



CONTRACT PURCHASE ORDER RELEASE  
COMMUNITY MENTAL HEALTH SYSTEM

PO NUMBER: DPHM11000184  
PO AMOUNT: \$5,153,841.00

TO: SENECA CENTER  
2275 ARLINGTON DR  
SAN LEANDRO CA 94578-0000

PO PRINT DATE: 11/10/2010

PHONE :  
VENDOR ID: 24631

TERMS: NET  
FOB : DEST

ISSUE DATE : 11/08/2010

BPO # : BPHM06500043 <<  
EFF. DATE : 07/01/2005  
EXP. DATE : 12/31/2010

DELIVER TO: 1380 HOWARD ST 4TH FLOOR  
SAN FRANCISCO CA 94103-0000

AUTHORIZED SIGNATURE: \_\_\_\_\_

DATE : 11/10/2010  
PHONE: \_\_\_\_\_

ORIGINAL ORDER MUST BE SIGNED TO BE VALID

INVOICE TO: SUBSTANCE ABUSE & FORENSICS (HMI01)  
1380 HOWARD ST - RM 444  
SAN FRANCISCO CA 94103-0000

TERMS:

THIS CONTRACT PURCHASE ORDER AND THE ACCOMPANYING SIGNED CONTRACT  
AUTHORIZE YOU TO BEGIN PERFORMING THE CONTRACT AND INVOICING THE  
CITY. THIS IS SUBJECT TO THE TERMS AND CONDITIONS IN THE CONTRACT. ANY  
TERMS AND CONDITIONS ON THE REVERSE OF THIS DOCUMENT DO NOT APPLY.

YOU MUST INCLUDE THE CONTRACT PURCHASE ORDER NUMBER ON ALL INVOICES.



CONTRACT PURCHASE ORDER RELEASE  
COMMUNITY MENTAL HEALTH SYSTEM

PO NUMBER: DPHM11000184  
PO AMOUNT: \$5,153,841.00

ITEM	COMMODITY ID	UOM	TAX	QUANTITY	UNIT PRICE	TOTAL PRICE
1	7400-20 SVC,MED/HLTH;CMH (COMMUNITY MENTAL HEALTH)	EA	N	1.00	4,570,485.0000	4,570,485.00

TO PROVIDE RESIDENTIAL AND DAY TREATMENT SERVICES FOR CHILDREN AND FAMILIES.

JULY 1, 2005 THROUGH JUNE 30, 2006 - - - \$2,979,380  
 JULY 1, 2006 THROUGH JUNE 30, 2007 - - - \$2,713,585  
 JULY 1, 2007 THROUGH JUNE 30, 2008 - - - \$2,713,584  
 ADD: CONTINGENCY AMOUNT - - - - - \$711,093  
 TOTAL CT AMOUNT (07/01/05 TO 06/30/08) - \$9,117,642  
 LESS: 6 MOS AGREEMENT REF. POHM06000349 - (1,401,665).  
 -----  
 BLANKET PURCHASE AMOUNT- - - - - \$7,715,977

2	7400-20 SVC,MED/HLTH;CMH (COMMUNITY MENTAL HEALTH)	EA	N	1.00	33,264.0000	33,264.00
---	---	----	---	------	-------------	-----------

TO PROVIDE RESIDENTIAL AND DAY TREATMENT SERVICES FOR CHILDREN AND FAMILIES.

JULY 1, 2003 - JUNE 30, 2004 \$2,951,405  
 JULY 1, 2004 - JUNE 30, 2005 \$2,851,405  
 JULY 1, 2005 - JUNE 30, 2006 \$2,979,401  
 JULY 1, 2006 - JUNE 30, 2007 \$4,404,229  
 JULY 1, 2007 - JUNE 30, 2008 \$5,700,789  
 JULY 1, 2008 - JUNE 30, 2009 \$7,743,035  
 JULY 1, 2009 - JUNE 30, 2010 \$9,982,683  
 JULY 1, 2010 - DECEMBER 31, 2010 \$ 920,477  
 -----  
 TOTAL \$37,533,424

ADDITIONAL SUPPLEMENTAL FUNDING FROM NEW BOILER PLATE FOR 7/1/10-12/31/10

JULY 1, 2010 - DECEMBER 31, 2010 \$ 4,233,365  
 CONTINGENCY \$ 618,461  
 TOTAL \$ 4,851,826

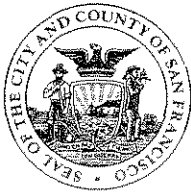
3	7400-20 SVC,MED/HLTH;CMH (COMMUNITY MENTAL HEALTH)	EA	N	1.00	55,000.0000	55,000.00
---	---	----	---	------	-------------	-----------

TO PROVIDE RESIDENTIAL AND DAY TREATMENT SERVICES FOR CHILDREN AND FAMILIES.

JULY 1, 2003 - JUNE 30, 2004 \$2,951,405  
 JULY 1, 2004 - JUNE 30, 2005 \$2,851,405  
 JULY 1, 2005 - JUNE 30, 2006 \$2,979,401







CONTRACT PURCHASE ORDER RELEASE  
COMMUNITY MENTAL HEALTH SYSTEM

PO NUMBER: DPHM11000184  
PO AMOUNT: \$5,153,841.00

ITEM	COMMODITY ID	UOM	TAX	QUANTITY	UNIT PRICE	TOTAL PRICE
	NAME/SPECS					
	JULY 1, 2004 - JUNE 30, 2005				\$2,851,405	
	JULY 1, 2005 - JUNE 30, 2006				\$2,979,401	
	JULY 1, 2006 - JUNE 30, 2007				\$4,404,229	
	JULY 1, 2007 - JUNE 30, 2008				\$5,700,789	
	JULY 1, 2008 - JUNE 30, 2009				\$7,743,035	
	JULY 1, 2009 - JUNE 30, 2010				\$9,982,683	
	JULY 1, 2010 - DECEMBER 31, 2010				\$ 920,477	
	TOTAL					\$37,533,424

ADDITIONAL SUPPLEMENTAL FUNDING FROM NEW BOILER PLATE FOR  
7/1/10-12/31/10

JULY 1, 2010 - DECEMBER 31, 2010	\$ 4,233,365
CONTINGENCY	\$ 618,461
TOTAL	\$ 4,851,826

8 7400-20 EA N 1.00 50,000.0000 50,000.00  
SVC, MED/HLTH; CMH (COMMUNITY MENTAL HEALTH)

TO PROVIDE RESIDENTIAL AND DAY TREATMENT SERVICES FOR CHILDREN  
AND FAMILIES.

JULY 1, 2003 - JUNE 30, 2004	\$2,951,405
JULY 1, 2004 - JUNE 30, 2005	\$2,851,405
JULY 1, 2005 - JUNE 30, 2006	\$2,979,401
JULY 1, 2006 - JUNE 30, 2007	\$4,404,229
JULY 1, 2007 - JUNE 30, 2008	\$5,700,789
JULY 1, 2008 - JUNE 30, 2009	\$7,743,035
JULY 1, 2009 - JUNE 30, 2010	\$9,982,683
JULY 1, 2010 - DECEMBER 31, 2010	\$ 920,477
TOTAL	\$37,533,424

ADDITIONAL SUPPLEMENTAL FUNDING FROM NEW BOILER PLATE FOR  
7/1/10-12/31/10

JULY 1, 2010 - DECEMBER 31, 2010	\$ 4,233,365
CONTINGENCY	\$ 618,461
TOTAL	\$ 4,851,826

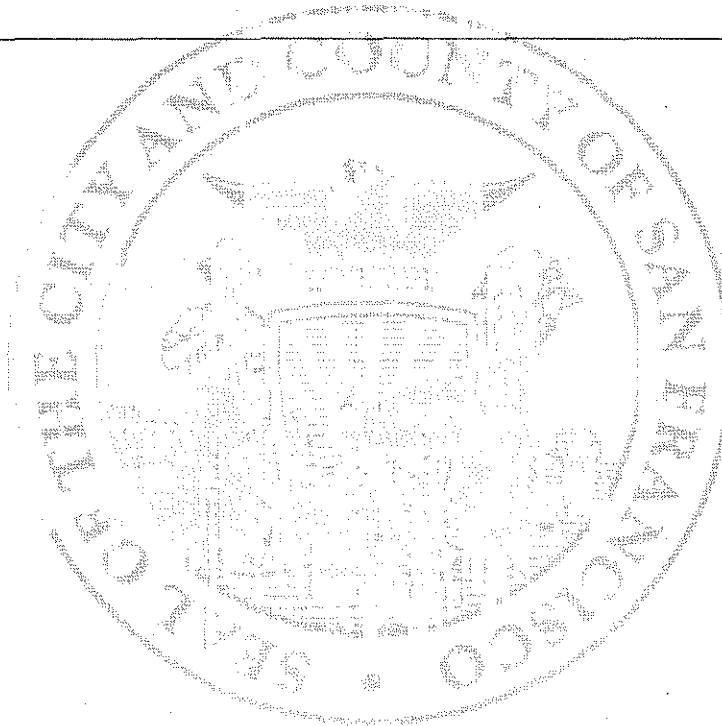
TOTAL ITEMS AMOUNT	\$5,153,841.00
SALES TAX	\$ .00
INVOICE AMOUNT	\$5,153,841.00



CONTRACT PURCHASE ORDER RELEASE  
 COMMUNITY MENTAL HEALTH SYSTEM

PO NUMBER: DPHM11000184  
 PO AMOUNT: \$5,153,841.00

SFX INDEX	SUBOBJ	USERCODE	PROJCT	PRJDTL	GRANT	GRNTDTL	AMOUNT
01	HMHMCP751594	02789					4,570,485.00
02	HMHMCP8828CH	02789					33,264.00
03	HMHM731760	02789					55,000.00
04	HMHMCHJUVEWO	02789					19,450.00
05	HMHMCHMTCHWO	02789					138,983.00
06	HMHMPROP63	02789		PMHS63	1003		132,159.00
07	HMHMPROP63	02789		PMHS63	1110		154,500.00
08	HMHMPROP63	02789		PMHS63	1010		50,000.00
-----							5,153,841.00



ADPICS/FAMIS - FY 10-11 CITY/COUNTY OF SAN FRANCISCO CONTRACT PURCHASE ORDER INPUT FORM		Original <input checked="" type="checkbox"/>	DOCUMENT NUMBER <b>COMH11000159</b> <b>COLL11000190</b>		DEPARTMENT <b>82 Mental Health &amp; Substance Abuse</b>							
Modification-Increase -Decrease Date Change Only				DEPARTMENT CONTRACT NO. <b>HM-1-6647-MH</b>	PAGE <b>1</b> OF <b>1</b>							
Complete for Contract Order type Agreements and Contracts <b>4 CK</b>		TOTAL APPROVED CONTRACT <b>\$ 5,772,302</b>		DATE <b>9/29/10</b>	ORIGINAL CONTRACT NUMBER <b>BPHM06500043</b> <b>DPLM11000184</b>							
AMOUNT OF THIS ENCUMBRANCE <b>4,233,365</b>	CIVIL SERVICE REPRODUCTION NO.	4150-09/10		FISCAL YEAR <b>07/01/10</b>	PERIOD COVERED <b>12/31/2010</b>							
CONTRACTOR <b>CMS # 6941</b> <b>Seneca Residential and Day Treatment Center for Children</b> 2275 Arlington Drive San Leandro, CA 94578	VEHICLE NO. <b>24631</b>	SUFFIX <b>01</b>	DELIVER TO: <b>Same</b>	FIELD OFFICE OR BUREAU DATE TO: <b>(Inter-Office)</b> <b>PH&amp;P Accounting Office</b> 1380 Howard St., Rm. 447 San Francisco, CA 94103								
ADDRESS <b>94-29717761</b> <b>(510) 481-1222</b>	FEDERAL SERVICE NO. <b>94-29717761</b>		PHONE NO. <b>(510) 481-1222</b>									
TERMS OF PAYMENT <b>Monthly</b>	RETAINAGE REQUIRED, IF YES, AMOUNT OR %	YES/NO: <b>NO</b>		INSURANCE REQUIRED								
COMMODITY OR SERVICE CODE # <b>7400-18 (CSAS)</b> <b>7400-20 (CMHS)</b>	DETAILED DESCRIPTION OF SERVICES AND PRODUCTS <b>10-11 New contract under RFP 23-2009 per Award Letter dated June 14, 2010. (1/2 year contract)</b>			AMOUNT	EXPIRATION DATE							
<b>PROPOSER -- BID</b> <b>100 OCT -6 PM 4:4</b> <b>RECEIVED</b> <b>SFDPH-FISCAL</b> <b>(Contracts)</b>	Contract Term: <b>07/01/10 - 12/31/10</b>	Original Award	Contingency Approved	Contingency Used	Encumb. Total	Contingency Still Avail.	Blanket Total	WORKER'S COMP	<b>\$1,000,000</b>	<b>11/1/10</b>	<input checked="" type="checkbox"/>	
	10/11 Prev Encu(BPHM06500043)	<b>\$ 920,477</b>			<b>\$ 920,477</b>			COMP. GEN. LIABILITY	<b>\$1,000,000</b>	<b>7/1/11</b>	<input checked="" type="checkbox"/>	
	10/11 This Encu.	<b>\$ 4,233,365</b>	<b>4 CK</b>		<b>\$ 4,233,365</b>	<b>4 CK</b>		AUTOMOBILE	<b>\$1,000,000</b>	<b>7/1/11</b>	<input checked="" type="checkbox"/>	
								UMBRELLA	<b>\$1,000,000</b>	<b>7/1/11</b>	<input checked="" type="checkbox"/>	
								FIDELITY BOND/ COMM. BLANKET	<b>\$850,000</b>	<b>9/17/10</b>	<input checked="" type="checkbox"/>	
								OTHER INSURANCE	<b>Prof. Liab. \$1,000,000</b>	<b>7/1/11</b>	<input checked="" type="checkbox"/>	
								ATTACHMENTS - Please identify by title or description				
								SYSTEM USE				
			<b>\$ 5,153,842</b>	<b>\$ 618,461</b>	<b>\$ -</b>	<b>\$ 5,153,842</b>	<b>\$ 618,461</b>	<b>\$ 5,772,302</b>				
			<b>1 CK</b>			<b>1 CK</b>						
PREPARED BY (Print Name) <b>Ada Ling</b> Senior Administrative Analyst Phone # <b>255-3493</b> Fax # <b>252-3088</b>	APPROVALS											
APPROVED BY (Signature)	MATERIALS, SUPPLIES, & SERVICES - PURCHASER											
(Print Name)	REAL PROPERTY LEASES & RENT - DIRECTOR OF PROPERTY											
BOARD OR COMMISSION	CONTROLLER											
Line No.	Document Number		Amount	Index Code	Sub-Object	User Code	Project		Grant		ADDENDUM ATTACHED	
	Number	Suffix					Project	Project Detail	Grant	Grant Detail	<input type="checkbox"/>	
1			<b>3,650,000</b>	<b>00</b>	<b>HMHMCP751594</b>	<b>02789</b>						
2			<b>33,264</b>	<b>00</b>	<b>HMHMCP8828CH</b>	<b>02789</b>						
3			<b>55,000</b>	<b>00</b>	<b>HMHM731760</b>	<b>02789</b>						
4			<b>19,450</b>	<b>00</b>	<b>HMHMCHJUVEWO</b>	<b>02789</b>						
5			<b>138,983</b>	<b>00</b>	<b>HMHMCHMTCH WO</b>	<b>02789</b>						
6			<b>132,159</b>	<b>00</b>	<b>HMHMPPROP63</b>	<b>02789</b>						
7			<b>154,500</b>	<b>00</b>	<b>HMHMPPROP63</b>	<b>02789</b>	<b>PMHS63</b>	<b>1003</b>				
8			<b>50,000</b>	<b>00</b>	<b>HMHMPPROP63</b>	<b>02789</b>	<b>PMHS63</b>	<b>1110</b>				
			<b>50,000</b>	<b>00</b>	<b>HMHMPPROP63</b>	<b>02789</b>	<b>PMHS63</b>	<b>1010</b>				
	<b>Total</b>		<b>\$4,233,365</b>	<b>00</b>								

**4 CK**





City and County of San Francisco  
Office of Contract Administration  
Purchasing Division  
City Hall, Room 430  
1 Dr. Carlton B. Goodlett Place  
San Francisco, California 94102-4685

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

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

**Recitals**

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

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

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

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

Now, THEREFORE, the parties agree as follows:

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

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

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

- Option 1: January 1, 2011 – December 31, 2011
- Option 2: January 1, 2012 – December 31, 2012
- Option 3: January 1, 2013 – December 31, 2013

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

3. **Effective Date of Agreement.** This Agreement shall become effective when the Controller has certified to the availability of funds and Contractor has been notified in writing.
4. **Services Contractor Agrees to Perform.** The Contractor agrees to perform the services provided for in Appendix A, "Description of Services," attached hereto and incorporated by reference as though fully set forth herein.
5. **Compensation.** Compensation shall be made in monthly payments on or before the 30<sup>th</sup> day of each month for work, as set forth in Section 4 of this Agreement, that the **Director of the Department of Public Health**, in his or her sole discretion, concludes has been performed as of the 30<sup>th</sup> day of the immediately preceding month. In no event shall the amount of this Agreement exceed **Five Million Seven Hundred Seventy Two Thousand Three Hundred Two Dollars (\$5,772,302)**. The breakdown of costs associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. No charges shall be incurred under this Agreement nor shall any payments become due to Contractor until reports, services, or both, required under this Agreement are received from Contractor and approved by **Department of Public Health** as being in accordance with this Agreement. City may withhold payment to Contractor in any instance in which Contractor has failed or refused to satisfy any material obligation provided for under this Agreement. In no event shall City be liable for interest or late charges for any late payments.
6. **Guaranteed Maximum Costs.** The City's obligation hereunder shall not at any time exceed the amount certified by the Controller for the purpose and period stated in such certification. Except as may be provided by laws governing emergency procedures, officers and employees of the City are not authorized to request, and the City is not required to reimburse the Contractor for, Commodities or Services beyond the agreed upon contract scope unless the changed scope is authorized by amendment and approved as required by law. Officers and employees of the City are not authorized to offer or promise, nor is the City required to honor, any offered or promised additional funding in excess of the maximum amount of funding for which the contract is certified without certification of the additional amount by the Controller. The Controller is not authorized to make payments on any contract for which funds have not been certified as available in the budget or by supplemental appropriation.
7. **Payment; Invoice Format.** Invoices furnished by Contractor under this Agreement must be in a form acceptable to the Controller, and must include a unique invoice number and must conform to Appendix F. All amounts paid by City to Contractor shall be subject to audit by City. Payment shall be made by City to Contractor at the address specified in the section entitled "Notices to the Parties."
8. **Submitting False Claims; Monetary Penalties.** Pursuant to San Francisco Administrative Code §21.35, any contractor, subcontractor or consultant who submits a false claim shall be liable to the City for the statutory penalties set forth in that section. The text of Section 21.35, along with the entire San Francisco Administrative Code is available on the web at <http://www.municode.com/Library/clientCodePage.aspx?clientID=4201>. A contractor, subcontractor or consultant will be deemed to have submitted a false claim to the City if the contractor, subcontractor or consultant: (a) knowingly presents or causes to be presented to an officer or employee of the City a false claim or request for payment or approval; (b) knowingly makes, uses, or causes to be made or used a false record or statement to get a false claim paid or approved by the City; (c) conspires to defraud the City by getting a false claim allowed or paid by the City; (d) knowingly makes, uses, or causes to be made or used a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the City; or (e) is a beneficiary of an inadvertent submission of a false claim to the City, subsequently discovers the falsity of the claim, and fails to disclose the false claim to the City within a reasonable time after discovery of the false claim.
9. **Disallowance.** If Contractor claims or receives payment from City for a service, reimbursement for which is later disallowed by the State of California or United States Government, Contractor shall promptly refund the disallowed amount to City upon City's request. At its option, City may offset the amount disallowed from any payment due or to become due to Contractor under this Agreement or any other Agreement. By executing this Agreement, Contractor certifies that Contractor is not suspended, debarred or otherwise excluded from participation

in federal assistance programs. Contractor acknowledges that this certification of eligibility to receive federal funds is a material terms of the Agreement.

**10. Taxes.** Payment of any taxes, including possessory interest taxes and California sales and use taxes, levied upon or as a result of this Agreement, or the services delivered pursuant hereto, shall be the obligation of Contractor. Contractor recognizes and understands that this Agreement may create a "possessory interest" for property tax purposes. Generally, such a possessory interest is not created unless the Agreement entitles the Contractor to possession, occupancy, or use of City property for private gain. If such a possessory interest is created, then the following shall apply:

1) Contractor, on behalf of itself and any permitted successors and assigns, recognizes and understands that Contractor, and any permitted successors and assigns, may be subject to real property tax assessments on the possessory interest;

2) Contractor, on behalf of itself and any permitted successors and assigns, recognizes and understands that the creation, extension, renewal, or assignment of this Agreement may result in a "change in ownership" for purposes of real property taxes, and therefore may result in a revaluation of any possessory interest created by this Agreement. Contractor accordingly agrees on behalf of itself and its permitted successors and assigns to report on behalf of the City to the County Assessor the information required by Revenue and Taxation Code section 480.5, as amended from time to time, and any successor provision.

3) Contractor, on behalf of itself and any permitted successors and assigns, recognizes and understands that other events also may cause a change of ownership of the possessory interest and result in the revaluation of the possessory interest. (see, e.g., Rev. & Tax. Code section 64, as amended from time to time). Contractor accordingly agrees on behalf of itself and its permitted successors and assigns to report any change in ownership to the County Assessor, the State Board of Equalization or other public agency as required by law.

4) Contractor further agrees to provide such other information as may be requested by the City to enable the City to comply with any reporting requirements for possessory interests that are imposed by applicable law.

**11. Payment Does Not Imply Acceptance of Work.** The granting of any payment by City, or the receipt thereof by Contractor, shall in no way lessen the liability of Contractor to replace unsatisfactory work, equipment, or materials, although the unsatisfactory character of such work, equipment or materials may not have been apparent or detected at the time such payment was made. Materials, equipment, components, or workmanship that do not conform to the requirements of this Agreement may be rejected by City and in such case must be replaced by Contractor without delay.

