



London Breed, Mayor

Department of Human Services
 Department of Aging and Adult Services
 Office of Early Care and Education

Trent Rhorer, Executive Director

MEMORANDUM

TO: HUMAN SERVICES COMMISSION

THROUGH: TRENT RHORER, EXECUTIVE DIRECTOR

FROM: JOAN MILLER, DEPUTY DIRECTOR
 JOHN TSUTAKAWA, DIRECTOR OF CONTRACTS *JT*

DATE: APRIL 18, 2019

SUBJECT: NEW GRANT: **SENECA FAMILY OF AGENCIES** (NON-PROFIT)
 TO PILOT AND IMPLEMENT HUB AGENCY SERVICES, MOBILE
 RESPONSE AND EMERGENCY PLACEMENT SERVICES FOR HIGH
 END YOUTH

GRANT TERM: 5/1/19- 6/30/22

	<u>Total</u>	<u>Contingency</u>	<u>Total</u>	
TOTAL AMOUNT:	\$6,807,269	\$680,727	\$7,487,996	

	<u>FY 18/19</u>	<u>FY 19/20</u>	<u>FY 20/21</u>	<u>FY 21/22</u>
ANNUAL AMOUNT:	\$288,420	\$2,531,727	\$1,993,561	\$1,993,561

Funding Source	<u>County</u>	<u>State</u>	<u>Federal</u>	<u>Contingency</u>	<u>Total</u>
	\$6,807,269			\$680,727	\$7,487,996

PERCENTAGE: 100% 100%

The Department of Human Services (DHS) requests authorization to enter into a new grant agreement with Seneca Family of Agencies (Seneca) for the time period beginning May 1, 2019 and ending on June 30, 2022, in the amount of \$6,807,269 plus a 10% contingency for a total not to exceed amount of \$7,487,996. The purpose of this grant is to develop, implement, and provide three integrated services designed for eligible in-home and foster children and youth who have intensive behavioral health needs.

Background

In 2017, through Assembly Bill 403, the California Department of Social Services released comprehensive policy changes for placement and treatment options for California youth in foster care. This policy change, known as the Continuum of Care (CCR) Reform, is based on research that supports the belief that when children are not able to remain with their birth parents, providing a family, home-based structure enables youth to develop more successfully, thus improving outcomes for them. A primary goal of CCR is that children should not remain in group living environments.

To comply with CCR, FCS must phase out the operation of the Child Protection Center (CPC) at the Edgewood campus. While the CPC is still operational, two systems will be piloted, evaluated, and then fully implemented. The first was the Alternative Family Services pilot approved by the Commission in February that will provide family care through emergency resource families for children with no identified special needs or disabilities. The second initiative before you today for approval will be serving high needs children through Short-Term Residential Treatment Programs (STRTPs) and coordinated care, which will be provided by a collaboration of community partners led by Seneca Family of Agencies.

Services to be Provided

Three integrated services will be developed and implemented by Seneca: 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 scheduling 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.

The first four months of the grant will involve capital improvements to the STRTP placements, as well as intensive staff training and orientation. It is anticipated that this program will begin the pilot period September 1, 2019 with full implementation by November 2019. At least four STRTP placements will be available 24/7/365. Two placements will be at the Petaluma Seneca site and two at Edgewood Center for Children and Families on Vicente Ave in San Francisco. 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 #795, which was released June 29, 2018. Seneca was the only proposal submitted and received an average score of 85.

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

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

I. Purpose

The purpose of this grant is to develop, implement, and provide three integrated services designed for eligible in-home and foster children and youth who have intensive behavioral health needs. The components of mobile response, intensive care management and coordination, and placements in Short Term Residential Treatment Programs (STRTPs), 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

Grantee	Seneca Family of Agencies
HSA	San Francisco Human Services Agency
OCM	San Francisco Human Services Agency Office of Contract Management
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.
PSW	Protective Services Worker
STRTP	Short Term Residential Treatment Programs

III. Target Population(s)

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

- Families receiving voluntary services from FCS
- Children/youth through age 17 who are dependents of the juvenile court
- Children and youth through age 17 who are receiving foster care services from JPD.

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 0-17 and their caregivers (including their biological family), who are currently receiving voluntary services from FCS, or are dependents of the juvenile court, and children and youth through age 17 who are receiving foster care services from JPD. 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 high needs.

2. **Immediate Emergency Short-term Stabilization Placements:** A minimum of 4 beds with the ability to “flex up” as needed or provide in home support if necessary for identified foster children/youth age 0-17, with intensive needs, in the child welfare or juvenile probation system. Children under age 10 must be placed in a family home or family-centered setting, consistent with CCR.

