SECOND AMENDMENT TO STANDARD CONTRACT
BETWEEN COUNTY OF SOLANO and SENECA FAMILY of AGENCIES

This Second Amendment ("First Amendment") is entered into as of the 30th day of September 2025, between the COUNTY OF SOLANO, a political subdivision of the State of California ("County") and SENECA FAMILY OF AGENCIES, ("Contractor").

1. Recitals

   A. The parties entered into a contract dated July 1, 2024 (the "Contract"), in which Contractor agreed to provide "Wrap-around services targeted at youth in the Mental Health, Probation and Child Welfare Services System."

   B. The parties amended the Contract ("First Amendment") on December 16, 2024 to increase the Contract's budget by $450,796 for a total Contract amount of $5,598,796.

   C. The County now needs to amend the contract to reinstate Family Urgent Response System FURS to support caregiver, families, former and current foster youth through a toll-free statewide telephone hotline for Fiscal Year 2025/2026

   D. This Second Amendment represents an increase of $236,173, to the Contract to bring the contract total for FY 25/26 to $1,952,173

   E. The parties agree to amend the Contract as set forth below.

2. Agreement.

   A. Amount of Contract

   Section 3 of the contract is deleted and replaced with: The maximum amount of this contract is $5,834,969.

   B. Scope of Work

   Exhibit A-1 is deleted in its entirety and replaced with the Scope of Work attached to and incorporated into this Second Amendment as Exhibit A-2.

   C. Budget.

   Section 7 of Exhibit B-2 is added to include FURS budget attached Budget incorporated into this Second Amendment as Exhibit B-2.

3. Effectiveness of Contract.

Except as set forth in this Second Amendment, all other terms and conditions specified in the Contract remain in full force and effect.

COUNTY OF SOLANO, a Political Subdivision of the State of California

By _____
Ian M. Goldberg
County Administrator

SENECA FAMILY OF AGENCIES

Leticia Galyean DIGITALLY SIGNED 11/04/2025 10:06 AM PST

By _____
Leticia Galyean
Chief Executive Officer

APPROVED AS TO FORM

David Gallegos DIGITALLY SIGNED 11/04/2025 10:15 AM PST

By _____
Deputy County Counsel

EXHIBIT A-2
SCOPE OF WORK

1. CONTRACT DESCRIPTION

Wraparound

The purpose of this Contract is to provide Wraparound services to an average of 22 County referred youths and their families per month. The California Department of Social Services, pursuant to the passage of Senate Bill 163 (Chapter 795, Statutes of 1997) created Wraparound to provide a family-centered, strength-based alternative to higher-level placement. This legislation permits counties to use the Wraparound funding for planning and services delivery instead of use for placements of children/youths in group home/STRTP placements. The program provides the County with the ability to use state and County Aid to Families with Dependent Children-Foster Care (AFDC-FC) dollars. Wraparound may also be used for children who are eligible for the Adoption Assistance Program (AAP) though funding for services is different for these children.

Allocation of the cap of an average of twenty-two (22) slots per month for SB 163 (Wraparound) will minimally include 5 (five) to probation, 1 (one) to Mental Health and 16 (sixteen) to Child Welfare Services. As the intent of this contract is to serve as many CWS and Probation involved children/youth as possible to prevent the need for higher level placement, the allocation of slots is fluid and may vary. These decisions will be determined on a case-by-case basis.

FURS

The Seneca Family Urgent Response System (FURS) is designed to support caregiver families, foster youth, and former foster youth through a toll-free statewide telephone hotline available 24/7 and a corresponding local in-person mobile response during crisis situations. Built on the principles of Continuum of Care Reform and the state System of Care development, the FURS program will provide in-person, immediate intervention, and trauma-informed support to caregiver families, and current and former foster youth in times of crisis.

Contractor shall respond to calls from the State Hotline for all caregivers, former foster youth (until age 21) and current foster youth residing in Solano County, regardless of County of jurisdiction.

Foster and former foster youth include those who have been part of the Welfare Institutions Code (W&I) Section 300 or 601, 602 systems at any point in their childhood prior to age 18. A foster youth does not have to be living in a family-based setting in order to receive mobile response services.

For ease of reference, this contract will reference current or former foster youth eligible for FURS services as "youth" and families who care for foster youth as "caregivers".

2. WORK PLAN/ACTIVITIES

Wraparound

Contractor will:

A. Provide a Wraparound services program that meets the standards specified in All County Information Notice (ACIN) I-28-99, as well as a program that adheres to the principles, phases and activities of the Wraparound process, as measured by the National Wraparound Initiative's Wraparound Fidelity Index. Contractor will also provide services consistent with the Core Practice Model developed in response to the *Katie A.* lawsuit.