**12. Qualified Personnel.** Work under this Agreement shall be performed only by competent personnel under the supervision of and in the employment of Contractor. Contractor will comply with City's reasonable requests regarding assignment of personnel, but all personnel, including those assigned at City's request, must be supervised by Contractor. Contractor shall commit adequate resources to complete the project within the project schedule specified in this Agreement.

**13. Responsibility for Equipment.** City shall not be responsible for any damage to persons or property as a result of the use, misuse or failure of any equipment used by Contractor, or by any of its employees, even though such equipment be furnished, rented or loaned to Contractor by City.

**14. Independent Contractor; Payment of Taxes and Other Expenses**

a. **Independent Contractor.** Contractor or any agent or employee of Contractor shall be deemed at all times to be an independent contractor and is wholly responsible for the manner in which it performs the services and work requested by City under this Agreement. Contractor or any agent or employee of Contractor shall not have employee status with City, nor be entitled to participate in any plans, arrangements, or distributions by City pertaining to or in connection with any retirement, health or other benefits that City may offer its employees.

Contractor or any agent or employee of Contractor is liable for the acts and omissions of itself, its employees and its agents. Contractor shall be responsible for all obligations and payments, whether imposed by federal, state or local law, including, but not limited to, FICA, income tax withholdings, unemployment compensation, insurance, and other similar responsibilities related to Contractor's performing services and work, or any agent or employee of Contractor providing same. Nothing in this Agreement shall be construed as creating an employment or agency relationship between City and Contractor or any agent or employee of Contractor. Any terms in this Agreement referring to direction from City shall be construed as providing for direction as to policy and the result of Contractor's work only, and not as to the means by which such a result is obtained. City does not retain the right to control the means or the method by which Contractor performs work under this Agreement.

b. **Payment of Taxes and Other Expenses.** Should City, in its discretion, or a relevant taxing authority such as the Internal Revenue Service or the State Employment Development Division, or both, determine that Contractor is an employee for purposes of collection of any employment taxes, the amounts payable under this Agreement shall be reduced by amounts equal to both the employee and employer portions of the tax due (and offsetting any credits for amounts already paid by Contractor which can be applied against this liability). City shall then forward those amounts to the relevant taxing authority. Should a relevant taxing authority determine a liability for past services performed by Contractor for City, upon notification of such fact by City, Contractor shall promptly remit such amount due or arrange with City to have the amount due withheld from future payments to Contractor under this Agreement (again, offsetting any amounts already paid by Contractor which can be applied as a credit against such liability). A determination of employment status pursuant to the preceding two paragraphs shall be solely for the purposes of the particular tax in question, and for all other purposes of this Agreement. Contractor shall not be considered an employee of City. Notwithstanding the foregoing, should any court, arbitrator, or administrative authority determine that Contractor is an employee for any other purpose, then Contractor agrees to a reduction in City's financial liability so that City's total expenses under this Agreement are not greater than they would have been had the court, arbitrator, or administrative authority determined that Contractor was not an employee.

## 15. Insurance

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

1) Workers' Compensation, in statutory amounts, with Employers' Liability Limits not less than \$1,000,000 each accident, injury, or illness; and

2) Commercial General Liability Insurance with limits not less than \$1,000,000 each occurrence Combined Single Limit for Bodily Injury and Property Damage, including Contractual Liability, Personal Injury, Products and Completed Operations; and

3) Commercial Automobile Liability Insurance with limits not less than \$1,000,000 each occurrence Combined Single Limit for Bodily Injury and Property Damage, including Owned, Non-Owned and Hired auto coverage, as applicable.

4) Professional liability insurance, applicable to Contractor's profession, with limits not less than \$1,000,000 each claim with respect to negligent acts, errors or omissions in connection with professional services to be provided under this Agreement.

5) Blanket Fidelity Bond ( Commercial Blanket Bond) : Limits in the amount of the Initial Payment provided for in the Agreement - \$ 850,000.

b. Commercial General Liability and Commercial Automobile Liability Insurance policies must be endorsed to provide:

1) Name as Additional Insured the City and County of San Francisco, its Officers, Agents, and Employees.

2) That such policies are primary insurance to any other insurance available to the Additional Insureds, with respect to any claims arising out of this Agreement, and that insurance applies separately to each insured against whom claim is made or suit is brought.

c. Regarding Workers' Compensation, Contractor hereby agrees to waive subrogation which any insurer of Contractor may acquire from Contractor by virtue of the payment of any loss. Contractor agrees to obtain any endorsement that may be necessary to effect this waiver of subrogation. The Workers' Compensation policy shall be endorsed with a waiver of subrogation in favor of the City for all work performed by the Contractor, its employees, agents and subcontractors.

d. All policies shall provide thirty days' advance written notice to the City of reduction or nonrenewal of coverages or cancellation of coverages for any reason. Notices shall be sent to the City address in the "Notices to the Parties" section:

e. Should any of the required insurance be provided under a claims-made form, Contractor shall maintain such coverage continuously throughout the term of this Agreement and, without lapse, for a period of three years beyond the expiration of this Agreement, to the effect that, should occurrences during the contract term give rise to claims made after expiration of the Agreement, such claims shall be covered by such claims-made policies.

f. Should any of the required insurance be provided under a form of coverage that includes a general annual aggregate limit or provides that claims investigation or legal defense costs be included in such general annual aggregate limit, such general annual aggregate limit shall be double the occurrence or claims limits specified above.

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

h. Before commencing any operations under this Agreement, Contractor shall furnish to City certificates of insurance and additional insured policy endorsements with insurers with ratings comparable to A-, VIII or higher, that are authorized to do business in the State of California, and that are satisfactory to City, in form evidencing all coverages set forth above. Failure to maintain insurance shall constitute a material breach of this Agreement.

i. Approval of the insurance by City shall not relieve or decrease the liability of Contractor hereunder.

## 16. Indemnification

Contractor shall indemnify and save harmless City and its officers, agents and employees from, and, if requested, shall defend them against any and all loss, cost, damage, injury, liability, and claims thereof for injury to or death of a person, including employees of Contractor or loss of or damage to property, arising directly or indirectly from Contractor's performance of this Agreement, including, but not limited to, Contractor's use of facilities or equipment provided by City or others, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this Agreement, and except where such loss, damage, injury, liability or claim is the result of the active negligence or willful misconduct of City and is not contributed to by any act of, or by any omission to perform some duty imposed by law or agreement on Contractor, its subcontractors or either's agent or employee. The foregoing indemnity shall include, without limitation, reasonable fees of attorneys, consultants and experts and related costs and City's costs of investigating any claims against the City. In addition to Contractor's obligation to indemnify City, Contractor specifically acknowledges and agrees that it has an immediate and independent obligation to defend City from any claim which actually or potentially falls within this indemnification provision, even if the allegations are or may be groundless, false or fraudulent, which obligation arises at the time such claim is tendered to Contractor by City and continues at all times thereafter. Contractor shall indemnify and hold City harmless from all loss and liability, including attorneys' fees, court costs and all other litigation expenses for any infringement of the patent rights, copyright, trade secret or any other proprietary right or trademark, and all other intellectual property claims of any

person or persons in consequence of the use by City, or any of its officers or agents, of articles or services to be supplied in the performance of this Agreement.

**17. Incidental and Consequential Damages.** Contractor shall be responsible for incidental and consequential damages resulting in whole or in part from Contractor's acts or omissions. Nothing in this Agreement shall constitute a waiver or limitation of any rights that City may have under applicable law.

**18. Liability of City.** CITY'S PAYMENT OBLIGATIONS UNDER THIS AGREEMENT SHALL BE LIMITED TO THE PAYMENT OF THE COMPENSATION PROVIDED FOR IN SECTION 5 OF THIS AGREEMENT. NOTWITHSTANDING ANY OTHER PROVISION OF THIS AGREEMENT, IN NO EVENT SHALL CITY BE LIABLE, REGARDLESS OF WHETHER ANY CLAIM IS BASED ON CONTRACT OR TORT, FOR ANY SPECIAL, CONSEQUENTIAL, INDIRECT OR INCIDENTAL DAMAGES, INCLUDING, BUT NOT LIMITED TO, LOST PROFITS, ARISING OUT OF OR IN CONNECTION WITH THIS AGREEMENT OR THE SERVICES PERFORMED IN CONNECTION WITH THIS AGREEMENT.

**19. Left blank by agreement of the parties. (Liquidated damages)**

**20. Default; Remedies.** Each of the following shall constitute an event of default ("Event of Default") under this Agreement:

(1) Contractor fails or refuses to perform or observe any term, covenant or condition contained in any of the following Sections of this Agreement:

- |   |                                       |
|---|---------------------------------------|
| 8. Submitting False Claims; Monetary Penalties.     | 37. Drug-free workplace policy,       |
| 10. Taxes   | 53. Compliance with laws              |
| 15. Insurance                                       | 55. Supervision of minors             |
| 24. Proprietary or confidential information of City | 57. Protection of private information |
| 30. Assignment                                      | 58. Graffiti removal                  |

And, item 1 of Appendix D attached to this Agreement

2) Contractor fails or refuses to perform or observe any other term, covenant or condition contained in this Agreement, and such default continues for a period of ten days after written notice thereof from City to Contractor.

3) Contractor (a) is generally not paying its debts as they become due, (b) files, or consents by answer or otherwise to the filing against it of, a petition for relief or reorganization or arrangement or any other petition in bankruptcy or for liquidation or to take advantage of any bankruptcy, insolvency or other debtors' relief law of any jurisdiction, (c) makes an assignment for the benefit of its creditors, (d) consents to the appointment of a custodian, receiver, trustee or other officer with similar powers of Contractor or of any substantial part of Contractor's property or (e) takes action for the purpose of any of the foregoing.

4) A court or government authority enters an order (a) appointing a custodian, receiver, trustee or other officer with similar powers with respect to Contractor or with respect to any substantial part of Contractor's property, (b) constituting an order for relief or approving a petition for relief or reorganization or arrangement or any other petition in bankruptcy or for liquidation or to take advantage of any bankruptcy, insolvency or other debtors' relief law of any jurisdiction or (c) ordering the dissolution, winding-up or liquidation of Contractor.

b. On and after any Event of Default, City shall have the right to exercise its legal and equitable remedies, including, without limitation, the right to terminate this Agreement or to seek specific performance of all or any part of this Agreement. In addition, City shall have the right (but no obligation) to cure (or cause to be cured) on behalf of Contractor any Event of Default; Contractor shall pay to City on demand all costs and expenses incurred by City in effecting such cure, with interest thereon from the date of incurrence at the maximum rate then permitted by law. City shall have the right to offset from any amounts due to Contractor under this Agreement or any other agreement between City and Contractor all damages, losses, costs or expenses incurred by City as a result of such Event of Default and any liquidated damages due from Contractor pursuant to the terms of this Agreement or any other agreement.

c. All remedies provided for in this Agreement may be exercised individually or in combination with any other remedy available hereunder or under applicable laws, rules and regulations. The exercise of any remedy shall not preclude or in any way be deemed to waive any other remedy.

## 21. Termination for Convenience

a. City shall have the option, in its sole discretion, to terminate this Agreement, at any time during the term hereof, for convenience and without cause. City shall exercise this option by giving Contractor written notice of termination. The notice shall specify the date on which termination shall become effective.

b. Upon receipt of the notice, Contractor shall commence and perform, with diligence, all actions necessary on the part of Contractor to effect the termination of this Agreement on the date specified by City and to minimize the liability of Contractor and City to third parties as a result of termination. All such actions shall be subject to the prior approval of City. Such actions shall include, without limitation:

- 1) Halting the performance of all services and other work under this Agreement on the date(s) and in the manner specified by City.
- 2) Not placing any further orders or subcontracts for materials, services, equipment or other items.
- 3) Terminating all existing orders and subcontracts.
- 4) At City's direction, assigning to City any or all of Contractor's right, title, and interest under the orders and subcontracts terminated. Upon such assignment, City shall have the right, in its sole discretion, to settle or pay any or all claims arising out of the termination of such orders and subcontracts.
- 5) Subject to City's approval, settling all outstanding liabilities and all claims arising out of the termination of orders and subcontracts.
- 6) Completing performance of any services or work that City designates to be completed prior to the date of termination specified by City.
- 7) Taking such action as may be necessary, or as the City may direct, for the protection and preservation of any property related to this Agreement which is in the possession of Contractor and in which City has or may acquire an interest.

c. Within 30 days after the specified termination date, Contractor shall submit to City an invoice, which shall set forth each of the following as a separate line item:

- 1) The reasonable cost to Contractor, without profit, for all services and other work City directed Contractor to perform prior to the specified termination date, for which services or work City has not already tendered payment. Reasonable costs may include a reasonable allowance for actual overhead, not to exceed a total of 10% of Contractor's direct costs for services or other work. Any overhead allowance shall be separately itemized. Contractor may also recover the reasonable cost of preparing the invoice.
- 2) A reasonable allowance for profit on the cost of the services and other work described in the immediately preceding subsection (1), provided that Contractor can establish, to the satisfaction of City, that Contractor would have made a profit had all services and other work under this Agreement been completed, and provided further, that the profit allowed shall in no event exceed 5% of such cost.
- 3) The reasonable cost to Contractor of handling material or equipment returned to the vendor, delivered to the City or otherwise disposed of as directed by the City.
- 4) A deduction for the cost of materials to be retained by Contractor, amounts realized from the sale of materials and not otherwise recovered by or credited to City, and any other appropriate credits to City against the cost of the services or other work.

d. In no event shall City be liable for costs incurred by Contractor or any of its subcontractors after the termination date specified by City, except for those costs specifically enumerated and described in the immediately preceding subsection (c). Such non-recoverable costs include, but are not limited to, anticipated profits on this Agreement, post-termination employee salaries, post-termination administrative expenses, post-termination overhead or unabsorbed overhead, attorneys' fees or other costs relating to the prosecution of a claim or lawsuit, prejudgment interest, or any other expense which is not reasonable or authorized under such subsection (c).

e. In arriving at the amount due to Contractor under this Section, City may deduct: (1) all payments previously made by City for work or other services covered by Contractor's final invoice; (2) any claim which City may have against Contractor in connection with this Agreement; (3) any invoiced costs or expenses excluded pursuant to the immediately preceding subsection (d); and (4) in instances in which, in the opinion of the City, the cost of any service or other work performed under this Agreement is excessively high due to costs incurred to remedy or replace defective or rejected services or other work, the difference between the invoiced amount and City's estimate of the reasonable cost of performing the invoiced services or other work in compliance with the requirements of this Agreement.

f. City's payment obligation under this Section shall survive termination of this Agreement.

**22. Rights and Duties upon Termination or Expiration.** This Section and the following Sections of this Agreement shall survive termination or expiration of this Agreement:

- |   |   |
|---|---|
| 8. Submitting false claims                                      | 26. Ownership of Results                                |
| 9. Disallowance   | 27. Works for Hire                                      |
| 10. Taxes   | 28. Audit and Inspection of Records                     |
| 11. Payment does not imply acceptance of work                   | 48. Modification of Agreement.                          |
| 13. Responsibility for equipment                                | 49. Administrative Remedy for Agreement Interpretation. |
| 14. Independent Contractor; Payment of Taxes and Other Expenses | 50. Agreement Made in California; Venue                 |
| 15. Insurance   | 51. Construction  |
| 16. Indemnification   | 52. Entire Agreement                                    |
| 17. Incidental and Consequential Damages                        | 56. Severability  |
| 18. Liability of City   | 57. Protection of private information                   |
| 24. Proprietary or confidential information of City             | And, item 1 of Appendix D attached to this Agreement.   |

Subject to the immediately preceding sentence, upon termination of this Agreement prior to expiration of the term specified in Section 2, this Agreement shall terminate and be of no further force or effect. Contractor shall transfer title to City, and deliver in the manner, at the times, and to the extent, if any, directed by City, any work in progress, completed work, supplies, equipment, and other materials produced as a part of, or acquired in connection with the performance of this Agreement, and any completed or partially completed work which, if this Agreement had been completed, would have been required to be furnished to City. This subsection shall survive termination of this Agreement.

**23. Conflict of Interest.** Through its execution of this Agreement, Contractor acknowledges that it is familiar with the provision of Section 15.103 of the City's Charter, Article III, Chapter 2 of City's Campaign and Governmental Conduct Code, and Section 87100 et seq. and Section 1090 et seq. of the Government Code of the State of California, and certifies that it does not know of any facts which constitutes a violation of said provisions and agrees that it will immediately notify the City if it becomes aware of any such fact during the term of this Agreement.

**24. Proprietary or Confidential Information of City**

a. Contractor understands and agrees that, in the performance of the work or services under this Agreement or in contemplation thereof, Contractor may have access to private or confidential information which



may be owned or controlled by City and that such information may contain proprietary or confidential details, the disclosure of which to third parties may be damaging to City. Contractor agrees that all information disclosed by City to Contractor shall be held in confidence and used only in performance of the Agreement. Contractor shall exercise the same standard of care to protect such information as a reasonably prudent contractor would use to protect its own proprietary data.

b. Contractor shall maintain the usual and customary records for persons receiving Services under this Agreement. Contractor agrees that all private or confidential information concerning persons receiving Services under this Agreement, whether disclosed by the City or by the individuals themselves, shall be held in the strictest confidence, shall be used only in performance of this Agreement, and shall be disclosed to third parties only as authorized by law. Contractor understands and agrees that this duty of care shall extend to confidential information contained or conveyed in any form, including but not limited to documents, files, patient or client records, facsimiles, recordings, telephone calls, telephone answering machines, voice mail or other telephone voice recording systems, computer files, e-mail or other computer network communications, and computer backup files, including disks and hard copies. The City reserves the right to terminate this Agreement for default if Contractor violates the terms of this section.

c. Contractor shall maintain its books and records in accordance with the generally accepted standards for such books and records for five years after the end of the fiscal year in which Services are furnished under this Agreement. Such access shall include making the books, documents and records available for inspection, examination or copying by the City, the California Department of Health Services or the U.S. Department of Health and Human Services and the Attorney General of the United States at all reasonable times at the Contractor's place of business or at such other mutually agreeable location in California. This provision shall also apply to any subcontract under this Agreement and to any contract between a subcontractor and related organizations of the subcontractor, and to their books, documents and records. The City acknowledges its duties and responsibilities regarding such records under such statutes and regulations.

d. The City owns all records of persons receiving Services and all fiscal records funded by this Agreement if Contractor goes out of business. Contractor shall immediately transfer possession of all these records if Contractor goes out of business. If this Agreement is terminated by either party, or expires, records shall be submitted to the City upon request.

e. All of the reports, information, and other materials prepared or assembled by Contractor under this Agreement shall be submitted to the Department of Public Health Contract Administrator and shall not be divulged by Contractor to any other person or entity without the prior written permission of the Contract Administrator listed in Appendix A.

**25. Notices to the Parties.** Unless otherwise indicated elsewhere in this Agreement, all written communications sent by the parties may be by U.S. mail, e-mail or by fax, and shall be addressed as follows:

To CITY:	Office of Contract Management and Compliance Department of Public Health 1380 Howard Street, Room 442 San Francisco, California 94103	FAX: (415) 252-3088 e-mail: Ada.ling@sfdph.org
And:	Hilda M. Jones, Program Manager Contract Development & Technical Assistance Department of Public Health 1380 Howard Street, 5/F San Francisco, California 94103	FAX: (415) 255-3567 e-mail: Hilda.jones@sfdph.org
To CONTRACTOR:	2275 Arlington Drive SAN FRANCISCO, CA 94578	FAX: (510)317-1426 e-mail: ken@senecacenter.org

Any notice of default must be sent by registered mail.

**26. Ownership of Results.** Any interest of Contractor or its Subcontractors, in drawings, plans, specifications, blueprints, studies, reports, memoranda, computation sheets, computer files and media or other documents prepared

by Contractor or its subcontractors in connection with services to be performed under this Agreement, shall become the property of and will be transmitted to City. However, Contractor may retain and use copies for reference and as documentation of its experience and capabilities.

**27. Works for Hire.** If, in connection with services performed under this Agreement, Contractor or its subcontractors create artwork, copy, posters, billboards, photographs, videotapes, audiotapes, systems designs, software, reports, diagrams, surveys, blueprints, source codes or any other original works of authorship, such works of authorship shall be works for hire as defined under Title 17 of the United States Code, and all copyrights in such works are the property of the City. If it is ever determined that any works created by Contractor or its subcontractors under this Agreement are not works for hire under U.S. law, Contractor hereby assigns all copyrights to such works to the City, and agrees to provide any material and execute any documents necessary to effectuate such assignment. With the approval of the City, Contractor may retain and use copies of such works for reference and as documentation of its experience and capabilities.

**28. Audit and Inspection of Records**

a. Contractor agrees to maintain and make available to the City, during regular business hours, accurate books and accounting records relating to its work under this Agreement. Contractor will permit City to audit, examine and make excerpts and transcripts from such books and records, and to make audits of all invoices, materials, payrolls, records or personnel and other data related to all other matters covered by this Agreement, whether funded in whole or in part under this Agreement. Contractor shall maintain such data and records in an accessible location and condition for a period of not less than five years after final payment under this Agreement or until after final audit has been resolved, whichever is later. The State of California or any federal agency having an interest in the subject matter of this Agreement shall have the same rights conferred upon City by this Section.

b. Contractor shall annually have its books of accounts audited by a Certified Public Accountant and a copy of said audit report and the associated management letter(s) shall be transmitted to the Director of Public Health or his /her designee within one hundred eighty (180) calendar days following Contractor's fiscal year end date. If Contractor expends \$500,000 or more in Federal funding per year, from any and all Federal awards, said audit shall be conducted in accordance with OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations. Said requirements can be found at the following website address: <http://www.whitehouse.gov/omb/circulars/a133/a133.html>. If Contractor expends less than \$500,000 a year in Federal awards, Contractor is exempt from the single audit requirements for that year, but records must be available for review or audit by appropriate officials of the Federal Agency, pass-through entity and General Accounting Office. Contractor agrees to reimburse the City any cost adjustments necessitated by this audit report. Any audit report which addresses all or part of the period covered by this Agreement shall treat the service components identified in the detailed descriptions attached to Appendix A and referred to in the Program Budgets of Appendix B as discrete program entities of the Contractor.

c. The Director of Public Health or his / her designee may approve of a waiver of the aforementioned audit requirement if the contractual Services are of a consulting or personal services nature, these Services are paid for through fee for service terms which limit the City's risk with such contracts, and it is determined that the work associated with the audit would produce undue burdens or costs and would provide minimal benefits. A written request for a waiver must be submitted to the DIRECTOR ninety (90) calendar days before the end of the Agreement term or Contractor's fiscal year, whichever comes first.

d. Any financial adjustments necessitated by this audit report shall be made by Contractor to the City. If Contractor is under contract to the City, the adjustment may be made in the next subsequent billing by Contractor to the City, or may be made by another written schedule determined solely by the City. In the event Contractor is not under contract to the City, written arrangements shall be made for audit adjustments.

