child interactive groups for young children.

#### **4. Care Coordination**

Care Coordination is a crucial component that ensures that children who are at risk of developmental delay or disorder and their families receive timely, comprehensive, and streamlined early intervention services. Care Coordination should be family-centered, relational, and high-quality in providing services to help children, families, and caregivers leverage their strengths, increase understanding of their condition(s), and skillfully build self-agency and self-efficacy skills in navigating services. For purposes of this RFP care coordination is prioritized for young children birth to 5.

Care Coordination services should be available to all children in San Francisco who have a developmental concern or are at risk of developmental delay as indicated by either the parent or provider who cares for the child; however priority criteria for Care Coordination as distinguished from FRC or Centralized Access Point, include:

1. May be eligible for formal Early Intervention Services, need support in negotiating services, and/or long-term coordination of multiple services;
2. Have developmental screening results with scores in the concern zone on at least one of the five developmental domains AND monitoring on at least two of the remaining developmental domains on the selected developmental screening tool;
3. Developmental screening results in socio-emotional indicate a score in the concern zone;

Care coordination should ensure the following components:

- Initial contact must be made with the family within 72 hours of the initial referral;
- Ensure each child is assigned one care coordinator, who works in partnership with the family, supporting and recognizing them as the central decision-makers;
- Coordinating evaluations and assessments, as needed;

- Develop individual analysis of concern. The process of analyzing the concern may include additional screenings, assessments, or observations with the purpose of confirming concerns identified by a screening tool and identifying next steps;
- Assesses child/family's needs and eligibility for programs/services, identifies appropriate referrals, and coordinates referral of child/family to community resources;
- Create and implement Child Plan or Support Plan for children whose is at risk of developmental delay within 30 days of the analysis of concern and share with parents or caregiver in writing;
- Assisting the family in obtaining access to needed early intervention services and other services needed or identified, including making referrals to providers and scheduling appointments for the child and the child's family;
- Support the family in navigating eligibility requirements, service barriers, community support, and transition points in between services, improving chances of timely, successful service linkage;
- Coordinating, facilitating, and monitoring the delivery of needed early intervention services and other services identified in the individualized family service plan to ensure that the services are provided in a timely manner;
- Facilitating and participating in the development, review, and evaluation of individualized family service plans, if needed by the family;
- Assists families with understanding and supporting their child's development, understands resources and services and empowers and educates them to navigate and advocate for their child(ren);
- Ongoing guidance to families regarding how to access services, and follow-up/referral report;
- Maintain a centralized communication log capturing all interactions, feedback, and updates from service providers and families;
- Ensuring that intervention services/strategies outlined in Child Plan is made available to caregivers and or teachers in the form of technical assistance, consultation, and or follow-up activities, as needed;
- Conduct follow-up check-ins with families and service providers to determine that appropriate early intervention services are being continuously provided and troubleshoot any service interruptions in collaboration with families.

Overall, providers of care coordination services should have the following major characteristics:

- Implements a standardized process and protocols for care coordination to ensure every family receives consistent care;
- Invests time in training and supporting care coordinators to attain skills such as working with diverse cultures, understanding the dynamics of power and power-sharing, and problem-solving skills when working with complex systems of care etc.;
- Leverages technology as a solution;
- Establishes channels for families and caregivers to provide feedback and insights into areas of improvement; and
- Coordinates with other partners in the Early Intervention and Specialized Services System of Care and broader HMG and FRCI network.

## **B. Objectives**

The major purpose of objectives is to measure quantity, quality, and impact of services. In measuring these areas, a balance should be created between the value of the information and the time/effort required to collect the information. Objectives stated in the proposal may incorporate both the pre-existing service and outcomes objectives detailed below, as well as additional objectives proposed by applicant so long as they match the services provided and the overarching goals and vision of the FRCI.

### **1. Services Objectives**

For purposes of this RFP, service objectives will be articulated in the form of performance measures. Performance Measures as defined by the City Controller's Office can be understood as "a specific quantitative measure of an activity or outcome." DEC will negotiate with the successful bidder to identify performance measures, ie service objectives, for each component of the Scope of Work. The performance measures will set target expectations for the frequency and levels of participation in scope of work activities. Some may also require information about program satisfaction, accessibility, and appeal. Typical service objectives and performance measures cover such things as, duplicated and unduplicated counts of participants served, numbers of sessions, and participants' level of satisfaction and engagement in services. For each component, applicants should propose one to two performance metrics that align with the core service expectations outlined in this RFP.

### **2. Outcomes Objectives**

This RFP is intended to drive progress toward two out of four core outcomes in the DEC 2023-27 Strategic Plan, including: "Children are in excellent physical and mental health or have reliable access to quality health providers to address concerns; and "Parents have the information, resources, and connections to peers and professionals to successfully raise their children in San Francisco." This Early Intervention and Specialized Services System of Care RFP was developed in order to bring about the successful achievement of these outcomes.

In addition to the outcomes and indicators in the FRCI Logic Model and Theory of Change, initiative outcomes also include: All developmental screens within a DEC funded paperless developmental screening and tracking system will inform ongoing support strategies for children who have been screened; triaging and support strategies will be offered to parents for all children with identified risk or concerns; all children referred to care coordination receive timely response and linkage to resources and services; all participants in developmental playgroups will gain skills on developmental milestones and at least 75% will no longer be in monitoring zone for risk of developmental delay or disorder.

Grants funded through this RFP are expected to be able to achieve their proposed service scopes in a manner that addresses these initiative outcomes. Applicants will be expected to demonstrate how their proposed scope aligns with and advances changes toward these outcomes and links back to the identified target populations. Applicants may also propose additional service outcomes. DEC may also ask funded agencies to participate in additional evaluation activities to assess achievement of outcomes and the overall successful impacts of the initiative.

### C. Reporting Requirements

DEC is committed to evaluating the value and impact of funding efforts. Agencies awarded funds will be required to track, analyze, and report on data related to the following types of performance measures:

- Measures of participation in services
- Measures of program quality
- Measures of participant level changes and outcomes

Moreover, funded agencies will also be asked to participate in the following activities specifically designed to support effective performance measurement and evaluation:

- Use of a standardized intake and data collection process for new program participants
- Use of a standardized contract monitoring and data tracking system to capture fiscal information, implementation progress, participant demographics, and participant attendance in core services
- Use of a standardized program quality assessment tools (may be participant assessments of program and/or program self-assessments) to ensure compliance with minimum standards of quality (e.g. National Family Strengthening and Support Standards)
- Use of pre and post survey instruments relevant to the desired outcomes (e.g. the Parent and Family Adjustment Scale is used pre and post all Curriculum Based Parent Education classes)
- Participation in training as required and ongoing support and oversight of staff to ensure effective administration of above data collection tools
- Distribution and collection of forms to obtain client consent to participate in data collection and evaluation activities
- Analysis of collected data and reporting on the results (as required)
- Participation in studies to explore specific evaluation and research questions (as required)

If selected, agencies may be asked to work with DEC consultants and/or staff in implementing with fidelity with required evaluation methods and evaluating outcome measures.

DEC is developing parent engagement strategies to inform our ongoing program development for the SF FRCI and its other initiatives. Agencies funded by this RFP may be asked to participate in these activities by recruiting program participants, hosting input sessions, and other associated activities.

DEC is investigating and implementing options to diversify the funding that support family support activities. Agencies awarded grants through the SF FRCI may be required to participate in compliance and reporting activities associated with these funding sources. This could include time study, participant data reporting, additional performance measures, and other activities.

## **AGENDA ITEM # 7**

Discussion and possible action to approve the Request for Proposals (RFP) DEC24-2: San Francisco Family Resource Center Initiative (Action Item) [Commissioners provided with Coversheet and RFP]

## **RECOMMENDATION**

Staff recommends approval of this item

## **BACKGROUND**

Starting in 2009, the Department of Early Childhood (under then First 5 San Francisco), Department of Children, Youth and their Families and the San Francisco Human Services agency jointly funded a family resource center initiative to collaboratively pursue activities they had previously individually funded. This item notifies the Commission of the RFP release to implement a new funding cycle for a long term initiative overseen by the DEC.

The DEC strategic planning activities and direct conversations with families in support of the new FRC Initiative funding cycle largely affirmed that parents value the core service activities that have characterized the initiative since its start. Continuing activity areas will promote:

- Parent Self-Efficacy - parenting skills and knowledge,
- Responsive Relationships - build connections and community among families,
- School Readiness and Success: support children's school readiness/success
- Stress Mitigation: offer focused support in times of crisis or need.

