

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.

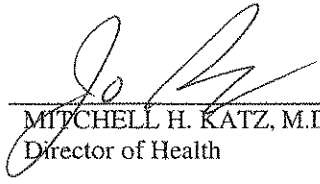
IN WITNESS WHEREOF, the parties hereto have executed this Agreement on the day first mentioned above.

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

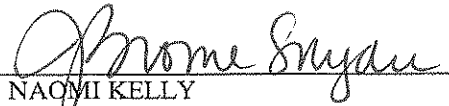
By:   
\_\_\_\_\_  
TERENCE HOWZELL  
Deputy City Attorney / 10/1/10  
Date

  
\_\_\_\_\_  
KEN BERRICK  
Executive Director / 10/26/10  
Date

Approved:

2275 Arlington Drive  
San Leandro, California 94578

City vendor number: 24631

  
\_\_\_\_\_  
NAOMI KELLY  
Director Office of Contract  
Administration and Purchaser / 12/15/10  
Date

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**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 (15<sup>th</sup>) 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 (15<sup>th</sup>) 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 30<sup>th</sup> 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, 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	\$5,153,842
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>
<b>Total of July 1, 2010 through December 31, 2015</b>	<b>\$56,692,257</b>

(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

8/16/2010

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
CONTRACT TYPE - This contract is:	Renewal												
if modification, Effective Date of Mod:	# of Mod:												
LEGAL ENTITY NUMBER: #00115	VENDOR ID (DPH USE ONLY):												
LEGAL ENTITY/CONTRACTOR NAME: Seneca Center													
PROVIDER NUMBER	8989	38CQ	8989	38CQ	38CQ	38CQ	38CQ	8780	38CA	38CQ	38HD	38HD	
PROVIDER NAME:	Seneca Center	Seneca Center	Seneca Center	Seneca Center	Seneca Center	Seneca Center	Seneca Center	Seneca Center	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	
FUNDING USES:	CTF SF	TBS	State Suppl	MTFC pt	ST Connections	LT Connections	LT Conn Prob	SL Day TX	OG Day TX	Parent Trng Inst	MST FFS/cost	MHSA PACE	
SALARIES & EMPLOYEE BENEFITS	1,979,917	534,450	138,042	143,066	139,862	4,134,397	301,522	81,079	12,772	107,596	254,945	381,776	8,207,444
OPERATING EXPENSE	350,039	31,052		9,729	37,447	424,853	47,139	3,700	300	600	58,854	63,068	1,036,820
CAPITAL OUTLAY (COST \$5,000 AND OVER)													0
SUBTOTAL DIRECT COSTS	2,339,955	565,502	138,042	152,815	177,309	4,559,290	348,661	84,779	13,072	108,196	313,799	444,844	9,244,263
INDIRECT COST AMOUNT	290,756	67,862	3,364	18,172	23,815	524,696	39,738	10,810	1,541	1,604	37,651	53,378	1,063,419
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	5,083,986	388,400	95,389	14,613	110,000	351,450	498,223	10,307,683
CBHS MENTAL HEALTH FUNDING SOURCES													
FEDERAL REVENUES - click below													
SDMC Regular FFP (50%)	995,450	316,580		85,490	60,130	2,409,830	194,200	47,690	7,310		82,060	44,610	4,000
AFIRA SDMC FFP (11.5%)	230,745	73,407		19,916	20,893	558,600	45,018	11,056	1,894		21,344	10,341	992,912
STATE REVENUES - click below													
Family Mosaic Capitated Medi-Cal	66,528												66,528
EPSDT State Match	146,980	211,607		57,132	60,231	1,610,255	129,764	31,874	4,878		61,526	29,811	2,344,038
MHSA						284,318						0	284,318
MHSA Rollover												309,000	309,000
CTF Fund (Cmnty 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	38900												38,900
HSA (Human Svcs Agency)				8,549	9,013	240,983	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	540,746	31,670			20,657			4,769	731	0	167,292	4,461	776,528
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	2,620,741	633,364	139,406	170,987	201,124	5,083,986	388,400	95,389	14,613	110,000	351,450	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	5,083,986	388,400	95,389	14,613	110,000	351,450	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	5,083,986	388,400	95,389	14,613	110,000	351,450	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			PROVIDER #:		8989
PROVIDER NAME:		Seneca Center			8/16/2010		
REPORTING UNIT NAME:	CTF SF	CTF SF	CTF SF				
REPORTING UNIT:	89892	8989CP	8989OP				
MODE OF SVCS / SERVICE FUNCTION CODE:	10/65-89	15/10-59	15/60-69				
SERVICE DESCRIPTION:	Day Tx intensive Full day	MH Svcs	Medication Support			TOTAL	
CBHS FUNDING TERM:	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11				
<b>FUNDING USES:</b>							
SALARIES & EMPLOYEE BENEFITS	670,823	1,166,148	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	
<b>TOTAL FUNDING USES:</b>	<b>887,943</b>	<b>1,570,059</b>	<b>162,739</b>	<b>0</b>		<b>2,620,741</b>	
<b>CBHS MENTAL HEALTH FUNDING SOURCES:</b>							
FEDERAL REVENUES - click below							
SDMC Regular FFP (50%)	309,490	621,537	64,423			995,450	
ARRA SDMC FFP (11.59)	71,740	144,072	14,833			230,745	
STATE REVENUES - click below							
CTF Fund (Cmnty Tx Facility)							
EPSDT State Match	36,365	100,208	10,367			146,960	
Family Mosaic Capitated Medi-Cal	66,528					66,528	
MHTSA							
GRANTS - click below							
CFDA #:							
Please enter other here if not in pull down							
PRIOR YEAR ROLL OVER - click below							
MHTSA							
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	340,433.53	35,286			540,746	
<b>TOTAL CBHS MENTAL HEALTH FUNDING SOURCES:</b>	<b>885,396</b>	<b>1,572,366</b>	<b>162,979</b>			<b>2,620,741</b>	
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES:</b>							
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							
<b>TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES:</b>							
<b>TOTAL DPH REVENUES</b>	<b>885,396</b>	<b>1,572,366</b>	<b>162,979</b>			<b>2,620,741</b>	
NON-DPH REVENUES - click below							
TOTAL NON-DPH REVENUES	0	0	0			0	
TOTAL REVENUES (DPH AND NON-DPH)	885,396	1,572,366	162,979			2,620,741	
<b>CBHS UNITS OF SVCS/TIME AND UNIT COST:</b>							
UNITS OF SERVICE <sup>1</sup>	3,162	0	0			3,162	
UNITS OF TIME <sup>2</sup>		410,539	28,344			438,884	
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				

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

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

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

FISCAL YEAR: 2010/2011		APPENDIX #: B-2		
LEGAL ENTITY NAME: Seneca Center		PROVIDER #: 39CQ		
PROVIDER NAME: Seneca Center		8/16/2010		
REPORTING UNIT NAME:	TBS SF			
REPORTING UNIT:	38C05			
MODE OF SVCS / SERVICE FUNCTION CODE:	15/56			
SERVICE DESCRIPTION:	TBS			TOTAL
CBHS FUNDING TERM:	7/1/10-6/30/11			
<b>FUNDING USES:</b>				
SALARIES & EMPLOYEE BENEFITS	534,450			534,450
OPERATING EXPENSE	31,052			31,052
CAPITAL OUTLAY (COST \$5,000 AND OVER)				0
<b>SUBTOTAL DIRECT COSTS</b>	<b>565,502</b>			<b>565,502</b>
INDIRECT COST AMOUNT	67,862			67,862
<b>TOTAL FUNDING USES:</b>	<b>633,364</b>			<b>633,364</b>
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>				
<b>FEDERAL REVENUES - click below</b>				
SDMC Regular FFP (50%)	316,680			316,680
ARRA SDMC FFP (11.5%)	73,407			73,407
<b>STATE REVENUES - click below</b>				
EPSDT State Match	211,607			211,607
Family Mosaic Capitated Medi-Cal				
CTF Fund (Crimty Tx Facility)				
<b>GRANTS - click below</b>				
	CFDA #:			
Please enter other here if not in pull down				
<b>PRIOR YEAR ROLL OVER - click below</b>				
<b>WORK ORDERS - click below</b>				
Please enter other here if not in pull down				
<b>3RD PARTY PAYOR REVENUES - click below</b>				
Please enter other here if not in pull down				
<b>REALIGNMENT FUNDS</b>				
COUNTY GENERAL FUND	31,670			31,670
<b>TOTAL CBHS MENTAL HEALTH FUNDING SOURCES</b>	<b>633,364</b>			<b>633,364</b>
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES:</b>				
<b>FEDERAL REVENUES - click below</b>				
<b>STATE REVENUES - click below</b>				
<b>GRANTS/PROJECTS - click below</b>				
CFDA #:				
Please enter other here if not in pull down				
<b>WORK ORDERS - click below</b>				
Please enter other here if not in pull down				
<b>3RD PARTY PAYOR REVENUES - click below</b>				
Please enter other here if not in pull down				
<b>COUNTY GENERAL FUND</b>				
<b>TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>				
<b>TOTAL DPH REVENUES</b>	<b>633,364</b>			<b>633,364</b>
<b>NON-DPH REVENUES - click below</b>				
<b>TOTAL NON-DPH REVENUES</b>	0	0	0	0
<b>TOTAL REVENUES (DPH AND NON-DPH)</b>	<b>633,364</b>			<b>633,364</b>
<b>CBHS UNITS OF SVCS/TIME AND UNIT COST:</b>				
UNITS OF SERVICE <sup>1</sup>				0
UNITS OF TIME <sup>2</sup>	333,349			
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
<b>PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY)</b>				
UNDULICATED CLIENTS	75			75

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

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

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

FISCAL YEAR:		2010-2011		APPENDIX #: B-3	
LEGAL ENTITY NAME:		Seneca Center		PROVIDER #: 8989	
PROVIDER NAME:		Seneca Center		8/16/2010	
REPORTING UNIT NAME:		CTF SF			
REPORTING UNIT:		8989OP			
MODE OF SVCS / SERVICE FUNCTION CODE:		60/72			
SERVICE DESCRIPTION:		State Supplement		TOTAL	
<b>CBHS FUNDING TERM:</b>		7/1/10-6/30/11			
<b>FUNDING USES:</b>					
SALARIES & EMPLOYEE BENEFITS		136,042		136,042	
OPERATING EXPENSE				0	
CAPITAL OUTLAY (COST \$5,000 AND OVER)				0	
<b>SUBTOTAL DIRECT COSTS</b>		<b>136,042</b>		<b>136,042</b>	
INDIRECT COST AMOUNT		3,364		3,364	
<b>TOTAL FUNDING USES:</b>		<b>139,406</b>		<b>0</b>	
<b>CBHS-MENTAL HEALTH FUNDING SOURCES</b>					
<b>FEDERAL REVENUES - click below</b>					
SDMC Regular FFP (50%)					
ARRA SDMC FFP (11.59)					
STATE REVENUES - click below					
EPSDT State Match					
Family Mosaic Capitalized Medi-Cal					
CTF Fund (Cmnty Tx Facility)		139,406		139,406	
<b>GRANTS - click below</b>					
CFDA #:					
Please enter other here if not in pull down					
<b>PRIOR YEAR ROLL OVER - click below</b>					
WORK ORDERS - click below					
Please enter other here if not in pull down					
<b>3RD PARTY PAYOR REVENUES - click below</b>					
Please enter other here if not in pull down					
<b>REALIGNMENT FUNDS</b>					
COUNTY GENERAL FUND					
<b>TOTAL CBHS-MENTAL HEALTH FUNDING SOURCES</b>		<b>139,406</b>		<b>0</b>	
<b>CBHS-SUBSTANCE ABUSE FUNDING SOURCES:</b>					
<b>FEDERAL REVENUES - click below</b>					
STATE REVENUES - click below					
<b>GRANTS/PROJECTS - click below</b>					
CFDA #:					
Please enter other here if not in pull down					
<b>WORK ORDERS - click below</b>					
Please enter other here if not in pull down					
<b>3RD PARTY PAYOR REVENUES - click below</b>					
Please enter other here if not in pull down					
COUNTY GENERAL FUND					
<b>TOTAL CBHS-SUBSTANCE ABUSE FUNDING SOURCES</b>					
<b>TOTAL DPH REVENUES</b>		<b>139,406</b>		<b>139,406</b>	
<b>NON-DPH REVENUES - click below</b>					
<b>TOTAL NON-DPH REVENUES</b>		0		0	
<b>TOTAL REVENUES (DPH AND NON-DPH)</b>		<b>139,406</b>		<b>139,406</b>	
<b>CBHS UNITS OF SVCS/TIME AND UNIT COST:</b>					
UNITS OF SERVICE <sup>1</sup>		4,240		0	
UNITS OF TIME <sup>2</sup>					
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)		32.88		0.00	
COST PER UNIT--DPH RATE (DPH REVENUES ONLY)		32.88		0.00	
PUBLISHED RATE (MEDICAL PROVIDERS ONLY)					
UNDUPLICATED CLIENTS		17		0	

