



**SAN FRANCISCO  
HUMAN SERVICES AGENCY**

Department of Benefits  
and Family Support

Department of Disability  
and Aging Services

Office of Early Care  
and Education

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



**London Breed**  
Mayor

**Trent Rhorer**  
Executive Director

**MEMORANDUM**

**TO:** HUMAN SERVICES COMMISSION

**THROUGH:** TRENT RHORER, EXECUTIVE DIRECTOR

**FROM:** JOAN MILLER, DEPUTY DIRECTOR  
ESPERANZA ZAPIEN, DIRECTOR OF CONTRACTS DS  
EL

**DATE:** SEPTEMBER 16, 2022

**SUBJECT:** GRANT MODIFICATION: **SENECA FAMILY OF AGENCIES**  
(NON-PROFIT) TO PROVIDE MOBILE RESPONSE, INTENSIVE  
CARE COORDINATION AND EMERGENCY PLACEMENT  
SERVICES FOR HIGH NEEDS FOSTER YOUTH

	<u>Current</u>	<u>Mod</u>	<u>Revised</u>	<u>Contingency</u>	<u>Total</u>
<b>GRANT TERM:</b>	7/01/19- 9/30/22	10/2/22- 6/30/23	7/01/19- 6/30/23		
<b>GRANT AMOUNT:</b>	\$7,205,347	\$1,680,000	\$8,885,347	\$888,535	\$9,773,882
<b>ANNUAL AMOUNT:</b>	<u>FY 20/21</u>	<u>FY 21/22</u> (15 months)	<u>FY 22/23</u> (9 months)		
	\$2,127,669	\$2,768,397	\$1,680,000		
<b>Funding Source FUNDING:</b>	<u>County</u>	<u>State</u>	<u>Federal</u>	<u>Contingency</u>	<u>Total</u>
	\$2,042,630	\$2,843,311	\$3,998,406	\$888,535	\$9,773,882
<b>PERCENTAGE:</b>	23%	32%	45%		100%

The Department of Benefits and Family Support (BFS) requests authorization to modify the existing grant with Seneca Family of Agencies (Seneca) for the period of October 1, 2022 to June 30, 2023, in an additional amount of \$1,680,000 plus a 10% contingency for a total amount not to exceed \$9,773,882. The purpose of the grant is provide a mobile urgent response system for eligible in-home and foster children and youth and provide placement and stabilization services to high-end youth.

## **Background**

In 2017, through Assembly Bill 403, the California Department of Social Services released comprehensive policy changes for placement and treatment options for California youth in foster care. That policy change, known as the Continuum of Care (CCR) Reform, was based on research that supports the belief that when children are not able to remain with their birth parents, providing a family, home-based structure enables youth to develop more successfully, thus improving outcomes for them. A primary goal of CCR is that children should not remain in group living environments. In 2019, as part of the effort to support children in family settings, the California Legislature passed legislation requiring the state and counties to establish a coordinated Family Urgent Response System (FURS) for current and former foster youth and their caregivers, and CDSS released related policy directives in 2021.

This legislation led to the closing of the Child Protection Center (CPC) which had operated on the Edgewood campus. Two systems were designed, piloted and implemented to replace the CPC. The first was Alternative Family Services to provide family care through emergency resource families for children with no identified special needs or disabilities.

The second initiative was the HUB collaborative, originally designed as a collaboration of agencies to provide high needs children through four Short-Term Residential Treatment Programs (STRTPs) and coordinated care, approved by the Commission in 2019. This ambitious program was to provide intensive care coordination, mobile response, and placement and stabilization in STRTPs. These specialized placements would provide intensive staffing and services, depending upon the need of the child. Services include: specialty mental health and behavioral supports, transition support services, educational services, physical health services. The placements were designed to be short term, stabilizing and intensive while simultaneously planning a transition to a more permanent placement.

The residential program experienced significant challenges during its initial implementation. Residential stabilization of youth with intensive behavioral health needs is a crisis throughout California, an unintended consequence of AB 403. The acuity level of the youth was complex, with multiple traumas impacted their stability. Collaborative placement partners have reduced or eliminated bed capacity for many reasons. The HUB emergency bed program utilized an enhanced foster parent model with additional staffing and service support, but it was difficult to both recruit and retain foster parents. The STRTP was originally located in rural Petaluma, an area that became harder to attract stable staffing. COVID pandemic increased all these stressors. Seneca

and the county have worked closely and collaboratively since program inception, with openness to flexibility and program adjustments and redesign as both needs and reality required.

### **Services to be Provided**

The program has been redesigned for a mobile response program with intensive care coordination and one STRTP+1 emergency bed, now located in San Francisco. STRTP beds are still available to San Francisco but are processed through the eligibility unit, not this grant, and do not have the same level of staffing and services as an STRTP+1.