**29. Subcontracting.** Contractor is prohibited from subcontracting this Agreement or any part of it unless such subcontracting is first approved by City in writing. Neither party shall, on the basis of this Agreement, contract on behalf of or in the name of the other party. An agreement made in violation of this provision shall confer no rights on any party and shall be null and void.

**30. Assignment.** The services to be performed by Contractor are personal in character and neither this Agreement nor any duties or obligations hereunder may be assigned or delegated by the Contractor unless first approved by City by written instrument executed and approved in the same manner as this Agreement.

**31. Non-Waiver of Rights.** The omission by either party at any time to enforce any default or right reserved to it, or to require performance of any of the terms, covenants, or provisions hereof by the other party at the time designated, shall not be a waiver of any such default or right to which the party is entitled, nor shall it in any way affect the right of the party to enforce such provisions thereafter.

**32. Earned Income Credit (EIC) Forms.** Administrative Code section 12O requires that employers provide their employees with IRS Form W-5 (The Earned Income Credit Advance Payment Certificate) and the IRS EIC Schedule, as set forth below. Employers can locate these forms at the IRS Office, on the Internet, or anywhere that Federal Tax Forms can be found. Contractor shall provide EIC Forms to each Eligible Employee at each of the following times: (i) within thirty days following the date on which this Agreement becomes effective (unless Contractor has already provided such EIC Forms at least once during the calendar year in which such effective date falls); (ii) promptly after any Eligible Employee is hired by Contractor; and (iii) annually between January 1 and January 31 of each calendar year during the term of this Agreement. Failure to comply with any requirement contained in subparagraph (a) of this Section shall constitute a material breach by Contractor of the terms of this Agreement. If, within thirty days after Contractor receives written notice of such a breach, Contractor fails to cure such breach or, if such breach cannot reasonably be cured within such period of thirty days, Contractor fails to commence efforts to cure within such period or thereafter fails to diligently pursue such cure to completion, the City may pursue any rights or remedies available under this Agreement or under applicable law. Any Subcontract entered into by Contractor shall require the subcontractor to comply, as to the subcontractor's Eligible Employees, with each of the terms of this section. Capitalized terms used in this Section and not defined in this Agreement shall have the meanings assigned to such terms in Section 12O of the San Francisco Administrative Code.

**33. Local Business Enterprise Utilization; Liquidated Damages**

**a. The LBE Ordinance.**

Contractor, shall comply with all the requirements of the Local Business Enterprise and Non-Discrimination in Contracting Ordinance set forth in Chapter 14B of the San Francisco Administrative Code as it now exists or as it may be amended in the future (collectively the "LBE Ordinance"), provided such amendments do not materially increase Contractor's obligations or liabilities, or materially diminish Contractor's rights, under this Agreement. Such provisions of the LBE Ordinance are incorporated by reference and made a part of this Agreement as though fully set forth in this section. Contractor's willful failure to comply with any applicable provisions of the LBE Ordinance is a material breach of Contractor's obligations under this Agreement and shall entitle City, subject to any applicable notice and cure provisions set forth in this Agreement, to exercise any of the remedies provided for under this Agreement, under the LBE Ordinance or otherwise available at law or in equity, which remedies shall be cumulative unless this Agreement expressly provides that any remedy is exclusive. In addition, Contractor shall comply fully with all other applicable local, state and federal laws prohibiting discrimination and requiring equal opportunity in contracting, including subcontracting.

**b. Compliance and Enforcement**

If Contractor willfully fails to comply with any of the provisions of the LBE Ordinance, the rules and regulations implementing the LBE Ordinance, or the provisions of this Agreement pertaining to LBE participation, Contractor shall be liable for liquidated damages in an amount equal to Contractor's net profit on this Agreement, or 10% of the total amount of this Agreement, or \$1,000, whichever is greatest. The Director of the City's Human Rights Commission or any other public official authorized to enforce the LBE Ordinance (separately and collectively, the "Director of HRC") may also impose other sanctions against Contractor authorized in the LBE Ordinance, including declaring the Contractor to be irresponsible and ineligible to contract with the City for a period of up to five years or revocation of the Contractor's LBE certification. The Director of HRC will determine the sanctions to be imposed, including the amount of liquidated damages, after investigation pursuant to Administrative Code §14B.17.

By entering into this Agreement, Contractor acknowledges and agrees that any liquidated damages assessed by the Director of the HRC shall be payable to City upon demand. Contractor further acknowledges and agrees that any liquidated damages assessed may be withheld from any monies due to Contractor on any contract with City.

Contractor agrees to maintain records necessary for monitoring its compliance with the LBE Ordinance for a period of three years following termination or expiration of this Agreement, and shall make such records available for audit and inspection by the Director of HRC or the Controller upon request.

#### 34. **Nondiscrimination; Penalties**

a. **Contractor Shall Not Discriminate.** In the performance of this Agreement, Contractor agrees not to discriminate against any employee, City and County employee working with such contractor or subcontractor, applicant for employment with such contractor or subcontractor, or against any person seeking accommodations, advantages, facilities, privileges, services, or membership in all business, social, or other establishments or organizations, on the basis of the fact or perception of a person's race, color, creed, religion, national origin, ancestry, age, height, weight, sex, sexual orientation, gender identity, domestic partner status, marital status, disability or Acquired Immune Deficiency Syndrome or HIV status (AIDS/HIV status), or association with members of such protected classes, or in retaliation for opposition to discrimination against such classes.

b. **Subcontracts.** Contractor shall incorporate by reference in all subcontracts the provisions of §§12B.2(a), 12B.2(c)-(k), and 12C.3 of the San Francisco Administrative Code (copies of which are available from Purchasing) and shall require all subcontractors to comply with such provisions. Contractor's failure to comply with the obligations in this subsection shall constitute a material breach of this Agreement.

c. **Nondiscrimination in Benefits.** Contractor does not as of the date of this Agreement and will not during the term of this Agreement, in any of its operations in San Francisco, on real property owned by San Francisco, or where work is being performed for the City elsewhere in the United States, discriminate in the provision of bereavement leave, family medical leave, health benefits, membership or membership discounts, moving expenses, pension and retirement benefits or travel benefits, as well as any benefits other than the benefits specified above, between employees with domestic partners and employees with spouses, and/or between the domestic partners and spouses of such employees, where the domestic partnership has been registered with a governmental entity pursuant to state or local law authorizing such registration, subject to the conditions set forth in §12B.2(b) of the San Francisco Administrative Code.

d. **Condition to Contract.** As a condition to this Agreement, Contractor shall execute the "Chapter 12B Declaration: Nondiscrimination in Contracts and Benefits" form (form HRC-12B-101) with supporting documentation and secure the approval of the form by the San Francisco Human Rights Commission.

e. **Incorporation of Administrative Code Provisions by Reference.** The provisions of Chapters 12B and 12C of the San Francisco Administrative Code are incorporated in this Section by reference and made a part of this Agreement as though fully set forth herein. Contractor shall comply fully with and be bound by all of the provisions that apply to this Agreement under such Chapters, including but not limited to the remedies provided in such Chapters. Without limiting the foregoing, Contractor understands that pursuant to §§12B.2(h) and 12C.3(g) of the San Francisco Administrative Code, a penalty of \$50 for each person for each calendar day during which such person was discriminated against in violation of the provisions of this Agreement may be assessed against Contractor and/or deducted from any payments due Contractor.

35. **MacBride Principles—Northern Ireland.** Pursuant to San Francisco Administrative Code §12F.5, the City and County of San Francisco urges companies doing business in Northern Ireland to move towards resolving employment inequities, and encourages such companies to abide by the MacBride Principles. The City and County of San Francisco urges San Francisco companies to do business with corporations that abide by the MacBride Principles. By signing below, the person executing this agreement on behalf of Contractor acknowledges and agrees that he or she has read and understood this section.

36. **Tropical Hardwood and Virgin Redwood Ban.** Pursuant to §804(b) of the San Francisco Environment Code, the City and County of San Francisco urges contractors not to import, purchase, obtain, or use for any purpose, any tropical hardwood, tropical hardwood wood product, virgin redwood or virgin redwood wood product.

37. **Drug-Free Workplace Policy.** Contractor acknowledges that pursuant to the Federal Drug-Free Workplace Act of 1989, the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance is prohibited on City premises. Contractor agrees that any violation of this prohibition by Contractor, its employees, agents or assigns will be deemed a material breach of this Agreement.

38. **Resource Conservation.** Chapter 5 of the San Francisco Environment Code ("Resource Conservation") is incorporated herein by reference. Failure by Contractor to comply with any of the applicable requirements of Chapter 5 will be deemed a material breach of contract.

39. **Compliance with Americans with Disabilities Act.** Contractor acknowledges that, pursuant to the Americans with Disabilities Act (ADA), programs, services and other activities provided by a public entity to the public, whether directly or through a contractor, must be accessible to the disabled public. Contractor shall provide the services specified in this Agreement in a manner that complies with the ADA and any and all other applicable federal, state and local disability rights legislation. Contractor agrees not to discriminate against disabled persons in the provision of services, benefits or activities provided under this Agreement and further agrees that any violation of this prohibition on the part of Contractor, its employees, agents or assigns will constitute a material breach of this Agreement.

40. **Sunshine Ordinance.** In accordance with San Francisco Administrative Code §67.24(e), contracts, contractors' bids, responses to solicitations and all other records of communications between City and persons or firms seeking contracts, shall be open to inspection immediately after a contract has been awarded. Nothing in this provision requires the disclosure of a private person or organization's net worth or other proprietary financial data submitted for qualification for a contract or other benefit until and unless that person or organization is awarded the contract or benefit. Information provided which is covered by this paragraph will be made available to the public upon request.

41. **Public Access to Meetings and Records.** If the Contractor receives a cumulative total per year of at least \$250,000 in City funds or City-administered funds and is a non-profit organization as defined in Chapter 12L of the San Francisco Administrative Code, Contractor shall comply with and be bound by all the applicable provisions of that Chapter. By executing this Agreement, the Contractor agrees to open its meetings and records to the public in the manner set forth in §§12L.4 and 12L.5 of the Administrative Code. Contractor further agrees to make-good faith efforts to promote community membership on its Board of Directors in the manner set forth in §12L.6 of the Administrative Code. The Contractor acknowledges that its material failure to comply with any of the provisions of this paragraph shall constitute a material breach of this Agreement. The Contractor further acknowledges that such material breach of the Agreement shall be grounds for the City to terminate and/or not renew the Agreement, partially or in its entirety.

42. **Limitations on Contributions.** Through execution of this Agreement, Contractor acknowledges that it is familiar with section 1.126 of the City's Campaign and Governmental Conduct Code, which prohibits any person who contracts with the City for the rendition of personal services, for the furnishing of any material, supplies or equipment, for the sale or lease of any land or building, or for a grant, loan or loan guarantee, from making any campaign contribution to (1) an individual holding a City elective office if the contract must be approved by the individual, a board on which that individual serves, or the board of a state agency on which an appointee of that individual serves, (2) a candidate for the office held by such individual, or (3) a committee controlled by such individual, at any time from the commencement of negotiations for the contract until the later of either the termination of negotiations for such contract or six months after the date the contract is approved. Contractor acknowledges that the foregoing restriction applies only if the contract or a combination or series of contracts approved by the same individual or board in a fiscal year have a total anticipated or actual value of \$50,000 or more. Contractor further acknowledges that the prohibition on contributions applies to each prospective party to the contract; each member of Contractor's board of directors; Contractor's chairperson, chief executive officer, chief financial officer and chief operating officer; any person with an ownership interest of more than 20 percent in Contractor; any subcontractor listed in the bid or contract; and any committee that is sponsored or controlled by Contractor. Additionally, Contractor acknowledges that Contractor must inform each of the persons described in the preceding sentence of the prohibitions contained in Section 1.126. Contractor further agrees to provide to City the names of each person, entity or committee described above.

#### 43. Requiring Minimum Compensation for Covered Employees

a. Contractor agrees to comply fully with and be bound by all of the provisions of the Minimum Compensation Ordinance (MCO), as set forth in San Francisco Administrative Code Chapter 12P (Chapter 12P), including the remedies provided, and implementing guidelines and rules. The provisions of Sections 12P.5 and 12P.5.1 of Chapter 12P are incorporated herein by reference and made a part of this Agreement as though fully set forth. The text of the MCO is available on the web at [www.sfgov.org/olse/mco](http://www.sfgov.org/olse/mco). A partial listing of some of Contractor's obligations under the MCO is set forth in this Section. Contractor is required to comply with all the provisions of the MCO, irrespective of the listing of obligations in this Section.

b. The MCO requires Contractor to pay Contractor's employees a minimum hourly gross compensation wage rate and to provide minimum compensated and uncompensated time off. The minimum wage rate may change from year to year and Contractor is obligated to keep informed of the then-current requirements. Any subcontract entered into by Contractor shall require the subcontractor to comply with the requirements of the MCO and shall contain contractual obligations substantially the same as those set forth in this Section. It is Contractor's obligation to ensure that any subcontractors of any tier under this Agreement comply with the requirements of the MCO. If any subcontractor under this Agreement fails to comply, City may pursue any of the remedies set forth in this Section against Contractor.

c. Contractor shall not take adverse action or otherwise discriminate against an employee or other person for the exercise or attempted exercise of rights under the MCO. Such actions, if taken within 90 days of the exercise or attempted exercise of such rights, will be rebuttably presumed to be retaliation prohibited by the MCO.

d. Contractor shall maintain employee and payroll records as required by the MCO. If Contractor fails to do so, it shall be presumed that the Contractor paid no more than the minimum wage required under State law.

e. The City is authorized to inspect Contractor's job sites and conduct interviews with employees and conduct audits of Contractor

f. Contractor's commitment to provide the Minimum Compensation is a material element of the City's consideration for this Agreement. The City in its sole discretion shall determine whether such a breach has occurred. The City and the public will suffer actual damage that will be impractical or extremely difficult to determine if the Contractor fails to comply with these requirements. Contractor agrees that the sums set forth in Section 12P.6.1 of the MCO as liquidated damages are not a penalty, but are reasonable estimates of the loss that the City and the public will incur for Contractor's noncompliance. The procedures governing the assessment of liquidated damages shall be those set forth in Section 12P.6.2 of Chapter 12P.

g. Contractor understands and agrees that if it fails to comply with the requirements of the MCO, the City shall have the right to pursue any rights or remedies available under Chapter 12P (including liquidated damages), under the terms of the contract, and under applicable law. If, within 30 days after receiving written notice of a breach of this Agreement for violating the MCO, Contractor fails to cure such breach or, if such breach cannot reasonably be cured within such period of 30 days, Contractor fails to commence efforts to cure within such period, or thereafter fails diligently to pursue such cure to completion, the City shall have the right to pursue any rights or remedies available under applicable law, including those set forth in Section 12P.6(c) of Chapter 12P. Each of these remedies shall be exercisable individually or in combination with any other rights or remedies available to the City.

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

i. If Contractor is exempt from the MCO when this Agreement is executed because the cumulative amount of agreements with this department for the fiscal year is less than \$25,000, but Contractor later enters into an agreement or agreements that cause contractor to exceed that amount in a fiscal year, Contractor shall thereafter be required to comply with the MCO under this Agreement. This obligation arises on the effective date of the agreement that causes the cumulative amount of agreements between the Contractor and this department to exceed \$25,000 in the fiscal year.

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

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

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

c. Contractor's failure to comply with the HCAO shall constitute a material breach of this agreement. City shall notify Contractor if such a breach has occurred. If, within 30 days after receiving City's written notice of a breach of this Agreement for violating the HCAO, Contractor fails to cure such breach or, if such breach cannot reasonably be cured within such period of 30 days, Contractor fails to commence efforts to cure within such period, or thereafter fails diligently to pursue such cure to completion, City shall have the right to pursue the remedies set forth in 12Q.5.1 and 12Q.5(f)(1-6). Each of these remedies shall be exercisable individually or in combination with any other rights or remedies available to City.

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

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

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

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

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

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

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

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

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

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

#### 45. First Source Hiring Program

a. **Incorporation of Administrative Code Provisions by Reference.** The provisions of Chapter 83 of the San Francisco Administrative Code are incorporated in this Section by reference and made a part of this Agreement as though fully set forth herein. Contractor shall comply fully with, and be bound by, all of the provisions that apply to this Agreement under such Chapter, including but not limited to the remedies provided therein. Capitalized terms used in this Section and not defined in this Agreement shall have the meanings assigned to such terms in Chapter 83.

b. **First Source Hiring Agreement.** As an essential term of, and consideration for, any contract or property contract with the City, not exempted by the FSHA, the Contractor shall enter into a first source hiring agreement ("agreement") with the City, on or before the effective date of the contract or property contract. Contractors shall also enter into an agreement with the City for any other work that it performs in the City. Such agreement shall:

1) Set appropriate hiring and retention goals for entry level positions. The employer shall agree to achieve these hiring and retention goals, or, if unable to achieve these goals, to establish good faith efforts as to its attempts to do so, as set forth in the agreement. The agreement shall take into consideration the employer's participation in existing job training, referral and/or brokerage programs. Within the discretion of the FSHA, subject to appropriate modifications, participation in such programs maybe certified as meeting the requirements of this Chapter. Failure either to achieve the specified goal, or to establish good faith efforts will constitute noncompliance and will subject the employer to the provisions of Section 83.10 of this Chapter.

2) Set first source interviewing, recruitment and hiring requirements, which will provide the San Francisco Workforce Development System with the first opportunity to provide qualified economically disadvantaged individuals for consideration for employment for entry level positions. Employers shall consider all applications of qualified economically disadvantaged individuals referred by the System for employment; provided however, if the employer utilizes nondiscriminatory screening criteria, the employer shall have the sole discretion to interview and/or hire individuals referred or certified by the San Francisco Workforce Development System as being qualified economically disadvantaged individuals. The duration of the first source interviewing requirement shall be determined by the FSHA and shall be set forth in each agreement, but shall not exceed 10 days. During that period, the employer may publicize the entry level positions in accordance with the agreement. A need for urgent or temporary hires must be evaluated, and appropriate provisions for such a situation must be made in the agreement.

3) Set appropriate requirements for providing notification of available entry level positions to the San Francisco Workforce Development System so that the System may train and refer an adequate pool of qualified economically disadvantaged individuals to participating employers. Notification should include such information as employment needs by occupational title, skills, and/or experience required, the hours required, wage scale and duration of employment, identification of entry level and training positions, identification of English language proficiency requirements, or absence thereof, and the projected schedule and procedures for hiring for each occupation. Employers should provide both long-term job need projections and notice before initiating the interviewing and hiring process. These notification requirements will take into consideration any need to protect the employer's proprietary information.

4) Set appropriate record keeping and monitoring requirements. The First Source Hiring Administration shall develop easy-to-use forms and record keeping requirements for documenting compliance with



the agreement. To the greatest extent possible, these requirements shall utilize the employer's existing record keeping systems, be nonduplicative, and facilitate a coordinated flow of information and referrals.

5) Establish guidelines for employer good faith efforts to comply with the first source hiring requirements of this Chapter. The FSHA will work with City departments to develop employer good faith effort requirements appropriate to the types of contracts and property contracts handled by each department. Employers shall appoint a liaison for dealing with the development and implementation of the employer's agreement. In the event that the FSHA finds that the employer under a City contract or property contract has taken actions primarily for the purpose of circumventing the requirements of this Chapter, that employer shall be subject to the sanctions set forth in Section 83.10 of this Chapter.

6) Set the term of the requirements.

7) Set appropriate enforcement and sanctioning standards consistent with this Chapter.

8) Set forth the City's obligations to develop training programs, job applicant referrals, technical assistance, and information systems that assist the employer in complying with this Chapter.

9) Require the developer to include notice of the requirements of this Chapter in leases, subleases, and other occupancy contracts.

c. **Hiring Decisions.** Contractor shall make the final determination of whether an Economically Disadvantaged Individual referred by the System is "qualified" for the position.

d. **Exceptions.** Upon application by Employer, the First Source Hiring Administration may grant an exception to any or all of the requirements of Chapter 83 in any situation where it concludes that compliance with this Chapter would cause economic hardship.

e. **Liquidated Damages.** Contractor agrees:

1) To be liable to the City for liquidated damages as provided in this section;

2) To be subject to the procedures governing enforcement of breaches of contracts based on violations of contract provisions required by this Chapter as set forth in this section;

3) That the contractor's commitment to comply with this Chapter is a material element of the City's consideration for this contract; that the failure of the contractor to comply with the contract provisions required by this Chapter will cause harm to the City and the public which is significant and substantial but extremely difficult to quantify; that the harm to the City includes not only the financial cost of funding public assistance programs but also the insidious but impossible to quantify harm that this community and its families suffer as a result of unemployment; and that the assessment of liquidated damages of up to \$5,000 for every notice of a new hire for an entry level position improperly withheld by the contractor from the first source hiring process, as determined by the FSHA during its first investigation of a contractor, does not exceed a fair estimate of the financial and other damages that the City suffers as a result of the contractor's failure to comply with its first source referral contractual obligations.

4) That the continued failure by a contractor to comply with its first source referral contractual obligations will cause further significant and substantial harm to the City and the public, and that a second assessment of liquidated damages of up to \$10,000 for each entry level position improperly withheld from the FSHA, from the time of the conclusion of the first investigation forward, does not exceed the financial and other damages that the City suffers as a result of the contractor's continued failure to comply with its first source referral contractual obligations;

5) That in addition to the cost of investigating alleged violations under this Section, the computation of liquidated damages for purposes of this section is based on the following data:

(a) The average length of stay on public assistance in San Francisco's County Adult Assistance Program is approximately 41 months at an average monthly grant of \$348 per month, totaling approximately \$14,379; and

(b) In 2004, the retention rate of adults placed in employment programs funded under the Workforce Investment Act for at least the first six months of employment was 84.4%. Since qualified individuals under the First Source program face far fewer barriers to employment than their counterparts in programs funded by the Workforce Investment Act, it is reasonable to conclude that the average length of employment for an individual whom the First Source Program refers to an employer and who is hired in an entry level position is at least one year.