In affirming the activities of the initiative, parents and FRC staff provided input and DEC staff noted areas for updating the approach. Updates to the service model for the new funding round include:

Increased emphasis on basic needs assistance

FRCs will be asked to focus development of community connections and referral pathways in support of prenatal to four year old children or children four to 10 years old

## **ATTACHMENTS**

RFP Excerpt - RFP 24-2: San Francisco Family Resource Center Initiative

**City and County of San Francisco  
Department of Early Childhood**

**Request for Proposals #DEC24-2 for:  
San Francisco Family Resource Center Initiative**



**DRAFT**

Request for Proposals Issued:  
Pre-Proposal Conference:  
Deadline to Submit Proposals:

[DATE]  
[DATE and TIME]  
[DATE and TIME]

**→ REMINDER TO UPDATE THE TABLE OF CONTENTS BEFORE PUBLISHING. HOVER ANYWHERE OVER THE TABLE WITH YOUR MOUSE AND CLICK THE RIGHT BUTTON ON YOUR MOUSE TO BRING UP THE UPDATE MENU. – RIGHT CLICK, THEN CLICK “UPDATE FIELD”, THEN CLICK “UPDATE PAGE NUMBERS ONLY”.**

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### **Attachments**

Attachment 1: Agreement for Professional Services (form G-100)

Attachment 2: Budget Forms

Attachment 3: Other Supporting Documentation from Program – [suggest inserting a link instead of attachments]

## **I. INTRODUCTION AND SOLICITATION SCHEDULE**

### **A. Introduction**

#### **1. General**

The San Francisco's Department of Early Childhood (DEC) as lead agency, along with the Department of Children Youth and Their Families (DCYF) and the San Francisco Human Services Agency- Family and Children Services (H.S.A.-FCS), hereafter known as the Joint Funders, announces its intent to seek proposals from nonprofit organizations interested in providing Family Resource Center (FRC) Services.

#### **2. Background**

DEC and Joint Funders seek to ensure that children and families in San Francisco will thrive. Kindergarten readiness is a major predictor of later academic and life success, and as such acts as a key indicator for child well-being in San Francisco. Research suggests that third- and eighth grade test scores in low-income districts in California lag behind national counterparts because children start out less ready for school in our state (First 5 Center for Children's Policy, 2020). Moreover, due to long-standing Kindergarten readiness research both within San Francisco and across the state stemming back to 2007, it is known that there are several factors strongly associated with high levels of readiness for kindergarten. The factors that either promote or hinder Kindergarten readiness center largely around families and communities and the extent to which families have the resources, social connections, and needed services to adequately prepare their children to enter school.

Despite gains in school readiness over time, San Francisco Unified School District's 2021 Kindergarten Readiness study showed that 42% of entering kindergartners in San Francisco were still not adequately prepared for school. Further, children not yet meeting readiness standards were disproportionately from Latino, African American and Native Hawaiian or Pacific Islander households, households with non-native speakers of the English Language, and were more likely to have a special need. Making strides toward improved Kindergarten readiness for San Francisco's children necessitates both city-wide, universal strategies to ensure that all families and children are supported within their communities, and also targeted strategies so that the families most in need and farthest from opportunity have easy access.

San Francisco is fortunate to have a vast network of Family Resource Centers (FRCs). For over a decade, FRCs have demonstrated their ability to build community and social connections among families; increase families' engagement in schools and communities; enhance parenting capacity and confidence; support parent/child nurturing and bonding; and link families to resources and services in times of crisis, all of which are factors associated with high rates of kindergarten readiness.

The San Francisco FRC Initiative (SF FRCI), an initiative of the Joint Funders, has been in operation since Fiscal Year 2008-2009 and consists of 26 centers serving families of children birth to 17 and those who are pregnant. FRCs serve thirteen San Francisco neighborhoods and seven city-wide populations. A full description of the current FRC structure, services, contracted providers, and calendar of events can be found at our website <https://sfdec.org/family-resource-centers/>.

SF FRCI serves an average of approximately 8,800 adults and 5,000 children per year. Participants are primarily Hispanic/Latino, Chinese, and Black/African American. Adult visitors

to the FRCI attended an average of 18 hours of programming per fiscal year, and one third (32%), received 10 or more hours of programming per year. Parent voice and current and past successes of the FRCI featured strongly in the planning for this RFP.

Strategic planning and FRCI planning throughout 2021 and 2022 centered parents' voices and experience through in-depth listening sessions with Chinese-Speaking, Spanish-speaking and Black/African American parents. Parent listening sessions were accompanied by 19 parent input sessions hosted at FRC sites, key informant interviews, and two large community surveys reaching nearly 3,000 parents. Planning activities revealed several consistent themes from families including **Family Engagement, Kindergarten Readiness, Belonging and Wellness, and Family Economic Security**. According to numerous focus groups, listening sessions, and recent surveys, parents want to be well informed and engaged. They want to be engaged as leaders and equal partners, and they want to be full partners in preparing their children for kindergarten. To address the unique needs and preferences of each family, parents want a variety of user-friendly tangible tools and hands-on support to assist them in the parenting journey and in navigating the system of care that supports families with young children. Parents also want to feel welcome and included in their communities. They want early education and service environments to be responsive to their culture, language, and insights about their own children, and they want to see themselves in the staff working with their children. Parents expressed concern for their children's well-being and mental health, as well as their own. They would like access to culturally responsive mental health services and high-quality, community programs that support family well-being. Families want to be able to provide for their children and meet their families' basic needs, both of which have become increasingly difficult coming out of the COVID pandemic and resulting economic instability. Many families spoke about the challenges of being low-income, but not destitute, often resulting in ineligibility for safety net programs. Parents also frequently highlighted the benefits of attending an FRC, and value the supports and opportunities available there.

Rates of preschool enrollment in San Francisco reaches well-above 90% of 4- and 5-year-olds as a result of the City's universal preschool efforts. At the same time educational navigation of the early education and school district systems continues to be a prominent focal point in family and community feedback, calling on FRCs to develop and administer services across an ever-widening age range and continuum of need as they reach out to more families with children in the pre-natal and infancy stages, as well as families with older school-age children and youth. These are important considerations as the system of care seeks to balance the prevention to intervention continuum, multi-generational approaches, new opportunities for partnership and growth, and the values of meeting families where they start with individualized supports and a multitude of offerings, all within the parameters of what is feasible and realistic to sustain given the current funding landscape.

The above data and factors affirmed FRCs as a core strategy in the DEC Strategic Plan 2023/27 and contributed to the service elements and target populations highlighted in the following sections of this RFP.

### 3. **Diversity, Inclusion, and Racial Equity**

DEC is committed to a culture of inclusion in which our differences are celebrated. Everyone should have what they need to thrive no matter their race, age, ability, gender, sexual orientation, ethnicity, or country of origin. The Department believes that a diverse and inclusive workforce

will produce more creative and innovative outcomes for the organization, and ultimately, its clients.

DEC is committed to combating systemic racism and disparate impact of governmental services by advancing racial equity in all aspects of our work, ensuring access to services and providing support to communities to ensure their ability to succeed and thrive.

DEC seeks to partner with community-based organizations that share these values in their organizational culture and program services. The agency sees our contracted community-based partners and their work as a means to enhance and further advance efforts to address racial equity and inclusion across San Francisco.

Respondents to this request for proposals must ensure that they clearly demonstrate how these values are exemplified through their organizational and program operations. This should include a description of the organization's plans, strategies, and activities to address racial equity and inclusion among staff and program participants, as well as internal controls to regularly review current practices through the lens of racial equity and inclusion to identify areas of improvement.

Additional examples of information to be provided are: the organizational mission or inclusion statements, non-discrimination documents, and/or other supporting documents, community outreach plans, staff training activities on racial equity, and a description of or data on the demographics of staff and program participants.

#### **4. Selection Overview**

The City shall award a contract to one or multiple Proposers that meet the Minimum Qualifications of this Solicitation and obtain the highest ranking scores. Responsive Proposals will be evaluated by a panel ("Evaluation Panel") consisting of one or more parties with expertise related to goods and/or services being procured through this Solicitation. The Evaluation Panel may include staff from various City departments. Proposals will be evaluated based on the criteria outlined herein.

##### **B. Anticipated Term**

A contract awarded pursuant to this Solicitation shall have a tentative term of three (3) years from July 1, 2024 to June 30, 2027 subject to annual availability of funds, annual satisfactory contractor performance, and need. DEC reserves the right to enter into contracts of a shorter duration or to extend all or some contracts for additional one-year extensions for two years through June 30, 2029.

##### **C. Anticipated Not to Exceed Amount and Funding Amounts**

The total estimated annual funding for this RFP is approximately \$17,800,000.00 per year, which may increase or decrease depending on funding availability. The source of funding for these services is state, federal and local funds. Payment for all services provided in accordance with provisions under this contract shall be contingent upon the availability of funds. The City shall not guarantee any minimum amount of funding for these services.

Grant awards may be reduced or eliminated in response to reduced allocations or decreased funding availability to any of the Joint FRC Funders. Also, grants made through this RFP may be augmented, if additional funds become available, without additional application processes provided they are in alignment with the scope and services outlined in this RFP. Funds unawarded in one category, may be shifted to another category.

The below table indicates the maximum level of funding available and approximate number of FRCs anticipated to be funded. The actual number of FRCs and funding levels will be determined based on review of applications received.