B. Contractor will serve on an average twenty-two (22) slots for SB 163 (Wraparound) eligible youths, minimally allocated as 5 (five) to probation, 1 (one) to Mental Health and 16 (sixteen) to Child Welfare Services.

C. As stated in WIC 18251(c):
(c) "Eligible child" means a child or nonminor dependent, as described in subdivision (v) of Section 11400, who is any of the following:
1. *A child or nonminor dependent who has been adjudicated as either a dependent, transition dependent, or ward of the juvenile court pursuant to Section 300, 450, 601, or 602.*
2. *A child who is the subject of a petition filed pursuant to Section 602 and who is participating in a program described in Section 654.2, 725, or 790, and is at risk of placement in out-of-home care.*
3. *A child or nonminor dependent who is currently, or who would be, placed in out-of-home care.*
4. *A child who is eligible for adoption assistance program benefits when the responsible public agency has approved the provision of wraparound services in lieu of out-of-home care.*

D. Referrals will be received from the County after certification from the Interagency Committee. Families First Prevention Services Act (FFPSA) Wraparound after-care referrals will be sent directly to Seneca without requiring prior approval from the Interagency Committee.

E. The allocated slots may be adjusted based on need. The Contractor shall receive approval from the County in advance of adjusting wrap slot allocation.

F. Adhere to the SB 163 legislation which requires Wraparound services to:
1. Be family centered, individualized, and culturally relevant and strength based.
2. Be team and community based.
3. Rely on natural community support; develop a child and family team plan to identify service needs.
4. Place child in the least restrictive environment. Track and evaluate outcomes.
5. Be cost neutral to the State.
6. Reinvest cost savings into child welfare programs.

G. Participate in quarterly program meetings to discuss at a minimum the Contract, program, child and family needs, service provisions, obstacles to treatment, policies and procedures impacting the Contract.

H. Participate in quarterly fiscal meetings to discuss at a minimum the Contract, fiscal requirements, reporting requirements, cost savings, funding concerns.

Flexible Schedules and Twenty-Four-Hour Crisis Services

I. Maintain flexible work hours (between the hours of 7 AM and 8 PM for scheduled services and 24 hours a day for crisis services) and non-traditional work-weeks (support counselors may maintain a Sunday through Thursday schedule and Tuesday through Saturday for scheduled appointments, as needed) to accommodate family needs for contact when it fits within the family's schedule.
1. Provide 24 hours, 7 days a week crisis services to meet any unplanned client emergency, the details of which will be determined in collaboration between Seneca and the Department.
2. Respond as soon as practically possible to clients in crisis or emergency situations.
3. Be available on-call via telephone 24 hours a day, and/or by telephone referral to assess a client's specific crisis or emergency.

4. Be available to provide an immediate response on the premises, by mobile response, by telephone, or by referral to the most appropriate service provider.
5. Actively follow-up with clients within 24 hours of providing a crisis intervention.
6. Review all crisis service interventions within 24 hours.
7. Provide the County with a copy of its policy for 24-hour coverage and maintain a calendar that shows who was on call. The calendar will be kept for 12 months for inspection by the County.
8. Maintain documentation of all crisis service activities that had to be handled between 6 PM and 8 AM, Monday-Friday and on weekends.

Services/Four Phase Model

J. Ensure that the services are provided according to the four phases identified in the Wraparound process (Developed by the National Wraparound Initiative Advisory Group). The Contractor will discuss changes to the process with the Oversight Committee and the family team, when appropriate.

Engagement Phase – The goal is to build strong engagement from the start of services and to develop rapport from the very first contact made with each youth and family.

K. Within 24 hours of receiving the referral after County Interagency approval, make phone contact with the referring County worker and the caregiver. Review the Wraparound process, including explaining the options for Family Finding and Visitation. Begin collecting medical, psychosocial, provider and family network information prior to contact with the caregiver. Documents may include the Field Sheet, client's Case Plan, and *Katie A* Action Plans.

L. Within 5 business days of receiving the referral, make face-to-face contact with the caregiver and the client.

M. During the first week of service, identify safety needs and concerns and provide the 24/7 support line number. Discuss Wraparound process and obtain signatures on consents and releases of information. Contact referring County worker and inform him or her of the direct care schedule and initial safety concerns/plans. Elicit information about and planned efforts to engage additional service providers and natural supports.

N. For clients exiting group home care, begin providing intensive services to them and their family at least 30 days prior to their planned discharge from the group home. Services will focus on helping each youth successfully transition back into his or her home or community.

Planning Phase – The development of a safety plan, based on a Comprehensive Assessment and Diagnostic Treatment Plan.