Mobile response operates 24/7 for all children and youth age 0-17 and their caregivers who are currently receiving services from FCS within 90 miles of San Francisco. If needed, teams of mobile response workers arrive within one hour of a call from inside San Francisco and 2 hours outside San Francisco to provide immediate crisis stabilization services for up to 72 hours. Intensive Care Coordination can provide individual assessments and schedule a Child and Family Team Meeting (CFT) to bring together a child's key partners. Treatment and, if required, placement can be provided. Seneca will work with partners to coordinate case planning and further stabilization of the child/youth.

For additional information regarding specific services to be provided by the Grantee, please refer to Appendix A-1 – Services to be Provided (attached).

### **Selection**

Grantor was selected through Request for Proposals 795, which was competitively bid in June 2018. The services will be competitively procured this spring.

### **Funding**

There are three funding sources for this program. Funding for the portion of the grant before you is local City General funds. Federal Title IV-E funds are through the Foster Care Eligibility unit in the form of a placement rate. Mental health dollars are paid through the Department of Public Health. These percentages fluctuate year to year, based on the actual services provided.

### **ATTACHMENTS**

Appendix A-1, Scope of Services

Appendix B-1, Budget

**Appendix A-1 – Services to be Provided**  
**Seneca Family of Agencies**  
**Hub Agency Services, Mobile Response and Emergency Placement Services for**  
**High Needs Foster Youth**  
**May 1, 2019 – June 30, 2023**  
**(Updated October 1, 2022)**

**I. Purpose**

The purpose of this grant is to develop, implement, and provide three integrated services designed for eligible in-home and foster children and youth who have intensive behavioral health needs. The components of mobile response (intensive care management and coordination, and placements in a Short Term Residential Therapeutic Program+1 (STRTP+1) bed) are designed to stabilize youth, minimize placement disruptions, and improve safety, permanency, and well-being outcomes.

**II. Definitions**

CPM	Core Practice Model, a State model which outlines the values, components, elements and behavior associated with Child Welfare
CANS	Child and Adolescent Needs and Strengths Assessment
CCR	Continuum of Care reform outlined in Assembly Bill 403, based on research that indicates family care is essential for foster children to develop successfully and improve outcomes.
CPS	Child Protective Services
CFT	Child and Family Team Meeting
CSU	Crisis Stabilization Unit
DHS	San Francisco Department of Human Services, a division of HSA
CBHS	San Francisco Community Behavioral Health Services, a part of the Department of Public Health
EPSDT	Early and Periodic Screening, Diagnostic and Treatment funding
Edgewood	Edgewood Center for Children and Families, a sub grantee
FCS	Family and Children’s Services, a division of HSA

FCMH	Foster Care Mental Health, a division of CBHS
FURS	Family Urgent Response System
Grantee	Seneca Family of Agencies
HSA	San Francisco Human Services Agency
ISFC	Intensive Services Foster Care
MRT	Mobile Response Team
OCM	San Francisco Human Services Agency Office of Contract Management
PO	Juvenile Probation Officer
PSW	Protective Services Worker
STRTP	Short Term Residential Therapeutic Program
STRTP+1	Short Term Residential Therapeutic Program – treatment programming with staffing and service delivery for one youth with intensive needs.

### III. Target Population(s)

The overall target population is all children and youth and their caregivers (including their biological family) who meet one of the following criteria:

- Families receiving voluntary services from FCS
- Children/youth birth through age 17 who are dependents of the Juvenile Court
- Children and youth through age 17 who are receiving foster care services from JPD.
- Current and former foster youth through age 21 and their caregivers

Each one of the three service components has additional specificity in the target population based on age, location of placement, and needs level as outlined below.

1. **Mobile Response:** All children and youth age 0-21 and their caregivers (including their biological family), who are currently receiving voluntary services from FCS, are dependents of the Juvenile Court; children and youth through age 17 who are receiving foster care services from JPD; and current and former foster youth through age 21. Response will be for children and families living within 90 miles of San Francisco. It may include an Intensive Care Coordination component for children and youth with intensive needs.

2. **Immediate Emergency Short-term Stabilization Placements:** A minimum of one emergency STRTP+1bed with the ability to provide in home support if necessary for identified foster children/youth age 0-17 with intensive needs, in the child welfare system. Children under age 10 must be placed in a family home or family-centered setting, consistent with CCR.

Grantee will accept all children and youth referred for Intensive Care Coordination and Emergency Placement. Under no circumstances may a provider terminate a child who is enrolled in their services without the express written approval of FCS. Termination for behaviors that were the cause of, and/or cited for, the referral is inappropriate.