	<b>Neighborhood</b>	<b>Minimum Anticipated Number of FRCs</b>	<b>Maximum Total Funding Allocated</b>
1	Bay View	3	Up to \$2,729,000
2	Chinatown	3	Up to \$1,691,000
3	Excelsior	1	Up to \$566,000
4	Mission	2	Up to \$1,610,000
5	OMI	1	Up to \$1,004,000
6	Portola	1	Up to \$651,000
7	Potrero Hill	1	Up to \$807,000
8	Richmond	1	Up to \$474,000
9	South of Market, including Mission Bay	1	Up to \$529,000
10	Sunset, including Parkside and Outer Parkside	1	Up to \$632,000
11	Tenderloin/Mid-Market, including Treasure Island	1	Up to \$446,000
12	Visitacion Valley	1	Up to \$1,147,000
13	Western Addition	1	Up to \$978,000
	<b>Neighborhood Total:</b>	<b>18</b>	<b>Up to \$13,264,000</b>
	<b>City-Wide Population FRCs</b> will serve all populations and ethnicities in San Francisco, inclusive of under-represented communities who may experience more barriers to service access.	<b>Minimum Anticipated Number of FRCs</b>	<b>Maximum Total Funding Allocated</b>

	Families of Children with Special Health Care Needs (See Early Intervention and Specialized Services System of Care RFP #DEC24-1)	(See Early Intervention and Specialized Services System of Care RFP #DEC24-1)	(See Early Intervention and Specialized Services System of Care RFP #DEC24-1)
1	Recent Immigrant Families	2 (grants will be awarded to the top scoring 2 applicants representing <u>different</u> population groups.)	Up to \$1,638,000
2	Children Exposed to Violence	1	Up to \$841,000
3	Homeless	2	Up to \$1,267,000
4	LGBTQ Families, includes parents who are LGBTQ as well as parents of children who are LGBTQ	1	Up to \$388,000
5	Young Parents, parents age under 24yrs	1	Up to \$402,000
	<b>Population Total</b>	<b>7</b>	<b>Up to \$4,536,000</b>
	<b>Total:</b>	<b>25</b>	<b>\$17,800,000</b>

#### D. Solicitation Schedule

The anticipated schedule for this Solicitation is set forth below. These dates are tentative and subject to change.

[Pre-Proposal conference – one week after the RFP issue date  
Letter of intent deadline – two weeks after the RFP issue date  
Deadline for submission of questions – 2 days after bidders conference  
Proposals due – one month after RFP issue date]

Proposal Phase	Tentative Date
Request for Proposals Issued	[DATE and TIME]
Pre-Proposal Conference	[DATE and TIME] [Enter location details]
<b>Mandatory Letter of Intent Deadline</b>	<b>[DATE and TIME]</b>
Deadline for Written Questions	[DATE and TIME]
Deadline to Submit Proposals	[DATE and TIME]
<b>Tentative Evaluation of Proposals</b>	<b>[DATE and TIME]</b>
<b>Tentative Notice of Contract Award</b>	<b>[DATE and TIME]</b>

**E. Limitation of Communications During Solicitation**

From the date this Solicitation is issued until the date the competitive process of this Solicitation is completed (either by cancelation or final Award), Proposers and their subcontractors, vendors, representatives and/or other parties under Proposer’s control, shall communicate solely with the Contract Manager whose name appears in this Solicitation. Any attempt to communicate with any party other than the Contract Manager whose name appears in this Solicitation (Section VI. B.) – including any City official, representative or employee – is strictly prohibited. Failure to comply with this communications protocol may, at the sole discretion of City, result in the disqualification of the Proposer or potential Proposer from the competitive process. This protocol does not apply to communications with the City regarding business not related to this Solicitation.

**F. Definitions**

DCYF	Department of Children Youth and Families
DEC	Department of Early Childhood
DPH	Department of Public Health
DR	Differential Response
EV	Enhanced Visitation
FCS	Family and Children’s Services division of HSA
FFPSA	Family First Preservation Services Act
FRC	Family Resource Center
HSA	Human Services Agency

**G. Target Populations**

The target for this grant, in accordance with the DEC Diversity, Inclusion and Racial Equity policy previously stated in this RFP, is to serve all populations and ethnicities in San Francisco and include expertise for neighborhoods and city-wide populations who face inequitable access and barriers to services and thus experience disparate educational, social, health, emotional, financial, and/or other wellbeing outcomes. Recent Kindergarten Readiness data and Community Index of Need data was used to statistically calculate priority rankings of San Francisco neighborhood needs based upon multiple factors such as poverty, health, child welfare, education and other indicators. As a result of this analysis, Joint Funders have determined that funding will be more heavily concentrated within San Francisco’s high-need neighborhoods, and will be inclusive of centers that have expertise serving and reaching groups of families from under-represented communities who may experience more barriers to service access, including: parents under the age of 24; African-American/Black families; recent immigrant families; unhoused families and those living in public housing sites; low-income families; pregnant people; parents of LGBTQ youth; families of children with special health care needs (See Early Intervention and Specialized Services System of Care RFP #DEC24-1) and families of children exposed to violence. Agencies will be expected to provide these and all families with the RFP’s requested services by prioritizing family engagement, enhancing cross-sector partnerships with other service providers, and leveraging existing agency and community resources in a way that enhances families’ access to comprehensive resources.

All FRCs will offer a core set of essential family support services to families with children birth to 17 in a placed-based model serving either a particular neighborhood of San Francisco or a city-wide population (Colum B in Scope of Work Description). Each FRC will also focus a portion of its efforts on either families who are pregnant or who have very young children age 0-

4 years and/or on families with children 4-10 years and up (columns C and D in Scope of Work Description).

**Early Childhood focus:** These centers will offer programming for families of children birth to 17 with a focus on parenting needs related to pregnancy through 4 years of age and are funded to serve neighborhoods and populations with special Early Childhood considerations such as high maternal/infant mortality or breastfeeding rates, or high rates of system involvement.

**School Age focus:** These centers will offer programming for families of children birth to 17 with a focus on parenting needs related to raising children 4 to 10 years of age and older and are funded to serve neighborhoods and populations with school readiness and success considerations such as low rates of kindergarten readiness, low test scores, high rates of school absences, or high rates of system involvement.

It is our hope that Family Resource Centers will provide ample opportunities for parents and caregivers to experience the joys and strengths of parenting children in these age groups.

## II. SCOPE OF WORK

The Scope of Work is to be used as a general guide and is not intended to be a complete list of all work necessary to complete the project. Contractors should use this description when designing their proposed programs. However, contractors may suggest modifications and/or additions that will, in their estimation, make the program more feasible or effective. The description below outlines the key program elements and services the selected vendor(s) will provide.

The Joint FRC Funders have developed a common vision for the initiative that: All San Francisco children enjoy a solid foundation to support future success. The FRCI Logic Model (see Appendix XX) established to guide progress toward this vision, is anchored by four Service Clusters intended to achieve the long-term goals and purpose listed below.

- **Responsive Relationships:** Family members learn from one another and have nurturing, supportive relationships inside and outside family resource centers. Services reduce social isolation and increase social supports.
- **Parent Self-Efficacy:** Parents understand developmental milestones, believe they can influence their child's development, and use practices that promote milestone achievement. Services promote understanding of child development as well as supporting parental resilience.
- **School Readiness and Success:** Children enter kindergarten with the cognitive, social/emotional, and physical skills that support school success. Services include understanding about the social-emotional competence of children.
- **Stress Mitigation:** Parents/caregivers have the information, resources, and connections to peers and professionals to successfully raise their children in San Francisco. Services connect families to concrete supports in times of need.

The funding provided through this initiative could provide financial support for up to five years. In this time, the Joint Funders reserve the right to develop and evolve the Core Service Clusters and the Essential Services resulting in changes to scopes of work, approved deliverables or other areas for all or some grantees.

**A. Description of Services**

The below tables show the core Essential Services corresponding to the four Service Clusters and expected of each FRC type. Full descriptions of each activity are in the Activities Guide in **Appendix XX**. The Activities Guide describes all possible types of services that FRCs may propose or be asked to do. FRCs use the Activities Guide to develop their scope of work with target deliverables commensurate with the level of funding received. The Joint Funders reserve the right to augment, redefine or eliminate activities described in the Activities Guide at their sole discretion. New funding sources may also add or redefine the Activities Guide as currently presented.

**Service Cluster 1: Family Engagement and Cross Sector Partnerships**

<b>A. Essential Service</b>	<b>B. Neighborhood/Population</b>	<b>C. Early Childhood</b>	<b>D. School Age</b>
Intake and Retention	Required for both		
Direct and Indirect Outreach	Required for both		
Cross Sector Partnerships, Referral Paths and Connections		Age stratified required	Age stratified required

**Service Cluster 2: Parent Leadership and Community Connections**

<b>A. Essential Service</b>	<b>B. Neighborhood/Population</b>	<b>C. Early Childhood</b>	<b>D. School Age</b>
Parent Advisory Committee	Required for both		
Community Events (including at least one event for the Week of the Young Child)	Required for both		

**Service Cluster 3: Parent Caregiver Capacity and School Readiness and Success Activities**

<b>A. Essential Service</b>	<b>B. Neighborhood/Population</b>	<b>C. Early Childhood</b>	<b>D. School Age</b>
Curriculum Based Parent Education 2-12yr olds	Required for both		
Curriculum Based Parent Education		Optional	Required

Parents of Tweens/Teenagers			
Parent Classes in School Readiness and Success, including kindergarten transition/enrollment and early/pre-literacy	Required for both		Additional classes required
Parent-Child Interactive Groups Age 0-4		Required	Optional
Parent-Child Interactive Groups Age 4-10		Optional	Required
Support Groups and/or Workshops	Both FRC types will offer at least 1 or more of these services.		
Perinatal Supports: Doulas, Lactation Support, Childbirth Preparation, Home Visiting for New Parents, collocation at birthing centers or pediatric offices, or other proposed perinatal supports		FRCs will offer at least one or more of these services.	Optional
Educational Supports: Workshops and groups on parent-school engagement, leadership and partnership; Early Literacy, Parent-Child STEAM classes; Educational Navigation, Collocation at schools, etc.		Optional	FRCs will offer at least one or more of these services.