O. Within 14 calendar days of opening the case, Contractor will begin developing the initial Safety Plan and complete the Functional Behavioral Analysis (FBA). The FBA will be completed in 30 calendar days. The practical safety plan defines youth and caregiver triggers, risk behaviors, and the escalation curve, while concretely outlining the steps to be taken by each family member to ameliorate the immediate risk if a crisis does arise. The plan will be shared with the Child and Family Team.

P. Within 30 calendar days of opening the case, Contractor will convene Child and Family Team meetings to identify strengths, describe and prioritize the needs of the youth and family, identify existing and potential natural supports, and set goals and action steps.

Q. Within 30 calendar days of their enrollment in Wraparound, Contractor will perform a comprehensive clinical assessment on all referred clients and their families. Within 30 calendar days of their enrollment in Wraparound, Contractor will ensure that a comprehensive clinical assessment has been completed

for all referred clients and their families. The assessment tools will be County approved, standardized and evidenced based. If a lengthy assessment or evaluation period is needed due to the complexity of the case or the nature of the service, justification will be documented in the case record. The plan will be open for review by the family and document the family's participation in its development and any subsequent changes made to it. The assessments will include the use of the Child and Adolescent Needs and Strengths (CANS) tool to inform service planning, as well as consider the clients' unique personal characteristics including aspects of their racial, ethnic, and cultural background.

R. Develop a written treatment plan for each client that is based upon diagnosis and EPSDT medical necessity criteria and involves, to the fullest extent possible, the participation of the client and his or her family. Treatment Plan goals and objectives must be specific, measurable, attainable, relevant and timed.

S. Ensure that the client and/or his or her legal guardian, as appropriate sign each treatment plan, as well as any significant revisions made to the plan.

1. Review and update the client's treatment plan no less than once every 6 months.
2. Update client's treatment plan when indicated by the client's changing needs or circumstances, progress toward achievement of service goals, or simply by client request.
3. Conduct service planning so that the client retains as much personal responsibility and self-determination as possible.
4. Assist the client, during service planning, to understand the available options, the benefits and consequences of different service alternatives, and inform the client or his or her parent or legal guardian in advance about the benefits, risks, and alternatives to planned services.

Action Phase – All services are community-based, designed with a strong emphasis on family engagement, self-determination, and empowerment, and implemented and routinely evaluated by the Child and Family Team.

T. Implement and refine, as needed, the Wraparound Action Plan (WAP) and Safety Plan and review progress toward treatment goals.

U. Travel up to 90 miles from the Seneca office in Fairfield to deliver services to youths and families in the settings and contexts desired by each family.

V. At least monthly, hold Wraparound Child and Family Team (CFT) Meetings to discuss follow-through on the WAP, evaluate the plan's effectiveness, and revise the WAP and Safety Plan as needed. During the meeting, identify strengths, describe and prioritize the needs of the youth and family, identify existing and potential natural supports, and set goals and action steps. Every 90-calendar days, the CFT meeting will meet *Katie A* attendee requirements.

W. Complete CANS assessment and revise treatment plan by assessing progress and re-evaluating treatment goals. Every 6 months complete a CANS assessment.

X. Provide ongoing case management determined by the child or family's needs. Multiple times a week, continue to meet with the client and caregiver to implement the action steps and interventions identified in the WAP. This may include taking them to community activities, helping them practice needed skills, and supporting them to navigate the various service systems with which they are involved.

1. Connect the youth or family to community resources and support them in successfully engaging with those activities/services (i.e. extracurricular activities, youth programs, public support for housing/food/income, referrals to specialized behavioral health services, coordinating visits with potential permanent caregivers etc.). Facilitate the exchange of information between family members, county partners and providers.

2. Provide or arrange for the provision of education support services and document in the case file the types of assistance and services given to improve client school attendance and academic achievement as necessary which will include:
   a. Tutoring.
   b. Mentoring.
   c. Preparation for a high school equivalency diploma.
   d. College preparation.
   e. Parent/teacher meetings.

Y. Review safety plans frequently and revise as needed and after every significant incident that occurs.

Z. Provide ongoing individual and/or family therapy by masters-level clinicians and supplemented by check-ins as needed. Therapy is provided according to individual need and the treatment focuses optimizing success through the creation of a non-threatening atmosphere conducive to engagement in talk-therapy and other therapeutic activities.

AA. Provide ongoing collateral services to reduce a child or family's isolation through strengthening their support network through coaching caregivers and other supports on effective and successful use of coping techniques and interventions to increase the sustainability of treatment goals and objectives.

BB. Provide ongoing behavioral interventions and coaching in the home or community that focuses on development of replacement behaviors and coping skills to empower youths to successfully manage their mental health symptoms and achieve sustainable success towards their treatment goals and objectives.