The Intensive Care Coordination and Immediate Emergency Placement components are designed to serve youth with severe behavioral issues. Behaviors may include, but are not limited to:

- **Fire setting** within the past two years;
- **Assault** with or without a weapon in the past two years and causing injury;
- **Sex offending behavior** predatory or non-predatory, CANS Tier 1 and 2, Megan's law, or non-adjudicated with or without sex offender evaluation;
- **Commercially Sexually Exploited** behavior, i.e., youth who are being served through CSEC requirements;
- **Significant trauma indicators** including but not limited to  $\geq 3$  placements in past 12 months, or substantiated physical, sexual, or emotional abuse in past 24 months, or substantiated moderate to severe neglect in the past 24 months;
- **Developmentally disabled youth** whose IQ is 75 or below or who demonstrates functional impairments in school, home, or community, as well as in the ability to think or perceive surroundings accurately and interact appropriately with others;
- **Youth who are AWOL** - missing from placement.

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

All services should be provided within the model of unconditional care, and using frameworks from evidence-based work. Evidence-based, empirically supported interventions (ESIs) or evidence-informed interventions should be utilized, as they are available and appropriate for the populations served.

##### A. **Mobile Response**

1. Operation of a 24 hours per day/7 days per week toll-free telephone line that provides live response and triage of calls, and links the callers to a mobile response team.
2. Dispatch of mobile response team for all calls where the child or youth meets the target population requirements. For all calls referred to mobile response,

- response time shall be within **1 hour** for those calls located within San Francisco, and within **2 hours** for those calls located outside of San Francisco.
3. Provision of immediate crisis stabilization services for a period up to 72 hours, with linkage to and coordination with existing or new services aimed at stabilizing the situation for up to 8 weeks. Interventions should minimize risk, maintain the youth in his/her current living arrangement, prevent repeated hospitalizations, stabilize behavioral health needs, and improve functioning in life domains.
  4. When necessary, link and triage with existing crisis teams, comprehensive crisis and existing Crisis Stabilization Unit (CSU), Hospital Diversion Program, etc.
  5. Conduct individualized needs assessments for identified children/youth and families, and implement necessary treatment and placement based on those needs.
  6. For all youth receiving care coordination, participate in the CFT to ensure that a needs and service plan is developed and updated, and includes clear and measurable tasks assigned to team members with specific timeframes.
  7. Participate in the MAST weekly interagency meeting with county partners to coordinate case planning, identify children and youth who may be in need of support, and discuss issues requiring further resolution.
  8. Step-down when child/youth is stabilized, with the ability to reactivate if necessary.
  9. Coordinate closely with FCS's placement staff and FCMH.

**B. Immediate Emergency Placement**

1. Ensure immediate intake and placement of youth identified by the program 24 hours per day/7 days per week/365 days per year. Placement to occur within four (4) hours of referral.
2. Provide a minimum of one STRTP+1 bed.
3. Utilize intake procedures developed between FCS and Grantee to enroll children and youth.
4. Provide the following core support and services:
  - a. Intensive staffing support as required depending on needs of the child.
  - b. Medi-Cal specialty mental health and behavioral services, and other behavioral and mental health supports; transition support services, including extracurricular activities and social supports; and activities supporting permanency and successful transition to adulthood.
  - c. Coordination of educational support and services, including, but not limited to, service coordination to address special education issues as necessary.
  - d. Coordination of physical health services, including prompt medical clearances for all children placed, and follow-up on any identified medical needs.
  - e. Grantee will maintain a "no eject, no reject" policy in accordance with the Unconditional Care clinical treatment model (children and youth

should not be ejected or rejected from services due to their behaviors, but rather the services should be tailored to address their individual needs).

5. For all children and youth placed in Immediate Emergency Placement, ensure they have a scheduled CFT within 48 hours of placement, within 10 days after first meeting, and every 10 days thereafter until discharge. The CFT should include key partners as appropriate including family, caregivers, identified natural supports, protective services workers, Child Welfare Placement staff, and Juvenile Probation staff as needed.

**C. Hub Integration Services and Coordination**

Meet regularly with County staff to ensure the partnerships necessary for successful outcomes are in place. This will include standing oversight meetings on a mutually agreed upon schedule, as well as child-specific discussion as needed. Subcontractors will be included in designated oversight and executive meetings to ensure coordination and communication of all parties.

Instances of inappropriate conduct among subcontractor staff will be investigated by the Grantee, and subsequently reported to County staff.

**D. Evaluation**

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 the County will work together to develop annual statistical analysis that considers these outcomes.

**E. Identify and track FURS-eligible families receiving MRT services**

FURS-eligible families include current or former foster children or youths adjudicated under W&I Code Section 300, 601, or 602 and who is served by a county child welfare agency or probation department, and a child or youth who has exited foster care to reunification, guardianship, or adoption up to age 21. This also includes youth who have been reunified with a parent but remain under the jurisdiction of the juvenile court in a plan of Family Maintenance.

