



**SAN FRANCISCO  
HUMAN SERVICES AGENCY**

Department of Benefits  
and Family Support

Department of Disability  
and Aging Services

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



**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 ESPERANZA ZAPIEN, DIRECTOR OF CONTRACTS										
<b>DATE:</b>	JUNE 16, 2023										
<b>SUBJECT:</b>	NEW GRANT: <b>SENECA FAMILY OF AGENCIES</b> (NON-PROFIT) TO PROVIDE MOBILE RESPONSE, INTENSIVE CARE COORDINATION AND EMERGENCY PLACEMENT SERVICES FOR HIGH NEEDS FOSTER YOUTH										
<b>GRANT TERM:</b>	7/1/23 to 6/30/27										
<b>GRANT AMOUNT:</b>	<table border="0"> <tr> <td style="text-align: center;"><u>New</u></td> <td style="text-align: center;"><u>Contingency</u></td> <td style="text-align: center;"><u>Total</u></td> </tr> <tr> <td style="text-align: right;">\$8,000,000</td> <td style="text-align: right;">\$800,000</td> <td style="text-align: right;">\$8,800,000</td> </tr> </table>	<u>New</u>	<u>Contingency</u>	<u>Total</u>	\$8,000,000	\$800,000	\$8,800,000				
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\$8,000,000	\$800,000	\$8,800,000									
<b>ANNUAL AMOUNT:</b>	\$2,000,000										
<b><u>Funding Source</u></b>	<table border="0"> <tr> <td style="text-align: center;"><u>County</u></td> <td style="text-align: center;"><u>State</u></td> <td style="text-align: center;"><u>Federal</u></td> <td style="text-align: center;"><u>Contingency</u></td> <td style="text-align: center;"><u>Total</u></td> </tr> <tr> <td style="text-align: right;">\$8,000,000</td> <td></td> <td></td> <td style="text-align: right;">\$800,000</td> <td style="text-align: right;">\$8,800,000</td> </tr> </table>	<u>County</u>	<u>State</u>	<u>Federal</u>	<u>Contingency</u>	<u>Total</u>	\$8,000,000			\$800,000	\$8,800,000
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\$8,000,000			\$800,000	\$8,800,000							
<b>PERCENTAGE:</b>	100%										

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The Department of Benefits and Family Support (BFS) requests authorization to enter into a grant with Seneca Family of Agencies (Seneca) for the time period beginning July 1, 2023 and ending on June 30, 2027, in the amount of \$8,000,000 plus a 10% contingency for a total not to exceed amount of \$8,800,000. The purpose of this grant is to provide three integrated services designed for eligible in-home and foster children and youth who have intensive behavioral health needs.

## **Background**

Children and youth in foster care have need of emergent and stable placement for a myriad of reasons. The effects of shifting family needs and capabilities, unsafe substance use, intimate partner violence, or mental health needs may require immediate intervention. Many youth, because of the effects of abuse and neglect require intensive behavioral health intervention, support, and treatment. For these children, a resource family alone does not offer enough structure and support to meet the need.

This coordinated and integrated service, launched as a pilot in 2019, serves high needs children through Short-Term Residential Treatment Programs (STRTPs) and coordinated care, which will be provided by Seneca Family of Agencies.

## **Services to be Provided**

Seneca will provide three integrated services: Mobile Response, Intensive Care Coordination, and Immediate Emergency Placement. The three services will be integrated together to provide seamless services within the model of unconditional care and using evidence-based interventions.

Mobile response will operate 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 will 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 will provide individual assessments and schedule a Child and Family Team Meeting (CFT) to bring together the child's key partners. Treatment and, if required, placement will be provided. Seneca will work with partners to coordinate case planning and further stabilization of the child/youth.

Seneca currently provides one STRTP bed in San Francisco and one more STRTP will be provided in Oakland later this year. These specialized placements will 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 are designed to be short term, stabilizing and intensive while simultaneously planning a transition to a more permanent placement.

## **Location and Time of Services**

Services can be anywhere in or near San Francisco where children are located within a 90 mile radius of San Francisco.

**Selection**

Grantee was selected through Request for Proposals #1028, which was released February 2023. Seneca was the only proposal submitted.

