

File No. 151049

Committee Item No. 19

Board Item No. _____

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Budget and Finance

Date December 2, 2015

Board of Supervisors Meeting

Date _____

Cmte Board

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| <input type="checkbox"/> | <input type="checkbox"/> | Legislative Digest |
| <input type="checkbox"/> | <input type="checkbox"/> | Budget and Legislative Analyst Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Youth Commission Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Introduction Form |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Department/Agency Cover Letter and/or Report |
| <input type="checkbox"/> | <input type="checkbox"/> | MOU |
| <input type="checkbox"/> | <input type="checkbox"/> | Grant Information Form |
| <input type="checkbox"/> | <input type="checkbox"/> | Grant Budget |
| <input type="checkbox"/> | <input type="checkbox"/> | Subcontract Budget |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Contract/Agreement |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Form 126 – Ethics Commission |
| <input type="checkbox"/> | <input type="checkbox"/> | Award Letter |
| <input type="checkbox"/> | <input type="checkbox"/> | Application |
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OTHER (Use back side if additional space is needed)

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Completed by: Victor Young Date November 23, 2015

Completed by: _____ Date _____

1 [Contract Amendment - Seneca Center - Behavioral Health Services - Not to Exceed
2 \$69,630,181]

3 **Resolution approving amendment number two to the Department of Public Health**
4 **contract for behavioral health services with Seneca Center to extend the contract by**
5 **two years, from July 1, 2010, through December 31, 2015, to July 1, 2010, through**
6 **December 31, 2017, with a corresponding increase of \$6,134,854 for a total amount not**
7 **to exceed \$69,630,181.**

8
9 WHEREAS, The mission of the Department of Public Health is to protect and promote
10 the health of all San Franciscans; and

11 WHEREAS, The Department of Public Health provides health and behavioral health
12 services through a wide network of approximately 300 Community-Based Organizations and
13 service providers; and

14 WHEREAS, In 2010, the Department of Public Health selected Hyde Street Community
15 Services through a Request For Proposals process to provide behavioral health services for
16 the period of July 1, 2010, through December 31, 2015; and

17 WHEREAS, The Board of Supervisors approved the original agreement for these
18 services under Resolution No. 563-10; and

19 WHEREAS, The Department of Public Health wishes to extend the term of that
20 contract in order to allow the continuation of services while Requests For Proposals are
21 administered to take into account the changes to behavioral health services business needs
22 related to the Affordable Care Act and the State Department of Health Care Services' 1115
23 Demonstration Waiver pertaining to the delivery of substance abuse Drug Medi-Cal funded
24 services; and

25

1 WHEREAS, The San Francisco Charter, Section 9.118, requires that contracts entered
2 into by a department or commission having a term in excess of ten years, or requiring
3 anticipated expenditures by the City and County of ten million dollars, to be approved by the
4 Board of Supervisors; and

5 WHEREAS, The Department of Public Health requests approval of an amendment to
6 the Department of Public Health contract for behavioral health services with Seneca Center to
7 extend the contract by two years, from July 1, 2010, through December 31, 2015, to July 1,
8 2010, through December 31, 2017, with a corresponding increase of \$6,134,854 for a total
9 not-to-exceed amount of \$69,630,181; now, therefore, be it

10 RESOLVED, That the Board of Supervisors hereby authorizes the Director of Health
11 and the Director of the Office of Contract Administration/Purchaser, on behalf of the City and
12 County of San Francisco to amend the contract with Seneca Center, extending the term of the
13 contract by two years, through December 31, 2017, and increasing the total, not-to-exceed
14 amount of the contract by \$6,134,854 to \$69,630,181; and, be it

15 FURTHER RESOLVED, That within thirty (30) days of the contract amendment being
16 fully executed by all parties, the Director of Health and/or the Director of the Office of Contract
17 Administration/Purchaser shall provide the final contract amendment to the Clerk of the Board
18 for inclusion into the official file (File No. 151049).

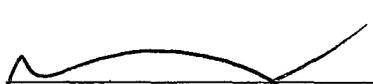
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RECOMMENDED:



Barbara A. Garcia,
Director of Health

APPROVED:



Mark Morewitz,
Health Commission Secretary



City and County of San Francisco

San Francisco Department of Public Health

Barbara A. Garcia, MPA
Director of Health

October 5, 2015

Angela Calvillo, Clerk of the Board
Board of Supervisors
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco, CA 94102-4689

Dear Ms. Calvillo:

Attached please find a proposed resolution for Board of Supervisors approval for the extension of 22 behavioral health services contracts for two years, with corresponding increases in each contract amount, as shown in the resolution.

These contract amendments require Board of Supervisors approval under San Francisco Charter Section 9.118, as they have either already been approved by the Board and the proposed amendment exceeds \$500,000, or they have not previously been approved by the Board and the total contract amount exceeds \$10 million.

The following is a list of accompanying documents:

- o Resolution
- o Proposed amendments
- o Original agreements and any previous amendment
- o Forms SFEC-126 for the Board of Supervisors and Mayor

The following person may be contacted regarding this matter: Jacquie Hale, Director, Office of Contracts Management and Compliance, Department of Public Health, (415) 554-2609 (Jacquie.Hale@SFDPH.org).

Thank you for your time and consideration.

Sincerely,

Jacquie Hale
Director
DPH Office of Contracts Management and Compliance

RECEIVED
 BOARD OF SUPERVISORS
 SAN FRANCISCO
 5:15 OCT -5 AM 11:17

**City and County of San Francisco
Office of Contract Administration
Purchasing Division**

Second Amendment

THIS AMENDMENT (this "Amendment") is made as of July 1, 2015 in San Francisco, California, by and between **Seneca Center** ("Contractor"), and the City and County of San Francisco, a municipal corporation ("City"), acting by and through its Director of the Office of Contract Administration.

RECITALS

WHEREAS, City and Contractor have entered into the Agreement (as defined below); and

WHEREAS, City and Contractor desire to amend the Agreement on the terms and conditions set forth herein to extend the performance period, increase the contract amount, and update standard contractual clauses;

NOW, THEREFORE, Contractor and the City agree as follows:

1. Definitions. The following definitions shall apply to this Amendment:

1a. Agreement. The term "Agreement" shall mean the Agreement dated July 1, 2010 from RFP 23-2009, dated July 31, 2009, Contract Numbers BPHM11000032, between Contractor and City, as amended by the :

First amendment dated October 25, 2010 and this Second amendment to amend the contract solicitation to a Sole Source.

1b. Contract Monitoring Division. Effective July 28, 2012, with the exception of Sections 14B.9(D) and 14B.17(F), all of the duties and functions of the Human Rights Commission under Chapter 14B of the Administrative Code (LBE Ordinance) were transferred to the City Administrator, Contract Monitoring Division ("CMD"). Wherever "Human Rights Commission" or "HRC" appears in the Agreement in reference to Chapter 14B of the Administrative Code or its implementing Rules and Regulations, it shall be construed to mean "Contract Monitoring Division" or "CMD" respectively.

1c. Other Terms. Terms used and not defined in this Amendment shall have the meanings assigned to such terms in the Agreement.

2. Modifications to the Agreement. The Agreement is hereby amend as follows:

2a. Section 2 of the Agreement currently reads as follows:

2. Term of the Agreement

Subject to Section 2, the term of this Agreement shall be from July 1, 2010 through December 31, 2015.

Such Section is hereby amended in its entirety to read as follows:

2. Term of the Agreement

Subject to Section 2, the term of this Agreement shall be from July 1, 2010 through December 31, 2017.

2b. Section 5 of the Agreement currently reads as follows:

5. Compensation

Compensation shall be made in monthly payments on or before the 30th day of each month for work, as set forth in Section 4 of this Agreement, that the Director of the Public Health Department, in his or her sole discretion, concludes has been performed as of the 30th day of the immediately preceding month. In no event shall the amount of this Agreement exceed **Sixty Three Million Four Hundred Ninety Five Thousand Three Hundred Twenty Seven Dollars (\$63,495,327)**. The breakdown of costs associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein.

No charges shall be incurred under this Agreement nor shall any payments become due to Contractor until reports, services, or both, required under this Agreement are received from Contractor and approved by The Department of Public Health as being in accordance with this Agreement. City may withhold payment to Contractor in any instance in which Contractor has failed or refused to satisfy any material obligation provided for under this Agreement.

In no event shall City be liable for interest or late charges for any late payments.

Such section is hereby amended in its entirety to read as follows:

5. Compensation

Compensation shall be made in monthly payments on or before the 30th day of each month for work, as set forth in Section 4 of this Agreement, that the Director of the Public Health Department, in his or her sole discretion, concludes has been performed as of the 30th day of the immediately preceding month. In no event shall the amount of this Agreement exceed **Sixty-Nine Million Six Hundred Thirty Thousand One Hundred Eighty-Two Dollars (\$69,630,182)**. The breakdown of costs associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein.

No charges shall be incurred under this Agreement nor shall any payments become due to Contractor until reports, services, or both, required under this Agreement are received from Contractor and approved by The Department of Public Health as being in accordance with this Agreement. City may withhold payment to Contractor in any instance in which Contractor has failed or refused to satisfy any material obligation provided for under this Agreement.

In no event shall City be liable for interest or late charges for any late payments.

2c. Insurance. Section 15 is hereby replaced in its entirety to read as follows:

15. Insurance

a. Without in any way limiting Contractor's liability pursuant to the "Indemnification" section of this Agreement, Contractor must maintain in force, during the full term of the Agreement, insurance in the following amounts and coverages:

- 1) Workers' Compensation, in statutory amounts, with Employers' Liability Limits not less than \$1,000,000 each accident, injury, or illness; and
- 2) Commercial General Liability Insurance with limits not less than \$1,000,000 each occurrence and \$2,000,000 general aggregate for Bodily Injury and Property Damage, including Contractual Liability, Personal Injury, Products and Completed Operations; and
- 3) Commercial Automobile Liability Insurance with limits not less than \$1,000,000 each occurrence, "Combined Single Limit" for Bodily Injury and Property Damage, including Owned, Non-Owned and Hired auto coverage, as applicable.
- 4) Professional liability insurance, applicable to Contractor's profession, with limits not less than \$1,000,000 each claim with respect to negligent acts, errors or omissions in connection with the Services.
- 5) Blanket Fidelity Bond (Commercial Blanket Bond): Limits in the amount of the Initial Payment provided for in the Agreement

b. Blanket Fidelity Bond (Commercial Blanket Bond): Limits in the amount of the Initial Payment provided for in the Agreement Commercial General Liability and Commercial Automobile Liability Insurance policies must be endorsed to provide:

- 1) Name as Additional Insured the City and County of San Francisco, its Officers, Agents, and Employees.
- 2) That such policies are primary insurance to any other insurance available to the Additional Insureds, with respect to any claims arising out of this Agreement, and that insurance applies separately to each insured against whom claim is made or suit is brought.

c. All policies shall be endorsed to provide thirty (30) days' advance written notice to the City of cancellation for any reason, intended non-renewal, or reduction in coverages. Notices shall be sent to the City address set forth in the Section entitled "Notices to the Parties."

d. Should any of the required insurance be provided under a claims-made form, Contractor shall maintain such coverage continuously throughout the term of this Agreement and, without lapse, for a period of three years beyond the expiration of this Agreement, to the

effect that, should occurrences during the contract term give rise to claims made after expiration of the Agreement, such claims shall be covered by such claims-made policies.

e. Should any required insurance lapse during the term of this Agreement, requests for payments originating after such lapse shall not be processed until the City receives satisfactory evidence of reinstated coverage as required by this Agreement, effective as of the lapse date. If insurance is not reinstated, the City may, at its sole option, terminate this Agreement effective on the date of such lapse of insurance.

f. Before commencing any Services, Contractor shall furnish to City certificates of insurance and additional insured policy endorsements with insurers with ratings comparable to A-, VIII or higher, that are authorized to do business in the State of California, and that are satisfactory to City, in form evidencing all coverages set forth above. Approval of the insurance by City shall not relieve or decrease Contractor's liability hereunder.

g. The Workers' Compensation policy(ies) shall be endorsed with a waiver of subrogation in favor of the City for all work performed by the Contractor, its employees, agents and subcontractors.

h. If Contractor will use any subcontractor(s) to provide Services, Contractor shall require the subcontractor(s) to provide all necessary insurance and to name the City and County of San Francisco, its officers, agents and employees and the Contractor as additional insureds.

Notwithstanding the foregoing, the following insurance requirements are waived or modified in accordance with the terms and conditions stated in Appendix C Insurance.

2d. Replacing "Earned Income Credit (EIC) Forms" Section with "Consideration of Criminal History in Hiring and Employment Decisions" Section. Section 32 "Earned Income Credit (EIC) Forms" is hereby replaced in its entirety to read as follows:

32. Consideration of Criminal History in Hiring and Employment Decisions.

a. Contractor agrees to comply fully with and be bound by all of the provisions of Chapter 12T "City Contractor/Subcontractor Consideration of Criminal History in Hiring and Employment Decisions," of the San Francisco Administrative Code (Chapter 12T), including the remedies provided, and implementing regulations, as may be amended from time to time. The provisions of Chapter 12T are incorporated by reference and made a part of this Agreement as though fully set forth herein. The text of the Chapter 12T is available on the web at www.sfgov.org/olse/fco. A partial listing of some of Contractor's obligations under Chapter 12T is set forth in this Section. Contractor is required to comply with all of the applicable provisions of 12T, irrespective of the listing of obligations in this Section. Capitalized terms used in this

Section and not defined in this Agreement shall have the meanings assigned to such terms in Chapter 12T.

b. The requirements of Chapter 12T shall only apply to a Contractor's or Subcontractor's operations to the extent those operations are in furtherance of the performance of this Agreement, shall apply only to applicants and employees who would be or are performing work in furtherance of this Agreement, shall apply only when the physical location of the employment or prospective employment of an individual is wholly or substantially within the City of San Francisco, and shall not apply when the application in a particular context would conflict with federal or state law or with a requirement of a government agency implementing federal or state law.

c. Contractor shall incorporate by reference in all subcontracts the provisions of Chapter 12T, and shall require all subcontractors to comply with such provisions. Contractor's failure to comply with the obligations in this subsection shall constitute a material breach of this Agreement.

d. Contractor or Subcontractor shall not inquire about, require disclosure of, or if such information is received, base an Adverse Action on an applicant's or potential applicant for employment's, or employee's: (1) Arrest not leading to a Conviction, unless the Arrest is undergoing an active pending criminal investigation or trial that has not yet been resolved; (2) participation in or completion of a diversion or a deferral of judgment program; (3) a Conviction that has been judicially dismissed, expunged, voided, invalidated, or otherwise rendered inoperative; (4) a Conviction or any other adjudication in the juvenile justice system; (5) a Conviction that is more than seven years old, from the date of sentencing; or (6) information pertaining to an offense other than a felony or misdemeanor, such as an infraction.

e. Contractor or Subcontractor shall not inquire about or require applicants, potential applicants for employment, or employees to disclose on any employment application the facts or details of any conviction history, unresolved arrest, or any matter identified in subsection 32 above. Contractor or Subcontractor shall not require such disclosure or make such inquiry until either after the first live interview with the person, or after a conditional offer of employment.

f. Contractor or Subcontractor shall state in all solicitations or advertisements for employees that are reasonably likely to reach persons who are reasonably likely to seek employment to be performed under this Agreement, that the Contractor or Subcontractor will consider for employment qualified applicants with criminal histories in a manner consistent with the requirements of Chapter 12T.

g. Contractor and Subcontractors shall post the notice prepared by the Office of Labor Standards Enforcement (OLSE), available on OLSE's website, in a conspicuous place at every workplace, job site, or other location under the Contractor or Subcontractor's control at which work is being done or will be done in furtherance of the performance of this Agreement. The notice shall be posted in English, Spanish, Chinese, and any language spoken by at least 5% of the employees at the workplace, job site, or other location at which it is posted.

h. Contractor understands and agrees that if it fails to comply with the requirements of Chapter 12T, the City shall have the right to pursue any rights or remedies available under Chapter 12T, including but not limited to, a penalty of \$50 for a second violation and \$100 for a subsequent violation for each employee, applicant or other person as to whom a violation occurred or continued, termination or suspension in whole or in part of this Agreement.

2e. Protection of Private Information. Section 64 is hereby added to the Agreement, as follows:

64. Protection of Private Information. Contractor has read and agrees to the terms set forth in San Francisco Administrative Code Sections 12M.2, "Nondisclosure of Private Information," and 12M.3, "Enforcement" of Administrative Code Chapter 12M, "Protection of Private Information," which are incorporated herein as if fully set forth. Contractor agrees that any failure of Contractor to comply with the requirements of Section 12M.2 of this Chapter shall be a material breach of the Contract. In such an event, in addition to any other remedies available to it under equity or law, the City may terminate the Contract, bring a false claim action against the Contractor pursuant to Chapter 6 or Chapter 21 of the Administrative Code, or debar the Contractor.

2f. Health Care Accountability Ordinance. Section 44 is hereby replaced in its entirety to read as follows:

44. Health Care Accountability Ordinance.

Contractor agrees to comply fully with and be bound by all of the provisions of the Health Care Accountability Ordinance (HCAO), as set forth in San Francisco Administrative Code Chapter 12Q, including the remedies provided, and implementing regulations, as the same may be amended from time to time. The provisions of section 12Q.5.1 of Chapter 12Q are incorporated by reference and made a part of this Agreement as though fully set forth herein. The text of the HCAO is available on the web at www.sfgov.org/olse. Capitalized terms used in this Section and not defined in this Agreement shall have the meanings assigned to such terms in Chapter 12Q.

a. For each Covered Employee, Contractor shall provide the appropriate health benefit set forth in Section 12Q.3 of the HCAO. If Contractor chooses to offer the health plan option, such health plan shall meet the minimum standards set forth by the San Francisco Health Commission.

b. Notwithstanding the above, if the Contractor is a small business as defined in Section 12Q.3(e) of the HCAO, it shall have no obligation to comply with part (a) above.

c. Contractor's failure to comply with the HCAO shall constitute a material breach of this agreement. City shall notify Contractor if such a breach has occurred. If, within 30 days after receiving City's written notice of a breach of this Agreement for violating the HCAO, Contractor fails to cure such breach or, if such breach cannot reasonably be cured within such

period of 30 days, Contractor fails to commence efforts to cure within such period, or thereafter fails diligently to pursue such cure to completion, City shall have the right to pursue the remedies set forth in 12Q.5.1 and 12Q.5(f)(1-6). Each of these remedies shall be exercisable individually or in combination with any other rights or remedies available to City.

d. Any Subcontract entered into by Contractor shall require the Subcontractor to comply with the requirements of the HCAO and shall contain contractual obligations substantially the same as those set forth in this Section. Contractor shall notify City's Office of Contract Administration when it enters into such a Subcontract and shall certify to the Office of Contract Administration that it has notified the Subcontractor of the obligations under the HCAO and has imposed the requirements of the HCAO on Subcontractor through the Subcontract. Each Contractor shall be responsible for its Subcontractors' compliance with this Chapter. If a Subcontractor fails to comply, the City may pursue the remedies set forth in this Section against Contractor based on the Subcontractor's failure to comply, provided that City has first provided Contractor with notice and an opportunity to obtain a cure of the violation.

e. Contractor shall not discharge, reduce in compensation, or otherwise discriminate against any employee for notifying City with regard to Contractor's noncompliance or anticipated noncompliance with the requirements of the HCAO, for opposing any practice proscribed by the HCAO, for participating in proceedings related to the HCAO, or for seeking to assert or enforce any rights under the HCAO by any lawful means.

f. Contractor represents and warrants that it is not an entity that was set up, or is being used, for the purpose of evading the intent of the HCAO.

g. Contractor shall maintain employee and payroll records in compliance with the California Labor Code and Industrial Welfare Commission orders, including the number of hours each employee has worked on the City Contract.

h. Contractor shall keep itself informed of the current requirements of the HCAO.

i. Contractor shall provide reports to the City in accordance with any reporting standards promulgated by the City under the HCAO, including reports on Subcontractors and Subtenants, as applicable.

j. Contractor shall provide City with access to records pertaining to compliance with HCAO after receiving a written request from City to do so and being provided at least ten business days to respond.

k. Contractor shall allow City to inspect Contractor's job sites and have access to Contractor's employees in order to monitor and determine compliance with HCAO.

l. City may conduct random audits of Contractor to ascertain its compliance with HCAO. Contractor agrees to cooperate with City when it conducts such audits.

m. If Contractor is exempt from the HCAO when this Agreement is executed because its amount is less than \$25,000 (\$50,000 for nonprofits), but Contractor later enters into an agreement or agreements that cause Contractor's aggregate amount of all agreements with City to reach \$75,000, all the agreements shall be thereafter subject to the HCAO. This obligation arises on the effective date of the agreement that causes the cumulative amount of agreements between Contractor and the City to be equal to or greater than \$75,000 in the fiscal year.

- 2g. Add Appendices A-1 through A-8 dated 7/1/2015 to Agreement as amended.**
- 2h. Delete Appendix B-Calculation of Charges and replace in its entirety with Appendix B-Calculation of Charges dated 7/1/2015 to Agreement as amended.**
- 2i. Add CBHS Budget Documents/Appendices B – 1 through B -8 dated 7/1/2015 to Agreement as amended.**
- 2j. Delete Appendix D- Additional Terms and replace in its entirety with Appendix D- Additional Terms dated 7/1/2015 to Agreement as amended.**
- 2k. Delete Appendix E- HIPAA Business Associate Agreement and replace in its entirety with Appendix E- HIPAA Business Associate Agreement dated 5/19/2015 to Agreement as amended.**
- 3. Effective Date.** Each of the modifications set forth in Section 2 shall be effective on and after July 1, 2015.
- 4. Legal Effect.** Except as expressly modified by this Amendment, all of the terms and conditions of the Agreement shall remain unchanged and in full force and effect.

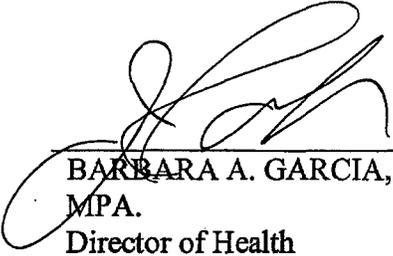
IN WITNESS WHEREOF, the parties hereto have executed this Agreement on the day first mentioned above.

CITY

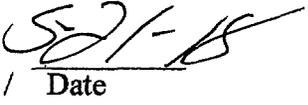
CONTRACTOR

Recommended by:

Seneca Center



BARBARA A. GARCIA,
MPA.
Director of Health



Date

Approved as to Form:

DENNIS J. HERRERA
City Attorney

By 
: KATHY MURPHY
Deputy City Attorney

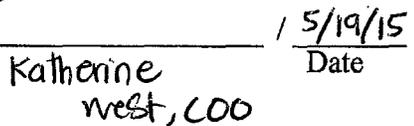


Date

Approved:



KEN BERRICK
Executive Director
2275 Arlington Drive
San Leandro, California 94578



Katherine
West, COO
5/19/15
Date

City vendor number: 24631

JACI FONG
Director of the Office of
Contract Administration, and
Purchaser

Date

Contractor: Seneca Center
Program: Therapeutic Behavioral Services (TBS)
City Fiscal Year: 15-16
CMS#: 6941

Appendix A-1
Contract Term: 07.01.15 - 06.30.16

1. **PROGRAM NAME: Therapeutic Behavioral Services (TBS)**
PROGRAM ADDRESS: 2513 24TH Street
CITY, STATE, ZIP CODE: San Francisco, CA 94110
TELEPHONE: 415-642-5968
FACSIMILE: 415-695-1263
Program Code: 38CQ5 (Seneca Connections TBS)

Contractor Address: Seneca Family of Agencies, 6925 Chabot Rd.
City, State, Zip Code: Oakland, CA 94618

Name of Person Completing this Narrative: Janet Briggs
Telephone: (510)-300-6325

2. **NATURE OF DOCUMENT**

New Renewal X Modification

3. **GOAL STATEMENT**

TBS services are provided to clients in need of services to prevent placement disruption or to increase the likelihood of a successful transition to a lower level of care.

4. **TARGET POPULATION**

Children and adolescents referred by S.F. BHS who are medi-cal eligible and meet class and eligibility requirements for TBS.

5. **MODALITIES/INTERVENTIONS**

A. **Modality of service/intervention:** Refer to CRDC.

B. **Definition of Billable Services:**

Therapeutic Behavioral Services: Therapeutic Behavioral Services (TBS) is a short term, intensive, one-to-one behavioral intervention available to certain mental health system clients who are EPSDT Medi-Cal eligible, and whose behaviors or symptoms are placing them at risk of placement in a higher level of care or preventing them from stepping down from level 12 or higher group home care.

6. **METHODOLOGY**

Treatment services are designed to stabilize placements or increase the likelihood of a successful transition to a lower level of care. Services will supplement those mental health services already in place, and be provided in the most appropriate setting. Services will be individualized and designed to meet the unique needs of each child referred for services.

Services will:

- be provided as needed,
- reflect treatment planning that includes measurable objectives for each client;
- be culturally appropriate.

7. **OBJECTIVES AND MEASUREMENTS**

“All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled BHS CYF Performance Objectives FY15-16.”

8. CONTINUOUS QUALITY IMPROVEMENT (CQI):

Seneca Family of Agencies (SFA) has a robust continuous quality improvement (CQI) program that serves to ensure compliance with local, state and federal requirements. Additionally, CQI activities are used to monitor and improve the quality of services provided by SFA. SFA's Quality Assurance (QA) department works closely with agency/program leaders to identify areas of program improvement through clinical discussion, electronic health record reports and/or review of incident reports.

A. Achievement of Contract Performance Objectives

Contract performance objectives are monitored closely by both the QA director and program leadership to ensure that all objectives are achieved. The method for tracking progress in performance objectives varies based on the objective, but include close consultation with SFDPH staff, utilization of Avatar and Seneca electronic health record reports and data analysis by SFA's performance improvement and quality assurance staff.

Specifically, service units are monitored on a monthly basis by QA and program staff to ensure timely and adequate billing as a reflection of quantity of service provided. Reports are provided weekly to program managers regarding the number of minutes billed and the timeliness in which notes are written. Service units are also monitored on a monthly basis by QA and accounting to ensure timely claiming in Avatar. Additionally, all clinical staff members receive CANS training annually. This training is tracked closely in Seneca's electronic learning management system and monitored by program supervisors and QA staff to ensure compliance. Also, SFA's QA Director, Division Director or their designee attend all CANS superuser calls and county provider meetings. Lastly, timely CANS and Plan of Care documentation is monitored closely through SFA's internal audit process (see below) and also via Avatar reports.

B. Documentation Quality, including internal audits

Program leaders work with the QA department to ensure compliance with all documentation standards. The QA department facilitates monthly Utilization Review meetings in each program that includes a review of charts to monitor the clinical utility of services as well as the thorough completion of clinical documentation. A UR checklist was developed to ensure that all items required by the county are present in the chart. If charts are found to be in need of improvement, they return to UR meetings monthly until the corrections are made. All charts in a program are reviewed between 30-60 days of entry into the program and every 6 months thereafter, in a timeline that coincides with the due dates for updated clinical documentation. A final review occurs within 30 days after discharge to ensure that all final documentation is completed as required.

C. Cultural competency of staff and services

All staff members working in our programs are required to obtain cultural competency training annually. These trainings can reflect a number of topics and are carefully monitored by SFA's training department to ensure relevance to ensuring the cultural competency of staff. Reports on staff attendance are monitored through Seneca's learning management software by program leadership and reported during compliance audit visits annually. Additionally, due to the size of the SFA San Francisco contract, program managers participate in county cultural competence training and write an annual cultural competence report. This report documents staff cultural make-up, recruitment efforts to ensure diversity and language capacities available to clients and families.

D. Client satisfaction

Client and caregiver satisfaction surveys are distributed annually at the direction of SFDPH. Distribution of surveys is managed by QA staff to ensure that all eligible clients and families are provided with the opportunity to provide feedback to the programs and county. Staff members are available to provide assistance to any clients or caregivers who request help completing their surveys. Once all surveys are returned, they are provided en masse to staff at SFDPH to ensure a 100% completion rate.

E. Measurement, analysis, and use of CANS or ANSA data

Contractor: Seneca Center
Program: Therapeutic Behavioral Services (TBS)
City Fiscal Year: 15-16
CMS#: 6941

Appendix A-1
Contract Term: 07.01.15 - 06.30.16

For situations where formal assessments are required for Seneca charts but are not completed by private practitioners, a CANS Initial Assessment is conducted to inform the treatment planning process. CANS Assessments are updated every six or twelve months to track client progress over time. Depending on County reporting requirements, CANS data are analyzed by Seneca's Department of Performance Improvement to show change in CANS items at a program level.

9. Required Language (if applicable):
Not applicable.

Contractor: Seneca Center
Program: Intensive Treatment Foster Care (ITFC)
City Fiscal Year: 15-16
CMS#: 6941

Appendix A-2
Contract Term: 07.01.15 - 06.30.16

1. **PROGRAM NAME: Intensive Treatment Foster Care (ITFC)**
PROGRAM ADDRESS: 2513 24TH Street
CITY, STATE, ZIP CODE: San Francisco, CA 94110
TELEPHONE: 415-642-5968
FACSIMILE: 415-695-1263
Program Code: 38CQ6 (Seneca Connections ITFC Placement)

Contractor Address: Seneca Family of Agencies, 6925 Chabot Rd.
City, State, Zip Code: Oakland, CA 94618

Name of Person Completing this Narrative: Janet Briggs
Telephone: (510)-300-6325

2. **NATURE OF DOCUMENT**

New Renewal Modification

3. **GOAL STATEMENT**

The goal of this program is to provide foster home placements for San Francisco youth who are at risk of placement in a residential treatment program. Foster Care services will be designed to work with a relative family so that within 6-9 months a child may be able to step down from foster care into a relative or kinship family home.

4. **TARGET POPULATION**

Children and adolescents through age 18 referred by S. F. Mental Health, S.F. Human Services Agency (HSA) or S.F. Probation who are likely to benefit from an intensive foster care placement, with relative family placement the planned outcome. Referred clients that meet Connections criteria will receive ITFC services delivered through Connections staff, and those clients that do not meet Connections criteria will be served through the Seneca ITFC foster care program. The goal for both target populations will be to return children to their kin families within 6-9 months.

5. **MODALITIES/INTERVENTIONS**

A. **Modality of service/intervention:** Refer to CRDC.

B. **Definition of Billable Services:**

Mental Health Services: Mental Health Services means those individual or group therapies and interventions that are designed to provide reduction of mental disability and improvement or maintenance of functioning consistent with the goals of learning, development, independent living and enhanced self-sufficiency and that are not provided as a component of adult residential services, crisis residential treatment services, crisis intervention, crisis stabilization, day rehabilitation or day treatment intensive. Service activities may include but are not limited to assessment, plan development, therapy, rehabilitation and collateral.

Case Management: Case management means services that assist a beneficiary to access needed medical, educational, social, prevocational, vocational, rehabilitation, or other community services. The service activities may include, but are not limited to, communication, coordination,

and referral; monitoring service delivery to ensure beneficiary access to service and the service delivery system; monitoring of the beneficiary's progress; and plan development.

Crisis Intervention: "Crisis Intervention" means a service, lasting less than 24 hours, to or on behalf of a beneficiary for a condition which requires more timely response than a regularly scheduled visit. Service activities may include but are not limited to assessment, collateral and therapy.

Medication Support Services: "Medication Support Services" mean those services which include prescribing, administering, dispensing and monitoring of psychiatric medications or biologicals, which are necessary to alleviate the symptoms of mental illness. The services may include evaluation of the need for medication, evaluation of clinical effectiveness and side effects, the obtaining of informed consent, medication education and plan development related to the delivery of the service and/or assessment of beneficiary.

6. METHODOLOGY

Upon receipt of referral, Seneca will match the referred client with the most appropriate foster family that has been trained and certified as an ITFC family. Once a child is placed, services may resemble intensive wrap services and staff will work to:

1. Coordinate, select, and convene the Child and Family Team.
2. Facilitate the planning process (individualized, family-centered, strength-based, and needs-driven).
3. Provide intensive case management, including crisis intervention and support on a 24-hour basis, 7 days per week.
4. Coordinate with County agency staff, the courts, community members, families and schools.
5. Develop, coordinate, and provide formal and informal support and services, including home-based and community based, provided by professionals and non professionals.
6. Develop, monitor and adhere to individualized services plan (Child and Family Plan of Care).
7. Facilitate extensive community resource development.
8. Meet regularly with County staff to ensure the partnerships necessary for the success of the SB 163 wraparound project.
9. Activities recommended by the ITFC consultants to ensure that program services are adhering to the evidence based practice model.

7. OBJECTIVES AND MEASUREMENTS

"All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled BHS CYF Performance Objectives FY15-16."

8. CONTINUOUS QUALITY IMPROVEMENT (CQI):

Seneca Family of Agencies (SFA) has a robust continuous quality improvement (CQI) program that serves to ensure compliance with local, state and federal requirements. Additionally, CQI activities are used to monitor and improve the quality of services provided by SFA. SFA's Quality Assurance (QA) department works closely with agency/program leaders to identify areas of program improvement through clinical discussion, electronic health record reports and/or review of incident reports.

A. Achievement of Contract Performance Objectives

Contract performance objectives are monitored closely by both the QA director and program leadership to ensure that all objectives are achieved. The method for tracking progress in performance objectives varies based on the objective, but include close consultation with SFDPH staff, utilization of Avatar and Seneca electronic health record reports and data analysis by SFA's performance improvement and quality assurance staff.

Specifically, service units are monitored on a monthly basis by QA and program staff to ensure timely and adequate billing as a reflection of quantity of service provided. Reports are provided weekly to program managers regarding the number of minutes billed and the timeliness in which notes are written. Service units are also monitored on a monthly basis by QA and accounting to ensure timely claiming in Avatar. Additionally, all clinical staff members receive CANS training annually. This training is tracked closely in Seneca's electronic learning management system and monitored by program supervisors and QA staff to ensure compliance. Also, SFA's QA Director, Division Director or their designee attend all CANS superuser calls and county provider meetings. Lastly, timely CANS and Plan of Care documentation is monitored closely through SFA's internal audit process (see below) and also via Avatar reports.

B. Documentation Quality, including internal audits

Program leaders work with the QA department to ensure compliance with all documentation standards. The QA department facilitates monthly Utilization Review meetings in each program that includes a review of charts to monitor the clinical utility of services as well as the thorough completion of clinical documentation. A UR checklist was developed to ensure that all items required by the county are present in the chart. If charts are found to be in need of improvement, they return to UR meetings monthly until the corrections are made. All charts in a program are reviewed between 30-60 days of entry into the program and every 6 months thereafter, in a timeline that coincides with the due dates for updated clinical documentation. A final review occurs within 30 days after discharge to ensure that all final documentation is completed as required.

C. Cultural competency of staff and services

All staff members working in our programs are required to obtain cultural competency training annually. These trainings can reflect a number of topics and are carefully monitored by SFA's training department to ensure relevance to ensuring the cultural competency of staff. Reports on staff attendance are monitored through Seneca's learning management software by program leadership and reported during compliance audit visits annually. Additionally, due to the size of the SFA San Francisco contract, program managers participate in county cultural competence training and write an annual cultural competence report. This report documents staff cultural make-up, recruitment efforts to ensure diversity and language capacities available to clients and families.

D. Client satisfaction

Client and caregiver satisfaction surveys are distributed annually at the direction of SFDPH. Distribution of surveys is managed by QA staff to ensure that all eligible clients and families are provided with the opportunity to provide feedback to the programs and county. Staff members are available to provide assistance to any clients or caregivers who request help completing their surveys. Once all surveys are returned, they are provided en masse to staff at SFDPH to ensure a 100% completion rate.

E. Measurement, analysis, and use of CANS or ANSA data

For situations where formal assessments are required for Seneca charts but are not completed by private practitioners, a CANS Initial Assessment is conducted to inform the treatment planning process. CANS Assessments are updated every six or twelve months to track client progress over time. Depending on County reporting requirements, CANS data are analyzed by Seneca's Department of Performance Improvement to show change in CANS items at a program level.

9. Required Language (if applicable):

Not applicable.

Contractor: Seneca Center
Program: Short Term Connections-Intensive Support Services
City Fiscal Year: 15-16
CMS#: 6941

Appendix A-3
Contract Term: 07.01.15 - 06.30.16

1. **PROGRAM NAME: Short Term Connections-Intensive Support Services**
PROGRAM ADDRESS: 2513 24TH Street
CITY, STATE, ZIP CODE: San Francisco, CA 94110
TELEPHONE: 415-642-5968
FACSIMILE: 415-695-1263
PROGRAM CODE: 38CQ3 (Seneca Connections Outpatient)

Contractor Address: Seneca Family of Agencies, 6925 Chabot Rd.
City, State, Zip Code: Oakland, CA 94618

Name of Person Completing this Narrative: Janet Briggs
Telephone: (510)-300-6325

2. **NATURE OF DOCUMENT**

New Renewal Modification

3. **GOAL STATEMENT**

The goal of this program is to provide short-term stabilization for San Francisco Court Dependents who are assessed by Child Crisis to be at risk of losing a high level placement, or who are without placement and are at risk of psychiatric hospitalization, or in need of intensive 1:1 staffing to enable them to remain in the community. Child Crisis and Seneca will work collaboratively with these clients with a maximum length of service of 30 days.

4. **TARGET POPULATION**

Children and adolescents through age 18 referred by S.F. Human Services Agency (HSA) who are at risk of losing a high level placement or who are without placement and are at risk of psychiatric hospitalization or in need of intensive 1:1 staffing to enable them to remain in the community. A youth may be referred to Child Crisis for assessment for Intensive Support Services by group homes, foster homes, CPC and social workers.

5. **MODALITIES/INTERVENTIONS**

A. **Modality of service/intervention:** Refer to CRDC.

B. **Definition of Billable Services:**

Mental Health Services: Mental Health Services means those individual or group therapies and interventions that are designed to provide reduction of mental disability and improvement or maintenance of functioning consistent with the goals of learning, development, independent living and enhanced self-sufficiency and that are not provided as a component of adult residential services, crisis residential treatment services, crisis intervention, crisis stabilization, day rehabilitation or day treatment intensive. Service activities may include but are not limited to assessment, plan development, therapy, rehabilitation and collateral.

Case Management: Case management means services that assist a beneficiary to access needed medical, educational, social, prevocational, vocational, rehabilitation, or other community services. The service activities may include, but are not limited to, communication, coordination, and referral; monitoring service delivery to ensure beneficiary access to service and the service delivery system; monitoring of the beneficiary's progress; and plan development.

Crisis Intervention: "Crisis Intervention" means a service, lasting less than 24 hours, to or on behalf of a beneficiary for a condition which requires more timely response than a

regularly scheduled visit. Service activities may include but are not limited to assessment, collateral and therapy.

Medication Support Services: "Medication Support Services" mean those services which include prescribing, administering, dispensing and monitoring of psychiatric medications or biologicals, which are necessary to alleviate the symptoms of mental illness. The services may include evaluation of the need for medication, evaluation of clinical effectiveness and side effects, the obtaining of informed consent, medication education and plan development related to the delivery of the service and/or assessment of beneficiary.

Rehabilitation: Rehabilitation means a service that may include any or all of the following:

- Assistance in restoring or maintaining an individual's or group of individuals' functional skills, daily living skills, social skills, grooming and personal hygiene skills, meal preparation skills, medication compliance, and support resources.
- Counseling of the individual and/or family
- Training in leisure activities needed to achieve the individual's goals/desired results/personal milestones
- Medication education

6. **METHODOLOGY**

Upon receipt of referral from Child Crisis, the Seneca ISS program will initiate services within 24 hours of receipt with the following provisions:

1. ISS services include 1:1 support counselor services, and crisis intervention and stabilization services.
2. Length, intensity and scope of ISS services will be determined by the plan documented in the progress note provided by Child Crisis.
3. Child Crisis will retain all Case Management responsibility while ISS services are being provided.
4. ISS will bill EPSDT for medical eligible youth and DHS flex-funds for non-medical eligible youth.
5. At the end of the specified time period, Child Crisis may end ISS services or may conduct a follow-up assessment and request a continuation of ISS services for up to 30 days.

7. **OBJECTIVES AND MEASUREMENTS**

"All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled **BHS CYF Performance Objectives FY15-16.**"

8. **CONTINUOUS QUALITY IMPROVEMENT (CQI):**

Seneca Family of Agencies (SFA) has a robust continuous quality improvement (CQI) program that serves to ensure compliance with local, state and federal requirements. Additionally, CQI activities are used to monitor and improve the quality of services provided by SFA. SFA's Quality Assurance (QA) department works closely with agency/program leaders to identify areas of program improvement through clinical discussion, electronic health record reports and/or review of incident reports.

A. Achievement of Contract Performance Objectives

Contract performance objectives are monitored closely by both the QA director and program leadership to ensure that all objectives are achieved. The method for tracking progress in performance objectives varies

based on the objective, but include close consultation with SFDPH staff, utilization of Avatar and Seneca electronic health record reports and data analysis by SFA's performance improvement and quality assurance staff.

Specifically, service units are monitored on a monthly basis by QA and program staff to ensure timely and adequate billing as a reflection of quantity of service provided. Reports are provided weekly to program managers regarding the number of minutes billed and the timeliness in which notes are written. Service units are also monitored on a monthly basis by QA and accounting to ensure timely claiming in Avatar. Additionally, all clinical staff members receive CANS training annually. This training is tracked closely in Seneca's electronic learning management system and monitored by program supervisors and QA staff to ensure compliance. Also, SFA's QA Director, Division Director or their designee attend all CANS superuser calls and county provider meetings. Lastly, timely CANS and Plan of Care documentation is monitored closely through SFA's internal audit process (see below) and also via Avatar reports.

B. Documentation Quality, including internal audits

Program leaders work with the QA department to ensure compliance with all documentation standards. The QA department facilitates monthly Utilization Review meetings in each program that includes a review of charts to monitor the clinical utility of services as well as the thorough completion of clinical documentation. A UR checklist was developed to ensure that all items required by the county are present in the chart. If charts are found to be in need of improvement, they return to UR meetings monthly until the corrections are made. All charts in a program are reviewed between 30-60 days of entry into the program and every 6 months thereafter, in a timeline that coincides with the due dates for updated clinical documentation. A final review occurs within 30 days after discharge to ensure that all final documentation is completed as required.

C. Cultural competency of staff and services

All staff members working in our programs are required to obtain cultural competency training annually. These trainings can reflect a number of topics and are carefully monitored by SFA's training department to ensure relevance to ensuring the cultural competency of staff. Reports on staff attendance are monitored through Seneca's learning management software by program leadership and reported during compliance audit visits annually.

Additionally, due to the size of the SFA San Francisco contract, program managers participate in county cultural competence training and write an annual cultural competence report. This report documents staff cultural make-up, recruitment efforts to ensure diversity and language capacities available to clients and families.

D. Client satisfaction

Client and caregiver satisfaction surveys are distributed annually at the direction of SFDPH. Distribution of surveys is managed by QA staff to ensure that all eligible clients and families are provided with the opportunity to provide feedback to the programs and county. Staff members are available to provide assistance to any clients or caregivers who request help completing their surveys. Once all surveys are returned, they are provided en masse to staff at SFDPH to ensure a 100% completion rate.

E. Measurement, analysis, and use of CANS or ANSA data

For situations where formal assessments are required for Seneca charts but are not completed by private practitioners, a CANS Initial Assessment is conducted to inform the treatment planning process. CANS Assessments are updated every six or twelve months to track client progress over time. Depending on County reporting requirements, CANS data are analyzed by Seneca's Department of Performance Improvement to show change in CANS items at a program level.

9. Required Language (if applicable):

Not applicable.

Contractor: Seneca Center
Program: Long Term Connections-WRAP Services
City Fiscal Year: 15-16
CMS#: 6941

Appendix A-4
Contract Term: 07.01.15 - 06.30.16

1. **PROGRAM NAME: Long Term Connections – Wraparound Services**
PROGRAM ADDRESS: 2513 24TH Street
CITY, STATE, ZIP CODE: San Francisco, CA 94110
TELEPHONE: 415-642-5968
FACSIMILE: 415-695-1263
PROGRAM CODE: 38QC4 (Seneca Center WRAP)

Contractor Address: Seneca Family of Agencies, 6925 Chabot Rd.
City, State, Zip Code: Oakland, CA 94618

Name of Person Completing this Narrative: Janet Briggs
Telephone: (510)-300-6325

2. **NATURE OF DOCUMENT**

New Renewal Modification

3. **GOAL STATEMENT**

The goal of this new program is to provide the most family like living environment possible for San Francisco youth who are placed in or at risk of placement in a locked Community Treatment Facility (CTF), Rate Classification Level (RCL) 10-14 group home, or residential treatment program.

4. **TARGET POPULATION**

Children and adolescents through age 18 referred by S. F. Mental Health, S.F. Human Services Agency (HSA) or S.F. Probation who are in or at risk of placement in a CTF or RCL 10-14 group home.

5. **MODALITIES/INTERVENTIONS**

A. **Modality of service/intervention:** Refer to CRDC.

B. **Definition of Billable Services:**

Medi-Cal services delivered to Medi-Cal eligible clients that include case management, individual and group Rehab, individual and family therapy, crisis intervention, plan development, assessment and evaluation – as defined in Title IX.

Non Medi-Cal Client Support Services will be billed to the MHSA flexible funds. These services may include, but are not limited to, respite, emergency shelter needs, and/or 1:1 services.

Mental Health Services: Mental Health Services means those individual or group therapies and interventions that are designed to provide reduction of mental disability and improvement or maintenance of functioning consistent with the goals of learning, development, independent living and enhanced self-sufficiency and that are not provided as a component of adult residential services, crisis residential treatment services, crisis intervention, crisis stabilization, day rehabilitation or day treatment intensive. Service activities may include but are not limited to assessment, plan development, therapy, rehabilitation and collateral.

Case Management: Case management means services that assist a beneficiary to access needed medical, educational, social, prevocational, vocational, rehabilitation, or other community

services. The service activities may include, but are not limited to, communication, coordination, and referral; monitoring service delivery to ensure beneficiary access to service and the service delivery system; monitoring of the beneficiary's progress; and plan development.

Crisis Intervention: "Crisis Intervention" means a service, lasting less than 24 hours, to or on behalf of a beneficiary for a condition which requires more timely response than a regularly scheduled visit. Service activities may include but are not limited to assessment, collateral and therapy.

