



**SAN FRANCISCO  
HUMAN SERVICES AGENCY**

Department of Benefits  
and Family Support

Department of Disability  
and Aging Services

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**London Breed**  
Mayor

**Trent Rhorer**  
Executive Director

**MEMORANDUM**

<b>TO:</b>	HUMAN SERVICES COMMISSION				
<b>THROUGH:</b>	TRENT RHORER, EXECUTIVE DIRECTOR				
<b>FROM:</b>	JOAN MILLER, DEPUTY DIRECTOR OF FCS ESPERANZA ZAPIEN, DIRECTOR OF CONTRACTS				
<b>DATE:</b>	NOVEMBER 9, 2023				
<b>SUBJECT:</b>	NEW GRANT: <b>SENECA FAMILY OF AGENCIES (NON-PROFIT)</b> TO PROVIDE CHILDREN’S CRISIS CONTINUUM PILOT PROGRAM (CCCPP) 24-28				
<b>GRANT TERM:</b>	1/1/2024 – 6/30/2028				
<b>GRANT AMOUNT:</b>	<u>New</u>	<u>Contingency</u>	<u>Total</u>		
	\$7,285,487	\$728,549	\$8,014,036		
<b>ANNUAL AMOUNT:</b>	See table below				
<b>FUNDING:</b>	<u>County</u>	<u>State</u>	<u>Federal</u>	<u>Contingency</u>	<u>Total</u>
<b>PERCENTAGE:</b>	\$1,468,490	\$5,816,997		\$728,549	\$8,014,036
	20%	80%		100%	

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The Department of Benefits and Family Support (BFS) requests approval of a sole source waiver and authorization to enter into a grant with the Seneca Family of Agencies for the period of January 1, 2024 through June 30, 2028, in an amount of \$7,285,487 plus a 10% contingency for a total amount not to exceed \$8,014,036. The purpose of this grant is for Seneca Family of Agencies to: (1) oversee Children’s Crisis Continuum Pilot Project (CCCPP) start-up activities and develop, implement and provide integrated crisis programming that strengthens the continuum of services available to San Francisco County foster youth; (2) provide programming

that includes one Children’s Crisis Residential Program that can serve up to four eligible SF youth at one time; and (3) develop and implement two new Enhanced ISFC homes that are equipped to provide services to eligible SF foster youth in crisis.

<b>Fiscal Year</b>	<b>Annual Amount</b>
1/1/2024 – 6/30/2024 (6 months)	\$485,000
7/1/2024 – 6/30/2025	\$1,281,728
7/1/2025 – 6/30/2026	\$1,683,387
7/1/2026 – 6/30/2027	\$1,837,088
7/1/2027 – 6/30/2028	\$1,998,284
<b>Grant Total</b>	<b>\$7,285,487</b>

### **Background**

In response to the California Department of Social Services’ request for proposals (RFP) for the Children’s Crisis Continuum Pilot Program, FCS was awarded \$8.5 million to create a comprehensive regional Children’s Continuum of Care that will enable SF foster youth in crisis to receive the critical stabilization and long-term wellness services they deserve, close to their homes and families.

FCS will partner with Seneca Family of Agencies (Seneca) to build upon existing less-restrictive programs already being offered in SF and throughout the Bay Area, including Wraparound for coordination of services and in-home interventions; Mobile Response Team (MRT) and Family Urgent Response System (FURS) for 24/7 on-call support; a three-bed Crisis Stabilization Unit (CSU) for youth in immediate crisis; one Enhanced Short-Term Residential Therapeutic Program (E-STRTP), which provides intensive residential placement for one youth at a time; and 46 Intensive Services Foster Care (ISFC) homes, including two Enhanced Intensive Services Foster Care (E-ISFC) homes, for foster youth who require more targeted care than traditional resource homes. Together, these programs will provide a strong foundation of services for local foster youth upon which to build a more expansive service continuum.

FCS will also collaborate closely with Child Welfare and Behavioral Health Departments from Contra Costa, Marin, Solano, and Sonoma Counties to provide an expanded range of services and placements for foster youth in crisis from around the Bay Area.

Together, these entities will design and implement a continuum that meets all objectives listed in CDSS' RFP by (1) closing existing service gaps with comprehensive in-patient, crisis support, and community-based options; (2) providing individualized assessment, stabilization, and ongoing treatment services to foster youth in the least restrictive, most family based settings possible, as close to home as possible; and (3) implementing continuous data-responsive performance improvement.

Seneca Family of Agencies was a named service provider in the CCCPP award, and therefore is the only provider able to fulfill the requirements of the accepted project proposal.

### **Services to be Provided**

The funding requested through this opportunity will be used to start up a range of *additional* high-end programs that will support our local dependent youth with complex needs to remain in their communities while getting the crisis services that they need.

These programs will include a Crisis Residential Program (CCRP) representing a total of six beds – programming that does not currently exist in SF. Seneca will also develop four (4) more E-ISFC homes, increasing options for youths experiencing destabilization to receive targeted care in the least restrictive settings possible.

Seneca will help design and implement the CCRP and two of the four new E-ISFC homes, which is intended to serve SF youth, children and non-minor dependents receiving services from FCS, or referred by San Francisco Department of Public Health or San Francisco Juvenile Probation Department.

To support San Francisco County and neighboring counties with filling the gap of services for youth in crisis, Seneca Family of Agencies, a named community partner in the proposal, will develop a Children's Crisis Residential Program (CCRP) to provide specialized crisis stabilization services to foster youth, who are experiencing a mental health crisis in order for them to step down to a lower level of care safely, for up to 10 days. While these services will be available to any youth in the county who needs them, the target population for this proposal is foster youth. Most youth who utilize these services are anticipated to be between the ages of 6 and 18. The long-term goal of the CCRP is to teach coping skills to clients and their families within a short period to alleviate the symptoms that contributed to their admission, to assist clients with effectively

managing daily stress, and to engage in crisis stabilization to divert and/or reduce future psychiatric hospitalization.

To support San Francisco County and neighboring counties with filling the gap of services for youth with behaviors and needs that are more acute, Seneca Family of Agencies will approve, staff, and support two (2) Enhanced Intensive Services Foster Care (E-ISFC) homes. The long-term goal of these E-ISFC homes is to provide foster home placements for San Francisco youth who are at risk of placement in a residential treatment program, or those needing to step down from a residential program with ultimate goal of stepping down into a relative or kinship family home. The E-ISFC homes will be designed to be fully integrated along with the other components of the continuum of care for children in San Francisco including both higher and lower levels of care, services in formal care settings, and services in the community.

These programs are intended to seamlessly integrate with the other continuum programs already available for San Francisco County youth including wraparound, mobile response, crisis stabilization, Enhanced STRTP home, and other existing ISFC homes, in order to stabilize youth, minimize placement disruptions and unnecessary psychiatric hospitalization, improve safety and improve wellbeing outcomes.

### **Location and Time of Services**

CCRP services will be located:  
8945 Golf Links Rd.  
Oakland CA, 94605

E-ISFC homes will be located:  
Locations to be determined

CCRP and E-ISFC services operate 24/7/365.

### **Selection**

Grantee was named in City's successful application and the Sole Source Waiver is attached.

### **Funding**

Funding for this grant is provided by State and local funds.