**Service Cluster 4: Formal Supports for Individual Families and Those At-Risk for System Involvement**

<b>A. Essential Service</b>	<b>B. Neighborhood/Population</b>	<b>C. Early Childhood</b>	<b>D. School Age</b>
Basic Needs	Required for both		
Information and Referral; Family Advocacy; Case Management	Both types of FRC will offer at least 1 or more of these services.		
Differential Response/Family First Preservation Services Act (FFPSA)	API Immigrant (1) Bay View (2) Chinatown (1) Homeless Families (1) Mission (1) OMI (1) Potrero (1) Visitacion Valley (1) Western Addition (1)		
Enhanced Visitation	API Immigrant (1) Bay View (2) Chinatown (1) Homeless Families (1) Mission (1) OMI (1) Potrero (1) Visitacion Valley (1) Western Addition (1)		
Mental Health Services	API Immigrant (1) Bay View (2) Chinatown (1) Homeless Families (1) Mission (1) OMI (1) Potrero (1)		

	Visitacion Valley (1)		
	Western Addition (1)		

In addition to addressing the above Service Clusters and corresponding essential services, City-wide Population FRCs will provide systems level supports to strengthen the overall FRCI to more effectively understand and meet the needs of diverse populations. System level supports could include, but are not limited to, such things as: provider training and capacity building, learning networks, satellite sites, additional advisory boards and workgroups, bolstering of referral exchanges and networks.

The use of evidence-based or informed practices is strongly encouraged and may be required for some service categories, such as Curriculum Based Parent Education and/or as required through the Families First Prevention and Services Act (FFPSA) funded services.

In acknowledgement of previous funding approaches, and the involvement of families of older children through child welfare services, supports and services to families with children older than 10 years is not prohibited. Evidence Based Parent Education Curricula for Parents of Tweens and Teenagers is requested from all FRCs with a school age focus and may also be provided by Early Childhood Focus FRCs who determine a need in their neighborhood or population served. All funded FRCs should be cognizant of the need to develop programming and address the needs of families with children of different ages as the parenting issues and support desired by parents can vary according to the age of their child.

FRCs should possess ability to serve the diverse cultural and linguistic communities of San Francisco. The space utilized in the delivery of Essential Services should be inviting, have a distinctive welcoming, “family-friendly” supportive environment, and should also reflect and be representative of San Francisco’s diverse families.

The minimum units of services to be provided through this funding is dependent on the funding level awarded.

#### Quality Components - Guiding Principles

Family Support encompasses more than a planned service delivery system, it is built upon the premise that the primary responsibility for the development and well-being of children lies within the family, and all segments of society must support families as they rear their children. The Family Support Principles developed by Family Support America provide a philosophical framework that builds upon strengths rather than emphasizing deficits and collaborates with families to determine their goals of services (Best Practice Project 1996). (See Appendix for the Family Support Principles).

The work and outcomes of FRCs are built upon the Family Support Principles and are informed by The Center for the Study for Social Policy’s Protective Factors Framework, the research of the Harvard Center on the Developing Child regarding effective family support programs, and the principles of Trauma Informed Care and Healing Centered Engagement. Information about these can be found in Appendix XX.

Additionally, the National Standards of Quality for Family Strengthening and Support have been developed to clearly outline how the Family Support Principles and the 5 Protective Factors are

applied programmatically. The Wisconsin Core Competencies in Family Support, developed by the Wisconsin Children's Trust Fund, provides FRC managers with important baseline knowledge and skills for the hiring of parent educators, home visitors, and other professionals who work with families.

All services funded through this initiative regardless of scope, intensity, or duration, shall be operated in accordance with the aforementioned quality components of the FRCI. Agencies funded through this initiative must demonstrate commitment to the family-centered asset-based approach reflected in the above components of quality.

For children and families served or referred by the child welfare system and public service agencies, FRCs are key partners in providing family engagement, evidence-based programs, and supportive services to help families achieve good outcomes and reduce disproportionality in the child welfare system. In partnership with the public agencies and other partners through the FFPSA, FRCs offer an integrated model of intervention using a Motivational Interviewing approach, from prevention through aftercare, to improve safety, permanency, well-being and self-sufficiency outcomes for children and families by promoting concepts and strategies throughout multiple systems that build connection to, strengthen and preserve families.

### Capacity Building and Professional Development

Capacity building among grantees is a key component of the FRC Initiative to improve agency practices and strengthen the overall FRC system in San Francisco. The Joint Funders continue to identify program quality, defined in partnership with direct service providers and parent feedback, as a priority for this funding cycle. Funded agencies can expect to participate in program assessment, training, technical assistance and other quality improvement activities, that identify skills, competencies and practices as guidelines for quality implementation of the Essential Services of the initiative.

Ongoing training opportunities that FRCs are encouraged to utilize include the offerings of the San Francisco Family Support Network, in particular the National Standards of Quality for Family Strengthening and Support built upon the Family Support Principles and the 5 Protective Factors.

Other training opportunities may include, but are not limited to, certification in evidence-based parenting education curriculum, peer learning group opportunities, Family Development Credential, Infant Massage, and other Joint Funder supported training.

## **B. Objectives**

The major purpose of objectives is to measure quantity, quality, and impact of services. In measuring these areas, a balance should be created between the value of the information and the time/effort required to collect the information. Objectives stated in the proposal may incorporate both the pre-existing service and outcomes objectives detailed below, as well as additional objectives proposed by applicant so long as they match the services provided and the overarching goals and vision of the FRCI.

## 1. Services Objectives

For purposes of this RFP, service objectives will be articulated in the form of performance measures. Performance Measures as defined by the City Controller's Office can be understood as "a specific quantitative measure of an activity or outcome." DEC will negotiate with the successful bidder to identify performance measures, ie service objectives, for each component of the Scope of Work. The performance measures will set target expectations for the frequency and levels of participation in scope of work activities. Some may also require information about program satisfaction, accessibility, and appeal. Typical service objectives and performance measures cover such things as, duplicated and unduplicated counts of participants served, numbers of sessions, and participants' level of satisfaction and engagement in services. For each component, applicants should propose one to two performance metrics that align with the core service expectations outlined in this RFP.

## 2. Outcomes Objectives

In addition to promoting the vision established by Joint Funders, the FRCI is intended to specifically advance the City's progress toward two out of four core outcomes in the DEC 2023-27 Strategic Plan, including: "Children enter kindergarten with the cognitive, social/emotional, and physical skills that support school success"; and "Parents have the information, resources, and connections to peers and professionals to successfully raise their children in San Francisco." The DEC Strategic Plan further seeks to ensure that race is not a predictor in ability to achieve these outcomes.

The Long-term, Intermediate-term and Short-term initiative outcomes associated with DEC Strategic Plan outcomes, and the previously outlined Service Clusters, are fully described in the FRC Logic Model document in **Appendix XX**. Intermediate and Short-term outcome objectives can be particularly helpful in benchmarking participants' change as a direct result of services, and determining whether the initiative is on track to meet its stated long-term goals of Responsive Relationships, Parent Self-efficacy, School Readiness and Success, and Stress Mitigation. They have been listed below to guide the development of proposals and eventual service implementation.

- Families develop/build/ gain knowledge and skills to build communities/ support systems.
- Families are knowledgeable about basic needs and how to navigate services.
- Families and agencies work together for community and cultural events and improvements.
- Parents/ caregivers confidently use effective parenting practices and problem-solving techniques as a child grows and develops.
- Parents/ caregivers and children/youth have secure relationships.
- Families have positive activities and places to meet that foster a sense of community and social connection and provide opportunities for family leadership.
- Parents/caregivers have capacity and strengths to influence their child's life.

- Children aged 0-17 participate alongside their parents and caregivers in groups, developmental and health screenings, or other early intervention services that promote children’s social, emotional, and literacy development.
- Parents/ caregivers are actively involved in their child’s early learning and academic success.
- Parents/ caregivers partner with schools and teachers.
- Families in/at risk obtain help when needed and develop long-term strategies.
- Families experience decreased maltreatment and entry into foster care.

FRCs funded through this RFP are expected to be able to achieve their proposed service scopes in a manner that addresses these outcome objectives. Applicants will be expected to demonstrate how their proposed scope aligns with intended impact areas and addresses outcome objectives, linking back to the identified target populations. Applicants may also propose additional outcome objectives provided they are in alignment with the vision and goals of the initiative.

Ultimately the Logic Model will form the basis of a comprehensive evaluation plan for the initiative that will outline the approach and activities to assess the initiative’s impact. Funded FRCs will be asked to participate in evaluation requirements and activities.

