

Department of Benefits and Family Support

MEMORANDUM

Department of Disability and Aging Services	то:	HUMAN SE	ERVICES CON	MMISSION						
Office of Early Care and Education	THROUGH:	TRENT RHORER, EXECUTIVE DIRECTOR								
	FROM:		,	Y DIRECTOR DIRECTOR OF	CONTRACT	TS EL				
P.O. Box 7988 San Francisco, CA 94120-7988	DATE:	MAY 20, 2022 NEW GRANT: SENECA FAMILY OF AGENCIES (NON- PROFIT) FOR SAN FRANCISCO WRAPAROUND COLLABORATIVE								
www.SFHSA.org	SUBJECT:									
	GRANT TERM:	JULY 1, 2022 to JUNE 30, 2024								
STCOUNT	AMOUNT:	<u>New</u> \$7,261,200	Contingency \$726,120	<u>Total</u> \$7,987,3	320					
	ANNUAL AMOUNT:	<u>FY22-23</u> \$3,630,000	<u>FY 23-24</u> \$3,630,000							
London Breed Mayor Trent Rhorer	<u>Funding Source</u> FUNDING: PERCENTAGE:	<u>County</u> \$4,211,496 58%	<u>State</u> \$2,759,256 38%	<u>Federal</u> \$290,448 4%	<u>Contingency</u> \$726,120	<u>Total</u> \$7,987,320				

Trent Rhorer Executive Director

The Department of Benefits and Family Support (BFS) requests authorization to enter into a grant with Seneca Family of Agencies for the period of July 1, 2022 to June 30, 2024, in an amount of \$7,261,200 plus a 10% contingency for a total amount not to exceed \$7,987,320. The purpose of the grant is to provide wraparound services for children who are currently in out-of-home residential treatment facilities or are "at risk" of out-ofhome placement.

Background

Wraparound is a practice of partnering with families, relative caregivers, or resource families to provide intensive services to children and families with complex needs using a team-based approach. The Wraparound

program provides a blended stream of funds for mental health and social services for high needs children in out-of-home placements or at risk of out of home placements through the Family and Children's Services or Juvenile Probation systems. The Seneca Family of Agencies has been the Wraparound provider in San Francisco since 2006. Seneca is the lead agency for the WRAP collaborative partners who include Edgewood Center for Children and Families. Seneca and the WRAP collaborative have been serving up to 90 children annually through the Wraparound program to appropriately step them down to lower levels of care, or maintain them in family settings.

The San Francisco Human Services Agency (SF-HSA), the Community Behavioral Health Services division of the Department of Public Health (CBHS) and Juvenile Probation collaboratively assume responsibility for overseeing the implementation of the Wraparound program in San Francisco. The Multi-Agency Services Team (MAST) reviews referrals for Wraparound services and selects the eligible families.

This grant provides the social services portion of the funding stream through a negotiated rate. The rate calculation takes into account several factors, including: 1) the CDSS (California Department of Social Services) annual WRAP rate, 2) placement costs 3) Seneca's projected costs and 4) the estimated amount of mental health funds available. Department of Public Health augments this grant through EPSDT funds (Early and Periodic Screening, Diagnostic and Treatment; i.e.; MediCAL) for mental health services.

Services to be Provided

Grantee will provide wrap-around services including intake, assessment, treatment planning, and provision of services including crisis intervention, 24-hour support, educational support, in-home support, recreational activities, respite, and other services and resources that will support the child in living with their parent(s), relatives, of foster care. Some services will be provided directly by the Grantor and other services will be coordinated through community partners. An average of 75 clients and their families will be served at any given time.

The Wraparound Program allows children to live with their parents, relatives, or foster homes as an alternative to higher-level placement. This provides a more emotionally supportive setting for the youth within their own communities, and utilizes and strengthens the support networks around families. It also provides a better transition for children returning to family settings from residential treatment, and for children and families exiting the foster care system through provision of established supports.

Selection

Grantee was selected through Request for Proposals #859, which was competitively bid in December 2019.

Funding

Funding for this grant is provided by County (20%), State (45%) and Federal (35%) funds.

Attachments

Appendix A - Services to be Provided Appendix B - Calculation of Charges Appendix B-1 Budget detail

Appendix A – Services to be Provided Seneca Family of Agencies San Francisco Wraparound Collaborative July 1, 2022 – June 30, 2024

I. Purpose of Grant

The goal of the SF Wraparound Collaborative is to successfully move target population children and youth into a family-based service setting, while improving placement stability as well as mental health and educational outcomes.