CC. Provide ongoing engagement of natural supports. Continuously identify and engage potential support people, under the direction of the referring County worker. Integrate them into the Child and Family Team to provide support for the child and family's success. Support them in building rapport and connection with the youth. Seek approval from referring County worker prior to engaging new support people.

DD. Provide ongoing supervised visitation (optional). Provide therapeutic support to children and parents during supervised visitation. Implement interventions as needed that are in alignment with each child's treatment plan. Collaborate closely with the referring County worker to determine rules and structure of visitation.

EE. Provide ongoing crisis intervention and stabilization to include the availability of 24-hour on-call phone support to all clients, their caregivers, families and other natural supports; clients may also access up to 7 days of 24-hour in-home staff support to help stabilize a crisis or provide an increased amount of contact during the week and weekend.

Transition Phase – This phase begins once interventions have proven successful in achieving the family's desired outcomes and/or the CFT has recommended termination of services. Wraparound services are concluded with a culturally respectful celebration, which the child and family plans and implements together.

FF. Ensure that termination of service is an orderly process and that discharge planning begins at intake. Ideally, ongoing services were reduced in frequency and intensity and natural supports have transitioned to taking on a majority of team action step or tasks. In general, cases will be terminated when the client or family:

1. Achieves the service goals or is otherwise ready to discontinue service.
2. No longer wants the Contractor's service.
3. No longer meets eligibility criteria.
4. Refuses to meet program standards or requirements.
5. Has needs that exceed organizational resources.
6. The court terminates jurisdiction.

GG. Ensure referring County worker, the child and the family are educated about and encouraged to complete and return standardized satisfaction surveys. Provide the County with a copy of the satisfaction surveys within 30 calendar days of a case closing (with all identifying information redacted).

HH. Develop an aftercare plan with the client and or his or her parent or legal guardian sufficiently in advance of termination to ensure that an orderly termination process takes place.

II. Follow up on the aftercare plan, as appropriate, when possible, and with the permission of the client at least three months after case closure.

JJ. Complete a discharge CANS assessment and treatment summary.

KK. Provide the County with a copy of its discharge/closing summary, including the aftercare plan, within 30 calendar days of a case closing.

LL. Notify collateral organizations upon termination of services.

Mental Health Services

MM. Provide Early Prevention Screening & Diagnostic Treatment (EPSDT) services to eligible clients pursuant to the contract with the Mental Health Division of Solano County. Because not all clients may have Medi-Cal, a client's ability to receive Wraparound services will not be contingent on Medi-Cal eligibility.

FURS

Contractor will:

A. Outreach

To facilitate the regional outreach within Solano County, Contractor will work closely with County to develop a comprehensive outreach strategy and materials that may include, but are not limited to:

1. Advertising using targeted social media (posts/videos/digital banners).
2. Utilizing existing partnerships with those involved in the lives of foster youth and caretakers, such as the Bay Area chapter of California Youth Connection and the California Court Appointed Special Advocates (CASA) Association.
3. Messaging directly to Contractor clients in Solano County.
4. Leveraging relationships with other local community-based organizations to directly message their clients.
5. Providing trainings to schools, hospitals, law enforcement, and community organizations regarding FURS Hotline.

6. Increasing public awareness of FURS by distributing refrigerator magnets with the hotline number, and brochures describing the program to caregivers, resource families, schools, and other service providers.
7. Initiating contact to caregivers when a foster youth is placed to introduce and inform them about FURS and begin to build a trusting relationship.

B. Scheduling of FURS Teams

1. In order to provide in-person response to multiple callers at the same time, two on-call teams will be scheduled at all times: one primary FURS team, with a second team available as back-up in case the first team is called.
2. When scheduling FURS team shifts, Contractor will ensure that one team member is a Spanish-speaking whenever possible.

C. Response to State Hotline Calls

Contractor will accept calls from the State Hotline 24/7 to facilitate the in-person mobile response during crisis situations. State hotline staff will be trained on risk assessment which will enable the hotline worker to provide the most appropriate de-escalation and conflict resolution to the caller and provide relevant information during the warm handoff, including information regarding the recommended level of response.