**ATTACHMENTS**

Appendix A – Services to be Provided

Appendix B – Budget

Sole Source Waiver

**Appendix A-Services to be Provided**  
**Seneca Family of Agencies**  
**Children's Crisis Continuum Pilot Program (CCCPP)**  
**January 1, 2024 – June 30, 2028**

**I. Purpose**

In response to the California Department of Social Services' request for proposals (RFP) for the Children's Crisis Continuum Pilot Program, San Francisco Human Services Agency (SF HSA) was awarded \$8.5 million to create a regional Children's Continuum of Care that will enable foster youth in crisis to receive the critical stabilization and long-term wellness services they deserve, close to their homes and families. As the lead applicant, SF HSA will leverage its strong working relationship with SF Department of Public Health, other child serving public agencies in the county, and experienced service providers. SF HSA will also collaborate closely with Child Welfare and Behavioral Health Departments from Contra Costa, Marin, Solano, and Sonoma Counties to provide an expanded range of services and placements for foster youth in crisis from around the Bay Area.

The purpose of this grant is to develop, implement and provide integrated crisis programming that strengthens the continuum of services available to San Francisco County foster youth. This programming includes one Children's Crisis Residential Program and two Enhanced ISFC (two new homes). These programs are intended to seamlessly integrate with the other continuum programs already available for San Francisco County youth including wraparound, mobile response, crisis stabilization, Enhanced STRTP, and other existing ISFC homes, in order to stabilize youth, minimize placement disruptions and unnecessary psychiatric hospitalization, improve safety and improve well-being outcomes.

To support San Francisco County and neighboring Counties with filling the gap of services for youth in crisis, Seneca Family of Agencies, a named community partner in the proposal, will develop a Children's Crisis Residential Program (CCRP) to provide specialized crisis stabilization services to youth who are experiencing a mental health crisis in order for them to step down to a lower level of care safely. The long-term goal of the CCRP is to teach coping skills to clients and their families within a short period to alleviate the symptoms that contributed to their admission, to assist clients with effectively managing daily stress, and to engage in crisis stabilization to divert and/or reduce future psychiatric hospitalization. The CCRP is designed to be fully integrated along with the other components of the continuum of care for children in San Francisco including both higher and lower levels of care, services in formal care settings, and services in the community.

To support San Francisco County and neighboring Counties with filling the gap of services for youth with behaviors and needs that are more acute, Seneca Family of Agencies will provide, staff, and support two (2) Enhanced Intensive Services Foster Care (E-ISFC) homes. The long-term goal of these E-ISFC homes is to provide foster home placements for San Francisco youth who are at risk of placement in a residential treatment program, or those needing to step down from a residential program with ultimate goal of stepping down into a relative or kinship family home. The E-ISFC homes will be designed to be fully integrated along with the other components of the continuum of care for children in San Francisco including both higher and lower levels of care, services in formal care settings, and services in the community.

San Francisco Human Services Agency (SF HSA) will hold the right of first refusal for slots in all of these programs; when there is a bed or home that is not needed by a San Francisco youth, SF HSA will make the unused space available to the other counties in the regional collaborative.

## II. Definitions

AFS	Alternative Family Services
BHCIP	Behavioral Health Continuum Infrastructure Program
CASA	Court Appointed Special Advocates
CCCPP	Children’s Crisis Continuum Pilot Program (outlined in Assembly Bill 154, chapter 86, statutes of 2021), the grant through which these new services are possible
CCL	Community Care Licensing
CSU	Crisis Stabilization Unit
CBHS	San Francisco Community Behavioral Health Services, a part of the Department of Public Health
CCRP	Children’s Crisis Residential Program
CDSS	California Department of Social Services
CFT	Child and Family Team Meeting
DHS	San Francisco Department of Human Services, a division of HSA

E-ISFC	Enhanced Intensive Services Foster Care
E-STRTP	Enhanced Short Term Residential Treatment Program
FCS	Family and Children’s Services, a division of HSA
Grantee	Seneca Family of Agencies
ISFC	Intensive Treatment Foster Care
MRT	Mobile Response Team
OCM	San Francisco Human Services Agency Office of Contract Management
SFA	Seneca Family of Agencies
SF HSA	San Francisco Human Services Agency
STRTP	Short Term Residential Treatment Program

### **III. Target Population**

Seneca Family of Agencies welcomes and serves all ethnicities and populations within San Francisco. The overall target population for the Children’s Crisis Continuum Pilot Program (CCCPP) is child welfare-involved children and youth who are receiving services from FCS. Each component of the program has additional specificity in the target population based on age, location of the placement, and needs levels as outlined below.

The target population for E-ISFC placement services is all children, youth and their caregivers (including biological family) who meet the following criteria:

1. All children, youth and non-minor dependents who are receiving services from FCS who are at risk of placement in a residential treatment program or hospitalization, or those needing to step down from a residential treatment program.
2. All children, youth and non-minor dependents who are referred by San Francisco Department of Public Health and San Francisco Juvenile Probation Department who are likely to benefit from an intensive foster care placement, with relative family placement as the planned outcomes.



The target population for CCRP services is all youth and their caregivers (including biological family) who meet the following criteria:

1. Youth ages 12-17 who are experiencing a mental health crisis.
2. Youth ages 12-17 who do not meet criteria for inpatient psychiatric hospitalization.

#### **IV. Description of Services**

##### **A. CCCPP Start-Up Activities**

Start-up activities for this contract include activities necessary for the development and implementation of the Children's Crisis Continuum Pilot Program for San Francisco County. These services include preparation and planning activities, linking current and new services to best serve youth, and grant adherence.

All services should be provided within the model of unconditional care and using frameworks from evidence-based practices.

Overarching start-up activities include the following:

1. Implementation of the CCCPP steering committee, Core Workgroup, Fiscal Committee, and County and Community Partnership forum and facilitation of planning meetings.
2. Design of service flow between programs to best support San Francisco County youth and families.
3. Collaboration around and design of the referral, intake and waitlist process and policies.
4. Identification of outcome measures for each component of the CCCPP.
5. Data collection and report design.
6. Discharge and step down collaboration.
7. Community stakeholder collaboration and drafting needed partnership/MOU agreements.
8. Program design and implementation.

The first year start-up activities also reflect a significant focus on the two new programs that are being added to the San Francisco Children's Crisis Continuum. Start-up activities related to those new programs include the following:

## **B. Enhanced Intensive Services Foster Care (E-ISFC) Homes**

### **E-ISFC Start Up Activities:**

1. Establish location of two (2) new E-ISFC homes.
2. Obtain CCL licensure for two (2) new E-ISFC homes.
3. Recruit two (2) Enhanced Caregivers.
4. Hire and train E-ISFC leadership and support staff.
5. All other activities necessary to facilitate programming for the new E-ISFC homes.

### **E-ISFC Description of Services:**

All services shall meet the criteria set forth in the CCCPP grant award, which includes integration across the continuum of services.

1. Collaborate within the San Francisco Continuum of Care to provide and/or support extensive behavioral and mental health needs and services including but not limited to:
2. Conduct intake assessment session(s) with youth and family to introduce services, gain consent and gather assessment information.
3. Coordinate service provision with County staff as well as within the San Francisco Continuum of Care.
4. Daily mental health and crisis interventions to stabilize youth in the placement and maintain that stability.
5. Offering access to regular individual therapy.
6. Target treatment plans that address barriers to success in less restrictive placements
7. Access to psychiatric, substance abuse counseling, and medication assessment by qualified, licensed Nurse Practitioner and/or Clinician.
8. Transportation of youth to and from medical, legal, school, therapy, place of employment and other related appointments. For youth attending a school of origin outside of the E-ISFC home location district, coordinate with the wider continuum as well as FCS to meet transportation needs.
9. Identification of supports and engagement with family members and other members of the youth's support team. Family members and/or identified step down placement caregivers should be included in transition planning and family therapy as deemed appropriate by the treatment team.
10. Hold regular CFT meetings to discuss treatment plan, permanency, progress, and concerns.