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

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

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

IV. **Description of Services**

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

A. **Mobile Response**

1. Operation of a 24 hours per day/7 days per week toll-free telephone line that provides live response and triage of calls, and links the callers to a mobile response team.
2. Dispatch of mobile response team for all calls. For all calls referred to mobile response, response time shall be within **1 hour** for those calls located within

San Francisco, and within **2 hours** for those calls located outside of San Francisco.

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

B. Immediate Emergency Placement

1. Ensure immediate intake and placement of youth identified by the program 24 hours per day/7 days per week/365 days per year.
2. A supply of **4** STRTP placement availability is required, with the ability to flex up if needed.
3. Utilize intake procedure to enroll children and youth (to be developed between FCS and Grantee).
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).

C. Hub Integration Services and Coordination

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

Instances of inappropriate conduct among subcontractor staff are to 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.

V. Location and Time of Services

Program offices are located at:
2513 24th Street
San Francisco, CA 94110
415-206-6346

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

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

VI. Service Objectives

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

1. Number of referrals received and number of referrals accepted
2. Number of children admitted to the service per month
3. Number of children discharged from service per month
 - A. Mobile Response Team
 1. Monthly: Number of call received
 2. Monthly: Number of unduplicated clients served
 3. Quarterly: % of clients stabilized in current placement
 4. Quarterly: % of clients linked to crisis services and emergency placements
 5. Monthly: Number of youth referred and opened
 6. Monthly: Number of youth discharged each month
 7. Monthly: Number of CFT meetings attended
 - B. Emergency Placement
 1. Daily occupancy: Grantee will provide daily occupancy report to FCS Placement staff, with both child information and number of available beds.)
 2. Monthly: Number of youth admitted
 3. Monthly: Number of youth discharged
 4. Monthly: Days of occupancy for each youth admitted
 5. Monthly: Number of CFTs meetings completed within specified time periods
 6. Monthly: Number of children receiving CFTs
 7. Monthly: Average response time
 - a. Hours of crisis response provided per child
 - C. Annually: Client satisfaction with service delivery

VII. Outcome Objectives

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

1. For Mobile Response Services:
 - a. Children will remain stable in placement.
 - b. Increased well-being on identified measures

- c. Reduction of problem behaviors on identified measures
- d. Reduction in repeat calls to Mobile Response Team
- e. Increased timeliness of access to services.
- f. Connection to treatment within 30 days.
- g. CFTs will be completed within specified timeframes
- h. Increased placement stability post discharge.
- i. Decreased average number of placement moves during enrollment
- j. Increased number of youth who achieve permanency.

2. For Emergency Placement:

- a. Emergency placement intakes will be made within 4 hours of referral.
- b. Youth will have a maximum length of stay of 45 days in the emergency STRTP placement during a single placement.
- c. Youth placed in an STRTP will experience reduction of behaviors that interfere with their ability to safely reside in family-based care. Specific assessment process to be determined.
- d. Youth served will show improvement on identified strength and needs domains from the time of admission to discharge.
- e. Youth will be stepped-down to family-based care as soon as the situation stabilizes and the step-down is appropriate.

VIII. Grantee Responsibilities

- A. Ensure that all known or suspected instances of child abuse and neglect are reported as required by law. Employees are mandated reporters for suspected child abuse or neglect.
- B. Report significant incidents immediately including but not limited to mental health crises, incarcerations, and hospitalizations and work as necessary with FCS to ensure appropriate assessment and intervention.
- C. Follow FCS runaway/AWOL procedures.
- D. Grantee will ensure all confidentiality requirements regarding client information are maintained.
- E. Grantee is responsible for collecting and managing client data in a secure, encrypted database and must be able to accurately report on services provided.
- F. Ensure all employees are TB tested and retain information on tests in their personnel files.
- G. Provide culturally and linguistically competent services to meet the diverse needs of San Francisco families.
- H. Be familiar with FCS practices and policies such as the California Core Practice model. Information on the CPM can be found here: <http://calswec.berkeley.edu/California-child-welfare-core-practice-model>.
- I. Conduct criminal background checks/fingerprinting on all employees interacting with clients and arrange to receive subsequent criminal notifications

if the employee is convicted of a crime during the time of his or her employment.

- J. Meet at regular intervals with subcontractors.