Therefore, liquidated damages that total \$5,000 for first violations and \$10,000 for subsequent violations as determined by FSHA constitute a fair, reasonable, and conservative attempt to quantify the harm caused to the City by the failure of a contractor to comply with its first source referral contractual obligations.

6) That the failure of contractors to comply with this Chapter, except property contractors, may be subject to the debarment and monetary penalties set forth in Sections 6.80 et seq. of the San Francisco Administrative Code, as well as any other remedies available under the contract or at law; and

Violation of the requirements of Chapter 83 is subject to an assessment of liquidated damages in the amount of \$5,000 for every new hire for an Entry Level Position improperly withheld from the first source hiring process. The assessment of liquidated damages and the evaluation of any defenses or mitigating factors shall be made by the FSHA.

f. **Subcontracts.** Any subcontract entered into by Contractor shall require the subcontractor to comply with the requirements of Chapter 83 and shall contain contractual obligations substantially the same as those set forth in this Section.

**46. Prohibition on Political Activity with City Funds.** In accordance with San Francisco Administrative Code Chapter 12.G, Contractor may not participate in, support, or attempt to influence any political campaign for a candidate or for a ballot measure (collectively, "Political Activity") in the performance of the services provided under this Agreement. Contractor agrees to comply with San Francisco Administrative Code Chapter 12.G and any implementing rules and regulations promulgated by the City's Controller. The terms and provisions of Chapter 12.G are incorporated herein by this reference. In the event Contractor violates the provisions of this section, the City may, in addition to any other rights or remedies available hereunder, (i) terminate this Agreement, and (ii) prohibit Contractor from bidding on or receiving any new City contract for a period of two (2) years. The Controller will not consider Contractor's use of profit as a violation of this section.

**47. Preservative-treated Wood Containing Arsenic.** Contractor may not purchase preservative-treated wood products containing arsenic in the performance of this Agreement unless an exemption from the requirements of Chapter 13 of the San Francisco Environment Code is obtained from the Department of the Environment under Section 1304 of the Code. The term "preservative-treated wood containing arsenic" shall mean wood treated with a preservative that contains arsenic, elemental arsenic, or an arsenic copper combination, including, but not limited to, chromated copper arsenate preservative, ammoniacal copper zinc arsenate preservative, or ammoniacal copper arsenate preservative. Contractor may purchase preservative-treated wood products on the list of environmentally preferable alternatives prepared and adopted by the Department of the Environment. This provision does not preclude Contractor from purchasing preservative-treated wood containing arsenic for saltwater immersion. The term "saltwater immersion" shall mean a pressure-treated wood that is used for construction purposes or facilities that are partially or totally immersed in saltwater.

**48. Modification of Agreement.** This Agreement may not be modified, nor may compliance with any of its terms be waived, except by written instrument executed and approved in the same manner as this Agreement.

**49. Administrative Remedy for Agreement Interpretation – DELETED by mutual agreement of the parties.**

**50. Agreement Made in California; Venue.** The formation, interpretation and performance of this Agreement shall be governed by the laws of the State of California. Venue for all litigation relative to the formation, interpretation and performance of this Agreement shall be in San Francisco.

**51. Construction.** All paragraph captions are for reference only and shall not be considered in construing this Agreement.

**52. Entire Agreement.** This contract sets forth the entire Agreement between the parties, and supersedes all other oral or written provisions. This contract may be modified only as provided in Section 48, "Modification of Agreement."

**53. Compliance with Laws.** Contractor shall keep itself fully informed of the City's Charter, codes, ordinances and regulations of the City and of all state, and federal laws in any manner affecting the performance of this Agreement, and must at all times comply with such local codes, ordinances, and regulations and all applicable laws as they may be amended from time to time.

**54. Services Provided by Attorneys.** Any services to be provided by a law firm or attorney must be reviewed and approved in writing in advance by the City Attorney. No invoices for services provided by law firms or attorneys, including, without limitation, as subcontractors of Contractor, will be paid unless the provider received advance written approval from the City Attorney.

**55. Supervision of Minors.** Contractor, and any subcontractors, shall comply with California Penal Code section 11105.3 and request from the Department of Justice records of all convictions or any arrest pending adjudication involving the offenses specified in Welfare and Institution Code section 15660(a) of any person who applies for employment or volunteer position with Contractor, or any subcontractor, in which he or she would have supervisory or disciplinary power over a minor under his or her care. If Contractor, or any subcontractor, is providing services at a City park, playground, recreational center or beach (separately and collectively, "Recreational Site"), Contractor shall not hire, and shall prevent its subcontractors from hiring, any person for employment or volunteer position to provide those services if that person has been convicted of any offense that was listed in former Penal Code section 11105.3 (h)(1) or 11105.3(h)(3). If Contractor, or any of its subcontractors, hires an employee or volunteer to provide services to minors at any location other than a Recreational Site, and that employee or volunteer has been convicted of an offense specified in Penal Code section 11105.3(c), then Contractor shall comply, and cause its subcontractors to comply with that section and provide written notice to the parents or guardians of any minor who will be supervised or disciplined by the employee or volunteer not less than ten (10) days prior to the day the employee or volunteer begins his or her duties or tasks. Contractor shall provide, or cause its subcontractors to provide City with a copy of any such notice at the same time that it provides notice to any parent or guardian. Contractor shall expressly require any of its subcontractors with supervisory or disciplinary power over a minor to comply with this section of the Agreement as a condition of its contract with the subcontractor. Contractor acknowledges and agrees that failure by Contractor or any of its subcontractors to comply with any provision of this section of the Agreement shall constitute an Event of Default. Contractor further acknowledges and agrees that such Event of Default shall be grounds for the City to terminate the Agreement, partially or in its entirety, to recover from Contractor any amounts paid under this Agreement, and to withhold any future payments to Contractor. The remedies provided in this Section shall not limited any other remedy available to the City hereunder, or in equity or law for an Event of Default, and each remedy may be exercised individually or in combination with any other available remedy. The exercise of any remedy shall not preclude or in any way be deemed to waive any other remedy.

**56. Severability.** Should the application of any provision of this Agreement to any particular facts or circumstances be found by a court of competent jurisdiction to be invalid or unenforceable, then (a) the validity of other provisions of this Agreement shall not be affected or impaired thereby, and (b) such provision shall be enforced to the maximum extent possible so as to effect the intent of the parties and shall be reformed without further action by the parties to the extent necessary to make such provision valid and enforceable.

**57. Protection of Private Information.** Contractor has read and agrees to the terms set forth in San Francisco Administrative Code Sections 12M.2, "Nondisclosure of Private Information," and 12M.3, "Enforcement" of Administrative Code Chapter 12M, "Protection of Private Information," which are incorporated herein as if fully set forth. Contractor agrees that any failure of Contractor to comply with the requirements of Section 12M.2 of this Chapter shall be a material breach of the Contract. In such an event, in addition to any other remedies available to it

under equity or law, the City may terminate the Contract, bring a false claim action against the Contractor pursuant to Chapter 6 or Chapter 21 of the Administrative Code, or debar the Contractor.

**58. Graffiti Removal.** Graffiti is detrimental to the health, safety and welfare of the community in that it promotes a perception in the community that the laws protecting public and private property can be disregarded with impunity. This perception fosters a sense of disrespect of the law that results in an increase in crime; degrades the community and leads to urban blight; is detrimental to property values, business opportunities and the enjoyment of life; is inconsistent with the City's property maintenance goals and aesthetic standards; and results in additional graffiti and in other properties becoming the target of graffiti unless it is quickly removed from public and private property. Graffiti results in visual pollution and is a public nuisance. Graffiti must be abated as quickly as possible to avoid detrimental impacts on the City and County and its residents, and to prevent the further spread of graffiti. Contractor shall remove all graffiti from any real property owned or leased by Contractor in the City and County of San Francisco within forty eight (48) hours of the earlier of Contractor's (a) discovery or notification of the graffiti or (b) receipt of notification of the graffiti from the Department of Public Works. This section is not intended to require a Contractor to breach any lease or other agreement that it may have concerning its use of the real property. The term "graffiti" means any inscription, word, figure, marking or design that is affixed, marked, etched, scratched, drawn or painted on any building, structure, fixture or other improvement, whether permanent or temporary, including by way of example only and without limitation, signs, banners, billboards and fencing surrounding construction sites, whether public or private, without the consent of the owner of the property or the owner's authorized agent, and which is visible from the public right-of-way. "Graffiti" shall not include: (1) any sign or banner that is authorized by, and in compliance with, the applicable requirements of the San Francisco Public Works Code, the San Francisco Planning Code or the San Francisco Building Code; or (2) any mural or other painting or marking on the property that is protected as a work of fine art under the California Art Preservation Act (California Civil Code Sections 987 et seq.) or as a work of visual art under the Federal Visual Artists Rights Act of 1990 (17 U.S.C. §§ 101 et seq.).

Any failure of Contractor to comply with this section of this Agreement shall constitute an Event of Default of this Agreement.

**59. Food Service Waste Reduction Requirements.** Effective June 1, 2007 Contractor agrees to comply fully with and be bound by all of the provisions of the Food Service Waste Reduction Ordinance, as set forth in San Francisco Environment Code Chapter 16, including the remedies provided, and implementing guidelines and rules. The provisions of Chapter 16 are incorporated herein by reference and made a part of this Agreement as though fully set forth. This provision is a material term of this Agreement. By entering into this Agreement, Contractor agrees that if it breaches this provision, City will suffer actual damages that will be impractical or extremely difficult to determine; further, Contractor agrees that the sum of one hundred dollars (\$100) liquidated damages for the first breach, two hundred dollars (\$200) liquidated damages for the second breach in the same year, and five hundred dollars (\$500) liquidated damages for subsequent breaches in the same year is reasonable estimate of the damage that City will incur based on the violation, established in light of the circumstances existing at the time this Agreement was made. Such amount shall not be considered a penalty, but rather agreed monetary damages sustained by City because of Contractor's failure to comply with this provision.

**60. Left blank by agreement of the parties. (Slavery era disclosure)**

**61. Cooperative Drafting.** This Agreement has been drafted through a cooperative effort of both parties, and both parties have had an opportunity to have the Agreement reviewed and revised by legal counsel. No party shall be considered the drafter of this Agreement, and no presumption or rule that an ambiguity shall be construed against the party drafting the clause shall apply to the interpretation or enforcement of this Agreement.

**62. Dispute Resolution Procedure.** A Dispute Resolution Procedure is attached under the Appendix G to address issues that have not been resolved administratively by other departmental remedies.

**63. Additional Terms.** Additional Terms are attached hereto as Appendix D and are incorporated into this Agreement by reference as though fully set forth herein.

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

CITY

CONTRACTOR

Recommended by:

Seneca Center

9/15/10  
Date

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

Approved as to Form:

DENNIS J. HERRERA  
City Attorney

10/4/10  
Date

By: TERENCE HOWZELL  
Deputy City Attorney

9/13/10  
Date

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

Approved:

City vendor number: 24631

11/4/10  
Date

NAOMI KELLY  
Director Office of Contract  
Administration and Purchaser

Appendices

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

RECEIVED  
OCT 15 1961  
10 OCT 15 PM 3:31

## Appendix A

### COMMUNITY BEHAVIORAL HEALTH SERVICES

The following requirements are incorporated into Appendix A, as provided in this Agreement under Section 4. SERVICES.

A. Contract Administrator:

In performing the SERVICES hereunder, CONTRACTOR shall report to Stephen Banuelos, Contract Administrator for the CITY, or her designee.

B. Reports:

(1) CONTRACTOR shall submit written reports as requested by the CITY. The format for the content of such reports shall be determined by the CITY. The timely submission of all reports is a necessary and material term and condition of this Agreement. All reports, including any copies, shall be submitted on recycled paper and printed on double-sided pages to the maximum extent possible.

(2) CONTRACTOR agrees to submit to the Director of Public Health or his designated agent (hereinafter referred to as "DIRECTOR") the following reports: Annual County Plan Data; Utilization Review Data and Quarterly Reports of De-certifications; Peer Review Plan, Quarterly Reports, and relevant Peer Review data; Medication Monitoring Plan and relevant Medication Monitoring data; Charting Requirements, Client Satisfaction Data, Program Outcome Data, and Data necessary for producing bills and/or claims in conformance with the State of California Uniform Method for Determining Ability to Pay (UMDAP; the state's sliding fee scale) procedures.

C. Evaluation:

CONTRACTOR shall participate as requested with the CITY, State and/or Federal government in evaluative studies designed to show the effectiveness of CONTRACTOR'S SERVICES. CONTRACTOR agrees to meet the requirements of and participate in the evaluation program and management information systems of the CITY. The CITY agrees that any final written reports generated through the evaluation program shall be made available to CONTRACTOR within thirty (30) working days. CONTRACTOR may submit a written response within thirty working days of receipt of any evaluation report and such response will become part of the official report.

D. Possession of Licenses/Permits:

CONTRACTOR warrants the possession of all licenses and/or permits required by the laws and regulations of the United States, the State of California, and the CITY to provide the SERVICES. Failure to maintain these licenses and permits shall constitute a material breach of this Agreement.

Space owned, leased or operated by providers, including satellites, and used for SERVICES or staff shall meet local fire codes. Documentation of fire safety inspections and corrections of any deficiencies shall be made available to reviewers upon request.

E. Adequate Resources:

CONTRACTOR agrees that it has secured or shall secure at its own expense all persons, employees and equipment required to perform the SERVICES required under this Agreement, and that all such SERVICES shall be performed by CONTRACTOR, or under CONTRACTOR'S supervision, by persons authorized by law to perform such SERVICES.

F. Admission Policy:

Admission policies for the SERVICES shall be in writing and available to the public. Such policies must include a provision that clients are accepted for care without discrimination on the basis of race, color, creed, religion, sex, age, national origin, ancestry, sexual orientation, gender identification, disability, or AIDS/HIV status, except to the extent that the SERVICES are to be rendered to a specific population as described in Appendix A. CONTRACTOR shall adhere to Title XIX of the Social Security Act and shall conform to all applicable Federal and

State statutes and regulations. CONTRACTOR shall ensure that all clients will receive the same level of care regardless of client status or source of reimbursement when SERVICES are to be rendered.

G. San Francisco Residents Only:

Only San Francisco residents shall be treated under the terms of this Agreement. Exceptions must have the written approval of the Contract Administrator.

H. Grievance Procedure:

CONTRACTOR agrees to establish and maintain a written Client Grievance Procedure which shall include the following elements as well as others that may be appropriate to the SERVICES: (1) the name or title of the person or persons authorized to make a determination regarding the grievance; (2) the opportunity for the aggrieved party to discuss the grievance with those who will be making the determination; and (3) the right of a client dissatisfied with the decision to ask for a review and recommendation from the community advisory board or planning council that has purview over the aggrieved service. CONTRACTOR shall provide a copy of this procedure, and any amendments thereto, to each client and to the Director of Public Health or his/her designated agent (hereinafter referred to as "DIRECTOR"). Those clients who do not receive direct SERVICES will be provided a copy of this procedure upon request.

I. Infection Control, Health and Safety:

(1) CONTRACTOR must have a Bloodborne Pathogen (BBP) Exposure Control plan as defined in the California Code of Regulations, Title 8, §5193, Bloodborne Pathogens (<http://www.dir.ca.gov/title8/5193.html>), and demonstrate compliance with all requirements including, but not limited to, exposure determination, training, immunization, use of personal protective equipment and safe needle devices, maintenance of a sharps injury log, post-exposure medical evaluations, and record keeping.

(2) CONTRACTOR must demonstrate personnel policies/procedures for protection of staff and clients from other communicable diseases prevalent in the population served. Such policies and procedures shall include, but not be limited to, work practices, personal protective equipment, staff/client Tuberculosis (TB) surveillance, training, etc.

(3) CONTRACTOR must demonstrate personnel policies/procedures for Tuberculosis (TB) exposure control consistent with the Centers for Disease Control and Prevention (CDC) recommendations for health care facilities and based on the Francis J. Curry National Tuberculosis Center: Template for Clinic Settings, as appropriate.

(4) CONTRACTOR is responsible for site conditions, equipment, health and safety of their employees, and all other persons who work or visit the job site.

(5) CONTRACTOR shall assume liability for any and all work-related injuries/illnesses including infectious exposures such as BBP and TB and demonstrate appropriate policies and procedures for reporting such events and providing appropriate post-exposure medical management as required by State workers' compensation laws and regulations.

(6) CONTRACTOR shall comply with all applicable Cal-OSHA standards including maintenance of the OSHA 300 Log of Work-Related Injuries and Illnesses.

(7) CONTRACTOR assumes responsibility for procuring all medical equipment and supplies for use by their staff, including safe needle devices, and provides and documents all appropriate training.

(8) CONTRACTOR shall demonstrate compliance with all state and local regulations with regard to handling and disposing of medical waste.

J. Acknowledgment of Funding:

CONTRACTOR agrees to acknowledge the San Francisco Department of Public Health in any printed material or public announcement describing the San Francisco Department of Public Health-funded SERVICES. Such documents or announcements shall contain a credit substantially as follows: "This program/service/activity/research project was funded through the Department of Public Health, CITY and County of San Francisco."



K. Client Fees and Third Party Revenue:

(1) Fees required by federal, state or CITY laws or regulations to be billed to the client, client's family, or insurance company, shall be determined in accordance with the client's ability to pay and in conformance with all applicable laws. Such fees shall approximate actual cost. No additional fees may be charged to the client or the client's family for the SERVICES. Inability to pay shall not be the basis for denial of any SERVICES provided under this Agreement.

(2) CONTRACTOR agrees that revenues or fees received by CONTRACTOR related to SERVICES performed and materials developed or distributed with funding under this Agreement shall be used to increase the gross program funding such that a greater number of persons may receive SERVICES. Accordingly, these revenues and fees shall not be deducted by CONTRACTOR from its billing to the CITY.

(3) CONTRACTOR agrees that funds received by CONTRACTOR from a source other than the CITY to defray any portion of the reimbursable costs allowable under this Agreement shall be reported to the CITY and deducted by CONTRACTOR from its billings to the CITY to ensure that no portion of the CITY'S reimbursement to CONTRACTOR is duplicated.

L. Billing and Information System

CONTRACTOR agrees to participate in the CITY'S Community Mental Health Services (CMHS) and Community Substance Abuse Services (CSAS) Billing and Information System (BIS) and to follow data reporting procedures set forth by the CMHS/CSAS BIS and Quality Improvement Units.

M. Patients Rights:

All applicable Patients Rights laws and procedures shall be implemented.

N. Under-Utilization Reports:

For any quarter that CONTRACTOR maintains less than ninety percent (90%) of the total agreed upon units of service for any mode of service hereunder, CONTRACTOR shall immediately notify the Contract Administrator in writing and shall specify the number of underutilized units of service.

O. Quality Improvement:

CONTRACTOR agrees to develop and implement a Quality Improvement Plan based on internal standards established by CONTRACTOR applicable to the SERVICES as follows:

- (1) Staff evaluations completed on an annual basis.
- (2) Personnel policies and procedures in place, reviewed and updated annually.
- (3) Board Review of Quality Improvement Plan.

P. Compliance with Community Mental Health Services and Community Substance Abuse Services Policies and Procedures

In the provision of SERVICES under Community Mental Health Services or Community Substance Abuse Services contracts, CONTRACTOR shall follow all applicable policies and procedures established for contractors by Community Mental Health Services or Community Substance Abuse Services, as applicable, and shall keep itself duly informed of such policies. Lack of knowledge of such policies and procedures shall not be an allowable reason for noncompliance.

Q. Working Trial Balance with Year-End Cost Report

If CONTRACTOR is a Non-Hospital Provider as defined in the State of California Department of Mental Health Cost Reporting Data Collection Manual, it agrees to submit a working trial balance with the year-end cost report.

R. Harm Reduction

The program has a written internal Harm Reduction Policy that includes the guiding principles per Resolution # 10-00 810611 of the San Francisco Department of Public Health Commission.