1. Contractor's Rapid Response Administrator On-Call (AOC) will receive calls from State hotline staff on a 24/7 basis. The AOC will participate in a 3-way conversation that includes the State hotline worker, the caller (caregiver or youth) and the AOC, to facilitate a warm handoff and respond to the crisis call.
2. The AOC will not replicate what has been completed by the State hotline worker. Contractor will deploy a response team to the caller's specified location within one hour across all areas of Solano County, and no more than three hours in all cases. While there may be exceptions, the default response should be an in-person response. Non-urgent response must be within 24 hours.
3. The AOC will utilize iCarol to enter document all information shared by State hotline staff, along with additional details shared by the caller during the warm handoff. The AOC will identify whether a caller has previously utilized the FURS Program, if there is an existing safety plan, and/or if treatment plan information is available.
4. Using the Granite Call Center software, the AOC will select one to two staff depending on the time of day, according to the FURS team schedule that lists primary and back-up teams, the geographic location of the caller, and number of teams already in the field.
5. Each FURS team will consist of one or a combination of a Mental Health Counselor, Clinician or Mental Health Rehabilitation Specialist. When necessary and during after-hours calls, two staff members will be utilized allowing both the youth and the caregiver to receive simultaneous individualized interventions as needed. In some instances, the team may include a Family Partner, Peer Partner or Wraparound Team Member if the AOC has determined their assistance would be beneficial and clinically appropriate.

A member of the FURS team is responsible for completing clinical paperwork and documentation. All other roles remain adaptable depending on the needs of the youth and/or caregiver, how the situation is evolving, particular skills of the assigned team members, and special considerations such as language capacity.

D. De-escalation, Stabilization and Support

Contractor's FURS response staff will provide de-escalation interventions, stabilization and support to address the crisis. The primary goal when responding is to diffuse the immediate situation, provide stabilization support, and identify additional support needs and next steps.

Contractor's FURS staff will address the youth and caregiver without judgment, and transparently explain their intent to assess and respond to the crisis. FURS staff will tailor their interventions in consideration of any cultural values, beliefs, or language needs of the youth and caregivers including providing services in whatever ways are most honoring to the family's experience, with a respect for the family's expertise regarding their own lives.

1. For youth and caregivers who need services in a language that is not spoken by a FURS responder, staff will utilize contracted interpreter services.
2. FURS staff will use de-escalation strategies (e.g., taking space, communication styles, and setting behavioral expectations) and help identify family strengths and resources including natural or formal supports.
3. FURS staff will work with youth and caregivers, individually and together, to address concerns and provide support, working to help them identify shared goals and form a foundation for future interactions.
4. FURS staff will minimize the need for engagement with law enforcement whenever possible and will coordinate with local county mobile services/response teams, if and when appropriate. If law enforcement is present, FURS staff will coordinate with law enforcement to support trauma-informed interactions.
5. If indicated, FURS staff will assess youth for safety, psychiatric or substance use concerns, and ecological factors that may have contributed to the crisis using and use the Crisis Assessment Tool (CAT) Ask Suicide-Screening Questions (ASQ) tool.
6. When indicated, FURS staff will use the Commercial Sexual Exploitation – Identification Tool (CSE-IT) to screen youth to determine their risk level for exploitation. A child abuse report will be made if appropriate.
7. Before leaving, FURS staff will provide caregivers and/or youth with information regarding local and online resources, with information in both English and Spanish.
    a. For youth, these resources will include a list of crisis numbers the youth can call and smartphone apps that focus on meditation techniques, suicide and self-harm prevention, and ameliorating trauma.
    b. For caregivers, resources may include local mental health centers, 24-hour parent talk lines, legal resources, and domestic violence services.
8. Caregivers and youth will be informed of the FURS team's plan for immediate follow-up support and communication in the 24 hours following the initial response. FURS team will provide immediate support to the caregiver/youth for up to 72 hours after the initial call is received.

E. Identifying Needed Supports

Underlying and unmet needs of youth and caregivers will be assessed during the initial in-person interaction. Caregiver and youth needs will be identified through observations, interactions, the youth or caregiver's report, and use of the CAT to develop a wide range of additional supports.

1. Contractor will identify available resources and services in the County including culturally responsive mental health services, educational supports, positive activities to build youth and family strengths, and services to meet resource needs such as housing instability or food insecurity.
2. FURS staff will train the caregiver on how to explain the youth's needs to staff from other agencies in an affirming and supportive way.
3. FURS staff will engage the Child and Family Team (CFT) to ensure that appropriate assessments and future support options are identified.

F. Follow up Services

A member of the Contractor's in-person FURS team will contact the family within 24 hours of a crisis visit to offer up to 14 days of follow-up care delivered in-person, by phone, and/or through virtual meetings. The FURS team will ensure that youth and caregiver are linked to trauma-informed and culturally relevant wellness services. The family will be supported to actively engage in the process of identifying needs, exploring available resources and identifying community supports or activities.