11. Meet educational needs for all youth placed.
12. Transition planning: Discharge occurs from the E-ISFC home in one of two ways, planned or unplanned. From the time of intake, the Seneca social worker engages the CFT to develop clearly defined permanency goals for the youth including assigned action steps for members of the CFT. The treatment team communicated regularly with the child's county social worker and the CFT regarding progress of the plan toward the permanency goals, including recommendations for extension in length of the placement period. Part of the planned discharge or transition program is continued counseling and services to the child to support the transition plan. Unplanned discharge may occur when: 1) the resource family has an emergency which requires removal of the youth, 2) the youth's behavior necessitates removal at the Enhanced Caregiver's request, 3) a youth requests to be removed, 4) the birth parent unexpectedly removes the youth from care (voluntary placement only), 5) a youth is removed due to abuse, neglect or imminent danger, 6) the youth is removed by an authorized representative or law enforcement, and/or 7) other circumstances.

### **C. Children's Crisis Residential Program (CCRP)**

#### **CCRP Start Up Activities:**

1. Utilize BHCIP funding to prepare the physical plant and grounds for the CCRP to serve up to four (4) youth at a time.
2. Develop process for right of first refusal and execute MOUs with collaborating counties.
3. Obtain CCL licensure and Medi-cal site certification for the CCRP.
4. Facilitate stakeholder engagement to support the integration of services in the continuum (Edgewood CSU and Wraparound teams, CASA, Regional Center, SFA mobile response, Wraparound, ISFC, E-ISFC and E-STRTP teams, collaborating counties, etc.).
5. Collaboratively design the CCRP referral, intake and discharge process.
6. Design CCRP clinical and medical programming.
7. Hire and train CCRP leadership, medical, clinical and support staff.
8. All other activities necessary to implement programming for the CCRP.

#### **CCRP Description of Services:**

The CCRP will provide assessment, stabilization and transition planning services. The CCRP will provide safety and containment for youth in crisis while identifying the determinants of the current crisis. The CCRP team will also work to support youth in the strengthening of current positive coping skills and the development of alternative

skills and replacement behaviors to support their mental health needs and their safety. An in-depth assessment will be conducted to guide treatment and/or placement decisions and a comprehensive aftercare plan that includes community linkages will be created. All services within San Francisco's continuum of care for children will be integrated prior to, for the duration of, and following the youth's admission, stabilization and discharge at the CCRP.

1. The CCRP will operate 24 hours a day 7 days per week and will serve up to four (4) youth at a time.
2. The CCRP will be staffed to accommodate intake, assessment and admission at any time of the day.
3. The CCRP will utilize a defined referral and intake procedure to enroll youth, to be developed by FCS and Grantee.
4. Length of stay in the CCRP is not to exceed 10 days unless medical necessity criteria is met and documented.
5. Provide the following core support and services:
  - a. Intensive, specialized staffing support as required based on the needs of the youth served.
  - b. In depth assessment provided by a Psychiatrist or Nurse Practitioner in partnership with a program Clinician.
  - c. Provision of crisis stabilization services throughout the duration of stay.
  - d. Support in the strengthening of existing and development of new coping skills to support mental wellbeing and safety.
  - e. Ongoing Integrated Care Coordination throughout the youth's length of stay and transition to a lower level of care and beyond.
6. Regular and reoccurring meetings with County staff members and other stakeholders to ensure the partnerships necessary for successful outcomes are in place. This will include regular oversight and care coordination, as well as child specific discussion as needed.
7. Regular communication with community-based organizations that provide services as part of the children's continuum of care to ensure integration of services.
8. Program evaluation will be conducted by aggregating the evaluative results of service and outcome objectives. The goals of evaluation are to summarize the activities and services in which enrolled youth and families participated, and highlight clinical and placement outcomes for youth that were discharged from the program. Seneca and FCS will work together to develop annual statistical analysis that considers these outcomes and meets project requirements as outlined in the CCCPP proposal.

**V. Location and Time of Services**

CCRP services are located at:  
 8945 Golf Links Rd.  
 Oakland CA, 94605

E-ISFC homes are located at:  
 Locations to be determined

CCRP and E-ISFC services operate 24/7/365.

**VI. Service Objectives**

The grantee and FCS will collect data to report on these outputs, using specific measures that the County will develop. The measures will use existing data and other sources including the CCCPP grant methodology table and timeline to establish baselines on current performance from which targets will be set during the contract negotiation period.

**CCCPP Start-Up Service Objectives**

The primary service objective of the start-up phase for the CCCPP grant is to meet CDSS work plan benchmarks and proposed timeline, barring delays caused by BHCIP funding delays. Here is the proposed timeline as of October 2023:

CCCPP Timeline FY 2023-24 thru FY 2027-28 Template

ID	Activity	Responsible Party	FY 2023-24				FY 2024-25				FY 2025-26				FY 2026-27				FY 2027-28				
			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
1	Start up CCCPP Oversight Committee and Meet	County of San Francisco	S																				E
1.1	Start CCCPP Committee	SF HSA	S/E																				
1.2	Workgroup meetings	SF, Marin, Contra Costa, Sonoma, and Solano Counties, all subcontractors, all other SOC partners	S																				E
2	Start up and Operate E-ISFC Homes	County of San Francisco, Seneca, AFS																					E
2.1	Enter into Sole Source with Seneca and AFS	County of San Francisco	S/E																				
2.2	Establish Homes and Program	Seneca, AFS	S							E													
2.3	Hire and Onboard Enhanced Caregivers	Seneca, AFS				S				I				E									
2.4	E-ISFC homes	Seneca, AFS							S														E

CCCPP Timeline Key

Letter	Meaning
S	Start
I	In Progress
E	End
S/E	Start/End

**E-ISFC and CCRP Service Objectives**

Weekly

1. Grantee will provide a weekly occupancy report to FCS Placement staff, with both child information and number of available beds.

#### Monthly

1. Number of youth admitted to CCRP/E-ISFC
2. Number of youth discharged from CCRP/E-ISFC
3. Days, aggregated average and range of days of occupancy for each youth admitted
4. Number of CFTs meetings completed within specified time periods
5. Number of children receiving CFTs
6. Name of Enhanced Caregiver in attendance at CFT
7. Quantity and types of support services provided to youth
8. Number of children receiving MRT, Wraparound services
9. Average response time to placement intake
10. Hours of crisis response provided per child once placed
11. Step-down/Step-up data
12. Hospitalization data
13. Placement data

#### Annually

1. Client satisfaction with service delivery

## **VII. Outcome Objectives**

This section articulates outcome objectives and the desired direction of improvement as outlined in the CCCPP proposal. The County will use existing data and other sources of information to establish baselines on current performance from which performance targets will be set. The CDSS work plan and the timeline in **VI. Service Objectives** will be used to measure outcomes during the start-up period.