**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 will be paid through the Foster Care Eligibility unit in the form of a placement rate. Mental health dollars will be paid through the Department of Public Health.

**ATTACHMENTS**

Appendix A-Services to be Provided

Appendix B-Calculation of Charges, STRTP

Appendix B-1, Mobile Response and Coordinated care

**Appendix A – Services to be Provided**  
**Seneca Family of Agencies**  
**Hub Agency Services, Mobile Response and Emergency Placement Services for High**  
**Needs Foster Youth**  
**July 1, 2023 – June 30, 2027**

**I. Purpose**

The purpose of this grant is to provide three integrated services designed for eligible in-home and foster children and youth who have intensive behavioral health needs. The components of 24/7/365 mobile response, intensive care coordination, and immediate emergency short-term stabilization 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
UMP	Utilization Management Protocol

**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 non-court 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 though 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 non-court 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. **Intensive Care Coordination**: Mobile Response may include an Intensive Care Coordination component for children, youth and young adults, age 0-21, with

complex and intensive needs including foster children, youth and young adults in the Juvenile Probation system.

3. **Immediate Emergency Short-term Stabilization Placements:** A minimum of two (2) emergency STRTP+1 beds with the ability to “flex-up” and secure an additional bed or 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. Additional “flex-up” bed may be eISFC or eSTRTP.

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 as a reason 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 with frequent episodes of leaving placement without permission** (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.

**B. Intensive Care Coordination**

Active and intensive care coordination for youth in the identified target population (this includes children placed out of county). In collaboration with FCS, JPD and CBHS, provide the following for children/youth with intensive needs:

1. Conduct individualized needs assessments for identified children and youth and families and implements necessary treatment and placements based on those needs
2. Activates key partners, coordinates all logistics.
3. For youth placed in Immediate Emergency Placement, ensure all placed children 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, and child welfare placement staff as needed.
4. For all youth receiving care coordination, participate in the CFT to ensure that a needs and service plan is developed and updated, with clear and measurable tasks assigned to team members with specific time-frames.
5. Participate in the UMP weekly and quarterly 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.
6. Step down when child/youth is stabilized, with the ability to reactivate if necessary.
7. Coordinate closely with FCS's placement staff and FCMH.

**C. 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 two (2) STRTP+1 beds, with the ability to flex up and secure an (1) additional bed, and/or provide in-home support, if necessary.

3. Utilize the intake procedure 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.

**D. 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.

**E. 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.

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



Under AB 79 the definition of the term “current or former foster child or youth” for the purposes of these provisions includes “a child or youth adjudicated under 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. A current or former foster child or youth shall be eligible for services under this chapter until they attain 21 years of age.” There is no time restriction on when an exit must have occurred for a former foster youth. For example, a 17-year-old former foster youth adopted, reunified, or appointed a legal guardian at two years old can still access FURS up until they turn 21 years old.

**Additional FURS Eligibility Requirements Effective 01/01/2023**

The passage of SB 1090 clarifies and expands the definition of “current or former foster child or youth” for the purposes of determining eligibility to receive services through the FURS program as found in WIC Section 16526. Through SB 1090 and effective January 1, 2023, the definition of “current or former foster child or youth” now includes not only the previously identified populations, but also the following: a child or youth who is the subject of a voluntary placement agreement as defined in subdivision (p) of Section 11400, a child or youth who is placed in foster care and is the subject of a petition filed pursuant to Section 300, and a child or youth placed in California pursuant to the Interstate Compact on the Placement of Children. Furthermore, SB 1090 establishes that a child or youth who has exited foster care for any reason, including, but not limited to, reunification, guardianship, adoption, emancipation, or, for example, having begun in state jurisdiction and later transferring to tribal jurisdiction, remains eligible to receive services through the FURS program until they attain 21 years of age.

MRT support for the youths in the STRTP+1 emergency placement bed will be billed to the Aspire 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.