Medication Support Services: "Medication Support Services" mean those services which include prescribing, administering, dispensing and monitoring of psychiatric medications or biologicals which are necessary to alleviate the symptoms of mental illness. The services may include evaluation of the need for medication, evaluation of clinical effectiveness and side effects, the obtaining of informed consent, medication education and plan development related to the delivery of the service and/or assessment of beneficiary.

Mode 60/78: Other Non Medi-Cal Client Support Expenditures

The cost of salaries, benefits and related general operating expenditures incurred in providing non-Medi-Cal client supports not otherwise reported in Treatment or Outreach Programs.

6. **METHODOLOGY**

Upon receipt of referral, Seneca will provide the following services:

1. Coordinate, select, and convene the Child and Family Team.
2. Facilitate the wraparound planning process (individualized, family-centered, strength-based, and needs-driven).
3. Secure wraparound and mental health services from a network of providers and complete appropriate service authorizations and agreements.
4. Provide intensive case management, including crisis intervention and support on a 24-hour basis, 7 days per week.
5. Coordinate with County agency staff, the courts, community members, families and schools.
6. Develop, coordinate, and provide formal and informal support and services, including home-based and community based, provided by professionals and non professionals.
7. Develop, monitor and adhere to individualized services plan (Child and Family Plan of Care).
8. Facilitate placement in the least restrictive care setting in conjunction with HSA and Community Mental Health Services.
9. Facilitate extensive community resource development.
10. Meet regularly with County staff to ensure the partnerships necessary for the success of the SB 163 wraparound project.

7. **OBJECTIVES AND MEASUREMENTS**

"All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled **BHS CYF Performance Objectives FY15-16.**"

8. **CONTINUOUS QUALITY IMPROVEMENT (CQI):**

Seneca Family of Agencies (SFA) has a robust continuous quality improvement (CQI) program that serves to ensure compliance with local, state and federal requirements. Additionally, CQI activities are used to monitor and improve the quality of services provided by SFA. SFA's Quality Assurance (QA) department works closely with

agency/program leaders to identify areas of program improvement through clinical discussion, electronic health record reports and/or review of incident reports.

A. Achievement of Contract Performance Objectives

Contract performance objectives are monitored closely by both the QA director and program leadership to ensure that all objectives are achieved. The method for tracking progress in performance objectives varies based on the objective, but include close consultation with SFDPH staff, utilization of Avatar and Seneca electronic health record reports and data analysis by SFA's performance improvement and quality assurance staff.

Specifically, service units are monitored on a monthly basis by QA and program staff to ensure timely and adequate billing as a reflection of quantity of service provided. Reports are provided weekly to program managers regarding the number of minutes billed and the timeliness in which notes are written. Service units are also monitored on a monthly basis by QA and accounting to ensure timely claiming in Avatar. Additionally, all clinical staff members receive CANS training annually. This training is tracked closely in Seneca's electronic learning management system and monitored by program supervisors and QA staff to ensure compliance. Also, SFA's QA Director, Division Director or their designee attend all CANS superuser calls and county provider meetings. Lastly, timely CANS and Plan of Care documentation is monitored closely through SFA's internal audit process (see below) and also via Avatar reports.

B. Documentation Quality, including internal audits

Program leaders work with the QA department to ensure compliance with all documentation standards. The QA department facilitates monthly Utilization Review meetings in each program that includes a review of charts to monitor the clinical utility of services as well as the thorough completion of clinical documentation. A UR checklist was developed to ensure that all items required by the county are present in the chart. If charts are found to be in need of improvement, they return to UR meetings monthly until the corrections are made. All charts in a program are reviewed between 30-60 days of entry into the program and every 6 months thereafter, in a timeline that coincides with the due dates for updated clinical documentation. A final review occurs within 30 days after discharge to ensure that all final documentation is completed as required.

C. Cultural competency of staff and services

All staff members working in our programs are required to obtain cultural competency training annually. These trainings can reflect a number of topics and are carefully monitored by SFA's training department to ensure relevance to ensuring the cultural competency of staff. Reports on staff attendance are monitored through Seneca's learning management software by program leadership and reported during compliance audit visits annually. Additionally, due to the size of the SFA San Francisco contract, program managers participate in county cultural competence training and write an annual cultural competence report. This report documents staff cultural make-up, recruitment efforts to ensure diversity and language capacities available to clients and families.

D. Client satisfaction

Client and caregiver satisfaction surveys are distributed annually at the direction of SFDPH. Distribution of surveys is managed by QA staff to ensure that all eligible clients and families are provided with the opportunity to provide feedback to the programs and county. Staff members are available to provide assistance to any clients or caregivers who request help completing their surveys. Once all surveys are returned, they are provided en masse to staff at SFDPH to ensure a 100% completion rate.

E. Measurement, analysis, and use of CANS or ANSA data

For situations where formal assessments are required for Seneca charts but are not completed by private practitioners, a CANS Initial Assessment is conducted to inform the treatment planning process. CANS Assessments are updated every six or twelve months to track client progress over time. Depending on County reporting requirements, CANS data are analyzed by Seneca's Department of Performance Improvement to show change in CANS items at a program level.

9. Required Language (if applicable):

Not applicable.

Contractor: Seneca Center
Program: School Based Mental Health Services
City Fiscal Year: 15-16
CMS#: 6941

Appendix A-5
Contract Term: 07.01.15 - 06.30.16

1. **PROGRAM: School Based Services**
2275 Arlington Dr., San Leandro, CA 94578
Telephone: 510-481-1222
Fax: 510-317-1427
Program Code: 8980OP (James Baldwin Academy OP)

BUSINESS ADDRESS: 2275 Arlington Dr., San Leandro, CA 94578
TELEPHONE: (510) 481-1222
FACSIMILE: (510) 317-1427

2. **NATURE OF DOCUMENT**

New Renewal X Modification

All contract and business correspondence will be mailed to the above **Business Address**. Payment for services will also be mailed to this address.

3. **GOAL STATEMENT**

The goal of School Based Services is to help clients achieve a level of success that may enable them to mainstream to a public program, or be referred to a lower level, less restrictive educational program.

The goal of School Based Services located at public district school partner sites is to help build inclusive school environments capable of increasing the achievement of all students, particularly students facing academic, behavioral, and/or social-emotional challenges that place them at risk of referral for more restrictive education settings.

4. **TARGET POPULATION**

Seneca school-based mental health program staff are very familiar with the enormous challenges that some students face, including poverty, academic failure, and domestic and community violence. These experiences place students at high risk of experiencing mental health challenges that compromise their potential for academic success. Students served through Seneca School Based Services will be students who are experiencing mental-health challenges and need additional support to find success at school. Cultural responsiveness plays a critical role in the success of Seneca's school-based programs. In every school-based program, the agency's services are tailored to leverage existing cultural and community strengths, in order to respond to the cultural and linguistic needs of students and their families

5. **MODALITIES/INTERVENTIONS**

A. **Modality of service/intervention:** Refer to CRDC.

B. **Definition of Billable Services:**

Mental Health Services: Mental Health Services means those individual or group therapies and interventions that are designed to provide reduction of mental disability and improvement or maintenance of functioning consistent with the goals of learning, development, independent living and enhanced self-sufficiency and that are not provided as a component of adult residential services, crisis residential treatment services, crisis intervention, crisis stabilization, day rehabilitation or day treatment intensive. Service activities may include but are not limited to assessment, plan development, therapy, rehabilitation and collateral.

Case Management: Case management means services that assist a beneficiary to access needed medical, educational, social, prevocational, vocational, rehabilitation, or other community services. The service activities may include, but are not limited to, communication, coordination, and referral; monitoring service delivery to ensure beneficiary access to service and the service delivery system; monitoring of the beneficiary's progress; and plan development.

Crisis Intervention: "Crisis Intervention" means a service, lasting less than 24 hours, to or on behalf of a beneficiary for a condition which requires more timely response than a regularly scheduled visit. Service activities may include but are not limited to assessment, collateral and therapy.

Medication Support Services: "Medication Support Services" mean those services which include prescribing, administering, dispensing and monitoring of psychiatric medications or biologicals, which are necessary to alleviate the symptoms of mental illness. The services may include evaluation of the need for medication, evaluation of clinical effectiveness and side effects, the obtaining of informed consent, medication education and plan development related to the delivery of the service and/or assessment of beneficiary.

6. METHODOLOGY

Seneca's School Based Services support students referred by San Francisco County's Community Behavioral Health Section as defined by the California State Department of Mental Health. For services provided on at our district public school partnership sites, students are referred by teachers or identified through universal screeners as experiencing behavioral and/or social emotional challenges that interfere with their learning and place them at risk of placement at a more restrictive education setting. These services will be provided to students who meet the appropriate medical necessity criteria and in accordance with a treatment plan approved by a licensed physician or other appropriate mental health professional.

The School Based Program offer a structured, therapeutic milieu designed to treat each student's individual needs to promote the opportunity for that child to benefit from the educational program while building self-esteem and developing socio-emotional maturation. Staff members are apprised of the treatment goals during regular staff meetings, and are prepared to assist the student enhance self esteem, develop successful strategies for coping, increase socialization skills and reach the therapeutic goals established in the child's treatment plan. Services are delivered through a series of group and individualized activities.

Services at our district public school partnership sites are provided by behavioral support staff and mental health clinicians who collaborate with general education staff to create individualized plans that support students' treatment goals and ensure that students are able to build the social and behavioral skills necessary to succeed in an inclusive education setting. In addition to push-in classroom support, services are delivered through a series of group and individualized activities. Intake, admission, initial evaluation or psychiatric evaluation, psycho-educational assessments, and medication support and monitoring are provided as required, or deemed necessary by staff psychiatrists. The School based program operates 218 days per year, five days per week.

7. OBJECTIVES AND MEASUREMENTS

"All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled BHS CYF Performance Objectives FY15-16."

8. CONTINUOUS QUALITY IMPROVEMENT (CQI):

Seneca Family of Agencies (SFA) has a robust continuous quality improvement (CQI) program that serves to ensure compliance with local, state and federal requirements. Additionally, CQI activities are used to monitor and improve

the quality of services provided by SFA. SFA's Quality Assurance (QA) department works closely with agency/program leaders to identify areas of program improvement through clinical discussion, electronic health record reports and/or review of incident reports.

A. Achievement of Contract Performance Objectives

Contract performance objectives are monitored closely by both the QA director and program leadership to ensure that all objectives are achieved. The method for tracking progress in performance objectives varies based on the objective, but include close consultation with SFDPH staff, utilization of Avatar and Seneca electronic health record reports and data analysis by SFA's performance improvement and quality assurance staff.

Specifically, service units are monitored on a monthly basis by QA and program staff to ensure timely and adequate billing as a reflection of quantity of service provided. Reports are provided weekly to program managers regarding the number of minutes billed and the timeliness in which notes are written. Service units are also monitored on a monthly basis by QA and accounting to ensure timely claiming in Avatar. Additionally, all clinical staff members receive CANS training annually. This training is tracked closely in Seneca's electronic learning management system and monitored by program supervisors and QA staff to ensure compliance. Also, SFA's QA Director, Division Director or their designee attend all CANS superuser calls and county provider meetings. Lastly, timely CANS and Plan of Care documentation is monitored closely through SFA's internal audit process (see below) and also via Avatar reports.

B. Documentation Quality, including internal audits

Program leaders work with the QA department to ensure compliance with all documentation standards. The QA department facilitates monthly Utilization Review meetings in each program that includes a review of charts to monitor the clinical utility of services as well as the thorough completion of clinical documentation. A UR checklist was developed to ensure that all items required by the county are present in the chart. If charts are found to be in need of improvement, they return to UR meetings monthly until the corrections are made. All charts in a program are reviewed between 30-60 days of entry into the program and every 6 months thereafter, in a timeline that coincides with the due dates for updated clinical documentation. A final review occurs within 30 days after discharge to ensure that all final documentation is completed as required.

C. Cultural competency of staff and services

All staff members working in our programs are required to obtain cultural competency training annually. These trainings can reflect a number of topics and are carefully monitored by SFA's training department to ensure relevance to ensuring the cultural competency of staff. Reports on staff attendance are monitored through Seneca's learning management software by program leadership and reported during compliance audit visits annually. Additionally, due to the size of the SFA San Francisco contract, program managers participate in county cultural competence training and write an annual cultural competence report. This report documents staff cultural make-up, recruitment efforts to ensure diversity and language capacities available to clients and families.

D. Client satisfaction

Client and caregiver satisfaction surveys are distributed annually at the direction of SFDPH. Distribution of surveys is managed by QA staff to ensure that all eligible clients and families are provided with the opportunity to provide feedback to the programs and county. Staff members are available to provide assistance to any clients or caregivers who request help completing their surveys. Once all surveys are returned, they are provided en masse to staff at SFDPH to ensure a 100% completion rate.

E. Measurement, analysis, and use of CANS or ANSA data

For situations where formal assessments are required for Seneca charts but are not completed by private practitioners, a CANS Initial Assessment is conducted to inform the treatment planning process. CANS Assessments are updated every six or twelve months to track client progress over time. Depending on County reporting requirements, CANS data are analyzed by Seneca's Department of Performance Improvement to show change in CANS items at a program level.

9. Required Language (if applicable):
Not applicable.

City Fiscal Year: 15-16
CMS#: 6941

1. **PROGRAM NAME: Parenting Training Institute**
PROGRAM NAME: 2513 24TH Street
CITY, STATE, ZIP CODE: San Francisco, CA 94110
TELEPHONE: 415-642-5968
FACSIMILE: 415-695-1263
PROGRAM CODE: 38CQPTI (Parent Training Institute)

Contractor Address: Seneca Family of Agencies, 6925 Chabot Rd.
City, State, Zip Code: Oakland, CA 94618

Name of Person Completing this Narrative: Janet Briggs
Telephone: (510)-300-6325

2. **NATURE OF DOCUMENT**

New Renewal X Modification

3. **GOAL STATEMENT**

Parenting Training Institute's goal is to improve child and family outcomes by providing evidence-based parenting interventions to caregivers of young seriously emotionally disturbed or at risk kids.

4. **TARGET POPULATION**

Caregivers of young children with emotional or behavioral problems or who are at risk of developing such problems due to socio-economic and other risk factors.

5. **MODALITIES/INTERVENTIONS**

A. **Modality of service/intervention:** Refer to CRDC.

B. **Definition of Billable Services:**

Salary and Fringe for the staff working on this program.

Mode 60/78: Other Non Medi-Cal Client Support Expenditures

The cost of salaries, benefits and related general operating expenditures incurred in providing non-Medi-Cal client supports not otherwise reported in Treatment or Outreach Programs.

6. **METHODOLOGY**

Treatment services are designed to stabilize placements or increase the likelihood of a successful transition to a lower level of care. Services will supplement those mental health services already in place, and be provided in the most appropriate setting. Services will be individualized and designed to meet the unique needs of each child referred for services.

Activities include

- Selecting provider agencies using an organizational readiness assessment protocol
- Planning and coordinating training with developers of evidence-based parenting programs (e.g., the Incredible Years, Triple P Parenting) for provider agency clinicians
- Providing administrative and clinical support to provider agencies through monthly problem-solving calls with administrators and monthly clinical calls with trained clinical experts in the selected parenting interventions.

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- Ensuring fidelity to the EBP protocols through collection and analysis of fidelity measures and session videotapes

7. **OBJECTIVES AND MEASUREMENTS** N/A

It is a cost based contract with no measurable objectives.

8. **CONTINUOUS QUALITY IMPROVEMENT (CQI):**

Seneca Family of Agencies (SFA) has a robust continuous quality improvement (CQI) program that serves to ensure compliance with local, state and federal requirements. Additionally, CQI activities are used to monitor and improve the quality of services provided by SFA. SFA's Quality Assurance (QA) department works closely with agency/program leaders to identify areas of program improvement through clinical discussion, electronic health record reports and/or review of incident reports.

A. Achievement of Contract Performance Objectives

Contract performance objectives are monitored closely by both the QA director and program leadership to ensure that all objectives are achieved. The method for tracking progress in performance objectives varies based on the objective, but include close consultation with SFDPH staff, utilization of Avatar and Seneca electronic health record reports and data analysis by SFA's performance improvement and quality assurance staff.

Specifically, service units are monitored on a monthly basis by QA and program staff to ensure timely and adequate billing as a reflection of quantity of service provided. Reports are provided weekly to program managers regarding the number of minutes billed and the timeliness in which notes are written. Service units are also monitored on a monthly basis by QA and accounting to ensure timely claiming in Avatar. Additionally, all clinical staff members receive CANS training annually. This training is tracked closely in Seneca's electronic learning management system and monitored by program supervisors and QA staff to ensure compliance. Also, SFA's QA Director, Division Director or their designee attend all CANS superuser calls and county provider meetings. Lastly, timely CANS and Plan of Care documentation is monitored closely through SFA's internal audit process (see below) and also via Avatar reports.

B. Documentation Quality, including internal audits

Program leaders work with the QA department to ensure compliance with all documentation standards. The QA department facilitates monthly Utilization Review meetings in each program that includes a review of charts to monitor the clinical utility of services as well as the thorough completion of clinical documentation. A UR checklist was developed to ensure that all items required by the county are present in the chart. If charts are found to be in need of improvement, they return to UR meetings monthly until the corrections are made. All charts in a program are reviewed between 30-60 days of entry into the program and every 6 months thereafter, in a timeline that coincides with the due dates for updated clinical documentation. A final review occurs within 30 days after discharge to ensure that all final documentation is completed as required.

C. Cultural competency of staff and services

All staff members working in our programs are required to obtain cultural competency training annually. These trainings can reflect a number of topics and are carefully monitored by SFA's training department to ensure relevance to ensuring the cultural competency of staff. Reports on staff attendance are monitored through Seneca's learning management software by program leadership and reported during compliance audit visits annually. Additionally, due to the size of the SFA San Francisco contract, program managers participate in county cultural competence training and write an annual cultural competence report. This report documents staff cultural make-up, recruitment efforts to ensure diversity and language capacities available to clients and families.

D. Client satisfaction

Client and caregiver satisfaction surveys are distributed annually at the direction of SFDPH. Distribution of surveys is managed by QA staff to ensure that all eligible clients and families are provided with the opportunity to provide feedback to the programs and county. Staff members are available to provide assistance to any clients or caregivers

Contractor: Seneca Center
Program: Parenting Training Institute

Appendix A-6
Contract Term: 07.01.15 - 06.30.16

City Fiscal Year: 15-16
CMS#: 6941

who request help completing their surveys. Once all surveys are returned, they are provided en masse to staff at SFDPH to ensure a 100% completion rate.

E. Measurement, analysis, and use of CANS or ANSA data

For situations where formal assessments are required for Seneca charts but are not completed by private practitioners, a CANS Initial Assessment is conducted to inform the treatment planning process. CANS Assessments are updated every six or twelve months to track client progress over time. Depending on County reporting requirements, CANS data are analyzed by Seneca's Department of Performance Improvement to show change in CANS items at a program level.

9. Required Language (if applicable):

Not applicable.

Contractor: Seneca Center
Program: Youth Transitional Services (YTS)
City Fiscal Year: 15-16
CMS#: 6941

Appendix A-7
Contract Term: 07.01.15 - 06.30.16

1. **PROGRAM NAME: Youth Transitional Services (YTS)**
PROGRAM NAME: 3801 3rd Street, No 400C
CITY, STATE, ZIP CODE: San Francisco, CA 94124
TELEPHONE: 415-970-3800
FACSIMILE: 415-970-3855
PROGRAM CODE: 38CQMST (Seneca MST Outpatient)

Contractor Address: Seneca Family of Agencies, 6925 Chabot Rd.
City, State, Zip Code: Oakland, CA 94618

Name of Person Completing this Narrative: Janet Briggs
Telephone: (510)-300-6325

2. **NATURE OF DOCUMENT**

New Renewal X Modification

3. **GOAL STATEMENT**

The goal of this new program is to work with the Family and youth, reduce the likelihood that youth may re-offend and avoid any future placement out of home. This will be achieved by providing Youth Transitional Services to Youth and Families involved with the Juvenile Justice System.

4. **TARGET POPULATION**

Children and adolescents involved with the Juvenile Justice System.

5. **MODALITIES/INTERVENTIONS**

A. **Modality of service/intervention:** Refer to CRDC.

B. **Definition of Billable Services:**

Medi-Cal services delivered to Medi-Cal eligible clients that include case management, individual and group Rehab, individual and family therapy, crisis intervention, plan development, assessment and evaluation – as defined in Title IX.

Non Medi-Cal Client Support Services will be billed to the MHSA flexible funds. These services may include, but are not limited to, respite, emergency shelter needs, and/or 1:1 services.

Mental Health Services: Mental Health Services means those individual or group therapies and interventions that are designed to provide reduction of mental disability and improvement or maintenance of functioning consistent with the goals of learning, development, independent living and enhanced self-sufficiency and that are not provided as a component of adult residential services, crisis residential treatment services, crisis intervention, crisis stabilization, day rehabilitation or day treatment intensive. Service activities may include but are not limited to assessment, plan development, therapy, rehabilitation and collateral.

Case Management: Case management means services that assist a beneficiary to access needed medical, educational, social, prevocational, vocational, rehabilitation, or other community services. The service activities may include, but are not limited to, communication, coordination, and referral; monitoring service delivery to ensure beneficiary access to service and the service delivery system; monitoring of the beneficiary's progress; and plan development.

Crisis Intervention: “Crisis Intervention” means a service, lasting less than 24 hours, to or on behalf of a beneficiary for a condition which requires more timely response than a regularly scheduled visit. Service activities may include but are not limited to assessment, collateral and therapy.

Medication Support Services: “Medication Support Services” mean those services which include prescribing, administering, dispensing and monitoring of psychiatric medications or biologicals, which are necessary to alleviate the symptoms of mental illness. The services may include evaluation of the need for medication, evaluation of clinical effectiveness and side effects, the obtaining of informed consent, medication education and plan development related to the delivery of the service and/or assessment of beneficiary.

Mode 60/78: Other Non Medi-Cal Client Support Expenditures

The cost of salaries, benefits and related general operating expenditures incurred in providing non-Medi-Cal client supports not otherwise reported in Treatment or Outreach Programs.

6. **METHODOLOGY**

Upon receipt of referral, Seneca will provide the following services: clinical assessment, treatment planning, therapy, case management and crisis intervention.

7. **OBJECTIVES AND MEASUREMENTS**

“All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled **BHS CYF Performance Objectives FY15-16.**”

8. **CONTINUOUS QUALITY IMPROVEMENT (CQI):**

Seneca Family of Agencies (SFA) has a robust continuous quality improvement (CQI) program that serves to ensure compliance with local, state and federal requirements. Additionally, CQI activities are used to monitor and improve the quality of services provided by SFA. SFA’s Quality Assurance (QA) department works closely with agency/program leaders to identify areas of program improvement through clinical discussion, electronic health record reports and/or review of incident reports.

A. Achievement of Contract Performance Objectives

Contract performance objectives are monitored closely by both the QA director and program leadership to ensure that all objectives are achieved. The method for tracking progress in performance objectives varies based on the objective, but include close consultation with SFDPH staff, utilization of Avatar and Seneca electronic health record reports and data analysis by SFA’s performance improvement and quality assurance staff.

Specifically, service units are monitored on a monthly basis by QA and program staff to ensure timely and adequate billing as a reflection of quantity of service provided. Reports are provided weekly to program managers regarding the number of minutes billed and the timeliness in which notes are written. Service units are also monitored on a monthly basis by QA and accounting to ensure timely claiming in Avatar. Additionally, all clinical staff members receive CANS training annually. This training is tracked closely in Seneca’s electronic learning management system and monitored by program supervisors and QA staff to ensure compliance. Also, SFA’s QA Director, Division Director or their designee attend all CANS superuser calls and county provider meetings. Lastly, timely CANS and Plan of Care documentation is monitored closely through SFA’s internal audit process (see below) and also via Avatar reports.

B. Documentation Quality, including internal audits

Program leaders work with the QA department to ensure compliance with all documentation standards. The QA department facilitates monthly Utilization Review meetings in each program that includes a review of charts to

monitor the clinical utility of services as well as the thorough completion of clinical documentation. A UR checklist was developed to ensure that all items required by the county are present in the chart. If charts are found to be in need of improvement, they return to UR meetings monthly until the corrections are made. All charts in a program are reviewed between 30-60 days of entry into the program and every 6 months thereafter, in a timeline that coincides with the due dates for updated clinical documentation. A final review occurs within 30 days after discharge to ensure that all final documentation is completed as required.

C. Cultural competency of staff and services

All staff members working in our programs are required to obtain cultural competency training annually. These trainings can reflect a number of topics and are carefully monitored by SFA's training department to ensure relevance to ensuring the cultural competency of staff. Reports on staff attendance are monitored through Seneca's learning management software by program leadership and reported during compliance audit visits annually. Additionally, due to the size of the SFA San Francisco contract, program managers participate in county cultural competence training and write an annual cultural competence report. This report documents staff cultural make-up, recruitment efforts to ensure diversity and language capacities available to clients and families.

D. Client satisfaction

Client and caregiver satisfaction surveys are distributed annually at the direction of SFDPH. Distribution of surveys is managed by QA staff to ensure that all eligible clients and families are provided with the opportunity to provide feedback to the programs and county. Staff members are available to provide assistance to any clients or caregivers who request help completing their surveys. Once all surveys are returned, they are provided en masse to staff at SFDPH to ensure a 100% completion rate.

E. Measurement, analysis, and use of CANS or ANSA data

For situations where formal assessments are required for Seneca charts but are not completed by private practitioners, a CANS Initial Assessment is conducted to inform the treatment planning process. CANS Assessments are updated every six or twelve months to track client progress over time. Depending on County reporting requirements, CANS data are analyzed by Seneca's Department of Performance Improvement to show change in CANS items at a program level.

9. Required Language (if applicable):

Not applicable.

Contractor: Seneca Center
Program: AIIM Higher
City Fiscal Year: 15-16
CMS#: 6941

Appendix A-8
Contract Term: 07.01.15 - 06.30.16

1. **PROGRAM NAME: AIIM Higher**
PROGRAM ADDRESS: 3801 3rd Street, No 400C
CITY, STATE, ZIP CODE: San Francisco, CA 94124
TELEPHONE: 415-970-3800
FACSIMILE: 415-970-3855
PROGRAM CODE: 38CQAH (Seneca AIIM Higher)

Contractor Address: Seneca Family of Agencies, 6925 Chabot Rd.
City, State, Zip Code: Oakland, CA 94618

Name of Person Completing this Narrative: Janet Briggs
Telephone: (510)-300-6325

2. **Nature of Document (check one)**

New Renewal Modification

3. **Goal Statement**

AIIM Higher is a partnership between the San Francisco Department of Public Health, Juvenile Justice Center, and Seneca Center. The goal of the program is to provide data-driven assessment, planning, and linkage services to connect probation-involved youth with mental health needs to community-based services with the long-term goals of reducing recidivism and increasing psychosocial functioning.

4. **Target Population**

AIIM Higher's target population is San Francisco probation-involved youth through age 18 who have been detained at Juvenile Hall and who present with moderate to severe mental health needs.

Services are delivered at the Juvenile Justice Center and in the community (client's homes, schools, and community centers). Service delivery areas include all zip codes in San Francisco, although a high concentration of service delivery occurs at the Juvenile Justice Center (94127), Bayview and Hunter's Point (94124), and Mission Districts (94110, 94107).

5. **Modality(ies)/Interventions (aka Activities)**

Screening and Assessment

- Attend the daily Juvenile Justice Center intake review meeting and participate in the screening of all youth who have been detained within the past 24-72 hours (using the brief CAT assessment measure) in order to identify youth with moderate to severe mental health needs.
- Provide informal services (brief screening and consultation) for at least 250 youth and families.
- Conduct at least 150 comprehensive psychosocial assessments for youth with moderate to severe mental health needs (using the CANS assessment measure) in order to identify strengths and needs and ensure that the planning and service linkage process is informed by the values and goals of each youth and family.

Mental Health Consultation

- Provide 1000 hours of consultation services on-site at the Juvenile Justice Center for youth, families, probation officers, judges, attorneys, and other stakeholders and providers working with probation-involved youth (regardless of enrollment in AIIM Higher) in order to provide information regarding AIIM Higher's services, mental health issues, and community resources.
- Provide direct consultation and outreach services to at least 200 youth and families in order to "leverage the crisis" of incarceration by enhancing their capacity and motivation for treatment, and increasing awareness and access to services in their own communities.
- Provide 1000 hours of consultation and outreach to community-based, behavioral health service providers in order to collaborate around effective engagement strategies and individualized treatment approaches for youth referred through AIIM Higher.

Individual Therapeutic Services

- Clinicians will provide face-to-face assessment and brief early intervention services to at least 150 youth and families with moderate to severe mental health needs. On average youth and families will receive 1-3 sessions (typically 1 hour each). At least 300 hours of these services will be provided.
- Clinicians will provide short-term clinical case management, treatment planning, and collateral services for at least 150 youth and families in order to link them successfully to more sustainable and longer-term community-based providers matched to their individualized strengths and needs. At least 1000 hours of these services will be provided.

6. Methodology

Service Delivery Methodology

- A. AIIM Higher clinicians are based on-site at the Juvenile Justice Center which enables the program to develop and sustain relationships with key stakeholders, such as the Probation Department and Juvenile Courts. Program staff attend daily intake review meetings at the Juvenile Justice Center to identify possible AIIM Higher referrals and offer daily drop-in office hours to provide consultations regarding potential referrals, promotion of the program, and general information regarding mental health issues and community resources.
- B. AIIM Higher accepts referrals for probation-involved youth under the age of 18 who have been detained at Juvenile Hall and who screen in with moderate to severe mental health needs. Clients are referred either directly from the Juvenile Courts or Probation Department, as well as identified through a collaborative daily intake review meeting at the Juvenile Justice Center.
- C. Upon receipt of referral, AIIM Higher will provide the following services:
 - Contact the referral source, probation officer, and family within 24 hours of referral.
 - Conduct intake assessment session(s) with youth and family to introduce services, gain informed consent, and gather assessment information.
 - Complete a full CANS assessment, identifying the strengths and needs of the youth and family.
 - Facilitate the linkage planning process (individualized, client-centered, strengths-based, and needs driven) and make referrals to community-based behavioral health providers based on identified level of service need.

- Provide brief, short-term therapeutic services in order to address immediate safety concerns, plan for discharge from Juvenile Hall, engage youth and families in the treatment process, and overcome any barriers to successful connections with community providers.
- Coordinate service provision with County agency staff, probation, courts, community providers and stakeholders, families, and schools.
- Follow-up with youth and families and community-based providers to assess appropriateness and effectiveness of referred services and revise linkage plans as necessary.
- Facilitate extensive community resource development to identify and build relationships with community-based behavioral health providers.
- Meet regularly with County staff to ensure the partnership necessary for the success of the program.

D. Clients are successfully discharged from the program when they have been linked to community-based services that match their identified level of need and when there is a demonstrated connection to these services, as evidenced by participation in at least three appointments/sessions with providers. AIIM Higher will consult with the youth, family and probation officer before closing in order to ensure that this is a collaborative decision.

E. AIIM Higher staff includes: 3 full-time (40 hours/week) Master's level Linkage Clinicians, employed by Seneca Center, and a full-time (40 hours/week) Master's-level Intake Coordinator/Linkage Clinician employed by the Department of Public Health. All clinicians are registered with the California Board of Behavioral Sciences and certified in the administration of the CANS assessment tool.

F. As an expansion of existing services to AIIM Higher, Seneca will use FIRST funding to enhance services by adding a clinical team. These additional clinicians will be trained to implement the Intensive Family Therapy (IFT) model and offer direct services to participating youth and families in placement and at home. In addition TRACK funds will be used to fund a Recovery Coach (RC). The RC will use cross system planning, training and coaching to scaffold youth and family progress and improve provider practice.

7. Objectives and Measurements

1. MHSA GOAL: Increased knowledge about available community resources related to enhancing one's health and well-being (traditional health services, cultural, faith-based).

A) Individualized Process Objective: Every day that the Juvenile Justice Center is open between July 1, 2014 and June 30, 2015, AIIM Higher will hold drop-in consultation hours on-site from 9am to 12pm during which time clients, families, probation officers, attorneys, and other providers working with probation-involved youth (regardless of enrollment in AIIM Higher) can receive consultations regarding available community resources to enhance health and well-being, as evidenced by consultation logs.

2. MHSA GOAL: Increased identification of emerging mental health issues, especially the earliest possible identification of potentially severe and disabling mental illness.

A) Individualized Performance Objective: By June 30, 2016, AIIM Higher will identify 150 probation-involved youth who have moderate to severe mental health issues, as measured by CANS assessments, and as evidenced by service logs and client database.

B) Individualized Process Objective: Between July 1, 2015 and June 30, 2016, 100% of AIIM Higher clinical staff will be trained and certified in the use of the CANS assessment tool in order to accurately identify youth in need of mental health services, as evidenced by staff training plans and Human Resource Department records.

3. MHSa GOAL: Increased access to and utilization of behavioral health services (clinical, cultural-based healing, peer-led and other recovery oriented services).

A) Individualized Performance Objective: Between July 1, 2015 and June 30, 2016, 100% of clients referred to AIIM Higher for full assessment and linkage planning will be connected to culturally appropriate, community-based programs that provide behavioral health services which match each client's identified level of service need, measured by CANS assessments, and as evidenced by service logs and client database.

B) Individualized Process Objective: Between July 1, 2015 and June 30, 2016, 100% of AIIM Higher clients referred for full assessment and linkage planning will gain access to and utilization of behavioral health services, as measured by having at least 3 successful appointments/sessions with community-based providers before being discharged by AIIM Higher, and as evidenced by service logs and client database.

C) Individualized Performance Objective: By June 30, 2016, 75% of caregivers served through AIIM Higher will indicate that they believe their child was connected to the type of services they needed, as evidenced by Caregiver satisfaction surveys.

D) Individualized Performance Objective: By June 30, 2016, 75% of clients served through AIIM Higher will indicate that they believe they were connected to the type of services that they needed, as evidenced by Client satisfaction surveys.

E) Individualized Outcome Objective: Clients served through AIIM Higher during the period of July 1, 2015 and June 30, 2016 will demonstrate lower recidivism rates than the general probation-involved youth population, measured by comparison rates of clients with new criminal charges and probation violations following program discharge, to youth not served by AIIM Higher, and as evidenced by CBHS database reporting.

8. CONTINUOUS QUALITY IMPROVEMENT (CQI):

Seneca Family of Agencies (SFA) has a robust continuous quality improvement (CQI) program that serves to ensure compliance with local, state and federal requirements. Additionally, CQI activities are used to monitor and improve the quality of services provided by SFA. SFA's Quality Assurance (QA) department works closely with agency/program leaders to identify areas of program improvement through clinical discussion, electronic health record reports and/or review of incident reports.

A. Achievement of Contract Performance Objectives

Contract performance objectives are monitored closely by both the QA director and program leadership to ensure that all objectives are achieved. The method for tracking progress in performance objectives varies based on the objective, but include close consultation with SFDPH staff, utilization of Avatar and Seneca electronic health record reports and data analysis by SFA's performance improvement and quality assurance staff.

Specifically, service units are monitored on a monthly basis by QA and program staff to ensure timely and adequate billing as a reflection of quantity of service provided. Reports are provided weekly to program managers regarding the number of minutes billed and the timeliness in which notes are written. Service units are also monitored on a monthly basis by QA and accounting to ensure timely claiming in Avatar. Additionally, all clinical staff members receive CANS training annually. This training is tracked closely in Seneca's electronic learning management system and monitored by program supervisors and QA staff to ensure compliance. Also, SFA's QA Director, Division Director or their designee attend all CANS superuser calls and county provider meetings. Lastly,

timely CANS and Plan of Care documentation is monitored closely through SFA's internal audit process (see below) and also via Avatar reports.

B. Documentation Quality, including internal audits

Program leaders work with the QA department to ensure compliance with all documentation standards. The QA department facilitates monthly Utilization Review meetings in each program that includes a review of charts to monitor the clinical utility of services as well as the thorough completion of clinical documentation. A UR checklist was developed to ensure that all items required by the county are present in the chart. If charts are found to be in need of improvement, they return to UR meetings monthly until the corrections are made. All charts in a program are reviewed between 30-60 days of entry into the program and every 6 months thereafter, in a timeline that coincides with the due dates for updated clinical documentation. A final review occurs within 30 days after discharge to ensure that all final documentation is completed as required.

C. Cultural competency of staff and services

All staff members working in our programs are required to obtain cultural competency training annually. These trainings can reflect a number of topics and are carefully monitored by SFA's training department to ensure relevance to ensuring the cultural competency of staff. Reports on staff attendance are monitored through Seneca's learning management software by program leadership and reported during compliance audit visits annually.

Additionally, due to the size of the SFA San Francisco contract, program managers participate in county cultural competence training and write an annual cultural competence report. This report documents staff cultural make-up, recruitment efforts to ensure diversity and language capacities available to clients and families.

D. Client satisfaction

Client and caregiver satisfaction surveys are distributed annually at the direction of SFDPH. Distribution of surveys is managed by QA staff to ensure that all eligible clients and families are provided with the opportunity to provide feedback to the programs and county. Staff members are available to provide assistance to any clients or caregivers who request help completing their surveys. Once all surveys are returned, they are provided en masse to staff at SFDPH to ensure a 100% completion rate.

E. Measurement, analysis, and use of CANS or ANSA data

For situations where formal assessments are required for Seneca charts but are not completed by private practitioners, a CANS Initial Assessment is conducted to inform the treatment planning process. CANS Assessments are updated every six or twelve months to track client progress over time. Depending on County reporting requirements, CANS data are analyzed by Seneca's Department of Performance Improvement to show change in CANS items at a program level.

9. Required Language (if applicable):

Not applicable.

Appendix B
Calculation of Charges

1. Method of Payment

A. Invoices furnished by CONTRACTOR under this Agreement must be in a form acceptable to the Contract Administrator and the CONTROLLER and must include the Contract Progress Payment Authorization number or Contract Purchase Number. All amounts paid by CITY to CONTRACTOR shall be subject to audit by CITY. The CITY shall make monthly payments as described below. Such payments shall not exceed those amounts stated in and shall be in accordance with the provisions of Section 5, COMPENSATION, of this Agreement.

Compensation for all SERVICES provided by CONTRACTOR shall be paid in the following manner. For the purposes of this Section, "General Fund" shall mean all those funds which are not Work Order or Grant funds. "General Fund Appendices" shall mean all those appendices which include General Fund monies.

(1) Fee For Service (Monthly Reimbursement by Certified Units at Budgeted Unit Rates)

CONTRACTOR shall submit monthly invoices in the format attached, Appendix F, and in a form acceptable to the Contract Administrator, by the fifteenth (15th) calendar day of each month, based upon the number of units of service that were delivered in the preceding month. All deliverables associated with the SERVICES defined in Appendix A times the unit rate as shown in the appendices cited in this paragraph shall be reported on the invoice(s) each month. All charges incurred under this Agreement shall be due and payable only after SERVICES have been rendered and in no case in advance of such SERVICES.

(2) Cost Reimbursement (Monthly Reimbursement for Actual Expenditures within Budget):

CONTRACTOR shall submit monthly invoices in the format attached, Appendix F, and in a form acceptable to the Contract Administrator; by the fifteenth (15th) calendar day of each month for reimbursement of the actual costs for SERVICES of the preceding month. All costs associated with the SERVICES shall be reported on the invoice each month. All costs incurred under this Agreement shall be due and payable only after SERVICES have been rendered and in no case in advance of such SERVICES.

B. Final Closing Invoice

(1) Fee For Service Reimbursement:

A final closing invoice, clearly marked "FINAL," shall be submitted no later than forty-five (45) calendar days following the closing date of each fiscal year of the Agreement, and shall include only those SERVICES rendered during the referenced period of performance. If SERVICES are not invoiced during this period, all unexpended funding set aside for this Agreement will revert to CITY. CITY'S final reimbursement to the CONTRACTOR at the close of the Agreement period shall be adjusted to conform to actual units certified multiplied by the unit rates identified in Appendix B attached hereto, and shall not exceed the total amount authorized and certified for this Agreement.

(2) Cost Reimbursement:

A final closing invoice, clearly marked "FINAL," shall be submitted no later than forty-five (45) calendar days following the closing date of each fiscal year of the Agreement, and shall include only those costs incurred during the referenced period of performance. If costs are not invoiced during this period, all unexpended funding set aside for this Agreement will revert to CITY.

C. Payment shall be made by the CITY to CONTRACTOR at the address specified in the section entitled "Notices to Parties."

D. Upon the effective date of this Agreement, contingent upon prior approval by the CITY'S Department of Public Health of an invoice or claim submitted by Contractor, and of each year's revised Appendix A (Description of Services) and each year's revised Appendix B (Program Budget and Cost Reporting Data Collection Form), and within each fiscal year, the CITY agrees to make an initial payment to CONTRACTOR not to exceed twenty-five per cent (25%) of the General Fund and MESA Fund portion of the CONTRACTOR'S allocation for the applicable fiscal year.

CONTRACTOR agrees that within that fiscal year, this initial payment shall be recovered by the CITY through a reduction to monthly payments to CONTRACTOR during the period of October 1 through March 31 of the applicable fiscal year, unless and until CONTRACTOR chooses to return to the CITY all or part of the initial payment for that fiscal year. The amount of the initial payment recovered each month shall be calculated by dividing the total initial payment for the fiscal year by the total number of months for recovery. Any termination of this Agreement, whether for cause or for convenience, will result in the total outstanding amount of the initial payment for that fiscal year being due and payable to the CITY within thirty (30) calendar days following written notice of termination from the CITY.

2. Program Budgets and Final Invoice

A. Program Budgets are listed below and are attached hereto.

Budget Summary
CRDC B1 – B8
Appendix B-1 Therapeutic Behavioral Services (TBS)
Appendix B -2 Intensive Therapeutic Foster Care (ITFC)
Appendix B-3 Short Term Connections-Intensive Support Services
Appendix B-4 Long Term Connections – Wraparound Services
Appendix B-5 School Based Services
Appendix B-6 Parenting Training Institute
Appendix B-7 Youth Transitional Services (YTS)
Appendix B-8 AIIM Higher

B.. Compensation

Compensation shall be made in monthly payments on or before the 30th day after the DIRECTOR, in his or her sole discretion, has approved the invoice submitted by CONTRACTOR. The breakdown of costs and sources of revenue associated with this Agreement appears in Appendix B, Cost Reporting/Data Collection (CR/DC) and Program Budget, attached hereto and incorporated by reference as though fully set forth herein. The maximum dollar obligation of the CITY under the terms of this Agreement shall not exceed **Sixty Nine Million Six Hundred Thirty Thousand One Hundred Eighty Two Dollars (\$69,630,182)** for the period of **July 1, 2010 through December 31, 2017**.

CONTRACTOR understands that, of this maximum dollar obligation, **\$2,063,071** is included as a contingency amount and is neither to be used in Appendix B, Budget, or available to CONTRACTOR without a modification to this Agreement executed in the same manner as this Agreement or a revision to Appendix B, Budget, which has been approved by the Director of Health. CONTRACTOR further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable CITY and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by the Controller. CONTRACTOR agrees to fully comply with these laws, regulations, and policies/procedures.

(1) For each fiscal year of the term of this Agreement, CONTRACTOR shall submit for approval of the CITY's Department of Public Health a revised Appendix A, Description of Services, and a revised Appendix B, Program Budget and Cost Reporting Data Collection form, based on the CITY's allocation of funding for SERVICES for the appropriate fiscal year. CONTRACTOR shall create these Appendices in compliance with the instructions of the Department of Public Health. These Appendices shall apply only to the fiscal year for which they were created. These Appendices shall become part of this Agreement only upon approval by the CITY.

(2) CONTRACTOR understands that, of the maximum dollar obligation stated above, the total amount to be used in Appendix B, Budget and available to CONTRACTOR for the entire term of the contract is as follows, notwithstanding that for each fiscal year, the amount to be used in Appendix B,

Budget and available to CONTRACTOR for that fiscal year shall conform with the Appendix A, Description of Services, and a Appendix B, Program Budget and Cost Reporting Data Collection form, as approved by the CITY's Department of Public Health based on the CITY's allocation of funding for SERVICES for that fiscal year.

July 1, 2010 through June 30, 2011	\$10,378,434
July 1, 2011 through June 30, 2012	\$9,949,267
July 1, 2012 through June 30, 2013	\$8,310,219
July 1, 2013 through June 30, 2014	\$8,624,346
July 1, 2014 through June 30, 2015	\$8,741,727
July 1, 2015 through June 30, 2016	\$8,741,727
July 1, 2016 through June 30, 2017	\$8,506,005
July 1, 2017 through December 31, 2017	<u>\$4,315,386</u>
Sub.total July 1, 2010 through December 31, 2017	\$67,567,111
Contingency July 1, 2010 through December 31, 2017	<u>\$2,063,071</u>
Total July 1, 2010 through December 31, 2017	\$69,630,182

(3) CONTRACTOR understands that the CITY may need to adjust sources of revenue and agrees that these needed adjustments will become part of this Agreement by written modification to CONTRACTOR. In event that such reimbursement is terminated or reduced, this Agreement shall be terminated or proportionately reduced accordingly. In no event will CONTRACTOR be entitled to compensation in excess of these amounts for these periods without there first being a modification of the Agreement or a revision to Appendix B, Budget, as provided for in this section of this Agreement.

(4) CONTRACTOR further understands that, \$5,153,842 of the period from July 1, 2010 through December 31, 2010 in the Contract Number BPHM06500043 is included with this Agreement. Upon execution of this Agreement, all the terms under this Agreement will supersede the Contract Number BPHM06500043 for the Fiscal Year 2010-11.

C. CONTRACTOR agrees to comply with its Budget as shown in Appendix B in the provision of SERVICES. Changes to the budget that do not increase or reduce the maximum dollar obligation of the CITY are subject to the provisions of the Department of Public Health Policy/Procedure Regarding Contract Budget Changes. CONTRACTOR agrees to comply fully with that policy/procedure.

D. No costs or charges shall be incurred under this Agreement nor shall any payments become due to CONTRACTOR until reports, SERVICES, or both, required under this Agreement are received from CONTRACTOR and approved by the DIRECTOR as being in accordance with this Agreement. CITY may withhold payment to CONTRACTOR in any instance in which CONTRACTOR has failed or refused to satisfy any material obligation provided for under this Agreement.

E. In no event shall the CITY be liable for interest or late charges for any late payments.

F. CONTRACTOR understands and agrees that should the CITY'S maximum dollar obligation under this Agreement include State or Federal Medi-Cal revenues, CONTRACTOR shall expend such revenues in the provision of SERVICES to Medi-Cal eligible clients in accordance with CITY, State, and Federal Medi-Cal regulations. Should CONTRACTOR fail to expend budgeted Medi-Cal revenues herein, the CITY'S maximum dollar obligation to CONTRACTOR shall be proportionately reduced in the amount of such unexpended revenues. In no event shall State/Federal Medi-Cal revenues be used for clients who do not qualify for Medi-Cal reimbursement.