II. Definitions

Family Team	Working group for Wraparound planning for each client, family, and other ancillary individuals who are working with the child towards their successful transition out of the child welfare or juvenile justice systems. The Family Team will consist of people important to the family's life (neighbors, relatives, friends, clergy, public agencies, etc.) who will actively participate in the implementation, monitoring, and evaluation of the individualized family plan of care. The Family Team is responsible for identifying an inventory of family strengths, conducting a comprehensive needs assessment, and developing an individualized plan.
SF-BHS	San Francisco Behavioral Health Services
Executive Oversight Team	Directors of each County Agency (or designee) and Provider CEO (or designee) who review the fiscal and programmatic position of the program
Edgewood	Edgewood Center for Children and Families, a subcontractor of the SFWC
AFS	Alternative Family Services, a subcontractor of the SFWC
FCS	Family and Children's Services, a division of HSA
Grantee	Seneca Family of Agencies
FFPSA	Family First Prevention Services Act (passed in 2018)
HSA	Human Services Agency of the City and County of San Francisco

DPH	Department of Public Health of the City and County of San Francisco
JPD	San Francisco Juvenile Probation Department
MAST	Multi-Agency Services Team is a collaborative interagency review process to identify the best service option for children, youth and families who have complex life situations. By working in partnership with HSA, Community Behavioral Health Services, and the Juvenile Probation Department, as well as with identified service providers, MAST promotes solution-focused recommendations that assure the least restrictive and most appropriate levels of care.
NMD	Nonminor Dependent
Recidivism	A subsequent criminal adjudication/conviction while on probation supervision
Plan of Care	Plan for family in wraparound services
SFWC	San Francisco Wraparound Collaborative - a collaborative comprised of Seneca as lead agency with Edgewood and Alternative Family Services as subcontractors.
Step down	A change of placement from congregate care (STRTP) to a lower level of care, typically a family home. Hospitalization and juvenile detention facilities including Log Cabin Ranch are not considered congregate care.
STRTP	Short-term residential treatment program
Wraparound Fidelity Index EZ	An assessment tool used to monitor elements of Wraparound
Wraparound Subcommittee	Sub-committee of MAST (Multi Agency Services Team) will monitor the implementation of Wraparound services, assess service quality and effectiveness, identify and evaluate community resources and institute changes for program improvement. SF-HSA, CBHS, SFUSD and Juvenile Probation are part of this subcommittee

III. Target Populations

Children, youth, nonminor dependents, and their families involved with the child welfare or juvenile probation systems who have complex needs requiring intensive, comprehensive, coordinated, highly individualized interventions and linkage to services to ensure safety, permanency, and well-being. Any child, youth, or nonminor dependent, who is currently or at risk of out-of-home care, is eligible for Wraparound services. Adopted children and youth are also eligible to receive Wraparound services.

Eligibility Criteria:

- The child and/or family is experiencing a disturbance in one or more of the following areas: school, community relations, emotional functioning (SED) or family relations; AND/OR
- Intensive service coordination, delivery, and/or support is required to assist the family or caretaker in meeting the child's needs; AND
- The child has family, a relative, legal guardian, or other significant person in his/her life that is open to participating in a strengths-based, family-centered process and resides within or in close proximity to any of the Wraparound geographic service areas such as Alameda, Contra Costa, San Mateo, Solano, Marin or, when necessary, family finding efforts can be used to identify such persons; AND
- The child is eligible under California Welfare and Institutions Code (WIC) 300 or 602 (i.e., is a dependent or ward of the Juvenile Court); OR
- The child has adoptive aid payments/adoption aid payments.

IV. Description of Services

Wraparound is a collaborative approach to care that encourages coordination across agencies, disciplines, and communities to enhance outcomes for children and families. It provides children, youth and non-minor dependents who have complex needs with comprehensive and cost-effective intensive, coordinated, highly individualized interventions, and linkage to services. The Wraparound model enhances prevention, safety, permanency, and well-being for children, youth, and nonminor dependents, consistent with state and federal mandates.

All services will be provided within a framework of 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. For each referred child and family, Grantee will provide or facilitate the following services and supports:
 - 1. Assessment and assignment of child cases
 - 2. Coordinate, select and convene the Family Team Meeting

The SFWC Care Coordinator will work with families and youth to identify initial Family Team participants. For a child who does not have identified family or kin, the SF Connections staff will engage in family finding efforts.

The Care Coordinator will facilitate the Family Team meetings with the support of the assigned family support counselor assigned to the youth and family. Before the first meeting, both the Care Coordinator and Family Support Counselor will meet with prospective team members to obtain their perspective on client/family strengths and needs, as well as to understand each person's desired outcomes.

3. <u>Facilitate the wraparound planning process (individualized, family-centered, strength-based, and needs-driven)</u>

The Care Coordinator and Family Support Counselor will provide leadership and act as an information resource for the team, which will be guided in making decisions designed to address the specific needs and reinforce the particular strengths and interests of the client and family.

Grantee will actively collaborate with the Wraparound Subcommittee to review care plans for youth, ensure effective transition plans are in place for each youth, and facilitate the discharge of youth so that additional clients can be enrolled in the program.