Oakland Aspire STRTP location:  
8955 Golf Links Rd., Oakland, CA 94605

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**

Using the agreed-upon template jointly created by SF HSA Data Team and Seneca Data Team to report the following:

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

Monthly (Include Cumulative Year-to-Date Totals)

- i. The total number of calls received from
  1. PSW or PO
  2. Biological Parent or Guardian
  3. Resource Family (including relative placement)
  4. Mental Health Provider
  5. Other
- ii. Number of unduplicated youth referred for MRT crisis response
  1. Referral sources
  2. Number of youth ineligible for MRT crisis response
  3. Number of youth eligible for MRT crisis response
- iii. Unduplicated Eligible Clients
  1. Number with an active Wraparound Case
  2. Number without an active Wraparound Case
- iv. Service Type for Unduplicated Eligible Clients
  1. Number that received Telephone Counseling
  2. Number that received In-Person Response
  3. Number that were Non-Responsive (dead-end)
  4. Average In-Person Response Time
  5. Number that resulted in service case opening
- v. Unduplicated Cases Opened
  1. Number of clients with at least one CFT per calendar month
  2. Total number of CFTs attended per referral month
  3. Outcome – stabilized, step down, lateral or step-up

**B. Intensive Case Coordination**

Monthly (Include Cumulative Year-to-Date Totals)

1. The number of referrals received
2. The number of cases opened
3. The number of cases closed
4. The number of pending referrals as of the last day of the month

**C. Emergency Placement**

Daily

1. Grantee will provide daily occupancy and vacancy report to FCS Placement staff via secured email, 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
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 placement 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**

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 –
  - a) 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.
3. Grantee is responsible for providing to SFHSA and SFJPD the names and DOBs of youth referred and youth

**B. For Intensive Case Coordination**

1. Increased Placement Stability –

- a) Among children in foster care at time ICC 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 Reentry –
    - a) Among all children in in-home case at time ICC case was opened, count and percent who did not re-enter foster care within next year.

**C. For Emergency Placement**

1. Emergency placement intakes will be made within 4 hours of referral.
2. When possible, youth will have a maximum stay of 90 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.
4. Youth served will show improvement on identified strengths 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, c) relative placement, or d) emancipation.
6. Grantee is responsible for the case opened/closed, and other data to be determined. Grantee will track both the count and the percentage that met the placement criteria. Specific assessment process to be determined.

**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. Grantee must maintain data on referrals and outcomes of referrals for MRT/FURS/ISS/Emergency Placement programs, and must be able to accurately report on referrals received and services provided.
- F. Examples of data that must be tracked include date when referrals are received, name and date of birth of the youth, dates that an MRT/FURS/ISS service case is

opened and closed, date and time of emergency placement referral, and date and time of admission and discharge from emergency placement, and other data as requested by SFHSA and/or SFJPD.

- G. Ensure all employees are TB tested and retain information on tests in their personnel files.
- H. Provide culturally and linguistically competent services to meet the diverse needs of San Francisco families.
- I. 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>.
- J. 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.
- K. 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 a weekly occupancy and vacancy report to FCS Placement, with both child information and number of available beds, via secured email. The distribution list for this report will be provided to Grantee by SFHSA.
- B. Grantee will provide a monthly and cumulative fiscal spreadsheet, detailing monthly revenues and expenses.
- C. Grantee will provide a monthly and cumulative programmatic spreadsheet, detailing progress towards the service objectives. The Grantee, SFHSA and SFJPD will work together to develop a template for data tracking and reporting.

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. Monthly reports are due 15 days and annual reports are due 90 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:
  - Diana Salazar, Manager  
Department of Public Health  
[diana.salazar@sfdph.org](mailto:diana.salazar@sfdph.org)
  - Tommy Pazhempallil, Program Manager  
Family & Children Services Division  
[tommy.pazhempallil@sfgov.org](mailto:tommy.pazhempallil@sfgov.org)
  - Johanna Gendelman, Senior Contracts Manager  
Office of Contract Management  
[johanna.gendelman@sfgov.org](mailto:johanna.gendelman@sfgov.org)
  - Jesse Rosemoore, Budget Analyst  
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)