A current or former foster child or youth shall be eligible for services until they attain 21 years of age.

A caregiver is defined as a person responsible for meeting the daily care and needs of a current or former foster child or youth, and who is entrusted to provide a loving and supportive environment for the child or youth to promote their healing from trauma. Caregiver is defined broadly and includes an individual beyond a parent who is acting in a caregiving role.



MRT support for the youths in the Compass emergency placement beds will be billed to the Compass Emergency Placement program, and not claimed to FURS. Seneca will work with SFHSA contract, program, and fiscal staff to develop and implement an appropriate tracking process to ensure accurate claiming to the FURS program.

**V. Location and Time of Services**

Program offices are located at:

2513 24th Street

San Francisco, CA 94110

415-206-6346

Program office hours are from 9 AM to 5 PM, Monday through Friday.

Locations and times of service delivery will be flexible. Services will be provided in family and community settings at times that are convenient for enrolled clients and families. On-call crisis support will be provided on a 24/7/365 basis.

**VI. Service Objectives**

**A. Mobile Response Team** (*Calls received for Hub component should not be reported here*)

Using the agreed upon Excel template, report the following separately for FCS and JPD

**Monthly (Include Cumulative Year-to-Date Totals)**

1. The total number of calls received from
  - a. PSW or PO
  - b. Biological Parent or Guardian
  - c. Resource Family (including relative placement)
  - d. Mental Health Provider
  - e. Other
  
2. Number of unduplicated youth referred for MRT crisis response
  - a. Referral sources
  - b. Number of youth ineligible for MRT crisis response
  - c. Number of youth eligible for MRT crisis response
  
3. Unduplicated Eligible Clients
  - a. Number with an active Wraparound Case
  - b. Number without an active Wraparound Case
  
4. Service Type for Unduplicated Eligible Clients
  - a. Number that received Telephone Counseling
  - b. Number that received In-Person Response

- c. Number that were Non-Responsive (dead-end)
  - d. Average In-Person Response Time
  - e. Number that resulted in service case opening
5. Unduplicated Cases Opened
- a. Number of clients with at least one CFT per calendar month
  - b. Total number of CFTs attended per referral month
  - c. Outcome – stabilized, step down, lateral or step-up

## **B. Emergency Placement**

### **Daily**

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

### **Monthly**

1. Number of youth admitted
2. Number of youth discharged
3. Number of youth placed in an emergency bed per day
4. Days, aggregated average and range of days of occupancy for each youth admitted
5. Number of CFTs meetings completed within specified time periods
6. Number of children receiving CFTs
7. Number of children receiving MRT services
8. Average response time to placement intake
9. Hours of crisis response provided per child once placed

### **Annually**

1. Client satisfaction with service delivery

## **VII. Outcome Objectives**

This section articulates outcome objectives and the desired direction of improvement. The County has developed the following measures for each objective. The County will also use existing data and other sources of information to establish baselines on current performance from which performance targets will be set.

- A. For Mobile Response Services (grantee responsible for providing data on names and DOBs of youth referred and youth with a case opened and dates of referrals, case openings and case closures for each youth):**
1. Increased Placement Stability –
    - a. Among children in foster care at time MRT case was opened, count and percent who remained in same placement setting for 12 months or until foster care episode ended
    - b. Among children who changed placement, count and percent that were either ‘step-up’, ‘lateral’, or ‘step-down’ based on following

hierarchy – institutional/group-home/runaway > family-based foster care > relative

2. Prevention of foster care entry –  
Among all children in in-home case at time MRT case was opened, count and percent who did not enter foster care within next year

B. For Emergency Placement:

1. Emergency placement intakes will be made within 4 hours of referral. Provide both count and percentage that met the criteria.
2. When possible, youth will have a maximum length of stay of 45 days in the emergency STRTP+1 bed during a single placement.
3. Youth placed in an STRTP+1 setting will experience reduction of behaviors that interfere with their ability to safely reside in family-based care. Specific assessment process to be determined.
4. Youth served will show improvement on identified strength and needs domains from the time of admission to discharge.
5. Youth will be stepped-down to family-based care as soon as the situation stabilizes and the step-down is appropriate. Report the count and percent of youth that transfer to either a) group-home, b) family-based foster care, or c) relative placement.