4. <u>Secure wraparound and mental health services from a network of</u> providers and complete appropriate service authorizations and <u>agreements</u>

Grantee will maintain and continue to expand the membership of the SFWC, which consists of a broad spectrum of community-based providers offering supportive resources such as tutoring and mentoring services, after-school programs, sports and creative arts activities, job coaching and entrepreneurship training, life skills training, housing and financial assistance, violence prevention training, substance abuse treatment, HIV-related services, mental health counseling, and indepth psychological assessments. Access to services and supports from this network of providers will be driven by the Family Team for each youth and family, with appropriate releases (for sharing information) and service authorizations and agreements secured on a case-by-case basis.

5. <u>Provide intensive case management, including crisis intervention and</u> <u>support on a 24-hour basis, 7 days per week</u>

The Care Coordinator will provide case management services for each client and family in collaboration with the Family Team and County agency staff. Service planning and delivery will be driven by in-depth

assessment of client and family strengths and needs in all relevant life domains including safety (#1), living, social, recreational, legal, spiritual, emotional, behavioral, school, vocational, etc., thereby ensuring the development of highly-individualized, comprehensive and effective service plans. The Care Coordinator and Family Support Counselor (in collaboration with other Family Team members) will engage youth and families in developing creative solutions to help them achieve their goals and aspirations.

SFWC will offer 24/7 crisis support for family members and other caregivers, provided through a rapid response system staffed by an administrator on call and up to 5 direct care staff. Situations where the crisis response system will be utilized include runaway incidents, medical emergencies, behavior escalation and police involvement. In addition, administrator on call will be available to offer guidance, support and assistance in handling a difficult situation.

6. <u>Coordinate with County agency staff, the courts, community members,</u> <u>families and schools</u>

The Care Coordinator will maintain close communication and coordination with County agency staff, staff with other involved service provider agencies, and school district personnel. The care coordinator will make regular check-in calls to the County agency staff person regarding case management tasks, the client's behavior and progress, and efforts to access resources for the client and family. Immediate calls will be made to the HSA worker or other County agency staff whenever there is a runaway incident, hospitalization or other medical emergency, mental health crisis, police involvement, or any other situation that requires the SFWC care coordinator to complete a Seneca Incident Report.

If a disagreement regarding a case arises between County agency staff and SF Connections staff, or between County agency staff and family members, the Care Coordinator will seek to resolve the situation in a non-argumentative fashion, emphasizing the sharing of views for the purpose of achieving a compromise and modeling appropriate dispute resolution techniques for clients (except in legal questions, where the County agency staff person will always have the final say). If a resolution cannot be found between the Care Coordinator and the County agency staff person, the matter should be referred to their supervisors, and then if necessary to program managers in both agencies. Final resolution of a disagreement would rest with the HSA, JPD, or other County Director and Seneca Center CEO.

Coordination efforts for SFWC staff with respect to the courts will include: providing quarterly progress reports on each client/family to County agency staff to assist them in preparing reports to the Juvenile Court; providing or facilitating transportation of the client to court hearings; and providing any information, through County agency staff, that the Juvenile Court may require in order to make its decisions about individual cases.

Coordination with family and community members, school district and other service provider staff will occur through the meetings and tasks of the Family Team, as well as through case management activities conducted by the SFWC Care Coordinator, Family Support Counselor (or multiple support counselors when needed).

7. <u>Develop, coordinate, and provide formal and informal support and</u> <u>services (home-based & community-based, provided by professionals</u> <u>& non-professionals)</u>

SFWC staff will provide enrolled youth and families with a wide range of formal services, including assessment, treatment planning, case management, individual and family therapy, individual rehabilitation, therapeutic behavioral services, plan development, collateral and crisis intervention services—in home, school and other community settings.

8. <u>Develop, monitor, and adhere to individualized services plan (Plan of Care)</u>

The Care Coordinator will work with the Family Team to create the Plan of Care. This plan will include: (1) a client and family strengths inventory; (2) Foundational Goals (that captures the Family Team's direction and focus, "why are we here," while reflecting the family's sense of where they want to be if help is successful); (3) prioritization of three to five needs that the team will work on with the family; and (4) a list of action steps will include a blend of supportive or created interventions, services tailored to reflect strengths, and formal or typical services. The Plan of Care will include educational goals and a transition plan for termination of services when youth and family needs have been met.

The Family Team will review and evaluate the current need statements in the Plan of Care, paying attention to which action steps have been identified as helpful and which were identified as not helpful, from the perspective of the youth and family as well as relevant Family Team members. This discussion will help Family Team members to identify the next action steps required to address the prioritized needs in the Plan of Care. Finally, Family Team members will consider any necessary revisions that need to be made to the Plan of Care, including old needs addressed or dropped, as well as new needs identified for action added to the Plan.