## 2. Description of Services

Detailed description of services are listed below and are attached hereto

- Appendix A-1 Adolescent Community Treatment Facility, San Francisco (CTF)
- Appendix A-2 Adolescent Therapeutic Behavioral Services (TBS)
- Appendix A-3 Adolescent Community Treatment Facility (CTF)
- Appendix A-4 Multi-Dimensional Treatment Foster Care (MTFC)
- Appendix A-5 Short Term Connections - Intensive Support Intensive Stabilization Services
- Appendix A-6 Long Term Connections - Wraparound Services
- Appendix A-7 Long Term Connections - Wraparound Probation
- Appendix A-8 Intensive Day Treatment - San Leandro/S. Francisco
- Appendix A-9 Oak Grove Intensive Day Treatment – San Francisco
- Appendix A-10 Parent Training Institute
- Appendix A-11 Multi-Systemic Therapeutic Services (MST)
- Appendix A-12 MHSA & PEI



### SUMMARY

<b>Program Name:</b> <b>System of Care:</b> <b>Amount Year:</b> <b>Term:</b> <b>Definition and # of UOS:</b>	Multi-Dimensional Treatment Foster Care (MTFC) <b>Appendix A-4</b> CBHS <b>\$170,988</b> <span style="float: right;"><b>Funding Source:</b> General Fund</span> 7.1.10 – 6.30.11 Unit of Service is a minute except flexible support is actual funds Case Management <span style="float: right;">10,153</span> Individual Rehab <span style="float: right;">51,520</span> Medication Support Services <span style="float: right;">328</span> Crisis Intervention <span style="float: right;">407</span> Flexible Support Services <span style="float: right;">10</span> 10 <span style="float: right;"><b>Total UOS</b> 62,418</span>
<b>Number of UDC/NOC:</b> <b>Target Population:</b>  <b>Description of Service:</b>	10 Children and adolescents through age 18 referred by SF.CBHS, SF Human Services Agency (HSA) or SF. Probation who are likely to benefit from an intensive foster care placement, with relative family placement the planned outcome. Foster Care placement for San Francisco youth who are at risk of placement in a locked Community Treatment Facility (CTF) or residential treatment program.
<b>Program Name:</b>  <b>System of Care:</b> <b>Amount Year:</b> <b>Term:</b> <b>Definition and # of UOS:</b>	Short Term Connections - Intensive Support- <b>Appendix A-5</b> Intensive Stabilization Services CBHS <b>\$201,124</b> <span style="float: right;"><b>Funding Source:</b> General Fund</span> 7.1.10 – 6.30.11 Unit of Service is a minute Mental Health Services <span style="float: right;">58,206</span> Case management <span style="float: right;">11,083</span> Flexible Support Services <span style="float: right;">62</span> Crisis Intervention Services <span style="float: right;">2,263</span> Medication Education <span style="float: right;">813</span> 60 <span style="float: right;"><b>Total UOS</b> 72,427</span>
 <b>Number of UDC/NOC:</b> <b>Target Population:</b>  <b>Description of Service:</b>	 Children and adolescents through age 18 referred by SF Human Services Agency (HSA) who are at risk of losing a high level placement or who are without placement and are at risk of psychiatric hospitalization or in need of intensive 1:1 staffing to enable them to remain in the community Short term stabilization for San Francisco Court Dependents who are assessed by Child Crisis to be at risk of losing a high level placement.
<b>Program Name:</b> <b>System of Care:</b> <b>Amount Year:</b> <b>Term:</b> <b>Definition and # of UOS:</b>	Long Term Connections – Wraparound Services <b>Appendix A-6</b> CBHS <b>\$5,083,986</b> <span style="float: right;"><b>Funding Source:</b> General Fund</span> 7.1.10 – 6.30.11 Unit of Service is a minute except for flexible support – actual costs Case Management <span style="float: right;">286,174</span> Individual Rehabilitation <span style="float: right;">1,366,803</span> Medication Support <span style="float: right;">18,463</span> Crisis Intervention <span style="float: right;">57,352</span> Flexible Support Services <span style="float: right;">3,485</span> 120 <span style="float: right;"><b>Total UOS</b> 1,731,557</span>
 <b>Number of UDC/NOC:</b> <b>Target Population:</b>	 Children and adolescents through age 18 referred by SF.CBHS, SF Human Services

### SUMMARY

Description of Service:	Agency (HSA) or SF. Probation who are in or at risk of placement in Community Treatment Facility (CTF) or Rate Classification Level (RCL) 10-14 group home. Provide the most family like living environment possible for San Francisco youth who are placed in or at risk of placement in a locked CTF, RCL 10-14 group home, or residential treatment program.
<b>Program Name:</b> <b>System of Care:</b> <b>Amount Year:</b> <b>Term:</b> <b>Definition and # of UOS:</b>	Long Term Connections - Wraparound Probation <b>Appendix A-7</b> CBHS <b>\$388,400</b> <b>Funding Source: General Fund</b> 7.1.10 – 6.30.11 Unit of Service is a minute Case Management 24,276 Individual Rehabilitation 115,940 Medication Support Services 1566 Crisis Intervention 4867 <b>120</b> <b>Total UOS 146,649</b>
<b>Number of UDC/NOC:</b> <b>Target Population:</b> <b>Description of Service:</b>	Children and adolescents through age 18 referred by SF.CBHS, SF Human Services Agency (HSA) or SF. Probation who are in or at risk of placement in Community Treatment Facility (CTF) or Rate Classification Level (RCL) 10-14 group home. Provide the most family like living environment possible for San Francisco youth who are placed in or at risk of placement in a locked CTF, RCL 10-14 group home, or residential treatment program.
<b>Program Name:</b> <b>System of Care:</b> <b>Amount Year:</b> <b>Term:</b> <b>Definition and # of UOS:</b>	Intensive Day Treatment – San Leandro/S. Francisco <b>Appendix A-8</b> CBHS <b>\$ 95,389</b> <b>Funding Source: General Fund</b> 7.1.10 – 6.30.11 Unit of Service is a full Day Day Treatment Services 537 <b>5</b> <b>Total UOS 537</b>
<b>Number of UDC/NOC:</b> <b>Target Population:</b> <b>Description of Service:</b>	Children and adolescents through age 18 referred by SF.CBHS. Provide Day Treatment Services for clients not enrolled in the CTF Program
<b>Program Name:</b> <b>System of Care:</b> <b>Amount Year:</b> <b>Term:</b> <b>Definition and # of UOS:</b>	Oak Grove Intensive Day Treatment – San Francisco <b>Appendix A-9</b> CBHS <b>\$14,613</b> <b>Funding Source: General Fund</b> 7.1.10 – 6.30.11 Unit of Service is a full Day Day Treatment Services 68 <b>1</b> <b>Total UOS 68</b>
<b>Number of UDC/NOC:</b> <b>Target Population:</b> <b>Description of Service:</b>	Children and Adolescents through age 18 referred by SF. CBHS. Provide Day Treatment Services clients not enrolled in Residential Programs.
<b>Program Name:</b> <b>System of Care:</b> <b>Amount Year:</b> <b>Term:</b>	Parenting Training Institute <b>Appendix A-10</b> CBHS <b>\$110,000</b> <b>Funding Source: General Fund</b> 7.1.10 – 6.30.11

### SUMMARY

<b>Definition and # of UOS:</b>  <b>Number of UDC/NOC:</b> <b>Target Population:</b>  <b>Description of Service:</b>	Unit of Services is actual cost Varies <span style="float: right;">1</span> <b>Total UOS</b> <span style="float: right;">1</span> Caregivers of young children with emotional or behavioral problems or who are at risk of developing such problems due to socio-economic and other risk factors. Provides evidence-based parenting interventions to caregivers
<b>Program Name:</b> <b>System of Care:</b> <b>Amount Year:</b> <b>Term:</b> <b>Definition and # of UOS:</b>  <b>Number of UDC/NOC:</b> <b>Target Population:</b> <b>Description of Service:</b>	Multi-Systemic Therapeutic Services (MST) <span style="float: right;"><b>Appendix A-11</b></span> CBHS <b>351,450</b> <span style="float: right;"><b>Funding Source:</b> General Fund</span> 7.1.10 – 6.30.11 Flexible Support – actual costs Flexible Support <span style="float: right;">70,726</span> <b>Total UOS</b> <span style="float: right;">70,726</span> Children and Adolescents involved with the Juvenile Justice System. Work with the family and youth to reduce the likelihood that youth may re-offend and avoid any future placement out of home by providing Multi-Systemic Therapy to youth and families.
<b>Program Name:</b> <b>System of Care:</b> <b>Amount Year:</b> <b>Term:</b> <b>Definition and # of UOS:</b> <b>Number of UDC/NOC:</b> <b>Target Population:</b>  <b>Description of Service:</b>	MHSA and PEI <span style="float: right;"><b>Appendix A-12</b></span> CBHS <b>\$498,223</b> <span style="float: right;"><b>Funding Source:</b> MHSA</span> 7.1.10 – 6.30.11 Flexible Support Services <span style="float: right;">3436</span> <b>Total UOS</b> <span style="float: right;">3436</span> Children and adolescents through age 18 who have been detained for less than 72 hours, as long as they have completed a CANS assessment showing moderate to severe need for Mental Health Services in multiple areas or domains. Brief Description of Services

1. **PROGRAM NAME:** Adolescent Community Treatment Facility (CTF)  
**PROGRAM ADDRESS:** 887 Potrero Ave, L Unit  
**CITY, STATE, ZIP CODE:** San Francisco, CA 94110  
**TELEPHONE:** 415-206-6346  
**FACSIMILE:** 415-206-6469

2. NATURE OF DOCUMENT

New       Renewal       Modification

3. GOAL STATEMENT

The CTF programs seek to provide an alternative to psychiatric hospitalization for youth with serious emotional problems. These programs will provide an appropriate level of care for seriously disturbed adolescents who can benefit from an alternative to acute psychiatric inpatient care. All beds are administered under this license.

4. TARGET POPULATION

- a. Youth and families referred through Special Education and Mental Health
- b. Youth and families referred through Child Welfare
- c. Youth and families referred through Juvenile Probation.

5. MODALITIES/INTERVENTIONS

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

B. Definition of Billable Services:

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

**Day Treatment Intensive:** Day treatment intensive means a structured, multi-disciplinary program of therapy which may be an alternative to hospitalization, avoid placement in a more restrictive setting, or maintain the beneficiary in a community setting, with services available at least three hours and less than twenty-four hours each day the program is opened. Service activities may include, but are not limited to, assessment, plan development, therapy, rehabilitation and collateral.

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

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

**Assessment:** "Assessment" means a service activity which may include a clinical analysis of the history and current status of a beneficiary's disorder; relevant cultural issues and history; diagnosis; and the use of testing procedures.

**Collateral:** Collateral means a service activity to a significant support person in a beneficiary's life with the intent of improving or maintaining the mental health status of the beneficiary. The beneficiary may or may not be present for this service activity.

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

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

**Therapy:** Therapy means a service activity which is a therapeutic intervention that focuses primarily on the symptom reduction as a means to improve functional impairments. Therapy may be delivered to an individual or group of beneficiaries and may include family therapy at which the beneficiary is present.

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

## 6. METHODOLOGY

The treatment unit will provide all clinical services and support needed to serve seriously emotionally disturbed adolescents who require and can benefit from an alternative to psychiatric hospitalization. The unit will be utilized primarily for short-term placements, with a long-term option available as needed for identified youth. The unit's psychiatric and medical services will include:

- 24-hour, seven day a week admission and evaluation;
- Treatment planning that includes measurable objectives for each adolescent;
- Individual, group, and family therapy;
- 24-hour, seven day availability of nursing services;
- Line/clinical milieu staffing of at least 1:2 during client awake hours;
- Medication evaluation and monitoring services;
- Drama, art, and movement therapy;
- Substance abuse-related services;
- Therapeutic recreation services on weekends and holidays;
- Quiet room for protective separation of adolescents in acute distress;
- Aftercare follow-up and family support services for adolescents discharged from the unit;
- Cultural and language competence in providing all the above-listed services.
- State licensed Non-Public School;

## 7. OBJECTIVES AND MEASUREMENTS

### A. PERFORMANCE/OUTCOME OBJECTIVES

<b>OUTCOME A: IMPROVE CLIENT SYMPTOMS</b>
---



**Objective A.1: Reduce Psychiatric Symptoms**

- A.1a. Applicable to: All Providers of Behavioral Health Services who provide non-24 hour Mental Health Treatment Services to Children, Youth, Families, Adults and Older Adults except supported housing programs

The total number of acute inpatient hospital episodes used by clients in Fiscal Year 2010-11 will be reduced by at least 15% compared to the number of acute inpatient hospital episodes used by these same clients in Fiscal Year 2009-10. This is applicable only to clients opened to the program no later than December 31, 2010, and had no IMD or CTF episode during FY 2010-11. Data collected for July 2010 – June 2011 will be compared with the data collected in July 2009– June 2010.

Programs will be exempt from meeting this objective if more than 50% of the total number of inpatient episodes was used by 5% or less of the clients hospitalized.

Data Source:

CBHS Billing Information System - CBHS will compute.

- A.1e. Applicable to: Providers of Behavioral Health Services who provide mental health treatment services to children, youth, families, adults and older adults except 24 hour programs

50% of clients who have been served for two months or more will have met or partially met their treatment goals at discharge.

Client Inclusion Criteria:

Clients discharged between July 1, 2010 and June 30, 2011 who have been served continuously for 3 months or more.

Data Source:

BIS Reason for Discharge Field.

Program Review Measurement:

Objective will be evaluated based on a 12-month period from July 1, 2010 to June 30, 2011.

- A.1f. Applicable to: All Providers of Behavioral Health Services who provide Outpatient Mental Health Treatment Services and Day treatment to Children, Youth and Families, including School-Mental Health Partnership Programs

Providers will ensure that all clinicians who provide mental health services are certified in the use of the Child & Adolescent Needs and Strengths (CANS). New employees will have completed the CANS training within 30 days of hire

Data Source:

CANS Certificates of completion with a passing score

Program Review Measurement:

Objective will be evaluated based on program submission of CANS training completion certificates for all new employees from July 1, 2010 to June 30, 2011.

- A.1g. Applicable to: Providers of Behavioral Health Services who provide Outpatient Mental Health Services and Day Treatment to children, youth, and families, including school-based programs

Clients with an open episode, for whom two or more contacts had been billed within the first 30 days, should have both the initial CANS assessment and treatment plans completed in the online record within 30 days of episode opening.

For the purpose of this program performance objective, an 85 % completion rate will be considered a passing score.

Data Source:

CANS submitted to CANS database website, summarized by CYF System of Care

Program Review Measurement:

This objective will be evaluated based on data from July 1, 2010 to June 30, 2011.

- A.1h. Applicable to: Providers of Behavioral Health Services who provide Outpatient Mental Health Services and Day Treatment to children, youth, and families, including school-based programs

CYF agency representatives attend regularly scheduled SuperUser calls.

For the purpose of this performance objective, an 80 % attendance of all calls will be considered a passing score.

Date Source:

SuperUser calls attendance log, summarized by CYF System of Care.

Program Review Measurement:

This objective will be evaluated based on data from July 1, 2010 to June 30, 2011.

- A.1i. Applicable to: Providers of Behavioral Health Services that provide Outpatient Mental Health Services and Day Treatment to children, youth and families, including school-based programs

Outpatient clients opened will have a Re-assessment/Outpatient Treatment Report in the online record within 30 days of the 6 month anniversary of their Episode Opening date and every 6 months thereafter.

Day Treatment clients have a Reassessment/Outpatient Treatment report in the online record within 30 days of the 3 month anniversary of their episode opening date, and every 3 months thereafter

For the purpose of this program performance objective, a 100 % completion rate will be considered a passing score.

Data Source:

CANS data submitted to CANS website and summarized by CYF System of Care.

Program Review and Measurement:

This objective will be evaluated based on data submitted between July 1, 2010 to June 30, 2011.

- A.1j. Applicable to: Providers of Behavioral Health Services that provide Outpatient Mental Health Services and Day Treatment to children, youth and families, including school-based programs.

Outpatient clients opened will have an updated Treatment Plan in the online record within 30 days of the 6 month anniversary of their Episode Opening

Day Treatment clients have an updated Treatment Plan in the online record within 30 days of the 3 month anniversary and every 3 months thereafter.

For the purpose of this program performance objective, a 100 % completion rate will be considered a passing score.

Data Source:

CANS data submitted to CANS website and summarized by CYF System of Care

Program Review and Measurement:

This objective will be evaluated based on data submitted between July 1, 2010 to June 30, 2011.

## **B. OTHER MEASURABLE OBJECTIVES/PROCESS OBJECTIVES**

### **Objective 6. Client Satisfaction**

- B.6b. Applicable to:** Providers of Behavioral Health Services who provide Children, Youth, Families, Adult or Older Adult Mental Health Treatment Services (excluding crisis services, suicide prevention and conservatorship)

**During Fiscal Year 2010-11, 100% of unduplicated clients who received a face-to-face billable service during the survey period will be given and encouraged to complete a Citywide Client Satisfaction Survey.**

**Data Source:**

Program Tracking Sheet and Program Self Report

**Program Review Measurement:**

Objective will be evaluated based on the survey administration closest to the 12-month period from July 1, 2010 to June 30, 2011.

## **C. CONTINUOUS QUALITY IMPROVEMENT, PROGRAM PRODUCTIVITY AND SERVICE ACCESS**

### **Objective 1. Program Productivity**

- C.1a. Applicable to:** All Providers of Behavioral Health Services who provide Substance Abuse Treatment and Prevention and Mental Health Services

**During Fiscal Year 2010-11, 442,046 units of service (UOS) will be provided consisting of treatment, prevention, or ancillary services as specified in the unit of service definition for each modality and as measured by BIS and documented by counselors' case notes and program records.**

**Date Source:**

CBHS Billing Information System – DAS 800 DW Report or program records. For programs not entering data into BIS, CBHS will compute or collect documentation.

**Program Review Measurement:**

Objective will be evaluated quarterly during the 12-month period from July 1, 2010 to June 30, 2011. Only the summaries from the two first quarterly meetings held by March 2011 will be included in the program review.

### **Objective 5. Integration Activities \*\***

\*\* For providers who are not located in the City and County of San Francisco, contractors who do not provide client services and small programs with less than 3.0 FTEs, please refer to the attached Integration Inclusion Document for guidance on the implementation of objectives in this section of Integration Preparedness (see Addendum I). Please note that several Integration process objectives are included on the CBHS Compliance Checklist for FY2010-11. All providers of behavioral health services will be expected to meet these CBHS Compliance Checklist integration items. For all of the following items listed from D.5a – D.5f, programs will submit all reporting on integration preparedness items via email to [CBHSIntegration@sfdph.org](mailto:CBHSIntegration@sfdph.org).

- C.5a. Applicable to:** All CBHS programs, including contract and civil service mental health and substance abuse programs providing prevention, early intervention and treatment services

**Each program will complete a new self-assessment with the revise COMPASS every two (2) years (a new COMPASS must be completed every other fiscal year).**

Data Source:

Program managers to review information sent to [CBHSIntegration@sfdph.org](mailto:CBHSIntegration@sfdph.org) via the shared folder to monitor compliance.

Program Review Measurement:

Objective will be evaluated based on a 12-month period from July 1, 2010 to June 30, 2011.

- C.5b. Applicable to: All CBHS programs, including contract and civil service mental health and substance abuse programs providing prevention, early intervention and treatment services

**Using the results of the most recently completed COMPASS (which must be completed every 2 years), each program will identify at least one program process improvement activity to be implemented by the end of the fiscal year using an Action Plan format to document this activity. Copies of the program Action Plan will be sent via email to [CBHSIntegration@sfdph.org](mailto:CBHSIntegration@sfdph.org).**

Data Source:

Each program will complete the COMPASS self assessment process and submit a summary of the scores to [CBHSIntegration@sfdph.org](mailto:CBHSIntegration@sfdph.org). The program manager for each program will review completed COMPASS during the month of January and submit a brief memorandum certifying that the COMPASS was completed.

Program Review Measurement:

Objective will be evaluated quarterly during the 12-month period from July 1, 2010 to June 30, 2011. Only the summaries from the two first quarterly meetings held by March 2010 will be included in the program review.

- C.5c. Applicable to: All CBHS programs, including contract and civil service mental health and substance abuse programs providing prevention, early intervention and treatment services

**Each behavioral health partnership will identify, plan, and complete a minimum of six (6) hours of joint partnership activities during the fiscal year. Activities may include but are not limited to: meetings, training, case conferencing, program visits, staff sharing, or other integration activities in order to fulfill the goals of a successful partnership. Programs will submit the annual partnership plan via email to [CBHSIntegration@sfdph.org](mailto:CBHSIntegration@sfdph.org).**

Data Source:

Program self report such as activity attendance sheets with documentation of time spent on integration activities. The program manager will certify documentation of this plan.

Program Review Measurement:

Objective will be evaluated quarterly during the 12-month period from July 1, 2010 to June 30, 2011. Only the summaries from the two first quarterly meetings held by March 2009 will be included in the program review.

- C.5d. Applicable to: All CBHS programs, including contract and civil service mental health and substance abuse programs providing prevention, early intervention and treatment services

**Each program will select and utilize at least one of the CBHS approved list of valid and reliable screening tools to identify co-occurring mental health and substance abuse problems as required by CBHS Integration Policy (Manual Number: 1.05-01).**

Data Source:

Program Self Report.

Program Review Measurement:

Objective will be evaluated quarterly during the 12-month period from July 1, 2010 to June 30, 2011. Only the summaries from the two first quarterly meetings to be held by December 2010 and March 2011 will be included in the program review.

- C.5e. Applicable to: All CBHS programs, including contract and civil service mental health and substance abuse programs providing prevention, early intervention and treatment services

During Fiscal Year 2010-11, each program will participate in one Primary Care partnership activity. The Primary Care Partner for this activity must be the DPH Oriented Primary Care Clinic located in closest proximity to the program, or most appropriate for the program population. Primary care program which cannot be Primary Care Partner for this purpose, include primary care program which are part of the same overall agency as the Behavioral Health Program. Optimal activities will be designed to promote cooperative planning and response to natural disaster or emergency events, neighborhood health fairs to increase joint referrals, or mutual open house events to promote cross-staff education and program awareness.

Data Source:  
Program Self Report.

Program Review Measurement:  
Objective will be evaluated quarterly during the 12-month period from July 1, 2010 to June 30, 2011. Only the summaries from the two first quarterly meetings held by March 2009 will be included in the program review.

- C.5f. Applicable to: All CBHS programs, including contract and civil service mental health and substance abuse programs providing prevention, early intervention and treatment service in Fiscal Year 2010-11.

Providers will have all program service staff including physicians, counselors, social workers, and outreach workers each complete a self assessment of integration practices using the CODECAT. This self assessment must be updated every two years.

Data Source:  
Program self report with submission of document of staff completion of CODECAT sent to CBHSIntegration@sfdph.org. The program manager will document this activity.

#### Objective 6. Cultural Competency

- C.6a. Applicable to: All Providers of Behavioral Health Services

Working with their CBHS program managers, programs will develop three (3) mutually agreed upon opportunities for improvement under their 2008 Cultural Competency Reports and report out on the identified program-specific opportunities for improvement and progress toward these improvements by September 30, 2009. Reports should be sent to both program managers and the DPH/EEO.

Data Source:  
Program managers will review progress utilizing the DPH Cultural Competency Report Evaluation Tool.

Program Review Measurement:  
Objective will be evaluated quarterly during the 12-month period from July 1, 2010 to June 30, 2011. Only the summaries from the two first quarterly meetings held by March 2010 will be included in the program review.

#### 8. QUALITY MANAGEMENT PROCEDURES FOR CMHS

The Contractor agrees to abide by the most current CMHS Policies and Procedures and State approved Quality Management Plan. Seneca Center will operate in compliance with all Health Commission, Local, State, Federal and/or all funding source policies and requirements. In addition, all policies will be compliant with requirements associated with Harm Reduction, HIPAA, Cultural Competency, and Client Satisfaction.