### **VIII. Grantee Responsibilities**

- A. 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.
- B. 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.
- C. Follow FCS runaway/AWOL procedures.
- D. Grantee will ensure all confidentiality requirements regarding client information are maintained.
- E. Grantee is responsible for collecting and managing client data in a secure, encrypted database and must be able to accurately report on services provided.
- F. Ensure all employees are TB tested and retain information on tests in their personnel files.
- G. Provide culturally and linguistically competent services to meet the diverse needs of San Francisco families.
- H. Be familiar with FCS practices and policies such as the California Core Practice model. Information on the CPM can be found here: <https://calswec.berkeley.edu/programs-and-services/child-welfare-service-training-program/core-practice-model>.
- I. Conduct criminal background checks/fingerprinting on all employees interacting with clients and arrange to receive subsequent criminal notifications if the employee is convicted of a crime during the time of his or her employment.

- J. Meet at regular intervals with subcontractors.

**IX. Agency Responsibilities**

- A. Provide referrals, support and technical assistance as needed to support ongoing implementation.
- B. County case workers and probation officers will participate as members of the family team in developing and implementing plans to support and stabilize the children, youth and families served.
- C. County case workers 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.
- D. 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. Grantee Reporting Requirements**

- A. Grantee will provide daily occupancy report to FCS Placement, with both child information and number of available beds.
- B. Grantee will provide monthly spreadsheet, detailing monthly revenues and expenses.
- C. Grantee will provide monthly and cumulative programmatic spreadsheet, detailing numerical service objectives.

Grantee will collaborate with SFHSA and SFJPD staff as needed in conducting analysis of youth served in the program; for example, reviewing placements of youth at designated points in time and reviewing high level trends, such as placements in permanent family, non-permanent family, group home, emancipated or other.

- D. 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.
- E. Reports are due 15 days after the close of the reporting period and must be entered into SFHSA’s Contracts Administration, Reporting and Billing Online (CARBON) system.
- F. Do not upload any reports with identifying information to the CARBON system. Reports with identifying information can only be sent via secure email

with password protection to the Program Manager or Program Support Analyst identified below.

H. Reports will be submitted electronically to the following staff:

Alison Lustbader, Program Manager  
Department of Public Health  
[Alison.Lustbader@sfgov.org](mailto:Alison.Lustbader@sfgov.org)

Liz Crudo, Program Manager  
Family & Children Services Division  
[Liz.Crudo@sfgov.org](mailto:Liz.Crudo@sfgov.org)

Johanna Gendelman, Senior Contracts Manager  
Office of Contract Management  
[Johanna.Gendelman@sfgov.org](mailto:Johanna.Gendelman@sfgov.org)

Molly Chao, Budget Analyst  
Budget & Planning Unit  
[Molly.Chao@sfgov.org](mailto:Molly.Chao@sfgov.org)

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

**XI. Monitoring Requirements**

- A. Program Monitoring: Program monitoring will include a collaborative review of client eligibility, client files and client progress, as well as a review of case documentation, service delivery documentation, 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 oversight of subcontractors.
- B. Fiscal Compliance and Contract Monitoring: Fiscal monitoring, as requested, may include review of the Grantee's organizational budget, quarterly 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 and 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, subcontracts, MOUs, and the current board roster and selected board minutes for compliance with the Sunshine Ordinance.

	A	D	H	L	P	R	S
1							
2							
3	<b>HUMAN SERVICES AGENCY BUDGET SUMMARY</b>						
4							
5	<b>Name: Seneca Family of Agencies</b>						
6							
7	(Check One) <input type="checkbox"/> New <input checked="" type="checkbox"/> Renewal <input type="checkbox"/> Modification <input checked="" type="checkbox"/>						
8	If modification, Effective Date of Mod. 10.122 No. of Mod. 1						
9	Program: Hub Emergency FCS Services						
10	Budget Reference Page No.(s)	General Fund	General Fund	General Fund	General Fund	General Fund	Total
11	Program Term	5/1/2019-6/30/2019	7/1/2019-6/30/2020	7/1/2020-6/30/2021	7/1/2021-9/30/2022	10/1/22-6/30/23	5/1/19-6/30/22
12	<b>Expenditures</b>						
13	Salaries & Benefits	\$ 16,624	\$ 1,353,848	\$ 1,233,466	\$ 2,125,049	\$ 1,298,425	\$ 6,027,411
14	Operating Expenses	\$ -	\$ 465,176	\$ 632,911	\$ 303,600	\$ 175,259	\$ 1,576,946
15	Operating Expenses- Emergency Placement Subcontract Only						
16	Capital Expenditure	\$ 190,000					\$ 190,000
17	<b>Subtotal</b>	\$ 206,624	\$ 1,819,024	\$ 1,866,376	\$ 2,428,649	\$ 1,473,684	\$ 7,794,357
18	Indirect Percentage (%)	14%	14%	14%	14%	14%	0
19	Indirect Cost (Line 13 + Line 14 X Line 15)	\$ 28,927	\$ 254,706	\$ 261,293	\$ 339,750	\$ 206,316	\$ 1,090,991
20							
21	<b>Total Expenditures</b>	<b>\$235,551</b>	<b>\$ 2,073,730</b>	<b>\$ 2,127,669</b>	<b>\$ 2,768,397</b>	<b>\$ 1,680,000</b>	<b>\$ 8,885,347</b>
22	<b>HSA Revenues</b>						
23							
24	General Fund	235,551	\$ 2,073,730	\$ 2,127,669	\$ 2,768,397	\$ 1,680,000	\$ 8,885,347
25							
26	<b>TOTAL HSA REVENUES</b>	<b>\$235,551</b>	<b>\$2,073,730</b>	<b>\$2,127,669</b>	<b>\$2,768,397</b>	<b>\$1,680,000</b>	<b>\$ 8,885,347</b>
27	<b>Other Revenues</b>						
28							
29	Medi-Cal/EPSDT		\$ 400,248	\$ 1,354,320	\$ 1,912,860	\$1,013,995	\$ 4,681,423
30	Foster Care AFDC-FC rate		\$ 165,145	\$ 370,333	\$ 369,705	\$123,776	\$ 1,028,959
31							
32	<b>Total Revenues</b>	<b>\$235,551</b>	<b>\$2,639,123</b>	<b>\$3,852,322</b>	<b>\$5,050,962</b>	<b>\$2,817,771</b>	<b>\$ 14,595,729</b>
33	Full Time Equivalent (FTE)- includes all Seneca and subcontractor partner FTE						
35	Prepared by: Andrea Cammann, Director of Strategic Initiatives, Seneca Family of Agencies						
36	HSA-CO Review Signature:						
37	<b>HSA #1</b>						