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

<sup>2</sup>Units 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 #: 38CQ			
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	15/80-69		
SERVICE DESCRIPTION	Case Mgr 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		
<b>FUNDING USES:</b>						
SALARIES & EMPLOYEE BENEFITS	17,884	122,448	1,376	1,376		143,086
OPERATING EXPENSE	1,016	8,557	78	78		9,729
CAPITAL OUTLAY (COST \$5,000 AND OVER)						0
<b>SUBTOTAL DIRECT COSTS</b>	<b>18,900</b>	<b>131,007</b>	<b>1,454</b>	<b>1,454</b>	<b>0</b>	<b>152,815</b>
INDIRECT COST AMOUNT	2,217	15,614	171	171		18,172
<b>TOTAL FUNDING USES:</b>	<b>21,117</b>	<b>146,620</b>	<b>1,625</b>	<b>1,625</b>	<b>0</b>	<b>170,987</b>
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>						
FEDERAL REVENUES - click below						
SDMC Regular FFP (50%)	11,114	72,666	855	855		85,490
ARRA SDMC FFP (11.59)	2,575	16,848	198	198		19,817
STATE REVENUES - click below						
EPSDT State Match	7,427	48,560	572	572		57,131
Family Mosaic Capitated Medi-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						
<b>TOTAL CBHS MENTAL HEALTH FUNDING SOURCES</b>	<b>21,116</b>	<b>146,620</b>	<b>1,625</b>	<b>1,625</b>	<b>-</b>	<b>170,987</b>
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES:</b>						
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						
<b>TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>TOTAL DPH REVENUES</b>	<b>21,116</b>	<b>146,620</b>	<b>1,625</b>	<b>1,625</b>	<b>-</b>	<b>170,987</b>
NON-DPH REVENUES - click below						
TOTAL NON-DPH REVENUES						
<b>TOTAL REVENUES (DPH AND NON-DPH)</b>	<b>21,116</b>	<b>146,620</b>	<b>1,625</b>	<b>1,625</b>	<b>-</b>	<b>170,987</b>
<b>CBHS UNITS OF SVCS/TIME AND UNIT COST:</b>						
UNITS OF SERVICE <sup>1</sup>						0
UNITS OF TIME <sup>2</sup>	10,153	54,710	407	328		65,598
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	10	10	10	10		

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

<sup>2</sup>Units 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	15/01-09	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		
<b>FUNDING USES:</b>						
SALARIES & EMPLOYEE BENEFITS	15,702	115,263	6,149	2,748		139,862
OPERATING EXPENSE	4,494	30,407	1,760	786		37,447
CAPITAL OUTLAY (COST \$5,000 AND OVER)						0
<b>SUBTOTAL DIRECT COSTS</b>	<b>20,196</b>	<b>145,670</b>	<b>7,909</b>	<b>3,534</b>	<b>0</b>	<b>177,309</b>
INDIRECT COST AMOUNT	2,858	19,938	1,119	500		23,815
<b>TOTAL FUNDING USES:</b>	<b>23,053</b>	<b>165,008</b>	<b>9,028</b>	<b>4,034</b>	<b>0</b>	<b>201,124</b>
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>						
FEDERAL REVENUES - click below						
SDMC Regular FFP (50%)	10,815	73,166	4,236	1,693		90,130
ARRA SDMC FFP (11.59)	2,507	16,965	982	439		20,893
STATE REVENUES - click below						
EPSDT State Match	7,228	46,908	2,831	1,265		60,231
Family Mosaic Capitated Medi-Cal						-
CTF Fund (Community Tx Facility)						-
GRANTS - click below						
						-
						-
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	980	438		20,857
<b>TOTAL CBHS MENTAL HEALTH FUNDING SOURCES</b>	<b>23,054</b>	<b>165,008</b>	<b>9,028</b>	<b>4,034</b>	<b>0</b>	<b>201,124</b>
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES:</b>						
FEDERAL REVENUES - click below						
						-
STATE REVENUES - click below						
						-
GRANTS/PROJECTS - click below						
						-
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						
<b>TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>TOTAL DPH REVENUES</b>	<b>23053.51566</b>	<b>165,008</b>	<b>9,028</b>	<b>4,034</b>	<b>0</b>	<b>201,124</b>
NON-DPH REVENUES - click below						
						-
<b>TOTAL NON-DPH REVENUES</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>TOTAL REVENUES (DPH AND NON-DPH)</b>	<b>23,054</b>	<b>165,008</b>	<b>9,028</b>	<b>4,034</b>	<b>0</b>	<b>201,124</b>
<b>CBHS UNITS OF SVCS/TIME AND UNIT COST:</b>						
UNITS OF SERVICE <sup>1</sup>						
						0
						0
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		

<sup>1</sup>Units of Service: Days, Client Day, Full Day/Half-Day  
<sup>2</sup>Units 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-6	
LEGAL ENTITY NAME:		Seneca Center					PROVIDER #: 38CQ	
PROVIDER NAME:		Seneca Center					8/16/2010	
REPORTING UNIT NAME:	LT	LT	LT	LT	LT	LT		
	Connections	Connections	Connections	Connections	Connections	Connections - MHS		
REPORTING UNIT:	38CQ4	38CQ4	38CQ4	38CQ4	38CQ4	38CQ4		
MODE OF SVCS / SERVICE FUNCTION CODE	15/01-09	15/10-59	15/70-79	15/60-69	60/72			
SERVICE DESCRIPTION:	Case Mgt Brokerage	MH Svcs	Crisis Intervention-OP	Med Support	Flexible Support Expenditure	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	7/1/10-6/30/11			
<b>FUNDING USES:</b>								
SALARIES & EMPLOYEE BENEFITS	508,858	3,130,203	195,549	78,254	221,732	4,134,397		
OPERATING EXPENSE	53,222	327,522	20,461	8,188	15,500	424,893		
CAPITAL OUTLAY (COST \$5,000 AND OVER)						0		
<b>SUBTOTAL DIRECT COSTS</b>	<b>561,880</b>	<b>3,457,725</b>	<b>216,010</b>	<b>86,442</b>	<b>237,232</b>	<b>4,559,290</b>		
INDIRECT COST AMOUNT	64,691	398,097	24,870	9,952	27,066	524,696		
<b>TOTAL FUNDING USES:</b>	<b>626,571</b>	<b>3,855,822</b>	<b>240,880</b>	<b>96,395</b>	<b>264,318</b>	<b>5,083,986</b>		
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>								
FEDERAL REVENUES - click below								
SDMC Regular FFP (50%)	313,285	1,927,908	120,440	48,197		2,409,830		
ARRA SDMC FFP (11.59)	72620	446,890	27,918	11,172		558,600		
STATE REVENUES - click below								
EPSDT State Match	209,338	1,288,233	80,478	32,206		1,610,255		
Family Mosaic Capitated Medi-Cal								
MHSA					264,318	264,318		
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)	31,329	192,791	12,044	4,819		240,983		
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								
<b>TOTAL CBHS MENTAL HEALTH FUNDING SOURCES</b>	<b>626,572</b>	<b>3,855,822</b>	<b>240,880</b>	<b>96,394</b>	<b>264,318</b>	<b>5,083,986</b>		
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES:</b>								
FEDERAL REVENUES - click below								
STATE REVENUES - click below								
GRANTS/PROJECTS - click below								
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								
<b>TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>								
<b>TOTAL DPH REVENUES</b>	<b>626,572</b>	<b>3,855,822</b>	<b>240,880</b>	<b>96,394</b>	<b>264,318</b>	<b>5,083,986</b>		
NON-DPH REVENUES - click below								
TOTAL NON-DPH REVENUES	0	0	0	0	0	0		
<b>TOTAL REVENUES (DPH AND NON-DPH)</b>	<b>626,572</b>	<b>3,855,822</b>	<b>240,880</b>	<b>96,394</b>	<b>264,318</b>	<b>5,083,986</b>		
<b>CBHS UNITS OF SVCS/TIME AND UNIT COST:</b>								
UNITS OF SERVICE <sup>1</sup>				1,662	1,823			
UNITS OF TIME <sup>2</sup>				0	0			
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	301,236	1,438,740	60,371					
COST PER UNIT--DPH RATE (DPH REVENUES ONLY)	2.08	2.68	3.99	58.00	145.00			
COST PER UNIT--DPH RATE (DPH REVENUES ONLY)	2.08	2.68	3.99	58.00	145.00			
PUBLISHED RATE (MEDICAL PROVIDERS ONLY)								
UNDULICATED CLIENTS	120	120	120	120	120			