### **C. Reporting Requirements**

The Joint Funders are committed to evaluating the value and impact of funding efforts. Agencies awarded funds will be required to track, analyze, and report on data related to the following types of performance measures:

- Measures of participation in services
- Measures of program quality
- Measures of participant level changes and outcomes

Moreover, funded agencies will also be asked to participate in the following activities specifically designed to support effective performance measurement and evaluation:

- Use of a standardized intake and data collection process for new program participants
- Use of a standardized contract monitoring and data tracking system to capture fiscal information, implementation progress, participant demographics, and participant attendance in core services
- Use of a standardized program quality assessment tools (may be participant assessments of program and/or program self-assessments) to ensure compliance with minimum standards of quality (e.g. National Family Strengthening and Support Standards)
- Use of pre and post survey instruments relevant to the desired outcomes (e.g. the Parent and Family Adjustment Scale is used pre and post all Curriculum Based Parent Education classes)
- Participation in training as required and ongoing support and oversight of staff to ensure effective administration of above data collection tools
- Distribution and collection of forms to obtain client consent to participate in data collection and evaluation activities

- Analysis of collected data and reporting on the results (as required)
- Participation in studies to explore specific evaluation and research questions (as required)

If selected, agencies may be asked to work with DEC consultants and/or staff in implementing with fidelity with required evaluation methods and evaluating outcome measures.

DEC is developing parent engagement strategies to inform our ongoing program development for the SF FRCI and its other initiatives. Agencies funded by this RFP may be asked to participate in these activities by recruiting program participants, hosting input sessions, and other associated activities.

DEC and the Joint Funders are investigating and implementing options to diversify the funding that support family support activities. Agencies awarded grants through the SF FRCI may be required to participate in compliance and reporting activities associated with these funding sources. This could include time study, participant data reporting, additional performance measures, and other activities.

## FRC Initiative Activities Guide

The following is meant to guide scope of work/activity planning for the FRC Initiative. Each Family Resource Center develops a Scope of Work in negotiation with DEC and with consideration to funding level, Early Childhood or School Age focus, neighborhood and populations served, and agency capacity. Items with asterisks are required elements for all FRCs.

Service Cluster 1: Responsive Relationships: Family Engagement and Cross Sector Partnerships		
<i>Family Engagement</i>	<i>Cross Sector and Referral Partnerships</i>	<i>Discretionary/Other Services</i>
Intake & Retention*	Partnership Development and Maintenance*	
Direct and Indirect Outreach and Engagement*	Coordinated Referral Processes	
Basic Information and Referral*	Co-location of Services	
FRC Collaborative Meetings		
<b>Participant Objectives:</b>	1a. Families are knowledgeable about basic needs and how to navigate services  1b. Families in/at risk obtain help when needed and develop long-term strategies for family stability	
<b>Annual Program Objectives</b>	<ul style="list-style-type: none"> <li>Engagement, enrollment, and retention of at least 15% new, unduplicated participants year over year.</li> <li>At least 50% of new, unduplicated participants are expected to enroll in 2 or more FRC services each year.</li> <li>At least 50% of enrolled participants will attend a minimum of 12 activity sessions in a year.</li> </ul>	

### Family Engagement

#### **Intake and Retention\***

*Intake\**: Includes procedures and policies for **welcoming** of new and returning families utilizing a culturally and linguistic responsive manner; ensuring participants are referred to all applicable services, and completion of intake paperwork/informed consent and the related data entry. In most cases, intakes are completed in person. *For FRC collaboratives*, care is taken to ensure a coordinated and smooth entry into services and participant access to all applicable FRC services across partner agencies.

*Retention\**: includes procedures for in-reach activities including distribution of FRC calendars and flyers to current, enrolled participants and follow up strategies for re-engaging families who stop attending activities without notice. Follow-up for families who leave an Essential Service without notice occurs within two weeks and should include, at minimum two phone calls and a letter. A home visit is also indicated if in any form of case management. FRCs retention practices are also expected to include scheduling of FRC activities and drop-in hours during times accessible to families.

All FRCs are expected, at a minimum, to be open at the following schedule:

General business hours of operation	Monday through Friday, 9-5
Walk-in/Drop-In hours for participants	Minimum 4 consecutive hours, 4 days per week, may be concurrent with afterhours or weekend hours
After hours	Agencies providing Enhanced Visitation: open to at least 7pm two days per week year round Agencies without Enhanced Visitation: open to at least 6pm two days per week year round
Weekend hours	Agencies providing Enhanced Visitation: at least 12 weekend hours year round Agencies without Enhanced Visitation: at least 8 weekend hours year round
FRC Closings: FRC must provide email and posted signage for participants, providers, as well as DEC staff regarding FRC schedule of open and closed days. Certain services, such as Enhanced Visitation may need to provide make-up sessions.	FRCs are permitted to be closed on all San Francisco, CA, and/or Federally observed holidays.  FRCs who wish to close for other reasons must provide written advance request to DEC program officer at least 3 months in advance. Notice shall include the rationale for the closure as well as the plan for providing support for families in need during the time of closure. In the case of closure due to emergency or natural disaster, FRC shall notify DEC program officer as soon as possible.

## Outreach and Engagement\*

***Direct Outreach\****: Direct outreach involves proactive, in-person efforts to invite and encourage new, non-enrolled families to access Family Resource Center offerings. This may include strategies such as: phone calls, door to door invites, peer referrals, attendance at external community and health fairs and other direct communication efforts. All FRCs focus outreach efforts to families who are isolated as a result of language, racial/cultural, geographic/transportation, economic, or other societal barriers. Outreach strategies are tailored to address the needs of families from a wide variety of backgrounds including single parents, fathers, foster or kin-care, teen parents, LGBTQ parents, homeless families, families living in public housing, couples, and others.

*For FRC collaboratives only*: Each individual member organization of an FRC collaborative outreaches for the FRC in addition to specific information about their own organization.

***Indirect Outreach\****: Indirect outreach involves development and dissemination of print-based or audio-visual materials to be distributed widely to increase awareness of the FRC presence in the community. Materials include flyers, newsletters (print or electronic), social media posts, and/or media ads/spots/programming.

## Basic Information and Referral\*

In response to a request for assistance usually via phone or drop-in visit, families are connected to services they need. This includes services offered internally by the FRC or externally by another

organization/service provider. Family Resource Centers make intentional efforts to ensure that families are ***connected to all available public benefits and city funded programs*** for which they may be eligible i.e. child care, after school programming, CalWORKS, CalFresh (food stamps), MediCal or other Health Insurance plans, etc. Families are referred to ***mental health services and counseling*** as needed. Additionally, families are encouraged to access all available economic self-sufficiency supports and strategies to help provide financially for their family. Agency is intentional in efforts to be informed on available resources and service providers. Information is gathered in a systemized log format.

## **FRC Collaboratives**

FRCs conducting business as a collaborative made up of a lead agency and subcontractors meet regularly to discuss, implement, and oversee administrative policies and procedures, service and care coordination, cross training of staff, and fiscal needs with the goal of supporting the intake, retention, and success of their participants in reaching FRC outcomes.

### **Cross-Sector and Referral Partnerships:**

**Partnership Development and Maintenance\***: FRCs build and maintain formal partnerships with one or more of the following city departments and/or community based agencies for the purpose of efficient and expedited processes for families, and especially for families who face systemic barriers due to their race, ethnicity, sexual orientation, gender, or disability:

1. City departments and current city-wide initiatives such as DPH, MOHCD, HSH, SFUSD, SF Public Libraries, Adult/Juvenile probation; Office of Economic and Workforce Development; SFPD; Park and Rec; HSA; and/or DCYF
2. Community Organizations mental or adult health clinics; SF/Marin Food bank and/or housing and tenants rights organizations
3. For Early Childhood and Intervention focused FRCs, Cross Sector partnerships center on entities serving pregnant people and those with children 0-3 years of age such as OB/GYNs, infant/toddler childcare sites, and pediatric clinics.
4. For School Readiness and Success focused FRCs, Cross Sector partnerships center on entities serving families of children 3-8 years of age such as pediatric clinics, preschools, transitional kindergartens, and elementary schools.

***Coordinated Referral Processes:*** Cross sector partnerships are intended to support coordinated referral processes and service provision between FRCs and these other sectors. It provides a means of ensuring regular opportunities for cross-training of and communication between all involved staff. Referral partnerships take into consideration each party's capacity for new participants as well as staff skills and expertise.

***Co-Located Services:*** These collaborative cross sector partnerships leverage services and coordinate programming for families and children. Collaborations and connections are often formed and hosted at the family resource center to address neighborhood or population issues and include such activities as:

- *Co-locating needed services from outside resources at the FRC*
- *Co-locating FRC staff at other community based organizations or city departments,*
- *Sharing resources,*
- *Regular, structured meetings among provider organizations*

<b>Service Cluster 2: Parent Leadership and Community Connections</b>		
<i>Internal Facing Community Connections</i>	<i>External/Outward Facing Community Connections</i>	<i>Discretionary/Other Services</i>
Parent Leadership: Parent Advisory Committees*, DEC Parent Engagement/Focus Group, Parent Volunteers, and Parent Leadership Development	Community Events*, including Week of the Young Child Activities	Physical Fitness Activities
Family Events and Field Trips	Workshops and Classes	
<b>Participant Objectives:</b>	3a. Families have positive activities and places to meet that foster a sense of community and social connection, and provide opportunities for family leadership 3b. Families develop/build/ gain knowledge and skills to build communities/ support systems 3c. Families and agencies work together for community and cultural events and improvements 4c. Parents/ caregivers partner with schools and teachers	
<b>Annual Program Objectives:</b>	<ul style="list-style-type: none"> <li>• 5% of enrolled FRC parents are involved in at least 1 parent leadership activity for at least 3 sessions</li> <li>• Program offers community wide events at least twice per year</li> </ul>	

### **Internal Facing Community Connections**

#### **Parent Leadership**

FRCs host one or more Parent Leadership activities at least monthly with at least 8-10 parents attending each group session.