1. Contractor's FURS AOC staff will be available to caregiver family and/or youth for emotional support and coaching over the phone at any time of day or night.
2. FURS staff will support caregivers and youth to connect with clinically- and culturally appropriate community resources, including providing warm hand-offs and facilitating the linkage whenever needed.
3. The Peer Partner and/or Family Partner will be available to offer validation and emotional support from the perspective of their lived experience.
4. If the youth/caregivers are not already connected to a behavioral health provider, Contractor will provide coaching and interventions for youth and caregivers that will assist them in maintaining stability even after mobile response services end.

   a. Skills Coaching: FURS staff will work with the youth to help them identify and practice functional skills such as self-care, self-regulation, self-expression, and other adaptive behaviors that will decrease or replace target behaviors contributing to the crisis situation.
   b. Behavior Plan Creation: FURS staff will work with the youth and caregiver to identify and implement behavior plans that reinforce preferred behaviors demonstrated by the youth.
   c. Caregiver Coaching and Support: Caregiver support to increase their capacity to understand and respond to the youth's behaviors, as well as identifying ways for the caregiver to practice self-care and self-control techniques during times of distress. FURS staff will provide training and modeling on techniques the caregiver can use, as well as coaching and feedback as the caregiver attempts these techniques themselves.

G. Utilization of Evidence Based Practices Services

Evidence Based Practices (EBPs) such as the following may be utilized by the FURS teams when appropriate to address crisis situations.

- Motivational Interviewing
- Brief Strategic Family Therapy
- Psychological First Aid
- The Seven-Stage Crisis Intervention Model
- Applied Suicide Intervention Skills Training (ASIST)
- Dialectical Behavior Therapy (DBT)
- Seeking Safety

H. Services Transition

1. After providing crisis response services, FURS staff will notify the County Social Worker or Probation Officer within 24 hours. The County will work with Contractor to determine the preferred notification procedure to ensure timely receipt of the report. FURS staff will relay to the County specific information about the nature, duration, and outcome of the engagement.
2. Contractor will collaborate closely with the youth's County Social Worker and Probation Officer, as applicable, to ensure that the transition to long-term services is designed for success.
3. Contractor will work with County partners to identify additional methods for accessing information from County systems, such as information relevant to the youth's CFT or other existing social service or behavioral health plans.
4. If the youth's county of jurisdiction is outside of Solano County, Contractor will follow the same protocols, utilizing jurisdiction information from the California Department of Social Services (CDSS) Child Welfare Services/Case Management System once access is available to Contractor.

I. Staff Experience

1. All Contractor staff who act as FURS mobile responders will have experience working with children and families involved in public service systems such as child welfare or juvenile justice.
2. FURS program staffing will include the following Contractor positions:
    a. Program Director to oversee day-to-day operations and communications of the FURS Program.
    b. Assistant Director to provide training for staff and individual/group supervision for Mental Health Counselors, Family Partners, and Peer Partners.
    c. Program Clinical Supervisor to provide clinical oversight of all services and individual/group supervision for all Clinicians.
    d. Administrator On-Call (AOC) to receive the warm hand-off from FURS Hotline staff and dispatch a FURS team to provide mobile response.
    e. Clinician/Bilingual Clinician/Mental Health Rehabilitation Specialist to respond in person to FURS calls, complete a crisis assessment, and provide individualized interventions for youth and caregivers.
    f. Mental Health Counselor/Bilingual Mental Health Counselor to respond in person to FURS calls, actively providing interventions to youth and/or caregiver.
    g. Family Partner to respond in person as appropriate and offer follow-up services for the caregivers.
    h. Peer Partner to respond in person as appropriate and offer follow-up services for youth.
    i. On-Call Stipend/Supplemental Allowance staff so that there will be a team available to provide in-person response to FURS calls at any time.

J. Training and Oversight

Training for FURS mobile response staff will be coordinated by Seneca's Institute for Advanced Practice (SIAP) and include the experiences and needs of youth and their caregivers. These trainings are informed by Seneca's Unconditional Care® treatment model, which helps staff to understand how addressing loss and disrupted attachment are at the core of all services for youth.

1. The Unconditional Care training curriculum includes modules on (1) trauma and its impact on child development, (2) curiosity and relationship-based assessment, and (3) relationship-based treatment.
2. All Contractor FURS staff will complete training that includes:
    a. De-Escalation, Crisis Intervention, and Conflict Resolution: Provided by SIAP, includes topics such as (1) how child development and external factors contribute to crisis, (2) de-escalation techniques to implement with youth and families in crisis, (3) principles of behavior management, (4) helping youth to develop and utilize healthy coping skills, and (5) principles of self-care and how to manage secondary trauma.
    b. Mobile Response Training: 10 hours of training in Contractor's mobile response model for engaging with youth and caregivers to support FURS staff to: (1) manage their own reactions, think clearly, and maintain self-control; (2) assess the level of risk in the situation and triage immediate next steps; (3) create micro-plans to help youth and caregivers make small, manageable, and immediate steps to decrease their risk and increase their safety; (4) utilize appropriate techniques for communicating with someone in distress; (5) explore with the youth and family the events that led to the crisis, their current thoughts and feelings, and desired outcomes; (6) help each youth and family to identify strategies that have helped them in the past; and (7) conduct appropriate resolution and follow-up.
    c. Mentoring and Shadowing: Staff will receive coaching and mentoring from experienced staff in Contractor's other mobile response programs, including participating in mock calls where experienced staff members role-play as callers and then provide feedback. Additionally, new staff can shadow current staff from other mobile response programs, ask questions and receive in the-moment debriefings.