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

<sup>2</sup>Units 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 #: 38CC			
PROVIDER NAME: Seneca Center		8/16/2010			
REPORTING UNIT NAME:	LT Connections Probation	LT Connections Probation	LT Connections Probation	LT Connections Probation	
REPORTING UNIT:	38CC4	38CC4	38CC4	38CC4	
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	
<b>FUNDING USES:</b>					
SALARIES & EMPLOYEE BENEFITS	39,199	241,218	15,076	6,030	301,523
OPERATING EXPENSE	6,128	37,711	2,357	943	47,139
CAPITAL OUTLAY (COST \$5,000 AND OVER)					0
<b>SUBTOTAL DIRECT COSTS</b>	<b>45,327</b>	<b>278,929</b>	<b>17,433</b>	<b>6,972</b>	<b>348,661</b>
INDIRECT COST AMOUNT	5,166	31,791	1,987	795	39,739
<b>TOTAL FUNDING USES:</b>	<b>50,493</b>	<b>310,720</b>	<b>19,420</b>	<b>7,767</b>	<b>388,400</b>
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>					
<b>FEDERAL REVENUES - click below</b>					
SDMC Regular FFP (50%)	25,247	155,360	9,710	3,854	194,200
ARRA SDMC FFP (11.59)	5,652	36,013	2,251	900	45,016
<b>STATE REVENUES - click below</b>					
EPSDT State Match	19,870	103,811	6,468	2,595	129,764
Family Mosaic Capitated Medi-Cal					0
<b>GRANTS - click below</b>					
CFDA #:					0
					0
					0
Please enter other here if not in pull down					
<b>PRIOR YEAR ROLL OVER - click below</b>					
					0
<b>WORK ORDERS - click below</b>					
HSA (Human Svcs Agency)	2,525	15,536	971	388	19,420
Please enter other here if not in pull down					
<b>3RD PARTY PAYOR REVENUES - click below</b>					
					0
Please enter other here if not in pull down					
<b>REALIGNMENT FUNDS</b>					
COUNTY GENERAL FUND					0
<b>TOTAL CBHS MENTAL HEALTH FUNDING SOURCES</b>	<b>50,493</b>	<b>310,720</b>	<b>19,420</b>	<b>7,767</b>	<b>388,400</b>
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES:</b>					
<b>FEDERAL REVENUES - click below</b>					
<b>STATE REVENUES - click below</b>					
<b>GRANTS/PROJECTS - click below</b>					
CFDA #:					0
Please enter other here if not in pull down					
<b>WORK ORDERS - click below</b>					
Please enter other here if not in pull down					
<b>3RD PARTY PAYOR REVENUES - click below</b>					
Please enter other here if not in pull down					
<b>COUNTY GENERAL FUND</b>					
<b>TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>					0
<b>TOTAL DPH REVENUES</b>	<b>50,493</b>	<b>310,720</b>	<b>19,420</b>	<b>7,767</b>	<b>388,400</b>
<b>NON-DPH REVENUES - click below</b>					
<b>TOTAL NON-DPH REVENUES</b>	0	0	0	0	0
<b>TOTAL REVENUES (DPH AND NON-DPH)</b>	<b>50,493</b>	<b>310,720</b>	<b>19,420</b>	<b>7,767</b>	<b>388,400</b>
<b>CBHS UNITS OF SVCS/TIME AND UNIT COST:</b>					
UNITS OF SERVICE <sup>1</sup>					
UNITS OF TIME <sup>2</sup>	24,276	115,940	4,867	1,566	
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	2.08	2.68	3.99	4.96	
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	2.08	2.68	3.99	4.96	
PUBLISHED RATE (MEDICAL PROVIDERS ONLY)					
UNDULICATED CLIENTS	120	120	120	120	

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

<sup>2</sup>Units 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 #:	B8
LEGAL ENTITY NAME:	Seneca Center	PROVIDER #:	8980
PROVIDER NAME:	Seneca Center		8/16/2010
REPORTING UNIT NAME:	San Leandro Day Treatment		
REPORTING UNIT:	89602		
MODE OF SVCS / SERVICE FUNCTION CODE:	10/85-89		
SERVICE DESCRIPTION:	Day Tx Intensive Full day	TOTAL	
CBHS FUNDING TERM:	7/1/10-6/30/11		
<b>FUNDING USES:</b>			
SALARIES & EMPLOYEE BENEFITS	81,079		81,079
OPERATING EXPENSE	3,700		3,700
CAPITAL OUTLAY (COST \$5,000 AND OVER)			0
<b>SUBTOTAL DIRECT COSTS</b>	<b>84,779</b>		<b>84,779</b>
INDIRECT COST AMOUNT	10,610		10,610
<b>TOTAL FUNDING USES:</b>	<b>95,389</b>		<b>95,389</b>
<b>CBHS MENTAL HEALTH FUNDING SOURCES:</b>			
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
			0
			0
Please enter other here if not in pull down			
PRIOR YEAR ROLL OVER - click below			
MHSA			0
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			
			0
Please enter other here if not in pull down			
REALIGNMENT FUNDS			
COUNTY GENERAL FUND	4,769		4,769
<b>TOTAL CBHS MENTAL HEALTH FUNDING SOURCES</b>	<b>95,389</b>		<b>95,389</b>
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES:</b>			
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			
<b>TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>			0
<b>TOTAL DPH REVENUES</b>	<b>95,389</b>	<b>0</b>	<b>95,389</b>
NON-DPH REVENUES - click below			
TOTAL NON-DPH REVENUES	0		0
<b>TOTAL REVENUES (DPH AND NON-DPH)</b>	<b>95,389</b>	<b>0</b>	<b>95,389</b>
<b>CBHS UNITS OF SVCS/TIME AND UNIT COST:</b>			
UNITS OF SERVICE <sup>1</sup>	537		
UNITS OF TIME <sup>2</sup>			
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	177.55		
COST PER UNIT--DPH RATE (DPH REVENUES ONLY)	177.55		
PUBLISHED RATE (MEDICAL PROVIDERS ONLY)			
UNDUPLICATED CLIENTS	5		

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

<sup>2</sup>Units 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 #: 38CA	
PROVIDER NAME: Seneca Center		8/16/2010	
REPORTING UNIT NAME:	Oak Grove Day Treatment		
REPORTING UNIT:	38CA2		
MODE OF SVCS / SERVICE FUNCTION CODE	10/85-89		
SERVICE DESCRIPTION	Day Tx Intensive Full Day		TOTAL
CBHS FUNDING TERM:	7/1/10-6/30/11		
<b>FUNDING USES:</b>			
SALARIES & EMPLOYEE BENEFITS	12,772		12,772
OPERATING EXPENSE	300		300
CAPITAL OUTLAY (COST \$5,000 AND OVER)			0
<b>SUBTOTAL DIRECT COSTS</b>	<b>13,072</b>		<b>13,072</b>
INDIRECT COST AMOUNT	1,541		1,541
<b>TOTAL FUNDING USES:</b>	<b>14,613</b>		<b>14,613</b>
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>			
FEDERAL REVENUES - click below			
SDMC Regular FFP (50%)	7,310		7,310
APRA SDMC FFP (11.5%)	1,694		1,694
STATE REVENUES - click below			
EPSTD State Match	4,876		4,876
Family Mosaic Capitated Medi-Cal			0
MHSA			0
GRANTS - click below	CFDA #:		0
			0
			0
Please enter other here if not in pull down			0
PRIOR YEAR ROLL OVER - click below			
MHSA			0
WORK ORDERS - click below			
County Work Order Fund			0
HSA (Human Svcs Agency)			0
Please enter other here if not in pull down			0
3RD PARTY PAYOR REVENUES - click below			
			0
Please enter other here if not in pull down			0
REALIGNMENT FUNDS			
COUNTY GENERAL FUND	731		731
<b>TOTAL CBHS MENTAL HEALTH FUNDING SOURCES</b>	<b>14,613</b>		<b>14,613</b>
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES:</b>			
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			
<b>TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>			
<b>TOTAL DPH REVENUES</b>	<b>14,613</b>		<b>14,613</b>
NON-DPH REVENUES - click below			
TOTAL NON-DPH REVENUES	0		0
<b>TOTAL REVENUES (DPH AND NON-DPH)</b>	<b>14,613</b>		<b>14,613</b>
<b>CBHS UNITS OF SVCS/TIME AND UNIT COST:</b>			
UNITS OF SERVICE <sup>1</sup>	68		
UNITS OF TIME <sup>2</sup>			
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		

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

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

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

FISCAL YEAR: 2010/2011		APPENDIX #: B 10	
LEGAL ENTITY NAME: Seneca Center		PROVIDER #: 38CO	
PROVIDER NAME: Seneca Center		8/16/2010	
REPORTING UNIT NAME:		Parent Training Institute	
REPORTING UNIT:		38COPTI	
MODE OF SVCS / SERVICE FUNCTION CODE:		60778	
SERVICE DESCRIPTION:		Flexible Support Expenditure (Cost Reimbursement)	TOTAL
CBHS FUNDING TERM:		7/1/10-6/30/11	
<b>FUNDING USES:</b>			
SALARIES & EMPLOYEE BENEFITS		107,596	107,596
OPERATING EXPENSE		600	600
CAPITAL OUTLAY (COST \$5,000 AND OVER)			0
<b>SUBTOTAL DIRECT COSTS</b>		<b>108,196</b>	<b>108,196</b>
INDIRECT COST AMOUNT		1,804	1,804
<b>TOTAL FUNDING USES:</b>		<b>110,000</b>	<b>110,000</b>
<b>CBHS MENTAL HEALTH FUNDING SOURCES:</b>			
FEDERAL REVENUES - click below			
SDMC Regular PFP (50%)			-
ARRA SDMC PFP (1.59)			-
STATE REVENUES - click below			
EPSDT State Match			-
Family Mosaic Capitated 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)		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			
<b>TOTAL CBHS MENTAL HEALTH FUNDING SOURCES</b>		<b>110,000</b>	<b>110,000</b>
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES:</b>			
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			
<b>TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>			
<b>TOTAL DPH REVENUES</b>		<b>110,000</b>	<b>110,000</b>
NON-DPH REVENUES - click below			
<b>TOTAL NON-DPH REVENUES</b>		0	0
<b>TOTAL REVENUES (DPH AND NON-DPH)</b>		<b>110,000</b>	<b>110,000</b>
<b>CBHS UNITS OF SVCS/TIME AND UNIT COST:</b>			
UNITS OF SERVICE <sup>1</sup>		1	
UNITS OF TIME <sup>2</sup>			
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)		n/a	
COST PER UNIT--DPH RATE (DPH REVENUES ONLY)		n/a	
PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY)			
UNDUPLICATED CLIENTS		0	

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

<sup>2</sup>Units 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	38HDOP	Cost Reimbursement
MODE OF SVCS / SERVICE FUNCTION CODE:	15/01-09	15/10-59	15/60-69	15/70-79	60/72	
SERVICE DESCRIPTION:	Case management	mental health Services	Medication Support	Crisis Services	Flexible Support Expenditure	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	7/1/10-6/30/11	
<b>FUNDING USES:</b>						
SALARIES & EMPLOYEE BENEFITS	15,112	104,966	4,807	5,806	124,253	254,946
OPERATING EXPENSE	3,925	27,282	1,249	1,808	24,911	58,854
CAPITAL OUTLAY (COST \$5,000 AND OVER)						0
<b>SUBTOTAL DIRECT COSTS</b>	<b>19,037</b>	<b>132,228</b>	<b>6,056</b>	<b>7,614</b>	<b>149,164</b>	<b>313,799</b>
INDIRECT COST AMOUNT	2,258	15,663	718	867	18,129	37,656
<b>TOTAL FUNDING USES:</b>	<b>21,295</b>	<b>147,891</b>	<b>6,774</b>	<b>8,481</b>	<b>167,293</b>	<b>351,455</b>
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>						
FEDERAL REVENUES - click below						
SDMC Regular FFP (60%)	10,848	73,955	3,367	4,091		92,680
ARRA SDMC FFP (11.59)	2,468	17,143	785	948		21,344
STATE REVENUES - click below						
EPSQT State Match	7,115	49,419	2,263	2,733		61,526
Family Mosaic: Capitated Medi-Care						
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	469		9,268
COUNTY GENERAL FUND					167,292	167,292
<b>TOTAL CBHS MENTAL HEALTH FUNDING SOURCES</b>	<b>21,295</b>	<b>147,898</b>	<b>6,774</b>	<b>8,181</b>	<b>167,292</b>	<b>351,460</b>
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES:</b>						
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						
<b>TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>						
<b>TOTAL DPH REVENUES</b>	<b>21,295</b>	<b>147,898</b>	<b>6,774</b>	<b>8,181</b>	<b>167,292</b>	<b>351,460</b>
NON-DPH REVENUES - click below						
TOTAL NON-DPH REVENUES						
						0
<b>TOTAL REVENUES (DPH AND NON-DPH)</b>	<b>21,295</b>	<b>147,898</b>	<b>6,774</b>	<b>8,181</b>	<b>167,292</b>	<b>351,460</b>
<b>CBHS UNITS OF SVCS/TIME AND UNIT COST:</b>						
UNITS OF SERVICE					1	
UNITS OF TIME	10,562	56,670	1,405	2,109	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	19				15	