IX. Agency Responsibilities

- A. Provide referrals, support and technical assistance as needed to support ongoing implementation.
- B. County case workers and probation officers will participate as members of the family team in developing and implementing plans to support and stabilize the children, youth and families served.
- C. County case workers will provide routine case management services in accordance with Division 31 of the California Department of Social Services Regulations, and will maintain authority for court recommendations, placements, and other required documents such as case plans.
- D. Juvenile Probation Officers will provide routine case management services for juvenile justice involved youth and will maintain authority for court recommendations, placements, and other required documents such as case plans.

X. Grantee Reporting Requirements

- A. Grantee will provide daily occupancy report to FCS, with both child information and number of available beds.
- B. Grantee will track the time calls were received by the Mobile Response, and the time the call was responded to.
- C. Grantee will provide monthly spreadsheet, detailing monthly revenues and expenses.
- D. Grantee will provide monthly programmatic spreadsheet, detailing numerical service objectives.
- E. Grantee will provide the following data in both monthly, quarterly and annual reports:
 - 1. Number of calls received by Mobile Response Team
 - 2. Average In-person response time
 - 3. Number of hours of crisis response time per client
 - 4. Youth and family demographics
 - 5. Number of unduplicated clients served
 - 6. Number of youth enrolled
 - 7. % of clients stabilized in current placement
 - 8. % of clients linked to crisis services and emergency placements
 - 9. % of clients referred to additional services
 - 10. Number of youth stepped down to family-like settings
 - 11. Average, median, and range of enrollment for current and discharged youth

12. Entrance and discharge information including reason for and placement at discharge
13. % of clients transitioned to higher, lower, or same level of care upon discharge

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.

- F. 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.
- G. Reports are due 15 days after the close of the reporting period and must be entered into SFHSA’s Contracts Administration, Reporting and Billing Online (CARBON) system.
- H. Do not upload any reports with identifying information to the CARBON system. Reports with identifying information can only be sent via secure email with password protection to the Program Manager or Program Support Analyst identified below.
- H. Reports will be submitted electronically to the following staff:

Alison Lustbader, Program Manager
 Department of Public Health
Alison.Lustbader@sfgov.org

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

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

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

Vanetta Dunlap, Program Support Analyst
 Family & Children Services Division
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

Name: Seneca Family of Agencies

(Check One) New Renewal Modification
 If modification, Effective Date of Mod. _____ No. of Mod. _____

	A	D	H	L	P	R
9	Program: Hub Emergency FCS Services					
10	Budget Reference Page No(s)	General Fund	General Fund	General Fund	General Fund	Total
11	Program Term	5/1/2019-6/30/2019	7/1/2019-6/30/2020	7/1/2020-6/30/2021	7/1/2021-6/30/2022	5/1/19-6/30/22
12	Expenditures					
13	Salaries & Benefits	63,000	873,221	557,858	557,858	\$2,051,937
14	Operating Expenses	0	804,362	539,002	539,002	\$1,882,365
15	Operating Expenses- Emergency Placement Subcontract Only	0	619,283	743,140	743,140	\$2,105,563
16	Capital Expenditure	190,000				\$190,000
17	Subtotal	\$253,000	2,296,866	1,840,000	1,840,000	\$6,229,865
18	Indirect Percentage (%)	14%	14%	14%	14%	
19	Indirect Cost (Line 13 + Line 14 X Line 15)	35,420	234,862	153,561	153,561	\$577,404
20			0	0	0	\$0
21	Total Expenditures	\$288,420	2,531,727	1,993,561	1,993,561	\$6,807,269
22	HSA Revenues					
23						\$0
24	General Fund	288,420	2,531,727	1,993,561	1,993,561	\$6,807,269
25						\$0
26	TOTAL HSA REVENUES	\$288,420	\$2,531,727	\$1,993,561	\$1,993,561	\$6,807,269
27	Other Revenues					
28						
29	Medi-Cal/EPSTDT		2,204,416	2,645,299	2,645,299	\$7,495,014
30	Foster Care AFDC-FC rate		463,793	561,078	561,078	\$1,585,949
31						
32	Total Revenues	\$288,420	\$5,199,936	\$5,199,938	\$5,199,938	\$15,888,233
33	Full Time Equivalent (FTE)- includes all Seneca and subcontractor partner FTE					
35	Prepared by: Andrea Cammann, Director of Strategic Initiatives, Seneca Family of Agencies					
36	HSA-CO Review Signature:					
37	HSA #1					