The Care Coordinator and Family Support Counselor will take the lead in ensuring team accountability for effectively implementing the Plan of Care. This includes making follow-up calls to Family Team members to monitor completion of their assigned action steps designed to address the needs prioritized by the Family Team.

9. Facilitate placement in the least restrictive care setting in conjunction with HSA and Community Behavioral Health Services

Upon enrollment, the Care Coordinator and Family Support Counselor will assess prospects for reunification with birth family members or other kin, supported by services and resources available through the wraparound process. For a client who has no identified family upon enrollment, SFWC staff will engage in Family Finding efforts designed to reconnect the young person with lost relatives who can provide ongoing support and guidance, as well as, in some cases, a more permanent family home. In those cases where reunification with family or kin is not a viable option, then SFWC staff, in collaboration with County agency staff and other Family Team members, will work to develop a supported foster family or adoptive placement that will enable the client to grow up and flourish in a family setting.

10. Facilitate extensive community resource development

The Care Coordinator and Family Support Counselor will conduct an in-depth and thorough assessment of their unmet needs, in collaboration with other members of the Family Team. This need assessment will drive a creative process of community resource finding and linkages, which will include access to services and supports available through the SF Wraparound Collaborative, as well as informal resources identified and/or developed by members of the Family Team.

B. Programmatic and Fiscal Monitoring of Subcontractors

Meet regularly with County Agency staff to ensure the partnerships necessary for the success of the wraparound project. Grantee shall meet with each subcontractor individually at least monthly, and meet with all subcontractors altogether at least quarterly.

SFWC and other Grantee administrative staff will participate in the meetings of MAST and the MAST Wraparound Subcommittee and the Executive Oversight Team as requested in order to ensure the partnerships and systems-level collaboration necessary for successful implementation of the Wraparound Collaborative. Subcontractors will be included in designated oversight and executive meetings to ensure coordination and communication of all parties. As described above, County Agency staff will be encouraged to participate in Family Team meetings, as well as receive regular check-in calls from SFWC Care Coordinators regarding the progress of any children or youth on their caseloads.

Instances of inappropriate conduct among subcontractor staff are to be investigated by the Grantee, and subsequently reported to County Agency staff. Seneca will inform County Agency staff of any significant issues with subcontractor wraparound implementation, including documentation, and report back regularly on any necessary remediation or action plan to address concerns.

C. Evaluation

The goals of evaluation are to summarize the activities and services in which enrolled youth and families participated, highlight clinical and placement outcomes for youth that were discharged from the program, and inform continuous quality improvement efforts. Please see section VI (Service Objectives), section VII (Outcome Objectives), and section X (Reporting Requirements) for details on reporting requirements. Seneca and the county will work together as needed to refine the requested measures to assure important elements of service participation and client outcomes are included.

D. Reinvestment/Contingency Fund

Any surplus generated in the Connections program must be reinvested to provide additional services to children and families in the current year, or carried forward to future years for the same purpose. Reinvestment services must be for the purpose of improving care and support for children/youth and families in care. Recommendations for reinvestment will be reviewed and approved by the public partners of the interagency Executive Oversight Team.

E. Family First Prevention Services Act (FFPSA)

Grantee will continue to work with the County Agency to implement any FFPSA requirements as they are developed and issued by the State.

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 basis.

VI. Service Objectives

- A. Grantee will accept and enroll 100% of the children and adolescents referred by MAST.
- B. The goal of the program is to maintain an average of 75 slots at any given time. The Grantee will maintain an average enrollment of approximately 12 months, and continue to accept clients into the program as clients and families exit from services. Enrollments lasting longer than 18 months must be reviewed and re-approved by MAST. Together with HSA, Grantee will plan to maintain as many clients as possible in family-based service settings.

VII. Outcome Objectives and Measures

For all outcome measures, grantee will report using an 'entry cohort' methodology, meaning outcomes will be stratified based on the fiscal year in which the client first entered the program. Grantee will also stratify each outcome measure on subcontractor and waiver status.

Child welfare outcome measures will be calculated using CWS/CMS administrative data. The Grantee will provide the name, date of birth, and the social security number of clients enrolled in the Wraparound program, and the Agency will send the Grantee relevant CWS/CMS data for these clients. All transfer of client data shall be by secure email.

- A. Increased Youth Safety
 - a. Count and percent of youth with a substantiated allegation during or in the year following wraparound discharge
- B. Increased Permanency
 - a. Among children who had never entered foster care at time of wraparound enrollment, count and percent of youth who entered foster care during or in the year following wraparound discharge.
 - b. Among children who were in foster care at time of wraparound enrollment, count and percent of youth who exit to permanency during or in the year following wraparound discharge (reunification, adoption, guardianship).
 - c. Among children who had a previous foster care episode but were not currently in foster care at time of wraparound enrollment, count and percent of youth who reenter foster during or in the year following wraparound discharge.
- C. Placement Stability/Placements in Least Restrictive Settings
 - a. Placement moves per 1,000 days in foster care during and in the year following wraparound discharge.
 - b. Total amount of placement changes during and in the year following wraparound discharge, and the proportion of placement moves that were 'step ups', 'lateral', and 'step downs'.
- D. Improved Mental Health outcomes
 - a. Count and percentage of youth who move from actionable to not

actionable from intake to discharge on each item of the CANS.