	A	B	I	M	Q	U	V	W	
1									
2									
3									
4		Program Name: Seneca Family of Agencies							
5		(Same as Line 9 on HSA #1)						Appendix B, Page 2	
6									
7		<b>Salaries &amp; Benefits Detail</b>							
8									
9									
10									
11			<b>General Fund</b>	<b>General Fund</b>	<b>General Fund</b>	<b>General Fund</b>	<b>General Fund</b>	<b>TOTAL</b>	
12			6/30/2019	7/1/2019-6/30/2020	7/1/2020-6/30/2021	7/1/2021-9/30/2022	10/1/22-6/30/23	5/1/19-6/30/22	
13		POSITION TITLE		459,804					
14		Regional Executive Director		\$ 11,667	\$ 14,000	\$ 14,000	\$ 2,876	\$ 42,543	
15		Program Director		\$ 41,667	\$ 50,000	\$ 50,000	\$ 25,211	\$ 166,878	
16		Licensed Clinical Supervisor			\$ 30,000	\$ 30,000	\$ 3,030	\$ 63,030	
17		Program Supervisor/Intake Clinician			\$ 75,000	\$ 75,000	\$ 69,336	\$ 219,336	
18		Program Supervisor/Intake Clinician				\$ 32,500	\$ 74,538	\$ 107,038	
19		Administrator On-Call		\$ 52,500	\$ 75,000	\$ 75,000	\$ 22,742	\$ 225,242	
20		Administrator On-Call		\$ 31,250	\$ 37,600	\$ 37,500		\$ 106,350	
21		Bilingual Crisis Counselor		\$ 24,582		\$ 37,852	\$ 27,379	\$ 89,813	
22		Bilingual Crisis Counselor		\$ 12,874		\$ 25,684	\$ 26,093	\$ 64,651	
23		Bilingual Crisis Counselor				\$ 35,017	\$ 23,063	\$ 58,080	
24		Bilingual Crisis Counselor					\$ 21,302	\$ 21,302	
25		Bilingual Crisis Counselor					\$ 23,186	\$ 23,186	
26		Crisis Counselor		\$ 35,000	\$ 30,000	\$ 45,629	\$ 18,720	\$ 129,349	
27		Crisis Counselor		\$ 17,630	\$ 75,000	\$ 42,198	\$ 21,294	\$ 156,122	
28		Crisis Counselor		\$ 12,136	\$ 21,483	\$ 40,000	\$ 18,720	\$ 92,339	
29		Crisis Counselor		\$ 22,846		\$ 35,000		\$ 57,846	
30		Crisis Counselor		\$ 13,546		\$ 40,000		\$ 53,546	
31		Senior Administrative Asst.		\$ 7,973	\$ 9,568	\$ 41,568		\$ 59,109	
32		Program Assistant		\$ 38,133	\$ 45,760	\$ 45,760	\$ 23,935	\$ 153,588	
33		Health Information Specialist		\$ 15,862				\$ 15,862	
34		Program Evaluation Analyst		\$ 62,833	\$ 15,691	\$ 85,000	\$ 17,231	\$ 180,755	
35		Facility Manager		\$ 16,250	\$ 12,844	\$ 36,947	\$ 6,923	\$ 72,964	
36		Training Manager (variable FTE)		\$ 8,333	\$ 5,231	\$ 10,000		\$ 23,564	