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

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

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:	6072	6072	6072		
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	7/1/10-6/30/11	7/1/10-6/30/11		
<b>FUNDING USES:</b>					
SALARIES & EMPLOYEE BENEFITS	236,701	76,355	68,720		381,776
OPERATING EXPENSE	39,191	12,931	10,946		63,068
CAPITAL OUTLAY (COST \$5,000 AND OVER)					0
<b>SUBTOTAL DIRECT COSTS</b>	<b>275,892</b>	<b>89,286</b>	<b>79,666</b>		<b>444,844</b>
INDIRECT COST AMOUNT	33,108	10,714	9,560		53,382
<b>TOTAL FUNDING USES:</b>	<b>309,000</b>	<b>100,000</b>	<b>89,226</b>		<b>498,226</b>
<b>CBHS MENTAL HEALTH FUNDING SOURCES:</b>					
FEDERAL REVENUES - click below					
SDMC Regular FFP (50%)			44,810		44,810
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	309,000				309,000
GRANTS - click below CFDA #:					
Please enter other here if not in pull down					
<b>PRIOR YEAR ROLL OVER - click below</b>					
MHSA		100,000			100,000
<b>WORK ORDERS - click below</b>					
County Work Order Fund					
HSA (Human Svcs Agency)					
Please enter other here if not in pull down					
<b>3RD PARTY PAYOR REVENUES - click below</b>					
Please enter other here if not in pull down					
<b>REALIGNMENT FUNDS</b>					
COUNTY GENERAL FUND			4461		4,461
<b>TOTAL CBHS MENTAL HEALTH FUNDING SOURCES</b>	<b>309,000</b>	<b>100,000</b>	<b>89,223</b>		<b>498,223</b>
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES:</b>					
FEDERAL REVENUES - click below					
STATE REVENUES - click below					
GRANTS/PROJECTS - click below CFDA #:					
Please enter other here if not in pull down					
<b>WORK ORDERS - click below</b>					
Please enter other here if not in pull down					
<b>3RD PARTY PAYOR REVENUES - click below</b>					
Please enter other here if not in pull down					
COUNTY GENERAL FUND					
<b>TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>					
<b>TOTAL DPH REVENUES</b>	<b>309,000</b>	<b>100,000</b>	<b>89,223</b>		<b>498,223</b>
<b>NON-DPH REVENUES - click below</b>					
<b>TOTAL NON-DPH REVENUES</b>					
<b>TOTAL REVENUES (DPH AND NON-DPH)</b>	<b>309,000</b>	<b>100,000</b>	<b>89,223</b>		<b>498,223</b>
<b>CBHS UNITS OF SVCS/TIME AND UNIT COST:</b>					
UNITS OF SERVICE <sup>1</sup>	1	1	615		
UNITS OF TIME <sup>2</sup>			0		
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	309,000.00	100,000.00	145.00		
COST PER UNIT--DPH RATE (DPH REVENUES ONLY)					
PUBLISHED RATE (MEDICAL PROVIDERS ONLY)					
UNDUPLICATED CLIENTS	195	195	195		

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

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

DPH3: Salaries & Benefits Detail

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

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

POSITION TITLE	TOTAL		General Fund & Other Revenue		GRANT #1: State Supplement		GRANT #2:		WORK ORDER #1: DHS		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: 7/1/10-6/30/11	
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
CTF Division Director	0.30	39,375	0.29	38,063							0.01	1,313
San Francisco Program Director	0.84	79,380	0.83	78,435							0.01	945
Asst. Director	2.00	132,000	1.97	130,020							0.03	1,980
Nurse	1.85	149,912	1.82	147,481							0.03	2,431
Clinician /Therapist	3.75	198,000	3.70	195,360							0.05	2,640
Milieu Supervisor/ Manager	3.82	154,343	3.76	151,919							0.06	2,424
Mental Health Asst./Counselors	19.29	611,054	19.00	601,870							0.29	9,184
Direct Clerical	1.75	58,240	1.73	57,574							0.02	666
Shift Coordinator	2.68	112,515	2.64	110,835							0.04	1,680
TOTALS	36.28	\$1,534,819	35.74	\$1,511,557	0.00	\$0	0.00	\$0	0.00	\$0	0.53	\$23,262

EMPLOYEE FRINGE BENEFITS      29%      \$445,098      29%      \$438,352      29%      \$0      29%      \$0      29%      \$0      29%      \$6,746

TOTAL SALARIES & BENEFITS      \$1,979,917      \$1,949,909      \$0      \$0      \$0      \$30,008

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
<b>Contract Services</b>						
Psychiatric Services	150,000	148,795				1,205
Computer and Program Consultant	20,000	19,640				360
<b>Total Contract Services</b>	<b>170,000</b>	<b>168,435</b>				<b>1,565</b>
<b>Program Support</b>						
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
<b>Total Program Support</b>	<b>48,987</b>	<b>48,427</b>				<b>560</b>
<b>Facility and Vehicle Expense</b>						
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				
<b>Total Facilities/Vehicle Expense</b>	<b>22,720</b>	<b>22,220</b>				<b>500</b>
<b>Child and Family Related Expense</b>						
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					
<b>Total Child and Family Expense</b>	<b>118,331</b>	<b>116,186</b>			<b>0</b>	<b>2,145</b>
<b>TOTAL OPERATING EXPENSE</b>	<b>\$360,038</b>	<b>\$355,268</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$4,770</b>

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

Budget Amount	Budget Line Item	Description
<b>Salaries: FTE's</b>	<b>Salary</b>	<b>Total Salary</b>
0.30 X	\$ 131,250 = \$	39,375 CTF Division Director
0.84 X	\$ 94,500 = \$	79,260 San Francisco Program Director
2.00 X	\$ 66,000 = \$	132,000 Assistant Director/Advocate etc.
1.65 X	\$ 81,034 = \$	149,913 Nurse
3.75 X	\$ 52,800 = \$	198,000 Clinician Therapist
3.62 X	\$ 40,404 = \$	154,347 Milieu Supervisor/Manager
19.25 X	\$ 31,677 = \$	611,049 Mental Health Assistant
1.76 X	\$ 33,280 = \$	58,240 Direct Clinical
2.88 X	\$ 41,863 = \$	122,514 Shift Coordinator
<b>36.28</b>	<b>\$ 1,534,819</b>	<b>Total Salaries</b>
		\$ 95,159 6.20% Social Security
		\$ 22,265 1.45% Medicare
		\$ 3,697 0.25% Unemployment Insurance
		\$ 111,274 7.25% Workers' Compensation
		\$ 191,862 12.50% Health Insurance
		\$ 20,721 1.36% other
	\$ 445,096	29.00% Total Employee Fringe Benefit Rate
	\$ 1,879,917	Total Salaries and Benefits
<b>Operating Expenses:</b>		
	\$ 8,520	Expendable Equipment \$ 8,520 Based on an average of \$710 a month for new equipment
	\$ 4,200	Equipment Rental 4200 Rental of Copier and postage machine
	\$ 10,000	Building Maintenance 633 Maintenance for office site (approx \$633/month)
	\$ 22,720	Total Occupancy (Facility and Vehicle Expense)
	\$ 150,000	Psychiatric Services \$ 150,000 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
	\$ 16,997	Office Supplies, Postage \$ 16,997 Office Supplies and postage for 36.28 staff - 100% (avg of \$600 per staff)
	\$ 8,000	Telephone \$ 8,000 Telephone (avg. \$500 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 \$583 has been reimbursed per month.
	\$ 9,000	Staff Training
	\$ 10,000	Staff Recruitment
	\$ 46,997	Total Program Support
	\$ 1,500	Household Supplies \$ 1,500 an Average \$100 month for 15 clients
	\$ 79,231	Therapeutic Supplies \$ 79,231 On average \$5,280 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 \$5000, prom \$2000 and other outings.
	\$ 116,331	
	\$ 380,036	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.)
<b>Total Contract Services</b>

**Program Support**

Office Supplies
Telephone
Staff Travel-(Local & Out of Town)
Staff Training
Staff Recruitment
<b>Total Program Support</b>

**Facility and Vehicle Expense**

Facility Lease
Utilities
Expendable Equipment
Equipment Lease
Bldg. Mt. and Repair
Vehicle Lease/Depreciation
Vehicle Operations
<b>Total Facilities/Vehicle Expense</b>

**Child and Family Related Expense**

Food
Household Supplies
Therapeutic Supplies
Medications/Personal Supplies
Child Transportation
Curriculum
Classroom Supplies
Special Events
Family Support
<b>Total Child and Family Expense</b>

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				
<b>TOTAL OPERATING EXPENSE</b>	<b>\$31,052</b>	<b>\$31,052</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

CBHS Budget Justification

Provider Number: 38CQ

Appendix: B-2, Page 3

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

Budget Amount	Budget Line Item	Description
<b>Salaries: FTE's</b>	<b>Salary</b>	<b>Total Salary</b>
0.40 X	\$ 85,000 = \$	26,000 Asstet. 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
5.50 X	\$ 31,668 = \$	265,842 TBS Coach
		To Provide behaviorally-focused mental health services to children and families
0.75 X	\$ 33,280 = \$	24,960 Direct Clerical
		Provides on-going administrative support to all staff
<b>10.80</b>	<b>\$ 414,302</b>	<b>Total Salaries</b>
		\$ 25,667 6.20% Social Security
		\$ 6,507 1.45% Medicare
		\$ 1,036 0.25% Unemployment Insurance
		\$ 36,137 7.25% Workers' Compensation
		\$ 51,768 12.50% Health Insurance
		\$ 5,593 1.35% other
	\$ 120,148	Employee Fringe Benefit Rate
	\$ 534,450	Total Salaries and Benefits
		39.00% Total Employee Fringe Benefit Rate
		<b>Operating Expenses:</b>
	\$ 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 360 month
	\$ 1,500	Building Maintenance
		Maintenance for office site (approx \$1.25/month)
	\$ 2,500	Total Occupancy (Facility and Vehicle Expense)
	\$ 2,700	Office Supplies, Postage
	\$ 7,200	Telephone
	\$ 6,000	Staff Travel
		Office Supplies and postage for 10.80 staff - 100% (avg of \$250 per staff)
		Telephone (avg. \$600 mo)
		Based on past experience for conf and travel
	\$ -	Staff Training
	\$ 3,341	Staff Recruitment
		Training costs for 36.28 employees - 100%
	\$ 19,241	Total Program Support
		Recruiting Costs for 10.08 employees - 100%
		Household Supplies
	\$ 5,311	Therapeutic Supplies
	\$ 3,000	Medications and Personal Supplies
	\$ 1,000	Child Transportation
		5311 On average \$442/month per client
		3000 Based on \$250/ month
		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 Asst.	2.25	70,902	2.25	70,902								
<b>TOTALS</b>	3.15	\$106,283	3.15	\$106,283	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0
<b>EMPLOYEE FRINGE BENEFITS</b>	28%	\$29,759	28%	\$29,759	28%	\$0	28%	\$0	28%	\$0	28%	\$0
<b>TOTAL SALARIES &amp; BENEFITS</b>		\$136,042		\$136,042		\$0		\$0		\$0		\$0

DPH #2 (CMHS & CSAS)

#REF!