- E. Other information the grantee believes demonstrates improvements in child and family well-being. Potential examples include:
 - a. Reasons for discharge, and percentage of youth that have at least 1 positive reason for discharge.
 - b. Percentage of youth fully achieving and partially achieving their treatment goals.
 - c. Client vignette that demonstrates the positive experience a client had with the Wraparound program.
- F. Decreased recidivism for those enrolled children who have been or who are currently in the juvenile justice system.

VIII. Grantee Responsibilities

- A. Grantee employees are mandated reporters for suspected child abuse or neglect. Should a case require a referral back to FCS, the grantee will contact the FCS Hotline.
- B. Report all incidents of suspected child abuse and neglect as required by law.
- C. Report significant incidents including but not limited to mental health crises, incarcerations, and hospitalizations and work as necessary with SFHSA and Mental Health services to ensure appropriate assessment and intervention.
- D. Meet at regular intervals with subcontractors (as defined in Section IV.B).

IX. Agency Responsibilities

- A. Provide referrals, support and technical assistance as needed to support ongoing implementation.
- B. Provide the Grantee with relevant CWS/CMS data for referred and enrolled clients for reporting purposes, via secure email.
- C. County caseworkers and probation officers will work as members of the family team in developing and implementing plans to support and stabilize the families served.
- D. County caseworker 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. 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 Monthly Reporting Requirements

A. Grantee will provide a monthly spreadsheet detailing monthly enrollment, discharges, revenues and expenses.

Annual Reporting Requirements

- B. Grantee will provide an annual fiscal-year report by January 15 (if fiscal year ends June 30, 2021, report is due January 15, 2022), summarizing the contract activities and client outcomes detailed in sections VI - Service Objectives and Measures and VII - Outcome Objectives and Measures. Annual reporting will also include:
 - a. Referrals, Enrollments, and Demographics of Enrolled Clients
 - i. Amount of referrals received by referral agency and waiver status
 - ii. Total children enrolled during the fiscal year, stratified by those that were enrolled at the beginning of the year vs. new enrollments, subcontractor, and waiver status
 - iii. Days from referral to enrollment mean, median and range
 - iv. Demographics of enrolled clients, including gender, ethnicity and age
 - b. Duration of Enrollment
 - i. Median duration of enrollment
 - ii. Percent of youth who exit Wraparound within 18 months. Target is 90%
 - c. Service Participation
 - i. Amount of service hours provided, by type of service (mental health, case management, crisis management, and other types of service)
 - ii. Child and Family Team meetings completed per client, per month enrolled
- C. Demonstrate adherence to the Wraparound model, as defined, by the National Wraparound Institute and measured by the Wraparound Fidelity Index V4 assessment tool, designed to assess adherence to the following elements of Wraparound:
 - a. Child and Family Team
 - b. Community-based Services and Supports
 - c. Parent and Youth Voice and Choice
 - d. Cultural Competence
 - e. Individualized Services
 - f. Strength-Based Services
 - g. Natural Supports
 - h. Continuation of Care
 - i. Collaboration
 - j. Flexible Funding
 - k. Outcome-Based Services

D. Reports are to be submitted electronically via secure email to the following staff:

Alison Lustbader, Program Manager Department of Public Health <u>Alison.Lustbader@sfdph.org</u>

Derek Hom, Senior Supervising Probation Officer Juvenile Probation Department <u>Derek.Hom@sfgov.org</u>

Seth Kilbourne, Title IV-E Analyst Juvenile Probation Department <u>Seth.Kilbourn@sfgov.org</u>

Liz Crudo, Program Manager Family & Children's Services Liz.Crudo@sfgov.org

Vanetta Dunlap, Program Support Analyst Family & Children's Services Vanetta.Dunlap@sfgov.org

Johanna Gendelman, Senior Contracts Manager Office of Contract Management, Human Services Agency Johanna.Gendelman@sfgov.org

Molly Chao, Budget Analyst Budget & Planning Unit, Family & Children's Services Molly.Chao@sfgov.org

XI. Monitoring Requirements

- A. <u>Program Monitoring</u>: Program monitoring will include a collaborative review of client eligibility and progress, as well as a review of documentation reflecting progress toward meeting service and outcome objectives, including efforts to increase culturally sensitive services. Monitoring to include subcontractor program documentation, as well as oversight of subcontractors.
- B. <u>Fiscal Compliance and Contract Monitoring</u>: 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, and MOUs, and the current board roster and selected board minutes for compliance with the Sunshine Ordinance.