**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.

HUMAN SERVICES AGENCY BUDGET SUMMARY						
Seneca Family of Agencies					Term 7/1/23-6/30/27	
(Check One) New <input type="checkbox"/> Renewal <input checked="" type="checkbox"/> Modification _____						
If modification, Effective Date of Mod. _____ No. of Mod. _____						
Program: Hub Emergency FCS Services - Enhanced STRTP (E-STRTP)						
ANNUAL (NO CHANGE YEAR TO YEAR**)					7/1/23-6/30/27*	
Budget Reference Page No.(s)	EPSDT	FCS STRTP rate/Complex Care funding as available	County General Fund	TOTAL	TOTAL PROJECT	Grand total general fund ONLY
Program Term				7/1/23-6/30/24		
<b>Expenditures</b>						
Salaries & Benefits	\$620,699	\$672,631	\$688,622	\$1,981,952	\$7,927,808	\$2,754,488
Operating Expense	\$67,608	\$56,306	\$62,912	\$186,826	\$747,304	\$251,648
<b>Subtotal</b>	<b>\$688,307</b>	<b>\$728,937</b>	<b>\$751,534</b>	<b>\$2,168,778</b>	<b>\$8,675,112</b>	<b>\$3,006,136</b>
Indirect Percentage (%)	15%	15%	15%	15%	15%	15%
Indirect Cost (Line 16 X Line 15)	\$103,245	\$109,341	\$112,730	\$325,316	\$1,301,265	\$450,920
Capital Expenditure						
<b>Total Expenditures</b>	<b>\$791,552</b>	<b>\$838,278</b>	<b>\$864,264</b>	<b>\$2,494,094</b>	<b>\$9,976,380</b>	<b>\$3,457,052</b>
<b>HSA Revenues</b>						
General Fund	\$0	\$0	\$864,263	\$864,263	\$3,457,052	\$3,457,052
FCS-projected rate	\$0	\$838,278	\$0	\$838,278	\$3,353,112	
EPSDT	\$791,554	\$0	\$0	\$791,554	\$3,166,216	
<b>TOTAL HSA REVENUES</b>	<b>\$791,554</b>	<b>\$838,278</b>	<b>\$864,263</b>	<b>\$2,494,095</b>	<b>\$9,976,380</b>	<b>\$3,457,052</b>
<b>Other Revenues</b>						
<b>Total Revenues</b>	<b>\$791,554</b>	<b>\$838,278</b>	<b>\$864,263</b>	<b>\$2,494,095</b>		<b>\$3,457,052</b>
Full Time Equivalent (FTE)	5.34	4.38	5.17	14.89		
* For purposes of showing budget, each year is identical so only one year shown						
Prepared by: Seneca Family of Agencies						
HSA-CO Review Signature:						
HSA #1						





Program Name:  
Hub Emergency FCS Services - Enhanced STRTP (E-STRTP)

**Operating Expense Detail**

Expenditure Category	TERM	ANNUAL			TOTAL	7/1/23-6/30/27
		EPSDT	FCS STRTP rate/	General Fund		Total General Fund
Rental of Property		\$16,000	\$16,000	\$16,000	\$48,000	\$64,000
Utilities(Elec, Water, Gas, Phone, Garbage)		\$4,000	\$4,000	\$4,000	\$12,000	\$16,000
Office Supplies, Postage		\$2,563	\$2,100	\$2,482	\$7,145	\$9,928
Building Maintenance Supplies and Repair		\$6,000	\$6,000	\$6,000	\$18,000	\$24,000
Printing and Reproduction						
Insurance						
Staff Training		\$2,136	\$1,750	\$2,068	\$5,954	\$8,272
Staff Travel-(Local & Out of Town)		\$5,100	\$1,800	\$3,900	\$10,800	\$15,600
Rental of Equipment		\$1,600	\$1,600	\$1,600	\$4,800	\$6,400
CONSULTANT/SUBCONTRACTOR DESCRIPTIVE TITLE					\$0	
Contract Nursing		\$1,500	\$0	\$0	\$1,500	
Note Approvers		\$2,500	\$0	\$0	\$2,500	
Other Contract Services		\$0	\$1,000	\$1,000	\$2,000	\$4,000
OTHER						
Communications		\$3,204	\$2,625	\$3,102	\$8,931	\$12,408
Staff Recruitment		\$1,602	\$1,312	\$1,551	\$4,465	\$6,204
Vehicle Expense		\$4,199	\$1,494	\$4,107	\$9,800	\$16,428
Child & Family Related Expenses		\$14,000	\$14,000	\$14,000	\$42,000	\$56,000
Expendable Equipment		\$3,204	\$2,625	\$3,102	\$8,931	\$12,408
					\$0	
<b>TOTAL OPERATING EXPENSE</b>		<b>\$67,608</b>	<b>\$56,306</b>	<b>\$62,912</b>	<b>\$186,826</b>	<b>\$251,648</b>
<b>HSA #3</b>						