CBHS BUDGET DOCUMENTS

DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

DHCS Legal Entity Name (MH)/Contractor Name (SA):		Seneca Center				Appendix/Page #:	B-1, Page 1
Provider Name:		Seneca Center/San Francisco Connections				Document Date:	7/1/2015
Provider Number:		38CQ				Fiscal Year:	2015-16
Program Name:		TBS					
Program Code (formerly Reporting Unit):		38CQ5					
Mode/SFC (MH) or Modality (SA):		15/58					
Service Description:		TBS	0	0	0	0	TOTAL
FUNDING TERM:		7/1/15-6/30/16					
FUNDING USES							
Salaries & Employee Benefits:		702,895					702,895
Operating Expenses:		41,289					41,289
Capital Expenses (greater than \$5,000):		0					0
Subtotal Direct Expenses:		744,184	0	0	0	0	744,184
Indirect Expenses:		89,302					89,302
TOTAL FUNDING USES:		833,486	0	0	0	0	833,486
CBHS MENTAL HEALTH FUNDING SOURCES							
Index Code/Project Detail/CFDA#:							
MH FED - SDMC Regular FFP (50%)		HMH-MCP751594	356,682				356,682
MH STATE - PSR-EPSDT		HMH-MCP751594	321,014				321,014
MH COUNTY - General Fund		HMH-MCP751594	113,946				113,946
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES			833,486	-	-	-	833,486
CBHS SUBSTANCE ABUSE FUNDING SOURCES							
Index Code/Project Detail/CFDA#:							
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES			-	-	-	-	-
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES							
Index Code/Project Detail/CFDA#:							
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES			-	-	-	-	-
TOTAL DPH FUNDING SOURCES			833,486	-	-	-	833,486
NON-DPH FUNDING SOURCES							
TOTAL NON-DPH FUNDING SOURCES			-	0	0	0	0
TOTAL FUNDING SOURCES (DPH AND NON-DPH)			833,486	-	-	-	833,486
CBHS UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased (if applicable)							
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)							
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program							
Cost Reimbursement (CR) or Fee-For-Service (FFS):		FFS					
DPH Units of Service:		319,343					
Unit Type:		Staff Minute	0	0	0	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		2.61	0.00	0.00	0.00	0.00	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):		2.61	0.00	0.00	0.00	0.00	
Published Rate (Medi-Cal Providers Only):		2.61					Total UDC:
Unduplicated Clients (UDC):		95					95

DPH 4: Operating Expenses Detail

Program Code: 38CQ5
 Program Name: Therapeutic Behavioral Services (TBS)
 Document Date: 7/1/15

Appendix/Page #: B-1 Page 3

Expenditure Category	TOTAL	General Fund HMHMCP751594	Work Order HSA HMHMCHMTCHWO	Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)
	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	Term: _____	Term: _____	Term: _____
Occupancy:						
Rent	\$ 3,500.00	\$ 3,500.00				
Utilities (telephone, electricity, water, gas)	\$ 3,200.00	\$ 3,200.00				
Building Repair/Maintenance	\$ 2,667.00	\$ 2,667.00				
Materials & Supplies:						
Office Supplies	\$ 1,507.00	\$ 1,507.00				
Photocopying	\$ -					
Printing	\$ -					
Program Supplies	\$ 3,036.00	\$ 3,036.00				
Computer hardware/software	\$ -					
General Operating:						
Training/Staff Development	\$ 1,400.00	\$ 1,400.00				
Insurance	\$ -					
Professional License	\$ -					
Permits	\$ -					
Equipment Lease & Maintenance	\$ 1,016.00	\$ 1,016.00				
Staff Travel:						
Local Travel	\$ 18,246.00	\$ 16,000.00	\$ 2,246.00			
Out-of-Town Travel	\$ -					
Field Expenses	\$ -					
Consultant/Subcontractor:						
CONSULTANT/SUBCONTRACTOR - Jessica Rock - Quality Assurance, \$25 Hour, various dates, 162 hours	\$ 4,050.00	2,450	1,600			
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -					
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -					
(add more Consultant lines as necessary)						
Other:						
Staff Recruitment	\$ 2,667.00	2,667				
	\$ -					
	\$ -					
	\$ -					
	\$ -					
TOTAL OPERATING EXPENSE	\$41,289	\$37,443	\$3,846	\$0	\$0	\$0

CBHS BUDGET DOCUMENTS

DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

DHCS Legal Entity Name (MH)/Contractor Name (SA): Seneca Center

Appendix/Page #: B-2, Page 1

Provider Name: Seneca Center/San Francisco Connections

Document Date: 7/1/2015

Provider Number: 38CQ 38CQ 38CQ 38CQ

Fiscal Year: 2015-16

Program Name: Intensive Therapeutic Foster Care

Program Code (formerly Reporting Unit): 38CQ6 38CQ6 38CQ6 38CQ6

Mode/SFC (MH) or Modality (SA): 15/01-09 15/10-57 15/70-79 15/60-69

Service Description: Case Mgt Brokerage MH Svcs Crisis Intervention-OP Medication Support

FUNDING TERM: 7/1/15-6/30/16 7/1/15-6/30/16 7/1/15-6/30/16 7/1/15-6/30/16

0 TOTAL

FUNDING USES	38CQ	38CQ	38CQ	38CQ		TOTAL
Salaries & Employee Benefits:	50,412	302,472	3,601	3,601		360,086
Operating Expenses:	3,212	19,270	229	229		22,940
Capital Expenses (greater than \$5,000):	0	0	0	0		0
Subtotal Direct Expenses:	53,624	321,742	3,830	3,830	0	383,026
Indirect Expenses:	6,435	38,607	460	460		45,962
TOTAL FUNDING USES:	60,059	360,349	4,290	4,290	0	428,988

BHS MENTAL HEALTH FUNDING SOURCES	Index Code/Project Detail/CFDA#:					
AH FED - SDMC Regular FFP (50%)	HMHMCP751594	29,469	176,815	2,105	2,105	210,494
AH STATE - PSR-EPSDT	HMHMCP751594	26,522	159,133	1,895	1,894	189,444
AH COUNTY - General Fund - CODB	HMHMCP751594	1,076	6,455	77	77	7,685
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		60,059	360,349	4,290	4,290	0

BHS SUBSTANCE ABUSE FUNDING SOURCES	Index Code/Project Detail/CFDA#:					
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-	-

OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES	Index Code/Project Detail/CFDA#:					
TOTAL OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES		-	-	-	-	-
TOTAL DPH FUNDING SOURCES		60,059	360,349	4,290	4,290	428,988

NON-DPH FUNDING SOURCES						0
TOTAL NON-DPH FUNDING SOURCES		-	0	0	0	0
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		60,059	360,349	4,290	4,290	428,988

BHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased (if applicable)						
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)						
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program						
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS	FFS	FFS	FFS		
DPH Units of Service:	29,297	135,470	1,100	888		
Unit Type:	Staff Minute	Staff Minute	Staff Minute	Staff Minute	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)	2.05	2.66	3.90	4.83	0.00	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	2.05	2.66	3.90	4.83	0.00	
Published Rate (Medi-Cal Providers Only):	2.05	2.66	3.90	4.83		Total UDC:
Unduplicated Clients (UDC):	15	15	15	15		15

DPH 3: Salaries & Benefits Detail

Program Code: 38CQ6
 Program Name: Intensive Treatment Foster Care (ITFC)
 Document Date: 7/1/15

Position Title	TOTAL		General Fund HMHMCP751594		Work Order HSA HMHMCHMTCHWO		Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#)		Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)		Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Wrap Services Director	0.10	\$ 8,500	0.10	\$ 8,500								
Licensed Clinical Supervisor	0.50	\$ 37,500	0.50	\$ 37,500								
Therapist/ Social Worker	2.53	\$ 128,827	2.35	\$ 119,624	0.18	9,203						
Mental Health Assistant	2.49	\$ 93,992	2.32	\$ 87,934	0.17	6,058						
Clerical	0.53	\$ 19,250	0.53	19,250								
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
Totals:	6.15	\$ 288,069	5.80	\$ 272,808	0.35	\$15,261	0.00	\$0	0.00	\$0	0.00	\$0

Employee Fringe Benefits:	25%	\$72,017	25%	\$68,202	\$0.25	\$3,815	#DIV/0!	#DIV/0!	#DIV/0!
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TOTAL SALARIES & BENEFITS **\$360,086** **\$341,010** **\$19,076** **\$0** **\$0** **\$0**

DPH 4: Operating Expenses Detail

Program Code: 38CQ6
 Program Name: Intensive Treatment Foster Care (ITFC)
 Document Date: 7/1/15

Appendix/Page #: B-2 Page 3

Expenditure Category	TOTAL	General Fund HMHMCP751594	Work Order HSA HMHMCHMTCHWO		Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)
			Term: _____	Term: _____		
	7/1/15-6/30/16	7/1/15-6/30/16			Term: _____	Term: _____
Occupancy:						
Rent	\$ -	\$ -				
Utilities (telephone, electricity, water, gas)	\$ -					
Building Repair/Maintenance	\$ -					
Materials & Supplies:						
Office Supplies	\$ 2,018.00	\$ 2,018.00				
Photocopying	\$ -					
Printing	\$ -					
Program Supplies	\$ -					
Computer hardware/software	\$ -					
General Operating:						
Training/Staff Development	\$ 6,145.00	\$ 6,145.00				
Insurance	\$ -					
Professional License	\$ -					
Permits	\$ -					
Equipment Lease & Maintenance	\$ 1,352.00	\$ 1,352.00				
Staff Travel:						
Local Travel	\$ 13,425.00	\$ 13,425.00				
Out-of-Town Travel	\$ -					
Field Expenses	\$ -					
Consultant/Subcontractor:						
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail /Dates, Hourly Rate and Amounts)	\$ -					
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail /Dates, Hourly Rate and Amounts)	\$ -					
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail /Dates, Hourly Rate and Amounts)	\$ -					
(Add more Consultant lines as necessary)						
Other:						
	\$ -					
	\$ -					
	\$ -					
TOTAL OPERATING EXPENSE	\$22,940	\$22,940	\$0	\$0	\$0	\$0

CBHS BUDGET DOCUMENTS

DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

DHCS Legal Entity Name (MH)/Contractor Name (SA): Seneca Center					Appendix/Page #: B-3, Page 1	
Provider Name: Seneca Center/San Francisco Connections					Document Date: 7/1/2015	
Provider Number: 38CQ					Fiscal Year: 2015-16	
	38CQ	38CQ	38CQ	38CQ		
Program Name:	ST Connections-Intensive Support Services					
Program Code (formerly Reporting Unit):	38CQ3	38CQ3	38CQ3	38CQ3		
Mode/SFC (MH) or Modality (SA):	15/01-09	15/10-57	15/70-79	15/60-69		
Service Description:	Case Mgt Brokerage	MH Svcs	Crisis Intervention OP	Medication Support	0	TOTAL
FUNDING TERM:	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16		
FUNDING USES						
Salaries & Employee Benefits:	44,848	303,466	17,562	7,847		373,723
Operating Expenses:	4,354	29,465	1,705	762		36,286
Capital Expenses (greater than \$5,000):						0
Subtotal Direct Expenses:	49,202	332,931	19,267	8,609	0	410,009
Indirect Expenses:	5,904	39,952	2,312	1,033		49,201
TOTAL FUNDING USES:	55,106	372,883	21,579	9,642	0	459,210
CBHS MENTAL HEALTH FUNDING SOURCES						
MH FED - SDMC Regular FFP (50%)	25,816	174,692	10,109	4,517		215,134
MH STATE - PSR-EPSDT	9,735	65,870	3,812	1,703		81,120
MH COUNTY - General Fund	17,503	118,437	6,854	3,063		145,857
MH COUNTY - General Fund- CODB	954	6,456	374	167		7,951
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	55,106	372,883	21,579	9,642	-	459,210
CBHS SUBSTANCE ABUSE FUNDING SOURCES						
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	-	-	-	-	-	-
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES						
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES	-	-	-	-	-	-
TOTAL DPH FUNDING SOURCES	55,106	372,883	21,579	9,642	-	459,210
NON-DPH FUNDING SOURCES						
TOTAL NON-DPH FUNDING SOURCES	-	0	0	0	0	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	55,106	372,883	21,579	9,642	-	459,210
CBHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased (if applicable)						
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)						
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program						
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS	FFS	FFS	FFS		
DPH Units of Service:	26,881	140,182	5,533	1,996		
Unit Type:	Staff Minute	Staff Minute	Staff Minute	Staff Minute	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)	2.05	2.66	3.90	4.83	0.00	
Cost Per Unit - Contract Rate (DPH & NON-DPH FUNDING SOURCES):	2.05	2.66	3.90	4.83	0.00	
Published Rate (Medi-Cal Providers Only):	2.05	2.66	3.90	4.83		
Unduplicated Clients (UDC):	60	60	60	60		Total UDC: 60

DPH 4: Operating Expenses Detail

Program Code: 38CQ3
 Program Name: Short Term Connections - Intensive Support Services
 Document Date: 7/1/15

Appendix/Page #: B-3 Page 3

Expenditure Category	TOTAL	General Fund HMHMCP751594	Work Order HSA HMHMCHMTCHWO		Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)
	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	Term: _____	Term: _____	Term: _____
Occupancy:						
Rent	\$ 13,000.00	\$ 11,500.00	\$ 1,500.00			
Utilities(telephone, electricity, water, gas)	\$ 3,655.00	\$ 2,655.00	\$ 1,000.00			
Building Repair/Maintenance	\$ 2,791.00	\$ 2,170.00	\$ 621.00			
Materials & Supplies:						
Office Supplies	\$ 1,842.00	\$ 1,295.00	\$ 547.00			
Photocopying	\$ -					
Printing	\$ -					
Program Supplies	\$ 2,300.00	\$ 1,300.00	\$ 1,000.00			
Computer hardware/software	\$ -					
General Operating:						
Training/Staff Development	\$ 588.00	\$ 588.00				
Insurance	\$ -					
Professional License	\$ -					
Permits	\$ -					
Equipment Lease & Maintenance	\$ 585.00	\$ 585.00				
Staff Travel:						
Local Travel	\$ 6,830.00	\$ 3,330.00	\$ 3,500.00			
Out-of-Town Travel	\$ -					
Field Expenses	\$ -					
Consultant/Subcontractor:						
Nancy Fey (L.C.S. W) . Various Dates, \$70/hr, 57 hours	\$ 3,990.00	3,990				
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -					
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -					
(add more Consultant lines as necessary)						
Other:						
Staff Recruitment	\$ 705.00	705				
Depreciation	\$ -					
	\$ -					
	\$ -					
	\$ -					
	\$ -					
TOTAL OPERATING EXPENSE	\$36,286	\$28,118	\$8,168	\$0	\$0	\$0

CBHS BUDGET DOCUMENTS

DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

DHCS Legal Entity Name (MH)/Contractor Name (SA): Seneca Center						Appendix/Page #: B-4, Page 1
Provider Name: Seneca Center/San Francisco Connections						Document Date: 7/1/2015
Provider Number:	38CQ	38CQ	38CQ	38CQ	38CQ	Fiscal Year: 2015-16
Program Name:	LT Connections-WRAP	LT Connections-WRAP	LT Connections-WRAP	LT Connections-WRAP	LT Connections-WRAP	
Program Code (formerly Reporting Unit):	38CQ4	38CQ4	38CQ4	38CQ4	38CQ4	
Mode/SFC (MH) or Modality (SA)	15/01-09	15/10-57	15/70-79	15/60-69	60/78	
Service Description:	Case Mgt Brokerage	MH Svcs	Crisis Intervention OP	Medication Support	Client Psychological Support Exp	TOTAL
FUNDING TERM:	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	
FUNDING USES						
Salaries & Employee Benefits:	617,839	2,883,247	205,946	411,892	225,671	4,344,595
Operating Expenses:	72,022	336,101	24,007	48,014	22,323	502,467
Capital Expenses (greater than \$5,000):	0					0.00
Subtotal Direct Expenses:	689,861	3,219,348	229,953	459,906	247,994	4,847,062
Indirect Expenses:	82,783	386,320	27,594	55,189	29,759	581,645
TOTAL FUNDING USES:	772,644	3,605,668	257,547	515,095	277,753	0
CBHS MENTAL HEALTH FUNDING SOURCES						
VH FED - SDMC Regular FFP (50%)	HMHMCP751594	379,237	1,769,767	126,412	252,823	2,528,239
VH STATE - PSR-EPSDT	HMHMCP751594	341,312	1,592,789	113,771	227,541	2,275,413
						0
VH STATE - MHSA (CSS)	PMHS63-1503				277,753	277,753
VH COUNTY - General Fund- CODB	HMHMCP751594	13,629	63,606	4,542	9,086	90,863
VH COUNTY - General Fund	HMHMCP751594	1,772	8,270	591	1,182	11,815
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	772,644	3,605,668	257,547	515,095	277,753	-
CBHS SUBSTANCE ABUSE FUNDING SOURCES						
						-
						-
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	-	-	-	-	-	-
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES						
						-
						-
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES	-	-	-	-	-	-
TOTAL DPH FUNDING SOURCES	772,644	3,605,668	257,547	515,095	277,753	-
NON-DPH FUNDING SOURCES						
						0
TOTAL NON-DPH FUNDING SOURCES	-	0	0	0	0	0
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	772,644	3,605,668	257,547	515,095	277,753	-
CBHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased (if applicable)						
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)						
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program						
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS	FFS	FFS	FFS	CR	
DPH Units of Service:	376,900	1,355,514	66,038	106,645	12	-
Unit Type:	Staff Minute	Staff Minute	Staff Minute	Staff Minute	Month of Client Support Services	0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)	2.05	2.66	3.90	4.83	23,146.08	0.00
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	2.05	2.66	3.90	4.83	23,146.08	0.00
Published Rate (Medi-Cal Providers Only):	2.05	2.66	3.90	4.83		
Unduplicated Clients (UDC):	160	160	160	160		Total UDC: 160

DPH 3: Salaries & Benefits Detail

Program Code: 38CQ4
 Program Name: Long Term Connections - Wraparound Services
 Document Date: 7/1/15

Position Title	TOTAL		General Fund		HMHMCP751594		Work Order # 1 HSA		HMHMCHMTCHWO		MESA (Prop 63)-CSS		HMHMPROP63 PMHS63-1503		Funding Source 3 (Include		Funding Source 4 (Include	
	Term:	7/1/15-6/30/16	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Regional Director	0.75	\$ 82,500	0.75	\$ 82,500														
Wrap Services Director	1.00	\$ 85,000	0.90	\$ 76,500	0.10	8,500												
Asst. Director/Administrator	2.00	\$ 163,717	1.81	\$ 132,000	0.10	17,078	0.09	14,639										
Team Supervisor	2.00	\$ 130,000.00	2.00	\$ 130,000														
Care Coordinator/Facilitators	31.50	\$ 1,512,000.00	28.00	\$ 1,341,418	1.50	74,582	2.00	96,000										
Family Specialist Supervisor	3.00	\$ 153,000.00	2.80	\$ 142,800	0.20	10,200												
Family Specialist/Counselors	31.67	\$ 1,215,885.00	30.02	\$ 1,125,603	0.50	20,384	1.15	69,898										
QA Billing Specialist	1.40	\$ 56,354.00	1.00	\$ 40,252	0.40	16,102												
Administrative Support	2.25	\$ 77,220.00	1.75	\$ 60,060	0.50	17,160												
	0.00	\$ -																
	0.00	\$ -																
	0.00	\$ -																
	0.00	\$ -																
	0.00	\$ -																
	0.00	\$ -																
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	0.00	\$ -																
	0.00	\$ -																
	0.00	\$ -																
	0.00	\$ -																
	0.00	\$ -																
Totals:	75.57	\$ 3,475,676	69.03	\$ 3,131,133	3.30	\$164,006	3.24	\$180,537	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0

Employee Fringe Benefits:	25%	\$868,919	25%	\$782,783	25%	\$41,002	25%	\$45,134	#DIV/0!	#DIV/0!
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TOTAL SALARIES & BENEFITS **\$4,344,595** **\$3,913,916** **\$205,008** **\$225,671** **\$0** **\$0**

DPH 4: Operating Expenses Detail

Program Code: 38CQ4
 Program Name: Long Term Connections - Wraparound Services
 Document Date: 7/1/15

Appendix/Page #: B-4 Page 3

Expenditure Category	TOTAL	General Fund HMHMCP751594	Work Order HSA HMHMCHMTCHWO	MHSA (Prop 63)-CSS HMHMPROP63 PMHS63- 1503		Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)
	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	Term:	Term:
Occupancy:						
Rent	\$ 75,000.00	\$ 75,000				
Utilities(telephone, electricity, water, gas)	\$ 57,828.00	\$ 52,000	\$ 2,828	\$ 3,000		
Building Repair/Maintenance	\$ 18,607.00	\$ 15,826	\$ 2,781	\$ -		
Materials & Supplies:						
Office Supplies	\$ 33,990.00	\$ 29,462	\$ 1,705	\$ 2,823		
Photocopying	\$ -					
Printing	\$ -					
Program Supplies	\$ -					
Computer hardware/software	\$ -					
General Operating:						
Training/Staff Development	\$ 10,000.00	\$ 10,000				
Insurance	\$ -					
Professional License	\$ -					
Permits	\$ -					
Equipment Lease & Maintenance	\$ 6,948.00	\$ 6,948				
Staff Travel:						
Local Travel	\$ 153,000.00	\$ 153,000				
Out-of-Town Travel	\$ -					
Field Expenses	\$ -					
Consultant/Subcontractor:						
Center on Juvenile and Criminal Justice & Edgewood, Support services, various, monthly rate of \$2628 per client, approx 76 clients	\$ 39,094.00	16,500	6,094	16,500		
Watts, Rhymes & Life, therapeutic activity, various, hourly rate \$100, 10 hours	\$ 72,000.00	72,000				
Language People, Translation Services, various monthly rate \$2000 (add more Consultant lines as necessary)	\$ 24,000.00	24,000				
Other:						
Staff Recruitment	\$ 12,000.00	12,000				
Depreciation	\$ -					
	\$ -					
	\$ -					
	\$ -					
	\$ -					
TOTAL OPERATING EXPENSE	\$ 502,467	\$ 466,736	\$ 13,408	\$ 22,323	\$0	\$0

CBHS BUDGET DOCUMENTS

DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

DHCS Legal Entity Name (MH)/Contractor Name (SA): Seneca Center				Appendix/Page #: B-5, Page 1	
Provider Name: James Baldwin Academy				Document Date: 7/1/2015	
Provider Number: 8980				Fiscal Year: 2015-16	
Program Name: School Based Services					
Program Code (formerly Reporting Unit): 8980OP					
Mode/SFC (MH) or Modality (SA): 15/01-09					
Service Description: Case Mgt Brokerage					
FUNDING TERM: 7/1/15-6/30/16					
FUNDING USES					
Salaries & Employee Benefits:	0	79,867	250,019	17,362	347,248
Operating Expenses:	0	5,519	17,276	1,200	23,995
Capital Expenses (greater than \$5,000):	0				0
Subtotal Direct Expenses:	0	85,386	267,295	18,562	371,243
Indirect Expenses:	0	10,246	32,075	2,227	44,549
TOTAL FUNDING USES:	0	95,632	299,370	20,790	415,792
CBHS MENTAL HEALTH FUNDING SOURCES	Index Code/Project Detail/CFDA#:				
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	0	47,770	149,540	10,385
MH STATE - PSR-EPSDT	HMHMCP751594	0	41,609	130,255	9,046
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		-	95,632	299,370	20,790
CBHS SUBSTANCE ABUSE FUNDING SOURCES	Index Code/Project Detail/CFDA#:				
		-	-	-	-
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES	Index Code/Project Detail/CFDA#:				
		-	-	-	-
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES		-	-	-	-
TOTAL DPH FUNDING SOURCES		-	95,632	299,370	20,790
NON-DPH FUNDING SOURCES					
		-	0	0	0
TOTAL NON-DPH FUNDING SOURCES		-	0	0	0
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		-	95,632	299,370	20,790
CBHS UNITS OF SERVICE AND UNIT COST					
Number of Beds Purchased (if applicable)					
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)					
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program					
Cost Reimbursement (CR) or Fee-For-Service (FFS):	0	FFS	FFS	FFS	
DPH Units of Service:		46,650	112,545	4,304	
Unit Type:	0	Staff Minute	Staff Minute	Staff Minute	0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)	0.00	2.05	2.66	4.83	0.00
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	0.00	2.05	2.66	4.83	0.00
Published Rate (Medi-Cal Providers Only):	0.00	2.05	2.66	4.83	
Unduplicated Clients (UDC):	0	20	20	20	Total UDC: 20

DPH 4: Operating Expenses Detail

Program Code: 89802/8980OP
 Program Name: Seneca School Based Programs
 Document Date: 7/1/15

Appendix/Page #: B-5 Page 3

Expenditure Category	TOTAL	General Fund HMHMCP751594	Work Order HSA HHMCHMTCHWO		Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)
			7/1/15-6/30/16	7/1/15-6/30/16		
Occupancy:						
Rent	\$ -					
Utilities (telephone, electricity, water, gas)	\$ 3,600.00	\$ 3,600.00	\$ -			
Building Repair/Maintenance	\$ -					
Materials & Supplies:						
Office Supplies	\$ 1,200.00	\$ 1,200.00	\$ -			
Photocopying	\$ -					
Printing	\$ -					
Program Supplies	\$ -					
Computer hardware/software	\$ 3,500.00	\$ 3,500.00	\$ -			
General Operating:						
Training/Staff Development	\$ 2,000.00	\$ 2,000.00	\$ -			
Insurance	\$ -					
Professional License	\$ -					
Permits	\$ -					
Equipment Lease & Maintenance	\$ 995.00	\$ 995.00	\$ -			
Staff Travel:						
Local Travel	\$ 10,000.00	\$ 10,000.00	\$ -			
Out-of-Town Travel	\$ -					
Field Expenses	\$ -					
Consultant/Subcontractor:						
Language People Inc, interpreting, \$75/Hour, various dates, 36 hours	\$ 2,700.00	2,700	0			
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -					
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -					
(add more Consultant lines as necessary)						
Other:						
	\$ -					
	\$ -					
	\$ -					
TOTAL OPERATING EXPENSE	\$23,995	\$23,995	\$0	\$0	\$0	\$0

CBHS BUDGET DOCUMENTS

DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

DHCS Legal Entity Name (MH)/Contractor Name (SA): Seneca Center	Appendix/Page #: B-6, Page 1
Provider Name: Seneca Center/San Francisco Connections	Document Date: 7/1/2015
Provider Number: 38CQ	Fiscal Year: 2015-16

Program Name:	Parenting Training Institute					
Program Code (formerly Reporting Unit):	38CQPTI					
Mode/SFC (MH) or Modality (SA):	60/78					
Service Description:	Other Non-Medi-Cal Client Support	0	0	0	0	TOTAL
	Exp					
FUNDING TERM:	7/1/15-6/30/16	-	-	-	-	

FUNDING USES						
Salaries & Employee Benefits:	103,206					103,206
Operating Expenses:	0					0
Capital Expenses (greater than \$5,000):	0					0
Subtotal Direct Expenses:	103,206	0	0	0	0	103,206
Indirect Expenses:	12,385					12,385
TOTAL FUNDING USES:	115,591	0	0	0	0	115,591

BHS MENTAL HEALTH FUNDING SOURCES	Index Code/Project Detail/CFDA#:					
WORK ORDER - Human Services Agency	HMHMCHTHFCWO	113,883				113,883
H.COUNTY - General Fund WO-CODB	HMHMCP751594	1,708				1,708
		0				0
		0				0
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		115,591	0	0	0	115,591

BHS SUBSTANCE ABUSE FUNDING SOURCES	Index Code/Project Detail/CFDA#:					
		0				0
		0				0
		0				0
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		0	0	0	0	0

OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES	Index Code/Project Detail/CFDA#:					
		0	0	0	0	0
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES		0	0	0	0	0
TOTAL DPH FUNDING SOURCES		115,591	-	-	-	115,591

NON-DPH FUNDING SOURCES						
TOTAL NON-DPH FUNDING SOURCES		-	0	0	0	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		115,591	-	-	-	115,591

BHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased (if applicable)						
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)						
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program						
Cost Reimbursement (CR) or Fee-For-Service (FFS): CR						
DPH Units of Service: 1,920						
Unit Type: Staff Hours						
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	60/20	0.00	0.00	0.00	0.00	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	60/20	0.00	0.00	0.00	0.00	
Published Rate (Medi-Cal Providers Only):						Total UDC:
Unduplicated Clients (UDC):						

CBHS BUDGET DOCUMENTS

DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

DHCS Legal Entity Name (MH)/Contractor Name (SA): Seneca Center						Appendix/Page #: B-7, Page 1
Provider Name: Seneca Center/San Francisco Connections						Document Date: 7/1/2015
Provider Number: 38CQ						Fiscal Year: 14/15
Program Name:	Youth Transitional Services (YTS)					
Program Code (formerly Reporting Unit):	38CQMST	38CQMST	38CQMST	38CQMST	38CQMST	
Mode/SFC (MH) or Modality (SA):	15/01-09	15/10-57	15/70-79	15/60-69	60/78	
Service Description:	Case Mgt Brokerage	MH Svcs	Crisis Intervention-OP	Medication Support	Other Non-Medical Client Support Exp	TOTAL
FUNDING TERM:	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16
FUNDING USES						
Salaries & Employee Benefits:	4,494	27,652	1,728	691	128,063	162,628
Operating Expenses:	748	4,601	288	115	21,305	27,057
Capital Expenses (greater than \$5,000):	0	0	0	0	0	0
Subtotal Direct Expenses:	5,242	32,253	2,016	806	149,368	189,685
Indirect Expenses:	629	3,870	242	97	17,924	22,762
TOTAL FUNDING USES:	5,871	36,123	2,258	903	167,292	212,447
CBHS MENTAL HEALTH FUNDING SOURCES						
	Index Code/Project Detail/CFDA#:					
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	2,935	18,061	1,129	452	0
MH STATE - PSR-EPSDT	HMHMCP751594	2,642	16,256	1,016	406	0
MH COUNTY - General Fund	HMHMCP751594	294	1,806	113	45	167,292
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		5,871	36,123	2,258	903	167,292
CBHS SUBSTANCE ABUSE FUNDING SOURCES						
	Index Code/Project Detail/CFDA#:					
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-	-
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES						
	Index Code/Project Detail/CFDA#:					
		-	-	-	-	-
		-	-	-	-	-
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES		-	-	-	-	-
TOTAL DPH FUNDING SOURCES		5,871	36,123	2,258	903	167,292
NON-DPH FUNDING SOURCES						
		-	0	0	0	0
TOTAL NON-DPH FUNDING SOURCES		-	0	0	0	0
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		5,871	36,123	2,258	903	167,292
CBHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased (if applicable)						
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)						
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program						
Cost Reimbursement (CR) or Fee-For-Service (FFS):						
	FFS	FFS	FFS	FFS	CR	
DPH Units of Service:	2,864	13,580	579	187	3,648	
Unit Type:	Staff Minute	Staff Minute	Staff Minute	Staff Minute	Staff Hours	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)	2.05	2.66	3.90	4.83	45.86	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	2.05	2.66	3.90	4.83	45.86	
Published Rate (Medi-Cal Providers Only):	2.05	2.66	3.90	4.83		
Unduplicated Clients (UDC):	15	15	15	15		Total UDC: 15

DPH 4: Operating Expenses Detail

Program Code: 38CQMTS
 Program Name: Youth Transitional Services (YTS)
 Document Date: 7/1/15

Appendix/Page #: B-7 Page 3

Expenditure Category	TOTAL	General Fund HMHMCP751594	GF Cost Reimbursement HMHMCP751594	Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)
	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	Term: _____	Term: _____	Term: _____
Occupancy:						
Rent	\$ 15,107	\$ 5,752	\$ 9,355			
Utilities(telephone, electricity, water, gas)	\$ 450		\$ 450			
Building Repair/Maintenance	\$ -					
Materials & Supplies:						
Office Supplies	\$ 1,200		\$ 1,200			
Photocopying	\$ -					
Printing	\$ -					
Program Supplies	\$ -					
Computer hardware/software	\$ -					
General Operating:						
Training/Staff Development	\$ -					
Insurance	\$ -					
Professional License	\$ -					
Permits	\$ -					
Equipment Lease & Maintenance	\$ -					
Staff Travel:						
Local Travel	\$ 7,500		\$ 7,500			
Out-of-Town Travel	\$ -					
Field Expenses	\$ -					
Consultant/Subcontractor:						
CONSULTANT/SUBCONTRACTOR (Note Approver, various dates \$50 @4 hours a week)	\$ 2,400		\$ 2,400			
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -					
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts) (add more Consultant lines as necessary)	\$ -					
Other:						
Staff Recruitment	\$ 400		\$ 400			
	\$ -					
	\$ -					
	\$ -					
	\$ -					
	\$ -					
	\$ -					
TOTAL OPERATING EXPENSE	\$ 27,057	\$5,752	\$21,305	\$0	\$0	\$0

CBHS BUDGET DOCUMENTS

DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

DHCS Legal Entity Name (MH)/Contractor Name (SA): Seneca Center					Appendix/Page #: B-8, Page 1	
Provider Name: Seneca Center/San Francisco Connections					Document Date: 7/1/2015	
Provider Number:	38CQ	38CQ	38CQ	38CQ	Fiscal Year:	2015-16
Program Name:	AIIM Higher	AIIM Higher	AIIM Higher	AIIM Higher	AIIM Higher	
Program Code (formerly Reporting Unit):	38CQAH	38CQAH	38CQAH	38CQAH	38CQAH	
Mode/SFC (MH) or Modality (SA)	15/01-09	15/10-57	60/78	60/78	60/78	
Service Description:	Case Mgt Brokerage	MH Svcs	Other Non-medical Client Support Exp	Other Non-medical Client Support Exp	Other Non-medical Client Support Exp	TOTAL
FUNDING TERM:	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	
FUNDING USES						
Salaries & Employee Benefits:	8,788	35,150	273,848	157,500	274,650	749,936
Operating Expenses:	91	365	16,070	0	93,392	109,918
Capital Expenses (greater than \$5,000):	0	0				0
Subtotal Direct Expenses:	8,879	35,515	289,918	157,500	368,042	859,854
Indirect Expenses:	1,065	4,262	34,789	17,325	30,211	87,652
TOTAL FUNDING USES:	9,944	39,777	324,707	174,825	398,253	947,506
CBHS MENTAL HEALTH FUNDING SOURCES						
	Index Code/Project Detail/CFDA#:					
FED - SDMC Regular FFP (50%)	HMHMCP751594	4,972	19,888	0		24,860
STATE - PSR-EPSDT	HMHMCP751594	4,475	17,900	0		22,375
STATE - MHSA	PMHS63-1510	0	0	324,707		324,707
ack Grant	HMCH04-1400				174,825	174,825
DJ Grant	HMCH05-1400					398,253
COUNTY - General Fund	HMHMCP751594	497	1,989	0		2,486
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		9,944	39,777	324,707	174,825	398,253
CBHS SUBSTANCE ABUSE FUNDING SOURCES						
	Index Code/Project Detail/CFDA#:					
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-	-
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES						
	Index Code/Project Detail/CFDA#:					
		-	-	-	-	-
		-	-	-	-	-
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES		-	-	-	-	-
TOTAL DPH FUNDING SOURCES		9,944	39,777	324,707	174,825	398,253
NON-DPH FUNDING SOURCES						
		-	0	0	0	0
TOTAL NON-DPH FUNDING SOURCES		-	0	0	0	0
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		9,944	39,777	324,707	174,825	398,253
CBHS UNITS OF SERVICE AND UNIT COST						
	Number of Beds Purchased (if applicable)					
	Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)					
	Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program					
	Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS	FFS	CR	CR	CR
	DPH Units of Service:	4,851	14,954	7,277	3,456	7,872
	Unit Type:	Staff Minute	Staff Minute	Staff Hours	Staff Hours	Staff Hours
	Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)	2.05	2.66	44.62	50.59	50.59
	Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	2.05	2.66	44.62	50.59	50.59
	Published Rate (Medi-Cal Providers Only):	2.05	2.66			
	Unduplicated Clients (UDC):	195	195	195	40	40
						Total UDC:
						195

DPH 4: Operating Expenses Detail

Program Code: 38CQAH
 Program Name: AIIIM Higher
 Document Date: 7/1/15

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Expenditure Category	TOTAL	General Fund HMHMCP751594	MHSA HMHMPROP63	Track Grant HMCH04-1400	DOJ Grant - HMHMGRANTS HMCH05-1400	Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)
	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	Term: _____
Occupancy:						
Rent	\$ 4,800.00				\$ 4,800.00	
Utilities(telephone, electricity, water, gas)	\$ 4,620.00		\$ 1,500.00		\$ 3,120.00	
Building Repair/Maintenance	\$ 2,500.00		\$ 2,500.00			
Materials & Supplies:						
Office Supplies	\$ 1,800.00	\$ 150.00	\$ 450.00	\$ -	\$ 1,200.00	
Photocopying	\$ -					
Printing	\$ -					
Program Supplies	\$ 306.00	\$ 156.00	\$ 150.00	\$ -	\$ -	
Computer hardware/software	\$ -					
General Operating:						
Training/Staff Development	\$ 400.00	\$ 150.00	\$ 250.00	\$ -		
Insurance	\$ -					
Professional License	\$ -					
Permits	\$ -					
Equipment Lease & Maintenance	\$ -					
Staff Travel:						
Local Travel	\$ 9,386.00		\$ 3,490.00	\$ -	\$ 5,896.00	
Out-of-Town Travel	\$ 62,776.00				\$ 62,776.00	
Field Expenses	\$ -					
Consultant/Subcontractor:						
Agency Fey (L.C.S. W) . Various Dates, \$70/hr, 89 hours	\$ 6,230.00		\$ 6,230.00			
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail /Dates, Hourly Rate and Amounts)	\$ -					
Child Psychiatrist - 2 hrs/week @ \$150/hr (add more Consultant lines as necessary)	\$ 15,600.00				\$ 15,600.00	
Other:						
Staff Recruitment	\$ 1,500.00		\$ 1,500.00			
	\$ -					
	\$ -					
	\$ -					
	\$ -					
	\$ -					
	\$ -					
TOTAL OPERATING EXPENSE	\$109,918	\$456	\$16,070	\$0	\$93,392	\$0

DPH 7: Contract-Wide Indirect Detail

Contractor Name Seneca Family of Agencies

Document Date: 07/01/15

Fiscal Year: 2015-16

1. SALARIES & BENEFITS

Position Title	FTE	Salaries
CEO	0.12	\$ 30,448.00
COO	0.12	\$ 25,080.00
CFO	0.12	\$ 21,168.00
Executive Director	0.12	\$ 21,840.00
Division Directors	0.72	\$ 92,733.00
Directors	0.39	\$ 33,181.00
Assistant Directors	0.48	\$ 33,527.00
IT Staff	1.08	\$ 86,400.00
ACCT Staff	1.67	\$ 75,000.00
QA Staff	0.96	\$ 45,462.00
Facilities Staff	0.96	\$ 44,679.00
HR Staff	0.84	\$ 37,711.00
DISIPI Team	0.72	\$ 33,932.00
Clerical	0.60	\$ 30,750.00
EMPLOYEE FRINGE BENEFITS		\$ 152,978
TOTAL SALARIES & BENEFITS		\$ 764,889

2. OPERATING COSTS

Expenditure Category	Amount
Accounting and Audit Costs	\$ 20,000
Legal Costs	\$ 10,000
Joint Commission Cost	\$ 5,000
Meeting and Conferneces	\$ 30,000
Office Supplies	\$ 38,000
Occupancy	\$ 25,000
Insurance	\$ 23,000
Medical Director - Contract Program Support	\$ 10,000
Computer Consulting - Medical Records, HIPPA etc	\$ 7,569
TOTAL OPERATING COSTS	\$ 168,569

TOTAL INDIRECT COSTS \$ 933,458
 (Salaries & Benefits + Operating Costs)

**Appendix D
Additional Terms**

1. PROTECTED HEALTH INFORMATION AND BAA

The parties acknowledge that CITY is a Covered Entity as defined in the Healthcare Insurance Portability and Accountability Act of 1996 ("HIPAA") and is required to comply with the HIPAA Privacy Rule governing the access, transmission, and storage of health information.

The parties acknowledge that CONTRACTOR is one of the following:

CONTRACTOR will render services under this contract that include possession or knowledge of identifiable Protected Health Information (PHI), such as health status, health care history, or payment for health care history obtained from CITY. Specifically, CONTRACTOR will:

- Create PHI
- Receive PHI
- Maintain PHI
- Transmit PHI and/or
- Access PHI

The Business Associate Agreement (BAA) in Appendix E is required. Please note that BAA requires attachments to be completed.

CONTRACTOR will not have knowledge of, create, receive, maintain, transmit, or have access to any Protected Health Information (PHI), such as health status, health care history, or payment for health care history obtained from CITY.

The Business Associate Agreement is not required.

2. THIRD PARTY BENEFICIARIES

No third parties are intended by the parties hereto to be third party beneficiaries under this Agreement, and no action to enforce the terms of this Agreement may be brought against either party by any person who is not a party hereto.



Appendix E
San Francisco Department of Public Health
Business Associate Agreement

This Business Associate Agreement (“Agreement”) supplements and is made a part of the contract or Memorandum of Understanding (“CONTRACT”) by and between the City and County of San Francisco, Covered Entity (“CE”) and Contractor, Business Associate (“BA”). To the extent that the terms of the Contract are inconsistent with the terms of this Agreement, the terms of this Agreement shall control.

In order to access SFDPH Systems, BA must have their employees/agents sign and retain in their files the *User Agreement for Confidentiality, Data Security and Electronic Signature* form located at <https://www.sfdph.org/dph/files/HIPAAdocs/2015Revisions/ConfSecElecSigAgr.pdf>

During the term of this contract, the BA will be required to complete the *SFDPH Privacy, Data Security and Compliance Attestations* located at <https://www.sfdph.org/dph/files/HIPAAdocs/PDSCAttestations.pdf> and the *Data Trading Partner Request [to Access SFDPH Systems]* located at <https://www.sfdph.org/dph/files/HIPAAdocs/DTPAuthorization.pdf>

RECITALS

- A. CE wishes to disclose certain information to BA pursuant to the terms of the Contract, some of which may constitute Protected Health Information (“PHI”) (defined below).
- B. CE and BA intend to protect the privacy and provide for the security of PHI disclosed to BA pursuant to the CONTRACT in compliance with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 (“HIPAA”), the Health Information Technology for Economic and Clinical Health Act, Public Law 111-005 (“the HITECH Act”), and regulations promulgated there under by the U.S. Department of Health and Human Services (the “HIPAA Regulations”) and other applicable laws, including, but not limited to, California Civil Code §§ 56, et seq., California Health and Safety Code § 1280.15, California Civil Code §§ 1798, et seq., California Welfare & Institutions Code §§5328, et seq., and the regulations promulgated there under (the “California Regulations”).
- C. As part of the HIPAA Regulations, the Privacy Rule and the Security Rule (defined below) require CE to enter into a contract containing specific requirements with BA prior to the disclosure of PHI, as set forth in, but not limited to, Title 45, Sections 164.314(a), 164.502(a) and (e) and 164.504(e) of the Code of Federal Regulations (“C.F.R.”) and contained in this Agreement.
- D. BA enters into agreements with CE that require the CE to disclose certain identifiable health information to BA. The parties desire to enter into this Agreement to permit BA to have access to such information and comply with the BA requirements of HIPAA, the HITECH Act, and the HIPAA Regulations.

In consideration of the mutual promises below and the exchange of information pursuant to this Agreement, the parties agree as follows:

1. Definitions.

- a. **Breach** means the unauthorized acquisition, access, use, or disclosure of PHI that compromises the security or privacy of such information, except where an unauthorized person to whom such information is disclosed would not reasonably have been able to retain such information, and shall have the meaning given to such term under the HITECH Act and HIPAA Regulations [42 U.S.C. Section



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San Francisco Department of Public Health
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17921 and 45 C.F.R. Section 164.402], as well as California Civil Code Sections 1798.29 and 1798.82.

- b. **Breach Notification Rule** shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and D.
- c. **Business Associate** is a person or entity that performs certain functions or activities that involve the use or disclosure of protected health information received from a covered entity, and shall have the meaning given to such term under the Privacy Rule, the Security Rule, and the HITECH Act, including, but not limited to, 42 U.S.C. Section 17938 and 45 C.F.R. Section 160.103.
- d. **Covered Entity** means a health plan, a health care clearinghouse, or a health care provider who transmits any information in electronic form in connection with a transaction covered under HIPAA Regulations, and shall have the meaning given to such term under the Privacy Rule and the Security Rule, including, but not limited to, 45 C.F.R. Section 160.103.
- e. **Data Aggregation** means the combining of Protected Information by the BA with the Protected Information received by the BA in its capacity as a BA of another CE, to permit data analyses that relate to the health care operations of the respective covered entities, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.
- f. **Designated Record Set** means a group of records maintained by or for a CE, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.
- g. **Electronic Protected Health Information** means Protected Health Information that is maintained in or transmitted by electronic media and shall have the meaning given to such term under HIPAA and the HIPAA Regulations, including, but not limited to, 45 C.F.R. Section 160.103. For the purposes of this Agreement, Electronic PHI includes all computerized data, as defined in California Civil Code Sections 1798.29 and 1798.82.
- h. **Electronic Health Record** means an electronic record of health-related information on an individual that is created, gathered, managed, and consulted by authorized health care clinicians and staff, and shall have the meaning given to such term under the HITECH Act, including, but not limited to, 42 U.S.C. Section 17921.
- i. **Health Care Operations** means any of the following activities: i) conducting quality assessment and improvement activities; ii) reviewing the competence or qualifications of health care professionals; iii) underwriting, enrollment, premium rating, and other activities related to the creation, renewal, or replacement of a contract of health insurance or health benefits; iv) conducting or arranging for medical review, legal services, and auditing functions; v) business planning development; vi) business management and general administrative activities of the entity. This shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.
- j. **Privacy Rule** shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and E.
- k. **Protected Health Information or PHI** means any information, including electronic PHI, whether oral or recorded in any form or medium: (i) that relates to the past, present or future physical or mental condition of an individual; the provision of health care to an individual; or the past, present or future payment for the provision of health care to an individual; and (ii) that identifies the individual or with respect to which there is a reasonable basis to believe the information can be used to identify the individual, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Sections 160.103



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San Francisco Department of Public Health
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and 164.501. For the purposes of this Agreement, PHI includes all medical information and health insurance information as defined in California Civil Code Sections 56.05 and 1798.82.