Appendix B-1- Calculation of Charges Seneca Family of Agencies San Francisco Wraparound Collaborative Effective July 1, 2022 – June 30, 2024

- 1. City & County of San Francisco agrees to compensate the Grantee as follows:
 - July 1, 2022 through June 30, 2024: \$4,034 per unit of service provided for an estimated 225 units for fiscal years 22/23 and 23/24 for HSA and Probation referrals, including sibling referrals.

HSA will pay the placement costs directly to the placement provider, unless agreed upon otherwise with the Grantee.

- 2. For children who step down into wraparound placement, one unit of service is defined as one month of service to one child receiving wraparound services. Payment starts when child moves to a "family like setting" or has an agreed upon start date at a family like setting. A family-like setting can be biological parents, relative or NRFEM (non-related extended family member) placement, foster home, foster family agency home, or intensive treatment foster care placement.
- 3. For children who enter into the wraparound program, one unit of service is defined as one month of service to one child receiving wraparound services while in a family-like setting. Payment starts when 1) the child is accepted, and 2) wraparound services begin.
- 4. Seneca Family of Agencies and San Francisco Human Services Agency will periodically review the monthly unit rate and adjust to reflect any fiscal changes at the state or local level that may impact the amount of the unit rate. The rate may then be adjusted accordingly.
- 5. The total wraparound costs will not exceed \$3,630,000 annually with an additional contingency of \$726,120 for a total amount not to exceed \$7,987,320 for the period of July 1, 2022 through June 30, 2024.

	А	В	С	D	E	F	G					
1					Appendix B, Pag	9	4/17/2022					
2	-											
3	HUMAN SERVICES AGENCY BUDGET SUMMARY											
4	BY PROGRAM											
5	Name: Seneca Family of Agencies Term											
6					7/1/22-6/30/24							
7	(Check One) New Renewal x Modification											
8	If modification, Effective Date of Mod.	No. of Mod.										
9	Program: Wraparound Services for Fost	er Youth				7/1/22-6/30/24						
10	Budget Reference Page No.(s)	HSA	DPH/Medi-CAL	HSA	DPH/Medi-CAL	Total HSA	Grand total					
11	Program Term	7/1/22-6/30/23	7/1/22-6/30/23	7/1/23-6/30/24	7/1/23-6/30/24		7/1/22-6/30/24					
12	Expenditures											
13	Salaries & Benefits	\$1,809,046	\$1,307,832	\$1,809,046	\$1,307,832	\$3,618,092	\$6,233,756					
14	Operating Expense	\$1,375,691	\$313,986	\$1,375,691	\$313,986	\$2,751,382	\$3,379,354					
	Subtotal	\$3,184,737	\$1,621,818	\$3,184,737	\$1,621,818	\$6,369,474	\$9,613,110					
16	Indirect Percentage (%)	14%	14%	14%	14%	14%	14%					
17	Indirect Cost (Line 16 X Line 15)	\$445,863	\$227,055	\$445,863	\$227,055	\$891,726	\$1,345,835					
18	Capital Expenditure											
19	Total Expenditures	\$3,630,600	\$1,848,873	\$3,630,600	\$1,848,873	\$7,261,200	\$10,958,945					
20	HSA Revenues											
21							\$0					
22	SB163 Wraparound Revenue	\$3,630,600		\$3,630,600		\$7,261,200						
23												
24												
25 26												
20												
28												
29	TOTAL HSA REVENUES	\$3,630,600		\$3,630,600		\$7,261,200	\$7,261,200					
30	Other Revenues											
31												
32	Medi-Cal/EPSDT Revenue		\$1,392,779		\$1,392,779		\$2,785,557					
33	Mental Health Services Act		\$456,094		\$456,094							
34												
35												
36	Total Revenues	\$3,630,600	\$1,848,873	\$3,630,600	\$1,848,873	\$7,261,200	\$10,958,945					
37	Full Time Equivalent (FTE)	15.55	16.45	15.55	16.45							
39	Prepared by: Andrea Cammann		Telephone No.: 71	4-322-6110			Date: 4-19-2022					
40	HSA-CO Review Signature:											
41	HSA #1						11/15/2007					