d. New Staff: Future program hires will receive a specialized training manual and at least two weeks of training in these concepts and strategies, as well as shadow experienced staff in the program before beginning to respond to calls on their own.
e. Ongoing and Refresher Training: All Contractor staff complete at least 40 hours annually of ongoing trainings provided by SIAP trainers and their program leadership. Required topics include crisis response, cultural responsiveness, mandated reporting, suicide prevention, and CPR/first aid.
f. Supervision: Contractor will ensure that each FURS staff member will have weekly individual supervision by their assigned supervisor to identify and plan for high quality interventions, ensure that training and documentation requirements are being met, provide clinical guidance, observational feedback, and review their professional goals. All FURS staff will participate in group supervision, which offers a forum for peer learning and support, case consultation, and sharing of best practices.

K. Contractor Requirements to Administer FURS

1. Contractor will be available to caregivers and youth on a 24-hour, seven-day a week basis to accommodate family needs for contact and support at a time that fits within the family's schedule.
2. Contractor will routinely travel to locations convenient for caregivers and youth that provide an atmosphere for the process, such as the family's home, the home of a neighbor or family support person, a school, church, or other institution.
3. Contractor is responsible for all costs of care and services that are needed to implement this program to achieve the desired outcomes.
4. Contractor shall ensure that cultural competence plays a key role in the services and programs provided to FURS participants. Contractor will provide a sufficient level of culturally competent, trained and qualified staff to effectively carry out program activities. Bilingual staff will be available for caregivers and youth whose primary language is Spanish.
5. Contractor will adhere to its Hiring and Retention Practice Policy. Contractor shall, among other common practices:
   a. Perform criminal background checks, fingerprinting on all employees, family partners and peer partners.
   b. Adhere to strict employment criteria, including consideration of employee's background and experience working with youth and caregivers.
   c. Provide a program training program to educate employees who work directly with youth and families.
6. Contractor, in the future, may enter into a Medi-Cal Specialty Mental Health Services contract with the County in support of this contract. Contractor will not bill Medi-Cal until each County authorizes Contractor to do so. Contractor may support this contract through the Wraparound/FURS Medi-Cal Specialty Mental Health Services contract, when Medi-Cal eligible services are provided.

County Responsibilities:

1. The County shall work with Contractor regarding outreach and supplying information about the State hotline and the local FURS response system to caregivers, youth, community partners and the public in Solano County.
2. The County shall convene and participate in monthly meetings with Contractor initially and move to quarterly meetings when agreed upon to discuss the FURS program and engage in problem resolution.
3. The County shall develop and submit reports, plans, evaluations and other documents required by the CDSS with the assistance of the Contractor.

3. PERFORMANCE MEASURES

Wraparound

Contractor will:

A. Ensure 95% of referrals are to meet the standard of 5-business day threshold for the first face-to-face meeting. Documentation will be the maintenance of logs showing the date of referral, the date of initial client contact, and the date of the first meeting.

B. Ensure attempts are made for 100% of all cases to be reviewed or discussed with the County Referring Worker on a monthly basis.

C. Work collaboratively with the County to increase the return rate of satisfaction surveys to at least 75% by further engaging children, youth, families, stakeholders, and staff in the process of performance evaluation.

D. At termination, ensure 75% of youths decrease or maintain their level of care.

E. Demonstrate adherence to the Wraparound model, as defined by the National Wraparound Institute and measured by the Wraparound Fidelity Index.

F. Support 75% of families in gaining an additional three natural supports or community connections that are actively engaged in their lives.

FURS

Contractor will work with the County to develop outcomes and determine how to measure and set goals for the FURS program. Contractor will ensure that they use the necessary tools to provide all needed data.