- l. **Protected Information** shall mean PHI provided by CE to BA or created, maintained, received or transmitted by BA on CE's behalf.
- m. **Security Incident** means the attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in an information system, and shall have the meaning given to such term under the Security Rule, including, but not limited to, 45 C.F.R. Section 164.304.
- n. **Security Rule** shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and C.
- o. **Unsecured PHI** means PHI that is not secured by a technology standard that renders PHI unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute, and shall have the meaning given to such term under the HITECH Act and any guidance issued pursuant to such Act including, but not limited to, 42 U.S.C. Section 17932(h) and 45 C.F.R. Section 164.402.

2. Obligations of Business Associate.

- a. **Permitted Uses.** BA may use, access, and/or disclose PHI only for the purpose of performing BA's obligations for or on behalf of the City and as permitted or required under the Contract [MOU] and Agreement, or as required by law. Further, BA shall not use PHI in any manner that would constitute a violation of the Privacy Rule or the HITECH Act if so used by CE. However, BA may use Protected Information as necessary (i) for the proper management and administration of BA; (ii) to carry out the legal responsibilities of BA; (iii) as required by law; or (iv) for Data Aggregation purposes relating to the Health Care Operations of CE [45 C.F.R. Sections 164.502, 164.504(e)(2), and 164.504(e)(4)(i)].
- b. **Permitted Disclosures.** BA shall disclose Protected Information only for the purpose of performing BA's obligations for or on behalf of the City and as permitted or required under the Contract [MOU] and Agreement, or as required by law. BA shall not disclose Protected Information in any manner that would constitute a violation of the Privacy Rule or the HITECH Act if so disclosed by CE. However, BA may disclose Protected Information as necessary (i) for the proper management and administration of BA; (ii) to carry out the legal responsibilities of BA; (iii) as required by law; or (iv) for Data Aggregation purposes relating to the Health Care Operations of CE. If BA discloses Protected Information to a third party, BA must obtain, prior to making any such disclosure, (i) reasonable written assurances from such third party that such Protected Information will be held confidential as provided pursuant to this Agreement and used or disclosed only as required by law or for the purposes for which it was disclosed to such third party, and (ii) a written agreement from such third party to immediately notify BA of any breaches, security incidents, or unauthorized uses or disclosures of the Protected Information in accordance with paragraph 2. k. of the Agreement, to the extent it has obtained knowledge of such occurrences [42 U.S.C. Section 17932; 45 C.F.R. Section 164.504(e)]. BA may disclose PHI to a BA that is a subcontractor and may allow the subcontractor to create, receive, maintain, or transmit Protected Information on its behalf, if the BA obtains



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satisfactory assurances, in accordance with 45 C.F.R. Section 164.504(e)(1), that the subcontractor will appropriately safeguard the information [45 C.F.R. Section 164.502(e)(1)(ii)].

- c. **Prohibited Uses and Disclosures.** BA shall not use or disclose PHI other than as permitted or required by the Contract and Agreement, or as required by law. BA shall not use or disclose Protected Information for fundraising or marketing purposes. BA shall not disclose Protected Information to a health plan for payment or health care operations purposes if the patient has requested this special restriction, and has paid out of pocket in full for the health care item or service to which the PHI solely relates [42 U.S.C. Section 17935(a) and 45 C.F.R. Section 164.522(a)(1)(vi)]. BA shall not directly or indirectly receive remuneration in exchange for Protected Information, except with the prior written consent of CE and as permitted by the HITECH Act, 42 U.S.C. Section 17935(d)(2), and the HIPAA regulations, 45 C.F.R. Section 164.502(a)(5)(ii); however, this prohibition shall not affect payment by CE to BA for services provided pursuant to the Contract.
- d. **Appropriate Safeguards.** BA shall take the appropriate security measures to protect the confidentiality, integrity and availability of PHI that it creates, receives, maintains, or transmits on behalf of the CE, and shall prevent any use or disclosure of PHI other than as permitted by the Contract or this Agreement, including, but not limited to, administrative, physical and technical safeguards in accordance with the Security Rule, including, but not limited to, 45 C.F.R. Sections 164.306, 164.308, 164.310, 164.312, 164.314, 164.316, and 164.504(e)(2)(ii)(B). BA shall comply with the policies and procedures and documentation requirements of the Security Rule, including, but not limited to, 45 C.F.R. Section 164.316, and 42 U.S.C. Section 17931. BA is responsible for any civil penalties assessed due to an audit or investigation of BA, in accordance with 42 U.S.C. Section 17934(c).
- e. **Business Associate's Subcontractors and Agents.** BA shall ensure that any agents and subcontractors that create, receive, maintain or transmit Protected Information on behalf of BA, agree in writing to the same restrictions and conditions that apply to BA with respect to such PHI and implement the safeguards required by paragraph 2.d. above with respect to Electronic PHI [45 C.F.R. Section 164.504(e)(2) through (e)(5); 45 C.F.R. Section 164.308(b)]. BA shall mitigate the effects of any such violation.
- f. **Accounting of Disclosures.** Within ten (10) calendar days of a request by CE for an accounting of disclosures of Protected Information or upon any disclosure of Protected Information for which CE is required to account to an individual, BA and its agents and subcontractors shall make available to CE the information required to provide an accounting of disclosures to enable CE to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.528, and the HITECH Act, including but not limited to 42 U.S.C. Section 17935 (c), as determined by CE. BA agrees to implement a process that allows for an accounting to be collected and maintained by BA and its agents and subcontractors for at least six (6) years prior to the request. However, accounting of disclosures from an Electronic Health Record for treatment, payment or health care operations purposes are required to be collected and maintained for only three (3) years prior to the request, and only to the extent that BA maintains an Electronic Health Record. At a minimum, the information collected and maintained shall include: (i) the date of disclosure; (ii) the name of the entity or person who received Protected Information and, if known, the address of the entity or person; (iii) a brief description of Protected Information disclosed; and



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- (iv) a brief statement of purpose of the disclosure that reasonably informs the individual of the basis for the disclosure, or a copy of the individual's authorization, or a copy of the written request for disclosure [45 C.F.R. 164.528(b)(2)]. If an individual or an individual's representative submits a request for an accounting directly to BA or its agents or subcontractors, BA shall forward the request to CE in writing within five (5) calendar days.
- g. **Access to Protected Information.** BA shall make Protected Information maintained by BA or its agents or subcontractors in Designated Record Sets available to CE for inspection and copying within (5) days of request by CE to enable CE to fulfill its obligations under state law [Health and Safety Code Section 123110] and the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.524 [45 C.F.R. Section 164.504(e)(2)(ii)(E)]. If BA maintains Protected Information in electronic format, BA shall provide such information in electronic format as necessary to enable CE to fulfill its obligations under the HITECH Act and HIPAA Regulations, including, but not limited to, 42 U.S.C. Section 17935(e) and 45 C.F.R. 164.524.
- h. **Amendment of Protected Information.** Within ten (10) days of a request by CE for an amendment of Protected Information or a record about an individual contained in a Designated Record Set, BA and its agents and subcontractors shall make such Protected Information available to CE for amendment and incorporate any such amendment or other documentation to enable CE to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.526. If an individual requests an amendment of Protected Information directly from BA or its agents or subcontractors, BA must notify CE in writing within five (5) days of the request and of any approval or denial of amendment of Protected Information maintained by BA or its agents or subcontractors [45 C.F.R. Section 164.504(e)(2)(ii)(F)].
- i. **Governmental Access to Records.** BA shall make its internal practices, books and records relating to the use and disclosure of Protected Information available to CE and to the Secretary of the U.S. Department of Health and Human Services (the "Secretary") for purposes of determining BA's compliance with HIPAA [45 C.F.R. Section 164.504(e)(2)(ii)(I)]. BA shall provide CE a copy of any Protected Information and other documents and records that BA provides to the Secretary concurrently with providing such Protected Information to the Secretary.
- j. **Minimum Necessary.** BA, its agents and subcontractors shall request, use and disclose only the minimum amount of Protected Information necessary to accomplish the intended purpose of such use, disclosure, or request. [42 U.S.C. Section 17935(b); 45 C.F.R. Section 164.514(d)]. BA understands and agrees that the definition of "minimum necessary" is in flux and shall keep itself informed of guidance issued by the Secretary with respect to what constitutes "minimum necessary" to accomplish the intended purpose in accordance with HIPAA and HIPAA Regulations.
- k. **Data Ownership.** BA acknowledges that BA has no ownership rights with respect to the Protected Information.
- l. **Notification of Breach.** BA shall notify CE within 5 calendar days of any breach of Protected Information; any use or disclosure of Protected Information not permitted by the Agreement; any Security Incident (except as otherwise provided below) related to Protected Information, and any use or disclosure of data in violation of any applicable federal or state laws by BA or its agents or subcontractors. The notification shall include, to the extent possible, the identification of each individual whose unsecured Protected Information has been,



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or is reasonably believed by the BA to have been, accessed, acquired, used, or disclosed, as well as any other available information that CE is required to include in notification to the individual, the media, the Secretary, and any other entity under the Breach Notification Rule and any other applicable state or federal laws, including, but not limited, to 45 C.F.R. Section 164.404 through 45 C.F.R. Section 164.408, at the time of the notification required by this paragraph or promptly thereafter as information becomes available. BA shall take (i) prompt corrective action to cure any deficiencies and (ii) any action pertaining to unauthorized uses or disclosures required by applicable federal and state laws. [42 U.S.C. Section 17921; 42 U.S.C. Section 17932; 45 C.F.R. 164.410; 45 C.F.R. Section 164.504(e)(2)(ii)(C); 45 C.F.R. Section 164.308(b)]

- m. **Breach Pattern or Practice by Business Associate's Subcontractors and Agents.** Pursuant to 42 U.S.C. Section 17934(b) and 45 C.F.R. Section 164.504(e)(1)(iii), if the BA knows of a pattern of activity or practice of a subcontractor or agent that constitutes a material breach or violation of the subcontractor or agent's obligations under the Contract or this Agreement, the BA must take reasonable steps to cure the breach or end the violation. If the steps are unsuccessful, the BA must terminate the contractual arrangement with its subcontractor or agent, if feasible. **BA shall provide written notice to CE of any pattern of activity or practice of a subcontractor or agent that BA believes constitutes a material breach or violation of the subcontractor or agent's obligations under the Contract or this Agreement within five (5) calendar days of discovery and shall meet with CE to discuss and attempt to resolve the problem as one of the reasonable steps to cure the breach or end the violation.**

3. Termination.

- a. **Material Breach.** A breach by BA of any provision of this Agreement, as determined by CE, shall constitute a material breach of the CONTRACT and this Agreement and shall provide grounds for immediate termination of the CONTRACT and this Agreement, any provision in the CONTRACT to the contrary notwithstanding. [45 C.F.R. Section 164.504(e)(2)(iii)].
- b. **Judicial or Administrative Proceedings.** CE may terminate the CONTRACT and this Agreement, effective immediately, if (i) BA is named as defendant in a criminal proceeding for a violation of HIPAA, the HITECH Act, the HIPAA Regulations or other security or privacy laws or (ii) a finding or stipulation that the BA has violated any standard or requirement of HIPAA, the HITECH Act, the HIPAA Regulations or other security or privacy laws is made in any administrative or civil proceeding in which the party has been joined.
- c. **Effect of Termination.** Upon termination of the CONTRACT and this Agreement for any reason, BA shall, at the option of CE, return or destroy all Protected Information that BA and its agents and subcontractors still maintain in any form, and shall retain no copies of such Protected Information. If return or destruction is not feasible, as determined by CE, BA shall continue to extend the protections and satisfy the obligations of Section 2 of this Agreement to such information, and limit further use and disclosure of such PHI to those purposes that make the return or destruction of the information infeasible [45 C.F.R. Section 164.504(e)(2)(ii)(J)]. If CE elects destruction of the PHI, BA shall certify in writing to CE that such PHI has been destroyed in accordance with the Secretary's guidance regarding proper destruction of PHI.



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- d. **Civil and Criminal Penalties.** BA understands and agrees that it is subject to civil or criminal penalties applicable to BA for unauthorized use, access or disclosure or Protected Information in accordance with the HIPAA Regulations and the HITECH Act including, but not limited to, 42 U.S.C. 17934 (c).
- e. **Disclaimer.** CE makes no warranty or representation that compliance by BA with this Agreement, HIPAA, the HITECH Act, or the HIPAA Regulations or corresponding California law provisions will be adequate or satisfactory for BA's own purposes. BA is solely responsible for all decisions made by BA regarding the safeguarding of PHI.

4. Amendment to Comply with Law.

The parties acknowledge that state and federal laws relating to data security and privacy are rapidly evolving and that amendment of the CONTRACT or this Agreement may be required to provide for procedures to ensure compliance with such developments. The parties specifically agree to take such action as is necessary to implement the standards and requirements of HIPAA, the HITECH Act, the HIPAA regulations and other applicable state or federal laws relating to the security or confidentiality of PHI. The parties understand and agree that CE must receive satisfactory written assurance from BA that BA will adequately safeguard all Protected Information. Upon the request of either party, the other party agrees to promptly enter into negotiations concerning the terms of an amendment to this Agreement embodying written assurances consistent with the standards and requirements of HIPAA, the HITECH Act, the HIPAA regulations or other applicable state or federal laws. CE may terminate the Contract upon thirty (30) days written notice in the event (i) BA does not promptly enter into negotiations to amend the CONTRACT or this Agreement when requested by CE pursuant to this section or (ii) BA does not enter into an amendment to the Contract or this Agreement providing assurances regarding the safeguarding of PHI that CE, in its sole discretion, deems sufficient to satisfy the standards and requirements of applicable laws.

5. Reimbursement for Fines or Penalties.

In the event that CE pays a fine to a state or federal regulatory agency, and/or is assessed civil penalties or damages through private rights of action, based on an impermissible use or disclosure of PHI by BA or its subcontractors or agents, then BA shall reimburse CE in the amount of such fine or penalties or damages within thirty (30) calendar days.

Attachments (links)

- **Privacy, Data Security, and Compliance Attestations** located at <https://www.sfdph.org/dph/files/HIPAAdocs/PDSCAttestations.pdf>
- **Data Trading Partner Request to Access SFDPH Systems and Notice of Authorizer** located at <https://www.sfdph.org/dph/files/HIPAAdocs/DTPAuthorization.pdf>
- **User Agreement for Confidentiality, Data Security and Electronic Signature Form** located at <https://www.sfdph.org/dph/files/HIPAAdocs/2015Revisions/ConfSecElecSigAgr.pdf>



Appendix E
San Francisco Department of Public Health
Business Associate Agreement

Office of Compliance and Privacy Affairs
San Francisco Department of Public Health
101 Grove Street, Room 330, San Francisco, CA 94102
Office email: compliance.privacy@sfdph.org
Office telephone: 415-554-2787
Confidential Privacy Hotline (Toll-Free): 1-855-729-6040
Confidential Compliance Hotline: 415-642-5790

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):	Location(s) Of Covered Operations
City & County of San Francisco, It's Officers, Agents and employees	All insured premises and operations
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

**City and County of San Francisco
Office of Contract Administration
Purchasing Division**

First Amendment

THIS AMENDMENT (this "Amendment") is made as of October 25, 2010, in San Francisco, California, by and between Seneca Center ("Contractor"), and the City and County of San Francisco, a municipal corporation ("City"), acting by and through its Director of the Office of Contract Administration.

Recitals

WHEREAS, City and Contractor have entered into the Agreement (as defined below); and

WHEREAS, City and Contractor desire to modify the Agreement on the terms and conditions set forth herein to update standard contractual clauses and increase the contract amount;

WHEREAS, approval for this Amendment was obtained when the Civil Service Commission approved Contract number 4150-09/10 on June 21, 2010;

NOW, THEREFORE, Contractor and the City agree as follows:

1. Definitions. The following definitions shall apply to this Amendment:

1.a Agreement. The term "Agreement" shall mean the Agreement dated July 1, 2010 from the RFP23-2009 dated July 31, 2009, Contract Number COHM11000159 between Contractor and City, as amended by this First Amendment.

1.b Other Terms. Terms used and not defined in this Amendment shall have the meanings assigned to such terms in the Agreement.

2. Modifications to the Agreement. The Agreement is hereby modified as follows:

2.a Section 2 of the Agreement currently reads as follows:

2. TERM OF THE AGREEMENT

Subject to Section 1, the term of this Agreement shall be from July 1, 2010 through December 31, 2010.

Such section is hereby amended in its entirety to reads as follows:

2. TERM OF THE AGREEMENT

Subject to Section 1, the term of this Agreement shall be from July 1, 2010 through December 31, 2015.

2.b Section 5 of the Agreement currently reads as follows:

5. COMPENSATION

Compensation shall be made in monthly payments on or before the 30th day of each month for work, as set forth in Section 4 of this Agreement, that the Director of the Public Health Department, in his or her sole discretion, concludes has been performed as of the 15th day of the immediately preceding month. In no event shall the amount of this Agreement exceed **Five Million Seven Hundred Seventy Two Thousand Three Hundred Two Dollars (\$5,772,302)**. The breakdown of costs associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein.

No charges shall be incurred under this Agreement nor shall any payments become due to Contractor until reports, services, or both, required under this Agreement are received from Contractor and approved by The Department of Public Health as being in accordance with this Agreement. City may withhold payment to Contractor in any instance in which Contractor has failed or refused to satisfy any material obligation provided for under this Agreement.

In no event shall City be liable for interest or late charges for any late payments.

Such Section is hereby amended in its entirety to read as follows:

5. COMPENSATION

Compensation shall be made in monthly payments on or before the 30th day of each month for work, as set forth in Section 4 of this Agreement, that the Director of the Public Health Department, in his or her sole discretion, concludes has been performed as of the 15th day of the immediately preceding month. In no event shall the amount of this Agreement exceed **Sixty Three Million Four Hundred Ninety Five Thousand Three Hundred Twenty Seven Dollars (\$63,495,327)**. The breakdown of costs associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein.

No charges shall be incurred under this Agreement nor shall any payments become due to Contractor until reports, services, or both, required under this Agreement are received from Contractor and approved by The Department of Public Health as being in accordance with this Agreement. City may withhold payment to Contractor in any instance in which Contractor has failed or refused to satisfy any material obligation provided for under this Agreement.

In no event shall City be liable for interest or late charges for any late payments.

2.c Appendix B dated 7/1/10 (i.e. July 1, 2010) is hereby deleted and Appendix B dated 10/25/10 (i.e. October 25, 2010) is hereby substituted and incorporated by reference for Fiscal Year 2010-2011.

3. **Effective Date.** Each of the modifications set forth in Section 2 shall be effective on and after the date of this Amendment.
4. **Legal Effect.** Except as expressly modified by this Amendment, all of the terms and conditions of the Agreement shall remain unchanged and in full force and effect.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement on the day first mentioned above.

CITY

CONTRACTOR

Recommended by:

Seneca Center


MITCHELL H. KATZ, M.D.
Director of Health

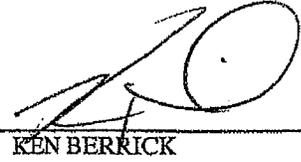
10-28-10
Date

Approved as to Form:

DENNIS J. HERRERA
City Attorney

By: 
TERENCE HOWZELL
Deputy City Attorney

11/1/10
Date



KEN BERRICK
Executive Director
2275 Arlington Drive
San Leandro, California 94578

10/26/10
Date

Approved:

City vendor number: 24631


NAOMI KELLY
Director Office of Contract
Administration and Purchaser

12/16/10
Date

RECEIVED
PURCHASING DEPARTMENT
10 DEC 10 AM 11:08

Appendix B
Calculation of Charges

I. Method of Payment

A. Invoices furnished by CONTRACTOR under this Agreement must be in a form acceptable to the Contract Administrator and the CONTROLLER and must include the Contract Progress Payment Authorization number or Contract Purchase Number. All amounts paid by CITY to CONTRACTOR shall be subject to audit by CITY. The CITY shall make monthly payments as described below. Such payments shall not exceed those amounts stated in and shall be in accordance with the provisions of Section 5, COMPENSATION, of this Agreement.

Compensation for all SERVICES provided by CONTRACTOR shall be paid in the following manner. For the purposes of this Section, "General Fund" shall mean all those funds which are not Work Order or Grant funds. "General Fund Appendices" shall mean all those appendices which include General Fund monies.

(1) Fee For Service (Monthly Reimbursement by Certified Units at Budgeted Unit Rates)

CONTRACTOR shall submit monthly invoices in the format attached, Appendix F, and in a form acceptable to the Contract Administrator, by the fifteenth (15th) calendar day of each month, based upon the number of units of service that were delivered in the preceding month. All deliverables associated with the SERVICES defined in Appendix A times the unit rate as shown in the appendices cited in this paragraph shall be reported on the invoice(s) each month. All charges incurred under this Agreement shall be due and payable only after SERVICES have been rendered and in no case in advance of such SERVICES.

(2) Cost Reimbursement (Monthly Reimbursement for Actual Expenditures within Budget):

CONTRACTOR shall submit monthly invoices in the format attached, Appendix F, and in a form acceptable to the Contract Administrator, by the fifteenth (15th) calendar day of each month for reimbursement of the actual costs for SERVICES of the preceding month. All costs associated with the SERVICES shall be reported on the invoice each month. All costs incurred under this Agreement shall be due and payable only after SERVICES have been rendered and in no case in advance of such SERVICES.

B. Final Closing Invoice

(1) Fee For Service Reimbursement:

A final closing invoice, clearly marked "FINAL," shall be submitted no later than forty-five (45) calendar days following the closing date of each fiscal year of the Agreement, and shall include only those SERVICES rendered during the referenced period of performance. If SERVICES are not invoiced during this period, all unexpended funding set aside for this Agreement will revert to CITY. CITY'S final reimbursement to the CONTRACTOR at the close of the Agreement period shall be adjusted to conform to actual units certified multiplied by the unit rates identified in Appendix B attached hereto, and shall not exceed the total amount authorized and certified for this Agreement.

(2) Cost Reimbursement:

A final closing invoice, clearly marked "FINAL," shall be submitted no later than forty-five (45) calendar days following the closing date of each fiscal year of the Agreement, and shall include only those costs incurred during the referenced period of performance. If costs are not invoiced during this period, all unexpended funding set aside for this Agreement will revert to CITY.

C. Payment shall be made by the CITY to CONTRACTOR at the address specified in the section entitled "Notices to Parties."

D. Upon the effective date of this Agreement, contingent upon prior approval by the CITY'S Department of Public Health of an invoice or claim submitted by Contractor, and of each year's revised Appendix A (Description of Services) and each year's revised Appendix B (Program Budget and Cost Reporting Data Collection Form), and within each fiscal year, the CITY agrees to make an initial payment to CONTRACTOR not to exceed twenty-five per cent (25%) of the General Fund portion of the CONTRACTOR'S allocation for the applicable fiscal year.

CONTRACTOR agrees that within that fiscal year, this initial payment shall be recovered by the CITY through a reduction to monthly payments to CONTRACTOR during the period of October 1 through March 31 of the applicable fiscal year, unless and until CONTRACTOR chooses to return to the CITY all or part of the initial payment for that fiscal year. The amount of the initial payment recovered each month shall be calculated by dividing the total initial payment for the fiscal year by the total number of months for recovery. Any termination of this Agreement, whether for cause or for convenience, will result in the total outstanding amount of the initial payment for that fiscal year being due and payable to the CITY within thirty (30) calendar days following written notice of termination from the CITY.

2. Program Budgets and Final Invoice

A. Program Budgets are listed below and are attached hereto.

Budget Summary

CRDC B1 – B12

Appendix B-1 Adolescent Community Treatment Facility, San Francisco (CTF)

Appendix B-2 Adolescent Therapeutic Behavioral Services (TBS)

Appendix B-3 Adolescent Community Treatment Facility (CTF)

Appendix B-4 Multi-Dimensional Treatment Foster Care (MTFC)

Appendix B-5 Short Term Connections - Intensive Support Intensive Stabilization Services

Appendix B-6 Long Term Connections - Wraparound Services

Appendix B-7 Long Term Connections - Wraparound Probation

Appendix B-8 Intensive Day Treatment - San Leandro/S. Francisco

Appendix B-9 Oak Grove Intensive Day Treatment – San Francisco

Appendix B-10 Parent Training Institute

Appendix B-11 Multi-Systemic Therapeutic Services (MST)

Appendix B-12 MHSA & PEI

B. Compensation

Compensation shall be made in monthly payments on or before the 30th day after the DIRECTOR, in his or her sole discretion, has approved the invoice submitted by CONTRACTOR. The breakdown of costs and sources of revenue associated with this Agreement appears in Appendix B, Cost Reporting/Data Collection (CR/DC) and Program Budget, attached hereto and incorporated by reference as though fully set forth herein. The maximum dollar obligation of the CITY under the terms of this Agreement shall not exceed **Sixty Three Million Four Hundred Ninety Five Thousand Three Hundred Twenty Seven Dollars (\$63,495,327)** for the period of **July 1, 2010 through December 31, 2015.**

CONTRACTOR understands that, of this maximum dollar obligation, **\$6,803,070** is included as a contingency amount and is neither to be used in Appendix B, Budget, or available to CONTRACTOR without a modification to this Agreement executed in the same manner as this Agreement or a revision to Appendix B, Budget, which has been approved by the Director of Health. CONTRACTOR further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable CITY and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by the Controller. CONTRACTOR agrees to fully comply with these laws, regulations, and policies/procedures.

(1) For each fiscal year of the term of this Agreement, CONTRACTOR shall submit for approval of the CITY's Department of Public Health a revised Appendix A, Description of Services, and a revised Appendix B, Program Budget and Cost Reporting Data Collection form, based on the CITY's allocation of funding for SERVICES for the appropriate fiscal year. CONTRACTOR shall create these Appendices in compliance with the instructions of the Department of Public Health. These Appendices shall apply only to the fiscal year for which they were created. These Appendices shall become part of this Agreement only upon approval by the CITY.

(2) CONTRACTOR understands that, of the maximum dollar obligation stated above, the total amount to be used in Appendix B, Budget and available to CONTRACTOR for the entire term of the contract is as follows, notwithstanding that for each fiscal year, the amount to be used in Appendix B, Budget and available to CONTRACTOR for that fiscal year shall conform with the Appendix A, Description of Services, and a Appendix B, Program Budget and Cost Reporting Data Collection form, as approved by the CITY's Department of Public Health based on the CITY's allocation of funding for SERVICES for that fiscal year.

July 1, 2010 through December 31, 2010	\$920,477 (BPHM06500043)
July 1, 2010 through December 31, 2010	\$4,233,365 (BPHM06500043)
July 1, 2010 through June 30, 2011	\$5,153,842
July 1, 2011 through June 30, 2012	\$10,307,683
July 1, 2012 through June 30, 2013	\$10,307,683
July 1, 2013 through June 30, 2014	\$10,307,683
July 1, 2014 through June 30, 2015	\$10,307,683
July 1, 2015 through December 31, 2015	<u>\$5,153,841</u>
Total of July 1, 2010 through December 31, 2015	\$56,692,257

(3) CONTRACTOR understands that the CITY may need to adjust sources of revenue and agrees that these needed adjustments will become part of this Agreement by written modification to CONTRACTOR. In event that such reimbursement is terminated or reduced, this Agreement shall be terminated or proportionately reduced accordingly. In no event will CONTRACTOR be entitled to compensation in excess of these amounts for these periods without there first being a modification of the Agreement or a revision to Appendix B, Budget, as provided for in this section of this Agreement.

(4) CONTRACTOR further understands that, \$5,153,842 of the period from July 1, 2010 through December 31, 2010 in the Contract Number BPHM06500043 is included with this Agreement. Upon execution of this Agreement, all the terms under this Agreement will supersede the Contract Number BPHM06500043 for the Fiscal Year 2010-11.

C. CONTRACTOR agrees to comply with its Budget as shown in Appendix B in the provision of SERVICES. Changes to the budget that do not increase or reduce the maximum dollar obligation of the CITY are subject to the provisions of the Department of Public Health Policy/Procedure Regarding Contract Budget Changes. CONTRACTOR agrees to comply fully with that policy/procedure.

D. No costs or charges shall be incurred under this Agreement nor shall any payments become due to CONTRACTOR until reports, SERVICES, or both, required under this Agreement are received from CONTRACTOR and approved by the DIRECTOR as being in accordance with this Agreement. CITY may withhold payment to CONTRACTOR in any instance in which CONTRACTOR has failed or refused to satisfy any material obligation provided for under this Agreement.

E. In no event shall the CITY be liable for interest or late charges for any late payments.

F. CONTRACTOR understands and agrees that should the CITY'S maximum dollar obligation under this Agreement include State or Federal Medi-Cal revenues, CONTRACTOR shall expend such revenues in the provision of SERVICES to Medi-Cal eligible clients in accordance with CITY, State, and Federal Medi-Cal regulations. Should CONTRACTOR fail to expend budgeted Medi-Cal revenues herein, the CITY'S maximum dollar obligation to CONTRACTOR shall be proportionally reduced in the amount of such unexpended revenues. In no event shall State/Federal Medi-Cal revenues be used for clients who do not qualify for Medi-Cal reimbursement.



DPH 1: Department of Public Health Contract Budget Summary

CONTRACT TYPE - This contract is:		Renewal												8/16/2010
If modification, Effective Date of Mod.:		# of Mod.:												VENDOR ID (DPH USE ONLY):
LEGAL ENTITY NUMBER: 000115														
LEGAL ENTITY/CONTRACTOR NAME: Seneca Center														
APPENDIX NUMBER	B-1	B-2	B-3	B-4	B-5	B-6	B-7	B-8	B-9	B-10	B-11	B-12	TOTAL	
PROVIDER NUMBER	8989	38CQ	5989	38CQ	38CQ	38CQ	38CQ	8780	38CA	38CC	38HD	38HD		
PROVIDER NAME:	Seneca Center	Seneca Center	Seneca Center	Seneca Center										
CBHS FUNDING TERM:	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	
FUNDING USES:	OTF SP	TBS	State Suppl.	MTFC pl.	ST Connections	LT Connections	LT Conn Prob	SL Day TX	OG Day TX	Parent Trng. Incl.	MST FFS/anal	MHSA FACE		
SALARIES & EMPLOYEE BENEFITS	1,979,917	534,450	138,042	143,068	139,852	4,134,397	301,522	81,079	12,772	107,598	284,945	381,778	5,207,444	
OPERATING EXPENSE	360,038	31,052		9,729	37,447	424,693	47,139	3,700	300		58,934	83,068	1,036,820	
CAPITAL OUTLAY (COST \$5,000 AND OVER)													0	
SUBTOTAL DIRECT COSTS	2,339,955	566,502	138,042	152,815	177,309	4,569,290	348,661	84,779	13,072	108,196	313,789	444,844	9,244,263	
INDIRECT COST AMOUNT	280,786	67,862	3,364	18,172	23,615	524,686	39,738	19,610	1,541	1,804	37,851	53,378	1,083,418	
INDIRECT %	12%	12%	2%	12%	13%	12%	11%	12.5%	12%	2%	12%	12%	11.5%	
TOTAL FUNDING USES:	2,620,741	633,364	139,406	170,987	201,124	5,093,986	388,400	96,389	14,613	110,000	381,450	498,223	10,307,683	
CBHS MENTAL HEALTH FUNDING SOURCES:														
FEDERAL REVENUES - click below														
SDMC Regular FFP (50%)	993,450	316,580		65,490	60,130	2,409,630	164,200	47,890	7,310		92,080	44,810	4	
ARRA SDMC FFP (11.59)	230,745	73,407		19,816	20,893	558,600	45,018	11,058	1,694		21,344	16,341	892,812	
STATE REVENUES - click below														
Family Mosaic Capitalized Medi-Cal	66,528												66,528	
EPSDT State Match	146,960	211,507		57,132	60,231	1,610,255	120,764	31,674	4,878		61,526	29,811	2,344,036	
MHSA						264,318						0	264,318	
MHSA Rollover												309,000	309,000	
OTF Fund (Crimly Tx Facility)			139,406										139,406	
GRANTS - click below														
Please enter other funding source here if not in pull down														
PRIOR YEAR ROLL OVER - click below														
MHSA												100,000	100,000	
WORK ORDERS - click below														
Juvenile Probation	38,900												38,900	
HSA (Human Svcs Agency)				8,548	9,013	240,383	19,420	0				0	277,965	
HSA (Human Svcs Agency)										110,000			110,000	
3RD PARTY PAYOR REVENUES - click below														
REALIGNMENT FUNDS	501,412										9,208		510,620	
COUNTY GENERAL FUND	540,748	31,870			20,057			4,788	731	0	167,292	4,481	770,528	
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES:	2,620,741	633,364	139,406	170,987	201,124	5,093,986	388,400	96,389	14,613	110,000	381,450	498,223	10,307,683	
CBHS SUBSTANCE ABUSE FUNDING SOURCES:														
FEDERAL REVENUES - click below														
STATE REVENUES - click below														
GRANTS/PROJECTS - click below														
Please enter other funding source here if not in pull down														
WORK ORDERS - click below														
Please enter other funding source here if not in pull down														
3RD PARTY PAYOR REVENUES - click below														
Please enter other funding source here if not in pull down														
COUNTY GENERAL FUND														
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES:														
TOTAL DPH REVENUES	2,620,741	633,364	139,406	170,987	201,124	5,093,986	388,400	96,389	14,613	110,000	381,450	498,223	10,307,683	
NON-DPH REVENUES - click below														
TOTAL NON-DPH REVENUES	0	0	0	0	0	0	0	0	0	0	0	0	0	
TOTAL REVENUES (DPH AND NON-DPH)	2,620,741	633,364	139,406	170,987	201,124	5,093,986	388,400	96,389	14,613	110,000	381,450	498,223	10,307,683	

DPH 2: Department of Public Health Cost Reporting/Data Collection (DC)

FISCAL YEAR: 2010/2011		APPENDIX #: B-1			
LEGAL ENTITY NAME:	Seneca Center <th>PROVIDER #: 8989</th>				PROVIDER #: 8989
PROVIDER NAME:	Seneca Center <th>8/16/2010</th>				8/16/2010
REPORTING UNIT NAME:	CTF SF	CTF SF	CTF SF		
REPORTING UNIT:	89892	89890P	89890P		
MODE OF SVCS / SERVICE FUNCTION CODE:	10/85-89	15/10-59	15/60-69		
SERVICE DESCRIPTION:	Day Tx intensive Full day	MH Svcs	Medication Support		TOTAL
FUNDING USES:					
SALARIES & EMPLOYEE BENEFITS	670,829	1,186,148	122,946		1,979,917
OPERATING EXPENSE	121,986	215,695	22,357		360,038
CAPITAL OUTLAY (COST \$5,000 AND OVER)					0
SUBTOTAL DIRECT COSTS	792,809	1,401,843	145,303	0	2,339,955
INDIRECT COST AMOUNT	95,134	168,216	17,436		280,786
TOTAL FUNDING USES:	887,943	1,570,059	162,739	0	2,620,741
CBHS/MENTAL HEALTH FUNDING SOURCES					
FEDERAL REVENUES - click below					
SDMC Regular FFP (50%)	309,490	621,537	64,429		995,456
ARRA SDMC FFP (11.5%)	71,740	144,072	14,933		230,745
STATE REVENUES - click below					
CTF Fund (Cmnty Tx Facility)					
EPSDT State Match	36,365	100,208	10,387		146,960
Family Mosaic Capitated Med-Cal	66,528				66,528
MHPA					
GRANTS - click below					
CFDA #:					
Please enter other here if not in pull down					
PRIOR YEAR ROLL OVER - click below					
MHPA					
WORK ORDERS - click below					
Juvenile Probation	38,900				38,900
HSA (Human Svcs Agency)					
3RD PARTY PAYOR REVENUES - click below					
REALIGNMENT FUNDS					
	197,347	366,116	37,949		601,412
REALIGNMENT FUNDS					
COUNTY GENERAL FUND	165,026	340,433.83	35,286		540,746
TOTAL CBHS/MENTAL HEALTH FUNDING SOURCES					
	885,396	1,572,366	162,879		2,620,741
CBHS/SUBSTANCE ABUSE FUNDING SOURCES					
FEDERAL REVENUES - click below					
STATE REVENUES - click below					
GRANTS/PROJECTS - click below					
CFDA #:					
Please enter other here if not in pull down					
WORK ORDERS - click below					
Please enter other here if not in pull down					
3RD PARTY PAYOR REVENUES - click below					
Please enter other here if not in pull down					
COUNTY GENERAL FUND					
TOTAL CBHS/SUBSTANCE ABUSE FUNDING SOURCES					
	885,396	1,572,366	162,879		2,620,741
TOTAL DPH REVENUES					
NON-DPH REVENUES - click below					
TOTAL NON-DPH REVENUES					
	0	0	0		0
TOTAL REVENUES (DPH AND NON-DPH)					
	885,396	1,572,366	162,879		2,620,741
CBHS UNITS OF SVCS/TIME AND UNIT COST:					
UNITS OF SERVICE ¹	3,162	0	0		3,162
UNITS OF TIME ²		410,639	26,344		436,984
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	280.01	3.83	5.75		
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	280.01	3.83	5.75		
PUBLISHED RATE (MEDICAL PROVIDERS ONLY)					
UNDUPLICATED CLIENTS	15	15	15		

¹Units of Service: Days, Client Day, Full Day/Half-Day

²Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

DPH 2: Department of Public Health Cost Reporting/Data Collection (C-1) (C)

FISCAL YEAR: 2010/2011		APPENDIX #: B-2		
LEGAL ENTITY NAME:	Seneca Center	PROVIDER #:	39CO	
PROVIDER NAME:	Seneca Center			8/16/2010
REPORTING UNIT NAME:	TBS SF			
REPORTING UNIT:	39CO5			
MODE OF SVCS / SERVICE FUNCTION CODE:	15/56			
SERVICE DESCRIPTION:	TBS			TOTAL
CBHS FUNDING TERM:	7/1/10-6/30/11			
FUNDING USES:				
SALARIES & EMPLOYEE BENEFITS	534,460			534,460
OPERATING EXPENSE	31,062			31,062
CAPITAL OUTLAY (COST \$5,000 AND OVER)				0
SUBTOTAL DIRECT COSTS	565,522			565,522
INDIRECT COST AMOUNT	67,862			67,862
TOTAL FUNDING USES:	633,384			633,384
CBHS MENTAL HEALTH FUNDING SOURCES				
FEDERAL REVENUES - click below				
SDMC Regular FFP (60%)	316,680			316,680
ARRA SDMC FFP (11.59)	73,407			73,407
STATE REVENUES - click below				
EPSDT State Match	211,607			211,607
Family Mosaic Capitated Medi-Cal				
CTF Fund (County Tx Facility)				
GRANTS - click below				
		CFDA #:		
Please enter other here if not in pull down				
PRIOR YEAR ROLL OVER - click below				
WORK ORDERS - click below				
Please enter other here if not in pull down				
3RD PARTY PAYOR REVENUES - click below				
Please enter other here if not in pull down				
REALIGNMENT FUNDS				
COUNTY GENERAL FUND	31,670			31,670
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	633,384			633,384
CBHS SUBSTANCE ABUSE FUNDING SOURCES				
FEDERAL REVENUES - click below				
STATE REVENUES - click below				
GRANTS/PROJECTS - click below				
		CFDA #:		
Please enter other here if not in pull down				
WORK ORDERS - click below				
Please enter other here if not in pull down				
3RD PARTY PAYOR REVENUES - click below				
Please enter other here if not in pull down				
COUNTY GENERAL FUND				
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES				
TOTAL DPH REVENUES	633,384			633,384
NON-DPH REVENUES - click below				
TOTAL NON-DPH REVENUES	0	0	0	0
TOTAL REVENUES (DPH AND NON-DPH)	633,384			633,384
CBHS UNITS OF SVCS/TIME AND UNIT COST:				
UNITS OF SERVICE ¹				0
UNITS OF TIME ²	393,349			
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	1.90	0.00		1.90
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	1.90	0.00		1.90
PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY)				
UNDUPLICATED CLIENTS	75			75

¹Units of Service: Days, Client Day, Full Day/Half-Day

²Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

DPH 2: Department of Public Health Cost Reporting/Data Collection (LJC)

PISCAL YEAR:		2010-2011		APPENDIX #: B-3	
LEGAL ENTITY NAME:		Seneca Center		PROVIDER #: 8988	
PROVIDER NAME:		Seneca Center		8/16/2010	
REPORTING UNIT NAME:		CTF SF			
REPORTING UNIT:		8988OP			
MODE OF SVCS / SERVICE FUNCTION CODE		6072			
SERVICE DESCRIPTION		State Supplement		TOTAL	
CBHS FUNDING TERM: 7/1/10-6/30/11					
FUNDING USES:					
SALARIES & EMPLOYEE BENEFITS		136,042			136,042
OPERATING EXPENSE					0
CAPITAL OUTLAY (COST \$5,000 AND OVER)					0
SUBTOTAL DIRECT COSTS		136,042			136,042
INDIRECT COST AMOUNT		3,364			3,364
TOTAL FUNDING USES:		139,406	0		139,406
CBHS MENTAL HEALTH FUNDING SOURCES:					
FEDERAL REVENUES - click below					
SDMC Regular FFP (50%)					
ARRA SDMC FFP (11.59)					
STATE REVENUES - click below					
EPSDT State Match					
Family Mosaic Capitated Medi-Cal					
CTF Fund (Cmnty Tx Facility)		139,406			139,406
GRANTS - click below					
CFDA #:					
Please enter other here if not in pull down					
PRIOR YEAR ROLL OVER - click below					
WORK ORDERS - click below					
Please enter other here if not in pull down					
3RD PARTY PAYOR REVENUES - click below					
Please enter other here if not in pull down					
REALIGNMENT FUNDS					
COUNTY GENERAL FUND					
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES:		139,406			139,406
CBHS SUBSTANCE ABUSE FUNDING SOURCES:					
FEDERAL REVENUES - click below					
STATE REVENUES - click below					
GRANTS/PROJECTS - click below					
CFDA #:					
Please enter other here if not in pull down					
WORK ORDERS - click below					
Please enter other here if not in pull down					
3RD PARTY PAYOR REVENUES - click below					
Please enter other here if not in pull down					
COUNTY GENERAL FUND					
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES:					
TOTAL DPH REVENUES:		139,406			139,406
NON-DPH REVENUES - click below					
TOTAL NON-DPH REVENUES:		0	0	0	0
TOTAL REVENUES (DPH AND NON-DPH):		139,406			139,406
CBHS UNITS OF SVCS/TIME AND UNIT COST:					
UNITS OF SERVICE ¹		4,240			0
UNITS OF TIME ²					
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)		32.88	0.00	0.00	0.00
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)		32.88	0.00	0.00	0.00
PUBLISHED RATE (MEDICAL PROVIDERS ONLY)					
UNDUPLICATED CLIENTS		17			0

¹Units of Service: Days, Client Day, Full Day/Half-Day

²Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

FISCAL YEAR:	2010/2011				APPENDIX #: B-4
LEGAL ENTITY NAME:	Seneca Center				PROVIDER #: 3BCQ
PROVIDER NAME:	Seneca Center				8/16/2010
REPORTING UNIT NAME:	MTFC Placements	MTFC Placements	MTFC Placements	MTFC Placements	
REPORTING UNIT:	38CQ6	38CQ6	38CQ6	38CQ6	
MODE OF SVCS / SERVICE FUNCTION CODE	15/01-09	15/10-59	15/70-79	15/60-65	
SERVICE DESCRIPTION	Case Mgr Brokerage	MH Svcs	Crisis Intervention-OP	Med Support	TOTAL
FUNDING USES:					
SALARIES & EMPLOYEE BENEFITS	17,884	122,448	1,376	1,376	143,086
OPERATING EXPENSE	1,018	8,557	78	78	9,729
CAPITAL OUTLAY (COST \$5,000 AND OVER)					0
SUBTOTAL DIRECT COSTS	18,900	131,007	1,454	1,454	152,815
INDIRECT COST AMOUNT	2,217	15,614	171	171	18,172
TOTAL FUNDING USES:	21,117	146,620	1,625	1,625	170,987
CBHS MENTAL HEALTH FUNDING SOURCES					
FEDERAL REVENUES - click below					
SDMC Regular FFP (50%)	11,114	72,668	855	855	85,490
ARRA SDMC FFP (11.59)	2,576	16,845	188	188	19,817
STATE REVENUES - click below					
EPSDT State Match	7,427	48,560	572	572	57,131
Family Mosaic Capitated Med-Cal					
GRANTS - click below					
CFDA #:					
Please enter other here if not in pull down					
PRIOR YEAR ROLL OVER - click below					
WORK ORDERS - click below					
HSA (Human Svcs Agency)		8,549			8,549
Please enter other here if not in pull down					
3RD PARTY PAYOR REVENUES - click below					
Please enter other here if not in pull down					
REALIGNMENT FUNDS					
COUNTY GENERAL FUND					
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	21,116	146,620	1,625	1,625	170,987
CBHS SUBSTANCE ABUSE FUNDING SOURCES					
FEDERAL REVENUES - click below					
STATE REVENUES - click below					
GRANTS/PROJECTS - click below					
CFDA #:					
Please enter other here if not in pull down					
WORK ORDERS - click below					
Please enter other here if not in pull down					
3RD PARTY PAYOR REVENUES - click below					
Please enter other here if not in pull down					
COUNTY GENERAL FUND					
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES					
TOTAL DPH REVENUES	21,116	146,620	1,625	1,625	170,987
NON-DPH REVENUES - click below					
TOTAL NON-DPH REVENUES					
TOTAL REVENUES (DPH AND NON-DPH)	21,116	146,620	1,625	1,625	170,987
CBHS UNITS OF SVCS/TIME AND UNIT COST:					
UNITS OF SERVICE ¹					
UNITS OF TIME ²					
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	2.08	2.68	3.99	4.86	0.00
COST PER UNIT--DPH RATE (DPH REVENUES ONLY)	2.08	2.68	3.99	4.86	0.00
PUBLISHED RATE (MEDICAL PROVIDERS ONLY)					
UNDULICATED CLIENTS	10	10	10	10	