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2	Pag												
4													
5													
6													
7 8													
9													
10			_			7/1/22-6/30/23	7/1/22-6/30/23	7/1/23-6/30/24					
11		Agency T Annual Full	Fotals	For HS/	A Program	HSA	DPH/Medi-CAL	HSA	DPH/Medi-CAL	Total HSA	TOTAL		
12	POSITION TITLE	TimeSalary for FTE	Total % FTE	% FTE	Adjusted FTE	Budgeted Salary	Budgeted Salary			7/1/22-6/30/24	7/1/22-6/30/24		
13	Regional Executive Director	\$160,000	100%	25%	25%	\$40,000	\$40,000	\$40,000	\$40,000	\$80,000	\$160,000		
14	Program Director	\$130,000	100%	40%	40%	\$52,000	\$52,000	\$52,000	\$52,000	\$104,000	\$208,000		
15	Clinical Director	\$120,000	100%	10%	10%	\$12,000	\$12,000	\$12,000	\$12,000	\$24,000	\$48,000		
16	Nurse	\$151,456	100%	0%	0%	\$0	\$10,602	\$0	\$10,602	\$0	\$21,204		
17	Team Supervisor/Clinical Supervisor	\$110,000	100%	100%	100%	\$110,000	\$0	\$110,000	\$0	\$220,000	\$220,000		
18	Team Supervisor/Clinical Supervisor	\$110,000	100%	100%	100%	\$110,000	\$0	\$110,000	\$0	\$220,000	\$220,000		
19	Team Supervisor/Clinical Supervisor	\$110,000	100%	100%	100%	\$110,000	\$0	\$110,000	\$0	\$220,000	\$220,000		
20	Clinician	\$80,000	100%	50%	50%	\$40,000	\$40,000	\$40,000	\$40,000	\$80,000	\$160,000		
21	Clinician	\$80,000	100%	50%	50%	\$40,000	\$40,000	\$40,000	\$40,000	\$80,000	\$160,000		
22	Clinician	\$80,000	100%	50%	50%	\$40,000	\$40,000	\$40,000	\$40,000	\$80,000	\$160,000		
23	Bilingual Clinician	\$86,000	100%	50%	50%	\$43,000	\$43,000	\$43,000	\$43,000	\$86,000	\$172,000		
24	Bilingual Clinician	\$86,000	100%	50%	50%	\$43,000	\$43,000	\$43,000	\$43,000	\$86,000	\$172,000		
25	Bilingual Clinician	\$86,000	100%	50%	50%	\$43,000	\$43,000	\$43,000	\$43,000	\$86,000	\$172,000		
26	Therapist	\$80,000	100%	0%	0%	\$0	\$80,000	\$0	\$80,000	\$0	\$160,000		
27	Therapist	\$80,000	100%	0%	0%	\$0	\$80,000	\$0	\$80,000	\$0	\$160,000		
28	Neutral Facilitator/Connections Specia	\$53,040	100%	100%	100%	\$53,040	\$0	\$53,040	\$0	\$106,080	\$106,080		
29	Case Manager	\$53,040	100%	50%	50%	\$26,520	\$26,520	\$26,520	\$26,520	\$53,040	\$106,080		
30	Case Manager	\$53,040	100%	50%	50%	\$26,520	\$26,520	\$26,520	\$26,520	\$53,040	\$106,080		
31	Case Manager	\$53,040	100%	50%	50%	\$26,520	\$26,520	\$26,520	\$26,520	\$53,040	\$106,080		
32	Case Manager	\$53,040	100%	50%	50%	\$26,520	\$26,520	\$26,520	\$26,520	\$53,040	\$106,080		
33	Bilingual Case Manager	\$57,200	100%	50%	50%	\$28,600	\$28,600	\$28,600	\$28,600	\$57,200	\$114,400		
34	Bilingual Case Manager	\$57,200	100%	50%	50%	\$28,600	\$28,600	\$28,600	\$28,600	\$57,200	\$114,400		
35	Bilingual Case Manager	\$57,200	100%	50%	50%	\$28,600	\$28,600	\$28,600	\$28,600	\$57,200	\$114,400		
36	Bilingual Case Manager	\$57,200	100%	50%	50%	\$28,600	\$28,600	\$28,600	\$28,600	\$57,200	\$114,400		
	Bilingual Case Manager	\$57,200	100%	100%	100%	\$57,200	\$0	\$57,200	\$0	\$114,400	\$114,400		
38	Family Partner	\$53,040	100%	50%	50%	\$26,520	\$26,520	\$26,520	\$26,520	\$53,040	\$106,080		
39	Peer Mentor	\$53,040	100%	50%	50%	\$26,520	\$26,520	\$26,520	\$26,520	\$53,040	\$106,080		
	Administrator On-Call	\$100,000	100%	50%	50%		\$50,000	\$50,000	\$50,000	\$100,000	\$200,000		
41	Program Evaluation Analyst	\$110,000	100%	55%	55%	\$60,500	\$49,500	\$60,500	\$49,500	\$121,000	\$220,000		
42	Senior Administrative Assistant	\$61,360	100%	25%	25%	\$15,340	\$15,340	\$15,340	\$15,340	\$30,680	\$61,360		
43	Program Assistant	\$53,040	100%	50%	50%	\$26,520	\$26,520	\$26,520	\$26,520	\$53,040	\$106,080		
44	Health Information Specialist	\$61,360	100%	0%	0%	\$0	\$61,360	\$0	\$61,360	\$0	\$122,720		
45	Facility Manager				0%	\$21,770	\$18,928	\$21,770	\$18,928	\$43,540	\$81,396		
46 47	Supplemental Overtime TOTALS	Var. FTE	32.00	15.55	15.55	\$194,861 \$1,435,751	\$19,192 \$1,037,962	\$194,861 \$1,435,751	\$19,192 \$1,037,962	\$389,721 \$2,871,501	\$428,105 \$4,947,425		
48		·	52.00	.0.00	10.00	φ.,του,τοτ	\$1,007,00Z	÷.,+00,701	φ.,007,00Z	\$0	\$0		
49	FRINGE BENEFIT RATE	26%								\$0	\$0		
50 51	EMPLOYEE FRINGE BENEFITS					\$373,295	\$269,870	\$373,295	\$269,870	\$746,590	\$1,286,331		
52													
53	TOTAL SALARIES & BENEFITS	\$0				\$1,809,046	\$1,307,832	\$1,809,046	\$1,307,832	\$3,618,092	\$6,233,756		
	HSA #2	φŪ				ψ1,000,0 1 0	ψ1,007,032	ψ1,000,0 1 0	ψ1,007,00Ζ	ψ0,010,03Z	11/15/2007		