*Parent Advisory Council\**: A formalized and ongoing process to collect parent input on the design and implementation of the funded activities of the FRC. Parents should receive support to assist in their contribution to and the demonstration of appropriate leadership skills. FRCs make intentional efforts to engage a diversity parents who are representative of FRC participants' socio-cultural and economic demographics to participate in the PAC. Parent Advisory Councils are separate from the agency's Board of Directors. Parents develop and maintain a written group charter which contains agreements, term limits, and other guidelines for participation and scope of activities. PAC groups may meet remotely/hybrid or in-person as parents request. PAC meets at minimum quarterly.

*DEC Parent Engagement/Focus Groups*: time limited group(s) of parents centered on providing feedback and input on DEC funded activities (as requested by DEC)

*Parent Volunteers*: Parents may provide volunteer services to support the functioning of the family resource center. Parents may volunteer in groups or individually and are expected to receive appropriate levels of training and supervision for the role.

*Parent Leadership Development Activities:* An evidence based or informed series of workshops, classes or cafes which provide parents opportunities to learn, develop, and strengthen skills to become leaders in their FRC and/or school communities. Activities are conducted by practitioners trained and certified in the curriculum, as applicable. Examples of curricula include Abriendo Puertas and Parent Cafes. Pending funding availability, a *Parent ACTION Grant* may be implemented as a parent leadership development activity.

### **FRC Family Events and Field Trips:**

*Family Events:* Smaller, fun, recreational or cultural in-person events for 50 or fewer participants held either on-site or in another location on a quarterly basis to enhance program accessibility. Events provide currently enrolled participants opportunity to increase their social networks and for FRC staff to strengthen relationships with families currently enrolled in the FRC. Such activities include Dinner and a Movie, Meet and Eats, Coffee/Tea hours, and celebrations open primarily to currently enrolled FRC participants and their families.

*Field Trips:* Provide child-centered opportunities to reduce barriers for enrolled families to participate in educational, need based, or cultural activities in the immediate SF Bay Area (generally, field trips should be accessible by MUNI, BART, SamTrans, Alameda County Transit and/or Golden Gate Transit). Field trips complement and enhance FRC Services and must be pre-approved by DEC. Field trip participants arrive and leave together. Such activities include field trips to the annual SFUSD enrollment fair, SF public libraries, children’s museums, and park and rec centers. Field trips to paid sporting events/games and amusement parks are not permitted. Does not include field trips as part of the Parent ACTION grant.

### **External/Outward Facing Community Connections**

#### **Community Events**

*Community events\*:* are **fun, recreational and/or cultural** in-person events **hosted/led by the FRC** at least once per year **that provide an opportunity for FRC staff to meet and engage with** large numbers of **new families not currently enrolled in the FRC**. Such activities include **holding a large holiday party for neighborhood residents or hosting a parents’ health and wellness fair advertised to the general public**. Each FRC holds at least one community event each Fall and Spring. At least one community event will be in celebration of the *Week of the Young Child*. Each first week of April, all FRCs designate at least one special family and/or child activity in celebration of the WOTYC. The activities may be new activities or may be existing groups held in a different or more celebratory manner

#### **Workshops and Classes**

Structured, stand-alone, or series of sessions that provide information on a variety of topics promoting parental and life competencies. On-going classes may consist of instructional sessions designed to enhance a participant’s skill or knowledge base in a particular area and are taught by FRC staff or other experts in the identified area. Workshops are held on-site, remotely/hybrid, or in offsite locations to enhance program accessibility and topics are developed with consideration to cultural practices, language needs, parent input and requests. Each workshop is typically attended by 8-10 or more participants.

FRCs provide workshops to participants at a collocated or FRC site as a standalone service and/or to participants in other FRC groups (such as support groups or playgroups). FRCs may choose from any of the following topics for

their workshops:

*Child/Youth Development:* Information for families on children's emotional, physical, or social development. Topics may include but are not limited to: Learning and developmental disabilities; Talking to children or youth about gender/sexual identity or reproductive health; Understanding Ages and Stages; and Impact of Violence on Children.

*Family Economic Success:* Information for families to support family economic self-sufficiency and reduce disparities in economic health and wellbeing. Topics may include but are not limited to: Enrollment in public benefits such as CalWORKS or CalFRESH; Financial Management; Informational Sessions on vocational training or college opportunities; Resume building workshops.

*Oral Health:* Information for families on how to care for infant and children's teeth, including the importance of dental examinations, proper toothbrushing technique, and other aspects of oral hygiene.

*Health and wellness:* Information for families on the importance of good health and hygiene practices throughout childhood. Topics may include, but are not limited to: family nutrition, childhood vaccinations, and illness and injury prevention.

*Perinatal and Early Infancy:* Information for prospective, expecting and/or parents of infants on perinatal health and well-being including topics such as reproductive health and family planning; perinatal physical and emotional well-being including information about prenatal care, labor and delivery, and/or perinatal depression and anxiety; breastfeeding and infant nutrition; infant care and safety including vaccinations, child-proofing, safe sleep practices and SIDS prevention. Special emphasis placed on the needs of populations with high rates of maternal and/or infant mortality.

### **Discretionary/Other Services**

*Physical Fitness Activities:* Provide opportunities for parents/caregivers and their children to learn about and experience the benefits of physical fitness through such activities as swimming, yoga, Zumba, urban hikes, and gardening. Fitness activities must be led by qualified, trained practitioners and FRC must have insurance policies which cover these types of activities. A parent leader without formal training, but who has experience or interest in a particular activity, may co-lead under the direct supervision of the trained practitioner. Fitness classes are not a substitute for support groups; they may be used as an add-on component to engage families or to help participants practice healthy ways of releasing emotions raised in groups.

<b>Section 3: Self-Efficacy and School Readiness: Parent Caregiver Capacity and School Readiness and Success Activities</b>		
<b>Parent/Caregiver Capacity Building</b>	<b><i>School Readiness and Success</i></b>	<b><i>Discretionary/Other Services</i></b>
Curriculum Based Parent Education (CBPE)*	Parent Classes in School Readiness and Success* and Educational Supports*	Respite
Perinatal Supports	Health and Developmental Screenings	
	Drop in Child Watch or Child Development Groups	
<b>Participant Objectives:</b>	<p>1c. Families experience decreased maltreatment and entry into foster care</p> <p>2a. Parents/ caregivers confidently use effective parenting practices and problem-solving techniques as a child grows</p> <p>2b. Parents/ caregivers and children/youth have secure relationships</p> <p>2c. Parents/caregivers have capacity and strengths to influence their child’s life</p> <p>3a. Families have positive activities and places to meet that foster a sense of community and social connection, and provide opportunities for family leadership</p> <p>3b. Families develop/build/ gain knowledge and skills to build communities/ support systems</p> <p>4a. Children age 0-17 participate alongside their parents and caregivers in groups, developmental and health screenings, or other early intervention services that promote children’s social, emotional, and literacy development</p> <p>4b. Parents/ caregivers are actively involved in their child’s early learning and academic success</p>	
<b>Annual Program Objectives:</b>	<ul style="list-style-type: none"> <li>• At least 30% of enrolled FRC participants attend at least 6 sessions in one or more activities in Parent/Caregiver Capacity building activities</li> <li>• At least 75% of enrolled CBPE participants complete/graduate</li> </ul>	

**Parent Caregiver Capacity Building**

**Parent/Peer Support Groups**

Whether Peer-led or Staff-facilitated, FRCs conduct culturally and linguistically responsive support groups targeted to one or more of the following: parents with a common cultural, social, language, or other such affinity (e.g. Black Mothers Group, Spanish-speaking Fathers Group); parents of newborns/young children; mothers; fathers; parents of elementary age children; grandparents/kin-caregivers; single parents; pregnant parents; parents of tweens/teenagers; and others as parent request/needs arise. Support groups are held frequently and consistently at either on-site or in another consistent location to enhance program

accessibility and to encourage parents to develop a close-knit social circle. New and unduplicated participants are added minimally each quarter for on-going groups and at start of each cycle for closed groups.

***Peer-led Support Group:*** An on-going peer-led group that provides parents and caregivers opportunity to support each other and to share information/advice or problem-solving strategies relating to parenting experiences. Frequently groups are formed by individuals sharing a demographic or experiential characteristic. Peer leaders should be members of the group who have regularly attended the group as a participant. FRC staff are available on site while group is in session and provide immediate and regular assistance, leadership development, and supervision to parent leaders and as needed to participants. Peer led groups meet at least monthly and have at minimum 6-8 participants at any one time. Peer led groups may be held remotely or in person. Remote support groups must offer in-person opportunities.