<b>HUMAN SERVICES AGENCY BUDGET SUMMARY</b>					Appendix B-1, Page 1
<b>Seneca Family of Agencies</b>					Term 7/1/23-6/30/27
(Check One)    New <input type="checkbox"/> Renewal <input checked="" type="checkbox"/> Modification <input type="checkbox"/>					
If modification, Effective Date of Mod.                      No. of Mod.					
<b>Program: Hub Emergency FCS Services - MRT &amp; ICC</b>					
<b>ANNUAL (NO CHANGE YEAR TO YEAR**</b>					7/1/23-6/30/27
Budget Reference Page No.(s)	EPSDT	FCS STRTP rate/Complex	County General Fund	Annual TOTAL	Total General Fund
Program Term	7/1/23-6/30/24	7/1/23-6/30/24	7/1/23-6/30/24	7/1/23-6/30/24	
<b>Expenditures</b>					
Salaries & Benefits	\$858,142	\$0	\$903,185	\$1,761,327	\$3,612,740
Operating Expense	\$84,412	\$0	\$84,412	\$168,824	\$337,648
<b>Subtotal</b>	<b>\$942,554</b>	<b>\$0</b>	<b>\$987,597</b>	<b>\$1,930,151</b>	<b>\$3,950,388</b>
Indirect Percentage (%)	15%	15%	15%	15%	15%
Indirect Cost (Line 16 X Line 15)	\$141,383	\$0	\$148,140	\$289,523	\$592,559
Capital Expenditure	\$0	\$0	\$0	\$0	
<b>Total Expenditures</b>	<b>\$1,083,937</b>	<b>\$0</b>	<b>\$1,135,737</b>	<b>\$2,219,674</b>	<b>\$4,542,947</b>
<b>HSA Revenues</b>					
General Fund			\$1,135,737	\$1,135,737	\$4,542,947
FCS-projected rate					
EPSDT	\$1,083,937			\$1,083,937	
<b>TOTAL HSA REVENUES</b>	<b>\$1,083,937</b>	<b>\$0</b>	<b>\$1,135,737</b>	<b>\$2,219,674</b>	<b>\$4,542,947</b>
<b>Other Revenues</b>					
<b>Total Revenues</b>	<b>\$1,083,937</b>	<b>\$0</b>	<b>\$1,135,737</b>	<b>\$2,219,674</b>	<b>\$2,271,474</b>
<b>Full Time Equivalent (FTE)</b>	<b>7.005</b>	<b>0</b>	<b>7.005</b>	<b>14.01</b>	
<b>* For purposes of showing budget, each year is identical so only one year shown</b>					
Prepared by: Seneca Family of Agencies					
HSA-CO Review Signature:					
<b>HSA #1</b>					