Seneca Center has in place a Committee for Quality Improvement (CQI) which meets every two weeks, or as needed. Membership consists of the Director of Nursing, Assistant Program Director, Education Director, Clinical Director, and Program Director.

The purpose of the CQI is to ensure that quality services are provided to our clients, and that clinical and program issues are addressed in a timely fashion. CQI members will provide recommendations

regarding protocols, standards, and clinical issues to be addressed. The CQI activities will include, but are not limited to:

- Review of cases requiring immediate attention
- Identification of trends based upon a review of significant incident reports
- Monitoring frequency of quiet room usage, seclusions, restraints, child and staff injuries, significant incidents
- Assessment of training needs
- Conducting chart reviews
- Reviewing Health and Safety issues
- Reviewing physical plant issues

1. **PROGRAM NAME: Therapeutic Behavioral Services (TBS)**  
**PROGRAM NAME: 2513 24<sup>TH</sup> Street**  
**CITY, STATE, ZIP CODE: San Francisco, CA 94110**  
**TELEPHONE: 415-642-5968**  
**FACSIMILE: 415-695-1263**

2. NATURE OF DOCUMENT

New     Renewal     Modification

3. GOAL STATEMENT

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

4. TARGET POPULATION

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

5. MODALITIES/INTERVENTIONS

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

B. Definition of Billable Services:

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

6. METHODOLOGY

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

Services will:

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

7. OBJECTIVES AND MEASUREMENTS

A. PERFORMANCE/OUTCOME OBJECTIVES

**OUTCOME A: IMPROVE CLIENT SYMPTOMS**

**Objective A.1: Reduce Psychiatric Symptoms**

- A.1.a. Applicable to: All Providers of Behavioral Health Services who provide non-24 hour Mental Health Treatment Services to Children, Youth, Families, Adults and Older Adults except supported housing programs

The total number of acute inpatient hospital episodes used by clients in Fiscal Year 2010-11 will be reduced by at least 15% compared to the number of acute inpatient hospital episodes used by these same clients in Fiscal Year 2009-10. This is applicable only to clients opened to the program no later than July 1, 2010, and had no IMD or CTF episode during FY 2009-10. Data collected for July 2010 – June 2011 will be compared with the data collected in July 2009– June 2010.

Programs will be exempt from meeting this objective if more than 50% of the total number of inpatient episodes was used by 5% or less of the clients hospitalized.

Data Source:  
CBHS Billing Information System - CBHS will compute.

- A.1.e. Applicable to: Providers of Behavioral Health Services who provide mental health treatment services to children, youth, families, adults and older adults except 24 hour programs

50% of clients who have been served for two months or more will have met or partially met their treatment goals at discharge.

Client Inclusion Criteria:  
Clients discharged between July 1, 2009 and June 30, 2010 who have been served continuously for 2 months or more.

Data Source:  
BIS Reason for Discharge Field.

Program Review Measurement:  
Objective will be evaluated based on a 12-month period from July 1, 2010 to June 30, 2011.

### **OUTCOME 3: IMPROVE CLIENT FUNCTIONING**

#### **Objective A.3: Increase Stable Living Environment**

- A.3.a. Applicable to: Providers of Behavioral Health Services for Children, Youth, Families, Adult or Older Adult Mental Health Programs, except 24-hour programs

35% of clients who 1) completed a discharge or annual CSI during this period; 2) have been open in the program for at least one year as of the date of this latest administration of CSI; and 3) were reported homeless at their immediately preceding completion of CSI will be reported in a stable living situation or an appropriate residential treatment facility at the latest CSI.

Data Source:  
BIS Living Situation Codes.

Program Review Measurement:  
Objective will be evaluated based on a 12-month period from July 1, 2010 to June 30, 2011

#### **B. OTHER MEASURABLE OBJECTIVES/PROCESS OBJECTIVES**



**Objective 6. Client Satisfaction**

- B.6b. Applicable to:** Providers of Behavioral Health Services who provide Children, Youth, Families, Adult or Older Adult Mental Health Treatment Services (excluding crisis services, suicide prevention and conservatorship)

**During Fiscal Year 2009-10, 100% of unduplicated clients who received a face-to-face billable service during the survey period will be given and encouraged to complete a Citywide Client Satisfaction Survey.**

*Data Source:*

Program Tracking Sheet and Program Self Report

*Program Review Measurement:*

Objective will be evaluated based on the survey administration closest to the 12-month period from July 1, 2010 to June 30, 2011.

**C. CONTINUOUS QUALITY IMPROVEMENT, PROGRAM PRODUCTIVITY AND SERVICE ACCESS**

**Objective 1. Program Productivity**

- C.1a. Applicable to:** All Providers of Behavioral Health Services who provide Substance Abuse Treatment and Prevention and Mental Health Services

**During Fiscal Year 2010-11, 333,349 units of service (UOS) will be provided consisting of treatment, prevention, or ancillary services as specified in the unit of service definition for each modality and as measured by BIS and documented by counselors' case notes and program records.**

*Date Source:*

CBHS Billing Information System – DAS 800 DW Report or program records. For programs not entering data into BIS, CBHS will compute or collect documentation.

*Program Review Measurement:*

Objective will be evaluated quarterly during the 12-month period from July 1, 2010 to June 30, 2011. Only the summaries from the two first quarterly meetings held by March 2011 will be included in the program review.

**Program Specific Objective**

- Applicable to:** Providers of Behavioral Health Services who provide Therapeutic Behavioral Services (TBS)

For the duration of an open episode, Providers will document evidence of collaboration with their clients' primary mental health provider(s). A documented contact with a primary mental health provider should include the date, name, role/title in relation to the client, and brief description of the collaboration, purpose, or issues/topics discussed. Documented contacts must be included in the TBS Assessment and subsequent TBS Monthly Reports. Any barriers to ongoing collaboration with primary mental health providers should also to be included, along with any efforts made to resolve the identified barriers.

Providers must show evidence of collaboration with primary mental health providers via documented contacts on 100% of completed Assessments and 80% of Monthly Reports.

Client Inclusion Criteria:

All clients referred to TBS where there is a completed TBS Assessment and/or who are receiving TBS direct services between October 1, 2010 and June 30, 2011.

Data Source:

TBS Assessment (completed during treatment/behavioral plan development) and TBS Monthly Report (each report summarizes 30-days of TBS direct services beginning at Initial Authorization date).

Program Review Measurement:

Objective will be evaluated quarterly during TBS oversight meetings over a 9-month period from October 1, 2010 to June 30, 2011. The total for the 9 months will be included in the Program Review at the end of the Fiscal Year.

Objective 5. Integration Activities \*\*

\*\* For providers who are not located in the City and County of San Francisco, contractors who do not provide client services and small programs with less than 3.0 FTEs, please refer to the attached Integration Inclusion Document for guidance on the implementation of objectives in this section of Integration Preparedness (see Addendum I). Please note that several Integration process objectives are included on the CBHS Compliance Checklist for FY2009-10. All providers of behavioral health services will be expected to meet these CBHS Compliance Checklist integration items. For all of the following items listed from D.5a – D.5f, programs will submit all reporting on integration preparedness items via email to [CBHSIntegration@sfdph.org](mailto:CBHSIntegration@sfdph.org).

C.5a. Applicable to: All CBHS programs, including contract and civil service mental health and substance abuse programs providing prevention, early intervention and treatment services

**Each program will complete a new self-assessment with the revise COMPASS every two (2) years (a new COMPASS must be completed every other fiscal year).**

Data Source:

Program managers to review information sent to [CBHSIntegration@sfdph.org](mailto:CBHSIntegration@sfdph.org) via the shared folder to monitor compliance.

Program Review Measurement:

Objective will be evaluated based on a 12-month period from July 1, 2010 to June 30, 2011.

C.5b. Applicable to: All CBHS programs, including contract and civil service mental health and substance abuse programs providing prevention, early intervention and treatment services

**Using the results of the most recently completed COMPASS (which must be completed every 2 years), each program will identify at least one program process improvement activity to be implemented by the end of the fiscal year using an Action Plan format to document this activity. Copies of the program Action Plan will be sent via email to [CBHSIntegration@sfdph.org](mailto:CBHSIntegration@sfdph.org).**

Data Source:

Each program will complete the COMPASS self assessment process and submit a summary of the scores to [CBHSIntegration@sfdph.org](mailto:CBHSIntegration@sfdph.org). The program manager for each program will review completed COMPASS during the month of January and submit a brief memorandum certifying that the COMPASS was completed.

Program Review Measurement:

Objective will be evaluated quarterly during the 12-month period from July 1, 2010 to June 30, 2011. Only the summaries from the two first quarterly meetings held by March 2010 will be included in the program review.

C.5c. Applicable to: All CBHS programs, including contract and civil service mental health and substance abuse programs providing prevention, early intervention and treatment services

Each behavioral health partnership will identify, plan, and complete a minimum of six (6) hours of joint partnership activities during the fiscal year. Activities may include but are not limited to: meetings, training, case conferencing, program visits, staff sharing, or other integration activities in order to fulfill the goals of a successful partnership. Programs will submit the annual partnership plan via email to [CBHSIntegration@sfdph.org](mailto:CBHSIntegration@sfdph.org).

Data Source:

Program self report such as activity attendance sheets with documentation of time spent on integration activities. The program manager will certify documentation of this plan.

Program Review Measurement:

Objective will be evaluated quarterly during the 12-month period from July 1, 2010 to June 30, 2011. Only the summaries from the two first quarterly meetings held by March 2010 will be included in the program review.

- C.5d. Applicable to: All CBHS programs, including contract and civil service mental health and substance abuse programs providing prevention, early intervention and treatment services

Each program will select and utilize at least one of the CBHS approved list of valid and reliable screening tools to identify co-occurring mental health and substance abuse problems as required by CBHS Integration Policy (Manual Number: 1.05-01).

Data Source:

Program Self Report.

Program Review Measurement:

Objective will be evaluated quarterly during the 12-month period from July 1, 2010 to June 30, 2011. Only the summaries from the two first quarterly meetings to be held by December 2009 and March 2010 will be included in the program review.

- C.5e. Applicable to: All CBHS programs, including contract and civil service mental health and substance abuse programs providing prevention, early intervention and treatment services

During Fiscal Year 2010-11, each program will participate in one Primary Care partnership activity. The Primary Care Partner for this activity must be the DPH Oriented Primary Care Clinic located in closest proximity to the program, or most appropriate for the program population. Primary care program which cannot be Primary Care Partner for this purpose, include primary care program which are part of the same overall agency as the Behavioral Health Program. Optimal activities will be designed to promote cooperative planning and response to natural disaster or emergency events, neighborhood health fairs to increase joint referrals, or mutual open house events to promote cross-staff education and program awareness.

Data Source:

Program Self Report.

Program Review Measurement:

Objective will be evaluated quarterly during the 12-month period from July 1, 2010 to June 30, 2011. Only the summaries from the two first quarterly meetings held by March 2010 will be included in the program review.

- C.5f. Applicable to: All CBHS programs, including contract and civil service mental health and substance abuse programs providing prevention, early intervention and treatment service in Fiscal Year 2010-11.

Providers will have all program service staff including physicians, counselors, social workers, and outreach workers each complete a self assessment of integration practices using the CODECAT. This self assessment must be updated every two years.

Data Source:

Program self report with submission of document of staff completion of CODECAT sent to CBHSIntegration@sfdph.org. The program manager will document this activity.

**Objective 6. Cultural Competency**

C.6a. Applicable to: All Providers of Behavioral Health Services

Working with their CBHS program managers, programs will develop three (3) mutually agreed upon opportunities for improvement under their 2009 Cultural Competency Reports and report out on the identified program-specific opportunities for improvement and progress toward these improvements by September 30, 2010. Reports should be sent to both program managers and the DPH/EEO.

Data Source:

Program managers will review progress utilizing the DPH Cultural Competency Report Evaluation Tool.

Program Review Measurement:

Objective will be evaluated quarterly during the 12-month period from July 1, 2009 to June 30, 2010. Only the summaries from the two first quarterly meetings held by March 2010 will be included in the program review.

**8. CONTINUOUS QUALITY IMPROVEMENT**

The Contractor agrees to abide by the most current CMHS Policies and Procedures and State approved Quality Management Plan. Seneca Center will operate in compliance with all Health Commission, Local, State, Federal and/or all funding source policies and requirements. In addition, all policies will be compliant with requirements associated with Harm Reduction, HIPAA, Cultural Competency, and Client Satisfaction.

Seneca Center has in place a Committee for Quality Improvement (CQI) which meets every two weeks, or as needed. Membership consists of the Director of Nursing, Assistant Program Director, Education Director, Clinical Director, and Program Director.

The purpose of the CQI is to ensure that quality services are provided to our clients, and that clinical and program issues are addressed in a timely fashion. CQI members will provide recommendations regarding protocols, standards, and clinical issues to be addressed. The CQI activities will include, but are not limited to:

- Review of cases requiring immediate attention
- Identification of trends based upon a review of significant incident reports
- Monitoring frequency of quiet room usage, seclusions, restraints, child and staff injuries, significant incidents
- Assessment of training needs
- Conducting chart reviews
- Reviewing Health and Safety issues
- Reviewing physical plant issues

1. **PROGRAM NAME: Adolescent Community Treatment Facility (CTF)**  
**PROGRAM ADDRESS: 887 Potrero Ave, L Unit**  
**CITY, STATE, ZIP CODE: San Francisco, CA 94110**  
**TELEPHONE: 415-206-6346**  
**FACSIMILE: 415-206-6469**

2. **NATURE OF DOCUMENT**

New     Renewal     Modification

3. **GOAL STATEMENT**

The CTF programs seek to provide an alternative to psychiatric hospitalization for youth with serious emotional problems. These programs will provide an appropriate level of care for seriously disturbed adolescents who can benefit from an alternative to acute psychiatric inpatient care. All beds are administered under this license.

4. **TARGET POPULATION**

- a. Youth and families referred through Special Education and Mental Health
- b. Youth and families referred through Child Welfare
- c. Youth and families referred through Juvenile Probation.

5. **MODALITIES/INTERVENTIONS**

See Appendix A-1

6. **METHODOLOGY**

See Appendix A-1

7. **OBJECTIVES AND MEASUREMENTS**

See Appendix A-1

8. **QUALITY MANAGEMENT PROCEDURES FOR CMHS**

See Appendix A-1

1. **PROGRAM NAME: Multi-Dimensional Treatment Foster Care (MTFC)**  
**PROGRAM ADDRESS: 2513 24<sup>TH</sup> Street**  
**CITY, STATE, ZIP CODE: San Francisco, CA 94110**  
**TELEPHONE: 415-642-5968**  
**FACSIMILE: 415-695-1263**

2. **NATURE OF DOCUMENT**

New     Renewal     Modification

3. **GOAL STATEMENT**

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

4. **TARGET POPULATION**

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

5. **MODALITIES/INTERVENTIONS**

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

B. **Definition of Billable Services:**

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

6. **METHODOLOGY**

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

1. Coordinate, select, and convene the Child and Family Team.
2. Facilitate the planning process (individualized, family-centered, strength-based, and needs-driven).
3. Provide intensive case management, including crisis intervention and support on a 24-hour basis, 7 days per week.
4. Coordinate with County agency staff, the courts, community members, families and schools.
5. Develop, coordinate, and provide formal and informal support and services, including home-based and community based, provided by professionals and non professionals.
6. Develop, monitor and adhere to individualized services plan (Child and Family Plan of Care).

7. Facilitate extensive community resource development.
8. Meet regularly with County staff to ensure the partnerships necessary for the success of the SB 163 wraparound project.
9. Activities recommended by the MTFC consultants to ensure that program services are adhering to the evidence based practice model.

7. **OBJECTIVES AND MEASUREMENTS**

**A. PERFORMANCE/OUTCOME OBJECTIVES**

**OUTCOME A: IMPROVE CLIENT SYMPTOMS**

**Objective A.1: Reduce Psychiatric Symptoms**

**Objective A.1: Reduce Psychiatric Symptoms**

- A.1a. Applicable to: Providers of Behavioral Health Services who provide non-24 hour Mental Health Treatment Services to Children, Youth, Families, Adults and Older Adults except supported housing programs

The total number of acute inpatient hospital episodes used by clients in Fiscal Year 2010-11 will be reduced by at least 15% compared to the number of acute inpatient hospital episodes used by these same clients in Fiscal Year 2009 10. This is applicable only to clients opened to the program no later than July 1, 2010, and had no IMD or CTF episode during FY 2009-10. Data collected for July 2010 – June 2011 will be compared with the data collected in July 2009– June 2010.

Programs will be exempt from meeting this objective if more than 50% of the total number of inpatient episodes was used by 5% or less of the clients hospitalized.

Data Source:

CBHS Billing Information System - CBHS will compute.

- A.1e. Applicable to: Providers of Behavioral Health Services who provide mental health treatment services to children, youth, families, adults and older adults except 24 hour programs

50% of clients who have been served for two months or more will have met or partially met their treatment goals at discharge.

Client Inclusion Criteria:

Clients discharged between July 1, 2010 and June 30, 2011 who have been served continuously for 2 months or more.

Data Source:

BIS Reason for Discharge Field.

Program Review Measurement:

Objective will be evaluated based on a 12-month period from July 1, 2010 to June 30, 2010.

- A.1f. Applicable to: All Providers of Behavioral Health Services who provide Outpatient Mental Health Treatment Services and Day treatment to Children, Youth and Families, including School-Mental Health Partnership Programs

Providers will ensure that all clinicians who provide mental health services are certified in the use of the Child & Adolescent Needs and Strengths (CANS). New employees will have completed the CANS training within 30 days of hire

Data Source:

CANS Certificates of completion with a passing score.

Program Review Measurement:

Objective will be evaluated based on program submission of CANS training completion certificates for all new employees from July 1, 2010 to June 30, 2010

- A.Ig. Applicable to: Providers of Behavioral Health Services who provide Outpatient Mental Health Services and Day Treatment to children, youth, and families, including school-based programs

**Clients with an open episode, for whom two or more contacts had been billed within the first 30 days, should have both the initial CANS assessment and treatment plans completed in the online record within 30 days of episode opening.**

**For the purpose of this program performance objective, an 85% completion rate will be considered a passing score.**

Data Source:

CANS submitted to CANS database website, summarized by CYF System of Care

Program Review Measurement:

This objective will be evaluated based on data from July 1, 2010 to June 30, 2010.

- A.Ih. Applicable to: Providers of Behavioral Health Services who provide Outpatient Mental Health Services and Day Treatment to children, youth, and families, including school-based programs

**CYF agency representatives attend regularly scheduled SuperUser calls.**

**For the purpose of this performance objective, an 80% attendance of all calls will be considered a passing score.**

Data Source:

SuperUser calls attendance log, summarized by CYF System of Care.

Program Review Measurement:

This objective will be evaluated based on data from July 1, 2010 to June 30, 2011.

- A.Ii. Applicable to: Providers of Behavioral Health Services that provide Outpatient Mental Health Services and Day Treatment to children, youth and families, including school-based programs

**Outpatient clients opened will have a Re-assessment/Outpatient Treatment Report in the online record within 30 days of the 6 month anniversary of their Episode Opening date and every 6 months thereafter.**

**Day Treatment clients have a Reassessment/Outpatient Treatment report in the online record within 30 days of the 3 month anniversary of their episode opening date, and every 3 months thereafter**

**For the purpose of this program performance objective, a 100% completion rate will be considered a passing score.**

Data Source:

CANS data submitted to CANS website and summarized by CYF System of Care.

Program Review and Measurement:

This objective will be evaluated based on data submitted between July 1, 2010 to June 30, 2011.

- A.1j. Applicable to: Providers of Behavioral Health Services that provide Outpatient Mental Health Services and Day Treatment to children, youth and families, including school-based programs.

**Outpatient clients opened will have an updated Treatment Plan in the online record within 30 days of the 6 month anniversary of their Episode Opening**

**Day Treatment clients have an updated Treatment Plan in the online record within 30 days of the 3 month anniversary and every 3 months thereafter.**



For the purpose of this program performance objective, a 100% completion rate will be considered a passing score.

Data Source:

CANS data submitted to CANS website and summarized by CYF System of Care

Program Review and Measurement:

This objective will be evaluated based on data submitted between July 1, 2010 to June 30, 2011.

**OUTCOME 3: IMPROVE CLIENT FUNCTIONING**

**Objective A.3: Increase Stable Living Environment**

A.3a. Applicable to: Providers of Behavioral Health Services for Children, Youth, Families, Adult or Older Adult Mental Health Programs, except 24-hour programs

35% of clients who 1) completed a discharge or annual CSI during this period; 2) have been open in the program for at least one year as of the date of this latest administration of CSI; and 3) were reported homeless at their immediately preceding completion of CSI will be reported in a stable living situation or an appropriate residential treatment facility at the latest CSI.

Data Source:

BIS Living Situation Codes.

Program Review Measurement:

Objective will be evaluated based on a 12-month period from July 1, 2010 to June 30, 2011.

**B. OTHER MEASURABLE OBJECTIVES/PROCESS OBJECTIVES**

**Objective 6. Client Satisfaction**

B.6b. Applicable to: Providers of Behavioral Health Services who provide Children, Youth, Families, Adult or Older Adult Mental Health Treatment Services (excluding crisis services, suicide prevention and conservatorship)

During Fiscal Year 2010-11, 100% of unduplicated clients who received a face-to-face billable service during the survey period will be given and encouraged to complete a Citywide Client Satisfaction Survey.

Data Source:

Program Tracking Sheet and Program Self Report

Program Review Measurement:

Objective will be evaluated based on the survey administration closest to the 12-month period from July 1, 2010 to June 30, 2011.

**C CONTINUOUS QUALITY IMPROVEMENT, PROGRAM PRODUCTIVITY AND SERVICE ACCESS**

All providers of Behavioral Health Services will be encouraged to meet quarterly with their CBHS program managers to evaluate progress toward meeting the following set of continuous quality improvement, productivity, and service access objectives. Other objectives may be added if mutually agreed to by the providers and their CBHS program managers. These objectives will be evaluated based on a summary of quarterly meetings held by March 2010. Providers are encouraged to continue quarterly meetings through the end of FY 2009-2010 and thereafter.