Goal	Method	Measure	Frequency
Reduce ED visits	MRT/CSU diversion	Regional ED admission data	Monthly
Reduced hospital admissions	Crisis stabilization at CSU and CCRP	Regional hospital admission data	Monthly
Reduced hospital readmissions served in the continuum	Crisis stabilization at CSU and CCRP	Regional hospital admission data	Monthly
Eliminate out-of-state facility admissions	Development of E-ISFC homes and crisis facilities	Placement data	Monthly
Reduce law enforcement contact	MRT/CSU diversion	# of contacts with law enforcement while enrolled in Wraparound (JPD data)	Monthly

Reduce placement disruptions/unplanned changes among youth ordered to out-of-home placement	Increased number of and access to individualized intensive services and placement settings (many youth currently return to custody due to placement failures)	Placement data, Incident Reports, Wraparound documentation, JPD data	Monthly
Reduced absences from placement	Highly individualized intensive treatment and placement settings	Placement data, Incident Reports, Wraparound documentation	As needed
Reduced length of stay and/or reduction in readmittance in intensive programs	Increased number of and access to individualized intensive services and placement settings	Crisis program average length of stay/readmittance data	Monthly
Reduced number if placement disruptions	Highly individualized intensive treatment and placement settings	Placement data, Incident Reports, Wraparound documentation	Monthly
Reduced length of stay in congregate care settings	Increased number of and access to individualized intensive services and placement settings	Congregate care setting average length of stay	Monthly
Increased availability of home-based placements	Increased E-ISFC homes from 2 to 4	Licensed E-ISFC homes	Annual
Enhanced youth safety and well-being	Increased number of and access to individualized intensive services and placement settings	Decrease the actionability of risk factors and the impact of trauma on youth and family functioning, as measured by the CANS	Quarterly
Enhanced youth connection to natural support network	Wraparound and Family Finding	CFT membership and CANS Permanency Module	Six Months
Discharge outcomes, including exits to permanency	Increased number of and access to individualized intensive services and placement settings	CANS	Intake, every six months thereafter, discharge
Youth and caregiver satisfaction with services	Increased number of and access to	Satisfaction surveys	Annual, discharge

	individualized intensive services and placement settings		
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**VIII. Grantee Responsibilities**

**A. Enhanced Intensive Services Foster Care (E-ISFC) Homes**

1. Provide E-ISFC services, direct care, supervision, residential housing and mental health supportive services to youth.
2. Provide 2 E-ISFC approved homes to house youth that meet and conform to the current criteria as defined by California Department of Social Services Community Care Licensing Division Standards. Ensure homes are Foster Family Agency licensed, resource family approved homes and certified as ISFC homes in good standing. Ensure homes maintain compliance with CCL California State mandates and CDSS Foster Family Agency Interim Licensing Standards.
3. Each home will house at least one youth or non-minor dependent. No more than one youth shall be placed in an approved home unless contractor provides a written assessment to the placing agency, of the risk and compatibility of placing more than one youth in the home. Referred youth who are siblings, or parenting youth with children may be placed together in the same home if the placement is approved by the designated placing agency.
4. Services will be provided by an interdisciplinary team of highly qualified and trained staff. Grantee will recruit, train and provide sufficient, licensed, qualified staff for the E-ISFC homes that meet the State’s ISFC and ILS qualifications, training and duty requirements.
  - a. Provide adequate staffing, training, documented protocol and team member skills required to provide crisis management and de-escalation if/as needed to ensure the safety of youth.
  - b. Ensure all staff have the ability to engage with families, accurately assess family and youth needs and demonstrate knowledge of the cultural, religious, regional, ethnic, social, linguistic, gender and sexual orientation needs of the individuals and community being served.
  - c. Ensure the capacity to support Spanish-speaking youth.
5. Accept youth referred by the placing agency regardless of actual or perceived race, ethnic group identification, ancestry, national origin, tribal affiliation, color, religion, sex, sexual orientation, gender identity and expression, mental or physical disability, or HIV status.



6. Provide services to youth who may be the most difficult to place due to commercial sexual exploitation, experiencing severe trauma, a history of multiple placement disruptions due to challenging behaviors such as aggression, or current gang affiliation/activity, provided that the youth is able to reside safely in the community (is not assaultive to the caregiver, or a danger to themselves or others).
7. Recruit, train and ensure each home has an approved dedicated Enhanced Caregiver or set of Enhanced Caregivers who will take on the role and functions of an ISFC resource parent(s) in providing the necessary services and supports for each youth. This Enhanced Caregiver should:
  - a. Provide a safe, consistent and structured home environment for youth 24/7.
  - b. Possess education, work and/or lived experience including training and completion of necessary requirements as outlined in CCL mandates and CDSS ILS for ISFCs to provide care to the youth.
  - c. Utilize trauma informed approaches to support youth in their care
  - d. Work closely with the treatment team as well as designated FCS staff to deliver services and supports that address the needs of the youth.
  - e. Be trained to implement safety and preventative measures to respond to any self-harm or other behaviors that pose risk to youth or others.
  - f. Ensure youth are offered and encouraged to participate in extracurricular, learning activities based on the youth's individual needs and goals as described in their case plan. Allow youth to participate in age appropriate, structured activities as appropriate.
  - g. Continue to provide services to youth, to the extent possible, if hospitalized, or if they have eloped, or other circumstances in which youth is temporarily outside of the home.
  - h. Ensure youth are offered and receive any mental health services determined necessary by the treatment team.
  - i. Participate in and attend youth events, activities, court appearances, Child and Family Team Meetings, school activities, educational and medical appointments, as well as extracurricular programs where and when appropriate.
  - j. Not act as conservator or representative payee for a minor under the approval of the Social Security Administration for youth they support.
  - k. Not have custody or guardianship of the youth.
  - l. Allow supervised family visits as designated by FCS, and support visitation as deemed appropriate.
  - m. Support youth's development of natural supports and permanent connections with appropriate individuals outside of staff member supports.

- n. Report significant incidents immediately including but not limited to mental health crises, incarcerations, and hospitalizations and work as necessary with FCS to ensure appropriate assessment and intervention.
  - o. Follow FCS runaway/AWOL procedures.
8. Ensure respite care and additional supports and services are available to the Enhanced Caregiver to ensure opportunity for self-care and personal breaks while caring for the youth placed in their home. Grantee will make every effort to ensure timing of such respite will be implemented in a way to cause minimal or no disruption to the youth while in care.
  9. Provide documentation of a current Child and Adolescent Needs and Strengths (CANS) assessment for each youth placed.
  10. Provide a needs and services plan within 30 days of placement.
  11. Ensure all confidentiality requirements regarding client information are maintained.
  12. Collect and manage client data in a secure and encrypted database and be able to accurately report on services provided.

**A. Children’s Crisis Residential Program (CCRP)**

1. An interdisciplinary team of highly qualified and trained staff will provide services. Grantee will recruit, train and provide sufficient qualified staff for the CCRP that meet the State’s ILS qualifications, training and duty requirements.
  - a. Provide adequate staffing, training, documented protocol and team member skills required to provide crisis management and de-escalation if/as needed to ensure the safety of youth.
  - b. Ensure all staff have the ability to engage with families, accurately assess family and youth needs and demonstrate knowledge of the cultural, religious, regional, ethnic, social, linguistic, gender and sexual orientation needs of the individuals and community being served.
  - c. Ensure the capacity to support Spanish speaking youth or families.
2. Accept youth referred by the placing agency regardless of actual or perceived race, ethnic group identification, ancestry, national origin, tribal affiliation, color, religion, sex, sexual orientation, gender identity and expression, mental or physical disability, or HIV status.
3. Grantee will ensure that all known or suspected instances of child abuse and neglect are reported as required by law. Employees are mandated reporters for suspected child abuse or neglect.