***Staff facilitated Support Group:*** These groups are **staff-led and formally structured on-going or time limited, closed groups that provide guided discussion and problem solving about shared parenting experiences. Staff led groups are trauma informed/healing centered and focus on one or more of the Five Protective Factors, material covered in Curriculum Based Parent Education, and/or emotional health and wellness. Staff led support groups are held in person only at least monthly and have a minimum 6-8 parents at any one time.**

## **Curriculum-Based Parent Education**

***Curriculum-based parent education (CBPE)*** provides a minimum of 8 sequential learning sessions of a minimum 1.5-hour duration per session for a core group parents and caregivers. Minimum participation standards are set for families that are considered graduated from the curriculum and participants complete a pre- and post- assessment to evaluate changes in parenting practices. Programs will be expected to provide evidenced based, evidenced informed and/or culturally appropriate promising practices curriculum in these series.

Evidence-Based / Informed Parent Education Curriculum is structured research based educational sessions provided in groups or in individual sessions. Evidence-based programs frequently require staff to attend training and for implementation of the curriculum to be monitored by the curriculum vendor. Some examples include Triple P, 123 Magic, Partners in Parent Education (PIPE) and Incredible Years, and/or other curricula approved through the Family First Prevention Services Act (FFPSA). Curricula may be age specific (e.g. parents of children 2-12 or 13-17) and/ or may target parents from particular cultural or language affinity groups.

Each FRC will offer at least 1 city-wide fully remote CBPE group in each of the primary languages contracted for (typically English, Spanish, and Chinese) to a minimum of 12 participants per group. Each FRC will offer at least one other in-person CBPE group for each of its contracted languages to a minimum of 8 participants each year.

## **Perinatal Supports**

Activities may include group or individual childbirth preparation classes; linkage and referral to prenatal or pediatric care; lactation counseling or infant feeding support; and/or new parent home visiting activities. All perinatal supports are conducted by appropriately certified or trained staff or contractors such as certified childbirth educators, lactation

educators and counselors, nurses, etc. Perinatal supports are culturally and linguistically targeted to engage populations which experience high rates of maternal or infant mortality and/or disparities in rates of breast/chestfeeding. Perinatal supports may either be in-person or remote depending on the service and as negotiated. FRCs offer perinatal support activities at least once per week.

## **School Readiness and Success**

### **Educational Supports**

Activities may include workshops and groups on parent-school engagement, leadership and partnership; Early Literacy Classes and Groups for 4-5 year olds and/or their parents; Parent-Child STEAM classes; Educational Navigation; Collocation at schools, etc. All educational supports are conducted by appropriately certified or trained staff or contractors such as early childhood educators, peer-parents who have navigated educational challenges, and others. Educational supports are culturally and linguistically targeted to engage populations which experience high rates of disparities in school readiness and success. Educational supports may either be in-person or remote depending on the service and as negotiated. FRCs offer educational support activities at least once per week.

### **Parent and Infant/Child Groups**

Parent/caregivers engage with their children and youth in developmentally, culturally, and language appropriate in-person activities utilizing a structured curriculum approved by DEC. The curriculum may be either an agency developed curricula or one developed by a curriculum vendor. The curricula must include age-appropriate activities, materials, and equipment which are utilized to support school readiness and success and encourage parent-child bonding. PCI groups may be closely linked with parent education activities to encourage practice of parenting skills taught. Collaboration with the San Francisco Public Library is strongly encouraged.

*Infant (0-18 months; other age groupings within this range may be considered):* Activities and the physical environment encourage and strengthen Infant-Parent bonding; parental caregiving capacity; and provide staff an opportunity to support parents with post-natal or post-adoptive depression and/or feeding and sleeping concerns. Infant massage may be taught by trained practitioners. Referrals for lactation or infant-feeding support, mental health consultation, childcare, developmental assessments, healthcare, and/or basic needs should be available. Infant PCI groups are held at least twice monthly and have a minimum of 6 infant-parent dyads in each session.

*Toddler/preschool (18 months – 5 years; other age groupings within this range may be considered):* Activities and the physical environment encourage parent support of children's early literacy, pre-math, and social-emotional skill development. Early Literacy Activities build pre-literacy skills – print motivation, vocabulary, phonological awareness, letter knowledge, print awareness and narrative skills. Referrals for preschool and school enrollment, nutrition support, mental health consultation, developmental assessments, healthcare, and/or basic needs should be available. Toddler/preschool PCI groups are held at least weekly and each session has a minimum of 8 child-parent dyads.

*Young School age PCI:* developmentally appropriate activities for parents to engage with their children ages 4-10 years old that increase skill development in literacy and/or Science, Technology, Engineering, Art, or Math (STEAM) skills. Referrals for academic supports, out-of-school time providers, and basic needs should be available. Young School age PCI are held at least monthly and each session has a minimum of 8 child-parent dyads.

## **Health and Developmental Supports for Young Children and their Parents/Caregivers**

*ASQ-3 and ASQ-SE:* Appropriately trained staff will utilize developmental screening tools – such as Ages and Stages-3 and Ages and Stages - Social/Emotional either on paper or via a computer/app-based program such as Sparkler. FRCs are expected to recruit and periodically screen children from targeted population groups experiencing disparities in school readiness and success for identification of potential developmental delays. FRCs will then link children identified with concerns to available services and follow up with families within 30 days of referral to ensure successful linkage. Where appropriate, a referral to the FRC supporting families with children with disabilities should be made. Developmental screening is done in-person; follow up sessions may be held remotely at parent request. ASQ-3 and/or ASQ-SE must be offered to all age eligible children enrolled in a parent and infant/child interactive group and/or whose parent is enrolled in Differential Response.

*Other health and developmental screening tools:* Other screening tools to be utilized as specified in scope may include tools such as Keys to Interactive Parenting Scale (KIPS), DRDP, DASS, ECBI, postpartum depression, and/or Oral Health Screenings.

### **Drop In Child Watch**

*Child watch* is provided for children in support of parents participating in other activities at the FRC. Activities are designed to support the school readiness and success of infant/toddlers, preschool aged children, and/or school aged children which may suggest separate programming for each age group. Drop in child watch happens concurrently with parent-focused programming as it is designed to enable parents to attend parent-focused groups in the FRC. It is a required component of support for Curriculum Based Parent Education classes.

### **Parent Classes or Groups in Promoting School Readiness and Success**

*Classes and groups which provide information and supports for families to reduce disparities in school readiness and success.* Topics may include but are not limited to: Enrollment in the Public School and/or Early Learning Systems, Understanding Key Transitions to Kindergarten, Middle School, High School, and Higher Education; Navigating critical school Issues such as school placement, attendance and access/adherence to academic interventions such as the IEP.

### *Discretionary Services*

*Respite Care:* A childcare space where parents can leave their children to receive care while they are handling personal issues, or simply for time away from their children during periods of stress or other personal turmoil.

*Child Development Groups:* Curriculum based in-person group series for children which focus on one or more of the following areas: social-emotional development, early literacy, literacy, and school success. Groups must be age stratified and children must register to attend the full series. Child development groups often incorporate a pre- and post- assessment of child's progress using the ASQ-3 or other tool. Parents are provided opportunities to learn how to support their children in practicing the skills covered in the group and are provided with feedback about how their children are doing in the group. Groups are facilitated by a mental health specialist, masters-level social workers, or other highly trained practitioners with experience and training in ECE, social-emotional development, or youth development. Child development groups may be held concurrently with adult programming, but are not the same as Child Watch. Child development groups are often targeted towards children who are identified as needing additional developmental supports

to be ready for kindergarten or to be successful in school. Such groups do not take the place of formal preschool enrollment and where appropriate in strong partnership with related city agencies, schools, and/or other CBOs.

**Section 4: Stress Mitigation: Formal supports for individual families and those at risk for system involvement**

<i>Formal Individual Supports</i>	<i>Services for parents involved with child welfare or other systems</i>	<i>Discretionary</i>
<u>Family Advocacy</u>	Differential Response	Individual/Family/Group Counseling/Therapy
<u>Intensive Case Management</u>	Enhanced Visitation	
MAA and CalAIM Services	FFPSA- Access Point and Navigation	
<u>Barrier Removal and Basic Needs</u>	Child and Family Team Meetings	
Participant Outcomes	1a. Families are knowledgeable about basic needs and how to navigate services 1b. Families in/at risk obtain help when needed and develop long-term strategies for family stability 1c. Families experience decreased maltreatment and entry into foster care	
Program Objectives:	<ul style="list-style-type: none"> <li>• At least 75% of enrolled Parents report that their basic needs are being well-addressed through barrier removal, access to or referral to basic needs and/or services</li> <li>• At least 70% of referred HSA participants attend at least 6 sessions in that service</li> <li>• At least 80% of case management and DR participants complete an initial assessment as demonstrated by CMS</li> <li>• At least 50% of enrolled DR and case management participants complete both an initial assessment and a 3-month follow up re-assessment</li> </ul>	

**Formal Individual Supports**

**Family Advocacy**

*Family Advocacy* includes providing staff support to remove institutional and other barriers preventing families from linking to and accessing available services and resources. FRC services may include providing information, making phone calls, translation, and/or accompanying a family member to medical, legal or other essential appointments. *DR includes assessment.* Family Advocacy meet with staff for at least monthly for at least 3 months. Intake sessions are done in person and remaining sessions may be done remotely via telephone or video conferencing, in the FRC office, or in the family’s home or in another community site.