Provider Number: 8989

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

Budget Amount		Budget Line Item	Description
<b>Salaries: FTE's</b>			
	<u>Salary</u>	<u>Total Salary</u>	
0.90 X	\$ 98,312 =	\$ 95,981	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	<b>Total Salaries</b>
			\$ 5,590 6.20% Social Security
			\$ 1,541 1.45% Medicare
			\$ 286 0.25% Unemployment Insurance
			\$ 7,705 7.25% Workers' Compensation
			\$ 13,285 12.50% Health Insurance
			\$ 372 0.35% other
		\$ 29,759	<b>Employee Fringe Benefit Rate</b>
		\$ 29,759	28.00% Total Employee Fringe Benefit Rate
		\$ 136,042	<b>Total Salaries and Benefits</b>
		\$ 136,042	<b>Total Direct Costs ( Salaries &amp; Benefits and Operating Expenses)</b>



DPH4: Operating Expenses Detail

APPENDIX #: B-4 Page 2  
 Document Date: 08/16/10

Provider Number 38CQ

Provider Name: Seneca Center - MFTC Placement

Expenditure Category	TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	WORK ORDER #1: DHS	GRANT #2: na	WORK ORDER #1: DHS	WORK ORDER
	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: 7/1/10-6/30/11	Term: _____
Rental of Property	0					
Utilities(Elec, Water, Gas, Phone, Scavenger)	0					
Office Supplies, Postage	1,490	1,140			350	
Building Maintenance Supplies and Repair	0					
Printing and Reproduction	1,500	1,000			500	
Insurance	0					
Staff Training	2,800	2,550			250	
Staff Travel-Local & Out of Town)	0					
Rental of Equipment	0					
<b>OTHER</b>	0					
Shelter Costs	3,939	3,122			817	
Treatment Supplies	0					
Child Transportation	0					
Other - Clerical Temp						
<b>TOTAL OPERATING EXPENSE</b>	<b>\$9,729</b>	<b>\$7,812</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,917</b>	<b>\$0</b>
<b>DPH #3 (CMHS &amp; CSAS)</b>						

Provider Number: 38CQ

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

Budget Amount	Budget Line Item	Description
<b>Salaries: FTE's</b>		
	<u>Salary</u>	<u>Total Salary</u>
0.08 X	\$ 84,000 = \$	6,720 Wrap Services Director Provides organizational leadership for coordinating Wrap Services Responsible for providing supervision to Team leaders and ensuring Seneca's practices are implemented correctly
0.25 X	\$ 74,560 = \$	18,638 Licensed Clinical Supervisor
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
<b>2.33</b>	<b>\$ 110,918 Total Salaries</b>	
		\$ 6,677 6.20% Social Security
		\$ 1,696 1.45% Medicare
		\$ 277 0.25% Unemployment Insurance
		\$ 8,042 7.25% Workers' Compensation
		\$ 13,695 12.50% Health Insurance
		\$ 1,489 1.35% other
	\$ 32,168 Employee Fringe Benefit Rate	\$ 32,168 29.00% Total Employee Fringe Benefit Rate
	\$ 143,086 Total Salaries and Benefits	
<b>Operating Expenses:</b>		
	\$ 1,490 Office Supplies, Postage	Office Supplies and postage for 2.33 staff - 100% (avg of \$640 per staff)
	\$ 1,500 Telephone	Printing and Reproduction - approximately \$125 month
	\$ 2,800 Staff Training	Training costs for 2.33 employees - 100%
	\$ -	Recruiting Costs for 10.08 employees - 100%
	\$ 5,790 Total Program Support	
	\$ 3,939 Shelter Costs	5311 Based on past experience, as needed basis per family
	\$ 3,939	
	\$ 9,729 Total Operating Costs	
	\$ 152,815 Total Direct Costs (Salaries & Benefits and Operating Expenses)	



DPH3: Salaries & Benefits Detail

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

POSITION TITLE	TOTAL		General Fund & Other Revenue		GRANT #1:		GRANT #2:		WORK ORDER #1: DHS		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: _____		Proposed Transaction Term: _____	
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
San Francisco Program Director	0.10	9,450	0.10	9,450								
Program Manager	0.15	11,183	0.15	11,183								
Clinician	1.00	52,800	1.00	52,800								
Support Counselors	1.00	31,668	1.00	31,668								
Direct Clerical	0.10	3,329	0.10	3,329								
TOTALS	2.35	\$108,430	2.35	\$108,430	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0

EMPLOYEE FRINGE BENEFITS      29%    \$31,433      29%    \$31,433      29%    \$0      29%    \$0      29%    \$0      29%    \$0

TOTAL SALARIES & BENEFITS      \$139,862      \$139,862      \$0      \$0      \$0      \$0

DPH #2 (CMHS & CSAS)      #REF!

DPH4: Operating Expenses Detail

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	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: 7/1/10-6/30/11	Term: _____
<b>Contract Services</b>						
Psychiatric Services	1,000	1,000				
Program Services(Speech, Trans., computers)	3,000	3,000				
<b>Total Contract Services</b>	<b>4,000</b>	<b>4,000</b>				
<b>Program Support</b>						
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				
<b>Total Program Support</b>	<b>7,468</b>	<b>6,468</b>			<b>1,000</b>	
<b>Facility and Vehicle Expense</b>						
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					
<b>Total Facilities/Vehicle Expense</b>	<b>16,666</b>	<b>15,666</b>			<b>1,000</b>	
<b>Child and Family Related Expense</b>						
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					
<b>Total Child and Family Expense</b>	<b>9,313</b>	<b>2,300</b>			<b>7,013</b>	
<b>TOTAL OPERATING EXPENSE</b>	<b>\$37,447</b>	<b>\$28,434</b>	<b>\$0</b>	<b>\$0</b>	<b>\$9,013</b>	<b>\$0</b>
DPH #3 (CMHS & CSAS)						

Provider Number: 38CQ

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

Budget Amount	Budget Line Item	Description
<b>Salaries: FTE's</b>	<b>Salary</b>	<b>Total Salary</b>
0.10 X	\$ 94,500 = \$	9,450 San Francisco Program Director
0.15 X	\$ 74,550 = \$	11,183 Program Manager
1.00 X	\$ 52,800 = \$	52,800 Clinicians
1.00 X	\$ 31,668 = \$	31,668 Support counselors
0.10 X	\$ 33,280 = \$	3,328 Direct Clerical
		Responsible for program development and oversight for all of Seneca's Community Based Programs
		Provides organizational leadership for the operation of the program on a daily basis and oversees the ongoing development of the wrap around program
		Provide time-limited child and family series with an emphasis in crisis stabilization and emergency planning
		Provides Family based mental health counseling, support, crisis intervention and case management services to children and families.
		Provides on-going administrative support to all staff
<b>2.35</b>	<b>\$ 108,430</b>	<b>Total Salaries</b>
		\$ 6,723 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
	<b>\$ 31,433</b>	<b>Employee Fringe Benefit Rate</b>
		\$ 31,433 29.00% Total Employee Fringe Benefit Rate
	<b>\$ 139,862</b>	<b>Total Salaries and Benefits</b>
	<b>Operating Expenses:</b>	
	\$ 12,000	Facility Lease
	\$ 975	Utilities
	\$ 1,910	Expendable Equipment
	\$ 900	Equipment Rental
	\$ 861	Building Maintenance
	<b>\$ 16,666</b>	<b>Total Occupancy (Facility and Vehicle Expense)</b>
	\$ 1,000	Psychiatric Services
	\$ 3,000	Program Consultation
	<b>\$ 4,000</b>	<b>Total Contract Services</b>
	\$ 1,175	Office Supplies, Postage
	\$ 2,180	Telephone
	\$ 2,820	Staff Travel
	\$ 568	Staff Training
	\$ 706	Staff Recruitment
	<b>\$ 7,468</b>	<b>Total Program Support</b>
	\$ 2,300	Medication/Personal Supplies
	\$ 1,000	Child Transportation
	\$ 6,013	Supplies
	<b>\$ 9,313</b>	
	<b>\$ 37,447</b>	<b>Total Operating Costs</b>
	<b>\$ 177,309</b>	<b>Total Direct Costs ( Salaries &amp; Benefits and Operating Expenses)</b>

DPH3: Salaries & Benefits Detail

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		
<b>TOTALS</b>	<b>71.60</b>	<b>\$3,204,959</b>	<b>64.00</b>	<b>\$2,866,964</b>	<b>0.00</b>	<b>\$0</b>	<b>4.00</b>	<b>\$171,885</b>	<b>3.60</b>	<b>\$166,110</b>	<b>0.00</b>	<b>\$0</b>

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

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: _____
<b>Contract Services</b>						
Psychiatric Services	186,000	180,000		6,000		
Computer and Program Consultant	25,000	20,000		5,000		
<b>Total Contract Services</b>	<b>211,000</b>	<b>200,000</b>	<b>0</b>	<b>11,000</b>		
<b>Program Support</b>						
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				
<b>Total Program Support</b>	<b>118,773</b>	<b>112,284</b>	<b>0</b>	<b>3,000</b>	<b>3,489</b>	
<b>Facility and Vehicle Expense</b>						
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				
<b>Total Facilities/Vehicle Expense</b>	<b>95,120</b>	<b>93,620</b>	<b>0</b>	<b>1,500</b>		
<b>Child and Family Related Expense</b>						
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					
<b>Total Child and Family Expense</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	
<b>TOTAL OPERATING EXPENSE</b>	<b>\$424,893</b>	<b>\$405,904</b>	<b>\$0</b>	<b>\$15,500</b>	<b>\$3,489</b>	<b>\$0</b>
DPH #3 (CMHS & CSAS)						#REF!