¹Units of Service: Days, Client Day, Full Day/Half-Day

²Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

FISCAL YEAR:		2010/2011		APPENDIX #: B-5	
LEGAL ENTITY NAME:		Seneca Center		PROVIDER #: 38CQ	
PROVIDER NAME:		Seneca Center		8/16/2010	
REPORTING UNIT NAME:	ST Connections	ST Connections	ST Connections	ST Connections	
REPORTING UNIT:	38CQ3	38CQ3	38CQ3	38CQ3	
MODE OF SVCS / SERVICE FUNCTION CODE	15/01-08	15/10-59	15/70-79	15/60-69	
SERVICE DESCRIPTION	Case Mgt Brokerage	MH Svcs	Crisis Intervention-OP	Med Support	TOTAL
CBHS FUNDING TERM:	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	
FUNDING USES:					
SALARIES & EMPLOYEE BENEFITS	15,702	115,263	6,149	2,748	139,862
OPERATING EXPENSE	4,484	30,407	1,750	786	37,447
CAPITAL OUTLAY (COST \$5,000 AND OVER)					0
SUBTOTAL DIRECT COSTS	20,186	145,670	7,899	3,534	177,309
INDIRECT COST AMOUNT	2,658	19,338	1,119	500	23,815
TOTAL FUNDING USES:	23,062	165,008	9,028	4,034	201,124
CBHS MENTAL HEALTH FUNDING SOURCES:					
FEDERAL REVENUES - click below					
SDMC Regular FFP (50%)	10,816	73,166	4,236	1,893	90,130
ARRA SDMC FFP (11.59)	2,507	16,665	982	439	20,893
STATE REVENUES - click below					
EPSDT State Match	7,228	48,908	2,831	1,265	60,231
Family Mosaic Capitated Medi-Cal					-
CTF Fund (Crimly Tx Facility)					-
GRANTS - click below					
CFDA #:					
Please enter other here if not in pull down					
PRIOR YEAR ROLL OVER - click below					
WORK ORDERS - click below					
HSA (Human Svcs Agency)		9,013			9,013
Please enter other here if not in pull down					
3RD PARTY PAYOR REVENUES - click below					
Please enter other here if not in pull down					
REALIGNMENT FUNDS					
COUNTY GENERAL FUND	2,503	16936	880	438	20,857
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	23,062	165,008	9,028	4,034	201,124
CBHS SUBSTANCE ABUSE FUNDING SOURCES:					
FEDERAL REVENUES - click below					
STATE REVENUES - click below					
GRANTS/PROJECTS - click below					
CFDA #:					
Please enter other here if not in pull down					
WORK ORDERS - click below					
Please enter other here if not in pull down					
3RD PARTY PAYOR REVENUES - click below					
Please enter other here if not in pull down					
COUNTY GENERAL FUND					-
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	0	0	0	0	0
TOTAL DPH REVENUES	23,062	165,008	9,028	4,034	201,124
NON-DPH REVENUES - click below					
TOTAL NON-DPH REVENUES	0	0	0	0	0
TOTAL REVENUES (DPH AND NON-DPH)	23,062	165,008	9,028	4,034	201,124
CBHS UNITS OF SVCS/TIME AND UNIT COST:					
UNITS OF SERVICE ¹					0
UNITS OF TIME ²	11,083	61,586	2,263	813	75,728
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	2.08	2.68	3.99	4.96	0.00
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	2.08	2.68	3.99	4.96	0.00
PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY)					
UNDUPLICATED CLIENTS	60	60	60	60	

¹Units of Service: Days, Client Day, Full Day/Half-Day
²Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

FISCAL YEAR: 2010/2011		APPENDIX #: B-7			
LEGAL ENTITY NAME: Seneca Center		PROVIDER #: 38CQ			
PROVIDER NAME: Seneca Center		8/16/2010			
REPORTING UNIT NAME:	LT Connections Probation	LT Connections Probation	LT Connections Probation	LT Connections Probation	
REPORTING UNIT:	38CQ4	38CQ4	38CQ4	38CQ4	
MODE OF SVCS / SERVICE FUNCTION CODE	15/01-09	15/10-59	15/70-79	15/60-69	
SERVICE DESCRIPTION	Case Mgt Brokerage	MH Svcs	Crisis Intervention-OP	Medication support	TOTAL
CBHS FUNDING TERM:	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	
FUNDING USES:					
SALARIES & EMPLOYEE BENEFITS	39,199	241,218	15,076	6,030	301,523
OPERATING EXPENSE	6,128	37,711	2,367	943	47,139
CAPITAL OUTLAY (COST \$5,000 AND OVER)					0
SUBTOTAL DIRECT COSTS	45,327	278,929	17,443	6,973	348,669
INDIRECT COST AMOUNT	5,166	31,791	1,987	785	39,739
TOTAL FUNDING USES:	50,493	310,720	19,430	7,758	388,400
CBHS MENTAL HEALTH FUNDING SOURCES:					
FEDERAL REVENUES - click below					
SDMC Regular FFP (60%)	25,247	155,360	9,710	3,804	194,200
APRA SDMC FFP (11.59)	5,652	35,013	2,251	900	45,016
STATE REVENUES - click below					
EPSDT State Match	18,870	103,811	6,468	2,595	129,744
Family Mosaic Capitated Med-Cal					0
GRANTS - click below					
CFDA #:					0
Please enter other here if not in pull down					
PRIOR YEAR ROLL OVER - click below					
WORK ORDERS - click below					
HSA (Human Svcs Agency)	2,626	15,535	971	368	19,420
Please enter other here if not in pull down					
3RD PARTY PAYOR REVENUES - click below					
Please enter other here if not in pull down					
REALIGNMENT FUNDS					
COUNTY GENERAL FUND					
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	50,493	310,720	19,420	7,767	388,400
CBHS SUBSTANCE ABUSE FUNDING SOURCES:					
FEDERAL REVENUES - click below					
STATE REVENUES - click below					
GRANTS/PROJECTS - click below					
CFDA #:					0
Please enter other here if not in pull down					
WORK ORDERS - click below					
Please enter other here if not in pull down					
3RD PARTY PAYOR REVENUES - click below					
Please enter other here if not in pull down					
COUNTY GENERAL FUND					
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES					0
TOTAL DPH REVENUES	50,493	310,720	19,420	7,767	388,400
NON-DPH REVENUES - click below					
TOTAL NON-DPH REVENUES	0	0	0	0	0
TOTAL REVENUES (DPH AND NON-DPH)	50,493	310,720	19,420	7,767	388,400
CBHS UNITS OF SVCS/TIME AND UNIT COST:					
UNITS OF SERVICE ¹					
UNITS OF TIME ²					
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	2.06	2.68	3.99	4.96	
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	2.06	2.68	3.99	4.96	
PUBLISHED RATE (MEDICAL PROVIDERS ONLY)					
UNDULICATED CLIENTS	120	120	120	120	

¹Units of Service: Days, Client Day, Full Day/Half-Day

²Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

FISCAL YEAR: 2010/2011		APPENDIX #: B6	
LEGAL ENTITY NAME: Seneca Center		PROVIDER #: 8980	
PROVIDER NAME: Seneca Center		8/16/2010	
REPORTING UNIT NAME:	San Leandro		
REPORTING UNIT:	Day Treatment		
MODE OF SVCS / SERVICE FUNCTION CODE:	89602		
SERVICE DESCRIPTION:	Day Tx Intensive Full day		TOTAL
CBHS FUNDING TERM: 1/1/10-3/31/11			
FUNDING USES:			
SALARIES & EMPLOYEE BENEFITS	81,078		81,078
OPERATING EXPENSE	3,700		3,700
CAPITAL OUTLAY (COST \$5,000 AND OVER)			0
SUBTOTAL DIRECT COSTS	84,778		84,778
INDIRECT COST AMOUNT	10,610		10,610
TOTAL FUNDING USES:	95,388		95,388
CBHS MENTAL HEALTH FUNDING SOURCES:			
FEDERAL REVENUES - click below			
SDMC Regular FFP (50%)	47,690		47,690
ARRA SDMC FFP (11.59)	11,056		11,056
STATE REVENUES - click below			
EPSDT State Match	31,674		31,674
Family Mosaic Capitated Medi-Cal			0
MHSA			0
GRANTS - click below			
CFDA #:			0
Please enter other here if not in pull down			
PRIOR YEAR ROLL OVER - click below			
MHSA			
WORK ORDERS - click below			
County Work Order Fund			0
HSA (Human Svcs Agency)			0
Please enter other here if not in pull down			
3RD PARTY PAYOR REVENUES - click below			
Please enter other here if not in pull down			
REALIGNMENT FUNDS			
COUNTY GENERAL FUND	4,768		4,768
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	95,388		95,388
CBHS SUBSTANCE ABUSE FUNDING SOURCES:			
FEDERAL REVENUES - click below			
STATE REVENUES - click below			
GRANTS/PROJECTS - click below			
CFDA #:			-
Please enter other here if not in pull down			
WORK ORDERS - click below			
Please enter other here if not in pull down			
3RD PARTY PAYOR REVENUES - click below			
Please enter other here if not in pull down			
COUNTY GENERAL FUND			
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES			-
TOTAL DPH REVENUES	95,388		95,388
NON-DPH REVENUES - click below			
TOTAL NON-DPH REVENUES			
	0		0
TOTAL REVENUES (DPH AND NON-DPH)	95,388		95,388
CBHS UNITS OF SVCS/TIME AND UNIT COST:			
UNITS OF SERVICE ¹	537		
UNITS OF TIME ²			
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	177.55		
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	177.55		
PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY)			
UNDUPLICATED CLIENTS	5		

¹Units of Service: Days, Client Day, Full Day/Half-Day

²Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

FISCAL YEAR: 2010/2011		APPENDIX #: B9	
LEGAL ENTITY NAME: Seneca Center		PROVIDER #: 3BCA	
PROVIDER NAME: Seneca Center		8/16/2010	
REPORTING UNIT NAME:		Oak Grove Day Treatment	
REPORTING UNIT:		3BCA2	
MODE OF SVCS / SERVICE FUNCTION CODE:		10/85-89	
SERVICE DESCRIPTION:		Day Tx Intensive Full day	TOTAL
CBHS FUNDING TERM:			
FUNDING USES:			
SALARIES & EMPLOYEE BENEFITS		12,772	12,772
OPERATING EXPENSE		300	300
CAPITAL OUTLAY (COST \$5,000 AND OVER)			0
SUBTOTAL DIRECT COSTS		13,072	13,072
INDIRECT COST AMOUNT		1,541	1,541
TOTAL FUNDING USES:		14,613	14,613
CBHS MENTAL HEALTH FUNDING SOURCES:			
FEDERAL REVENUES - click below			
SDMC Regular FFP (50%)		7,310	7,310
ARRA SDMC FFP (11.59)		1,694	1,694
STATE REVENUES - click below			
EPSOT State Match		4,678	4,678
Family Mosaic Capitated Medi-Cal			
MHSA			0
GRANTS - click below	CFDA #:		0
Please enter other here if not in pull down			
PRIOR YEAR ROLL OVER - click below			
MHSA			
WORK ORDERS - click below			
County Work Order Fund			
HSA (Human Svcs Agency)			
Please enter other here if not in pull down			
3RD PARTY PAYOR REVENUES - click below			
Please enter other here if not in pull down			
REALIGNMENT FUNDS			
COUNTY GENERAL FUND		791	791
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES:			
CBHS SUBSTANCE ABUSE FUNDING SOURCES:			
FEDERAL REVENUES - click below			
STATE REVENUES - click below			
GRANTS/PROJECTS - click below			
CFDA #:			
Please enter other here if not in pull down			
WORK ORDERS - click below			
Please enter other here if not in pull down			
3RD PARTY PAYOR REVENUES - click below			
Please enter other here if not in pull down			
COUNTY GENERAL FUND			
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES:			
TOTAL DPH REVENUES:			
NON-DPH REVENUES - click below			
TOTAL NON-DPH REVENUES			
TOTAL REVENUES (DPH AND NON-DPH):			
CBHS UNITS OF SVCS/TIME AND UNIT COST:			
UNITS OF SERVICE ¹		68	
UNITS OF TIME ²			
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)		214.90	
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)		214.90	
PUBLISHED RATE (MEDICAL PROVIDERS ONLY)			
UNDULICATED CLIENTS		1	

¹Units of Service: Days, Client Day, Full Day/Half-Day
²Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

DPH 2: Department of Public Health Cost Reporting/Data Collection (CHRC)

FISCAL YEAR: 2010/2011		APPENDIX #: B 10	
LEGAL ENTITY NAME: Seneca Center		PROVIDER #: 38CQ	
PROVIDER NAME: Seneca Center		8/16/2010	
REPORTING UNIT NAME:		Parent Training Institute	
REPORTING UNIT:		38CQPTI	
MODE OF SVCS / SERVICE FUNCTION CODE:		80/78	
SERVICE DESCRIPTION:		Flexible Support Expenditure (Cost Reimbursement)	TOTAL
CBHS FUNDING TERM:		7/1/10-6/30/11	
FUNDING USES:			
SALARIES & EMPLOYEE BENEFITS		107,596	107,596
OPERATING EXPENSE		600	600
CAPITAL OUTLAY (COST \$5,000 AND OVER)			0
SUBTOTAL DIRECT COSTS		108,196	108,196
INDIRECT COST AMOUNT		1,804	1,804
TOTAL FUNDING USES:		110,000	110,000
CBHS MENTAL HEALTH FUNDING SOURCES:			
FEDERAL REVENUES - click below			
SDMC Regular PFP (50%)			-
ARRA SDMC PFP (11.5%)			-
STATE REVENUES - click below			
EFSOT State Match			-
Family Mosaic Capitated Medi-Cal			-
MHSA			-
GRANTS - click below CPDA #:			
			-
Please enter other here if not in pull down			
PRIOR YEAR ROLL OVER - click below			
MHSA			-
WORK ORDERS - click below			
County Work Order Fund			-
HSA (Human Svcs Agency)		110,000	110,000
Please enter other here if not in pull down			
3RD PARTY PAYOR REVENUES - click below			
			-
Please enter other here if not in pull down			
REALIGNMENT FUNDS			
COUNTY GENERAL FUND			-
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES:		110,000	110,000
CBHS SUBSTANCE ABUSE FUNDING SOURCES:			
FEDERAL REVENUES - click below			
STATE REVENUES - click below			
GRANTS/PROJECTS - click below CPDA #:			
			-
Please enter other here if not in pull down			
WORK ORDERS - click below			
			-
Please enter other here if not in pull down			
3RD PARTY PAYOR REVENUES - click below			
			-
Please enter other here if not in pull down			
COUNTY GENERAL FUND			-
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES:		0	0
TOTAL DPH REVENUES		110,000	110,000
NON-DPH REVENUES - click below			
TOTAL NON-DPH REVENUES		0	0
TOTAL REVENUES (DPH AND NON-DPH)		110,000	110,000
CBHS UNITS OF SVCS/TIME AND UNIT COST:			
UNITS OF SERVICE ¹		1	
UNITS OF TIME ²			
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)		n/a	
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)		n/a	
PUBLISHED RATE (MEDICAL PROVIDERS ONLY)			
UNDUPLICATED CLIENTS		0	

¹Units of Service: Days, Client Day, Full Day/Half-Day

²Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

FISCAL YEAR: 2010/2011		APPENDIX #: B-11				
LEGAL ENTITY NAME: Seneca Center		PROVIDER #: 38HD				
PROVIDER NAME: Seneca Center		8/16/2010				
REPORTING UNIT NAME:		MST	MST	MST	MST	MST
REPORTING UNIT:		38HDOP	38HDOP	38HDOP	38HDOP	Cost Reimbursement
MODE OF SVCS / SERVICE FUNCTION CODE		15/01-09	15/10-59	15/60-89	15/70-79	80/72
SERVICE DESCRIPTION		Case management	Mental Health Services	Medication Support	Crisis Services	Flexible Support Expenditure
OBHS FUNDING TERM:		7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11
FUNDING USES:						
SALARIES & EMPLOYEE BENEFITS		15,112	104,886	4,807	5,808	124,293
OPERATING EXPENSE		3,825	27,262	1,249	1,508	24,811
CAPITAL OUTLAY (COST \$5,000 AND OVER)						0
SUBTOTAL DIRECT COSTS		18,937	132,228	6,056	7,316	149,164
INDIRECT COST AMOUNT		2,258	15,683	718	867	16,126
TOTAL FUNDING USES:		21,265	147,911	6,774	8,183	165,290
OBHS MENTAL HEALTH FUNDING SOURCES						
FEDERAL REVENUES - click below						
SDMC Regular FFP (50%)		10,848	73,955	3,387	4,091	92,281
ARRA SDMC FFP (11.5%)		2,468	17,149	786	948	21,341
STATE REVENUES - click below						
EPSDT State Match		7,116	49,416	2,282	2,733	61,526
Family Mosaic Capitalized Medi-Cal						
MHSA						
GRANTS - click below	CFDA #:					
Please enter other here if not in pull down						
PRIOR YEAR ROLL OVER - click below						
MHSA						
WORK ORDERS - click below						
County Work Order Fund						
HSA (Human Svcs Agency)						
Please enter other here if not in pull down						
3RD PARTY PAYOR REVENUES - click below						
Please enter other here if not in pull down						
REALIGNMENT FUNDS		1,065	7,395	339	408	9,207
COUNTY GENERAL FUND						167,282
TOTAL OBHS MENTAL HEALTH FUNDING SOURCES		21,265	147,911	6,774	8,183	165,290
OBHS SUBSTANCE ABUSE FUNDING SOURCES						
FEDERAL REVENUES - click below						
STATE REVENUES - click below						
GRANTS/PROJECTS - click below	CFDA #:					
Please enter other here if not in pull down						
WORK ORDERS - click below						
Please enter other here if not in pull down						
3RD PARTY PAYOR REVENUES - click below						
Please enter other here if not in pull down						
COUNTY GENERAL FUND						
TOTAL OBHS SUBSTANCE ABUSE FUNDING SOURCES						
TOTAL DPH REVENUES		21,265	147,911	6,774	8,183	165,290
NON-DPH REVENUES - click below						
TOTAL NON-DPH REVENUES						
TOTAL REVENUES (DPH AND NON-DPH)		21,265	147,911	6,774	8,183	165,290
CBHS UNITS OF SVCS/TIME AND UNIT COST:						
UNITS OF SERVICE ¹						1
UNITS OF TIME ²		10,592	85,670	1,405	2,105	0
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)		2.02	2.61	4.82	3.88	N/A
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)						
PUBLISHED RATE (MEDICAL PROVIDERS ONLY)						
UNDUPLICATED CLIENTS		15				15

¹Units of Service: Days, Client Day, Full Day/Half-Day

²Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

DPH 2: Department of Health Cost Reporting/Data Collection (C...C)

FISCAL YEAR: 2010/2011		APPENDIX #: B-12		
LEGAL ENTITY NAME: Seneca Center		PROVIDER #: 38HD		
PROVIDER NAME: Seneca Center		8/16/2010		
REPORTING UNIT NAME:	MHSA Pace	MHSA Pace	MHSA Pace	
REPORTING UNIT:	38HD2	38HD2	38HD2	
MODE OF SVCS / SERVICE FUNCTION CODE	60/72	60/72	60/72	
SERVICE DESCRIPTION:	Flexible Support Expenditure (cost reimbursement)	Flexible Support Expenditure (cost reimbursement)	Flexible Support Expenditure	TOTAL
CBHS FUNDING TERM: 7/1/10-6/30/11				
FUNDING USES:				
SALARIES & EMPLOYEE BENEFITS	236,701	76,355	68,720	381,776
OPERATING EXPENSE	39,191	12,531	10,946	63,668
CAPITAL OUTLAY (COST \$5,000 AND OVER)				0
SUBTOTAL DIRECT COSTS	275,892	88,886	79,666	444,844
INDIRECT COST AMOUNT	33,108	10,714	9,560	53,382
TOTAL FUNDING USES:	308,000	100,000	89,226	498,226
CBHS MENTAL HEALTH FUNDING SOURCES				
FEDERAL REVENUES - click below				
SDMC Regular FFP (50%)			44,610	44,610
ARRA SDMC FFP (11.5%)			10,341	10,341
STATE REVENUES - click below				
EPSDT State Match			29,811	29,811
Family Mosaic Capitated Medi-Cal				
MHSA	308,000			308,000
GRANTS - click below				
CFDA #:				
Please enter other here if not in pull down				
PRIOR YEAR ROLL OVER - click below				
MHSA		100,000		100,000
WORK ORDERS - click below				
County Work Order Fund				
HSA (Human Svcs Agency)				
Please enter other here if not in pull down				
3RD PARTY PAYOR REVENUES - click below				
Please enter other here if not in pull down				
REALIGNMENT FUNDS				
COUNTY GENERAL FUND			4461	4,461
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES: 308,000 100,000 89,226 498,226				
CBHS SUBSTANCE ABUSE FUNDING SOURCES:				
FEDERAL REVENUES - click below				
STATE REVENUES - click below				
GRANTS/PROJECTS - click below				
CFDA #:				
Please enter other here if not in pull down				
WORK ORDERS - click below				
Please enter other here if not in pull down				
3RD PARTY PAYOR REVENUES - click below				
Please enter other here if not in pull down				
COUNTY GENERAL FUND				
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES:				
TOTAL DPH REVENUES: 308,000 100,000 89,226 498,226				
NON-DPH REVENUES - click below				
TOTAL NON-DPH REVENUES				
TOTAL REVENUES (DPH AND NON-DPH): 308,000 100,000 89,226 498,226				
CBHS UNITS OF SVCS/TIME AND UNIT COST:				
UNITS OF SERVICE ¹	1	1	615	
UNITS OF TIME ²			0	
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	308,000.00	100,000.00	145.00	
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)				
PUBLISHED RATE (MEDICAL PROVIDERS ONLY)				
UNDUPLICATED CLIENTS:	195	195	195	

¹Units of Service: Days, Client Day, Full Day/Half-Day

²Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

DPH4: Operating Expenses Detail

APPENDIX #: B-1 Page 2
 Document Date: 08/16/10

Provider Number: 8989
 Provider Name: Seneca Center - CTF Unit SF

Expenditure Category	TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	GRANT #1: State Supplement	GRANT #2: na	WORK ORDER #1: DHS	WORK ORDER #2: DJP
	PROPOSED TRANSACTION Term: FY2010/11	PROPOSED TRANSACTION Term: FY2010/11	PROPOSED TRANSACTION Term: _____	PROPOSED TRANSACTION Term: _____	PROPOSED TRANSACTION Term: _____	PROPOSED TRANSACTION Term: FY2010/11
Contract Services						
Psychiatric Services	150,000	148,795				1,205
Computer and Program Consultant	20,000	19,540				360
Total Contract Services	170,000	168,435				1,565
Program Support						
Office Supplies	16,987	16,687				300
Telephone	6,000	6,000				
Staff Travel-(Local & Out of Town)	7,000	6,900				100
Staff Training	9,000	9,000				
Staff Recruitment	10,000	9,840				160
Total Program Support	48,987	48,427				560
Facility and Vehicle Expense						
Facility Lease	0					
Utilities	0					
Expendable Equipment	8,520	8,520				
Equipment Lease	4,200	3,700				500
Bldg. Mt. and Repair	10,000	10,000				
Vehicle Lease/Depreciation	0	0				
Vehicle Operations	0	0				
Total Facilities/Vehicle Expense	22,720	22,220				500
Child and Family Related Expense						
Food	0					
Household Supplies	1,500	1,500				
Therapeutic Supplies	79,231	77,086				2,145
Medications/Personal Supplies	20,000	20,000				
Child Transportation	6,100	6,100				
Curriculum	0					
Classroom Supplies	0					
Special Events	11,500	11,500				
Family Support	0					
Total Child and Family Expense	118,331	116,186			0	2,145
TOTAL OPERATING EXPENSE	\$360,038	\$355,268	\$0	\$0	\$0	\$4,770

CBHS Budget Justification

Provider Number: 8989
 Provider Name: Seneca Center CTF Unit SF
 Date: 8/16/10

Appendix: B-1, Page 2

Budget Amount	Budget Line Item	Description
Salaries: FTE's	Salary	Total Salary
0.30 X	\$ 131,250 = \$	\$ 39,375 CTF Division Director
0.24 X	\$ 94,500 = \$	\$ 22,680 San Francisco Program Director
2.00 X	\$ 66,000 = \$	\$ 132,000 Assistant Director/Administrator
1.85 X	\$ 81,024 = \$	\$ 149,893 Nurse
3.75 X	\$ 52,000 = \$	\$ 195,000 Christian Therapist
3.62 X	\$ 40,404 = \$	\$ 146,263 Milieu Supervisor/Manager
19.25 X	\$ 31,677 = \$	\$ 609,481 Mental Health Assistant
1.75 X	\$ 38,240 = \$	\$ 66,920 Direct Clinical
2.66 X	\$ 41,880 = \$	\$ 111,514 Shift Coordinator
95.26	\$ 1,534,819	Total Salaries
		\$ 65,159 6.20% Social Security
		\$ 22,205 1.46% Medicare
		\$ 3,437 0.20% Unemployment Insurance
		\$ 111,274 7.25% Workers' Compensation
		\$ 191,602 12.50% Health Insurance
		\$ 20,721 1.36% other
	\$ 445,096	Employee Fringe Benefit Rate
	\$ 1,979,917	Total Salaries and Benefits
Operating Expenses:		
\$	8,520 Expendable Equipment	\$ 8,520 Based on an average of \$710 a month for new equipment
\$	4,200 Equipment Rental	\$ 4,200 Rental of Copier and postage machine
\$	10,000 Building Maintenance	\$ 633 Maintenance for office site (approx \$60/monthly)
\$	22,720 Total Occupancy (Facility and Vehicle Expense)	
\$	160,000 Psychiatric Services	\$ 160,000 These costs are for an CTF psychiatrist to be available on call as needed but in addition to provide medication support, psychiatric assessment and evaluation and treatment consultation services
\$	20,000 Program Consultation	\$ 20,000 Consultant costs to facilitate program
\$	170,000 Total Contract Services	
\$	16,987 Office Supplies, Postage	\$ 16,987 Office Supplies and postage for 96.26 staff - 100% (avg of \$600 per staff)
\$	6,000 Telephone	\$ 6,000 Telephone (avg. \$600 mo) These costs include cell phones, land lines and internet access
\$	7,000 Staff Travel	\$ 7,000 Based on prior years experience. Staff travel is reimbursed at the IRS reimbursement rate per mile. Not all staff travel in this program. However on average \$663 has been reimbursed per month.
\$	9,000 Staff Training	Training costs for 96.26 employees - 100%
\$	10,000 Staff Recruitment	Recruiting Costs for 96.26 employees - 100%
\$	46,987 Total Program Support	
\$	1,500 Household Supplies	\$ 1,500 on Average \$100 month for 15 clients
\$	78,231 Therapeutic Supplies	\$ 78,231 On average \$5,200 is spent a year per client and family. These costs are associated with individualized treatment activities that involve additional resources to implement treatment services. These costs may include meeting basic needs of families to ensure success, allow for creativity when determining treatment implementation strategies
\$	20,000 Medication and Personal Supplies	\$ 20,000 On average \$1333 per client based on 15 clients
\$	6,100 Child Transportation	\$ 6,100 Based on Monthly travel costs of \$500
\$	11,500 Special Events	\$ 11,500 Camp costs of \$6000, from \$2000 and other outings.
\$	118,331	
\$	380,636	Total Operating Costs
\$	2,339,955	Total Direct Costs (Salaries & Benefits and Operating Expenses)

DPH4: Operating Expenses Detail

APPENDIX #: B-2 Page 2
 Document Date: 08/16/10

Provider Number: 38CQ
 Provider Name: Seneca Center - TBS SF

Expenditure Category

Contract Services
Psychiatric Services
Program Consultation
Computer and Program Consultant
Program Services(Speech, Trans.)
Total Contract Services
Program Support
Office Supplies
Telephones
Staff Travel-(Local & Out of Town)
Staff Training
Staff Recruitment
Total Program Support
Facility and Vehicle Expense
Facility Lease
Utilities
Expendable Equipment
Equipment Lease
Bldg. Mt. and Repair
Vehicle Lease/Depreciation
Vehicle Operations
Total Facilities/Vehicle Expense
Child and Family Related Expense
Food
Household Supplies
Therapeutic Supplies
Medications/Personal Supplies
Child Transportation
Curriculum
Classroom Supplies
Special Events
Family Support
Total Child and Family Expense

TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	GRANT #1: State Supplement	GRANT #2: na	WORK ORDER #1: DHS	WORK ORDER #2: DJP
PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION
Term: 7/1/10-6/30/11	Term: 7/1/10-6/30/11	Term: _____	Term: _____	Term: _____	Term: _____
0					
0					
0					
0					
0	0				
2,700	2,700				
7,200	7,200				
6,000	6,000				
0					
3,341	3,341				
19,241	19,241				
0					
0					
1,000	1,000				
0					
1,500	1,500				
0					
0	0				
2,500	2,500				
0					
0					
5,311	5,311				
3,000	3,000				
1,000	1,000				
0					
0					
0					
0					
9,311	9,311				
\$31,052	\$31,052	\$0	\$0	\$0	\$0

TOTAL OPERATING EXPENSE

CBHS Budget Justification

Provider Number: 38CQ
 Provider Name: Seneca Center TBS - SF
 Date: 8/18/10

Appendix: B-2, Page 3

Budget Amount	Budget Line Item	Description
Salaries: FTE's	Salary	Total Salary
0.40 X	\$ 65,000 = \$	26,000 Assisi. Director
		Supervisor the Clinicians and Behavioral Specialist providing TBS Services
3.15 X	\$ 50,000 = \$	157,500 TBS Clinician
		To Provide behaviorally-focused mental health services to children and families
6.50 X	\$ 31,688 = \$	205,842 TBS Coach
		To Provide behaviorally-focused mental health services to children and families.
0.75 X	\$ 32,960 = \$	24,980 Direct Clerical
		Provides on-going administrative support to all staff
10.80	\$	414,382 Total Salaries
		\$ 25,687 6.20% Social Security
		\$ 8,007 1.42% Medicare
		\$ 1,036 0.25% Unemployment Insurance
		\$ 86,037 7.25% Workers' Compensation
		\$ 51,766 12.50% Health Insurance
		\$ 5,883 1.35% other
	\$ 120,148	Employee Fringe Benefit Rate
	\$	126,146 29.00% Total Employee Fringe Benefit Rate
	\$	534,450 Total Salaries and Benefits
Operating Expenses:		
\$	1,000	Expendable Equipment
		Equipment Lease
	\$	1,000 Based on an average of \$83.33 a month for new equipment
		Rental of Copier and postage machine for 350 month
\$	1,500	Building Maintenance
		Maintenance for office site (approx \$125/month)
\$	2,500	Total Occupancy (Facility and Vehicle Expense)
\$	2,700	Office Supplies, Postage
		Office Supplies and postage for 10.80 staff - 100% (avg of \$250 per staff)
\$	7,200	Telephone
		Telephone (avg. \$600 mo)
\$	6,000	Staff Travel
		Based on past experience for conf and travel
\$		Staff Training
		Training costs for 36.28 employees - 100%
\$	3,341	Staff Recruitment
		Recruiting Costs for 10.08 employees - 100%
\$	19,241	Total Program Support
		Household Supplies
\$	5,311	Therapeutic Supplies
		5311 On average \$442/month per client
\$	3,000	Medications and Personal Supplies
		3000 Based on \$250/ month
\$	1,000	Child Transportation
		1000 Based on \$83.33/ month
\$	9,311	
\$	31,052	Total Operating Costs
\$	565,502	Total Direct Costs (Salaries & Benefits and Operating Expenses)

DPH3: Salaries & Benefits Detail

Provider Number: 8989
 Provider Name: Seneca Center - CTF Supplement SF

POSITION TITLE	TOTAL		GENERAL FUND & OTHER REVENUE		GRANT #1: State Supplement		GRANT #2:		WORK ORDER #1: DHS		ORDER #2: DJP	
	Proposed Transaction Term: 7/1/10-6/30/11		Proposed Transaction Term: 7/1/10-6/30/11		Proposed Transaction Term:		Proposed Transaction Term:		Proposed Transaction Term:		Proposed Transaction Term:	
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
Mileau Supervisor	0.90	35,381	0.90	35,381								
Mental Health Assl.	2.25	70,902	2.25	70,902								
TOTALS	3.15	\$106,283	3.15	\$106,283	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0

EMPLOYEE FRINGE BENEFITS 28% \$29,759 28% \$29,759 28% \$0 28% \$0 28% \$0 28% \$0

TOTAL SALARIES & BENEFITS **\$136,042** **\$136,042** **\$0** **\$0** **\$0** **\$0**

OPH #2 (CMHS & CSAS) #REF!

CBHS Budget Justification

Provider Number: 6989

Appendix B-3, Page 2

Provider Name: Seneca Center CTF Supplement - SF
 Date: 8/16/10

Budget Amount	Budget Line Item	Description
Salaries: FTE's	Salary	Total Salary
0.80 X	\$ 86,912 =	\$ 69,529
	Milieu Supervisor	Responsible for maintaining a safe milieu environment and ensuring successful implementation of Therapeutic-behavioral programs within the milieu
2.25 X	\$ 31,512 =	\$ 70,902
	Mental Health Assistant	Works as part of a therapeutic team to provide appropriate adult role model for children
3.15	\$ 106,283	Total Salaries
		\$ 6,590 6.20% Social Security
		\$ 1,541 1.45% Medicare
		\$ 286 0.28% Unemployment Insurance
		\$ 7,706 7.28% Workers' Compensation
		\$ 19,285 12.50% Health Insurance
		\$ 372 0.35% other
	\$ 29,759	Employee Fringe Benefit Rate
	\$ 136,042	Total Salaries and Benefits
	\$ 136,042	Total Direct Costs (Salaries & Benefits and Operating Expenses)

CBHS Budget Justification

Provider Number: 38CQ

Appendix: Appendix: B-4, Page 3

Provider Name: Seneca Center MTFC Placement
Date: 8/18/10

Budget Amount	Budget Line Item	Description
Salaries: FTE's		
	<u>Salary</u>	<u>Total Salary</u>
0.06 X	\$ 84,000 = \$	6,720 Wrap Services Director
		Provides organizational leadership for coordinating Wrap Services
0.25 X	\$ 74,550 = \$	18,638 Licensed Clinical Supervisor
		Responsible for providing supervision to Team leaders and ensuring Seneca's practices are implemented correctly
1.00 X	\$ 52,800 = \$	52,800 Therapist/Social Worker
		Provide on-going mental health services to clients.
1.00 X	\$ 32,760 = \$	32,760 Mental Health Assistant
		Works as part of a therapeutic team to provide appropriate adult role model for children
2.33	\$ 110,918	Total Salaries
		\$ 6,677 6.20% Social Security
		\$ 1,808 1.45% Medicare
		\$ 277 0.25% Unemployment Insurance
		\$ 8,042 7.25% Workers' Compensation
		\$ 13,866 12.50% Health Insurance
		\$ 1,486 1.35% other
	\$ 32,168	Employee Fringe Benefit Rate
	\$ 143,086	Total Salaries and Benefits
		Operating Expenses:
	\$ 1,480	Office Supplies, Postage
	\$ 1,500	Telephone
	\$ 2,800	Staff Training
	\$ -	
	\$ 5,780	Total Program Support
		Office Supplies and postage for 2.33 staff - 100% (avg of \$640 per staff)
		Printing and Reproduction - approximately \$125/month
		Training costs for 2.33 employees - 100%
		Recruiting Costs for 10.08 employees - 100%
	\$ 3,939	Shelter Costs
	\$ 3,939	5311 Based on past experience, as needed basis per family
	\$ 8,729	Total Operating Costs
	\$ 152,815	Total Direct Costs (Salaries & Benefits and Operating Expenses)

DPH4: Operating Expenses Detail

APPENDIX #: B-5 Page 2
 Document Date: 08/16/10

Provider Number: 38CQ
 Provider Name: Seneca Center - Short Term Intensive Support Services

Expenditure Category	TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	GRANT #1: State Supplement	GRANT #2: na	WORK ORDER #1: DHS	WORK ORDER
	PROPOSED TRANSACTION Term: 7/1/10-6/30/11	PROPOSED TRANSACTION Term: 7/1/10-6/30/11	PROPOSED TRANSACTION Term: _____	PROPOSED TRANSACTION Term: _____	PROPOSED TRANSACTION Term: 7/1/10-6/30/11	PROPOSED TRANSACTION Term: _____
Contract Services						
Psychiatric Services	1,000	1,000				
Program Services(Speech, Trans., computers)	3,000	3,000				
Total Contract Services	4,000	4,000				
Program Support						
Office Supplies	1,175	1,175				
Telephone	2,180	1,680			500	
Staff Travel-(Local & Out of Town)	2,820	2,320			500	
Staff Training	588	588				
Staff Recruitment	705	705				
Total Program Support	7,468	6,468			1,000	
Facility and Vehicle Expense						
Facility Lease	12,000	11,500			500	
Utilities	975	975				
Expendable Equipment	1,910	1,410			500	
Equipment Lease	900	900				
Bldg. Mt. and Repair	881	881				
Vehicle Lease/Depreciation	0					
Vehicle Operations	0					
Total Facilities/Vehicle Expense	16,666	15,666			1,000	
Child and Family Related Expense						
Food	0					
Household Supplies	0					
Therapeutic Supplies	0					
Medications/Personal Supplies	2,300	1,300			1,000	
Child Transportation	1,000	1,000				
Curriculum	0					
Classroom Supplies	6,013				6,013	
Special Events	0					
Family Support	0					
Total Child and Family Expense	9,313	2,300			7,013	
TOTAL OPERATING EXPENSE	\$37,447	\$28,434	\$0	\$0	\$9,013	\$0
DPH #3 (CMHS & CSAS)						

CBHS Budget Justification

Provider Number: 38CQ

Appendix B-5, Page 3

Provider Name: Seneca Center ST Connections Intensive Support Services
 Date: 8/16/10

Budget Amount	Budget Line Item	Description
Salaries: FTE's		
	Salary	Total Salary
0.10 X	\$ 94,500 =	\$ 9,450 San Francisco Program Director
		Responsible for program development and oversight for all of Seneca's Community Based Programs
0.15 X	\$ 74,550 =	\$ 11,185 Program Manager
		Provides organizational leadership for the operation of the program on a daily basis and oversees the ongoing development of the wrap around program
1.00 X	\$ 52,800 =	\$ 52,800 Clinicians
		Provide time-limited child and family series with an emphasis in crisis stabilization and emergency planning
1.00 X	\$ 31,688 =	\$ 31,688 Support counselors
		Provides Family based mental health counseling, support, crisis intervention and case management services to children and families.
0.10 X	\$ 33,280 =	\$ 3,328 Direct Clerical
		Provides on-going administrative support to all staff
2.35	\$	108,430 Total Salaries
		\$ 6,720 6.20% Social Security
		\$ 1,572 1.45% Medicare
		\$ 271 0.25% Unemployment Insurance
		\$ 7,661 7.25% Workers' Compensation
		\$ 13,554 12.50% Health Insurance
		\$ 1,452 1.35% other
	\$ 31,433 Employee Fringe Benefit Rate	\$ 31,433 29.00% Total Employee Fringe Benefit Rate
	\$	139,862 Total Salaries and Benefits
Operating Expenses:		
\$	12,000 Facility Lease	\$ 12,000 Monthly Rent of 1000 * 12 months
\$	975 Utilities	\$ 975 Gas & Electric average \$82/month
\$	1,910 Expendable Equipment	\$ 1,910 Based on an average of \$160 a month for new equipment
\$	900 Equipment Rental	900 Rental of Copier and postage machine
\$	681 Building Maintenance	Maintenance for office site (approx \$75/month)
\$	16,666 Total Occupancy (Facility and Vehicle Expense)	
\$	1,000 Psychiatric Services	\$ 1,000 Based on one hour a month
\$	3,000 Program Consultation	\$ 3,000 Consultant costs to facilitate a Task Force and training
\$	4,000 Total Contract Services	
\$	1,175 Office Supplies, Postage	Office Supplies and postage for 2.35 staff - 100% (avg of \$500 per staff)
\$	2,180 Telephone	Telephone (avg. \$1,81 mo)
\$	2,020 Staff Travel	Based on average of 2.35 FTE staff for mileage reimb, based on \$1200 per FTE
\$	588 Staff Training	Training costs for 2.35 employees - 100%
\$	705 Staff Recruitment	Recruiting Costs for 2.35 employees - 100%
\$	7,466 Total Program Support	
\$	2,900 Medication/Personal Supplies	Based on monthly expense of \$101
\$	1,000 Child Transportation	Based on monthly expense of \$83
\$	6,012 Supplies	Based on budget of \$100 per client
\$	9,912	
\$	37,447 Total Operating Costs	
\$	177,309 Total Direct Costs (Salaries & Benefits and Operating Expenses)	

DPH3: Salaries & Benefits Detail

APPENDIX #: B-6 Page 1
Document Date: 8/16/10

Provider Number: 38CQ
Provider Name: Seneca Center - Long Term Connections Intensive Support Services

POSITION TITLE	TOTAL		General Fund & Other Revenue		WORK ORDER #1:		MHSA		GRANT #2:		WORK ORDER	
	Proposed Transaction Term: 7/1/10-6/30/11		Proposed Transaction Term: 7/1/10-6/30/11		Proposed Transaction Term: _____		Proposed Transaction Term: 7/1/10-6/30/11		Proposed Transaction Term: 7/1/10-6/30/11		Proposed Transaction Term: _____	
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
Regional Director	0.25	32,500	0.25	32,500								
Program Services Director	0.50	42,500	0.50	42,500								
Wrap Services Director	1.00	83,152	0.90	74,837					0.10	8,315		
Asst. Director/Administrator	2.00	164,800	1.75	144,200					0.25	20,600		
Team Supervisor	1.00	60,000	1.00	60,000								
Care Coordinator/Facilitators	31.00	1,438,187	27.00	1,252,787			2.50	115,875	1.50	69,525		
Family Specialist Supervisor	4.00	204,000	3.75	191,250					0.25	12,750		
Family Specialist/Counselors	28.00	1,045,520	26.00	970,840			1.50	56,010	0.50	18,670		
QA Billing Specialist	1.50	55,500	1.00	37,000					0.50	18,500		
Administrative Support	2.35	78,800	1.85	61,050					0.50	17,750		
TOTALS	71.60	\$3,204,959	64.00	\$2,866,964	0.00	\$0	4.00	\$171,885	3.60	\$166,110	0.00	\$0

EMPLOYEE FRINGE BENEFITS	29%	\$929,438	29%	\$831,419	29%	\$0	29%	\$49,847	29%	\$48,172	29%	\$0
TOTAL SALARIES & BENEFITS		\$4,134,397		\$3,698,383		\$0		\$221,732		\$214,282		\$0

DPH #2 (CMHS & CSAS)

#REF!

DPH4: Operating Expenses Detail

APPENDIX #: B-6 Page 2
 Document Date: 08/16/10

Provider Number 38CQ
 Provider Name: Seneca Center - Long Term Connections Intensive Support Services

Expenditure Category	TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	WORK ORDER #1:	MHSA	GRANT #2: na	WORK ORDER
	PROPOSED TRANSACTION Term: 7/1/10-6/30/11	PROPOSED TRANSACTION Term: 7/1/10-6/30/11	PROPOSED TRANSACTION Term:	PROPOSED TRANSACTION Term: 7/1/10-6/30/11	PROPOSED TRANSACTION Term: 7/1/10-6/30/11	PROPOSED TRANSACTION Term:
Contract Services						
Psychiatric Services	186,000	180,000		6,000		
Computer and Program Consultant	25,000	20,000		5,000		
Total Contract Services	211,000	200,000	0	11,000		
Program Support						
Office Supplies	36,489	33,000		2,000	1,489	
Telephone	13,000	10,000		1,000	2,000	
Staff Travel-(Local & Out of Town)	46,155	46,155				
Staff Training	11,129	11,129				
Staff Recruitment	12,000	12,000				
Total Program Support	118,773	112,284	0	3,000	3,489	
Facility and Vehicle Expense						
Facility Lease	60,000	60,000				
Utilities	10,400	10,400				
Expendable Equipment	8,520	8,520				
Equipment Lease	3,700	3,700				
Bldg. Mt. and Repair	12,500	11,000		1,500		
Vehicle Lease/Depreciation	0	0				
Vehicle Operations	0	0				
Total Facilities/Vehicle Expense	95,120	93,620	0	1,500		
Child and Family Related Expense						
Food	0					
Household Supplies	0					
Therapeutic Supplies	0					
Medications/Personal Supplies	0					
Child Transportation	0					
Curriculum	0					
Classroom Supplies	0					
Special Events	0					
Family Support	0					
Total Child and Family Expense	0	0	0	0	0	
TOTAL OPERATING EXPENSE	\$424,893	\$405,904	\$0	\$15,500	\$3,489	\$0
DPH #3 (CMHS & CSAS)						#REF!