**Intensive Case Management**

ICM: Formal intake, needs assessment, and facilitated service planning process to assist families in developing a plan of action to address concerns impacting child development, health related issues, and/or family functioning. Presenting issues to be addressed may include: child safety, family functioning/relationships, parenting, health, mental health, substance abuse, and/or well-being. Consistent monitoring is provided to review progress towards service plan identified goals and desired outcomes. Families with an open- CPS case are ineligible for FRC case management services, unless the CPS case will be closed within three months.

Case management for families of preschool or school age children should include advocacy and assistance in navigating critical school issues such as school enrollment, attendance and access to academic interventions. All families in case management are assessed for Family Economic Self Sufficiency needs in the areas of employment, household budgeting, health insurance, and other financial management concerns. Case managers provide referrals as needed to vocational training, ESL classes, and other related resources. Linkage with public agency self-sufficiency programs such as CalWORKS, CalFresh (food stamps), and WIC should be offered whenever appropriate. Enrolled families meet with their case manager at least twice a month for at least three months. Face to face, in-person contact required for intake and assessment sessions. Case management visits are often conducted in the family home or in other off-site community based locations or remotely via telephone or video conferencing to maximize access to this service.

### **MAA and CalAIM Services:**

Select FRCs may offer one or more of the following services, pending funding availability:

*MAA Advocacy*: Each participating FRC's participants are asked about their family's health insurance enrollment (Medi-Cal, Healthy Kids, Covered California, private), participation in a medical and dental home, and barriers to accessing insurance or medical care. When needed, FRC staff will provide linkage to such services and provide barrier removal services to support access to medical care. Service must be conducted with regard to MAA requirements.

*CalAIM Case Management*: Participating FRCs will provide case management services to Medi-Cal enrolled families referred from DPH or other health clinics for the purpose of removing barriers to participant's achieving their health and wellbeing goals. Service must be conducted with regard to CalAIM requirements.

### **Barrier Removal and Basic Needs**

All basic needs services are dependent on resources available and are as negotiated. FRCs must follow DEC fiscal guidelines for all basic needs and barrier removal services. FRCs should inform participants of any implications to participants taxes or public benefits eligibility through their receipt of these services.

Barrier Removal: FRC enrolled families experiencing economic hardship are provided as needed and as resources allow with goods, concrete household items, and/or emergency funds in amounts valued greater than \$100 and which are not otherwise available through other sources, in order to remove barriers to meet their basic living needs. Scholarships to fee-based FRC services are not considered barrier removal. Barrier removal services require families to have a complete intake and be enrolled in one or more services in section 3 and/or 4. FRCs must receive prior DEC written authorization for barrier removals exceeding \$501.00 in cumulative value.

## **Basic Needs**

*Food, Diaper, Hygiene Distribution:* All FRCs maintain food and diaper closets for as needed emergency food and diaper needs of families regardless of enrollment status. All FRCs provide referral and linkage to food and diaper pantries for families in need of access to longer-term basic needs. FRCs may also offer hygiene, clothing, or other basic needs items with minimal resale value.

*Food and diaper pantries:* Food and diaper pantries are standalone food or diaper distributions that serve greater than 100 people (food) or 10 people (diapers) in a single day/session. FRCs who operate a community food or diaper pantry must be doing so in partnership with a city wide food or diaper distribution system (ie food bank, HSA diaper bank) and must be able to leverage other funding and/or volunteers for this service to be approved use of FRC staff time and resources.

## **Child Welfare and Systems Involved Services**

Agencies work in partnership by communicating and connecting with child welfare department staff to (1) support families referred by or involved with child welfare services, (2) serving as a family advocate and resource in child welfare family conferencing and (3) providing space, supervision and support for families whose children have been removed from the home, depending upon the specific child welfare needs of the community. Referrals from the Child Welfare Department generally inform the type and volume of services needed.

*Differential Response (DR)* Provision of Differential Response Services requires referrals from SF Family & Children's Services. Differential Response is a *home-based* service which includes contacting and visiting families with children who have been assessed by the CPS hotline and have been determined to have no or mitigated safety threats. FRC will then work to engage family in voluntary services appropriate to meet their needs; family may benefit from DR family advocacy or case management services. FRCs must follow all procedures as outlined in the DR Procedure Manual and must participate in HSA sponsored workgroups, RED Teams, professional development, quality assurance, and evaluation activities. Families are expected to participate at least twice per month for a minimum of 3 months and a maximum of 9 months.

*Enhanced Visitation* Requires referrals from SF Family & Children's Services. Intended for Child Welfare involved families who are seeking reunification (time-limited and/or court ordered), this service is designed to support and expand the availability of neighborhood-based locations where family visits can occur. Visitation services are in-person and flexible visiting hours including evenings and weekends must be offered year round (see also: section 1). FRCs must follow all procedures as outlined in the EV Procedure Manual and must participate in HSA sponsored workgroups, professional development, quality assurance, and evaluation activities.

Successful implementation provides:

1. On-site space for child visitation, including extended hours and weekend hours
2. Staffing for supervision and observation of each visit and provide a written report of each visit to the Child Welfare Worker who referred the family
3. A qualified individual trained in parent-child observation techniques to provide one-on-one coaching, interventions and support as needed for participating families.
4. EV supervisors may be asked to attend on-going Child and Family Team Meetings to be informed about the case status as well as to inform the family's social work team about progress in visitation.

### **FFPSA Access Point and Navigation Services**

Selected FRCs may provide Access Point and/or Navigation Services as part of the City's Family First Prevention Services Act activities. Participating FRCs must follow all procedures as directed by HSA and must participate in HSA sponsored workgroups, professional development, quality assurance, and evaluation activities.

### **Child and Family Team Meetings**

*Requires referrals from SF Family & Children's Services (FCS).* For FCS families who have been either separated or at-risk of being separated from their children for child abuse and neglect, this service is designed to provide support for birth parents by assisting parent(s) in understanding the departmental process, the department's concerns related to safety and risk and/or in voicing questions and concerns during the meeting. Other support may include sharing awareness of available resources and services in the parents' community. FRCs will provide a staff representative to attend the meetings at HSA office or in the community and who will be available as a liaison between FCS and the FRC for purposes of on- going care coordination.

### ***Discretionary Services***

#### **Mental Health Services: Counseling/Therapy**

This is a required service for select neighborhood or population FRCs. Supportive individual, group, and /or family therapy sessions in pursuit of improved family functioning. Activity to be delivered by a trained master's level clinician or intern with appropriate supervision and case consultation. Often offered in conjunction with case management support. Counseling/therapy may be offered remotely via HIPAA compliant telehealth services or in person.

<b>Section 5: Staff Development and Training</b>	<b>Funding Level: All</b>	
<i>Consultation and Service Supports</i>	<i>Staff Training</i>	<i>Staff Performance</i>
Early Childhood Mental Health	Orientation	Performance Evaluation
Public Health Nurses	Service/Skill Specific Training	Supervision
Coaching/Peer Group Learning (TBD)	Competency development	
Clinical/case consultation		

All FRC staff participate in regular and on-going staff development and training opportunities. FRC leadership gathers and shares information regarding staff training and coaching needs to funders.

### **Consultation and Service Supports**

*Examples of service supports for the funding cycle may include:*

- Early Childhood Mental Health Consultation**
- Public Health Nurses**
- Peer Group Learning Clinical/Case consultation**

All practitioners responsible for support groups, family advocacy, case management, counseling, and/or child-welfare involved services should have access to FRC-provided regular and frequent group and/or individual clinical or case consultation/supervision to ensure quality of service and evaluate participant outcomes.

### **Staff Training**

#### **Orientation**

In addition to the particulars of the service activities, all new FRC staff receive orientation in the following areas, as applicable: early literacy, protective factors, and/or other information as applicable.

#### **Skill Specific and Competency development**

All FRC staff are expected to participate in on-going training in areas related to their assigned position including but not limited to: Triple P accreditation and/or training in other parent education curricula, child welfare practices, reflective supervision/supervision skills, cultural competency, National Standards of Quality in Family Strengthening and Support, and/or other skills as needed.

All FRC staff are expected to participate in on-going training in competencies needed for family support including components of the Wisconsin Core Competencies in Family Support, Standards of Quality in Family Strengthening and Support, the Protective Factors, etc.

**Staff Performance**  
**Performance Evaluation**

All staff have written annual performance evaluations which include opportunities for supervisor and his/her staff to engage in a reflective process which:

- discusses the employee's strengths and accomplishments,
- provides constructive feedback on the quality of employee's work,
- develops goals related to the work as well as staff development needs
- provides the employee opportunity to provide feedback to the FRC about the employee's work environment/experience, including supervision strengths and needs

**Supervision**

All FRC staff have regular and frequent individual supervision which uses a reflective process to discuss employee performance, training needs, and opportunities for growth and promotion.