Provider Number: 38CQ

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

Budget Amount	Budget Line Item	Description
<b>Salaries: FTE's</b>	<b>Salary</b>	<b>Total Salary</b>
0.25 X	\$ 130,000 = \$	32,500 Regional Director
0.50 X	\$ 85,000 = \$	42,500 Program Director
1.00 X	\$ 83,152 = \$	83,152 Wrap Service Director
2.00 X	\$ 82,400 = \$	164,800 Assistant Director/Administrator
1.00 X	\$ 66,000 = \$	66,000 Team Supervisor
01.00 X	\$ 46,383 = \$	1,458,187 Care Coordinator/Facilitator
4.00 X	\$ 51,000 = \$	204,000 Family Finding Specialist Supervisor
28.00 X	\$ 37,340 = \$	1,045,520 Family Finding Specialists/Counselors
1.50 X	\$ 37,000 = \$	55,500 QA Billing Specialist
2.38 X	\$ 33,551 = \$	78,850 Administrative Support
<b>71.60</b>	<b>\$ 3,204,958</b>	<b>Total Salaries</b>
		\$ 196,297 5.20% Social Security
		\$ 46,472 1.43% Medicare
		\$ 6,012 0.25% Unemployment Insurance
		\$ 292,960 7.25% Workers' Compensation
		\$ 400,620 12.50% Health Insurance
		\$ 49,257 1.55% other
	\$ 929,438	<b>Employee Fringe Benefit Rate</b>
	\$ 4,134,397	<b>Total Salaries and Benefits</b>
		<b>Operating Expenses:</b>
	\$ 60,000	Facility Lease \$ 60,000 Monthly Rent of 5000 *12 months
	\$ 10,400	Utilities \$ 10,400 Gas & Electric average \$866/month
	\$ 6,520	Expendable Equipment \$ 6,520 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 \$1040/month)
	\$ 95,120	<b>Total Occupancy (Facility and Vehicle Expense)</b>
	\$ 186,000	Psychiatric Services \$ 186,000 Based on per client of \$1550 multiplied by 120 clients
	\$ 25,000.00	Program Consultation \$ 25,000.00 Consultant costs to facilitate a Task Force and training
	\$ 211,000	<b>Total Contract Services</b>
	\$ 86,488	Office Supplies, Postage Office Supplies and postage for 71.6 staff - 100% (avg of \$500 per staff)
	\$ 13,000	Telephone Telephone (avg. \$1,083 mo)
	\$ 36,125.00	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 \$60/month
	\$ 46,155	Staff Travel \$ 46,155.00 Out of Town Travel for Staff and Families
	\$ 11,129	Staff Training Costs associated with conducting expert trainings 7-9 times a year
	\$ 12,060	Staff Recruitment Recruiting Costs for 71.6 employees - 100%
	\$ 119,773	<b>Total Program Support</b>
	\$ 424,893	<b>Total Operating Costs</b>
	\$ 4,559,290	<b>Total Direct Costs ( Salaries &amp; Benefits and Operating Expenses)</b>

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:		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: _____	
	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	\$0

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

Provider Number 38CQ

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

Expenditure Category	TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	WORK ORDER #1: DHS	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: 7/1/10-6/30/11	PROPOSED TRANSACTION Term: _____	PROPOSED TRANSACTION Term: _____	PROPOSED TRANSACTION Term: _____
<b>Contract Services</b>						
Psychiatric Services	19,300	18,200	1,100			
Computer and Program Consultant	2,200	2,000	200			
<b>Total Contract Services</b>	<b>21,500</b>	<b>20,200</b>	<b>1,300</b>	<b>0</b>		
<b>Program Support</b>						
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			
<b>Total Program Support</b>	<b>10,922</b>	<b>9,472</b>	<b>1,450</b>	<b>0</b>		
<b>Facility and Vehicle Expense</b>						
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				
<b>Total Facilities/Vehicle Expense</b>	<b>3,516</b>	<b>2,400</b>	<b>1,116</b>	<b>0</b>		
<b>Child and Family Related Expense</b>						
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					
<b>Total Child and Family Expense</b>	<b>11,201</b>	<b>10,685</b>	<b>516</b>	<b>0</b>	<b>0</b>	
<b>TOTAL OPERATING EXPENSE</b>	<b>\$47,139</b>	<b>\$42,757</b>	<b>\$4,382</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
DPH #3 (CMHS & CSAS)						



Provider Number: 38CG

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

Budget Amount	Budget Line Item	Description
<b>Salaries: FTE's</b>	<b>Salary</b>	<b>Total Salary</b>
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 = \$	8,315 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 = \$	68,615 Family Finding Specialists/Counselors
		Conducts the search for relatives of children who are without permanent family connections and assist in promoting reunification with families.
<b>5.22</b>	<b>\$</b>	<b>233,736 Total Salaries</b>
		\$ 14,492 6.20% Social Security
		\$ 3,389 1.45% Medicare
		\$ 584 0.25% Unemployment Insurance
		\$ 16,946 7.25% Workers' Compensation
		\$ 29,217 12.50% Health Insurance
		\$ 3,155 1.35% other
	\$ 67,784	Employee Fringe Benefit Rate
	\$ 301,522	Total Salaries and Benefits
<b>Operating Expenses:</b>		
		Gas & Electric average \$865/month
\$	1,666 Expendable Equipment	\$ 1,666 Based on an average of \$185 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 128 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. \$1,063 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%
\$	10,922 Total Program Support	
\$	266 Household Supplies	Based on incidental costs
\$	7,665 Therapeutic Supplies	Average spent per month on clients of \$936
\$	1,510 Medication/Personal Supplies	Based on average of \$120 month
\$	610 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)

DPH3: Salaries & Benefits Detail

Provider Number: 8980  
Provider Name: Seneca Center - San Leandro Day Tx Day Treatment Services

POSITION TITLE	TOTAL		General Fund & Other Revenue		WORK ORDER #1: DHS		GRANT #1:		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:		Proposed Transaction Term:		Proposed Transaction Term:	
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
Regional Director	0.02	2,472	0.02	2,472								
Clinical Supervisor	0.02	1,478	0.02	1,478								
Therapist	0.65	34,320	0.65	34,320								
Mental Health assistant	0.65	20,584	0.65	20,584								
Nurse	0.05	4,052	0.05	4,052								
TOTALS	1.39	\$62,906	1.39	\$62,906	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0

EMPLOYEE FRINGE BENEFITS      29%       29%       29%       29%       29%       29%

TOTAL SALARIES & BENEFITS

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				
<b>TOTAL OPERATING EXPENSE</b>	<b>\$3,700</b>	<b>\$3,700</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
DPH #3 (CMHS & CSAS)						

Provider Number: 8980

Provider Name: Seneca Center Sl. DT Budget

Date: 8/16/10

Budget Amount		Budget Line Item	Description
<b>Salaries: FTE's</b>			
	<u>Salary</u>	<u>Total Salary</u>	
0.02 X	\$123,500 = \$	2,472	Regional Director Provides organizational leadership for the operation of the program
0.02 X	\$ 79,903 = \$	1,476	Clinical Supervisor Responsible for providing supervision to Team leaders and ensuring Seneca's practices are implemented correctly
0.65 X	\$ 52,600 = \$	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	\$ 31,668 = \$	20,584	Mental Health Assistant Works as part of a therapeutic team to provide appropriate adult role model for children
0.05	\$ 81,034 = \$	4,052	Nurse Responsible and accountable for prescribing, implementing and evaluating the nursing care delivered to clients
<b>1.39</b>	<b>\$</b>	<b>62,906</b>	<b>Total Salaries</b>
			\$ 3,900 6.20% Social Security
			\$ 912 1.45% Medicare
			\$ 157 0.25% Unemployment Insurance
			\$ 4,561 7.25% Workers' Compensation
			\$ 7,793 12.50% Health Insurance
			\$ 549 1.35% other
		<b>\$ 18,173</b>	<b>Employee Fringe Benefit Rate</b>
		<b>\$ 81,079</b>	<b>Total Salaries and Benefits</b>
			\$ 16,173 29.00% Total Employee Fringe Benefit Rate
<b>Operating Expenses:</b>			
	\$	1,000	Psychiatric Services \$ 1,000 Average of \$400 per student based on 2.5 students
	\$	1,000	Program Consultation \$ 1,000 Actual Consultant costs to facilitate program
	\$	2,000	Total Contract Services
	\$	500	Office Supplies, Postage Office Supplies and postage for 1.39 staff - 100% (avg of \$359 per staff)
	\$	1,200	Telephone Based on monthly usage of \$100/month
	\$	1,700	Total Program Support
	\$	3,700	Total Operating Costs
	\$	<b>84,779</b>	<b>Total Direct Costs ( Salaries &amp; Benefits and Operating Expenses)</b>



DPH4: Operating Expenses Detail

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: _____
<b>Contract Services</b>						
Psychiatric Services	300	300				
<b>Total Contract Services</b>	<b>300</b>	<b>300</b>				
<b>Program Support</b>						
Office Supplies	0					
Telephone	0					
Staff Travel-(Local & Out of Town)	0					
Staff Training	0					
Staff Recruitment	0					
<b>Total Program Support</b>	<b>0</b>	<b>0</b>				
<b>Facility and Vehicle Expense</b>						
Facility Lease	0					
Utilities	0	0				
Expendable Equipment	0					
Equipment Lease	0					
Bldg. Mt. and Repair	0					
Vehicle Lease/Depreciation	0					
Vehicle Operations	0					
<b>Total Facilities/Vehicle Expense</b>	<b>0</b>	<b>0</b>				
<b>Child and Family Related Expense</b>						
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					
<b>Total Child and Family Expense</b>	<b>0</b>	<b>0</b>				
<b>TOTAL OPERATING EXPENSE</b>	<b>\$300</b>	<b>\$300</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
DPH #3 (CMHS & CSAS)						

Provider Number: 38CA

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

Budget Amount		Budget Line Item	Description
<b>Salaries: FTE's</b>			
	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	\$ 81,034 = \$ 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		\$ 81,668 = \$ 8,169	Mental Health Ass./counselors Works as part of a therapeutic team to provide appropriate adult role model for children
<b>0.22</b>		<b>\$ 10,005</b>	<b>Total Salaries</b>
			\$ 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
		\$ 2,767	26.00% Total Employee Fringe Benefit Rate
		\$ 12,772	Total Salaries and Benefits
<b>Operating Expenses:</b>			
		\$ 300	Psychiatric Services \$ 300 Based on one student for 2.5 months
		\$ 300	Total Contract Services
		\$ 300	Total Operating Costs
		\$ 13,072	Total Direct Costs (Salaries & Benefits and Operating Expenses)

DPH3: Salaries & Benefits Detail

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

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

POSITION TITLE	TOTAL		WORK ORDER #1: DHS		WORK ORDER #2:		GRANT #1:		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: _____		Proposed Transaction Term: _____		Proposed Transaction Term: _____	
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
Parenting Training	1.00	83,408	1.00	83,408								
TOTALS	1.00	\$83,408	1.00	\$83,408	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0

EMPLOYEE FRINGE BENEFITS      29%       29%       29%       29%       29%       29%

TOTAL SALARIES & BENEFITS                                   

DPH #2 (CMHS & CSAS)      #REF!



DPH4: Operating Expenses Detail

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					
OTHER	0					
Staff Recruitment	0					
Child Related	0					
	0					
	0					
<b>TOTAL OPERATING EXPENSE</b>	<b>\$600</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$600</b>	<b>\$0</b>
DPH #3 (CMHS & CSAS)						

CBHS Budget Justification

Provider Number: 38CQ  
 Provider Name: Seneca Center Parent Training  
 Date: 8/16/10

Appendix: B-10, Page 3

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
		\$ 1,206 1.45% Medicare
		\$ 206 0.25% Unemployment Insurance
		\$ 6,047 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	Total Program Support
	\$ 600	Total Operating Costs
	\$ 108,196	Total Direct Costs ( Salaries & Benefits and Operating Expenses)

DPH3: Salaries & Benefits Detail

Provider Number: 38HD  
Provider Name: Seneca Center - MST

POSITION TITLE	TOTAL		General Fund & Other Revenue		GF-Cost Based		GRANT #1:		WORK ORDER #1:		WORK ORDER #2:	
	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: _____	
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
MST Supervisor	0.80	44,000	0.40	22,000	0.40	22,000						
MST Clinician	2.50	132,000	1.25	66,000	1.25	66,000						
Direct Clerical	0.65	21,632	0.40	13,312	0.25	8,320						
TOTALS	3.95	\$197,632	2.05	\$101,312	1.90	\$96,320	0.00	\$0	0.00	\$0	0.00	\$0
EMPLOYEE FRINGE BENEFITS	29%	\$57,313	29%	\$29,380	29%	\$27,933	29%	\$0	29%	\$0	29%	\$0
TOTAL SALARIES & BENEFITS		\$254,945		\$130,692		\$124,253		\$0		\$0		\$0