Salaries & Benefits Detail

POSITION TITLE	Agency Totals		HSA Program		General Fund	General Fund	General Fund	General Fund	TOTAL
	Annual Full Time Salary for FTE	Annual Total FTE	% FTE funded by HSA (Max 100%)	Adjusted FTE	6/30/2019	7/1/2019-6/30/2020	7/1/2020-6/30/2021	7/1/2021-6/30/2022	6/1/19-6/30/22
Regional Executive Director	140,000	0.20	50%	0.10			11,667	14,000	39,667
Program Director	100,000	1.00	50%	0.50			41,667	50,000	141,667
Licensed Clinical Supervisor	90,000	0.25	0%	-			0	0	0
Program Supervisor/Intake Clinician	75,000	1.00	0%	-			0	0	0
Program Supervisor/Intake Clinician	75,000	1.00	0%	-			0	0	0
Administrator On-Call	75,000	1.00	100%	1.00			62,500	75,000	212,500
Administrator On-Call	75,000	0.50	100%	0.50			31,250	37,500	106,250
Bilingual Crisis Counselor	54,912	1.00	0%	-			0	0	0
Bilingual Crisis Counselor	54,912	1.00	0%	-			0	0	0
Bilingual Crisis Counselor	54,912	1.00	0%	-			0	0	0
Bilingual Crisis Counselor	54,912	1.00	0%	-			0	0	0
Bilingual Crisis Counselor	54,912	1.00	0%	-			0	0	0
Crisis Counselor	49,920	1.00	0%	-			0	0	0
Crisis Counselor	49,920	1.00	0%	-			0	0	0
Crisis Counselor	49,920	1.00	0%	-			0	0	0
Crisis Counselor	49,920	1.00	0%	-			0	0	0
Crisis Counselor	49,920	1.00	0%	-			0	0	0
Senior Administrative Asst.	47,840	0.20	100%	0.20			7,973	9,568	27,109
Program Assistant	45,760	1.00	100%	1.00			38,133	45,760	129,653
Health Information Specialist	45,760	1.00	0%	-			0	0	0
Program Evaluation Analyst	85,000	1.00	100%	1.00			70,833	85,000	240,833
Facility Manager	65,000	0.30	100%	0.30			16,250	19,500	55,250
Training Manager (variable FTE)	10,000	1.00	100%	1.00			8,333	10,000	28,333
Overtime/On Call Allowance	83,333	1.00	50.0%	0.50			34,722	41,667	118,055
Regional Executive Director	\$145,000	0.10	50%	0.05			6,042	7,250	20,542
Program Director	\$95,000	0.50	50%	0.25					0
Clinical Director	\$115,000		0%	-			0	0	0
Nurse	\$135,000	0.10	0%	-			0	0	0
Licensed Clinical Supervisor/Therapist	\$115,000	0.15	0%	-			0	0	0
Assistant Director/Program Manager	\$80,000	0.50	50%	0.25			16,667	20,000	56,667
Clinician	\$82,000	0.50	0%	-			0	0	0
Permanency Specialist	\$52,000		0%	-			0	0	0
Peer Partner/Mentor	\$49,920	0.25	50%	0.13					0
Mental Health Counselor	\$49,920	1.00	0%	-			0	0	0
Mental Health Counselor	\$49,920	1.00	0%	-			0	0	0
Mental Health Counselor	\$49,920	1.00	0%	-			0	0	0
Mental Health Counselor	\$49,920	1.00	0%	-			0	0	0
Awake Overnight Counselor	\$49,920	1.00	50%	1.00			20,800	0	20,800
Awake Overnight Counselor	\$49,920	1.00	50%	1.00					0
Senior Administrative Asst.	\$54,080	0.10	100%	0.10			4,507	0	4,507
Program Assistant/Health Information Specialist	\$49,920	0.25	50%	0.125					0
Special Education Teacher	\$45,760		0%	-			0	0	0
Resource Family Recruiter	\$55,000	0.50	100%	0.50			22,917	27,500	77,917
Facility Manager	\$80,000	0.50	100%	0.50					0
Administrator On-Call	\$75,000	1.00	50%	0.50					0
Overtime/On Call Allowance	\$66,500	1.00	50%	1.00					0
One-time start-up salary cost					50,000	298,772			348,772
TOTALS		31.90	1600%	11.50	\$60,000	\$693,032	\$442,745	\$442,745	1,628,521
FRINGE BENEFIT RATE	26%								
EMPLOYEE FRINGE BENEFITS					\$13,000	\$180,188	\$115,114	\$115,114	423,416
TOTAL SALARIES & BENEFITS					\$63,000	\$873,221	\$657,859	\$657,859	2,051,937
HSA #2									

