



Mark Farrell, Mayor

Trent Rhorer, Executive Director

**MEMORANDUM**

TO: HUMAN SERVICES COMMISSION

THROUGH: TRENT RHORER, EXECUTIVE DIRECTOR

FROM: SYLVIA DEPORTO, DEPUTY DIRECTOR  
 JOHN TSUTAKAWA, DIRECTOR OF CONTRACTS *Jh*

DATE: APRIL 20, 2018

SUBJECT: GRANT RENEWAL: **SENECA FAMILY OF AGENCIES (NON-PROFIT)**  
 FOR SAN FRANCISCO WRAPAROUND COLLABORATIVE

GRANT TERM:	<u>Current</u> 7/1/15 – 6/30/18	<u>Renewal</u> 7/1/18- 6/30/20	<u>Contingency</u>	<u>Total</u>	
TOTAL GRANT AMOUNT:	\$13,650,000	\$9,100,000	\$455,000	\$9,555,000	
ANNUAL AMOUNT:	<u>FY 17/18</u>	<u>FY 18/19</u>	<u>FY 19/20</u>		
	\$4,550,000	\$4,550,000	\$4,550,000		
Funding Source	<u>County</u>	<u>State</u>	<u>Federal</u>	<u>Contingency</u>	<u>Total</u>
RENEWAL FUNDING:	\$1,820,000	\$4,095,000	\$3,185,000	\$455,000	\$9,555,000
PERCENTAGE:	20%	45%	35%		100%

The Department of Human Services (DHS) requests authorization to renew the grant agreement with Seneca Family of Agencies for the period of July 1, 2018 through June 30, 2020 for the amount of \$9,100,000 plus a 5% contingency of \$455,000 for a total grant amount not to exceed amount of \$9,555,000. 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-of-home 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, Catholic Charities and The Center on Juvenile and Criminal Justice. Seneca and the WRAP collaborative have been serving over 300 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 – San Francisco Wraparound Collaborative**

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, or foster care. Some services will be provided directly by the Grantor and other services will be coordinated through community partners. A minimum of 115 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.

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

Program offices are located at 2513 24th Street San Francisco, CA 94110. 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 children and families. On-call crisis support will be provided on a 24/7 basis.

### **Selection**

Grantee was selected through Request for Proposals #627, which was competitively bid in February, 2015.

### **Funding**

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

### **Attachments**

Appendix A - Services to be Provided

Appendix B - Calculation of Charges

**Appendix A – Services to be Provided  
Seneca Family of Agencies  
San Francisco Wraparound Collaborative  
July 1, 2018 – June 30, 2020**

**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
CJCJ	Center on Juvenile and Criminal Justice, a subcontractor of the SFWC
FCS	Family and Children’s Services, a division of HSA
Grantee	Seneca Family of Agencies
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.
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, St Vincent's/Catholic Charities and CJCJ as subcontractors.
St Vincent	St. Vincent/Catholic Charities, a subcontractor of SFWC
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, and 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.

Specific subpopulations to be served may include:

- Families with voluntary (non-Court) child welfare cases
- Reunified families whose cases close during service delivery
- Legal guardianship cases
- Infants and young children aged birth through five
- Commercially sexually exploited children (CSEC)
- Developmentally delayed children and youth with co-occurring mental health disorders
- Pre-adjudicated, juvenile justice involved youth, including but not limited to detained and incompetent youth with CANS assessment scores of 2 or more
- Adopted children and youth

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 an open child welfare case (including legal guardianship), adoption aid payments, or juvenile probation petition pending at the time of referral.

#### 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 and youth who have complex needs with comprehensive and cost-effective intensive, coordinated, highly individualized interventions and linkage to services. The Wraparound model enhances safety, permanency, and well-being for children and youth, consistent with state and federal mandates.

WRAP offers prevention and aftercare service delivery for families who have not previously qualified for Wrap services, e.g., families in voluntary cases, families in which children may not meet medical necessity, families with very young children, closed cases, or pre-adjudicated juvenile probation youth.

All services should 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. Facilitate the wraparound planning process (individualized, family-centered, strength-based, and needs-driven)

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. Secure wraparound and mental health services from a network of providers and complete appropriate service authorizations and agreements

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 in-depth 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. Provide intensive case management, including crisis intervention and support on a 24-hour basis, 7 days per week

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. Coordinate with County agency staff, the courts, community members, families and schools

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

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. Develop, monitor, and adhere to individualized services plan (Plan of Care)



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 were seen as helpful and which was seen as not helpful, from the perspective of the youth and family as well as relevant 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, team members will consider any major 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.

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 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 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 Sub-Committee and the Executive Oversight Team in order to ensure the partnerships and systems-level collaboration necessary for successful implementation of the SB 163 wraparound project. 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 staff. Seneca will inform County 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

Program evaluation will be conducted by aggregating the evaluative results of staff intervention and subsequent Wraparound outcomes. 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:

- 1) Placement stability in the least restrictive, most family-like setting as identified in the CWS/CMS system;
- 2) Legal permanency outcomes as identified in the CWS/CMS system;

- 3) An increase in mental and behavioral health as evidenced by a reduction in actionable items on the Child and Adolescent Needs and Strengths (CANS) assessment. This data is tracked on the San Francisco HSA CWS/CMS database and the DPH electronic health record database (Avatar);
- 4) Aggregate statistical and demographic data for all Wraparound clients
- 5) The WiFi EZ fidelity index;
- 6) Designated client satisfaction surveys (e.g., YSS, YSSF, the Peabody)
- 7) The following four evaluation criteria, regarding all youth served by grantee and subcontractors. These criteria will be provided in an agreed-upon format at agreed-upon intervals:
  - a) Basic demographics and participation rates
  - b) Program fidelity
  - c) Child well-being, including improvements in mental/behavioral health, social and emotional functioning and family functioning
  - d) Child welfare outcomes, including safety, permanency and other outcomes required by the state and federal government.
  - e) Juvenile probation outcomes, including safety, permanency, recidivism and other outcomes required by the state and federal government.