4. Grantee will report significant incidents including but not limited to incarcerations, hospitalizations, and elopements and will work with FCS to ensure appropriate intervention.
5. Grantee will ensure all confidentiality requirements regarding client information are maintained.
6. Grantee is responsible for collecting and managing client data in a secure and encrypted database and will be able to accurately report on services provided.
7. Grantee will ensure all employees are TB tested and retain information on tests in their personnel files.
8. Grantee will provide culturally and linguistically competent service to meet the diverse needs of the youth served.
9. Grantee will conduct criminal background checks/fingerprinting on all employees interacting with clients and arrange to receive subsequent criminal notifications if the employee is convicted of a crime during the time of their employment.

#### **IX. Agency Responsibilities**

1. Provide referrals, support and technical assistance as needed to support ongoing implementation and program utilization.
2. County caseworkers and juvenile probation officers will participate as members of the care coordination team in developing and implementing plans to support and stabilize the children, youth and families served.
3. County caseworkers will provide routine case management services in accordance with Division 31 of the California Department of Social Services Regulations, and will maintain authority for court recommendations, placements, and other required documents such as case plans.
4. Juvenile probation officers will provide routine case management services for juvenile justice-involved youth and will maintain authority for court recommendations, placements, and other required documents such as case plans.

#### **X. Reporting Requirements**

- A. Grantee will provide a monthly spreadsheet detailing monthly revenues and expenses.
- B. Grantee will provide monthly updates to the County regarding progress on work plan timeline in the CCCPP core workgroup meeting.
- C. Grantee will provide an annual report summarizing the contract activities, referencing the tasks as described in Section IV-Description of Services, VI-Service Objectives, and VII-Outcome Objectives. This report shall provide cumulative fiscal year results for each

objective outlined above. This report will also include accomplishments and challenges encountered by the Grantee.

- D. Grantee will provide a daily occupancy report to FCS with both child information and number of available beds via secure email.
- E. Grantee will provide a monthly programmatic spreadsheet detailing numerical service objectives.
- F. Grantee will provide the following data in cumulative monthly, quarterly and annual reports:
  - i. Incoming referral sources.
  - ii. Youth and family demographics.
  - iii. Number of youth enrolled.
  - iv. Number of unduplicated clients served.
  - v. Discharge outcomes including number of youth sent to a higher level of care, youth discharged to the community and youth discharged to other parts of the continuum such as E-STRTP, E-ISFC or ISFC settings, as well as other linkages made.
  - vi. Entrance and discharge information including reason for placement and reason for placement at discharge.
  - vii. Average length of stay.
- G. Report and document all critical incidents to the placing agency as soon as possible, but no later than 24 hours from when the incident occurred.
- H. Provide an annual report summarizing the contract activities, referencing the tasks as described in the Description of Services, Services Objective and Outcome Objectives. This report will provide cumulative fiscal year results for each objective outlined above as well as accomplishments and challenges encountered by the Grantee. This report will also include a narrative of accomplishments and challenges encountered by the Grantee during the fiscal year.
- I. Monthly and Quarterly reports are due 15 days after the close of the reporting period, and the Annual report is due 90 days after the end of the fiscal year. All reports must be entered into SFHSA's Contracts Administration Reporting and Billing Online (CARBON) system.
- J. Reports with identifying youth information will not be uploaded to the CARBON system; rather, they will be sent via secure email with password protection to the FCS Program Manager and the Program Support Analyst.
- K. Reports will be submitted electronically to the following staff:

Tommy Pazhempallil, Program Manager  
Family & Children Services Division  
[Tommy.Pazahempallil@sfgov.org](mailto:Tommy.Pazahempallil@sfgov.org)

Elizabeth Léone, Senior Contracts Manager  
HSA Office of Contract Management  
[Elizabeth.Leone@sfgov.org](mailto:Elizabeth.Leone@sfgov.org)

Jesse Rosemoore, Budget Analyst  
HSA Budget & Planning Unit  
[Jesse.Rosemoore@sfgov.org](mailto:Jesse.Rosemoore@sfgov.org)

Vanetta Dunlap, Program Support Analyst  
Family & Children Services Division  
[Vanetta.Dunlap@sfgov.org](mailto:Vanetta.Dunlap@sfgov.org)

Farahnaz K. Farahmand, Director - Children, Youth & Families System of Care  
Behavioral Health Services, SF Department of Public Health  
[Farahnaz.Farahmand@sfdph.org](mailto:Farahnaz.Farahmand@sfdph.org)

## **XI. Monitoring Requirements**

- A. Program Monitoring: For start-up and program implementation work, Program monitoring will include a collaborative review of the CCCPP work plan timeline and benchmarks. Ongoing, program monitoring will include the review of client eligibility, client files and client progress, as well as a review of case, service delivery, and back-up documentation reflecting progress toward meeting service and outcome objectives, including efforts to increase culturally sensitive services. Monitoring is inclusive of subcontractor program documentation, as well as the oversight of the subcontractors.
  
- B. Fiscal Compliance and Grant Monitoring: Fiscal monitoring will include review of the Grantee's organizational budget, the general ledger, quarterly balance sheet/income statements, cost allocation procedures and plan, State and Federal tax forms, audited financial statement, fiscal policy manual, supporting documentation for selected invoices, cash receipts, disbursement journals, and flexible fund expenditures. The compliance monitoring will include review of Personnel Manual, Emergency Operations Plan, Compliance with the Americans with Disabilities Act, sub-grants, and MOUs, and the current board roster and selected board minutes for compliance with the Sunshine Ordinance.

	A	B	C	D	E	F	G
1	Appendix B, Page 1						
2							
3	<b>HUMAN SERVICES AGENCY BUDGET SUMMARY</b>						
4	<b>BY PROGRAM</b>						
5	Name					Term	
6	Seneca Family of Agencies					1/1/2024 - 6/30/2028	
7	(Check One) New <input checked="" type="checkbox"/> Renewal <input type="checkbox"/> Modification <input type="checkbox"/>						
8	If modification, Effective Date of Mod. No. of Mod.						
9	Program: <b>Children's Crisis Continuum Pilot Program (CCCPP) 24-28</b>						
10	Budget Reference Page No.(s)						
11	Program Term	1/1/24 - 6/30/24	7/1/24 - 6/30/25	7/1/25 - 6/30/26	7/1/26 - 6/30/27	7/1/27 - 6/30/28	Total
12	<b>Expenditures</b>						
13	Salaries & Benefits	\$161,004	\$811,717	\$1,179,542	\$1,256,588	\$1,307,955	\$4,716,805
14	Operating Expense	\$260,735	\$302,829	\$284,273	\$340,880	\$429,683	\$1,618,400
15	<b>Subtotal</b>	\$421,739	\$1,114,546	\$1,463,815	\$1,597,468	\$1,737,638	\$6,335,206
16	Indirect Percentage (%)	15%	15%	15%	15%	15%	
17	Indirect Cost (Line 16 X Line 15)	\$63,261	\$167,182	\$219,572	\$239,620	\$260,646	\$950,281
18	Capital Expenditure						
19	<b>Total Expenditures</b>	<b>\$485,000</b>	<b>\$1,281,728</b>	<b>\$1,683,387</b>	<b>\$1,837,088</b>	<b>\$1,998,284</b>	<b>\$7,285,487</b>
20	<b>HSA Revenues</b>						
21	General Fund	\$0	\$0	\$357,807	\$489,428	\$621,255	\$1,468,490
22	CDSS Pilot Grant Funding	\$485,000	\$1,281,728	\$1,325,580	\$1,347,660	\$1,377,029	\$5,816,997
23							
24							
25							
26							
27							
28							
29	<b>TOTAL HSA REVENUES</b>	<b>\$485,000</b>	<b>\$1,281,728</b>	<b>\$1,683,387</b>	<b>\$1,837,088</b>	<b>\$1,998,284</b>	<b>\$7,285,487</b>
30	<b>Other Revenues</b>						
31							
32							
33							
34							
35	Total Revenues	\$485,000	\$1,281,728	\$1,683,387	\$1,837,088	\$1,998,284	\$7,285,487
36	Full Time Equivalent (FTE)						
38	Prepared by:	Telephone No.:				Date	
39	HSA-CO Review Signature: _____						
40	HSA #1						10/25/2016