37		Overtime/On Call Allowance		\$ 34,722	\$ 19,651	\$ 41,667	\$ 4,702	\$ 100,742	
38		Regional Executive Director		\$ 6,042	\$ 7,250	\$ 7,250	\$ 13,575	\$ 34,117	
39		Program Director		\$ 63,000	\$ 11,985	\$ 42,000	\$ 46,875	\$ 163,860	
40		Clinical Director			\$ 11,006	\$ 56,471	\$ 25,875	\$ 93,352	
41		Nurse				\$ 65,994	\$ 22,220	\$ 88,214	
42		Licensed Clinical Supervisor/Therapist		\$ 25,000	\$ 25,796	\$ 32,874		\$ 83,670	
43		Assistant Director/Program Manager		\$ 16,667	\$ 20,000	\$ 20,000	\$ 52,275	\$ 108,942	
44		Clinician		\$ 38,631		\$ 31,000		\$ 69,631	
45		Permanency Specialist		\$ 45,000		\$ 25,000	\$ 16,594	\$ 86,594	
46		Peer Partner/Mentor				\$ 25,664		\$ 25,664	
47		Mental Health Counselor		\$ 42,038	\$ 42,038	\$ 42,038	\$ 53,040	\$ 179,154	
48		Mental Health Counselor		\$ 49,420	\$ 49,420	\$ 49,920	\$ 53,040	\$ 201,800	
49		Mental Health Counselor		\$ 29,847	\$ 29,847	\$ 39,847	\$ 53,040	\$ 152,581	
50		Mental Health Counselor					\$ 53,040	\$ 53,040	
51		Awake Overnight Counselor		\$ 38,000	\$ 38,000	\$ 38,000	\$ 53,040	\$ 167,040	
52		Awake Overnight Counselor		\$ 35,000	\$ 35,000	\$ 35,000	\$ 26,520	\$ 131,520	
53		Senior Administrative Asst.		\$ 40,000	\$ 40,000	\$ 44,000	\$ 4,680	\$ 128,680	
54		Program Assistant/Health Information Specialist		\$ 37,000	\$ 37,000	\$ 38,520	\$ 15,638	\$ 128,158	
55		Resource Family Recruiter		\$ 25,000	\$ 17,469	\$ 27,500		\$ 69,969	
56		Facility Manager		\$ 35,000	\$ 12,645	\$ 37,850	\$ 7,191	\$ 92,686	
57		Administrator On-Call		\$ 32,597	\$ 25,311	\$ 14,867	\$ 4,847	\$ 77,622	
58		Overtime/On Call Allowance		\$ 59,500	\$ 59,346	\$ 53,000	\$ 98,725	\$ 270,571	
59		One-time start-up salary cost/no cost extension salary		\$ 13,193		\$ 83,430		\$ 96,623	
60		<b>TOTALS</b>		<b>\$ 13,193</b>	<b>\$ 1,077,546</b>	<b>\$ 978,941</b>	<b>\$ 1,686,547</b>	<b>\$ 1,030,496</b>	<b>\$ 4,786,723</b>
61									
62		FRINGE BENEFIT RATE		26%					
63		EMPLOYEE FRINGE BENEFITS		\$ 3,431	\$ 276,302	\$ 254,525	\$ 438,502	\$ 267,929	\$ 1,240,689
64									
65									
66		<b>TOTAL SALARIES &amp; BENEFITS</b>		<b>\$ 16,624</b>	<b>\$ 1,353,848</b>	<b>\$ 1,233,466</b>	<b>\$ 2,125,049</b>	<b>\$ 1,298,425</b>	<b>\$ 6,027,411</b>
67		HSA #2							