**Objective 1. Program Productivity**

C.1a. Applicable to: All Providers of Behavioral Health Services who provide Substance Abuse

Treatment and Prevention and Mental Health Services

During Fiscal Year 2010-11, 62,497 units of service (UOS) will be provided consisting of treatment, prevention, or ancillary services as specified in the unit of service definition for each modality and as measured by BIS and documented by counselors' case notes and program records.

Date Source:

CBHS Billing Information System – DAS 800 DW Report or program records. For programs not entering data into BIS, CBHS will compute or collect documentation.

Program Review Measurement:

Objective will be evaluated quarterly during the 12-month period from July 1, 2010 to June 30, 2011. Only the summaries from the two first quarterly meetings held by March 2011 will be included in the program review.

**Objective 5. Integration Activities \*\***

\*\* For providers who are not located in the City and County of San Francisco, contractors who do not provide client services and small programs with less than 3.0 FTEs, please refer to the attached Integration Inclusion Document for guidance on the implementation of objectives in this section of Integration Preparedness (see Addendum I). Please note that several Integration process objectives are included on the CBHS Compliance Checklist for FY2010-11. All providers of behavioral health services will be expected to meet these CBHS Compliance Checklist integration items. For all of the following items listed from D.5a – D.5f, programs will submit all reporting on integration preparedness items via email to [CBHSIntegration@sfdph.org](mailto:CBHSIntegration@sfdph.org).

**C.5a. Applicable to:** All CBHS programs, including contract and civil service mental health and substance abuse programs providing prevention, early intervention and treatment services

**Each program will complete a new self-assessment with the revise COMPASS every two (2) years (a new COMPASS must be completed every other fiscal year).**

Data Source:

Program managers to review information sent to [CBHSIntegration@sfdph.org](mailto:CBHSIntegration@sfdph.org) via the shared folder to monitor compliance.

Program Review Measurement:

Objective will be evaluated based on a 12-month period from July 1, 2010 to June 30, 2011.

**C.5b. Applicable to:** All CBHS programs, including contract and civil service mental health and substance abuse programs providing prevention, early intervention and treatment services

**Using the results of the most recently completed COMPASS (which must be completed every 2 years); each program will identify at least one program process improvement activity to be implemented by the end of the fiscal year using an Action Plan format to document this activity. Copies of the program Action Plan will be sent via email to [CBHSIntegration@sfdph.org](mailto:CBHSIntegration@sfdph.org).**

Data Source:

Each program will complete the COMPASS self assessment process and submit a summary of the scores to [CBHSIntegration@sfdph.org](mailto:CBHSIntegration@sfdph.org). The program manager for each program will review completed COMPASS during the month of January and submit a brief memorandum certifying that the COMPASS was completed.

Program Review Measurement:

Objective will be evaluated quarterly during the 12-month period from July 1, 2010 to June 30, 2011. Only the summaries from the two first quarterly meetings held by March 2011 will be included in the program review.

**C.5c. Applicable to:** All CBHS programs, including contract and civil service mental health and substance abuse programs providing prevention, early intervention and treatment services

Each behavioral health partnership will identify, plan, and complete a minimum of six (6) hours of joint partnership activities during the fiscal year. Activities may include but are not limited to: meetings, training, case conferencing, program visits, staff sharing, or other integration activities in order to fulfill the goals of a successful partnership. Programs will submit the annual partnership plan via email to [CBHSIntegration@sfdph.org](mailto:CBHSIntegration@sfdph.org).

Data Source:

Program self report such as activity attendance sheets with documentation of time spent on integration activities. The program manager will certify documentation of this plan.

Program Review Measurement:

Objective will be evaluated quarterly during the 12-month period from July 1, 2010 to June 30, 2011. Only the summaries from the two first quarterly meetings held by March 2009 will be included in the program review.

- C.5d. Applicable to: All CBHS programs, including contract and civil service mental health and substance abuse programs providing prevention, early intervention and treatment services

Each program will select and utilize at least one of the CBHS approved list of valid and reliable screening tools to identify co-occurring mental health and substance abuse problems as required by CBHS Integration Policy (Manual Number: 1.05-01).

Data Source:

Program Self Report.

Program Review Measurement:

Objective will be evaluated quarterly during the 12-month period from July 1, 2010 to June 30, 2011. Only the summaries from the two first quarterly meetings to be held by December 2010 and March 2011 will be included in the program review.

- C.5e. Applicable to: All CBHS programs, including contract and civil service mental health and substance abuse programs providing prevention, early intervention and treatment services

During Fiscal Year 2010-11, each program will participate in one Primary Care partnership activity. The Primary Care Partner for this activity must be the DPH Oriented Primary Care Clinic located in closest proximity to the program, or most appropriate for the program population. Primary care program which cannot be Primary Care Partner for this purpose, include primary care program which are part of the same overall agency as the Behavioral Health Program. Optimal activities will be designed to promote cooperative planning and response to natural disaster or emergency events, neighborhood health fairs to increase joint referrals, or mutual open house events to promote cross-staff education and program awareness.

Data Source:

Program Self Report.

Program Review Measurement:

Objective will be evaluated quarterly during the 12-month period from July 1, 2010 to June 30, 2011. Only the summaries from the two first quarterly meetings held by March 2010 will be included in the program review.

- C.5f. Applicable to: All CBHS programs, including contract and civil service mental health and substance abuse programs providing prevention, early intervention and treatment service in Fiscal Year 2009-10.

Providers will have all program service staff including physicians, counselors, social workers, and outreach workers each complete a self assessment of integration practices using the CODECAT. This self assessment must be updated every two years.

Data Source:

Program self report with submission of document of staff completion of CODECAT sent to CBHSIntegration@sfdph.org. The program manager will document this activity.

#### Objective 6. Cultural Competency

C.6a. Applicable to: All Providers of Behavioral Health Services

Working with their CBHS program managers, programs will develop three (3) mutually agreed upon opportunities for improvement under their 2008 Cultural Competency Reports and report out on the identified program-specific opportunities for improvement and progress toward these improvements by September 30, 2009. Reports should be sent to both program managers and the DPH/EEO.

#### Data Source:

Program managers will review progress utilizing the DPH Cultural Competency Report Evaluation Tool.

#### Program Review Measurement:

Objective will be evaluated quarterly during the 12-month period from July 1, 2010 to June 30, 2011. Only the summaries from the two first quarterly meetings held by March 2011 will be included in the program review.

### 8. CONTINUOUS QUALITY IMPROVEMENT

The Contractor agrees to abide by the most current CMHS Policies and Procedures and State approved Quality Management Plan. Seneca Center will operate in compliance with all Health Commission, Local, State, Federal and/or all funding source policies and requirements. In addition, all policies will be compliant with requirements associated with Harm Reduction, HIPAA, Cultural Competency, and Client Satisfaction.

Seneca Center has in place a Committee for Quality Improvement (CQI) which meets every two weeks, or as needed. Membership consists of the Director of Nursing, Assistant Program Director, Education Director, Clinical Director, and Program Director.

The purpose of the CQI is to ensure that quality services are provided to our clients, and that clinical and program issues are addressed in a timely fashion. CQI members will provide recommendations regarding protocols, standards, and clinical issues to be addressed. The CQI activities will include, but are not limited to:

- Review of cases requiring immediate attention
- Identification of trends based upon a review of significant incident reports
- Monitoring frequency of quiet room usage, seclusions, restraints, child and staff injuries, significant incidents
- Assessment of training needs
- Conducting chart reviews
- Reviewing Health and Safety issues
- Reviewing physical plant issues

1. **PROGRAM NAME: Short Term Connections**  
**Intensive Support - Intensive Stabilization Services**  
**PROGRAM ADDRESS: 2513 24<sup>TH</sup> Street**  
**CITY, STATE, ZIP CODE: San Francisco, CA 94110**  
**TELEPHONE: 415-642-5968**  
**FACSIMILE: 415-695-1263**

2. **NATURE OF DOCUMENT**

**New**       **Renewal**       **Modification**

3. **GOAL STATEMENT**

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

4. **TARGET POPULATION**

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

5. **MODALITIES/INTERVENTIONS**

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

B. **Definition of Billable Services:**

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

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

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

6. **METHODOLOGY**

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

1. ISS services include 1:1 support counselor services, and crisis intervention and stabilization services.
2. Length, intensity and scope of ISS services will be determined by the plan documented in the progress note provided by Child Crisis.

3. Child Crisis will retain all Case Management responsibility while ISS services are being provided.
4. ISS will bill EPSDT for medical eligible youth and DHS flex-funds for non-medical eligible youth.
5. At the end of the specified time period, Child Crisis may end ISS services or may conduct a follow-up assessment and request a continuation of ISS services for up to 30 days.

7. OBJECTIVES AND MEASUREMENTS

A. PERFORMANCE/OUTCOME OBJECTIVES

**OUTCOME A: IMPROVE CLIENT SYMPTOMS**

Objective A.1: Reduce Psychiatric Symptoms

- A.1e. Applicable to: Providers of Behavioral Health Services who provide mental health treatment services to children, youth, families, adults and older adults except 24 hour programs

**50% of clients who have been served for two months or more will have met or partially met their treatment goals at discharge.**

Client Inclusion Criteria:

Clients discharged between July 1, 2010 and June 30, 2011 who have been served continuously for 2 months or more.

Data Source:

BIS Reason for Discharge Field.

Program Review Measurement:

Objective will be evaluated based on a 12-month period from July 1, 2010 to June 30, 2011.

B. OTHER MEASURABLE OBJECTIVES/PROCESS OBJECTIVES

Objective 6. Client Satisfaction

- B.6b. Applicable to: Providers of Behavioral Health Services who provide Children, Youth, Families, Adult or Older Adult Mental Health Treatment Services (excluding crisis services, suicide prevention and conservatorship)

**During Fiscal Year 2010-11, 100% of unduplicated clients who received a face-to-face billable service during the survey period will be given and encouraged to complete a Citywide Client Satisfaction Survey.**

Data Source:

Program Tracking Sheet and Program Self Report

Program Review Measurement:

Objective will be evaluated based on the survey administration closest to the 12-month period from July 1, 2010 to June 30, 2011.

Program Specific Objectives:

During fiscal year 2010-11, program will respond to referral calls from Child Crisis within 30 minutes 100% of the time.

Client Inclusion Criteria:

Clients discharged between July 1, 2010 and June 30, 2011 who have been served continuously for 3 months or more.

Data Source:

ISS Referral forms

Program Review Measurement:

Objective will be evaluated based on a 12-month period from July 1, 2010 to June 30, 2011.

During fiscal year 2010-11, program will have staff available to meet the needs determined by Child Crisis 90% of the time.

Client Inclusion Criteria:

Clients discharged between July 1, 2010 and June 30, 2011 who have been served continuously for 3 months or more.

Data Source:

ISS referral forms and mental health notes

Program Review Measurement:

Objective will be evaluated based on a 12-month period from July 1, 2010 to June 30, 2011.

**C. CONTINUOUS QUALITY IMPROVEMENT, PROGRAM PRODUCTIVITY AND SERVICE ACCESS**

**Objective 1. Program Productivity**

C.1a. Applicable to: All Providers of Behavioral Health Services who provide Substance Abuse Treatment and Prevention and Mental Health Services

During Fiscal Year 2010-11, 72,427 units of service (UOS) will be provided consisting of treatment, prevention, or ancillary services as specified in the unit of service definition for each modality and as measured by BIS and documented by counselors' case notes and program records.

Date Source:

CBHS Billing Information System – DAS 800 DW Report or program records. For programs not entering data into BIS, CBHS will compute or collect documentation.

Program Review Measurement:

Objective will be evaluated quarterly during the 12-month period from July 1, 2010 to June 30, 2011. Only the summaries from the two first quarterly meetings held by March 2010 will be included in the program review.

**Objective 5. Integration Activities**

C.5a. Applicable to: All CBHS programs, including contract and civil service mental health and substance abuse

programs providing prevention, early intervention and treatment services

Each program will complete a new self-assessment with the revise COMPASS every two (2) years (a new COMPASS must be completed every other fiscal year).

Data Source:

Program managers to review information sent to [CBHSIntegration@sfdph.org](mailto:CBHSIntegration@sfdph.org) via the shared folder to monitor compliance.

Program Review Measurement:

Objective will be evaluated based on a 12-month period from July 1, 2010 to June 30, 2011.

- C.5b. Applicable to: All CBHS programs, including contract and civil service mental health and substance abuse programs providing prevention, early intervention and treatment services

Using the results of the most recently completed COMPASS (which must be completed every 2 years), each program will identify at least one program process improvement activity to be implemented by the end of the fiscal year using an Action Plan format to document this activity. Copies of the program Action Plan will be sent via email to [CBHSIntegration@sfdph.org](mailto:CBHSIntegration@sfdph.org).

Data Source:

Each program will complete the COMPASS self assessment process and submit a summary of the scores to [CBHSIntegration@sfdph.org](mailto:CBHSIntegration@sfdph.org). The program manager for each program will review completed COMPASS during the month of January and submit a brief memorandum certifying that the COMPASS was completed.

Program Review Measurement:

Objective will be evaluated quarterly during the 12-month period from July 1, 2010 to June 30, 2011. Only the summaries from the two first quarterly meetings held by March 2011 will be included in the program review.

- C.5c. Applicable to: All CBHS programs, including contract and civil service mental health and substance abuse programs providing prevention, early intervention and treatment services

Each behavioral health partnership will identify, plan, and complete a minimum of six (6) hours of joint partnership activities during the fiscal year. Activities may include but are not limited to: meetings, training, case conferencing, program visits, staff sharing, or other integration activities in order to fulfill the goals of a successful partnership. Programs will submit the annual partnership plan via email to [CBHSIntegration@sfdph.org](mailto:CBHSIntegration@sfdph.org).

Data Source:

Program self report such as activity attendance sheets with documentation of time spent on integration activities. The program manager will certify documentation of this plan.

Program Review Measurement:

Objective will be evaluated quarterly during the 12-month period from July 1, 2010 to June 30, 2011. Only the summaries from the two first quarterly meetings held by March 2011 will be included in the program review.



- C.5d. Applicable to: All CBHS programs, including contract and civil service mental health and substance abuse programs providing prevention, early intervention and treatment services

Each program will select and utilize at least one of the CBHS approved list of valid and reliable screening tools to identify co-occurring mental health and substance abuse problems as required by CBHS Integration Policy (Manual Number: 1.05-01).

Data Source:

Program Self Report.

Program Review Measurement:

Objective will be evaluated quarterly during the 12-month period from July 1, 2010 to June 30, 2011. Only the summaries from the two first quarterly meetings to be held by December 2010 and March 2011 will be included in the program review.

- C.5e. Applicable to: All CBHS programs, including contract and civil service mental health and substance abuse programs providing prevention, early intervention and treatment services

**During Fiscal Year 2010-11, each program will participate in one Primary Care partnership activity. The Primary Care Partner for this activity must be the DPH Oriented Primary Care Clinic located in closest proximity to the program, or most appropriate for the program population. Primary care program which cannot be Primary Care Partner for this purpose, include primary care program which are part of the same overall agency as the Behavioral Health Program. Optimal activities will be designed to promote cooperative planning and response to natural disaster or emergency events, neighborhood health fairs to increase joint referrals, or mutual open house events to promote cross-staff education and program awareness.**

Data Source:

Program Self Report.

Program Review Measurement:

Objective will be evaluated quarterly during the 12-month period from July 1, 2010 to June 30, 2011. Only the summaries from the two first quarterly meetings held by March 2011 will be included in the program review.

- C.5f. Applicable to: All CBHS programs, including contract and civil service mental health and substance abuse programs providing prevention, early intervention and treatment service in Fiscal Year 2010-11.

**Providers will have all program service staff including physicians, counselors, social workers, and outreach workers each complete a self assessment of integration practices using the CODECAT. This self assessment must be updated every two years.**

Data Source:

Program self report with submission of document of staff completion of CODECAT sent to [CBHSIntegration@sfdph.org](mailto:CBHSIntegration@sfdph.org). The program manager will document this activity.

**Objective 6. Cultural Competency**

- C.6a. Applicable to: All Providers of Behavioral Health Services

**Working with their CBHS program managers, programs will develop three (3) mutually agreed upon opportunities for improvement under their 2008 Cultural Competency Reports and report out on the identified program-specific opportunities for improvement and progress toward these improvements by September 30, 2009. Reports should be sent to both program managers and the DPH/EEO.**

Data Source:

Program managers will review progress utilizing the DPH Cultural Competency Report Evaluation Tool.

Program Review Measurement:

Objective will be evaluated quarterly during the 12-month period from July 1, 2010 to June 30, 2011. Only the summaries from the two first quarterly meetings held by March 2011 will be included in the program review.

7. CONTINUOUS QUALITY IMPROVEMENT

The Contractor agrees to abide by the most current CMHS Policies and Procedures and State approved Quality Management Plan. Seneca Center will operate in compliance with all Health Commission, Local, State, Federal and/or all funding source policies and requirements. In addition, all policies will be compliant with requirements associated with Harm Reduction, HIPAA, Cultural Competency, and Client Satisfaction.

Seneca Center has in place a Committee for Quality Improvement (CQI) which meets on a weekly basis, or as needed. Membership consists of the Program Director, Clinical Director, and Team Supervisors.

The purpose of the CQI is to ensure that quality services are provided to our clients, and that clinical and program issues are addressed in a timely fashion. CQI members will provide recommendations regarding protocols, standards, and clinical issues to be addressed. The CQI activities will include, but are not limited to:

- Review of cases requiring immediate attention
- Identification of trends based upon a review of significant incident reports
- Assessment of training needs
- Conducting chart reviews
- Reviewing Health and Safety issues
- Root Cause Analysis will be conducted for all critical incidents

1. **PROGRAM NAME: Long Term Connections – Wraparound Services**  
**PROGRAM ADDRESS: 2513 24<sup>TH</sup> Street**  
**CITY, STATE, ZIP CODE: San Francisco, CA 94110**  
**TELEPHONE: 415-642-5968**  
**FACSIMILE: 415-695-1263**

2. NATURE OF DOCUMENT

New       Renewal       Modification

3. GOAL STATEMENT

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

4. TARGET POPULATION

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

5. MODALITIES/INTERVENTIONS

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

B. Definition of Billable Services:

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

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

6. METHODOLOGY

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

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

9. Facilitate extensive community resource development.
10. Meet regularly with County staff to ensure the partnerships necessary for the success of the SB 163 wraparound project.

7. **OBJECTIVES AND MEASUREMENTS**

**A. PERFORMANCE/OUTCOME OBJECTIVES**

**OUTCOME A: IMPROVE CLIENT SYMPTOMS**

**Objective A.1: Reduce Psychiatric Symptoms**

- A.1a. Applicable to: Providers of Behavioral Health Services who provide non-24 hour Mental Health Treatment Services to Children, Youth, Families, Adults and Older Adults except supported housing programs

The total number of acute inpatient hospital episodes used by clients in Fiscal Year 2010-11 will be reduced by at least 15% compared to the number of acute inpatient hospital episodes used by these same clients in Fiscal Year 2010-11. This is applicable only to clients opened to the program no later than July 1, 2010, and had no IMD or CTF episode during FY 2009-09. Data collected for July 2010 – June 2011 will be compared with the data collected in July 2010– June 2011.

Programs will be exempt from meeting this objective if more than 50% of the total number of inpatient episodes was used by 5% or less of the clients hospitalized.

Data Source:

CBHS Billing Information System - CBHS will compute.

- A.1e. Applicable to: Providers of Behavioral Health Services who provide mental health treatment services to children, youth, families, adults and older adults except 24 hour programs

50% of clients who have been served for two months or more will have met or partially met their treatment goals at discharge.

Client Inclusion Criteria:

Clients discharged between July 1, 2010 and June 30, 2011 who have been served continuously for 2 months or more.

Data Source:

BIS Reason for Discharge Field.

Program Review Measurement:

Objective will be evaluated based on a 12-month period from July 1, 2010 to June 30, 2011.

- A.1f. Applicable to: All Providers of Behavioral Health Services who provide Outpatient Mental Health Treatment Services and Day treatment to Children, Youth and Families, including School-Mental Health Partnership Programs

Providers will ensure that all clinicians who provide mental health services are certified in the use of the Child & Adolescent Needs and Strengths (CANS). New employees will have completed the CANS training within 30 days of hire

Data Source:

CANS Certificates of completion with a passing score.

Program Review Measurement:

Objective will be evaluated based on program submission of CANS training completion certificates for all new employees from July 1, 2010 to June 30, 2011

- A.1g. Applicable to: Providers of Behavioral Health Services who provide Outpatient Mental Health Services and Day Treatment to children, youth, and families, including school-based programs

Clients with an open episode, for whom two or more contacts had been billed within the first 30 days, should have both the initial CANS assessment and treatment plans completed in the online record within 30 days of episode opening.

For the purpose of this program performance objective, an 85% completion rate will be considered a passing score.

Data Source:

CANS submitted to CANS database website, summarized by CYF System of Care

Program Review Measurement:

This objective will be evaluated based on data from July 1, 2010 to June 30, 2011.

- A.1h. Applicable to: Providers of Behavioral Health Services who provide Outpatient Mental Health Services and Day Treatment to children, youth, and families, including school-based programs

CYF agency representatives attend regularly scheduled Super User calls.

For the purpose of this performance objective, an 80% attendance of all calls will be considered a passing score.

Data Source:

Super User calls attendance log, summarized by CYF System of Care.

Program Review Measurement:

This objective will be evaluated based on data from July 1, 2010 to June 30, 2011.

- A.1i. Applicable to: Providers of Behavioral Health Services that provide Outpatient Mental Health Services and Day Treatment to children, youth and families, including school-based programs

Outpatient clients opened will have a Re-assessment/Outpatient Treatment Report in the online record within 30 days of the 6 month anniversary of their Episode Opening date and every 6 months thereafter.

Day Treatment clients have a Reassessment/Outpatient Treatment report in the online record within 30 days of the 3 month anniversary of their episode opening date, and every 3 months thereafter

For the purpose of this program performance objective, a 100% completion rate will be considered a passing score.

Data Source:

CANS data submitted to CANS website and summarized by CYF System of Care.

Program Review and Measurement:

This objective will be evaluated based on data submitted between July 1, 2010 to June 30, 2011.

- A.1j. Applicable to: Providers of Behavioral Health Services that provide Outpatient Mental Health Services and Day Treatment to children, youth and families, including school-based programs.