	A	B	C	D	E	F	G	H	I	J	K
1	Appendix B, Page 2										
2											
3											
4	Program Name: Children's Crisis Continuum Pilot Program										
5	(Same as Line 9 on HSA #1)										
6											
7	<b>Salaries &amp; Benefits Detail</b>										
8											
9											
10											
11		Agency Totals		HSA Program		1/1/24 - 6/30/24	7/1/24 - 6/30/25	7/1/25 - 6/30/26	7/1/26 - 6/30/27	7/1/27 - 6/30/28	
12	POSITION TITLE	Annual Full Time Salary for FTE	Total FTE	% FTE funded by HSA (Max 100%)	Adjusted FTE	DHS Program Budgeted Salary	DHS Program Budgeted Salary	DHS Program Budgeted Salary	DHS Program Budgeted Salary	DHS Program Budgeted Salary	TOTAL 7/1/23 - 6/30/28
13	Chief Program Officer	\$195,011	1.00	2%	0.02	\$3,900	\$4,095	\$4,300	\$4,515	\$4,741	\$21,551
14	Chief Strategy Officer	\$180,036	1.00	5%	0.05	\$9,002	\$0	\$0	\$0	\$0	\$9,002
15	Regional Executive Director	\$160,638	1.00	8%	0.08	\$12,048	\$27,409	\$17,710	\$18,596	\$19,526	\$95,289
16	Program Director	\$158,704	1.00	35%	0.35	\$55,546	\$108,315	\$52,491	\$55,116	\$57,872	\$329,341
17	Assistant Director	\$109,200	1.00	0%	-	\$0	\$28,665	\$38,526	\$40,452	\$42,475	\$150,117
18	Clinical Director	\$120,000	1.00	9%	0.09	\$10,500	\$34,230	\$38,367	\$40,285	\$42,300	\$165,682
19	Assistant Director of Nursing	\$191,100	1.00	0%	-	\$0	\$1,003	\$0	\$0	\$0	\$1,003
20	Registered Nurse Manager	\$173,250	1.00	0%	-	\$0	\$3,032	\$0	\$0	\$0	\$3,032
21	Registered Nurse	\$105,000	1.00	0%	-	\$0	\$22,969	\$0	\$0	\$0	\$22,969
22	Program Supervisor	\$93,450	1.00	0%	-	\$0	\$49,061	\$51,514	\$54,090	\$56,795	\$211,460
23	Recruitment & Retention Supervisor	\$93,450	1.00	2%	0.02	\$1,869	\$0	\$0	\$0	\$0	\$1,869
24	Intake Coordinator	\$93,450	1.00	0%	-	\$0	\$20,442	\$51,514	\$54,090	\$56,795	\$182,841
25	Clinician	\$79,800	1.00	8%	0.08	\$6,650	\$16,758	\$17,596	\$18,476	\$19,399	\$78,879
26	Bilingual Clinician	\$86,100	1.00	0%	-	\$0	\$15,068	\$30,376	\$31,895	\$33,490	\$110,828
27	Youth Stabilization Specialist	\$77,250	4.00	0%	-	\$0	\$162,225	\$327,046	\$343,398	\$360,568	\$1,193,236
28	Support Counselor	\$56,784	1.00	8%	0.08	\$4,732	\$11,925	\$12,521	\$13,147	\$13,804	\$56,129
29	Bilingual Support Counselor	\$61,152	1.00	8%	0.08	\$5,096	\$12,842	\$13,484	\$14,158	\$14,866	\$60,446
30	Family/Peer Partner	\$56,784	1.00	4%	0.04	\$2,366	\$17,390	\$31,302	\$32,867	\$34,511	\$118,436
31	Facilitator	\$70,000	1.00	3%	0.03	\$2,333	\$14,700	\$19,294	\$20,258	\$21,271	\$77,857
32	Resource Family Recruiter & Reten	\$63,336	1.00	18%	0.18	\$11,084	\$0	\$0	\$0	\$0	\$11,084
33	Senior Administrative Assistant	\$73,528	1.00	5%	0.05	\$3,676	\$12,546	\$8,106	\$8,512	\$8,937	\$41,778
34	Program Assistant	\$56,784	1.00	0%	-	\$0	\$4,969	\$9,391	\$9,860	\$10,353	\$34,573
35	Quality Assurance Manager	\$93,450	1.00	0%	-	\$0	\$2,780	\$0	\$0	\$0	\$2,780
36	Health Information Specialist	\$61,152	1.00	0%	-	\$0	\$10,702	\$0	\$0	\$0	\$10,702
37	Program Analyst	\$93,450	1.00	0%	-	\$0	\$4,252	\$10,818	\$11,359	\$11,927	\$38,356
38	Facility Manager	\$93,450	1.00	0%	-	\$0	\$9,649	\$16,485	\$17,309	\$18,174	\$61,616
39	Administrator On-Call	\$99,750	1.00	0%	-	\$0	\$20,948	\$31,893	\$33,487	\$35,162	\$121,489
40	Supplemental Overtime/Crisis Resp	Variable			-	\$0	\$33,400	\$160,900	\$183,400	\$183,400	\$561,100
41	TOTALS		30.00	115%	1.15	\$128,803	\$649,373	\$943,634	\$1,005,270	\$1,046,364	\$3,773,444
42											
43	FRINGE BENEFIT RATE	25%									
44	EMPLOYEE FRINGE BENEFITS					\$32,201	\$162,343	\$235,908	\$251,318	\$261,591	\$943,361
45											
46											
47	<b>TOTAL SALARIES &amp; BENEFITS</b>					<b>\$161,004</b>	<b>\$811,717</b>	<b>\$1,179,542</b>	<b>\$1,256,588</b>	<b>\$1,307,955</b>	<b>\$4,716,805</b>
48	HSA #2	10/25/2016									