Program Name:  
Hub Emergency FCS Services - MRT & ICC

**Salaries & Benefits Detail**

**ANNUAL**

7/1/23-6/30/27

POSITION TITLE	Agency Totals		HSA Program		EPSDT	Complex Care	General Fund	TOTAL	TOTAL
	Annual Full Time Salary for FTE	Total FTE	% FTE funded by HSA (Max 100%)	Adjusted FTE	Budgeted Salary				TOTAL
Chief Program Officer	\$225,000	1.00	1%	0.01	\$1,125	\$0	\$1,125	\$2,250	4,500
Regional Executive Director	\$175,000	1.00	20%	0.20	\$17,500	\$0	\$17,500	\$35,000	70,000
Program Director	\$135,000	1.00	80%	0.80	\$54,000	\$0	\$54,000	\$108,000	216,000
Clinical Director	\$140,000	1.00	10%	0.10	\$7,000	\$0	\$7,000	\$14,000	28,000
Program Supervisor	\$125,000	2.00	100%	2.00	\$125,000	\$0	\$125,000	\$250,000	500,000
Clinician	\$90,000	2.00	100%	2.00	\$90,000	\$0	\$90,000	\$180,000	360,000
ICC Coordinator	\$85,000	1.00	100%	1.00	\$42,500	\$0	\$42,500	\$85,000	170,000
Crisis Counselor	\$66,560	6.00	100%	6.00	\$199,680	\$0	\$199,680	\$399,360	798,720
Senior Administrative Assistant Health Information Specialist/Program Assistant	\$68,640	1.00	20%	0.20	\$6,864	\$0	\$6,864	\$13,728	27,456
Specialist/Program Assistant	\$66,560	1.00	100%	1.00	\$33,280	\$0	\$33,280	\$66,560	133,120
Quality Assurance Manager	\$100,000	1.00	10%	0.10	\$5,000	\$0	\$5,000	\$10,000	20,000
Data Analyst	\$120,000	1.00	50%	0.50	\$30,000	\$0	\$30,000	\$60,000	120,000
Program Analyst	\$100,000	1.00	10%	0.10	\$5,000	\$0	\$5,000	\$10,000	20,000
Facility Manager				-	\$6,000		\$6,527	\$12,527	26,108
Administrator On-Call				-	\$69,101		\$62,899	\$132,000	251,596
Supplemental Overtime/Crisis Response				-	\$0		\$42,000	\$42,000	168,000
				-				\$0	
<b>TOTALS</b>	<b>\$1,496,760</b>	<b>20.00</b>		<b>14.01</b>	<b>\$692,050</b>	<b>\$0</b>	<b>\$728,375</b>	<b>\$1,420,425</b>	<b>2,913,500</b>
FRINGE BENEFIT RATE	24%								
EMPLOYEE FRINGE BENEFITS	\$359,222				\$166,092	\$0	\$174,810	\$340,902	699,240
<b>TOTAL SALARIES &amp; BENEFITS</b>	<b>\$1,855,982</b>				<b>\$858,142</b>	<b>\$0</b>	<b>\$903,185</b>	<b>\$1,761,327</b>	<b>3,612,740</b>

HSA #2

Program Name:  
Hub Emergency FCS Services - MRT & ICC

**Operating Expense Detail**

Expenditure Category	TERM	EPSDT	FCS STR	General Fund	TOTAL	GENERAL FUND TOTAL
		ANNUAL			7/1/23-6/30/27	
Rental of Property		\$32,500	\$0	\$32,500	\$65,000	\$130,000
Utilities(Elec, Water, Gas, Phone, Garbage)		\$7,500	\$0	\$7,500	\$15,000	\$30,000
Office Supplies, Postage		\$1,600	\$0	\$1,600	\$3,200	\$6,400
Building Maintenance Supplies and Repair		\$7,500	\$0	\$7,500	\$15,000	\$30,000
Printing and Reproduction						
Insurance						
Staff Training		\$1,400	\$0	\$1,400	\$2,800	\$5,600
Staff Travel-(Local & Out of Town)		\$12,500	\$0	\$12,500	\$25,000	\$50,000
Rental of Equipment		\$810	\$0	\$810	\$1,620	\$3,240
CONSULTANT/SUBCONTRACTOR DESCRIPTIVE TITLE						
Contract Nursing		\$2,100	\$0	\$2,100	\$4,200	\$8,400
Note Approvers		\$4,250	\$0	\$4,250	\$8,500	\$17,000
Other Contract Services		\$1,500	\$0	\$1,500	\$3,000	\$6,000
OTHER						
Communications		\$6,305	\$0	\$6,305	\$12,610	\$25,220
Staff Recruitment		\$2,102	\$0	\$2,102	\$4,204	\$8,408
Vehicle Expense		\$2,845	\$0	\$2,845	\$5,690	\$11,380
Child & Family Related Expenses		\$1,500	\$0	\$1,500	\$3,000	\$6,000
					\$0	
					\$0	
<b>TOTAL OPERATING EXPENSE</b>		<b>\$84,412</b>	<b>\$0</b>	<b>\$84,412</b>	<b>\$168,824</b>	<b>\$337,648</b>

**HSA #3**