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1											Appendix B, Pa	
2											Document Date:	4/21/2022
4	Program Name	e: WRAP										
5	(Same as Line)									
6				~								
7				Opera	ting Expe	nse	Detail					
8 9												
10												
11					HSA		DPH/Medi-CA		HSA	DPH/Medi-CA		TOTAL
12	Expenditure C	ategory		TERM 7	/1/22-6/30/23	3	7/1/22-6/30/23	3	7/1/23-6/30/24	7/1/23-6/30/2	4	
13	Facility Expense	se		_	\$60,000)	\$60,000) _	\$60,000	\$60,000	\$120,000	\$240,000
14	Utilities(Elec, V	Water, Gas, Pl	hone, Scavenger)		\$12,500) _	\$12,500)	\$12,500	\$12,500	\$25,000	\$50,000
15	Office Supplies	s, Postage		_	\$5,000) _	\$5,000)	\$5,000	\$5,000	\$10,000	\$20,000
16	Building Mainte	enance Suppli	es and Repair	_	\$20,000) _	\$20,000)	\$20,000	\$20,000	\$40,000	\$80,000
17	Printing and R	eproduction										
18	Insurance (inc	I. in indirect)										
19	Staff Training				\$7,775	5	\$6,760)	\$7,775	\$6,760	\$15,550	\$29,070
20	Staff Travel-(L	ocal & Out of	Town)		\$42,750)	\$42,750	<u> </u>	\$42,750	\$42,750	\$85,500	\$171,000
21	Equipment				\$8,415	5	\$7,806	<u> </u>	\$8,415	\$7,806	\$16,830	\$32,442
22	Depreciation				\$17,000)	\$17,000)	\$17,000	\$17,000	\$34,000	\$68,000
23	CONSULTANT/SU	JBCONTRACTOR	R DESCRIPTIVE TITLE									
24	Edgewood Ce	nter for Childre	en and Family- Wrap Subcontractor		\$900,336	<u>}</u>	\$0		\$900,336	\$0	\$1,800,672	\$1,800,672
25			p Hop Therapy		\$37,140		\$0		\$37,140	\$0	\$74,280	\$74,280
26	Child and Ado	lescent Psychi	atrist		\$0)	\$68,640)	\$0	\$68,640	\$0	\$137,280
27 28												
20												
30	Other Contrac	t Services			\$20,000) -	\$20,000) –	\$20,000	\$20,000	\$40,000	\$80,000
31	Title IV-E Mate		program\		\$184,200				\$184,200	\$0	\$368,400	\$368,400
32	OTHER								\$0	\$0		
33	Telephone			_	\$23,325	5	\$20,280)	\$23,325	\$20,280	\$46,650	\$87,210
34	Staff Recruitm	ent			\$3,500)	\$3,500)	\$3,500	\$3,500	\$7,000	\$14,000
35	Subscriptions	and Dues			\$1,250)	\$1,250)	\$1,250	\$1,250	\$2,500	\$5,000
36	Vehicle Expen				\$10,000		\$6,000		\$10,000	\$6,000	\$20,000	\$32,000
37	Child and Fam	ily Related Ex	pense		\$22,500)	\$22,500)	\$22,500	\$22,500	\$45,000	\$90,000
38									\$0	\$0		
39	TOTAL OPER	ATING EXPE	NSE		\$1,375,691	<u> </u>	\$313,986	<u> </u>	\$1,375,691	\$313,986	\$2,751,382	\$3,379,354
40												
41	HSA #3											11/15/2007