CBHS Budget Justification

Provider Number: 38CQ

Appendix B-6, Page 3

Provider Name: Seneca Center Long Term Intensive Support Services
 Date: 8/16/10

Budget Amount	Budget Line Item	Description
Salaries: FTE's	Salary	Total Salary
0.25 X	\$ 130,000 =	\$ 32,500 Regional Director
		Responsible for program development and oversight for all of Seneca's Community Based Programs
0.50 X	\$ 85,000 =	\$ 42,500 Program Director
		Provides organizational leadership for the operation of the program on a daily basis and oversees the ongoing development of the wrap around program
1.00 X	\$ 82,152 =	\$ 82,152 Wrap Service Director
		Provides organizational leadership for coordinating Wrap Services
2.00 X	\$ 82,400 =	\$ 164,800 Assistant Director/Administrator
		Responsible for the overall management and on-going running of several program teams
1.00 X	\$ 60,000 =	\$ 60,000 Team Supervisor
		Liaison between parents and caregivers to help support and facilitate family members of all children enrolled in the Connections Program
21.00 X	\$ 46,893 =	\$ 1,498,167 Care Coordinator/Facilitator
		Responsible for the care and stabilization of clients, families and caregivers
4.00 X	\$ 51,000 =	\$ 204,000 Family Finding Specialist Supervisor
		Liaison between clients, parents and caregivers to facilitate reunification
28.00 X	\$ 37,340 =	\$ 1,045,520 Family Finding Specialists/Counselors
		Conducts the search for relatives of children who are without permanent family connections and assist in promoting reunification with families.
1.50 X	\$ 37,000 =	\$ 55,500 QA Billing Specialist
		Responsible for tracking and billing of services in Program
2.35 X	\$ 33,531 =	\$ 78,800 Administrative Support
		Provides on-going administrative support to all staff
71.60		\$ 2,204,958 Total Salaries
		\$ 188,707 6.20% Social Security
		\$ 40,472 1.40% Medicare
		\$ 6,012 0.25% Unemployment Insurance
		\$ 232,980 7.25% Workers' Compensation
		\$ 400,620 12.60% Health Insurance
		\$ 42,257 1.86% other
		\$ 928,438 Employee Fringe Benefit Rate
		\$ 4,134,397 Total Salaries and Benefits
Operating Expenses:		
	\$ 60,000 Facility Lease	\$ 60,000 Monthly Rent of 5000 sq ft
	\$ 10,400 Utilities	\$ 10,400 Gas & Electric average \$88/month
	\$ 8,520 Expendable Equipment	\$ 8,520 Based on an average of \$710 a month for new equipment
	\$ 3,700 Equipment Rental	Rental of Copier and postage machine
	\$ 12,500 Building Maintenance	Maintenance for office site (approx \$1000/month)
	\$ 95,120 Total Occupancy (Facility and Vehicle Expenses)	
	\$ 180,000 Psychiatric Services	\$ 180,000 Based on per cent of \$1550 multiplied by 120 clients
	\$ 25,000 Program Consultation	\$ 25,000.00 Consultant costs to facilitate a Task Force and training
	\$ 211,000 Total Contract Services	
	\$ 86,488 Office Supplies, Postage	Office Supplies and postage for 71.6 staff - 100% (avg of \$200 per staff)
	\$ 10,000 Telephones	Telephones (avg. \$1,083 mo)
		\$ 86,105.00 Based on average of 60.25 FTE staff for mileage reimb, based on \$600 per FTE
		Based on actual expected costs. Staff is reimbursed at the current IRS reimbursement rate per mile. Based on historical averages staff will be reimbursed approx. \$50/month
	\$ 10,000.00 Out of Town Travel for Staff and Families	\$ 10,000.00
	\$ 46,155.00	
	\$ 11,120 Staff Training	Costs associated with conducting expert trainings 7-8 times a year
	\$ 12,000 Staff Recruitment	Recruiting Costs for 71.6 employees - 100%
	\$ 118,775 Total Program Support	
	\$ 424,880 Total Operating Costs	
	\$ 4,559,290 Total Direct Costs (Salaries & Benefits and Operating Expenses)	

DPH3: Salaries & Benefits Detail

Provider Number: 38CQ
Provider Name: Seneca Center - Long Term Connections Probation Intensive Support Services

POSITION TITLE	TOTAL		General Fund & Other Revenue		WORK ORDER #1: DHS		WORK ORDER #2:		GRANT #2:		DRK ORDER	
	Proposed Transaction Term: 7/1/10-6/30/11		Proposed Transaction Term: 7/1/10-6/30/11		Proposed Transaction Term: _____		Proposed Transaction Term: _____		Proposed Transaction Term: 7/1/10-6/30/11		Proposed Transaction Term: _____	
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
Regional Director	0.02	2,600	0.02	2,600								
Program Services Director	0.05	4,250	0.05	4,250								
Wrap Services Director	0.10	8,315	0.10	8,315								
Asst. Director/Administrator	0.20	16,480	0.20	16,480								
Care Coordinator/Facilitators	2.70	115,875	2.50	106,605					0.200	9,270		
Family Specialist Supervisor	0.40	20,400	0.40	20,400								
Family Specialist	1.75	65,818	1.75	65,818								
TOTALS	5.22	\$233,738	5.02	\$224,468	0.00	\$0	0.00	\$0	0.20	\$9,270	0.00	\$

EMPLOYEE FRINGE BENEFITS	29%	\$67,784	29%	\$65,096	29%	\$0	29%	\$0	29%	\$2,688	29%	\$0
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TOTAL SALARIES & BENEFITS		\$301,522		\$289,564		\$0		\$0		\$11,958		\$0
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DPH #2 (CMHS & CSAS) #REF!

DPH4: Operating Expenses Detail

APPENDIX #: B-7 Page 2
 Document Date: 08/16/10

Provider Number 38CQ

Provider Name: Seneca Center - Long Term Connections Probation Intensive Support Services

	TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	WORK ORDER #1: DHS	MHSA	GRANT #2: na	WORK ORDER
Expenditure Category	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION
	Term: 7/1/10-6/30/11	Term: 7/1/10-6/30/11	Term: 7/1/10-6/30/11	Term: _____	Term: _____	Term: _____
Contract Services						
Psychiatric Services	19,300	18,200	1,100			
Computer and Program Consultant	2,200	2,000	200			
Total Contract Services	21,500	20,200	1,300	0		
Program Support						
Office Supplies	2,610	2,510	100			
Telephone	1,200	1,000	200			
Staff Travel-(Local & Out of Town)	3,612	3,012	600			
Staff Training	2,000	1,750	250			
Staff Recruitment	1,500	1,200	300			
Total Program Support	10,922	9,472	1,450	0		
Facility and Vehicle Expense						
Facility Lease						
Utilities	0					
Expendable Equipment	1,666	900	766			
Equipment Lease	0					
Bldg. Mt. and Repair	1,850	1,500	350			
Vehicle Lease/Depreciation	0	0				
Vehicle Operations	0	0				
Total Facilities/Vehicle Expense	3,516	2,400	1,116	0		
Child and Family Related Expense						
Food	0					
Household Supplies	266		266			
Therapeutic Supplies	7,665	7,415	250			
Medications/Personal Supplies	1,510	1,510				
Child Transportation	610	610				
Curriculum	0	0				
Classroom Supplies	0	0				
Special Events	1,150	1,150				
Family Support	0					
Total Child and Family Expense	11,201	10,685	515	0	0	
TOTAL OPERATING EXPENSE	\$47,139	\$42,757	\$4,382	\$0	\$0	\$0
DPH #3 (CMHS & CSAS)						

CBHS Budget Justification

Provider Number: 38CQ

Appendix: B-7, Page 3

Provider Name: Seneca Center Long Term Intensive Probation Support Services
 Date: 8/15/10

Budget Amount	Budget Line Item	Description
Salaries: FTE's	Salary	Total Salary
0.02 X	\$ 150,000 = \$	2,600 Regional Director
		Responsible for program development and oversight for all of Seneca's Community Based Programs
0.05 X	\$ 85,000 = \$	4,250 Program Director
		Provides organizational leadership for the operation of the program
0.10 X	\$ 83,152 = \$	8,615 Wrap Service Director
		Provides organizational leadership for coordinating Wrap Services
0.20 X	\$ 82,400 = \$	16,480 Assistant Director/Administrator
		Responsible for the overall management and on-going running of several program teams.
2.70 X	\$ 42,920 = \$	115,875 Care Coordinator/Facilitator
		Responsible for the care and stabilization of clients, families and caregivers
0.40 X	\$ 51,000 = \$	20,400 Family Finding Specialist Supervisor
		Liaison between clients, parents and caregivers to facilitate reunification
1.75 X	\$ 37,610 = \$	65,518 Family Finding Specialists/Counselors
		Conducts the search for relatives of children who are without permanent family connections and assist in promoting reunification with families.
5.22	\$	233,738 Total Salaries
		\$ 14,492 5.20% Social Security
		\$ 3,309 1.45% Medicare
		\$ 894 0.25% Unemployment Insurance
		\$ 18,948 7.25% Workers' Compensation
		\$ 28,217 12.50% Health Insurance
		\$ 3,155 1.35% other
	\$ 67,784 Employee Fringe Benefit Rate	\$ 67,784 28.00% Total Employee Fringe Benefit Rate
	\$	301,522 Total Salaries and Benefits
Operating Expenses:		
		Gas & Electric average \$665/month
\$	1,666 Expendable Equipment	\$ 1,666 Based on an average of \$136 a month for new equipment
\$	Equipment Rental	
\$	1,850 Building Maintenance	Repairs for program site (approx \$154/month)
\$	3,516 Total Occupancy (Facility and Vehicle Expense)	
\$	19,300 Psychiatric Services	\$ 19,300 Based on approximately 126 hours of service
\$	2,200 Program Consultation	\$ 2,220.00 Consultant costs to facilitate a Task Force and training
\$	21,500 Total Contract Services	
\$	2,610 Office Supplies, Postage	Office Supplies and postage for 71.6 staff - 100% (avg of \$500 per staff)
\$	1,200 Telephone	Telephone (avg. \$1,083 mo)
\$	3,612 Staff Travel	Based on average of 5.22 FTE staff for mileage reimb, based on \$690 per FTE
\$	2,000 Staff Training	Training costs for 5.22 employees - 100%
\$	1,500 Staff Recruitment	Recruiting Costs for 5.22 employees - 100%
\$	10,822 Total Program Support	
\$	266 Household Supplies	Based on incidental costs
\$	7,665 Therapeutic Supplies	Average spent per month on clients of \$638
\$	1,510 Medication/Personal Supplies	Based on average of \$120 month
\$	810 Child Transportation	Based on monthly expense of \$50
\$	1,150 Special Events	Based on budget of \$100 per client
\$	11,201	
\$	47,139 Total Operating Costs	
\$	348,661 Total Direct Costs (Salaries & Benefits and Operating Expenses)	

DPH4: Operating Expenses Detail

APPENDIX #: B-8 Page 2
 Document Date: 08/16/10

Provider Number 8980

Provider Name: Seneca Center - San Leandro Day Tx Day Treatment Services

Expenditure Category	TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	WORK ORDER #1: DHS	GRANT #1: na	GRANT #2: na	WORK ORDER
	PROPOSED TRANSACTION Term: 7/1/10-6/30/11	PROPOSED TRANSACTION Term: 7/1/10-6/30/11	PROPOSED TRANSACTION Term: _____	PROPOSED TRANSACTION Term: _____	PROPOSED TRANSACTION Term: _____	PROPOSED TRANSACTION Term: _____
Rental of Property	0					
Utilities(Elec, Water, Gas, Phone, Scavenger)	0					
Office Supplies, Postage	500	500				
Telephone	1,200	1,200				
Rental of Equipment	0					
CONSULTANT/SUBCONTRACTOR	1,000	1,000				
PSYCHIATRIST	1,000	1,000				
TOTAL OPERATING EXPENSE	\$3,700	\$3,700	\$0	\$0	\$0	\$0
DPH #3 (CMHS & CSAS)						

CBHS Budget Justification

Provider Number: 8980

Provider Name: Seneca Center SL DT Budget
Date: 8/16/10

Appendix B-B, Page 3

Budget Amount	Budget Line Item	Description
Salaries: FTE's	Salary	Total Salary
0.02 X	\$123,500 = \$	2,472 Regional Director
		Provides organizational leadership for the operation of the program
0.02 X	\$ 73,900 = \$	1,478 Clinical Supervisor
		Responsible for providing supervision to Team leaders and ensuring Seneca's practices are implemented correctly
0.85 Y	\$ 52,800 = \$	34,320 Therapist
		Provide on-going mental health services to clients, participate in milieu activities and work closely with other staff to provide clinical guidance
0.65 X	\$ 81,628 = \$	20,584 Mental Health Assistant
		Works as part of a therapeutic team to provide appropriate adult role model for children
0.05	\$ 81,094 = \$	4,052 Nurse
		Responsible and accountable for prescribing, implementing and evaluating the nursing care delivered to clients
1.39	\$	62,906 Total Salaries
		\$ 3,800 6.20% Social Security
		\$ 472 1.45% Medicare
		\$ 157 0.25% Unemployment Insurance
		\$ 4,561 7.25% Workers' Compensation
		\$ 7,792 12.50% Health Insurance
		\$ 848 1.35% other
	\$	18,179 Employee Fringe Benefit Rate
	\$	81,079 Total Salaries and Benefits
Operating Expenses:		
	\$ 1,000	Psychiatric Services
	\$ 1,000	Program Consultation
	\$	2,000 Total Contract Services
	\$	500 Office Supplies, Postage
	\$	1,200 Telephone
	\$	1,700 Total Program Support
	\$	3,700 Total Operating Costs
	\$	84,779 Total Direct Costs (Salaries & Benefits and Operating Expenses)

DPH4: Operating Expenses Detail

APPENDIX #: B-9 Page 2
 Document Date: 08/16/10

Provider Number 38CA
 Provider Name: Seneca Center - Oak Grove Day Tx Day Treatment Services

Expenditure Category	TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	WORK ORDER #1: DHS	GRANT #1: na	GRANT #2: na	WORK ORDER
	PROPOSED TRANSACTION Term: 7/1/10-6/30/11	PROPOSED TRANSACTION Term: 7/1/10-6/30/11	PROPOSED TRANSACTION Term:	PROPOSED TRANSACTION Term:	PROPOSED TRANSACTION Term:	PROPOSED TRANSACTION Term:
Contract Services						
Psychiatric Services	300	300				
Total Contract Services	300	300				
Program Support						
Office Supplies	0					
Telephone	0					
Staff Travel-(Local & Out of Town)	0					
Staff Training	0					
Staff Recruitment	0					
Total Program Support	0	0				
Facility and Vehicle Expense						
Facility Lease	0					
Utilities	0	0				
Expendable Equipment	0					
Equipment Lease	0					
Bldg. Mt. and Repair	0					
Vehicle Lease/Depreciation	0					
Vehicle Operations	0					
Total Facilities/Vehicle Expense	0	0				
Child and Family Related Expense						
Food	0					
Household Supplies	0					
Therapeutic Supplies	0					
Medications/Personal Supplies	0					
Child Transportation	0					
Curriculum	0					
Classroom Supplies	0	0				
Special Events	0					
Family Support	0					
Total Child and Family Expense	0	0				
TOTAL OPERATING EXPENSE	\$300	\$300	\$0	\$0	\$0	\$0
DPH #3 (CMHS & CSAS)						

CBHS Budget Justification

Provider Number: 38CA

Appendix: B-6, Page 3

Provider Name: Seneca Center Oak Grove Day Treatment Services
Date: 8/16/10

Budget Amount	Budget Line Item	Description
Salaries: FTE's	Salary	Total Salary
X	=	
0.01 X	\$ 74,550 =	\$ 746 Program Manager/Clinician Supervisor
		Responsible for providing supervision to Team leaders and ensuring Seneca's practices are implemented correctly
0.01 X	\$ 81,094 =	\$ 810 Nurse
		Responsible and accountable for prescribing, implementing and evaluating the nursing care delivered to clients.
0.10 X	\$ 52,800 =	\$ 5,280 Clinician/Therapist
		Responsible for the ongoing mental health services to clients and internal and external communication
0.10	\$ 31,668	\$ 3,168 Mental Health Ass./counselors
		Works as part of a therapeutic team to provide appropriate adult role model for children
0.22		\$ 10,005 Total Salaries
		\$ 620 6.20% Social Security
		\$ 145 1.45% Medicare
		\$ 25 0.25% Unemployment Insurance
		\$ 725 7.25% Workers' Compensation
		\$ 1,217 12.50% Health Insurance
		\$ 35 0.35% other
	\$ 2,767	Employee Fringe Benefit Rate
	\$ 12,772	Total Salaries and Benefits
		Operating Expenses:
	\$ 300	Psychiatric Services
	\$ 300	Total Contract Services
	\$ 300	Total Operating Costs
	\$ 13,072	Total Direct Costs (Salaries & Benefits and Operating Expenses)

DPH4: Operating Expenses Detail

APPENDIX #: B-10 Page 2
 Document Date: 08/16/10

Provider Number 38CQ
 Provider Name: Seneca Center - Parenting Training

Expenditure Category	TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	GRANT #1: na	GRANT #2: na	WORK ORDER #1: DHS	WORK ORDER
	PROPOSED TRANSACTION Term: 7/1/10-6/30/11	PROPOSED TRANSACTION Term: _____	PROPOSED TRANSACTION Term: _____	PROPOSED TRANSACTION Term: _____	PROPOSED TRANSACTION Term: 7/1/10-6/30/11	PROPOSED TRANSACTION Term: _____
Rental of Property	0					
Utilities(Elec, Water, Gas, Phone, Scavenger)	0					
Office Supplies, Postage	0					
Telephone	600				600	
Vehicle Lease	0					
Vehicle Operations	0					
Staff Training	0					
Mileage Reimbursement	0					
Rental of Equipment	0					
CONSULTANT/SUBCONTRACTOR	0					
PSYCHIATRIST	0					
	0					
	0					
	0					
	0					
OTHER	0					
Staff Recruitment	0					
Child Related	0					
	0					
	0					
TOTAL OPERATING EXPENSE	\$600	\$0	\$0	\$0	\$600	\$0

DPH #3 (CMHS & CSAS)

CBHS Budget Justification

Provider Number: 38CQ

Appendix: B-10, Page 3

Provider Name: Seneca Center Parent Training
 Date: 8/16/10

Budget Amount	Budget Line Item	Description
Salaries: FTE's	Salary	Total Salary
X	=	
1.00 X	\$ 83,408 =	\$ 83,408 Parent Training
		To provide training caregivers of young children with emotional and behavioral problems.
1.00	\$ 83,408	Total Salaries
		\$ 5,171 6.20% Social Security
		\$ 1,269 1.45% Medicare
		\$ 209 0.25% Unemployment Insurance
		\$ 8,047 7.25% Workers' Compensation
		\$ 10,426 12.50% Health Insurance
		\$ 1,126 1.35% other
	\$ 24,188	Employee Fringe Benefit Rate
	\$ 107,596	Total Salaries and Benefits
		Operating Expenses:
	\$ 600	Telephone
	\$ 600	Based on one FTE at 50 month
	\$ 600	Total Program Support
	\$ 600	Total Operating Costs
	\$ 108,196	Total Direct Costs (Salaries & Benefits and Operating Expenses)

DPH4: Operating Expenses Detail

APPENDIX #: B-11 Page 2
 Document Date: 08/16/10

Provider Number 8989

Provider Name: Seneca Center - CTF Unit SF

Expenditure Category	TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	GF Cost Based	GRANT #1: na	GRANT #2: na	WORK ORDER
	PROPOSED TRANSACTION Term: 7/1/10-6/30/11	PROPOSED TRANSACTION Term: 7/1/10-6/30/11	PROPOSED TRANSACTION Term: 7/1/10-6/30/11	PROPOSED TRANSACTION Term: _____	PROPOSED TRANSACTION Term: _____	PROPOSED TRANSACTION Term: _____
Contract Services						
Psychiatric Services	0					
Program Consultation	10,400	5,400	5,000			
Computer and Program Consultant	0					
Program Services(Speech, Trans.)	0					
MST contract Services	28,084	15,124	12,960			
Total Contract Services	38,484	20,524	17,960			
Program Support						
Office Supplies	1,675	1,025	650			
Telephone	2,850	1,710	1,140			
Staff Travel-(Local & Out of Town)	3,020	3,020	0			
Staff Training	1,500	1,100	400			
Staff Recruitment	1,425	1,425				
Total Program Support	10,470	8,280	2,190			
Facility and Vehicle Expense						
Facility Lease	0					
Utilities	0					
Expendable Equipment	2,780	1,500	1,280			
Equipment Lease	1,620	900	720			
Bldg. Mt. and Repair	0					
Vehicle Lease/Depreciation	0					
Vehicle Operations	0					
Total Facilities/Vehicle Expense	4,400	2,400	2,000			
Child and Family Related Expense						
Family Service Fund	3,000	1,557	1,443			
Child Behavior rewards	2,000	682	1,318			
Special Events	500	500				
Total Child and Family Expense	5,500	2,739	2,761			
TOTAL OPERATING EXPENSE	\$58,854	\$33,943	\$24,911	\$0	\$0	\$0

DPH #3 (CMHS & CSAS)

CBHS Budget Justification

Provider Number: 38HD

Provider Name: Seneca Center MST on Team

Date: 8/16/10

Appendix: B-11, Page 3

Budget Amount	Budget Line Item	Description
Salaries: FTE's	Salary	Total Salary
0.80 X	\$ 55,000 =	\$ 44,000 MST Supervisor
2.50 X	\$ 52,800 =	\$ 132,000 MST Clinician
0.65 X	\$ 33,280 =	\$ 21,632 Direct Clinical
3.95		\$ 197,632 Total Salaries
		\$ 12,250 5.20% Social Security
		\$ 2,880 1.45% Medicare
		\$ 494 0.25% Unemployment Insurance
		\$ 14,328 7.25% Workers' Compensation
		\$ 24,704 12.50% Health Insurance
		\$ 2,866 1.35% Other
	\$ 57,313 Employee Fringe Benefit Rate	\$ 57,313 29.00% Total Employee Fringe Benefit Rate
	\$ 254,945 Total Salaries and Benefits	
Operating Expenses:		
	\$ 2,750 Expendable Equipment	\$ 2,750 Based on an average of \$231n month for new equipment
	\$ 1,820 Equipment Lease	\$ 1,820 Rental of copier machine
	\$ 4,400 Total Occupancy (Facility and Vehicle Expense)	
	\$ 28,084 MST Contract Services	\$ 28,084 Monthly MST consultation and language translation services
	\$ 10,400 Program Consultation	\$ 10,400.00 Actual costs
	\$ 38,484 Total Contract Services	
	\$ 1,675 Office Supplies, Postage	Office Supplies and postage for 3.95 staff - 100% (avg of \$425 per staff) This includes all disk, courier and computer supplies
	\$ 2,650 Telephone	Telephone (avg. \$ 235 mo)
	\$ 3,020 Staff Travel	Based on Travel of 3.3 staff, average of approx \$75 month per staff Based on actual expected costs. Staff is reimbursed at the current IRS reimbursement rate per mile. Based on historical averages staff will be reimbursed approx. \$120/month
	\$ 1,600 Staff Training	Cost associated with conducting an expert training per year
	\$ 1,425 Staff Recruitment	Recruiting Costs for 3.95 employees - 100%
	\$ 10,470 Total Program Support	
	\$ 3,000 Family Service Fund	Based on \$200 per Family
	\$ 2,000 Child Behavioral Award	Based on 15 clients average award \$133 per client
	\$ 500 Special Events	actual expenses
	\$ 5,500	
	\$ 58,854 Total Operating Costs	
	\$ 313,799 Total Direct Costs (Salaries & Benefits and Operating Expenses)	

DPH3: Salaries & Benefits Detail

APPENDIX #: B-12 Page 1
Document Date: 8/16/10

Provider Number: 38HD
Provider Name: Seneca Center - MHSA & PEI

POSITION TITLE	TOTAL		General Fund & Other Revenue		WORK ORDER #1:		MHSA		MHSA Rollover		WORK ORDER	
	Proposed Transaction Term: 7/1/10-6/30/11		Proposed Transaction Term: 7/1/10-6/30/11		Proposed Transaction Term:		Proposed Transaction Term: 7/1/10-6/30/11		Proposed Transaction Term: 7/1/10-6/30/11		Proposed Transaction Term:	
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
Assessment Specialist	1.00	48,000	0.18	8,640			0.62	29,760	0.200	9,600		
Youth Family Advocates	3.15	151,200	0.57	27,216			1.95	93,744	0.630	30,240		
Family Partner		0	0.00	0								
Program Supervisor	0.75	48,750	0.14	8,775			0.47	30,225	0.150	9,750		
		0										
MST		0										
MST Clinician	1.00	48,000	0.18	8,640			0.62	29,760	0.200	9,600		
TOTALS	5.90	\$295,950	1.06	\$53,271	0.00	\$0	3.66	\$183,489	1.18	\$59,190	0.00	\$0

EMPLOYEE FRINGE BENEFITS	29%	\$85,826	29%	\$15,449	29%	\$0	29%	\$53,212	29%	\$17,165	29%	\$0
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TOTAL SALARIES & BENEFITS		\$381,776		\$68,720		\$0		\$236,701		\$76,355		\$0
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DPH #2 (CMHS & CSAS)

CBHS Budget Justification

Provider Number: 38HD
 Provider Name: Sanson Center
 Date: 8/16/10

MHSA PE & I

Appendix B-12, Page 3

Budget Amount	Budget Line Item	Description
Salaries: FTE's	Salary	Total Salary
1.00 X	\$ 48,000 = \$	48,000 Assessment Specialist
		Master's level clinician who is certified to administer the CAPN assessment for denied youth.
3.15 X	\$ 48,000 = \$	151,200 Youth Family Advocates
		Provide planning and advocacy, and service linkages for youth and their family each year
0.76 X	\$ 66,000 = \$	46,750 Program Supervisor
		Supervise the Assessment Specialist, Youth and Family Advocates and therapist.
1.00 X	\$ 48,000 = \$	48,000 MST Clinician
		Will provide intensive family intervention for youth transitioning back to the community
5.90	\$	295,950 Total Salaries
		\$ 16,946 6.20% Social Security
		\$ 4,291 1.45% Medicare
		\$ 740 0.25% Unemployment Insurance
		\$ 21,456 7.23% Workers' Compensation
		\$ 36,084 12.20% Health Insurance
		\$ 3,896 1.32% other
	\$ 85,826	Employee Fringe Benefit Rate
	\$ 15,626	22.00% Total Employee Fringe Benefit Rate
	\$	381,776 Total Salaries and Benefits
		Operating Expenses:
	\$ 5,625	Equipment lease
	\$ 1,000	Rental of copier machine
	\$ 5,625	Total Occupancy (Facility and Vehicle Expense)
	\$ 3,760	Contract Services
	\$ 3,760	Monthly MSI consultation and language translation services
	\$ 3,760	Total Contract Services
	\$ 2,860	Office Supplies, Postage
		Office Supplies and postage for 5.90 staff - 100% (avg of \$500 per staff)
		This includes all desk, copier and computer supplies
	\$ 3,580	Telephone
		Telephone (avg. \$ 219 mo)
	\$ 4,125	Printing and Production
		Costs associated with developing printed materials for consumers.
	\$ 7,125	Staff Travel
		Based on actual expected costs. Staff is reimbursed at the current IRS reimbursement rate per mile. Based on historical averages staff will be reimbursed approx. \$120/month
	\$ 1,586	Staff Training
		Cost associated with conducting an expert training per year
	\$ 2,072	Staff Recruitment
		Recruiting Costs for 5.90 employees - 100%
	\$ 21,040	Total Program Support
	\$ 32,652	Child Related
		This line reflects costs associated with providing service linkage for youth and their families. These costs are collected monthly and charged to the program. Cost are based on historical averages around \$100, however there is a wide range of actual costs.
	\$ 32,652	
	\$ 63,067	Total Operating Costs
	\$ 444,843	Total Direct Costs (Salaries & Benefits and Operating Expenses)



CERTIFICATE OF LIABILITY INSURANCE

OP ID: PC

DATE (MM/DD/YYYY)

11/04/10

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Chapman License #0522024 P. O. Box 5455 Pasadena, CA 91117-0455 Troy Winkles	626-405-8031 626-405-0585	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: SENEC-1	FAX (A/C, No):
INSURED Seneca Center 2275 Arlington Drive San Leandro, CA 94578	INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A: American Home Assurance Co	
		INSURER B: NIAC	
		INSURER C: National Union Fire Insurance	19445
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	GENERAL LIABILITY						EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			201000557NPO	07/01/10	07/01/11	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 10,000
	<input checked="" type="checkbox"/> Prof Liability			201000557NPO	07/01/10	07/01/11	PERSONAL & ADV INJURY \$ 1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$ 2,000,000
<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC							PRODUCTS - COM/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY		X				COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO			201000557NPO	07/01/10	07/01/11	BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS						\$
<input checked="" type="checkbox"/> NON-OWNED AUTOS						\$	
<input checked="" type="checkbox"/> Comp \$500						\$	
B	UMBRELLA LIAB		X				EACH OCCURRENCE \$ 4,000,000
	<input type="checkbox"/> EXCESS LIAB			201000557UMB	07/01/10	07/01/11	AGGREGATE \$ 4,000,000
	<input type="checkbox"/> CLAIMS-MADE						\$
DEDUCTIBLE \$							\$
RETENTION \$							\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			WC0834106	11/01/10	11/01/11	E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
C	Crime/Employee Dis			067766440	09/10/10	09/10/11	E.L. DISEASE - POLICY LIMIT \$ 1,000,000
							Emp Disho 850,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

San Francisco Department of Public Health is named additional insured with respect to the Automobile Liability policy of the named insured per the attached Auto AI endorsement. Workers Compensation coverage excluded, evidence only. 10 days notice of cancellation for non-payment of premium.

CERTIFICATE HOLDER

CANCELLATION

SANFR-3	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
San Francisco Department of Public Health Office of Contract Management 101 Grove Street, Room 307 San Francisco, CA 94102	AUTHORIZED REPRESENTATIVE

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – DESIGNATED
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

<p>Name Of Additional Insured Person(s) Or Organization(s)</p> <p>Any person or organization that you are required to add as an additional insured on this policy, under a written contract or agreement currently in effect, or becoming effective during the term of this policy, and for which a certificate of insurance naming such person or organization as additional insured has been issued, but only with respect to their liability arising out of their requirements for certain performance placed upon you, as a nonprofit organization, in consideration for funding or financial contributions you receive from them. The additional insured status will not be afforded with respect to liability arising out of or related to your activities as a real estate manager for that person or organization.</p> <p>City & County of San Francisco 1380 Howard Street San Francisco, CA 94103</p> <p>Information required to complete this Schedule, if not shown above, will be shown in the Declarations.</p>
--

Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A. In the performance of your ongoing operations; or
- B. In connection with your premises owned by or rented to you.

City and County of San Francisco
Office of Contract Administration
Purchasing Division
City Hall, Room 436
1 Dr. Carlton B. Goodlett Place
San Francisco, California 94102-4685

Agreement between the City and County of San Francisco and
Seneca Center

This Agreement is made this 1st day of July, 2010 in the City and County of San Francisco, State of California, by and between Seneca Center hereinafter referred to as "Contractor," and the City and County of San Francisco, a municipal corporation, hereinafter referred to as "City," acting by and through its Director of the Office of Contract Administration or the Director's designated agent, hereinafter referred to as "Purchasing."

Recitals

WHEREAS, the Department of Public Health, Community Behavioral Health Services ("Department") wishes to provide therapeutic behavioral services to children, youth and families; and,

WHEREAS, a Request for Proposal ("RFP") was issued on July 31, 2009 and City selected Contractor as the highest qualified scorer pursuant to the RFP; and

WHEREAS, Contractor represents and warrants that it is qualified to perform the services required by City as set forth under this Contract; and,

WHEREAS, approval for this Agreement was obtained when the Civil Service Commission approved Contract number PSC 4150-09/10 on June 21, 2010;

Now, THEREFORE, the parties agree as follows:

- 1. Certification of Funds; Budget and Fiscal Provisions; Termination in the Event of Non-Appropriation.** This Agreement is subject to the budget and fiscal provisions of the City's Charter. Charges will accrue only after prior written authorization certified by the Controller, and the amount of City's obligation hereunder shall not at any time exceed the amount certified for the purpose and period stated in such advance authorization. This Agreement will terminate without penalty, liability or expense of any kind to City at the end of any fiscal year if funds are not appropriated for the next succeeding fiscal year. If funds are appropriated for a portion of the fiscal year, this Agreement will terminate, without penalty, liability or expense of any kind at the end of the term for which funds are appropriated. City has no obligation to make appropriations for this Agreement in lieu of appropriations for new or other agreements. City budget decisions are subject to the discretion of the Mayor and the Board of Supervisors. Contractor's assumption of risk of possible non-appropriation is part of the consideration for this Agreement.

THIS SECTION CONTROLS AGAINST ANY AND ALL OTHER PROVISIONS OF THIS AGREEMENT.

- 2. Term of the Agreement.** Subject to Section 1, the term of this Agreement shall be from July 1, 2010 to December 31, 2010. The City shall have the sole discretion to exercise the following options pursuant to RFP23-2009 dated July 31, 2009, to extend the Agreement term:

Option 1: January 1, 2011 – December 31, 2011

Option 2: January 1, 2012 – December 31, 2012

Option 3: January 1, 2013 – December 31, 2013

Option 4: January 1, 2014 – June 30, 2015

3. **Effective Date of Agreement.** This Agreement shall become effective when the Controller has certified to the availability of funds and Contractor has been notified in writing.

4. **Services Contractor Agrees to Perform.** The Contractor agrees to perform the services provided for in Appendix A, "Description of Services," attached hereto and incorporated by reference as though fully set forth herein.

5. **Compensation.** Compensation shall be made in monthly payments on or before the 30th day of each month for work, as set forth in Section 4 of this Agreement, that the Director of the Department of Public Health], in his or her sole discretion, concludes has been performed as of the 30th day of the immediately preceding month. In no event shall the amount of this Agreement exceed Five Million Seven Hundred Seventy Two Thousand Three Hundred Two Dollars (\$5,772,302). The breakdown of costs associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. No charges shall be incurred under this Agreement nor shall any payments become due to Contractor until reports, services, or both, required under this Agreement are received from Contractor and approved by Department of Public Health as being in accordance with this Agreement. City may withhold payment to Contractor in any instance in which Contractor has failed or refused to satisfy any material obligation provided for under this Agreement. In no event shall City be liable for interest or late charges for any late payments.

6. **Guaranteed Maximum Costs.** The City's obligation hereunder shall not at any time exceed the amount certified by the Controller for the purpose and period stated in such certification. Except as may be provided by laws governing emergency procedures, officers and employees of the City are not authorized to request, and the City is not required to reimburse the Contractor for, Commodities or Services beyond the agreed upon contract scope unless the changed scope is authorized by amendment and approved as required by law. Officers and employees of the City are not authorized to offer or promise, nor is the City required to honor, any offered or promised additional funding in excess of the maximum amount of funding for which the contract is certified without certification of the additional amount by the Controller. The Controller is not authorized to make payments on any contract for which funds have not been certified as available in the budget or by supplemental appropriation.

7. **Payment; Invoice Format.** Invoices furnished by Contractor under this Agreement must be in a form acceptable to the Controller, and must include a unique invoice number and must conform to Appendix F. All amounts paid by City to Contractor shall be subject to audit by City. Payment shall be made by City to Contractor at the address specified in the section entitled "Notices to the Parties."

8. **Submitting False Claims; Monetary Penalties.** Pursuant to San Francisco Administrative Code §21.35, any contractor, subcontractor or consultant who submits a false claim shall be liable to the City for the statutory penalties set forth in that section. The text of Section 21.35, along with the entire San Francisco Administrative Code is available on the web at <http://www.municode.com/Library/clientCodePage.aspx?clientID=4201>. A contractor, subcontractor or consultant will be deemed to have submitted a false claim to the City if the contractor, subcontractor or consultant: (a) knowingly presents or causes to be presented to an officer or employee of the City a false claim or request for payment or approval; (b) knowingly makes, uses, or causes to be made or used a false record or statement to get a false claim paid or approved by the City; (c) conspires to defraud the City by getting a false claim allowed or paid by the City; (d) knowingly makes, uses, or causes to be made or used a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the City; or (e) is a beneficiary of an inadvertent submission of a false claim to the City, subsequently discovers the falsity of the claim, and fails to disclose the false claim to the City within a reasonable time after discovery of the false claim.

9. **Disallowance.** If Contractor claims or receives payment from City for a service, reimbursement for which is later disallowed by the State of California or United States Government, Contractor shall promptly refund the disallowed amount to City upon City's request. At its option, City may offset the amount disallowed from any payment due or to become due to Contractor under this Agreement or any other Agreement. By executing this Agreement, Contractor certifies that Contractor is not suspended, debarred or otherwise excluded from participation

IN WITNESS WHEREOF, the parties hereto have executed this Agreement on the day first mentioned above.

CITY

CONTRACTOR

Recommended by:

Seneca Center



MITCHELL H. KATZ, M.D.
Director of Health

9/15/10
Date

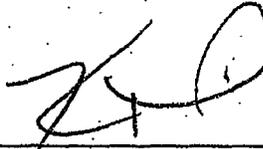
Approved as to Form:

DENNIS J. HERRERA
City Attorney



By: TERENCE HOWZELL
Deputy City Attorney

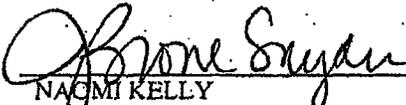
10/4/10
Date



KEN BERRICK
Executive Director
2275 Arlington Drive
San Leandro, California 94578

9/13/10
Date

Approved:



NAOMI KELLY
Director Office of Contract
Administration and Purchaser

11/4/10
Date

City vendor number: 24631

Appendices

- A: Services to be provided by Contractor
- B: Calculation of Charges
- C: N/A (Insurance Waiver) Reserved
- D: Additional Terms
- E: HIPAA Business Associate Agreement
- F: Invoice
- G: Dispute Resolution
- H: Private Policy Compliance
- I: Emergency Response



Appendix B
Calculation of Charges

1. Method of Payment

A. Invoices furnished by CONTRACTOR under this Agreement must be in a form acceptable to the Contract Administrator and the CONTROLLER and must include the Contract Progress Payment Authorization number or Contract Purchase Number. All amounts paid by CITY to CONTRACTOR shall be subject to audit by CITY. The CITY shall make monthly payments as described below. Such payments shall not exceed those amounts stated in and shall be in accordance with the provisions of Section 5, COMPENSATION, of this Agreement.

Compensation for all SERVICES provided by CONTRACTOR shall be paid in the following manner. For the purposes of this Section, "General Fund" shall mean all those funds which are not Work Order or Grant funds. "General Fund Appendices" shall mean all those appendices which include General Fund monies.

(1) Fee For Service (Monthly Reimbursement by Certified Units at Budgeted Unit Rates)

CONTRACTOR shall submit monthly invoices in the format attached, Appendix F, and in a form acceptable to the Contract Administrator, by the fifteenth (15th) calendar day of each month, based upon the number of units of service that were delivered in the preceding month. All deliverables associated with the SERVICES defined in Appendix A times the unit rate as shown in the appendices cited in this paragraph shall be reported on the invoice(s) each month. All charges incurred under this Agreement shall be due and payable only after SERVICES have been rendered and in no case in advance of such SERVICES.

(2) Cost Reimbursement (Monthly Reimbursement for Actual Expenditures within Budget):

CONTRACTOR shall submit monthly invoices in the format attached, Appendix F, and in a form acceptable to the Contract Administrator, by the fifteenth (15th) calendar day of each month for reimbursement of the actual costs for SERVICES of the preceding month. All costs associated with the SERVICES shall be reported on the invoice each month. All costs incurred under this Agreement shall be due and payable only after SERVICES have been rendered and in no case in advance of such SERVICES.

B. Final Closing Invoice

(1) Fee For Service Reimbursement:

A final closing invoice, clearly marked "FINAL," shall be submitted no later than forty-five (45) calendar days following the closing date of each fiscal year of the Agreement, and shall include only those SERVICES rendered during the referenced period of performance. If SERVICES are not invoiced during this period, all unexpended funding set aside for this Agreement will revert to CITY. CITY'S final reimbursement to the CONTRACTOR at the close of the Agreement period shall be adjusted to conform to actual units certified multiplied by the unit rates identified in Appendix B attached hereto, and shall not exceed the total amount authorized and certified for this Agreement.

(2) Cost Reimbursement:

A final closing invoice, clearly marked "FINAL," shall be submitted no later than forty-five (45) calendar days following the closing date of each fiscal year of the Agreement, and shall include only those costs incurred during the referenced period of performance. If costs are not invoiced during this period, all unexpended funding set aside for this Agreement will revert to CITY.

C. Payment shall be made by the CITY to CONTRACTOR at the address specified in the section entitled "Notices to Parties."

D. Upon the effective date of this Agreement, contingent upon prior approval by the CITY'S Department of Public Health of an invoice or claim submitted by Contractor, and of each year's revised Appendix A (Description of Services) and each year's revised Appendix B (Program Budget and Cost Reporting Data Collection Form), and within each fiscal year, the CITY agrees to make an initial payment to CONTRACTOR not to exceed twenty-five per cent (25%) of the General Fund and MHSF Fund portion of the CONTRACTOR'S allocation for the applicable fiscal year.

CONTRACTOR agrees that within that fiscal year, this initial payment shall be recovered by the CITY through a reduction to monthly payments to CONTRACTOR during the period of October 1 through March 31 of the applicable fiscal year, unless and until CONTRACTOR chooses to return to the CITY all or part of the initial payment for that fiscal year. The amount of the initial payment recovered each month shall be calculated by dividing the total initial payment for the fiscal year by the total number of months for recovery. Any termination of this Agreement, whether for cause or for convenience, will result in the total outstanding amount of the initial payment for that fiscal year being due and payable to the CITY within thirty (30) calendar days following written notice of termination from the CITY.

2. Program Budgets and Final Invoice

A. Program Budgets are listed below and are attached hereto.

- Budget Summary
- CRDC B1 – B10
- Appendix B-1 Therapeutic Behavioral Services (TBS)
- Appendix B -2 Intensive Therapeutic Foster Care (ITFC)
- Appendix B-3 Short Term Connections-Intensive Support Services
- Appendix B-4 Long Term Connections – Wraparound Services
- Appendix B-5 Residentially Based Services (RBS)
- Appendix B-6 San Leandro Day Treatment
- Appendix B-7 FMP (Family Mosaic Project) & CCCS
(Comprehensive Child Crisis Services) Wraparound Services
- Appendix B-8 Parenting Training Institute
- Appendix B-9 Youth Transitional Services (YTS)
- Appendix B-10 AIIM Higher

B. Compensation

Compensation shall be made in monthly payments on or before the 30th day after the DIRECTOR, in his or her sole discretion, has approved the invoice submitted by CONTRACTOR. The breakdown of costs and sources of revenue associated with this Agreement appears in Appendix B, Cost Reporting/Data Collection (CR/DC) and Program Budget, attached hereto and incorporated by reference as though fully set forth herein. The maximum dollar obligation of the CITY under the terms of this Agreement shall not exceed **Sixty Three Million Four Hundred Ninety Five Thousand Three Hundred Twenty Seven Dollars (\$63,495,327)** for the period of **July 1, 2010 through December 31, 2015.**

CONTRACTOR understands that, of this maximum dollar obligation, **\$7,090,735** is included as a contingency amount and is neither to be used in Appendix B, Budget, or available to CONTRACTOR without a modification to this Agreement executed in the same manner as this Agreement or a revision to Appendix B, Budget, which has been approved by the Director of Health. CONTRACTOR further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable CITY and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by the Controller. CONTRACTOR agrees to fully comply with these laws, regulations, and policies/procedures.

(1) For each fiscal year of the term of this Agreement, CONTRACTOR shall submit for approval of the CITY's Department of Public Health a revised Appendix A, Description of Services, and a revised Appendix B, Program Budget and Cost Reporting Data Collection form, based on the CITY's allocation of funding for SERVICES for the appropriate fiscal year. CONTRACTOR shall create these Appendices in compliance with the instructions of the Department of Public Health. These Appendices shall apply only to the fiscal year for which they were created. These Appendices shall become part of this Agreement only upon approval by the CITY.

(2) CONTRACTOR understands that, of the maximum dollar obligation stated above, the total amount to be used in Appendix B, Budget and available to CONTRACTOR for the entire term of the contract is as follows, not withstanding that for each fiscal year, the amount to be used in Appendix B, Budget and available to CONTRACTOR for that fiscal year shall conform with the Appendix A, Description of Services, and a Appendix B, Program Budget and Cost Reporting Data Collection form, as approved by the CITY's Department of Public Health based on the CITY's allocation of funding for SERVICES for that fiscal year.

July 1, 2010 through December 31, 2010	\$920,477 (BPHM06500043)
July 1, 2010 through December 31, 2010	\$4,233,365 (BPHM06500043)
July 1, 2010 through June 30, 2011	\$5,224,592
July 1, 2011 through June 30, 2012	\$9,949,267
July 1, 2012 through June 30, 2013	\$8,310,219
July 1, 2013 through June 30, 2014	\$10,307,683
July 1, 2014 through June 30, 2015	\$10,307,683
July 1, 2015 through December 31, 2015	<u>\$7,151,306</u>
Total of July 1, 2010 through December 31, 2015	\$56,404,592

(3) CONTRACTOR understands that the CITY may need to adjust sources of revenue and agrees that these needed adjustments will become part of this Agreement by written modification to CONTRACTOR. In event that such reimbursement is terminated or reduced, this Agreement shall be terminated or proportionately reduced accordingly. In no event will CONTRACTOR be entitled to compensation in excess of these amounts for these periods without there first being a modification of the Agreement or a revision to Appendix B, Budget, as provided for in this section of this Agreement.

(4) CONTRACTOR further understands that, \$5,153,842 of the period from July 1, 2010 through December 31, 2010 in the Contract Number BPHM06500043 is included with this Agreement. Upon execution of this Agreement, all the terms under this Agreement will supersede the Contract Number BPHM06500043 for the Fiscal Year 2010-11.

C. CONTRACTOR agrees to comply with its Budget as shown in Appendix B in the provision of SERVICES. Changes to the budget that do not increase or reduce the maximum dollar obligation of the CITY are subject to the provisions of the Department of Public Health Policy/Procedure Regarding Contract Budget Changes. CONTRACTOR agrees to comply fully with that policy/procedure.

D. No costs or charges shall be incurred under this Agreement nor shall any payments become due to CONTRACTOR until reports, SERVICES, or both, required under this Agreement are received from CONTRACTOR and approved by the DIRECTOR as being in accordance with this Agreement. CITY may withhold payment to CONTRACTOR in any instance in which CONTRACTOR has failed or refused to satisfy any material obligation provided for under this Agreement.

E. In no event shall the CITY be liable for interest or late charges for any late payments.

F. CONTRACTOR understands and agrees that should the CITY'S maximum dollar obligation under this Agreement include State or Federal Medi-Cal revenues, CONTRACTOR shall expend such revenues in the provision of SERVICES to Medi-Cal eligible clients in accordance with CITY, State, and Federal Medi-Cal regulations. Should CONTRACTOR fail to expend budgeted Medi-Cal revenues herein, the CITY'S maximum dollar obligation to CONTRACTOR shall be proportionally reduced in the amount of such unexpended revenues. In no event shall State/Federal Medi-Cal revenues be used for clients who do not qualify for Medi-Cal reimbursement.