Program Name: Seneca Family of Agencies
(Same as Line 9 on HSA #1)

Operating Expense Detail

Expenditure Category	General Fund	General Fund	General Fund	General Fund	TOTAL
	5/1/2019-6/30/2019	7/1/2019-6/30/2020	7/1/2020-6/30/2021	7/1/2021-6/30/2022	7/1/2021-6/30/2022
Facility Lease		11,427	13,713	13,713	\$38,852
Facility Interest		1,090	1,309	1,309	\$3,707
Facility Depreciation- Leasehold Improvements		2,025	2,430	2,430	\$6,885
Facility Depreciation- Depreciation		580	696	696	\$1,971
Utilities(Elec, Water, Gas, Phone, Garbage)		2,982	3,579	3,579	\$10,139
Building Maintenance Supplies and Repair		5,595	6,714	6,714	\$19,023
Expendable Equipment		4,613	5,535	5,535	\$15,683
Equipment Maintenance and Repair		150	180	180	\$510
Equipment Lease		162	195	195	\$551
Equipment Depreciation		950	1,140	1,140	\$3,229
Office Supplies, Postage		1,500	1,800	1,800	\$5,100
Telephone		6,919	8,303	8,303	\$23,524
Insurance (included in allocable)					\$0
Staff Training		7,688	9,225	9,225	\$26,138
Staff Travel-(Local & Out of Town)		14,622	17,546	17,546	\$49,714
Child and Family Engagement and Tx Supplies					\$0
Staff Recruitment		4,613	5,535	5,535	\$15,683
Facility Lease		11,707	14,049	14,049	\$39,804
Facility Interest		13,722	16,466	16,466	\$46,654
Facility Depreciation		10,708	12,849	12,849	\$36,406
Utilities(Elec, Water, Gas, Phone, Garbage)		5,225	6,270	6,270	\$17,765
Building Maintenance Supplies and Repair		11,603	13,923	13,923	\$39,449
Expendable Equipment		2,613	3,135	3,135	\$8,883
Equipment Repair		1,297	1,557	1,557	\$4,410
Office Supplies, Postage		3,556	4,268	4,268	\$12,091
Telephone		3,919	4,703	4,703	\$13,324
Insurance (included in allocable)					\$0
Staff Training		4,354	5,225	5,225	\$14,804
Staff Travel-(Local & Out of Town)		6,917	8,300	8,300	\$23,517
Resource Parent Recruitment and Training		10,000	12,000	12,000	\$34,000
Resource Parent Training		6,667	8,000	8,000	\$22,667
Resource Parent Payment- TFC					\$0
Resource Parent Payment- ISFC PLUS		133,333	160,000	160,000	\$453,333
Child and Family Engagement and Tx Supplies					\$0
Memberships, Licenses, and Dues					\$0
One-time staff operating start up-residential		355,194			\$355,194
					\$0
CONSULTANT/SUBCONTRACTOR DESCRIPTIVE TITLE					\$0
Subcontractor Services					\$0
Edgewood- ICC, CSU Oversight/Coordination		158,635	190,362	190,362	\$539,359
Note Approvers					\$0
Psychiatry Services					\$0
Note Approvers					\$0
					\$0
TOTAL OPERATING EXPENSE	\$0	\$804,362	\$539,002	\$539,002	\$1,882,365
OPERATING- EMERGENCY PLACEMENT SUBCONTRACTORS ONLY					\$0
Edgewood- Emergency Placements (2 beds)		619,283	743,140	743,140	\$2,105,563
TOTAL OPERATING EXPENSE- EMERGENC	-	\$619,283	\$743,140	\$743,140	\$2,105,563

#VALUE!

Emergency Placement Services

ISS

EP

Program Name: Seneca Family of Agencies
 (Same as Line 9 on HSA #1)

Program Expenditure Detail

EQUIPMENT		General Fund	General Fund	General Fund	General Fund	TOTAL
TERM		5/1/2019-6/30/2019	7/1/2019-6/30/2020	7/1/2020-6/30/2021	7/1/2021-6/30/2022	5/1/2019-6/30/22
No.	ITEM/DESCRIPTION	190000				
	One-time facility set-up start up					0
						0
						0
						0
						0
						0
						0
						0
TOTAL EQUIPMENT COST		0	0	0	0	0
						0
REMODELING						0
Description:						0
						0
						0
						0
						0
TOTAL REMODELING COST		0	0	0	0	0
						0
TOTAL CAPITAL EXPENDITURE (Equipment and Remodeling Cost)		190,000	0	0	0	190,000
HSA #4						0