#### 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.

#### 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 115 slots at any given time. The Grantee will establish 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 (approximately 70% at any point in time).
- Of these 115 slots, provide prevention or aftercare wraparound supports to a minimum of 33 children and families in the child welfare system as follows:
    - Age birth-5: 7
    - Age 6-12: 10
    - Age 13-17: 16
  - Of these 115 slots, provide 32 prevention slots to pre-adjudicated youth in the Juvenile Probation system, including but not limited to detained and incompetent youth with CANS assessment scores of 2 or more.
- C. 90% of children and youth will exit services in 18 months.
- D. 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:
1. Child and Family Team
  2. Community-based Services and Supports
  3. Parent and Youth Voice and Choice
  4. Cultural Competence
  5. Individualized Services
  6. Strength-Based Services
  7. Natural Supports
  8. Continuation of Care
  9. Collaboration
  10. Flexible Funding
  11. Outcome-Based Services

## VII. Outcome Objectives

- A. A minimum of 45% of the 115 children and families enrolled in the Wraparound program in group care or stepped down from group care within the previous month will be moved to or maintained in family-like service settings within 12 months of their date of enrollment.

- B. Each child's placement disruption history will be recorded at time of enrollment. Wraparound services will reduce the rate of placement disruption during the program by 25% compared to each child's historical rate (up to three years).
- C. For enrolled children and adolescents who have the goal of reunification with birth family or kin, 60% of those families will demonstrate improvements in family functioning before and after receiving program services and supports, as measured by at least one of following CANS items: Family (in the Life Domain Functioning, Family (in the Child Strengths domain, and Relationship Permanence (in the Child Strengths domain)
- D. At least 40% of enrolled children and adolescents will demonstrate improvement in at least 50% of CANS items on relevant domains, as measured between two CANS assessment dates. Specific CANS domains to be mutually agreed upon.
- E. On average, school attendance will increase by 20% over the level of attendance two years prior to enrollment in Wraparound.
- F. 85% of prevention children will remain in the family home and not go to a higher level of care.
- G. 90% of aftercare youth will not reenter the child welfare and/or foster care systems.

### **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. County case workers and probation officers will work as members of the family team in developing and implementing plans to support and stabilize the families served.
- C. County case worker 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**

- A. Grantee will provide monthly spreadsheet, detailing monthly revenues and expenses.
- B. Grantee will provide data on the following as requested as shown in both monthly and annual reports, including a breakout for waiver and non-waivers youth for JPD and HSA:
  - youth and family demographics
  - number of youth enrolled
  - number of youth stepped down to family-like settings
  - average, median, and range of enrollment for current and discharged youth
  - number of youth who successfully complete the program
  - discharge information including reason for and placement at discharge
  - other information required by the State under the Waiver program.

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.

- B. 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 will also include accomplishments and challenges encountered by the Grantee. This report is due 15 days after the completion of the program year and must be entered into the CARBON system.
- C. Reports are to be submitted electronically to the following staff:

Alison Lustbader, Program Manager



Department of Public Health  
Alison.Lustbader@sfgov.org

Sara Schumann, Director of Probation Services  
Juvenile Probation Department  
Sara.Schumann@sfgov.org

Michelle Schurig, Senior Analyst  
Juvenile Probation Department  
Michelle.Schurig@sfgov.org

Liz Crudo, Program Manager  
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Johanna.Gendelman, Senior Contracts Manager  
Office of Contract Management  
Johanna.Gendelman@sfgov.org

Molly.Chao, Budget Analyst,  
Budget & Planning Unit  
Molly.Chao@sfgov.org

## **XI. Monitoring Requirements**

- A. Program Monitoring: 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. 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, and MOUs, and the current board roster and selected board minutes for compliance with the Sunshine Ordinance.

**Appendix B-- Calculation of Charges**  
**Seneca Family of Agencies**  
**San Francisco Wraparound Collaborative**  
Effective July 1, 2018 – June 30, 2020

1. City & County of San Francisco agrees to compensate the Grantee at the base rate of \$3,200 per unit of service provided for an estimated 1,300 units for fiscal years 18/19 and 19/20 for Regular and Waivered, Probation, and HSA After Care referrals. Further, the City agrees to compensate the grantee at the base rate of \$2,889 per unit of service for an estimated 137 units for fiscal years 18/19 and 19/20 for Sibling referrals. If mutually agreed upon, grantee will provide additional units by accessing reinvestment reserved funds.

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 amount paid for wraparound costs will not exceed \$4,550,000 annually with an additional contingency of \$455,000 for a total amount not to exceed \$9,555,000 for the time period of July 1, 2018 to June 30, 2020.