FY 13-14 CBHS BUDGET DOCUMENTS

DPH 1: Department of Public Health Contract Budget Summary

DHCS Legal Entity Number (MH): 00115		Prepared By/Phone #: Janet Briggs/ 510-300-6325		Fiscal Year: 13/14								
DHCS Legal Entity Name (MH)/Contractor Name (SA): Seneca Center		Document Date: 6/30/2014										
Contract CMS # (CDTA use only): 6941												
Contract Appendix Number:		B-1	B-2	B-3	B-4	B-5	B-6	B-7 (a&b)	B-8	B-9	B-10	
Appendix A/Program Name:		TBS	Intensive Therapeutic Foster Care	Short Term Connections	Long Term Connections- WRAP	Residentially Based Services	San Leandro DT	FMP (a) & Crisis Wraparound (b)	Parenting Training Institute	YTS	AIMM Higher	
Provider Number		38CQ	38CQ	38CQ	38CQ	38CQ	8980	38CQ	38CQ	38CQ	38CQ	
Program Code(s)		38CQ5	38CQ6	38CQ3	38CQ4	38CQ7	89802/89800P	38CQWF	38CQPTI	38CQMST	38CQAH	
FUNDING TERM:		7/1/13_6/30/14	7/1/13_6/30/14	7/1/13_6/30/14	7/1/13_6/30/14	7/1/13_6/30/14	7/1/13_6/30/14	7/1/13_6/30/14	7/1/13_6/30/14	7/1/13_6/30/14	7/1/13_6/30/14	TOTAL
FUNDING USES												
Salaries & Employee Benefits:	712,423	353,223	366,623	4,168,135	470,278	53,523	183,318	101,681	162,625	313,500	6,885,328	
Operating Expenses:	31,291	22,657	38,166	590,904	69,722	4,861	15,793	0	27,059	16,526	814,979	
Capital Expenses:											0	
Subtotal Direct Expenses:	743,713	375,880	402,789	4,759,039	540,000	58,384	199,111	101,681	189,684	330,026	7,700,307	
Indirect Expenses:	89,246	45,106	48,335	571,085	64,800	7,006	23,892	12,202	22,763	39,603	924,047	
Indirect %:	12%	12%	12%	12%	12%	12%	12%	12%	12%	12%	12%	
TOTAL FUNDING USES	832,959	420,987	451,124	5,330,124	604,800	65,390	223,003	113,883	212,447	369,629	8,624,346	
											Employee Fringe Benefits %:	25
CBHS MENTAL HEALTH FUNDING SOURCES												
MH FED - SDMC Regular FFP (50%)	356,682	210,494	215,134	2,528,239	238,548	32,695	82,251	0	22,577	24,860	3,711,480	
MH STATE - PSR - EPSDT	321,014	189,444	81,120	2,275,413	214,694	29,425	74,027	0	20,320	22,375	3,227,832	
MH STATE - Family Mosaic Capitated Medi-Cal	0	0	0	0	0	0	50,000	0	0	0	50,000	
MH WORK ORDER - Human Services Agency (Match)	36,305	21,049	9,013	241,009	23,515	3,270	0	0	0	0	334,161	
MH WORK ORDER - Human Services Agency	0	0	0	0	0	0	0	112,200	0	0	112,200	
MH STATE - MHSA (CSS)	0	0	0	273,648	0	0	0	0	0	0	273,648	
MH STATE - MHSA (PEI)	0	0	0	0	0	0	0	0	0	319,908	319,908	
MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care	0	0	0	0	0	0	8,500	0	0	0	8,500	
MH COUNTY - General Fund	113,946	0	145,857	11,815	128,043	0	8,225	0	169,550	2,486	579,922	
MH COUNTY - General Fund WO-CODB	5,012	0						1,683			6,695	
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	832,959	420,987	451,124	5,330,124	604,800	65,390	223,003	113,883	212,447	369,629	8,624,346	
CBHS SUBSTANCE ABUSE FUNDING SOURCES												
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	-	-	-	-	-	-	-	-	-	-	-	-
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES												
TOTAL DPH-COMMUNITY PROGRAMS FUNDING SOURCES	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL DPH FUNDING SOURCES	832,959	420,987	451,124	5,330,124	604,800	65,390	223,003	113,883	212,447	369,629	8,624,346	
NON-DPH FUNDING SOURCES												
TOTAL NON-DPH FUNDING SOURCES	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	832,959	420,987	451,124	5,330,124	604,800	65,390	223,003	113,883	212,447	369,629	8,624,346	

FY 13-14 CBHS BUDGET DOCUMENTS

DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

DHCS Legal Entity Name (MH)/Contractor Name (SA):		Seneca Center				Appendix/Page #: B-1, Page 1	
Provider Name:		Seneca Center/San Francisco Connections				Document Date: 6/30/2014	
Provider Number:		38CQ				Fiscal Year: 13/14	
Program Name:		TBS					
Program Code (formerly Reporting Unit):		38CQ5					
Mode/SFC (MH) or Modality (SA):		15/58					
Service Description:		TBS				TOTAL	
FUNDING TERM:		7/1/13-6/30/14					
FUNDING USES							
Salaries & Employee Benefits:		712,423				712,423	
Operating Expenses:		31,291				31,291	
Capital Expenses (greater than \$5,000):		0				0	
Subtotal Direct Expenses:		743,713				743,713	
Indirect Expenses:		89,246				89,246	
TOTAL FUNDING USES:		832,959				832,959	
CBHS MENTAL HEALTH FUNDING SOURCES							
Index Code/Project Detail/CFDA#:							
MH FED - SDMC Regular FFP (50%)		HMHMCP751594 356,682				356,682	
MH STATE - PSR-EP/SDT		HMHMCP751594 321,014				321,014	
MH WORK ORDER - Human Services Agency (Match)		HMHMCHMTCHWO 36,305				36,305	
MH COUNTY - General Fund		HMHMCP751594 113,946				113,946	
MH COUNTY - General Fund WO-CODE		HMHMCP751594 5,012				5,012	
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		832,959				832,959	
CBHS SUBSTANCE ABUSE FUNDING SOURCES							
Index Code/Project Detail/CFDA#:							
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		-				-	
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES							
Index Code/Project Detail/CFDA#:							
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES		-				-	
TOTAL DPH FUNDING SOURCES		832,959				832,959	
NON-DPH FUNDING SOURCES							
TOTAL NON-DPH FUNDING SOURCES		0				0	
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		832,959				832,959	
CBHS UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased (if applicable)							
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)							
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program							
Cost Reimbursement (CR) or Fee-For-Service (FFS): FFS							
DPH Units of Service:		319,141					
Unit Type:		Staff Minute					
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)		2.61				0.00	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):		2.61				0.00	
Published Rate (Medi-Cal Providers Only):		2.61					
Unduplicated Clients (UDC):		95				Total UDC: 95	

FY 13-14 CBHS BUDGET DOCUMENTS

DPH 4: Operating Expenses Detail

Program Code: 38CQ5
 Program Name: Therapeutic Behavioral Services (TBS)
 Document Date: 6/30/14

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Expenditure Category	TOTAL	General Fund HMMCP751594	Work Order - HSA HMMCHMTCHWO	Funding Source 3	Funding Source 3	Funding Source 4
				(Include Funding Source Name and Index Code/Project Detail/CFDA#)	(Include Funding Source Name and Index Code/Project Detail/CFDA#)	(Include Funding Source Name and Index Code/Project Detail/CFDA#)
	Term: 7/1/13-6/30/14	Term: 7/1/13-6/30/14	Term: 7/1/13-6/30/14	Term: _____	Term: _____	Term: _____
Occupancy:						
Rent	\$ 3,500.00	\$ 3,500.00				
Utilities (telephone, electricity, water, gas)	\$ 3,200.00	\$ 3,200.00				
Building Repair/Maintenance	\$ 2,667.00	\$ 2,667.00				
Materials & Supplies:						
Office Supplies	\$ 1,507.50	\$ 1,507.50				
Photocopying	\$ -					
Printing	\$ -					
Program Supplies	\$ 3,036.00	\$ 3,036.00				
Computer hardware/software	\$ -					
General Operating:						
Training/Staff Development	\$ 1,400.00	\$ 1,400.00				
Insurance	\$ -					
Professional License	\$ -					
Permits	\$ -					
Equipment Lease & Maintenance	\$ 1,015.00	\$ 1,015.00				
Staff Travel:						
Local Travel	\$ 8,248.00	\$ 6,002.00	\$ 2,246.00			
Out-of-Town Travel	\$ -					
Field Expenses	\$ -					
Consultant/Subcontractor:						
CONSULTANT/SUBCONTRACTOR - Jessica Rock - Quality Assurance, \$25 Hour, various dates, 162 hours	\$ 4,050.00	2,450	1,600			
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -					
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts) (add more Consultant lines as necessary)	\$ -					
Other:						
Staff Recruitment	\$ 2,667.00	2,667				
	\$ -					
	\$ -					
	\$ -					
	\$ -					

TOTAL OPERATING EXPENSE \$31,291 \$27,445 \$3,846 \$0 \$0 \$0

FY 13-14 CBHS BUDGET DOCUMENTS

DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

DHCS Legal Entity Name (MH)/Contractor Name (SA): Seneca Center					Appendix/Page #: B-2, Page 1	
Provider Name: Seneca Center/San Francisco Connections					Document Date: 6/30/2014	
Provider Number: 38CQ 38CQ 38CQ 38CQ					Fiscal Year: 13/14	
Program Name: Intensive Therapeutic Foster Care						
Program Code (formerly Reporting Unit): 38CQ6 38CQ6 38CQ6 38CQ6						
Mode/SFC (MH) or Modality (SA): 15/01-09 15/10-57 15/70-79 15/60-69						
Service Description: Case Mgt Brokerage MH Svcs Cnsis Intervention-OP Medication Support					0 TOTAL	
FUNDING TERM: 7/1/13-6/30/14 7/1/13-6/30/14 7/1/13-6/30/14 7/1/13-6/30/14						
FUNDING USES						
Salaries & Employee Benefits:	45,920	300,236	3,534	3,534		353,223
Operating Expenses:	2,946	19,259	227	227		22,658
Capital Expenses (greater than \$5,000):	0	0	0	0		0
Subtotal Direct Expenses:	48,866	319,495	3,760	3,760	0	375,881
Indirect Expenses:	5,864	38,340	451	451		45,106
TOTAL FUNDING USES:	54,730	357,834	4,211	4,211	0	420,987
CBHS MENTAL HEALTH FUNDING SOURCES						
	Index Code/Project Detail/CFDA#:					
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	27,365	178,918	2,106	2,106	210,494
MH STATE - PSR-EP/SDT	HMHMCP751594	24,629	161,025	1,895	1,895	189,444
MH WORK ORDER - Human Services Agency (Match)	HMHMCHMTCHWO	2,736	17,891	211	211	21,049
						0
						0
						0
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		54,730	357,834	4,211	4,211	420,987
CBHS SUBSTANCE ABUSE FUNDING SOURCES						
	Index Code/Project Detail/CFDA#:					
						-
						-
						-
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-	-
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES						
	Index Code/Project Detail/CFDA#:					
						-
						-
						-
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES		-	-	-	-	-
TOTAL DPH FUNDING SOURCES		54,730	357,834	4,211	4,211	420,987
NON-DPH FUNDING SOURCES						
						0
TOTAL NON-DPH FUNDING SOURCES		-	0	0	0	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		54,730	357,834	4,211	4,211	420,987
CBHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased (if applicable)						
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)						
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program						
Cost Reimbursement (CR) or Fee-For-Service (FFS): FFS FFS FFS FFS						
	DPH Units of Service:	27,094	137,101	1,085	874	-
	Unit Type:	Staff Minute	#N/A	Staff Minute	Staff Minute	0
	Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)	2.02	2.61	3.88	4.82	0.00
	Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	2.02	2.61	3.88	4.82	0.00
	Published Rate (Medi-Cal Providers Only):	2.02	2.61	3.88	4.82	
	Unduplicated Clients (UDC):	15	15	15	15	Total UDC: 15

FY 13-14 CBHS BUDGET DOCUMENTS

DPH 4: Operating Expenses Detail

Program Code: 38CQ6
 Program Name: Intensive Treatment Foster Care (ITFC)
 Document Date: 6/30/14

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Expenditure Category	TOTAL	General Fund HMHMCP751594	Funding Source 1 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)
	Term: 7/1/13-6/30/14	Term: 7/1/13-6/30/14	Term: _____	Term: _____	Term: _____	Term: _____
Occupancy:						
Rent	\$ -	\$ -				
Utilities(telephone, electricity, water, gas)	\$ -					
Building Repair/Maintenance	\$ -					
Materials & Supplies:						
Office Supplies	\$ 1,736.00	\$ 1,736.00				
Photocopying	\$ -					
Printing	\$ -					
Program Supplies	\$ -					
Computer hardware/software	\$ -					
General Operating:						
Training/Staff Development	\$ 6,145.00	\$ 6,145.00				
Insurance	\$ -					
Professional License	\$ -					
Permits	\$ -					
Equipment Lease & Maintenance	\$ 1,351.00	\$ 1,351.00				
Staff Travel:						
Local Travel	\$ 13,425.00	\$ 13,425.00				
Out-of-Town Travel	\$ -					
Field Expenses	\$ -					
Consultant/Subcontractor:						
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -					
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -					
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -					
(add more Consultant lines as necessary)						
Other:						
	\$ -					
	\$ -					
	\$ -					
TOTAL OPERATING EXPENSE	\$22,657	\$22,657	\$0	\$0	\$0	\$0

FY 13-14 CBHS BUDGET DOCUMENTS

DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

DHCS Legal Entity Name (MH)/Contractor Name (SA): Seneca Center					Appendix/Page #: B-3, Page 1	
Provider Name: Seneca Center/San Francisco Connections					Document Date: 6/30/2014	
Provider Number:					Fiscal Year: 13/14	
	38CQ	38CQ	38CQ	38CQ		
Program Name:	ST Connections- Intensive Support Services					
Program Code (formerly Reporting Unit):	38CQ3	38CQ3	38CQ3	38CQ3		
Mode/SFC (MH) or Modality (SA):	15/01-09	15/10-57	15/70-79	15/60-69		
Service Description:	Case Mgt Brokerage	MH Svcs	Crisis Intervention- OP	Medication Support	0	TOTAL
FUNDING TERM:	7/1/13-6/30/14	7/1/13-6/30/14	7/1/13-6/30/14	7/1/13-6/30/14		
FUNDING USES						
Salaries & Employee Benefits:	43,995	297,700	17,229	7,699		366,623
Operating Expenses:	4,340	29,367	1,700	759		36,166
Capital Expenses (greater than \$5,000):						0
Subtotal Direct Expenses:	48,335	327,067	18,929	8,458	0	402,789
Indirect Expenses:	5,800	39,248	2,271	1,015		48,335
TOTAL FUNDING USES:	54,135	366,316	21,200	9,473	0	451,124
CBHS MENTAL HEALTH FUNDING SOURCES						
	Index Code/Project Detail/CFDA#:					
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	25,816	174,690	10,110	4,518	215,134
MH STATE - PSR-EPSDT	HMHMCP751594	9,734	65,870	3,812	1,703	81,120
MH WORK ORDER - Human Services Agency (Match)	HMHMCHMTCHWO	1,082	7,319	424	189	9,013
		0	0	0	0	
		0	0	0	0	
		0	0	0	0	
MH COUNTY - General Fund	HMHMCP751594	17,503	118,437	6,854	3,063	145,857
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		54,135	366,316	21,200	9,473	451,124
CBHS SUBSTANCE ABUSE FUNDING SOURCES						
	Index Code/Project Detail/CFDA#:					
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-	-
OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES						
	Index Code/Project Detail/CFDA#:					
TOTAL OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES		-	-	-	-	-
TOTAL DPH FUNDING SOURCES		54,135	366,316	21,200	9,473	451,124
NON-DPH FUNDING SOURCES						
TOTAL NON-DPH FUNDING SOURCES		0	0	0	0	0
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		54,135	366,316	21,200	9,473	451,124
CBHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased (if applicable)						
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)						
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program						
Cost Reimbursement (CR) or Fee-For-Service (FFS)						
	FFS	FFS	FFS	FFS		
DPH Units of Service:	26,799	140,351	5,464	1,965		
Unit Type:	Staff Minute	#N/A	Staff Minute	Staff Minute	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)	2.02	2.61	3.88	4.82	0.00	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	2.02	2.61	3.88	4.82	0.00	
Published Rate (Medi-Cal Providers Only):	2.02	2.61	3.88	4.82		
Unduplicated Clients (UDC):	60	60	60	60		Total UDC: 60

FY 13-14 CBHS BUDGET DOCUMENTS

DPH 4: Operating Expenses Detail

Program Code: 38CQ3
 Program Name: Short Term Connections - Intensive Support Services
 Document Date: 6/30/14

Appendix/Page #: B-3 Page 3

Expenditure Category	TOTAL	General Fund HMHMCP751594	Work Order HSA HMHMCHMTCHWO		Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)
	Term: 7/1/13-6/30/14	Term: 7/1/13-6/30/14	Term: 7/1/13-6/30/14	Term: _____	Term: _____	Term: _____
Occupancy:						
Rent	\$ 13,000.00	\$ 11,500.00	\$ 1,500.00			
Utilities(telephone, electricity, water, gas)	\$ 3,655.00	\$ 2,655.00	\$ 1,000.00			
Building Repair/Maintenance	\$ 2,791.00	\$ 2,291.00	\$ 500.00			
Materials & Supplies:						
Office Supplies	\$ 1,722.00	\$ 1,175.00	\$ 547.00			
Photocopying	\$ -					
Printing	\$ -					
Program Supplies	\$ 2,300.00	\$ 1,300.00	\$ 1,000.00			
Computer hardware/software	\$ -					
General Operating:						
Training/Staff Development	\$ 588.00	\$ 588.00				
Insurance	\$ -					
Professional License	\$ -					
Permits	\$ -					
Equipment Lease & Maintenance	\$ 585.00	\$ 585.00				
Staff Travel:						
Local Travel	\$ 6,830.00	\$ 3,330.00	\$ 3,500.00			
Out-of-Town Travel	\$ -					
Field Expenses	\$ -					
Consultant/Subcontractor:						
Nancy Fey (L.C.S. W) - Various Dates, \$70/hr, 57 hours	\$ 3,990.00	3,990				
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -					
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -					
(add more Consultant lines as necessary)						
Other:						
Staff Recruitment	\$ 705.00	705				
Depreciation	\$ -					
	\$ -					
	\$ -					
	\$ -					
	\$ -					
	\$ -					
TOTAL OPERATING EXPENSE	\$36,166	\$28,119	\$8,047	\$0	\$0	\$0

FY 13-14 CBHS BUDGET DOCUMENTS

DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

DHCS Legal Entity Name (MH)/Contractor Name (SA): Seneca Center						Appendix/Page #: B-4, Page 1	
Provider Name: Seneca Center/San Francisco Connections						Document Date: 6/30/2014	
Provider Number: 38CQ 38CQ 38CQ 38CQ 38CQ						Fiscal Year: 13/14	
Program Name: LT Connections- WRAP							
Program Code (formerly Reporting Unit): 38CQ4 38CQ4 38CQ4 38CQ4 38CQ4							
Mode/SFC (MH) or Modality (SA): 15/01-09 15/10-57 15/70-79 15/60-69 60/78							
Service Description: Case Mgt Brokerage MH Svcs Crisis Intervention- OP Medication Support Other Non-MediCal Client Support Exp						0 TOTAL	
FUNDING TERM: 7/1/13-6/30/14 7/1/13-6/30/14 7/1/13-6/30/14 7/1/13-6/30/14 7/1/13-6/30/14							
FUNDING USES							
Salaries & Employee Benefits:	583,539	2,787,232	208,407	375,132	213,825		4,168,135
Operating Expenses:	82,727	395,138	29,545	53,181	30,313		590,904
Capital Expenses (greater than \$5,000):	0						0
Subtotal Direct Expenses:	666,265	3,182,369	237,952	428,314	244,139	0	4,759,039
Indirect Expenses:	79,952	381,885	28,554	51,185	29,510		571,085
TOTAL FUNDING USES:					273,648	0	5,330,124
CBHS MENTAL HEALTH FUNDING SOURCES							
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	373,109	1,782,128	133,253	239,749		2,528,239
MH STATE - PSR-EPST	HMHMCP751594	335,798	1,603,914	119,928	215,774		2,275,413
MH WORK ORDER - Human Services Agency (Match)	HMHMCHMTCHWO	35,567	169,885	12,703	22,855		241,009
MH STATE - MHSA (CSS)	PMHS63-1403					273,648	273,648
MH COUNTY - General Fund	HMHMCP751594	1,744	8,328	623	1,120		11,815
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES					273,648		5,330,124
CBHS SUBSTANCE ABUSE FUNDING SOURCES							
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES							
OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES							
TOTAL OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES							
TOTAL DPH FUNDING SOURCES	746,217	3,564,254	266,506	479,498	273,648	-	5,330,124
NON-DPH FUNDING SOURCES							
							0
TOTAL NON-DPH FUNDING SOURCES		0	0	0	0	0	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	746,217	3,564,254	266,506	479,498	273,648	-	5,330,124
CBHS UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased (if applicable)							
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)							
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program							
Cost Reimbursement (CR) or Fee-For-Service (FFS):							
DPH Units of Service:	FFS 369,415	FFS 1,365,615	FFS 68,687	FFS 99,481	CR 12		
Unit Type:	Staff Minute	#N/A	Staff Minute	Staff Minute	Month of Client Support Services		0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)	2.02	2.61	3.88	4.82	22,804.00		0.00
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	2.02	2.61	3.88	4.82	22,804.00		0.00
Published Rate (Medi-Cal Providers Only):	2.02	2.61	3.88	4.82			
Unduplicated Clients (UDC):	160	160	160	160			160

FY 13-14 CBHS BUDGET DOCUMENTS

DPH 4: Operating Expenses Detail

Program Code: 38CQ4
 Program Name: Long Term Connections - Wraparound Services
 Document Date:

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Expenditure Category	TOTAL	General Fund HMMCP751594	Work Order HSA HMMCHMTCHWO	MHSA (Prop 63)-CSS HMMPROP63 PMHS63- 1403		Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)
	Term: 7/1/13-6/30/14	Term: 7/1/13-6/30/14	Term: 7/1/13-6/30/14	Term: 7/1/13-6/30/14	Term: _____	Term: _____
Occupancy:						
Rent	\$ 70,609.00	\$ 70,609.00				
Utilities(telephone, electricity, water, gas)	\$ 40,440.00	\$ 34,612.00	\$ 2,828.00	\$ 3,000.00		
Building Repair/Maintenance	\$ 26,597.00	\$ 15,826.00	\$ 2,781.00	\$ 7,990.00		
Materials & Supplies:						
Office Supplies	\$ 35,905.00	\$ 31,377.00	\$ 1,705.00	\$ 2,823.00		
Photocopying	\$ -					
Printing	\$ -					
Program Supplies	\$ -					
Computer hardware/software	\$ -					
General Operating:						
Training/Staff Development	\$ 10,000.00	\$ 10,000.00				
Insurance	\$ -					
Professional License	\$ -					
Permits	\$ -					
Equipment Lease & Maintenance	\$ 6,949.00	\$ 6,949.00				
Staff Travel:						
Local Travel	\$ 115,560.00	\$ 115,560.00				
Out-of-Town Travel	\$ -					
Field Expenses	\$ -					
Consultant/Subcontractor:						
Center on Juvenile and Criminal Justice & Edgewood, Support Services, various, monthly rate of \$2628 per client, approx 76 clients	\$ 200,844.00	178,250	6,094	16,500		
Beats, Rhymes & Life, therapeutic activity, various, hourly rate \$100, 720 hours	\$ 72,000.00	72,000				
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -					
(add more Consultant lines as necessary)						
Other:						
Staff Recruitment	\$ 12,000.00	12,000				
Depreciation	\$ -					
	\$ -					
	\$ -					
	\$ -					
	\$ -					
TOTAL OPERATING EXPENSE	\$ 590,904.00	\$547,183	\$13,408	\$30,313	\$0	\$0

FY 13-14 CBHS BUDGET DOCUMENTS

DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

DHCS Legal Entity Name (MH)/Contractor Name (SA): Seneca Family of Agencies					Appendix/Page #: B-5	
Provider Name: San Francisco Connections					Document Date: 3/4/2014	
Provider Number: 38CQ					Fiscal Year: 13/14	
Program Name: RBS						
Program Code (formerly Reporting Unit): 38CQ7						
Mode/SFC (MH) or Modality (SA): 15/01-09						
Service Description: Case Mgt Brokerage						
FUNDING TERM: 7/1/13-6/30/14						
FUNDING USES						
Salaries & Employee Benefits:	61,136	376,222	23,514	9,406	470,278	
Operating Expenses:	9,064	55,778	3,486	1,394	69,722	
Capital Expenses (greater than \$5,000):					0	
Subtotal Direct Expenses:	70,200	432,000	27,000	10,800	540,000	
Indirect Expenses:	8,424	51,840	3,240	1,296	64,800	
TOTAL FUNDING USES:	78,624	483,840	30,240	12,096	604,800	
CBHS MENTAL HEALTH FUNDING SOURCES						
	Index Code/Project Detail/CFDA#:					
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	31,011	190,838	11,927	4,771	238,548
MH STATE - EPSDT Realignment	HMHMCP751594	27,910	171,755	10,735	4,294	214,694
MH WORK ORDER - Human Services Agency (Match)	HMHMCHMTCHWO	3,057	18,812	1,176	470	23,515
MH COUNTY - General Fund	HMHMCP751594	16,646	102,434	6,402	2,561	128,043
		78,624	483,840	30,240	12,096	604,800
CBHS SUBSTANCE ABUSE FUNDING SOURCES						
	Index Code/Project Detail/CFDA#:					
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES						
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES						
	Index Code/Project Detail/CFDA#:					
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES						
TOTAL DPH FUNDING SOURCES		78,624	483,840	30,240	12,096	604,800
NON-DPH FUNDING SOURCES						
TOTAL NON-DPH FUNDING SOURCES			0	0	0	0
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		78,624	483,840	30,240	12,096	604,800
CBHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased (if applicable)						
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)						
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program						
Cost Reimbursement (CR) or Fee-For-Service (FFS):						
DPH Units of Service:	FFS	FFS	FFS	FFS		
Unit Type:	Staff Minute	#N/A	Staff Minute	Staff Minute		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)	2.02	2.61	3.88	4.82	0.00	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	2.02	2.61	3.88	4.82	0.00	
Published Rate (Medi-Cal Providers Only):	2.02	2.61	3.88	4.82		Total UDC:
Unduplicated Clients (UDC):	12	Included	Included	Included		12

FY 13-14 CBHS BUDGET DOCUMENTS

Program Code: 38CQ7
 Program Name: Residentially Based Services (RBS)
 Document Date: 6/30/14

Appendix/Page #: B-5 Page 3

Expenditure Category	TOTAL	General Fund HMHMCP751594	Work Order HSA HMHMCHMTCHWO	Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)
	Term: 7/1/13-6/30/14	Term: 7/1/13-6/30/14	Term: 7/1/13-6/30/14	Term: _____	Term: _____	Term: _____
Occupancy:						
Rent	\$ 16,641.00	\$ 16,641.00				
Utilities(telephone, electricity, water, gas)	\$ 11,664.00	\$ 11,664.00				
Building Repair/Maintenance	\$ 18,710.00	\$ 18,710.00				
Materials & Supplies:						
Office Supplies	\$ 3,000.00	\$ 3,000.00				
Photocopying	\$ -					
Printing	\$ -					
Program Supplies	\$ 3,316.00	\$ 2,500.00	\$ 816.00			
Computer hardware/software	\$ -					
General Operating:						
Training/Staff Development	\$ -					
Insurance	\$ -					
Professional License	\$ -					
Permits	\$ -					
Equipment Lease & Maintenance	\$ 1,000.00	\$ 1,000.00				
Staff Travel:						
Local Travel	\$ 5,521.00	\$ 5,521.00				
Out-of-Town Travel	\$ -					
Field Expenses	\$ -					
Consultant/Subcontractor:						
Nancy Fey (L.C.S. W) . Various Dates, \$70/hr, 141 hours.	\$ 9,870.00	7,691	2,179			
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -					
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts) (add more Consultant lines as necessary)	\$ -					
Other:						
Staff Recruitment	\$ -					
Depreciation	\$ -					
	\$ -					
	\$ -					
	\$ -					
	\$ -					
TOTAL OPERATING EXPENSE	\$69,722	\$66,727	\$2,995	\$0	\$0	\$0

FY 13-14 CBHS BUDGET DOCUMENTS

DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

DHCS Legal Entity Name (MH)/Contractor Name (SA): Seneca Center					Appendix/Page #: B-6, Page 1	
Provider Name: Seneca Center/James Baldwin Academy					Document Date: 6/30/2014	
Provider Number: 8980					Fiscal Year: 13/14	
Program Name: San Leandro Day Treatment		James Baldwin Academy OP				
Program Code (formerly Reporting Unit): 89802		8980OP	8980OP	8980OP		
Mode/SFC (MH) or Modality (SA): 10/85-89		15/01-09	15/10-56	15/60-69		
Service Description: Day Tx Intensive-Full day		Case Mgt Brokerage	MH Svcs	Medication Support	0 TOTAL	
FUNDING TERM: 7/1/13-3/31/14		4/1/14-6/30/14	4/1/14-6/30/14	4/1/14-6/30/14	-	
FUNDING USES						
Salaries & Employee Benefits:		35,815	2,656	14,166	885	53,523
Operating Expenses:		3,253	241	1,286	80	4,861
Capital Expenses (greater than \$5,000):		0				0
Subtotal Direct Expenses:		39,068	2,897	15,453	966	58,384
Indirect Expenses:		4,688	348	1,854	116	7,006
TOTAL FUNDING USES:		43,756	3,245	17,307	1,082	65,390
CBHS MENTAL HEALTH FUNDING SOURCES						
Index Code/Project Detail/CFDA#:						
MH FED - SDMC Regular FFP (50%)		21,878	1,623	8,653	541	32,695
MH STATE - PSR-EPST		19,690	1,460	7,788	487	29,425
MH WORK ORDER - Human Services Agency (Match)		2,188	162	866	54	3,270
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		43,756	3,245	17,307	1,082	65,390
CBHS SUBSTANCE ABUSE FUNDING SOURCES						
Index Code/Project Detail/CFDA#:						
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-	-
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES						
Index Code/Project Detail/CFDA#:						
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES		-	-	-	-	-
TOTAL DPH FUNDING SOURCES		43,756	3,245	17,307	1,082	65,390
NON-DPH FUNDING SOURCES						
TOTAL NON-DPH FUNDING SOURCES		-	0	0	0	0
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		43,756	3,245	17,307	1,082	65,390
CBHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased (if applicable)						
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)						
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program						
Cost Reimbursement (CR) or Fee-For-Service (FFS):						
DPH Units of Service:		FFS	FFS	FFS	FFS	
Unit Type:		216 Client Full Day	1,606 Staff Minute	6,631 Staff Minute	224 Staff Minute	0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)		202.43	2.02	2.61	4.82	0.00
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):		202.43	2.02	2.61	4.82	0.00
Published Rate (Medi-Cal Providers Only):		202.43	2.02	2.61	4.82	
Unduplicated Clients (UDC):		5	5	5	5	Total UDC: 5

FY 13-14 CBHS BUDGET DOCUMENTS

DPH 4: Operating Expenses Detail

Program Code: 89802/89800P
 Program Name: Seneca San Leandro Day Tx Day Treatment
 Document Date: 6/30/14

Appendix/Page #: B-6 Page 3

Expenditure Category	TOTAL	General Fund HMHMCP751594	Work Order HSA HMHMCHMTCHWO	Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)
	Term: 7/1/13-6/30/14	Term: 7/1/13-6/30/14	Term: 7/1/13-6/30/14	Term: _____	Term: _____	Term: _____
Occupancy:						
Rent	\$ -					
Utilities(telephone, electricity, water, gas)	\$ 1,488.00	\$ 488.00	\$ 1,000.00			
Building Repair/Maintenance	\$ -					
Materials & Supplies:						
Office Supplies	\$ 673.00	\$ 453.00	\$ 220.00			
Photocopying	\$ -					
Printing	\$ -					
Program Supplies	\$ -					
Computer hardware/software	\$ -					
General Operating:						
Training/Staff Development	\$ -					
Insurance	\$ -					
Professional License	\$ -					
Permits	\$ -					
Equipment Lease & Maintenance	\$ -					
Staff Travel:						
Local Travel	\$ -					
Out-of-Town Travel	\$ -					
Field Expenses	\$ -					
Consultant/Subcontractor:						
Language People Inc, interpreting, \$75/Hour, various dates, 36 hours	\$ 2,700.00	1,000	1,700			
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -					
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -					
(add more Consultant lines as necessary)						
Other:						
	\$ -					
	\$ -					
	\$ -					
TOTAL OPERATING EXPENSE	\$4,861	\$1,941	\$2,920	\$0	\$0	\$0

FY 13-14 CBHS BUDGET DOCUMENTS

DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

DHCS Legal Entity Name (MH)/Contractor Name (SA): Seneca Center		Appendix/Page #: B-7a, Page 1	
Provider Name: Seneca Center/San Francisco Connections		Document Date: 6/30/2014	
Provider Number:	38CQ	Fiscal Year: 13/14	
Program Name:	FMP Wrap		
Program Code (formerly Reporting Unit):	38CQWF		
Mode/SFC (MH) or Modality (SA):	60/78		
Service Description:	Client Supervision/Family Respite	TOTAL	
FUNDING TERM:	7/1/13-6/30/14		
FUNDING USES			
Salaries & Employee Benefits:	41,034		41,034
Operating Expenses:	3,610		3,610
Capital Expenses (greater than \$5,000):	0		0
Subtotal Direct Expenses:	44,644	0	44,644
Indirect Expenses:	5,356		5,356
TOTAL FUNDING USES:	50,000	0	50,000
CBHS MENTAL HEALTH FUNDING SOURCES		Index Code/Project Detail/CFDA#:	
MH STATE - Family Mosaic Capitated Medi-Cal	50,000	HMHMCP8828CH	50,000
			0
			0
			0
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	50,000		50,000
CBHS SUBSTANCE ABUSE FUNDING SOURCES		Index Code/Project Detail/CFDA#:	
			-
			-
			-
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	-		-
OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES		Index Code/Project Detail/CFDA#:	
			-
			-
			-
TOTAL OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES	-		-
TOTAL DPH FUNDING SOURCES	50,000		50,000
NON-DPH FUNDING SOURCES			
			0
TOTAL NON-DPH FUNDING SOURCES	0	0	0
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	50,000		50,000
CBHS UNITS OF SERVICE AND UNIT COST			
Number of Beds Purchased (if applicable)			
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)			
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program			
Cost Reimbursement (CR) or Fee-For-Service (FFS):			
	FFS		
DPH Units of Service:	1,667		
Unit Type:	Staff Hour	0	0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)	30.00		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	30.00		
Published Rate (Medi-Cal Providers Only):			Total UDC:
Unduplicated Clients (UDC):	15		15

FY 13-14 CBHS BUDGET DOCUMENTS

DPH 3: Salaries & Benefits Detail

Program Code: 38CQWF
 Program Name: FMP Wraparound Services
 Document Date: 6/30/14

Appendix/Page #: B-7a Page 2

Position Title	TOTAL		General Fund HMHMCP751594		Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#)		Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#)		Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)		Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	
	Term: FTE	Salaries	Term: FTE	Salaries	Term: FTE	Salaries	Term: FTE	Salaries	Term: FTE	Salaries	Term: FTE	Salaries
Services Clinician Director	0.06	\$ 5,160	0.06	\$ 5,160		0						
Family Support Counselor	0.50	\$ 20,800	0.50	\$ 20,800								
Clerical Support	0.20	\$ 6,867	0.20	\$ 6,867								
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
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Totals:	0.76	\$ 32,827	0.76	\$ 32,827	0.00	\$ 0	0.00	\$ 0	0.00	\$ 0	0.00	\$ 0

Employee Fringe Benefits:	25%	\$8,206.75	25%	\$8,207	#DIV/0!	\$0.00	#DIV/0!	#DIV/0!	#DIV/0!
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TOTAL SALARIES & BENEFITS **\$41,034** **\$41,034** **\$0** **\$0** **\$0** **\$0**

FY 13-14 CBHS BUDGET DOCUMENTS

DPH 4: Operating Expenses Detail

Program Code: 38CQWF
 Program Name: FMP Wraparound Services
 Document Date: 6/30/14

Appendix/Page #: B-7a Page 3

Expenditure Category	TOTAL	General Fund HMHMCP751594	Funding Source 1 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)
	Term: 7/1/13-6/30/14	Term: 7/1/13-6/30/14	Term: _____	Term: _____	Term: _____	Term: _____
Occupancy:						
Rent	\$ -					
Utilities (telephone, electricity, water, gas)	\$ 930.00	\$ 930.00				
Building Repair/Maintenance	\$ -					
Materials & Supplies:						
Office Supplies	\$ 450.00	\$ 450.00				
Photocopying	\$ -					
Printing	\$ -					
Program Supplies	\$ -					
Computer hardware/software	\$ -					
General Operating:						
Training/Staff Development	\$ 950.00	\$ 950.00				
Insurance	\$ -					
Professional License	\$ -					
Permits	\$ -					
Equipment Lease & Maintenance	\$ -					
Staff Travel:						
Local Travel	\$ 1,280.00	\$ 1,280.00				
Out-of-Town Travel	\$ -					
Field Expenses	\$ -					
Consultant/Subcontractor:						
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -					
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts) (add more Consultant lines as necessary)	\$ -					
Other:						
	\$ -					
	\$ -					
	\$ -					
	\$ -					
TOTAL OPERATING EXPENSE	\$3,610	\$3,610	\$0	\$0	\$0	\$0

FY 13-14 CBHS BUDGET DOCUMENTS

DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

DHCS Legal Entity Name (MH)/Contractor Name (SA): Seneca Center						Appendix/Page #: B-7b, Page 1
Provider Name: Seneca Center/San Francisco Connections						Document Date: 6/30/2014
Provider Number: 38CQ						Fiscal Year: 13/14
Program Name:		Child Crisis Wrap	Child Crisis Wrap	Child Crisis Wrap	Child Crisis Wrap	Child Crisis Wrap
Program Code (formerly Reporting Unit):		38CQWC	38CQWC	38CQWC	38CQWC	38CQWC
Mode/SFC (MH) or Modality (SA)		15/01-09	15/10-57	15/70-79	15/60-69	60/78
Service Description:		Case Mgt Brokerage	MH Svcs	Crisis Intervention-OP	Medication Support	Other Non-Medical Client Support Exp
FUNDING TERM:		7/1/13-6/30/14	7/1/13-6/30/14	7/1/13-6/30/14	7/1/13-6/30/14	7/1/13-6/30/14
TOTAL						
FUNDING USES						
Salaries & Employee Benefits:	16,235	109,587	6,765	2,706	6,991	142,284
Operating Expenses:	1,390	9,383	579	232	599	12,183
Capital Expenses (greater than \$5,000):	0	0	0	0	0	0
Subtotal Direct Expenses:	17,625	118,970	7,344	2,938	7,589	154,467
Indirect Expenses:	2,115	14,276	881	353	911	18,536
TOTAL FUNDING USES:	19,740	133,247	8,225	3,290	8,500	173,002
CBHS MENTAL HEALTH FUNDING SOURCES						
	Index Code/Project Detail/CFDA#:					
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	9,870	66,623	4,113	1,645	82,251
MH STATE - PSR-EPSDT	HMHMCP751594	8,883	59,962	3,701	1,481	74,027
MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care		0	0	0	0	8,500
MH COUNTY - General Fund	HMHMCP751594	987	6,662	411	165	8,225
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		19,740	133,247	8,225	3,290	173,003
CBHS SUBSTANCE ABUSE FUNDING SOURCES						
	Index Code/Project Detail/CFDA#:					
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES						
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES						
	Index Code/Project Detail/CFDA#:					
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES						
TOTAL DPH FUNDING SOURCES		19,740	133,247	8,225	3,290	173,003
NON-DPH FUNDING SOURCES						
TOTAL NON-DPH FUNDING SOURCES			0	0	0	0
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		19,740	133,247	8,225	3,290	173,003
CBHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased (if applicable)						
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)						
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program						
Cost Reimbursement (CR) or Fee-For-Service (FFS):						
	FFS	FFS	FFS	FFS	FFS	
DPH Units of Service:	9,772	51,053	2,120	683	283	
					Staff Hour or Client Day, depending on contract.	
Unit Type:	Staff Minute	#N/A	Staff Minute	Staff Minute		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	2.02	2.61	3.88	4.82	30.00	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	2.02	2.61	3.88	4.82	30.00	
Published Rate (Medi-Cal Providers Only):	2.02	2.61	3.88	4.82	30.00	
Unduplicated Clients (UDC):	15	15	15	15	15	Total UDC: 15

FY 13-14 CBHS BUDGET DOCUMENTS

DPH 4: Operating Expenses Detail

Program Code: 38CQWC
 Program Name: Child Crisis Wraparound Services
 Document Date: 6/30/14

Appendix/Page #: B-7b Page 3

Expenditure Category	TOTAL	General Fund HMHMCP751594	Funding Source 1	Funding Source 2	Funding Source 3	Funding Source 4
			(Include Funding Source Name and Index Code/Project Detail/CFDA#)	(Include Funding Source Name and Index Code/Project Detail/CFDA#)	(Include Funding Source Name and Index Code/Project Detail/CFDA#)	(Include Funding Source Name and Index Code/Project Detail/CFDA#)
	Term: 7/1/13-6/30/14	Term: 7/1/13-6/30/14	Term: _____	Term: _____	Term: _____	Term: _____
Occupancy:						
Rent	\$ 2,000.00	\$ 2,000.00				
Utilities(telephone, electricity, water, gas)	\$ 1,683.00	\$ 1,683.00				
Building Repair/Maintenance	\$ -					
Materials & Supplies:						
Office Supplies	\$ 800.00	\$ 800.00				
Photocopying	\$ -					
Printing	\$ -					
Program Supplies	\$ 500.00	\$ 500.00				
Computer hardware/software	\$ -					
General Operating:						
Training/Staff Development	\$ 1,200.00	\$ 1,200.00				
Insurance	\$ -					
Professional License	\$ -					
Permits	\$ -					
Equipment Lease & Maintenance	\$ 500.00	\$ 500.00				
Staff Travel:						
Local Travel	\$ 3,000.00	\$ 3,000.00				
Out-of-Town Travel	\$ -					
Field Expenses	\$ -					
Consultant/Subcontractor:						
Shira M. Jindal-Jordon (LCSW) , MH note approver, \$25/hour, 102 hours	\$ 2,500.00	2,500				
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -					
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts) (add more Consultant lines as necessary)	\$ -					
Other:						
Staff Recruitment	\$ -					
	\$ -					
	\$ -					
	\$ -					
	\$ -					
	\$ -					
	\$ -					

TOTAL OPERATING EXPENSE	\$12,183	\$12,183	\$0	\$0	\$0	\$0
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FY 13-14 CBHS BUDGET DOCUMENTS

DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

DHCS Legal Entity Name (MH)/Contractor Name (SA): Seneca Center						Appendix/Page #: B-8, Page 1
Provider Name: Seneca Center/San Francisco Connections						Document Date: 6/30/2014
Provider Number: 38CQ						Fiscal Year: 13/14
Program Name: Parenting Training Institute						
Program Code (formerly Reporting Unit): 38CQPT1						
Mode/SFC (MH) or Modality (SA): 60/72						
Service Description: CS-Client Flexible Support Exp		0	0	0	0	TOTAL
FUNDING TERM: 7/1/13-6/30/14		-	-	-	-	
FUNDING USES						
Salaries & Employee Benefits:		101,681				101,681
Operating Expenses:		0				0
Capital Expenses (greater than \$5,000):		0				0
Subtotal Direct Expenses:		101,681	0	0	0	101,681
Indirect Expenses:		12,202				12,202
TOTAL FUNDING USES:		113,883	0	0	0	113,883
CBHS MENTAL HEALTH FUNDING SOURCES						
Index Code/Project Detail/CFDA#:						
MH WORK ORDER - Human Services Agency		HMHMCHTHFCWO	112,200			112,200
MH COUNTY - General Fund WO-CODB		HMHMCP751594	1,683			1,683
			0			0
			0			0
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES			113,883	-	-	113,883
CBHS SUBSTANCE ABUSE FUNDING SOURCES						
Index Code/Project Detail/CFDA#:						
			-			-
			-			-
			-			-
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES			-	-	-	-
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES						
Index Code/Project Detail/CFDA#:						
			-			-
			-			-
			-			-
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES			-	-	-	-
TOTAL DPH FUNDING SOURCES			113,883	-	-	113,883
NON-DPH FUNDING SOURCES						
						0
TOTAL NON-DPH FUNDING SOURCES			0	0	0	0
TOTAL FUNDING SOURCES (DPH AND NON-DPH)			113,883	-	-	113,883
CBHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased (if applicable)						
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)						
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program						
Cost Reimbursement (CR) or Fee-For-Service (FFS): CR						
DPH Units of Service:			12			
Unit Type: Staff Month of Employment			0	0	0	0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)			9,490.25	0.00	0.00	0.00
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):			9,490.25	0.00	0.00	0.00
Published Rate (Medi-Cal Providers Only):						
Unduplicated Clients (UDC):						Total UDC:

FY 13-14 CBHS BUDGET DOCUMENTS

DPH 3: Salaries & Benefits Detail

Appendix/Page #: B-8 Page 2

Program Code: 38CQPT1
 Program Name: Parenting Training Institute
 Document Date: 6/30/14

Position Title	TOTAL		General Fund		HMHMCP751594		Work Order HSA HMHMCHMTCHWO HMHMCP751594		Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#)		Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)		Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	
	Term: FTE	Salaries	Term: FTE	Salaries	Term: FTE	Salaries	Term: FTE	Salaries	Term: FTE	Salaries	Term: FTE	Salaries	Term: FTE	Salaries
Parenting Training	1.00	\$ 81,345	0.00	\$ -	1.00	\$ 81,345								
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
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	0.00	\$ -												
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	0.00	\$ -												
	0.00	\$ -												
Totals:	1.00	\$ 81,345	0.00	\$ -	1.00	\$ 81,345	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -

Employee Fringe Benefits:	25%	\$20,336.25	#DIV/0!	\$0	25%	\$20,336.25	#DIV/0!		#DIV/0!		#DIV/0!	
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TOTAL SALARIES & BENEFITS **\$101,681** **\$0** **\$101,681** **\$0** **\$0** **\$0**