A. The Contractor's FURS program will be structured to achieve the following outcomes:

1. Providing developmentally appropriate relationship conflict management and resolution skills
2. Mitigating the distress of the caregiver or youth
3. Connecting the caregiver and/or youth to local community services
4. Promoting a healthy and healing environment for youth, caregiver and families
5. Measuring caregiver and youth satisfaction with interventions

B. Additionally, FURS crisis response is intended to support certain child welfare outcomes, including:

1. Placement stabilization
2. Least restrictive placement
3. Rate of return to foster care
4. Movement from child welfare to juvenile justice
5. Timeliness to permanency
6. Caregiver retention

4. REPORTING REQUIREMENTS

Wraparound

Contractor will:

A. Provide the County with an Annual Program Evaluation Report by September 1 of each year including the following data:

1. Count and percentage of active and discharged clients for the year by referring agency and status at referral (at-risk or step-down).
2. Number and percentage of placed clients who stepped down from group home care.
3. Number and percentage of at-risk clients who were maintained in their home setting.
4. Placement settings for active and discharged clients.
5. Demographic analysis for all clients served.
6. Length of time for clients to access services from the date of referral.
7. Summary statistics on placement changes, including whether placements resulted in a lower or higher level of care, from enrollment to discharge for all discharged clients.
8. Average numbers of new family contacts and natural supports per client discovered through Family Finding efforts and actively engaged with client.
9. Summary of all services provided, including frequency and quantity (number of services and number of minutes of service).
10. Family engagement as measured by average numbers of face-to-face contacts with clients and caregivers, and the numbers of family team meetings per client per month enrolled.
11. Summary of aggregate use of flex dollars, including amount spent, types of funding use, and for how many clients.
12. Wraparound Fidelity Index summary data to measure wraparound model fidelity and client satisfaction.
13. Summary of treatment plan goals achieved at discharge.
14. Summary of changes in number of CANS actionable items, from initial assessment to discharge assessment, across multiple domains.
15. Summary of educational data on school achievement, attendance, and behavior, based upon educational items in the CANS assessment, as well as available school records previous to and during wraparound enrollment.

B. In addition, the annual report will include the presentation and analysis of:
1. Client progress in multiple life domains as measured by the CANS tool.
2. Program adherence to the principles, phases and activities of the Wraparound process, as measured by the National Wraparound Initiative's Wraparound Fidelity Index.
3. Levels of client satisfaction as measured by the Client Satisfaction Survey.

C. Provide the County with a copy of its policy and forms related to use of Child Flexible Funds.

D. During the quarterly program meetings, provide basic statistics on the referrals including number of referrals received, pending terminations, outcomes of surveys, and aftercare services or outcomes (if any).

FURS

Contractor shall maintain records, collect data, and provide reports as requested by the County or the California Department of Social Services. Required reports will act as monitoring tools for County oversight of the Contractor's performance.

The County will work with Contractor on any other data points that may be required after contract execution.

Contractor will submit detailed monthly reports to each County that include information on all calls and the range of services provided.

A. Contractor's FURS monthly reports will include, at a minimum:
   1. Total calls received
   2. Presenting issue for each call
   3. Outcome of each call
   4. Time from incoming call to in-field visit
   5. Rate of hospital and congregate care diversion
   6. Intervention site
   7. Client demographics
   8. County region of each crisis assessment
   9. Status and ongoing needs summary of clients identified as high risk
   10. Number and frequency of repeat calls from caregivers and/or youth
   11. Follow-up services provided

FURS BUDGET FY 25/26
EXHIBIT B-2

LINE ITEM	FTE	Total
Personnel		
Regional Executive Director	0.02	3,525
Program Director	.02	2,776
Assistant Program Director	.02	2,539
Clinical Supervisor	0.15	18,311
Psychiatric Nurse Practitioner	0.01	1,116
Nurse Manager	0.01	1,416
Clinician	0.36	30,740
Facilitator	0.14	11,670
Counselor	0.28	15,686
Peer Partner	0.04	2,098
Program Assistant	0.02	1,127
Senior Administrative Assistant	**001**	**817**
Nurse	**0.01**	**744**
QA Manager	0.01	1015
QA Specialist	0.02	1,285
Billing & Finance Staff	0.01	897
Facilities Manager		600
Rapid Response/Admin On-Call		**61,751**
Crisis Response/Supplemental Allowance		**2,922**
Sub-Total	1.13	**161,035**
Benefits @26.50%		42,674
Total Personnel		203,710
Operations		
Contract Services		175
Total Contract		**$175**
Program Support		
Office Supplies + Subscriptions		**207**
Telephone		**100**
Conference & Training		**100**
Mileage Reimbursement		**185**
Staff Recruitment		**82**
Government Taxes		**35**

Total Program Support		**709**

Occupancy		
Facility Lease		572
Building Maintenance & Supplies		90
Equipment		112
Total Occupancy		**774**
Total Operating Expenses		1,658
Total Direct Expenses		$205,368
Indirect Expenses @ 15%		$30,805
Grand Total Expenses		**$236,173**