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1	Appendix B, Page 3														
2															
3															
4	Program Name: Children's Crisis Continuum Pilot Program														
5	(Same as Line 9 on HSA #1)														
6															
7	<b>Operating Expense Detail</b>														
8															
9															
10															
11															
12	<u>Expenditure Category</u>				<u>TERM 1/1/24 - 6/30/24</u>	<u>7/1/24 - 6/30/25</u>	<u>7/1/25 - 6/30/26</u>	<u>7/1/26 - 6/30/27</u>	<u>7/1/27 - 6/30/28</u>						<u>TOTAL</u>
13	Rental of Property				\$24,000	\$148,000	\$130,400	\$140,000	\$165,000						\$607,400
14	Utilities(Elec, Water, Gas, Phone, Garbage)				\$5,000	\$32,000	\$25,826	\$30,000	\$37,000						\$129,826
15	Office Supplies, Postage				\$2,158	\$6,060	\$5,389	\$6,500	\$9,554						\$29,661
16	Building Maintenance Supplies and Repair				\$3,000	\$25,741	\$14,701	\$25,337	\$36,090						\$104,869
17	Printing and Reproduction														
18	Insurance														
19	Staff Training				\$0	\$1,935	\$6,090	\$6,090	\$11,278						\$25,393
20	Staff Travel-(Local & Out of Town)				\$0	\$2,033	\$8,780	\$8,780	\$12,688						\$32,281
21	Rental of Equipment				\$5,000	\$4,000	\$12,960	\$18,000	\$24,000						\$63,960
22	<u>CONSULTANT/SUBCONTRACTOR DESCRIPTIVE TITLE</u>														
23	Psychiatry Services				\$5,100	\$5,253	\$0	\$0	\$0						\$10,353
24	Other Contract Services				\$5,000	\$5,600	\$8,689	\$15,000	\$15,000						\$49,289
25															
26															
27															
28	<u>OTHER</u>														
29	Telephone				\$1,037	\$6,203	\$13,442	\$18,457	\$23,357						\$62,496
30	Staff Recruitment				\$1,200	\$2,323	\$3,492	\$3,492	\$3,492						\$13,999
31	Resource Family Recruitment				\$6,240	\$0	\$0	\$0	\$0						\$6,240
32	Expendable Equipment				\$0	\$1,548	\$10,224	\$10,224	\$10,224						\$32,220
33	Vehicle Expense				\$0	\$0	\$4,968	\$7,000	\$9,200						\$21,168
34	Facility Preparation				\$200,000	\$50,000	\$0	\$0	\$0						\$250,000
35	Treatment Supplies, House Supplies, Food				\$3,000	\$12,133	\$39,312	\$52,000	\$72,800						\$179,245
36															
37															
38															
39	<b>TOTAL OPERATING EXPENSE</b>				<b>\$260,735</b>	<b>\$302,829</b>	<b>\$284,273</b>	<b>\$340,880</b>	<b>\$429,683</b>						<b>\$1,618,400</b>
40															
41	<b>HSA #3</b>														<b>10/25/2016</b>





**SAN FRANCISCO  
HUMAN SERVICES AGENCY**

Department of Benefits  
and Family Support

Department of Disability  
and Aging Services

Office of Early Care  
and Education

Date: November 2, 2023

To: Dan Kaplan, Deputy Director, HSA

From: Esperanza Zapien, Director of Contracts, HSA

RE: **Sole Source Waiver request – Seneca Family of Agencies** to provide the **Children’s Crisis Continuum Pilot Program** with intensive residential treatment and mental health services for children in foster care

P.O. Box 7988  
San Francisco, CA  
94120-7988  
[www.SFHSA.org](http://www.SFHSA.org)

In response to the California Department of Social Services’ request for proposals (RFP) for the Children’s Crisis Continuum Pilot Program, San Francisco Human Services Agency (SF HSA) was awarded \$8.5 million to create a comprehensive regional Children’s Continuum of Care that will enable foster youth in crisis to receive the critical stabilization and long-term wellness services they deserve, close to their homes and families.

As the lead applicant, SF HSA will leverage its strong working relationship with SF Department of Public Health’s Behavioral Health Department, as well as other child serving public agencies in the county, and experienced service providers to close the gap between existing services and the multi-tiered treatment and placement settings needed to provide trauma-informed care for system-involved youth, located close to home. SF HSA will also collaborate closely with Child Welfare and Behavioral Health Departments from Contra Costa, Marin, Solano, and Sonoma Counties to provide an expanded range of services and placements for foster youth in crisis from around the Bay Area.



**London Breed**  
Mayor

**Trent Rhorer**  
Executive Director

This awarded regional pilot project represents the culmination of years of strategic planning, stakeholder input, regional collaboration, and resource pursuit. SF HSA and our neighboring counties often work together to fill gaps in each county’s service array, ensuring supports are available for all regional children. This collaboration is particularly crucial to local foster youth who often live in neighboring counties outside of San Francisco.

Together, these entities will design and implement a continuum that meets all objectives listed in CDSS’ RFP by (1) closing existing service gaps with comprehensive in-patient, crisis support, and community-based options; (2) providing individualized assessment, stabilization, and ongoing treatment services to foster youth in the least restrictive, most family based settings possible, as close to home as possible; and (3) implementing continuous data-responsive performance improvement.

Seneca Family of Agencies was a named service provider in the CCCPP award, and therefore is the only provider able to fulfill the requirements of the accepted project proposal outlined below.

As outlined in the awarded pilot project pilot, SF HSA will partner with Seneca Family of Agencies (Seneca) to build upon existing less-restrictive programs already being offered in SF and throughout the Bay Area, including Wraparound for coordination of services



## SAN FRANCISCO HUMAN SERVICES AGENCY

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and in-home interventions; Mobile Response Team (MRT) and Family Urgent Response System (FURS) for 24/7 on-call support; a three-bed Crisis Stabilization Unit (CSU) for youth in immediate crisis; one Enhanced Short-Term Residential Therapeutic Program (E-STRTP), which provides intensive residential placement for one youth at a time; and 46 Intensive Services Foster Care (ISFC) homes, including two Enhanced Intensive Services Foster Care (E-ISFC) homes, for foster youth who require more targeted care than traditional resource homes. Together, these programs will provide a strong foundation of services for local foster youth upon which to build a more expansive service continuum.

The funding requested through this opportunity will be used to start up a range of **additional** high-end programs that will support our local dependent youth with complex needs to remain in their communities while getting the crisis services that they need.

These programs will include a Crisis Residential Program (CCRP) representing a total of six beds – programming that does not currently exist in SF. SF HSA will also develop four (4) more E-ISFC homes, increasing options for youths experiencing destabilization to receive targeted care in the least restrictive settings possible.

Seneca will help design and implement the CCRP and two of the four new E-ISFC homes, which is intended to serve SF youth, children and non-minor dependents receiving services from FCS, or referred by San Francisco Department of Public Health or San Francisco Juvenile Probation Department.

The purpose of this grant is for Seneca to: (1) oversee CCCPP start-up activities and develop, implement and provide integrated crisis programming that strengthens the continuum of services available to San Francisco County foster youth; (2) provide programming that includes one Children's Crisis Residential Program that can serve up to four youth at one time; and (3) develop and implement two new Enhanced ISFC homes that are equipped to provide services to SF youth in crisis.

To support San Francisco County and neighboring Counties with filling the gap of services for youth in crisis, Seneca Family of Agencies, a named community partner in the proposal, will develop a Children's Crisis Residential Program (CCRP) to provide specialized crisis stabilization services to foster youth, who are experiencing a mental health crisis in order for them to step down to a lower level of care safely, for up to 10 days. While these services will be available to any youth in the county who needs them, the target population for this proposal is foster youth. Most youth who utilize these services are anticipated to be between the ages of 6 and 18. The long-term goal of the CCRP is to teach coping skills to clients and their families within a short period to alleviate the symptoms that contributed to their admission, to assist clients with effectively managing daily stress, and to engage in crisis stabilization to divert and/or reduce future psychiatric hospitalization.