FY 13-14 CBHS BUDGET DOCUMENTS

DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

DHCS Legal Entity Name (MH)/Contractor Name (SA): Seneca Center					Appendix/Page #: B-9, Page 1	
Provider Name: Seneca Center/San Francisco Connections					Document Date: 6/30/2014	
Provider Number: 38CQ					Fiscal Year: 13/14	
Program Name:	Youth Transitional Services (YTS)					
Program Code (formerly Reporting Unit):	38CQMST	38CQMST	38CQMST	38CQMST	38CQMST	
Mode/SFC (MH) or Modality (SA):	15/01-09	15/10-57	15/70-79	15/60-69	60/72	
Service Description:	Case Mgt Brokerage	MH Svcs	Crisis Intervention-OP	Medication Support	CS-Client Flexible Support Exp	TOTAL
FUNDING TERM:	7/1/13-6/30/14	7/1/13-6/30/14	7/1/13-6/30/14	7/1/13-6/30/14	7/1/13-6/30/14	7/1/13-6/30/14
FUNDING USES						
Salaries & Employee Benefits:	4,494	27,652	1,728	691	128,060	162,625
Operating Expenses:	748	4,601	288	115	21,308	27,059
Capital Expenses (greater than \$5,000):	0	0	0	0	0	0
Subtotal Direct Expenses:	5,241	32,253	2,016	806	149,368	189,684
Indirect Expenses:	629	3,870	242	97	17,924	22,762
TOTAL FUNDING USES:	5,870	36,124	2,258	903	167,292	212,447
CBHS MENTAL HEALTH FUNDING SOURCES						
	Index Code/Project Detail/CFDA#:					
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	2,935	18,062	1,129	451	0
MH STATE - PSR-EPSDT	HMHMCP751594	2,642	16,256	1,016	406	0
MH COUNTY - General Fund	HMHMCP751594	294	1,806	113	45	167,292
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		5,870	36,124	2,258	903	167,292
CBHS SUBSTANCE ABUSE FUNDING SOURCES						
	Index Code/Project Detail/CFDA#:					
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-	-
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES						
	Index Code/Project Detail/CFDA#:					
		-	-	-	-	-
		-	-	-	-	-
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES		-	-	-	-	-
TOTAL DPH FUNDING SOURCES		5,870	36,124	2,258	903	167,292
NON-DPH FUNDING SOURCES						
						0
TOTAL NON-DPH FUNDING SOURCES		-	0	0	0	0
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		5,870	36,124	2,258	903	167,292
CBHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased (if applicable)						
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)						
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program						
Cost Reimbursement (CR) or Fee-For-Service (FFS):						
	FFS	FFS	FFS	FFS	CR	
DPH Units of Service:	2,906	13,841	582	187	3,648	
Unit Type:	Staff Minute	#N/A	Staff Minute	Staff Minute	Staff Hours	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)	2.02	2.61	3.88	4.82	45.86	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	2.02	2.61	3.88	4.82	45.86	
Published Rate (Medi-Cal Providers Only):	2.02	2.61	3.88	4.82		Total UDC:
Unduplicated Clients (UDC):	15	15	15	15		15

FY 13-14 CBHS BUDGET DOCUMENTS

DPH 4: Operating Expenses Detail

Program Code: 38CQMTS
 Program Name: Youth Transitional Services (YTS)
 Document Date: 6/30/14

Appendix/Page #: B-9 Page 3

Expenditure Category	TOTAL	General Fund HMHMCP751594	GF Cost Reimbursement HMHMCP751594	Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)
	Term: 7/1/13-6/30/14	Term: 7/1/13-6/30/14	Term: 7/1/13-6/30/14	Term: _____	Term: _____	Term: _____
Occupancy:						
Rent	\$ 23,375.00	\$ 5,751.00	\$ 17,624.00			
Utilities (telephone, electricity, water, gas)	\$ 450.00		\$ 450.00			
Building Repair/Maintenance	\$ -					
Materials & Supplies:						
Office Supplies	\$ 650.00		\$ 650.00			
Photocopying	\$ -					
Printing	\$ -					
Program Supplies	\$ -					
Computer hardware/software	\$ -					
General Operating:						
Training/Staff Development	\$ -					
Insurance	\$ -					
Professional License	\$ -					
Permits	\$ -					
Equipment Lease & Maintenance	\$ -					
Staff Travel:						
Local Travel	\$ 2,184.00		\$ 2,184.00			
Out-of-Town Travel	\$ -					
Field Expenses	\$ -					
Consultant/Subcontractor:						
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -					
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -					
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts) (add more Consultant lines as necessary)	\$ -					
Other:						
Staff Recruitment	\$ 400.00		400			
	\$ -					
	\$ -					
	\$ -					
	\$ -					
	\$ -					
	\$ -					
TOTAL OPERATING EXPENSE	\$ 27,059.00	\$5,751	\$21,308	\$0	\$0	\$0

FY 13-14 CBHS BUDGET DOCUMENTS

DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

DHCS Legal Entity Name (MH)/Contractor Name (SA): Seneca Center				Appendix/Page #: B-10, Page 1	
Provider Name: Seneca Center/San Francisco Connections				Document Date: 6/30/2014	
Provider Number:	38CQ	38CQ	38CQ	Fiscal Year: 13/14	
Program Name:	AIIM Higher	AIIM Higher	AIIM Higher		
Program Code (formerly Reporting Unit):	38CQAH	38CQAH	38CQAH		
Mode/SFC (MH), or Modality (SA)	15/01-09	15/10-57	60/72		
Service Description:	Case Mgt Brokerage	MH Svcs	CS-Client Flexible Support Exp	0	0
FUNDING TERM:	7/1/13-6/30/14	7/1/13-6/30/14	7/1/13-6/30/14		TOTAL
FUNDING USES					
Salaries & Employee Benefits:					
Operating Expenses:					
Capital Expenses (greater than \$5,000):	0	0			0
Subtotal Direct Expenses:	8,879	35,514	285,633	0	330,026
Indirect Expenses:	1,065	4,262	34,276		39,603
TOTAL FUNDING USES:	9,944	39,776	319,908	0	369,629
CBHS MENTAL HEALTH FUNDING SOURCES					
	Index Code/Project Detail/CFDA#:				
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	4,972	19,888	0	24,860
MH STATE - PSR-EPSDT	HMHMCP751594	4,475	17,900	0	22,375
MH STATE - MHSA	PMHS63-1410	0	0	319,908	319,908
MH COUNTY - General Fund	HMHMCP751594	497	1,989	0	2,486
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		9,944	39,777	319,908	369,629
CBHS SUBSTANCE ABUSE FUNDING SOURCES					
	Index Code/Project Detail/CFDA#:				
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES					
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES					
	Index Code/Project Detail/CFDA#:				
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES					
TOTAL DPH FUNDING SOURCES		9,944	39,777	319,908	369,629
NON-DPH FUNDING SOURCES					
TOTAL NON-DPH FUNDING SOURCES			0	0	0
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		9,944	39,777	319,908	369,629
CBHS UNITS OF SERVICE AND UNIT COST					
Number of Beds Purchased (if applicable)					
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)					
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program					
Cost Reimbursement (CR) or Fee-For-Service (FFS):					
	FFS	FFS	CR		
DPH Units of Service:	4,923	15,240	7,277		
Unit Type:	Staff Minute	#N/A	Staff Hours	0	0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)	2.02	2.61	43.96	0.00	0.00
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	2.02	2.61	43.96	0.00	0.00
Published Rate (Medi-Cal Providers Only):	2.02	2.61			
Unduplicated Clients (UDC):	195	195	195		Total UDC: 195

FY 13-14 CBHS BUDGET DOCUMENTS

DPH 4: Operating Expenses Detail

Program Code: 38CQAH
 Program Name: AIM Higher
 Document Date: 6/30/14

Appendix/Page #: B-10 Page 3

Expenditure Category	TOTAL	General Fund HMHMCP751594	MHSA HMHMPROP63		Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)
	Term: 7/1/13-6/30/14	Term: 7/1/13-6/30/14	Term: 7/1/13-6/30/14	Term: _____	Term: _____	Term: _____
Occupancy:						
Rent	\$ -					
Utilities(telephone, electricity, water, gas)	\$ 1,500.00		\$ 1,500.00			
Building Repair/Maintenance	\$ 2,500.00		\$ 2,500.00			
Materials & Supplies:						
Office Supplies	\$ 600.00	\$ 150.00	\$ 450.00			
Photocopying	\$ -					
Printing	\$ -					
Program Supplies	\$ 306.00	\$ 156.00	\$ 150.00			
Computer hardware/software	\$ -					
General Operating:						
Training/Staff Development	\$ 400.00	\$ 150.00	\$ 250.00			
Insurance	\$ -					
Professional License	\$ -					
Permits	\$ -					
Equipment Lease & Maintenance	\$ -					
Staff Travel:						
Local Travel	\$ 3,490.00		\$ 3,490.00			
Out-of-Town Travel	\$ -					
Field Expenses	\$ -					
Consultant/Subcontractor:						
Nancy Fey (L.C.S. W) Various Dates, \$70/hr, 89 hours	\$ 6,230.00		6,230			
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -					
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -					
(add more Consultant lines as necessary)						
Other:						
Staff Recruitment	\$ 1,500.00		1,500			
	\$ -					
	\$ -					
	\$ -					
	\$ -					
	\$ -					

TOTAL OPERATING EXPENSE

\$16,526

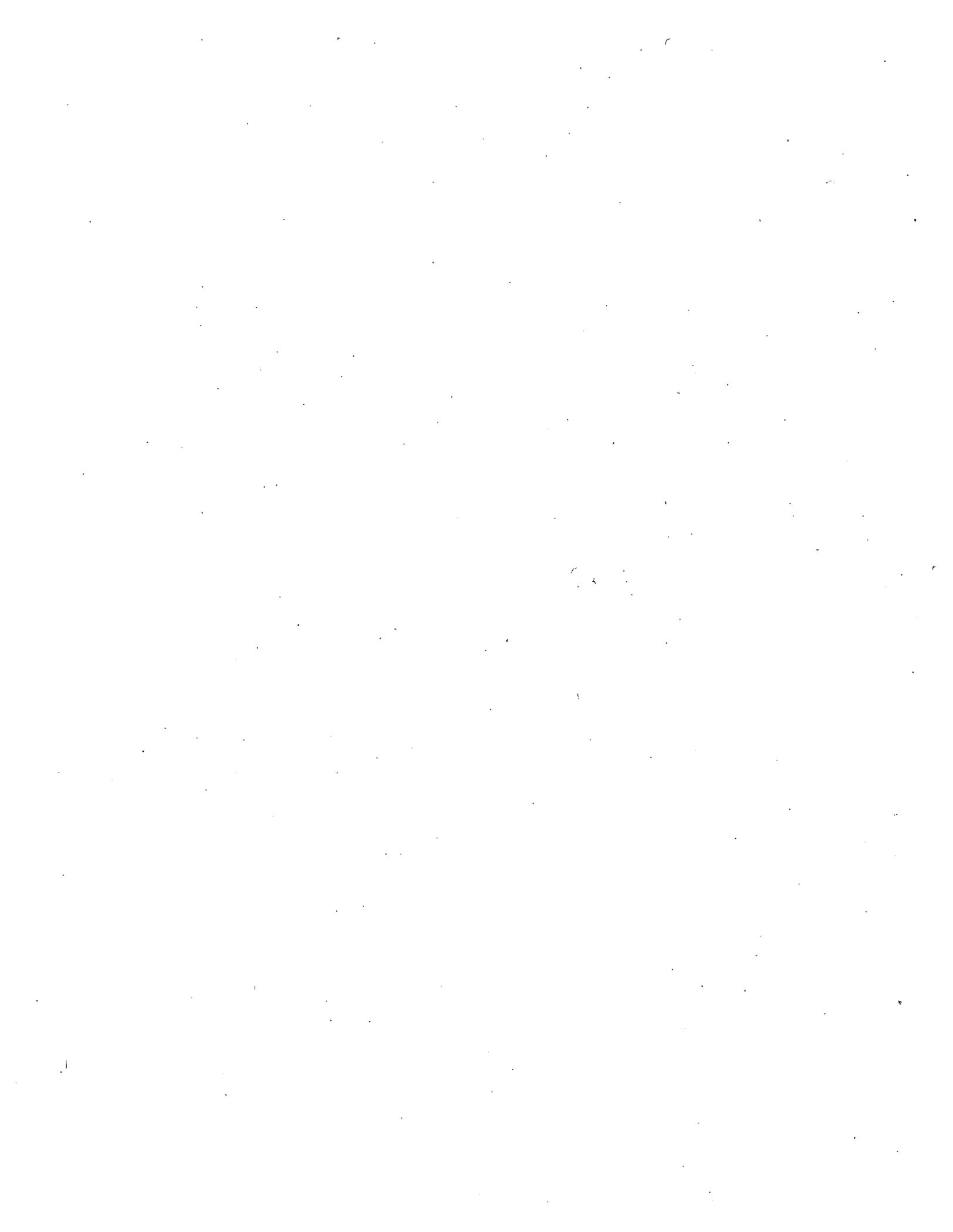
\$456

\$16,070

\$0

\$0

\$0



**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
 FEE FOR SERVICE STATEMENT OF DELIVERABLES AND INVOICE**

Appendix F
 PAGE A

Control Number

Contract: Seneca Center
 Address: 2275 Arlington Drive, San Leandro, CA 94578
 Tel No.: (510) 481-1222

CBHS

INVOICE NUMBER: M01 JL 14
 Cl.Blanket No.: BPHM TBD
 Cl. PO No.: POHM DPHM15000163
 Fund Source: GF,SDMC Reg FFP, EPSDT, Realignment
 Invoice Period: July 2014
 Final Invoice: (Check If Yes)
 ACE Control Number:

Contract Term: 07/01/2014 - 08/30/2015
 PHP Division: Community Behavioral Health Services

Unduplicated Clients for Exhibit:	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC
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DELIVERABLES Program Name/Replg. Unit Modality/Mode # - Svc Func (w/row)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENTS	UOS	CLIENTS
B-1 TBS PC# - 38CQ6												
15/ 58 TBS	303,311				\$ 2.61	\$ -	0.000		0.00%		303,311.000	
B-3 ST Connections-Intensive Support Services PC# - 38CQ3												
15/ 01-09 Case Management Brokerage	26,284				\$ 2.02	\$ -	0.000		0.00%		26,284.000	53,053.26
15/ 10-58 MH Svcs	137,547				\$ 2.61	\$ -	0.000		0.00%		137,547.000	358,987.67
15/ 70-79 Crisis Intervention-OP	5,355				\$ 3.88	\$ -	0.000		0.00%		5,355.000	20,777.40
15/ 60-69 Medication Support	1,926				\$ 4.82	\$ -	0.000		0.00%		1,926.000	8,283.32
B-4 LT Connections WRAP PC# - 38CQ4												
15/ 01-09 Case Management Brokerage	351,807				\$ 2.02	\$ -	0.000		0.00%		351,807.000	710,650.14
15/ 10-58 MH Svcs	1,300,525				\$ 2.61	\$ -	0.000		0.00%		1,300,525.000	3,394,370.25
15/ 70-79 Crisis Intervention-OP	65,413				\$ 3.88	\$ -	0.000		0.00%		65,413.000	253,802.44
15/ 60-69 Medication Support	84,739				\$ 4.82	\$ -	0.000		0.00%		84,739.000	456,641.98
B-6 San Leandro Day-Treatment PC# - 88802												
10/ 85-89 Day Tx Intensive - Full Day	205				\$ 202.43	\$ -	0.000		0.00%		205.000	41,488.15
15/ 01 - 09 Case Mgt Brokerage	1,526				\$ 2.02	\$ -	0.000		0.00%		1,526.000	3,082.52
15/ 10 - 58 MH Svcs	6,299				\$ 2.61	\$ -	0.000		0.00%		6,299.000	16,440.39
15/ 60 - 69 Medication Support	213				\$ 4.82	\$ -	0.000		0.00%		213.000	1,028.66
B-2 Intensive Therapeutic Foster Care PC# - 38CQ8												
15/ 01-09 Case Management Brokerage	25,740				\$ 2.02	\$ -	0.000		0.00%		25,740.000	51,994.80
15/ 10-58 MH Svcs	130,246				\$ 2.61	\$ -	0.000		0.00%		130,246.000	339,942.06
15/ 70-79 Crisis Intervention-OP	1,031				\$ 3.88	\$ -	0.000		0.00%		1,031.000	4,000.28
15/ 60-69 Medication Support	830				\$ 4.82	\$ -	0.000		0.00%		830.000	4,000.60
B-8 Youth Transitional Services PC# - 38CQMST												
15/ 01 - 09 Case Management	2,908				\$ 2.02	\$ -	0.000		0.00%		2,908.000	5,870.12
15/ 10-58 MH Svcs	13,841				\$ 2.61	\$ -	0.000		0.00%		13,841.000	36,125.01
15/ 60 - 69 Medication Support	187				\$ 4.82	\$ -	0.000		0.00%		187.000	901.34
15/ 70 - 79 Crisis Intervention-OP	582				\$ 3.88	\$ -	0.000		0.00%		582.000	2,258.16
B-5 RBS PC# - 38CQ7												
15/ 01 - 09 Case Management Brokerage	37,408				\$ 2.02	\$ -	0.000		0.00%		37,408.000	75,566.18
15/ 10-58 MH Svcs	178,171				\$ 2.61	\$ -	0.000		0.00%		178,171.000	465,026.31
15/ 60 - 79 Crisis Intervention-OP	7,491				\$ 3.88	\$ -	0.000		0.00%		7,491.000	29,065.08
15/ 60 - 69 Medication Support	2,412				\$ 4.82	\$ -	0.000		0.00%		2,412.000	11,625.84
B-10 AIM Higher PC # - 38CQAH												
15/ 01 - 09 Case Management	4,923				\$ 2.02	\$ -	0.000		0.00%		4,923.000	9,944.46
15/ 10 - 58 Mental Health Services	15,240				\$ 2.61	\$ -	0.000		0.00%		15,240.000	39,776.40
TOTAL	2,716,139		0.00				0.00		0.00%		2,716,139.00	7,187,362.55

Budget Amount	\$ 7,187,439.00	Expenses To Date	\$ -	% of Budget	0.00%	Remaining Budget	\$ 7,187,439.00
NOTES:							
SUBTOTAL AMOUNT DUE \$ -							
Less: Initial Payment Recovery (Paraphrase) Other Adjustments \$ -							
NET REIMBURSEMENT \$ -							

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____ Date: _____
 Title: _____

Send to:
 Community Programs Budget/ Invoice Analyst
 1380 Howard St., 4th Floor
 San Francisco, CA 94103

DPH Authorization for Payment

 Authorized Signatory

 Date

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
 FEE FOR SERVICE STATEMENT OF DELIVERABLES AND INVOICE**

Appendix F
 PAGE A

Control Number

INVOICE NUMBER: M02 JL 14

Ct.Blanket No.: BPHM TBD

Ct. PO No.: POHM TBD

Fund Source: HSA Work Order-HMCHMCHMCHWO

Invoice Period: July 2014

Final Invoice: (Check if Yes)

ACE Control Number: _____

Contractor: Seneca Center

Address: 2275 Arlington Drive, San Leandro, CA 94578

Phone No.: (510) 481-1222

Fax No.: (510) 481-1222

Contracting Term: 07/01/2014 - 06/30/2015

PH Division: Community Behavioral Health Services

CBHS

Unduplicated Clients for Exhibit:	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC
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Unduplicated Counts for AIDS Use Only.

DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - Svc Func (MH Only)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENTS	UOS	CLIENTS
ST Connections-Intensive Support Services PC# - 38CQ4												
01-08 Case Mgt Brokerage	527				\$ 2.02	\$ -	0.000		0.00%		527.000	\$ 1,064.54
10-56 MH Svcs	2,763				\$ 2.61	\$ -	0.000		0.00%		2,763.000	7,211.43
70-79 Crisis Intervention-OP	108				\$ 3.88	\$ -	0.000		0.00%		108.000	419.04
60-69 Medication Support	38				\$ 4.82	\$ -	0.000		0.00%		38.000	183.16 \$ 8,878.17
LT Connections-WRAP PC# - 38CQ4												
01-08 Case Mgt Brokerage	17,347				\$ 2.02	\$ -	0.000		0.00%		17,347.000	35,040.94
10-56 MH Svcs	64,128				\$ 2.61	\$ -	0.000		0.00%		64,128.000	167,374.08
70-79 Crisis Intervention-OP	3,225				\$ 3.88	\$ -	0.000		0.00%		3,225.000	12,513.00
60-69 Medication Support	4,671				\$ 4.82	\$ -	0.000		0.00%		4,671.000	22,514.22 \$ 237,442.24
Intensive Therapeutic Foster Care (MTFC Placements)												
10-56 MH Svcs	6,753				\$ 2.61	\$ -	0.000		0.00%		6,753.000	17,625.33
01-09 Case Mgt Brokerage	1,334				\$ 2.02	\$ -	0.000		0.00%		1,334.000	2,694.68
70-79 Crisis Intervention-OP	53				\$ 3.88	\$ -	0.000		0.00%		53.000	205.64
60-69 Medication Support	43				\$ 4.82	\$ -	0.000		0.00%		43.000	207.26 \$ 20,732.91
TBS SF PC# - 38CQ5												
58 TBS	15,596				\$ 2.61	\$ -	0.000		0.00%		15,596.000	40,705.56 \$ 40,705.56
San Leandro Day Treatment PC# - 89802												
85 - 89 Day Tx Intensive Full Day	16				\$ 202.43	\$ -	0.000		0.00%		16.000	3,238.88 \$ 3,238.88
RBS PC# - 38CQ7												
01-09 Case Mgt Brokerage	1,491				\$ 2.02	\$ -	0.000		0.00%		1,491.000	3,011.82
10-56 MH Svcs	7,101				\$ 2.61	\$ -	0.000		0.00%		7,101.000	18,533.61
70-79 Crisis Intervention-OP	298				\$ 3.88	\$ -	0.000		0.00%		298.000	1,156.24
60-69 Medication Support	96				\$ 4.82	\$ -	0.000		0.00%		96.000	462.72 \$ 23,164.39
TOTAL	125,588		0.000				0.000		0.00%		125,061.000	\$ 334,162.15
Budget Amount					\$ 334,161.00							
							Expenses To Date		% of Budget		Remaining Budget	
							\$ -		0.00%		\$ 334,161.00	

SUBTOTAL AMOUNT DUE \$ -
 Less: Initial Payment Recovery
 (For DPH Use) Other Adjustments
NET REIMBURSEMENT \$ -

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those amounts are maintained in our office at the address indicated.

Signature: _____
 Title: _____

Date: _____

Address to:
 Community Programs Budget/ Invoice Analyst
 10 Howard St., 4th Floor
 San Francisco, CA 94103

DPH Authorization for Payment

 Authorized Signatory

 Date

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
COST REIMBURSEMENT INVOICE**

Appendix F
PAGE A

Control Number

Contract: Seneca Center

Address: 2275 Arlington Drive, San Leandro, CA 94578

Tel No.: (510) 481-1222

Fax No.: (510) 481-1222



Funding Term: 07/01/2014 - 06/30/2015

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: M06 JL 14

Cl. Blanket No.: BPHM TBD

User Cd

Cl. PO No.: POHM TBD

Fund Source: General Fund

Invoice Period: July 2014

Final Invoice: (Check if Yes)

ACE Control Number: _____

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-9 Youth Transitional Services (YTS) PC# - 38CQMST												
60/ 72 Flexible Support Expenditure	3,648				-	-	0%	#DIV/0!	3,648	-	100%	#DIV/0!

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 102,450.00	\$ -	\$ -	0.00%	\$ 102,450.00
Fringe Benefits	\$ 25,610.00	\$ -	\$ -	0.00%	\$ 25,610.00
Total Personnel Expenses	\$ 128,060.00	\$ -	\$ -	0.00%	\$ 128,060.00
Operating Expenses					
Occupancy	\$ 18,074.00	\$ -	\$ -	0.00%	\$ 18,074.00
Materials and Supplies	\$ 650.00	\$ -	\$ -	0.00%	\$ 650.00
General Operating	\$ -	\$ -	\$ -	0.00%	\$ -
Staff Travel	\$ 2,184.00	\$ -	\$ -	0.00%	\$ 2,184.00
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other: Staff Recruitment	\$ 400.00	\$ -	\$ -	0.00%	\$ 400.00
	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 21,308.00	\$ -	\$ -	0.00%	\$ 21,308.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 149,368.00	\$ -	\$ -	0.00%	\$ 149,368.00
Indirect Expenses	\$ 17,924.00	\$ -	\$ -	0.00%	\$ 17,924.00
TOTAL EXPENSES	\$ 167,292.00	\$ -	\$ -	0.00%	\$ 167,292.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Phone: _____

Send to:
Community Programs Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco CA 94103

DPH Authorization for Payment

Authorized Signatory

Date

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
COST REIMBURSEMENT INVOICE**

Appendix F
PAGE A

Control Number

Contract: Seneca Center

Address: 2275 Arlington Drive, San Leandro, CA 94578

Tel No.: (510) 481-1222
Fax No.: (510) 481-1222

CBHS

Funding Term: 07/01/2014 - 06/30/2015

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: M09 JL 14

Ct.Blanket No.: BPHM TBD

User Cd

Ct. PO No.: POHM TBD

Fund Source: MHSA - Prop83 - PMHS63 - 1504

Invoice Period: July 2014

Final Invoice: _____ (Check if Yes)

ACE Control Number: _____

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-10 MHSA Pace PC# - 38CQAH												
60/ 72 Flexible Support Expenditure	7,277				-	-	0%	#DIV/0!	7,277	-	100%	#DIV/0!

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 215,650.00	\$ -	\$ -	0.00%	\$ 215,650.00
Fringe Benefits	\$ 53,913.00	\$ -	\$ -	0.00%	\$ 53,913.00
Total Personnel Expenses	\$ 269,563.00	\$ -	\$ -	0.00%	\$ 269,563.00
Operating Expenses					
Occupancy	\$ 4,000.00	\$ -	\$ -	0.00%	\$ 4,000.00
Materials and Supplies	\$ 600.00	\$ -	\$ -	0.00%	\$ 600.00
General Operating	\$ 250.00	\$ -	\$ -	0.00%	\$ 250.00
Staff Travel	\$ 3,490.00	\$ -	\$ -	0.00%	\$ 3,490.00
Consultant/Subcontractor	\$ 6,230.00	\$ -	\$ -	0.00%	\$ 6,230.00
Other: Staff Recruitment	\$ 1,500.00	\$ -	\$ -	0.00%	\$ 1,500.00
	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 16,070.00	\$ -	\$ -	0.00%	\$ 16,070.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 285,633.00	\$ -	\$ -	0.00%	\$ 285,633.00
Indirect Expenses	\$ 34,276.00	\$ -	\$ -	0.00%	\$ 34,276.00
TOTAL EXPENSES	\$ 319,909.00	\$ -	\$ -	0.00%	\$ 319,909.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Phone: _____

Send to:
Community Programs Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory

Date

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
COST REIMBURSEMENT INVOICE**

Appendix F
PAGE A

Control Number

Contract: Seneca Center

Address: 2275 Arlington Drive, San Leandro, CA 94578

Tel No.: (510) 481-1222

Fax No.: (510)481-1222



Funding Term: 07/01/2014 - 06/30/2015

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: M14 JL 14

Ct.Blanket No.: BPHM TBD

Ct. PO No.: POHM TBD

Fund Source: MHSA - Prop63 - PMHS63 - 1503

Invoice Period: July 2014

Final Invoice: _____ (Check if Yes)

ACE Control Number: _____

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-4 LT Connections-WRAP PC# - 38CQ4												
60/ 72 Flexible Support Expenditure	12				-	-	-	#DIV/0!	#DIV/0!	-	-	#DIV/0!

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 171,060.00	\$ -	\$ -	0.00%	\$ 171,060.00
Fringe Benefits	\$ 42,765.00	\$ -	\$ -	0.00%	\$ 42,765.00
Total Personnel Expenses	\$ 213,825.00	\$ -	\$ -	0.00%	\$ 213,825.00
Operating Expenses					
Occupancy	\$ 10,990.00	\$ -	\$ -	0.00%	\$ 10,990.00
Materials and Supplies	\$ 2,823.00	\$ -	\$ -	0.00%	\$ 2,823.00
General Operating	\$ -	\$ -	\$ -	0.00%	\$ -
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ 16,500.00	\$ -	\$ -	0.00%	\$ 16,500.00
Other: Child Related	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 30,313.00	\$ -	\$ -	0.00%	\$ 30,313.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 244,138.00	\$ -	\$ -	0.00%	\$ 244,138.00
Indirect Expenses	\$ 29,510.00	\$ -	\$ -	0.00%	\$ 29,510.00
TOTAL EXPENSES	\$ 273,648.00	\$ -	\$ -	0.00%	\$ 273,648.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Phone: _____

Send to:
Community Programs Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory

Date

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
FEE FOR SERVICE STATEMENT OF DELIVERABLES AND INVOICE**

Appendix F
PAGE A

Control Number

INVOICE NUMBER: M15 JL 14

Contractor: **Seneca Center**

Ct.Blanket No.: BPHM TBD

Address: 2275 Arlington Drive, San Leandro, CA 94578

CBHS

User Cd _____

Tel No.: (510) 481-1222

Ct.PO No.: POHM TBD

Fax No.: (510)481-1222

Fund Source: GF, SDMC Regular FFP, PSR, EPSDT

Invoice Period : July 2014

Funding Term: 07/01/2014 - 06/30/2015

Final Invoice: _____ (Check if Yes)

PHP Division: Community Behavioral Health Services

ACE Control Number: _____

Unduplicated Clients for Exhibit:	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC

Unduplicated Counts for AIDS Use Only.

DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - Svc Func (MH only)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENTS	UOS	CLIENTS
3-7b Child Crisis Wrap PC# - 38CQWC												
15/ 01 - 09 Case Mgt Brokerage	9,772				\$ 2.02	\$ -	0.000		0.00%		9,772.000	
15/ 10 - 56 MH Svcs	51,052				\$ 2.61	\$ -	0.000		0.00%		51,052.000	
15/ 60 - 79 Crisis Intervention - OP	2,120				\$ 3.88	\$ -	0.000		0.00%		2,120.000	
15/ 60 - 69 Medication Support	683				\$ 4.82	\$ -	0.000		0.00%		683.000	
TOTAL	63,627		0.000				0.000		0.00%		63,627.000	

\$ 19,739.44
133,245.72
8,225.60
3,292.06

\$ 164,502.82

Budget Amount:	\$ 164,502.00	Expenses To Date	\$ -	% of Budget	0.00%	Remaining Budget	\$ 164,502.00
----------------	---------------	------------------	------	-------------	-------	------------------	---------------

SUBTOTAL AMOUNT DUE \$ -
Less: Initial Payment Recovery _____
(For DPH Use) Other Adjustments _____
NET REIMBURSEMENT \$ -

NOTES: _____

certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____ Date: _____

Title: _____

Send to:
 Community Programs Budget/ Invoice Analyst
 380 Howard St., 4th Floor
 San Francisco, CA 94103

DPH Authorization for Payment

 Authorized Signatory

 Date

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
COST REIMBURSEMENT INVOICE**

Appendix F
PAGE A

Control Number

Contract: Seneca Center

Address: 2275 Arlington Drive, San Leandro, CA 94578

Tel No.: (510) 481-1222

Fax No.: (510)481-1222

Funding Term: 07/01/2014 - 06/30/2015

PHP Division: Community Behavioral Health Services

INVOICE NUMBER:

M04 JL 14

Ct.Blanket No.: BPHM

TBD

Ct. PO No.: POHM

User Cd

TBD

Fund Source:

HSA Work Order-HMHMCHTHFCWO

Invoice Period:

July 2014

Final Invoice:

(Check if Yes)

ACE Control Number:

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-8 Parenting Training Institute PC# - 38CQPTI												
60/ 72 Flexible Support Expenditure	12						0%		12		100%	

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 80,143.00	\$ -	\$ -	0.00%	\$ 80,143.00
Fringe Benefits	\$ 20,035.00	\$ -	\$ -	0.00%	\$ 20,035.00
Total Personnel Expenses	\$ 100,178.00	\$ -	\$ -	0.00%	\$ 100,178.00
Operating Expenses					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ -	\$ -	\$ -	0.00%	\$ -
General Operating	\$ -	\$ -	\$ -	0.00%	\$ -
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other: Staff Recruitment	\$ -	\$ -	\$ -	0.00%	\$ -
Client Service Fund	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ -	\$ -	\$ -	0.00%	\$ -
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 100,178.00	\$ -	\$ -	0.00%	\$ 100,178.00
Indirect Expenses	\$ 12,022.00	\$ -	\$ -	0.00%	\$ 12,022.00
TOTAL EXPENSES	\$ 112,200.00	\$ -	\$ -	0.00%	\$ 112,200.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____

Date: _____

Printed Name: _____

Title: _____

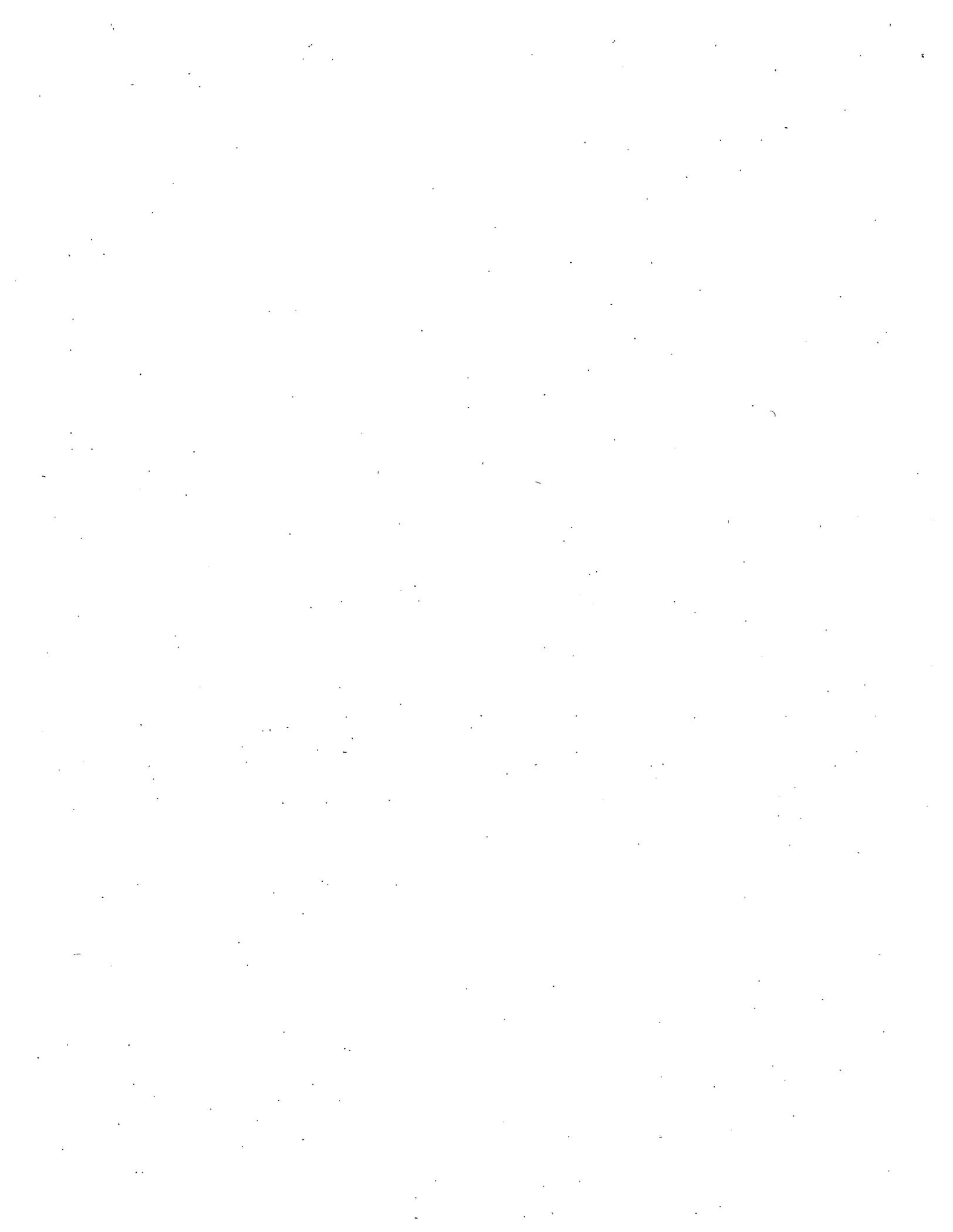
Phone: _____

Send to:

Community Programs Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory _____ Date _____





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/2/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER License # 0726293 Arthur J. Gallagher & Co. Insurance Brokers of CA., Inc. 505 N Brand Blvd, Suite 600 Glendale, CA 91203	CONTACT NAME: PHONE (A/C, No, Ext): (818) 539-2300		FAX (A/C, No): (818) 539-2301
	E-MAIL ADDRESS:		
INSURED Seneca Family of Agencies 2275 Arlington Drive San Leandro, CA 94578	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Nonprofits' Insurance Alliance of CA		
	INSURER B : New York Marine And General Insurance Co		16608
	INSURER C : Berkley Regional Insurance Company		29580
	INSURER D :		
	INSURER E :		
INSURER F :			

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	X	201500557NPO	07/01/2014	07/01/2015	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000
	<input checked="" type="checkbox"/> Professional \$1MM					MED EXP (Any one person) \$ 20,000
	<input checked="" type="checkbox"/> Abuse \$1MM					PERSONAL & ADV INJURY \$ 1,000,000
GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY		201500557NPO	07/01/2014	07/01/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS					PROPERTY DAMAGE (Per accident) \$
						\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR	201500557NPOUMB	07/01/2014	07/01/2015	EACH OCCURRENCE \$ 4,000,000
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$ 4,000,000
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000					\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		WC 015684189	11/01/2013	01/01/2015	PER STATUTE <input checked="" type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N				E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
						E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Crime		BCR7100147313	09/17/2013	09/17/2014	Employee Dishonesty 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate holder is named additional insured with respect to the operations of the named insured per the attached CG 2026 endorsement. Workers Compensation coverage excluded, evidence only.

CERTIFICATE HOLDER

City & County of San Francisco
 1380 Howard Street
 San Francisco, CA 94103

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Nikolai Argyros

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – DESIGNATED
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)
<p>Any person or organization that you are required to add as an additional insured on this policy, under a written contract or agreement currently in effect, or becoming effective during the term of this policy, and for which a certificate of insurance naming such person or organization as additional insured has been issued, but only with respect to their liability arising out of their requirements for certain performance placed upon you, as a nonprofit organization, in consideration for funding or financial contributions you receive from them. The additional insured status will not be afforded with respect to liability arising out of or related to your activities as a real estate manager for that person or organization.</p> <p>City & County of San Francisco 1380 Howard Street San Francisco CA 94103</p>
<p>Information required to complete this Schedule, if not shown above, will be shown in the Declarations.</p>

Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A. In the performance of your ongoing operations; or
- B. In connection with your premises owned by or rented to you.

INITIAL PAYMENT INVOICE
82 – Department of Public Health /
Population Health & Prevention
Community Mental Health Services

IN ACCORDANCE WITH THE CONTRACT PROVISIONS, AN INITIAL PAYMENT IS REQUESTED FOR:

Fiscal Year Encumbrance: \$8,505,451 C.T. ~~\$8,617,651~~ Seneca Center
CONTRACT AGENCY NAME

Base for Initial Payment: Lesser of
Maximum Fidelity Bond coverage (\$1,000,000) or 25% of
Annual General Fund and MHSA Budget: \$8,162,790
from the CBHS Budget Schedule. 2275 Arlington Drive
STREET, P.O. BOX

INITIAL PAYMENT AMOUNT: \$1,000,000 ~~7~~ San Leandro, CA 94578
CITY, STATE, ZIP

82 DEPARTMENT OF PUBLIC HEALTH
POPULATION HEALTH AND PREVENTION

CONTRACT AGENCY

Margarette Alviar 8/5/2014
AUTHORIZED SIGNATURE

[Signature]
AUTHORIZED SIGNATURE

MARGARETTE ALVIAR
NAME – PRINT OR TYPE

KATHERINE WEST
NAME – PRINT OR TYPE

Asst Manager A/P - Contracts & Reconciliation Unit
TITLE – PRINT OR TYPE

Executive Director
TITLE – PRINT OR TYPE

1 [Contract Approval - 18 Non-Profit Organizations and the University of California of San
2 Francisco - Behavioral Health Services - \$674,388,406]

3 **Resolution retroactively approving \$674,388,406 in contracts between the Department**
4 **of Public Health and 18 non-profit organizations and the University of California at San**
5 **Francisco, to provide behavioral health services for the period of July 1, 2010 through**
6 **December 31, 2015.**

7
8 WHEREAS, The Department of Public Health has been charged with providing needed
9 behavioral health services to residents of San Francisco; and,

10 WHEREAS, The Department of Public Health has conducted Requests for Proposals
11 or has obtained appropriate approvals for sole source contracts to provide these services; and

12 WHEREAS, The San Francisco Charter Chapter 9.118 requires contracts over \$10
13 million to be approved by the Board of Supervisors; and

14 WHEREAS, Contracts with providers will exceed \$10 million for a total of
15 \$674,388,406, as follows:

16 Alternative Family Services, \$11,057,200;

17 Asian American Recovery Services, \$11,025,858;

18 Baker Places, \$69,445,722;

19 Bayview Hunters Point Foundation for Community Improvement, \$27,451,857;

20 Central City Hospitality House, \$15,923,347;

21 Community Awareness and Treatment Services (CATS), \$12,464,714;

22 Community Vocational Enterprises (CVE), \$9,705,509;

23 Conard House, \$37,192,197;

24 Edgewood Center for Children and Families, \$29,109,089;

25 Family Service Agency, \$45,483,140;

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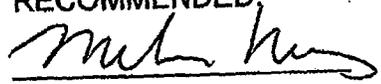
Hyde Street Community Service, \$17,162,210;
Instituto Familiar de la Raza, \$14,219,161;
Progress Foundation, \$92,018,333;
Richmond Area Multi-Services, \$34,773,853;
San Francisco Study Center, \$11,016,593;
Seneca Center, \$63,495,327;
Walden House, \$54,256,546;
Westside Community Mental Health Center, \$43,683,160;
Regents of the University of California, \$74,904,591; and

WHEREAS, The Department of Public Health estimates that the annual payment of some contracts may be increased over the original contract amount, as additional funds become available between July 2010 and the end of the contract term; now, be it

RESOLVED, That the Board of Supervisors hereby retroactively approves these contracts for the period of July 1, 2010, through December 31, 2015; and, be it

FURTHER RESOLVED, That the Board of Supervisors hereby authorizes the Director of the Department of Public Health and the Purchaser, on behalf of the City and County of San Francisco, to execute agreements with these contractors, as appropriate; and, be it

FURTHER RESOLVED, That the Board of Supervisors requires the Department of Public Health to submit a report each June with increases over the original contract amount, as additional funds become available during the term of contracts.

RECOMMENDED:

Mitchell Katz, M.D.
Director of Health

APPROVED:

Mark Morewitz, Secretary to the
Health Commission



City and County of San Francisco

Tails
Resolution

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

File Number: 100927

Date Passed: December 07, 2010

Resolution retroactively approving \$674,388,406 in contracts between the Department of Public Health and 18 non-profit organizations and the University of California at San Francisco, to provide behavioral health services for the period of July 1, 2010, through December 31, 2015.

December 01, 2010 Budget and Finance Committee - AMENDED, AN AMENDMENT OF THE WHOLE BEARING NEW TITLE

December 01, 2010 Budget and Finance Committee - RECOMMENDED AS AMENDED

December 07, 2010 Board of Supervisors - ADOPTED

Ayes: 11 - Alioto-Pier, Avalos, Campos, Chiu, Chu, Daly, Dufty, Elsbernd, Mar, Maxwell and Mirkarimi

File No. 100927

I hereby certify that the foregoing Resolution was ADOPTED on 12/7/2010 by the Board of Supervisors of the City and County of San Francisco.

Angela Calvillo
Clerk of the Board

Mayor Gavin Newsom

December 8, 2010

Date Approved

October 05, 2015

Seneca Center
\$69,630,182

**FORM SFEC-126:
NOTIFICATION OF CONTRACT APPROVAL**
(S.F. Campaign and Governmental Conduct Code § 1.126)

City Elective Officer Information <i>(Please print clearly.)</i>	
Name of City elective officer(s): Members, San Francisco Board of Supervisors	City elective office(s) held: Members, San Francisco Board of Supervisors

Contractor Information <i>(Please print clearly.)</i>	
Name of contractor: Seneca Family of Agencies	
<i>Please list the names of (1) members of the contractor's board of directors; (2) the contractor's chief executive officer, chief financial officer and chief operating officer; (3) any person who has an ownership of 20 percent or more in the contractor; (4) any subcontractor listed in the bid or contract; and (5) any political committee sponsored or controlled by the contractor. Use additional pages as necessary.</i>	
1. Please see list of members of Board of Directors attached. 2. CEO: Ken Berrick, CFO: Janet Briggs, COO: Katherine West 3. Persons with more than 20% ownership: N/A – Nonprofit Agency 4. Subcontractors listed in contract: N/A 5. Political committees sponsored or controlled by contractor: N/A	
Contractor address: 6925 Chabot Road, Oakland, CA 94618	
Date that contract was approved:	Amount of contract: Not to exceed \$69,630,182
Describe the nature of the contract that was approved: Provide Mental Health services to children and adolescents refereed by S.F. Mental Health and Human services agency.	
Comments:	

This contract was approved by (check applicable):

the City elective officer(s) identified on this form
 a board on which the City elective officer(s) serves San Francisco Board of Supervisors
Print Name of Board

the board of a state agency (Health Authority, Housing Authority Commission, Industrial Development Authority Board, Parking Authority, Redevelopment Agency Commission, Relocation Appeals Board, Treasure Island Development Authority) on which an appointee of the City elective officer(s) identified on this form sits

Print Name of Board

Filer Information <i>(Please print clearly.)</i>	
Name of filer: Angela Calvillo, Clerk of the Board	Contact telephone number: (415) 554-5184
Address: City Hall, Room 244, 1 Dr. Carlton B. Goodlett Pl., San Francisco, CA 94102	E-mail: Board.of.Supervisors@sfgov.org

Signature of City Elective Officer (if submitted by City elective officer)

Date Signed

Signature of Board Secretary or Clerk (if submitted by Board Secretary or Clerk)

Date Signed



Board of Directors Roster 2015-2016

Ken Berrick, President
Chief Executive Officer
Seneca Family of Agencies
6925 Chabot Road
Oakland, CA 94618
ken_berrick@senecacenter.org

Crosby Allison, Vice President
Independent Consultant

Neil Gilbert, Chairperson
Professor of Social Welfare
University of California, Berkeley

Dion Aroner, Secretary
Governance Committee
Partner
AJE Partners

Geoff Le Plastrier, Treasurer
Finance Committee
President
LDC Advisors

Andrew Kahn, Member
Attorney at Law
Davis, Cowell & Bowe

Alan Ross, Member
Partner (Retired)
IBM Global Business Services

Jeff Davi, Member
Fundraising Committee
President
A.G. Davi Property Management
& Realtor, Coldwell Banker