DPH4: Operating Expenses Detail

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

	TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	GF Cost Based	GRANT #1: na	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: _____
<b>Contract Services</b>						
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			
<b>Total Contract Services</b>	<b>38,484</b>	<b>20,524</b>	<b>17,960</b>			
<b>Program Support</b>						
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				
<b>Total Program Support</b>	<b>10,470</b>	<b>8,280</b>	<b>2,190</b>			
<b>Facility and Vehicle Expense</b>						
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					
<b>Total Facilities/Vehicle Expense</b>	<b>4,400</b>	<b>2,400</b>	<b>2,000</b>			
<b>Child and Family Related Expense</b>						
Family Service Fund	3,000	1,557	1,443			
Child Behavior rewards	2,000	682	1,318			
Special Events	500	500				
<b>Total Child and Family Expense</b>	<b>5,500</b>	<b>2,739</b>	<b>2,761</b>			
<b>TOTAL OPERATING EXPENSE</b>	<b>\$58,854</b>	<b>\$33,943</b>	<b>\$24,911</b>	\$0	\$0	\$0

DPH #3 (CMHS & CSAS)

Provider Number: 38HD

Provider Name: Seneca Center MST on Team  
 Date: 8/18/10

Budget Amount	Budget Line Item	Description
<b>Salaries: FTE's</b>	<b>Salary</b>	<b>Total Salary</b>
0.60 X \$ 55,000 = \$	44,000	MST Supervisor
2.50 X \$ 52,800 = \$	132,000	MST Clinician
0.85 X \$ 33,260 = \$	28,271	Direct Clinical
<b>3.95</b>	<b>\$ 197,632</b>	<b>Total Salaries</b>
	\$ 12,250	5.20% Social Security
	\$ 2,666	1.45% Medicare
	\$ 494	0.25% Unemployment Insurance
	\$ 14,328	7.25% Workers' Compensation
	\$ 24,704	12.50% Health Insurance
	\$ 2,666	1.35% other
	\$ 57,313	Employee Fringe Benefit Rate
	\$ 254,945	Total Salaries and Benefits
<b>Operating Expenses:</b>		
\$ 2,780	Expendable Equipment	\$ 2,780 Based on an average of \$231a month for new equipment
\$ 1,620	Equipment lease	\$ 1,620 Rental of copier machine
\$ 4,400	<b>Total Occupancy (Facility and Vehicle Expense)</b>	
\$ 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	<b>Total Contract Services</b>	
\$ 1,675	Office Supplies, Postage	Office Supplies and postage for 3.95 staff - 100% (avg of \$425 per staff) This includes all desk, copier and computer supplies
\$ 2,850	Telephone	Telephone (avg. \$ 295 mo)
\$ 3,020	Staff Travel	Based on Travel of 3.9 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
\$ 1,500	Staff Training	Cost associated with conducting an expert training per year
\$ 1,425	Staff Recruitment	Recruiting Costs for 3.95 employees - 100%
\$ 10,470	<b>Total Program Support</b>	
\$ 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	<b>Total Special Programs</b>	
\$ 56,854	<b>Total Operating Costs</b>	
\$ 313,799	<b>Total Direct Costs ( Salaries &amp; Benefits and Operating Expenses)</b>	

DPH3: Salaries & Benefits Detail

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

POSITION TITLE	TOTAL		General Fund & Other Revenue		WORK ORDER #1:		MHA		MHA 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										
<b>MST</b>		0										
MST Clinician	1.00	48,000	0.18	8,640			0.62	29,760	0.200	9,600		
<b>TOTALS</b>	<b>5.90</b>	<b>\$295,950</b>	<b>1.06</b>	<b>\$53,271</b>	<b>0.00</b>	<b>\$0</b>	<b>3.66</b>	<b>\$183,489</b>	<b>1.18</b>	<b>\$59,190</b>	<b>0.00</b>	<b>\$0</b>
<b>EMPLOYEE FRINGE BENEFITS</b>	29%	\$85,826	29%	\$15,449	29%	\$0	29%	\$53,212	29%	\$17,165	29%	\$0
<b>TOTAL SALARIES &amp; BENEFITS</b>		<b>\$381,776</b>		<b>\$68,720</b>		<b>\$0</b>		<b>\$236,701</b>		<b>\$76,355</b>		<b>\$0</b>

DPH #2 (CMHS & CSAS)

DPH4: Operating Expenses Detail

APPENDIX #: B-12 Page 2  
 Document Date: 08/16/10

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

Expenditure Category	TOTAL	GENERAL FUND & (Agency-generated) 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: _____
Office Supplies, Postage	2,969	950		758	1,261	
Printing and Reproduction	3,125	1,351		621	1,153	
Staff Training	1,587	148		565	854	
Staff Travel-(Local & Out of Town)	7,125	2,141		1,956	3,028	
Rental of Equipment	5,625	2,855		379	2,391	
Contract Expense	3,750	1,199		957	1,594	
Telephone/Communication	3,563	1,066		983	1,514	
Staff Recruitment	2,672	1,236		300	1,136	
OTHER	0					
Child Related	32,652			32,652		
<b>TOTAL OPERATING EXPENSE</b>	<b>\$63,068</b>	<b>\$10,946</b>	<b>\$0</b>	<b>\$39,191</b>	<b>\$12,931</b>	<b>\$0</b>
DPH #3 (CMHS & CSAS)						

Provider Number: 38HD  
 Provider Name: Seneca Center  
 Date: 8/15/10

MHSA PE & I

Budget Amount	Budget Line Item	Description
<b>Salaries: FTE's</b>	<b>Salary</b>	<b>Total Salary</b>
1.00 X	\$ 48,000 = \$	48,000 Assessment Specialist
		Master's level clinician who is certified to administer the CAN assessment for denied youth.
0.15 X	\$ 48,000 = \$	151,200 Youth Family Advocates
		Provide planning and advocacy, and service linkages for youth and their family each year.
0.75 X	\$ 65,000 = \$	48,750 Program Supervisor
		Supervises the Assessment Specialist, Youth and Family Advocate and therapist.
1.00 X	\$ 48,000 = \$	48,000 MST Clinician
		Will provide intensive family intervention for youth transitioning back to the community.
<b>5.90</b>	<b>\$</b>	<b>296,950 Total Salaries</b>
		\$ 18,349 6.20% Social Security
		\$ 4,291 1.45% Medicare
		\$ 740 0.25% Unemployment Insurance
		\$ 21,456 7.25% Workers' Compensation
		\$ 36,984 12.60% Health Insurance
		\$ 2,995 1.35% Other
	\$ 25,925	Employee Fringe Benefit Rate
	\$ 25,925	25.00% Total Employee Fringe Benefit Rate
	\$	381,776 Total Salaries and Benefits
		<b>Operating Expenses:</b>
	\$ 6,625	Equipment lease
	\$ 1,620	Rental of copier machine
	\$	5,625 Total Occupancy (Facility and Vehicle Expense)
	\$ 3,750	Contract Services
	\$ 3,750	Monthly MST consultation and language translation services
	\$	3,750 Total Contract Services
	\$ 2,969	Office Supplies, Postage
		Office Supplies and postage for 5.90 staff - 100% (avg of \$500 per staff)
		The includes all desk, copier and computer supplies
	\$ 3,563	Telephone
		Telephone (avg. \$ 213 mo)
	\$ 3,125	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
	\$ 2,672	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 services 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)







Appendix F  
Invoice



**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  
Fax No: (510)481-1222

INVOICE NUMBER: M01 JL 0  
Ct.Blanket No: BPHM BPHM11000032 User Cd  
Ct. PO No: PCHM DPHM11000261  
Fund Source: GF, Fed MediCal EPSDT, Realignment  
Invoice Period: July 2010  
Final Invoice: (Check if Yes)  
ACE Control Number: \_\_\_\_\_

Contract Term: 07/01/2010 - 06/30/2011

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/Reptg. Unit Modality/Mode # - Svc Func (see only)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UCS	CLIENTS	UCS	CLIENTS			UCS	CLIENTS	UCS	CLIENTS	UCS	CLIENTS
<b>B-1 CTF SF RU-89892</b>												
10/ 85-89 Day Tx Intensive - Full Day	2,785				\$ 280.01	\$ -	0.000	0.00%			2,785.000	\$ 779,827.85
15/ 10-59 Mental Health Services	410,539				\$ 3.83	\$ -	0.000	0.00%			410,539.000	1,572,364.37
15/ 60-69 Medication Support	28,344				\$ 5.75	\$ -	0.000	0.00%			28,344.000	162,978.00
<b>B-2 TBS San Francisco RU-38CQ5</b>												
15/ 58 TBS	333,349				\$ 1.90	\$ -	0.000	0.00%			333,349.000	633,363.10
<b>B-3 CTF State Supplement SF RU-8989OP</b>												
60/ 72 State Supplement	4,240				\$ 32.86	\$ -	0.000	0.00%			4,240.000	139,411.20
<b>B-5 Short Term Connections RU-38CQ3</b>												
15/ 01-09 Case Management Brokerage	11,084				\$ 2.08	\$ -	0.000	0.00%			11,084.000	23,054.72
15/ 10-59 Mental Health Services	58,207				\$ 2.68	\$ -	0.000	0.00%			58,207.000	155,994.76
15/ 70-79 Crisis Intervention-OP	2,263				\$ 3.99	\$ -	0.000	0.00%			2,263.000	9,029.37
15/ 60-69 Medication Support	813				\$ 4.96	\$ -	0.000	0.00%			813.000	4,032.48
<b>B-6 Long Term Connections RU-38CQ4</b>												
15/ 01-09 Case Management Brokerage	286,174				\$ 2.08	\$ -	0.000	0.00%			286,174.000	595,241.92
15/ 10-59 Mental Health Services	1,366,802				\$ 2.68	\$ -	0.000	0.00%			1,366,802.000	3,663,029.36
15/ 70-79 Crisis Intervention-OP	57,352				\$ 3.99	\$ -	0.000	0.00%			57,352.000	228,634.48
15/ 60-69 Medication Support	1,579				\$ 58.00	\$ -	0.000	0.00%			1,579.000	91,582.00
<b>B-8 San Leandro Day-Tx RU-89802</b>												
10/ 85-89 Day Tx Intensive - Full Day	537				\$ 177.55	\$ -	0.000	0.00%			537.000	95,344.35
<b>B-9 Oak Grove Day-Tx RU-38CA2</b>												
10/ 85-89 Day Tx Intensive - Full Day	68				\$ 214.90	\$ -	0.000	0.00%			68.000	14,613.20
<b>B-4 MTFC Placements RU-38CQ6</b>												
15/ 01-09 Case Management Brokerage	10,152				\$ 2.08	\$ -	0.000	0.00%			10,152.000	21,116.16
15/ 10-59 Mental Health Services	51,519				\$ 2.68	\$ -	0.000	0.00%			51,519.000	138,070.92
15/ 70-79 Crisis Intervention-OP	407				\$ 3.99	\$ -	0.000	0.00%			407.000	1,623.93
15/ 60-69 Medication Support	328				\$ 4.96	\$ -	0.000	0.00%			328.000	1,626.88
<b>B-11 MST RU-38HDOP</b>												
15/ 01-09 Case Management Brokerage	10,542				\$ 2.02	\$ -	0.000	0.00%			10,542.000	21,294.84
15/ 10-59 Mental Health Services	56,670				\$ 2.61	\$ -	0.000	0.00%			56,670.000	147,908.70
15/ 70-79 Crisis Intervention-OP	2,108				\$ 3.88	\$ -	0.000	0.00%			2,108.000	8,179.04
15/ 60-69 Medication Support	1,405				\$ 4.82	\$ -	0.000	0.00%			1,405.000	6,772.10
<b>B-7 Long Term Connections-Probation RU-38CQ4</b>												
15/ 01-09 Case Management Brokerage	23,062				\$ 2.08	\$ -	0.000	0.00%			23,062.000	47,968.96
15/ 10-59 Mental Health Services	110,143				\$ 2.68	\$ -	0.000	0.00%			110,143.000	295,183.24
15/ 70-79 Crisis Intervention-OP	4,624				\$ 3.99	\$ -	0.000	0.00%			4,624.000	18,449.76
15/ 60-69 Medication Support	1,488				\$ 4.96	\$ -	0.000	0.00%			1,488.000	7,380.48
<b>B-12 MHSA-Pace RU-38HD2</b>												
15/ 01-09 Case Management Brokerage					\$ 2.02	\$ -	0.000	#DIV/0!			0.000	
15/ 10-59 Mental Health Services					\$ 2.61	\$ -	0.000	#DIV/0!			0.000	
15/ 60-69 Medication Support					\$ 4.82	\$ -	0.000	#DIV/0!			0.000	
60/72 Flexible Support Expenditure	615				\$ 145.00	\$ -	0.000	0.00%			615.000	89,175.00
<b>TOTAL</b>	<b>2,837,199</b>							<b>0.00%</b>			<b>2,837,199</b>	<b>\$ 8,973,451.17</b>