These programs are intended to seamlessly integrate with the other continuum programs already available for San Francisco County youth including wraparound, mobile response, crisis stabilization, Enhanced STRTP home, and other existing ISFC homes, in order to stabilize youth, minimize placement disruptions and unnecessary psychiatric hospitalization, improve safety and improve wellbeing outcomes.



# SAN FRANCISCO HUMAN SERVICES AGENCY

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FCS is proposing the following:

Request: HSA will set up a grant with Seneca Family of Agencies to provide Children’s Crisis Continuum Pilot Program start-up activities, a Children’s Crisis Residential Program (CCRP), and two new Enhanced Intensive Services Foster Care (E-ISFC) homes to provide housing, case management, and crisis stabilization services for SF foster youth in crisis, for the time period January 1, 2024 to June 30, 2028 for an amount not to exceed \$8,014,036.
Brief description of services: Seneca Family of Agencies will provide CCCPP start-up development and implementation services, one (1) Children’s Crisis Residential Program (CCRP) with four beds, and two (2) new Enhanced Intensive Services Foster Care homes for emergency placement for SF children, youth and non-minor dependents who are receiving services from FCS and are at risk of placement in a residential treatment program or hospitalization, or those needing to step down from a residential treatment program.  The CCRP is designed to be fully integrated along with the other components of the continuum of care for children in San Francisco including both higher and lower levels of care, services in formal care settings, and services in the community. Length of stay in the CCRP will be between 24 hours and not to exceed 10 days, unless medical necessity criteria is met and documented. Services to include housing, crisis stabilization, and crisis case management.
Duration: A grant term of four years and six months.
Justification for Sole Source: Seneca Family of Agencies is a named service provider in SF HSA’s successful CCCPP proposal, which was awarded from California Department of Social Services.
Reporting Requirements: HSA will develop a report and provide recommendations at the end of the grant period.
Compliance: The grantee will meet the normal city requirements for contracting.
Future procurement: Analysis of next period will determine whether services are still required.

Approved       Disapproved

DocuSigned by:  
  
\_\_\_\_\_  
Dan Kaplan, Deputy Director of Administration and Finance

## Grant Solicitation Waiver Instructions

**WHEN TO USE:** For approval of grant solicitation waivers under [Administrative Code Section 21G.8](#), where:

- A competitive process is infeasible or impracticable
- A Public Purpose may reasonably be accomplished by one particular Grantee

Per the City Purchaser's Administrative Code Chapter 21G Rules and Regulations, this Waiver Form is **not required** for grants awarded in accordance with Administrative Code Sections:

- 21G.3(a)(1):** Grants to a governmental entity for programs, activities, or services that can be practically performed only by that particular entity
- 21G.3(a)(2):** Grants to a specific entity as required to comply with applicable law or contract, or as a result of the requirements of the funding source
- 21G.3(a)(3):** Grants made for improvement to property by a property owner
- 21G.8(c):** Grants to any of the four City-owned community cultural center

**INSTRUCTIONS:** Complete this Grant Solicitation Waiver Form to request approval to waive the competitive solicitation requirements under Administrative Code Section 21G.8. Provide specific and comprehensive information to justify why the requested grant should be awarded absent a solicitation. Attach appropriate/required supporting documentation.

The Grant Solicitation Waiver Form must be signed by the Granting Officer or their designee. The Solicitation Waiver must be fully approved before the department makes a commitment to the grantee, and before City funds are encumbered. If the Solicitation Waiver request is denied, the department must conduct a competitive process to select the grantee(s).

For extensions of Solicitation Waivers for a previously awarded sole source grant, attach a copy of all prior approved Solicitation Waivers or other sole source determinations by the relevant authority.

Submit Grant Solicitation Waiver Form for final approval as follows:

- **Granting Agencies under jurisdiction of a commission or board:** to the commission or board, recommending waiver of solicitation requirements for this grant award.
- **Granting Agencies with no board or commission:** to the Purchaser ([oca@sfgov.org](mailto:oca@sfgov.org)), who shall convene the Grant Consensus Committee<sup>1</sup> to review the request.

Once fully approved, upload this signed form, all supporting documentation, and commission, board, or Grant Consensus Committee final approval, as applicable, to PeopleSoft. Select the appropriate Purchasing Authority for the grant award in PeopleSoft.

<sup>1</sup> Representatives from the Controller's Office, Human Resources Department, Office of Contract Administration, and City Attorney's Office

## Grant Solicitation Waiver Form

<b>Department:</b> HSA	<b>Phone:</b> (415) 557-5057
<b>Dept. Contact:</b> Elizabeth Léone	<b>Email:</b> Elizabeth.leone@sfgov.org

<b>Request:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Modification	<b>Grantee:</b> Seneca Family of Agencies	<b>Supplier ID:</b> 0000011264
<b>Short Description of Grant:</b> Children's Crisis Continuum Pilot Program		

<b>Grant Amount:</b> \$8,014,036 (includes contingency)	<b>Grant Duration:</b> 4 years and 6 months
(Attach itemized budget if available)	<b>Anticipated Dates:</b> From 1/1/24 To 6/30/28
Intensive residential treatment and mental health	
<b>Describe the Public Purpose to be fulfilled by this Grant:</b> services for children in foster care	

### Justification for Waiver of Competitive Solicitation Requirements

Check the appropriate solicitation waiver reason and address the questions listed. Attach additional supporting documentation as indicated and/or as necessary.

**Competitive solicitation infeasible or impracticable**

- Is this grant required to respond to a public emergency or other exigent circumstances?  Yes  No
- If **YES**, provide a description of the public exigency or emergency, need for the sole source Grant and period of performance, and impact on the Public Purpose if the sole source Grant is not approved.
- If **NO**, grant is *not* required to respond to public emergency or other exigent circumstance:
  - Why is a competitive process infeasible or impracticable?
  - Why is this the only entity that can fulfill this Public Purpose? What does the entity offer that is essential to fulfilling the Public Purpose?
  - What steps were taken to verify that this is the only entity that can fulfill this Public Purpose? Has the department contacted other entities to evaluate their ability to fulfill the Public Purpose, and if so, describe the entities and explain why they cannot meet the department's needs.

**Public Purpose may reasonably be accomplished by one particular Grantee**

- Why this is the only entity that can fulfill this Public Purpose? What the entity offers that is essential to fulfilling the Public Purpose? **Grantee is named specifically to provide these services in awarded proposal.**
- What steps were taken to verify that this is the only entity that can fulfill this Public Purpose? Has the department contacted other entities to evaluate their ability to fulfill the Public Purpose, and if so, describe the entities and explain why they cannot meet the department's needs. **n/a**
- Is this a recurring Grant to the same recipient?  Yes  No
- If **YES**: How long has this entity fulfilled this Public Purpose for the department?
  - Has department conducted a formal or informal competitive process within the last five years demonstrating lack of other potential Grantees, pursuant to Admin Code §21G.8(b).  Yes  No
  - Solicitation document(s), result(s), and other supporting documentation attached?  Yes  No

### Grant Solicitation Waiver request is recommended by:

Grants Officer (Dept Head) or Designee Name: Daniel Kaplan

Grants Officer (Dept Head) or Designee Signature:

DocuSigned by:

Daniel Kaplan

Date: 11/2/2023

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