	A	B	C	H	L	P	T	V	W
1									Appendix B, Page 3
2									
3									
4			Program Name: Seneca Family of Agencies						
5			(Same as Line 9 on HSA #1)						
6									
7			<b>Operating Expense Detail</b>						
8									
9									
10									
11									
12			<b>Expenditure Category</b>	<b>General Fund</b>	<b>General Fund</b>	<b>General Fund</b>	<b>General Fund</b>	<b>General fund</b>	<b>TOTAL</b>
13				<b>5/1/2019-6/30/2019</b>	<b>7/1/2019-6/30/2020</b>	<b>7/1/2020-6/30/2021</b>	<b>7/1/2021-9/30/2022</b>	<b>10/1/22-6/30/23</b>	<b>7/1/2021-9/30/2022</b>
14			Facility Lease				\$ 14,547.00		\$14,547
15			Facility Interest						
16			Facility Depreciation- Leasehold Improvements				\$ 141.00		\$141
17			Facility Depreciation- Depreciation						\$0
18			Utilities(Elec, Water, Gas, Phone, Garbage)				\$ 2,970.00		\$2,970
19			Building Maintenance Supplies and Repair				\$ 2,568.00		\$2,568
20			Expendable Equipment						
21			Equipment Maintenance and Repair				\$ 522.00		\$522
22			Equipment Lease				\$ 156.00		\$156
23			Equipment Depreciation						
24			Office Supplies, Postage				\$ 486.00	\$968	\$1,454
25			Telephone				\$ 2,958.00	\$4,202	\$7,160
26			Staff Recruitment				\$ 1,062.00	\$1,141	\$2,203
27			Staff Training				\$ 783.00	\$1,209	\$1,992
28			Staff Travel-(Local & Out of Town)				\$ 5,463.00	\$8,100	\$13,563
29			Child and Family Engagement and Tx Supplies				\$ 534.00		\$534
30			Staff Recruitment						
31			Facility Lease		34,008	14,049			\$48,057
32			Facility Interest		26,828	26,828	\$ 5,241.00	\$17,250	\$76,147
33			Facility Depreciation	16,587		11,789	\$ 8,533.00	\$22,650	\$59,559
34			Utilities(Elec, Water, Gas, Phone, Garbage)	14,695		8,202	\$ 1,636.00	\$9,000	\$33,533
35			Building Maintenance Supplies and Repair		56,448	36,448	\$ 19,030.00	\$37,500	\$149,426
36			Expendable Equipment		13,135	13,235		\$4,500	\$30,870
37			Equipment Repair		20,586	10,586	\$ 109.00	\$2,700	\$33,981
38			Office Supplies, Postage		2,176	2,176	\$ 1,518.00	\$3,645	\$9,515
39			Telephone		18,458	8,458	\$ 7,385.00	\$6,075	\$40,376
40			Insurance (included in allocable)						
41			Staff Training		17,566	17,566	\$ 14.00	\$1,822	\$36,968
42			Staff Travel-(Local & Out of Town)		8,126	8,126	\$ 124.00	\$3,881	\$20,257
43			Resource Parent Recruitment and Training		18,000	13,000	\$ 8,721.00	\$1,822	\$41,543
44			Resource Parent Training		8,063	5,063			\$13,126
45			Resource Parent Payment- TFC						\$0
46			Resource Parent Payment- ISFC PLUS		210,500	144,500	\$ 216,406.00		\$571,406
47			Child and Family Engagement and Tx Supplies					\$31,500	\$31,500
48			Memberships, Licenses, and Dues					\$675	\$675
49			One-time staff operating start up-residential Vehicle				\$ 261.00	\$7,350	\$7,611
50			Property/Vehicle damage			312,885			\$312,885
51									
52			<b>CONSULTANT/SUBCONTRACTOR DESCRIPTIVE TITLE</b>						
53									
54			<b>Subcontractor Services</b>						
55			Note Approvers				\$ 1,899.00		\$1,899
56			Psychiatry Services						
57			Note Approvers				\$ 533.00		\$533
58			Other Contract IT Services					\$9,269	\$9,269
59			<b>TOTAL OPERATING EXPENSE</b>	<b>\$0</b>	<b>465,176</b>	<b>632,911</b>	<b>\$303,600</b>	<b>\$175,259</b>	<b>\$1,576,946</b>
60									
61			<b>HSA #3</b>						



	A	B	E	I	M	Q	S
1							Appendix B, Page 4
2							
3							
4		Program Name: Seneca Family of Agencies					
5		(Same as Line 9 on HSA #1)					
6							
7		<b>Program Expenditure Detail</b>					
8							
9			General Fund	General Fund	General Fund	General Fund	TOTAL
10		EQUIPMENT	5/1/2019-6/30/2019	7/1/2019-6/30/2020	7/1/2020-6/30/2021	7/1/2021-9/30/2022	5/1/2019-6/30/22
11	No.	ITEM/DESCRIPTION	\$	190,000			
12		One-time facility set-up start up					0
13							0
14							0
15							0
16							0
17							0
18							0
19							0
20		TOTAL EQUIPMENT COST	\$	-	0	0	0
21							0
22		R E M O D E L I N G					0
23		Description:					0
24							0
25							0
26							0
27							0
28							0
29		TOTAL REMODELING COST	\$	-	0	0	0
30							0
31		TOTAL CAPITAL EXPENDITURE	\$	190,000	0	0	190,000
32		(Equipment and Remodeling Cost)					0
33		HSA #4					