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 claims are maintained in our office at the address indicated.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Title: \_\_\_\_\_

Send to:  
DPH Fiscal/Invoice Processing  
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**

EXHIBIT C-1  
PAGE A

Control Number

INVOICE NUMBER: M03 JL 0

Contractor: Seneca Center

Ct.Blanket No.: BPHM TBD

Address: 2275 Arlington Drive, San Leandro, CA 94578

Ct.PO No.: POHM TBD

Tel No. (510) 481-1222

Fund Source: DJP Work Order

Fax No. (510) 481-1222

Invoice Period: July 2010

Contract Term: 07/01/2010 - 06/30/2011

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
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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
B-1 CTF SF RU-89892												
10/ 85-89 Day Tx Intensive Full Day	139				\$ 280.01	\$ -	0.000		0.00%		139.000	
<b>TOTAL</b>	139		0.000				0.000		0.00%		139.000	

\$ 38,921.38

<b>SUBTOTAL AMOUNT DUE</b>	\$	
Less: Initial Payment Recovery		
(For DPH Use) Other Adjustments		
<b>NET REIMBURSEMENT</b>	\$	

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:  
DPH Fiscal/Invoice Processing  
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

Contract Term: 07/01/2010 - 06/30/2011

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: M04 JL 0

Ct.Blanket No.: BPHM TBD

User Cd

Ct. PO No.: POHM TBD

Fund Source: DHS Work Order

Invoice Period: July 2010

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 Parenting Institute RU-38CQPTI												
60/ 72 Fkexible Support Expenditure	1						0%		1		100%	

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 83,408.00	\$ -	\$ -	0.00%	\$ 83,408.00
Fringe Benefits	\$ 24,188.00	\$ -	\$ -	0.00%	\$ 24,188.00
<b>Total Personnel Expenses</b>	\$ 107,596.00	\$ -	\$ -	0.00%	\$ 107,596.00
Operating Expenses					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ 600.00	\$ -	\$ -	0.00%	\$ 600.00
General Operating	\$ -	\$ -	\$ -	0.00%	\$ -
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other:	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
<b>Total Operating Expenses</b>	\$ 600.00	\$ -	\$ -	0.00%	\$ 600.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
<b>TOTAL DIRECT EXPENSES</b>	\$ 108,196.00	\$ -	\$ -	0.00%	\$ 108,196.00
Indirect Expenses	\$ 1,804.00	\$ -	\$ -	0.00%	\$ 1,804.00
<b>TOTAL EXPENSES</b>	\$ 110,000.00	\$ -	\$ -	0.00%	\$ 110,000.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
<b>REIMBURSEMENT</b>		\$ -			

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: DPH Fiscal Invoice Processing  
1380 Howard St 4th Floor  
San Francisco CA 94103-2614

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

Contract Term: 07/01/2010 - 06/30/2011

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: MO6 JL 0

Ct. Blanket No.: BPHM TBD

Ct. PO No.: POHM TBD User Cd

Fund Source: General Fund

Invoice Period: July 2010

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-11 MST												
60/ 72 Flexible Support Expenditure	1	15			-	-	0%	0%	1	15	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 96,320.00	\$ -	\$ -	0.00%	\$ 96,320.00
Fringe Benefits	\$ 27,933.00	\$ -	\$ -	0.00%	\$ 27,933.00
<b>Total Personnel Expenses</b>	<b>\$ 124,253.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 124,253.00</b>
<b>Operating Expenses</b>					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ 1,790.00	\$ -	\$ -	0.00%	\$ 1,790.00
General Operating	\$ 2,400.00	\$ -	\$ -	0.00%	\$ 2,400.00
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ 17,960.00	\$ -	\$ -	0.00%	\$ 17,960.00
Other: Family Service Fund	\$ 1,443.00	\$ -	\$ -	0.00%	\$ 1,443.00
Child Behavior rewards	\$ 1,318.00	\$ -	\$ -	0.00%	\$ 1,318.00
<b>Total Operating Expenses</b>	<b>\$ 24,911.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 24,911.00</b>
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
<b>TOTAL DIRECT EXPENSES</b>	<b>\$ 149,164.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 149,164.00</b>
Indirect Expenses	\$ 18,129.00	\$ -	\$ -	0.00%	\$ 18,129.00
<b>TOTAL EXPENSES</b>	<b>\$ 167,293.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 167,293.00</b>
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
<b>REIMBURSEMENT</b>		<b>\$ -</b>			

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: DPH Fiscal Invoice Processing  
1380 Howard St 4th Floor  
San Francisco CA 94103-2614

DPH Authorization for Payment

\_\_\_\_\_  
Authorized Signatory

\_\_\_\_\_  
Date

**DEPARTMENT OF PUBLIC HEALTH CONTRACT FOR  
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

Contract Term: 07/01/2010 - 06/30/2011

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: M07 JL 0

Ct. Blanket No.: BPHM TBD

User Cd

Ct. PO No.: POHM TBD

Fund Source: MHSA - Prop63

Invoice Period: July 2010

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-6 Long Term Connections RU-38CQ4												
60/ 72 Flexible Support Expenditures	1,823	120			-	-	0%	0%	1,823	120	100%	100%

Unduplicated Counts for AIDS Use Only

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 171,885.00	\$ -	\$ -	0.00%	\$ 171,885.00
Fringe Benefits	\$ 49,847.00	\$ -	\$ -	0.00%	\$ 49,847.00
<b>Total Personnel Expenses</b>	<b>\$ 221,732.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 221,732.00</b>
Operating Expenses					
Occupancy	\$ 1,500.00	\$ -	\$ -	0.00%	\$ 1,500.00
Materials and Supplies	\$ 3,000.00	\$ -	\$ -	0.00%	\$ 3,000.00
General Operating	\$ -	\$ -	\$ -	0.00%	\$ -
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ 11,000.00	\$ -	\$ -	0.00%	\$ 11,000.00
Other:	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
<b>Total Operating Expenses</b>	<b>\$ 15,500.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 15,500.00</b>
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
<b>TOTAL DIRECT EXPENSES</b>	<b>\$ 237,232.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 237,232.00</b>
Indirect Expenses	\$ 27,086.00	\$ -	\$ -	0.00%	\$ 27,086.00
<b>TOTAL EXPENSES</b>	<b>\$ 264,318.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 264,318.00</b>
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
<b>REIMBURSEMENT</b>		<b>\$ -</b>			

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: DPH Fiscal Invoice Processing  
1380 Howard St 4th Floor  
San Francisco CA 94103-2614

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

Contract Term: 07/01/2010 - 06/30/2011

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: M09 JL G

Ct. Blanket No. BPHM: TBD

Ct. PO No.: POHM: TBD

Fund Source: MHSA - Prop63

Invoice Period: July 2010

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-12 MHSA Pace RU-38HD2												
60/ 72 Flexible Support Expenditure	615	195					0%	0%	615	195	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 242,679.00	\$ -	\$ -	0.00%	\$ 242,679.00
Fringe Benefits	\$ 70,377.00	\$ -	\$ -	0.00%	\$ 70,377.00
<b>Total Personnel Expenses</b>	<b>\$ 313,056.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 313,056.00</b>
<b>Operating Expenses</b>					
Occupancy	\$ 2,497.00	\$ -	\$ -	0.00%	\$ 2,497.00
Materials and Supplies	\$ 3,793.00	\$ -	\$ -	0.00%	\$ 3,793.00
General Operating	\$ 5,645.00	\$ -	\$ -	0.00%	\$ 5,645.00
Staff Travel	\$ 4,984.00	\$ -	\$ -	0.00%	\$ 4,984.00
Consultant/Subcontractor	\$ 2,551.00	\$ -	\$ -	0.00%	\$ 2,551.00
Other: Child Related	\$ 32,652.00	\$ -	\$ -	0.00%	\$ 32,652.00
	\$ -	\$ -	\$ -	0.00%	\$ -
<b>Total Operating Expenses</b>	<b>\$ 52,122.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 52,122.00</b>
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
<b>TOTAL DIRECT EXPENSES</b>	<b>\$ 365,178.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 365,178.00</b>
Indirect Expenses	\$ 43,822.00	\$ -	\$ -	0.00%	\$ 43,822.00
<b>TOTAL EXPENSES</b>	<b>\$ 409,000.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 409,000.00</b>
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
<b>REIMBURSEMENT</b>		\$ -			

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: DPH Fiscal Invoice Processing  
1380 Howard St 4th Floor  
San Francisco CA 94103-2614

DPH Authorization for Payment

\_\_\_\_\_  
Authorized Signatory

\_\_\_\_\_  
Date

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

EXHIBIT C-1  
 PAGE A

Control Number

Contractor: Seneca Center

Address: 2275 Arlington Drive, San Leandro, CA 94578

Tel No.: (510) 481-1222

Fax No.: (510) 481-1222

Funding Term: 07/01/2010 - 06/30/2011

PHP Division: Community Behavioral Health Services

INVOICE NUMBER:

Ct.Blanket No.: BPHM

Ct PO No.: POHM  User Cd

Fund Source:

Invoice Period:

Final Invoice:  (Check if Yes)

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
B-1 Seneca Center - CTF SF												
10. 85-89 Intensive Day Treatment	238				\$ 280.01	\$ -	0.000		0.00%		238.000	
<b>TOTAL</b>	238		0.000				0.000		0.00%		238.000	

\$ 66,642.38

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

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: \_\_\_\_\_  
 Title: \_\_\_\_\_

Date: \_\_\_\_\_

Send to:  
 DPH Fiscal/Invoice Processing  
 1380 Howard St. - 4th Floor  
 San Francisco, CA 94103

DPH Authorization for Payment  
 \_\_\_\_\_  
 Authorized Signatory \_\_\_\_\_ Date \_\_\_\_\_



# 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 #: <b>SENEC-1</b>	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/SUBR INSR WVP	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
	GENL 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
	EXCESS LIAB		201000557UMB	07/01/10	07/01/11	AGGREGATE	\$ 4,000,000
	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)	Y/N	WC0834106	11/01/10	11/01/11	E.L. EACH ACCIDENT	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> 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

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 &amp; County of San Francisco 1380 Howard Street San Francisco, CA 94103</p>
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

**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.