Outpatient clients opened will have an updated Treatment Plan in the online record within 30 days of the 6 month anniversary of their Episode Opening

Day Treatment clients have an updated Treatment Plan in the online record within 30 days of the 3 month anniversary and every 3 months thereafter.

For the purpose of this program performance objective, a 100% completion rate will be considered a passing score.

Data Source:

CANS data submitted to CANS website and summarized by CYF System of Care

Program Review and Measurement:

This objective will be evaluated based on data submitted between July 1, 2010 to June 30, 2011.

Program Review and Measurement:

**THIS OBJECTIVE ONLY APPLIES TO RU'S THAT ARE MANDATED TO USE CANS.**

Sponsored meetings will begin within 30 days of clinician training (no earlier than November 15, 2009, for civil service providers, and no earlier than March 1, 2010, for contracted providers).

**OUTCOME 3: IMPROVE CLIENT FUNCTIONING**

**Objective A.3: Increase Stable Living Environment**

- A.3a. Applicable to: Providers of Behavioral Health Services for Children, Youth, Families, Adult or Older Adult Mental Health Programs, except 24-hour programs

35% of clients who 1) completed a discharge or annual CSI during this period; 2) have been open in the program for at least one year as of the date of this latest administration of CSI; and 3) were reported homeless at their immediately preceding completion of CSI will be reported in a stable living situation or an appropriate residential treatment facility at the latest CSI.

Data Source:

BIS Living Situation Codes.

Program Review Measurement:

Objective will be evaluated based on a 12-month period from July 1, 2010 to June 30, 2011

**B. OTHER MEASURABLE OBJECTIVES/PROCESS OBJECTIVES**

**Objective 6. Client Satisfaction**

- B.6b. Applicable to: Providers of Behavioral Health Services who provide Children, Youth, Families, Adult or Older Adult Mental Health Treatment Services (excluding crisis services, suicide prevention and conservatorship)

During Fiscal Year 2010-11, 100% of unduplicated clients who received a face-to-face billable service during the survey period will be given and encouraged to complete a Citywide Client Satisfaction Survey.

Data Source:

Program Tracking Sheet and Program Self Report

Program Review Measurement:

Objective will be evaluated based on the survey administration closest to the 12-month period from July 1, 2010 to June 30, 2011.

**C. CONTINUOUS QUALITY IMPROVEMENT, PROGRAM PRODUCTIVITY AND SERVICE ACCESS**

**Objective 1. Program Productivity**

- C.1a. Applicable to: All Providers of Behavioral Health Services who provide Substance Abuse Treatment and Prevention and Mental Health Services

During Fiscal Year 2010-11, 1,732,277 units of service (UOS) will be provided consisting of treatment, prevention, or ancillary services as specified in the unit of service definition for each modality and as measured by BIS and documented by counselors' case notes and program records.

Data Source:

CBHS Billing Information System – DAS 800 DW Report or program records. For programs not entering data into BIS, CBHS will compute or collect documentation.

Program Review Measurement:

Objective will be evaluated quarterly during the 12-month period from July 1, 2010 to June 30, 2011. Only the summaries from the two first quarterly meetings held by March 2011 will be included in the program review.

**Objective 3. Quality of Care**

- C.3a. Applicable to: All providers of Behavioral Health Services who provide Outpatient, Day Treatment and Intensive Care Management Mental Health Services to Children, Youth and Families

**CYF providers will review quarterly CANS data provided by CBHS CYF-SOC with their CBHS program manager**

Data Source:

Minutes of quarterly meetings kept by CYF providers, and submitted to CBHS by June 30 2011

Program Review Measurement:

Objective will be evaluated quarterly during the 12 month period from July 1, 2010 to June 30, 2011. Only the minute from the first three quarterly meetings will be included in the program review.

**Objective 4. Client Outcomes Data Collection**

- C.4a. Applicable to: All CBHS School-Mental Health Partnership Providers

**Providers will have teachers, parents and/or clients complete ratings on student social, emotional and behavioral functioning at the beginning (October) and the end (May) of the school year.**

Data Source:

Forms submitted to CBHS CYF Administration (CBHS-SFUSD Partnership Coordinator).

Program Review Measurement:

Objective will be evaluated quarterly during the 12-month period from July 1, 2010 to June 30, 2011. Only the summaries from the first two quarterly meetings held by March 2011 will be included in the program review.

**Objective 5. Integration Activities \*\***

\*\* For providers who are not located in the City and County of San Francisco, contractors who do not provide client services and small programs with less than 3.0 FTEs, please refer to the attached Integration Inclusion Document for guidance on the implementation of objectives in this section of Integration Preparedness (see Addendum I). Please note that several Integration process objectives are included on the CBHS Compliance Checklist for FY2010-11. All providers of behavioral health services will be expected to meet these CBHS Compliance Checklist integration items. For all of the following items listed from D.5a – D.5f, programs will submit all reporting on integration preparedness items via email to [CBHSIntegration@sfdph.org](mailto:CBHSIntegration@sfdph.org).

- C.5a. Applicable to: All CBHS programs, including contract and civil service mental health and substance abuse programs providing prevention, early intervention and treatment services

**Each program will complete a new self-assessment with the revise COMPASS every two (2) years (a new COMPASS must be completed every other fiscal year).**

Data Source:

Program managers to review information sent to [CBHSIntegration@sfdph.org](mailto:CBHSIntegration@sfdph.org) via the shared folder to monitor compliance.

Program Review Measurement:

Objective will be evaluated based on a 12-month period from July 1, 2010 to June 30, 2011.

- C.5b. Applicable to: All CBHS programs, including contract and civil service mental health and substance abuse programs providing prevention, early intervention and treatment services

Using the results of the most recently completed COMPASS (which must be completed every 2 years), each program will identify at least one program process improvement activity to be implemented by the end of the fiscal year using an Action Plan format to document this activity. Copies of the program Action Plan will be sent via email to [CBHSIntegration@sfdph.org](mailto:CBHSIntegration@sfdph.org).

Data Source:

Each program will complete the COMPASS self assessment process and submit a summary of the scores to [CBHSIntegration@sfdph.org](mailto:CBHSIntegration@sfdph.org). The program manager for each program will review completed COMPASS during the month of January and submit a brief memorandum certifying that the COMPASS was completed.

Program Review Measurement:

Objective will be evaluated quarterly during the 12-month period from July 1, 2010 to June 30, 2011. Only the summaries from the two first quarterly meetings held by March 2011 will be included in the program review.

- C.5c. Applicable to: All CBHS programs, including contract and civil service mental health and substance abuse programs providing prevention, early intervention and treatment services

Each behavioral health partnership will identify, plan, and complete a minimum of six (6) hours of joint partnership activities during the fiscal year. Activities may include but are not limited to: meetings, training, case conferencing, program visits, staff sharing, or other integration activities in order to fulfill the goals of a successful partnership. Programs will submit the annual partnership plan via email to [CBHSIntegration@sfdph.org](mailto:CBHSIntegration@sfdph.org).

Data Source:

Program self report such as activity attendance sheets with documentation of time spent on integration activities. The program manager will certify documentation of this plan.

Program Review Measurement:

Objective will be evaluated quarterly during the 12-month period from July 1, 2010 to June 30, 2011. Only the summaries from the two first quarterly meetings held by March 2009 will be included in the program review.

- C.5d. Applicable to: All CBHS programs, including contract and civil service mental health and substance abuse programs providing prevention, early intervention and treatment services

Each program will select and utilize at least one of the CBHS approved list of valid and reliable screening tools to identify co-occurring mental health and substance abuse problems as required by CBHS Integration Policy (Manual Number: 1.05-01).

Data Source:

Program Self Report.

Program Review Measurement:

Objective will be evaluated quarterly during the 12-month period from July 1, 2010 to June 30, 2011. Only the summaries from the two first quarterly meetings to be held by December 2009 and March 2011 will be included in the program review.

- C.5e. Applicable to: All CBHS programs, including contract and civil service mental health and substance abuse programs providing prevention, early intervention and treatment services

During Fiscal Year 2010-11, each program will participate in one Primary Care partnership activity. The Primary Care Partner for this activity must be the DPH Oriented Primary Care Clinic located in closest



proximity to the program, or most appropriate for the program population. Primary care program which cannot be Primary Care Partner for this purpose, include primary care program which are part of the same overall agency as the Behavioral Health Program. Optimal activities will be designed to promote cooperative planning and response to natural disaster or emergency events, neighborhood health fairs to increase joint referrals, or mutual open house events to promote cross-staff education and program awareness.

Data Source:

Program Self Report.

Program Review Measurement:

Objective will be evaluated quarterly during the 12-month period from July 1, 2010 to June 30, 2011. Only the summaries from the two first quarterly meetings held by March 2011 will be included in the program review.

- C.5f. Applicable to: All CBHS programs, including contract and civil service mental health and substance abuse programs providing prevention, early intervention and treatment service in Fiscal Year 2010-11.

Providers will have all program service staff including physicians, counselors, social workers, and outreach workers each complete a self assessment of integration practices using the CODECAT. This self assessment must be updated every two years.

Data Source:

Program self report with submission of document of staff completion of CODECAT sent to CBHSIntegration@sfdph.org. The program manager will document this activity.

**Objective 6. Cultural Competency**

- C.6a. Applicable to: All Providers of Behavioral Health Services

Working with their CBHS program managers, programs will develop three (3) mutually agreed upon opportunities for improvement under their 2009 Cultural Competency Reports and report out on the identified program-specific opportunities for improvement and progress toward these improvements by September 30, 2009. Reports should be sent to both program managers and the DPH/EEO.

Data Source:

Program managers will review progress utilizing the DPH Cultural Competency Report Evaluation Tool.

Program Review Measurement:

Objective will be evaluated quarterly during the 12-month period from July 1, 2010 to June 30, 2011. Only the summaries from the two first quarterly meetings held by March 2011 will be included in the program review.

**Objective 7: Family/Youth/Consumer Driven Care**

- C.7a. Applicable to: Providers of Behavioral Health Services that provide Mental Health to Children, Youth, and Families

Each program shall make available to youth receiving services the “Choose Your Therapist” Form and “Do You Feel Me” Form and develop internal processes and procedures for the incorporation of feedback received on the form in treatment planning, development and evaluation. This objective is only applicable to youth under 18 years of age, and for programs serving at least ten San Francisco youth in their programs.

Data Source:

Program Tracking Sheet and Self Report.

Program Review Measurement:

Objective will be evaluated quarterly during the 12-month period from July 1, 2010 to June 30, 2011. Only the summaries from the two first quarterly meetings held by March 2010 will be included in the program review.

**Objective 8: Program and Service Innovation & Best Practice**

C.8a. Applicable to: Providers of Behavioral Health Services that provide Mental Health and Substance Abuse Services to Children, Youth, Families, Adults or Older Adults

**If applicable each program shall report to CBHS Administrative Staff on innovative and/or best practices being used by the program including available outcome data.**

Data Source:

Program Self Report.

Program Review Measurement:

Objective will be evaluated quarterly during the 12-month period from July 1, 2010 to June 30, 2011. Only the summaries from the two first quarterly meetings held by March 2011 will be included in the program review.

**8. CONTINUOUS QUALITY IMPROVEMENT**

The Contractor agrees to abide by the most current CMHS Policies and Procedures and State approved Quality Management Plan. Seneca Center will operate in compliance with all Health Commission, Local, State, Federal and/or all funding source policies and requirements. In addition, all policies will be compliant with requirements associated with Harm Reduction, HIPAA, Cultural Competency, and Client Satisfaction.

Seneca Center has in place a Committee for Quality Improvement (CQI) which meets every two weeks, or as needed. Membership consists of the Director of Nursing, Assistant Program Director, Education Director, Clinical Director, and Program Director.

The purpose of the CQI is to ensure that quality services are provided to our clients, and that clinical and program issues are addressed in a timely fashion. CQI members will provide recommendations regarding protocols, standards, and clinical issues to be addressed. The CQI activities will include, but are not limited to:

- Review of cases requiring immediate attention
- Identification of trends based upon a review of significant incident reports
- Monitoring frequency of quiet room usage, seclusions, restraints, child and staff injuries, significant incidents
- Assessment of training needs
- Conducting chart reviews
- Reviewing Health and Safety issues
- Reviewing physical plant issues

1. **PROGRAM NAME:** Long Term Connections Wraparound-Probation  
**PROGRAM ADDRESS:** 2513 24<sup>TH</sup> Street  
**CITY, STATE, ZIP CODE:** San Francisco, CA 94110  
**TELEPHONE:** 415-642-5968  
**FACSIMILE:** 415-695-1263

2. **NATURE OF DOCUMENT**

New       Renewal       Modification

3. **GOAL STATEMENT**

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

4. **TARGET POPULATION**

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

5. **MODALITIES/INTERVENTIONS**

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

B. **Definition of Billable Services:**

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

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

6. **METHODOLOGY**

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

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

10. Meet regularly with County staff to ensure the partnerships necessary for the success of the SB 163 wraparound project.

7. OBJECTIVES AND MEASUREMENTS

A. PERFORMANCE/OUTCOME OBJECTIVES

**OUTCOME A: IMPROVE CLIENT SYMPTOMS**

Objective A.1: Reduce Psychiatric Symptoms

- A.1a. Applicable to: Providers of Behavioral Health Services who provide non-24 hour Mental Health Treatment Services to Children, Youth, Families, Adults and Older Adults except supported housing programs

The total number of acute inpatient hospital episodes used by clients in Fiscal Year 2009-10 will be reduced by at least 15% compared to the number of acute inpatient hospital episodes used by these same clients in Fiscal Year 2009-10. This is applicable only to clients opened to the program no later than July 1, 2010, and had no IMD or CTF episode during FY 2008-09. Data collected for July 2010 June 2011 will be compared with the data collected in July 2009– June 2010.

Programs will be exempt from meeting this objective if more than 50% of the total number of inpatient episodes was used by 5% or less of the clients hospitalized.

Data Source:

CBHS Billing Information System - CBHS will compute.

- A.1e. Applicable to: Providers of Behavioral Health Services who provide mental health treatment services to children, youth, families, adults and older adults except 24 hour programs

**50% of clients who have been served for two months or more will have met or partially met their treatment goals at discharge.**

Client Inclusion Criteria:

Clients discharged between July 1, 2010 and June 30, 2011 who have been served continuously for 2 months or more.

Data Source:

BIS Reason for Discharge Field.

Program Review Measurement:

Objective will be evaluated based on a 12-month period from July 1, 2010 to June 30, 2011.

- A.1f. Applicable to: All Providers of Behavioral Health Services who provide Outpatient Mental Health Treatment Services and Day treatment to Children, Youth and Families, including School-Mental Health Partnership Programs

**Providers will ensure that all clinicians who provide mental health services are certified in the use of the Child & Adolescent Needs and Strengths (CANS). New employees will have completed the CANS training within 30 days of hire**

Data Source:

CANS Certificates of completion with a passing score.

Program Review Measurement:

Objective will be evaluated based on program submission of CANS training completion certificates for all new employees from July 1, 2010 to June 30, 2011

- A.1g. Applicable to: Providers of Behavioral Health Services who provide Outpatient Mental Health Services and Day Treatment to children, youth, and families, including school-based programs

Clients with an open episode, for whom two or more contacts had been billed within the first 30 days, should have both the initial CANS assessment and treatment plans completed in the online record within 30 days of episode opening.

For the purpose of this program performance objective, an 85% completion rate will be considered a passing score.

Data Source:

CANS submitted to CANS database website, summarized by CYF System of Care

Program Review Measurement:

This objective will be evaluated based on data from July 1, 2010 to June 30, 2011.

- A.1h. Applicable to: Providers of Behavioral Health Services who provide Outpatient Mental Health Services and Day Treatment to children, youth, and families, including school-based programs

CYF agency representatives attend regularly scheduled Super User calls.

For the purpose of this performance objective, an 80% attendance of all calls will be considered a passing score.

Data Source:

Super User calls attendance log, summarized by CYF System of Care.

Program Review Measurement:

This objective will be evaluated based on data from July 1, 2010 to June 30, 2011.

- A.1i. Applicable to: Providers of Behavioral Health Services that provide Outpatient Mental Health Services and Day Treatment to children, youth and families, including school-based programs

Outpatient clients opened will have a Re-assessment/Outpatient Treatment Report in the online record within 30 days of the 6 month anniversary of their Episode Opening date and every 6 months thereafter.

Day Treatment clients have a Reassessment/Outpatient Treatment report in the online record within 30 days of the 3 month anniversary of their episode opening date, and every 3 months thereafter

For the purpose of this program performance objective, a 100% completion rate will be considered a passing score.

Data Source:

CANS data submitted to CANS website and summarized by CYF System of Care.

Program Review and Measurement:

This objective will be evaluated based on data submitted between July 1, 2010 to June 30, 2011.

- A.1j. Applicable to: Providers of Behavioral Health Services that provide Outpatient Mental Health Services and Day Treatment to children, youth and families, including school-based programs.

Outpatient clients opened will have an updated Treatment Plan in the online record within 30 days of the 6 month anniversary of their Episode Opening

Day Treatment clients have an updated Treatment Plan in the online record within 30 days of the 3 month anniversary and every 3 months thereafter.

For the purpose of this program performance objective, a 100% completion rate will be considered a passing score.

Data Source:

CANS data submitted to CANS website and summarized by CYF System of Care

Program Review and Measurement:

This objective will be evaluated based on data submitted between July 1, 2010 to June 30, 2011.

Program Review and Measurement:

**THIS OBJECTIVE ONLY APPLIES TO RU'S THAT ARE MANDATED TO USE CANS.**

Sponsored meetings will begin within 30 days of clinician training (no earlier than November 15, 2009, for civil service providers, and no earlier than March 1, 2010, for contracted providers).

**OUTCOME 3: IMPROVE CLIENT FUNCTIONING**

**Objective A.3: Increase Stable Living Environment**

- A.3a. Applicable to: Providers of Behavioral Health Services for Children, Youth, Families, Adult or Older Adult Mental Health Programs, except 24-hour programs

35% of clients who 1) completed a discharge or annual CSI during this period; 2) have been open in the program for at least one year as of the date of this latest administration of CSI; and 3) were reported homeless at their immediately preceding completion of CSI will be reported in a stable living situation or an appropriate residential treatment facility at the latest CSI.

Data Source:

BIS Living Situation Codes.

Program Review Measurement:

Objective will be evaluated based on a 12-month period from July 1, 2010 to June 30, 2011.

**B. OTHER MEASURABLE OBJECTIVES/PROCESS OBJECTIVES**

**Objective 6. Client Satisfaction**

- B.6b. Applicable to: Providers of Behavioral Health Services who provide Children, Youth, Families, Adult or Older Adult Mental Health Treatment Services (excluding crisis services, suicide prevention and conservatorship)

During Fiscal Year 2009-10, 100% of unduplicated clients who received a face-to-face billable service during the survey period will be given and encouraged to complete a Citywide Client Satisfaction Survey.

Data Source:

Program Tracking Sheet and Program Self Report

Program Review Measurement:

Objective will be evaluated based on the survey administration closest to the 12-month period from July 1, 2010 to June 30, 2011.

**C. CONTINUOUS QUALITY IMPROVEMENT, PROGRAM PRODUCTIVITY AND SERVICE ACCESS**

**Objective 1. Program Productivity**

- C.1a. Applicable to: All Providers of Behavioral Health Services who provide Substance Abuse Treatment and Prevention and Mental Health Services

During Fiscal Year 2009-10, 146,649 units of service (UOS) will be provided consisting of treatment, prevention, or ancillary services as specified in the unit of service definition for each modality and as measured by BIS and documented by counselors' case notes and program records

Data Source:

CBHS Billing Information System – DAS 800 DW Report or program records. For programs not entering data into BIS, CBHS will compute or collect documentation.

Program Review Measurement:

Objective will be evaluated quarterly during the 12-month period from July 1, 2010 to June 30, 2011. Only the summaries from the two first quarterly meetings held by March 2011 will be included in the program review.

**Objective 3. Quality of Care**

- C.3a. Applicable to: All providers of Behavioral Health Services who provide Outpatient, Day Treatment and Intensive Care Management Mental Health Services to Children, Youth and Families

**CYF providers will review quarterly CANS data provided by CBHS CYF-SOC with their CBHS program manager**

Data Source:

Minutes of quarterly meetings kept by CYF providers, and submitted to CBHS by June 30 2010.

Program Review Measurement:

Objective will be evaluated quarterly during the 12 month period from July 1, 2010 to June 30, 2011. Only the minute from the first three quarterly meetings will be included in the program review.

**Objective 4. Client Outcomes Data Collection**

- C.4a. Applicable to: All CBHS School-Mental Health Partnership Providers

**Providers will have teachers, parents and/or clients complete ratings on student social, emotional and behavioral functioning at the beginning (October) and the end (May) of the school year.**

Data Source:

Forms submitted to CBHS CYF Administration (CBHS-SFUSD Partnership Coordinator).

Program Review Measurement:

Objective will be evaluated quarterly during the 12-month period from July 1, 2010 to June 30, 2011. Only the summaries from the first two quarterly meetings held by March 2011 will be included in the program review.

**Objective 5. Integration Activities \*\***

\*\* For providers who are not located in the City and County of San Francisco, contractors who do not provide client services and small programs with less than 3.0 FTEs, please refer to the attached Integration Inclusion Document for guidance on the implementation of objectives in this section of Integration Preparedness (see Addendum I). Please note that several Integration process objectives are included on the CBHS Compliance Checklist for FY2009-10. All providers of behavioral health services will be expected to meet these CBHS Compliance Checklist integration items. For all of the following items listed from D.5a – D.5f, programs will submit all reporting on integration preparedness items via email to [CBHSIntegration@sfdph.org](mailto:CBHSIntegration@sfdph.org).

- C.5a. Applicable to: All CBHS programs, including contract and civil service mental health and substance abuse programs providing prevention, early intervention and treatment services

**Each program will complete a new self-assessment with the revise COMPASS every two (2) years (a new COMPASS must be completed every other fiscal year).**

Data Source:

Program managers to review information sent to [CBHSIntegration@sfdph.org](mailto:CBHSIntegration@sfdph.org) via the shared folder to monitor compliance.

Program Review Measurement:

Objective will be evaluated based on a 12-month period from July 1, 2010 to June 30, 2011.

- C.5b. Applicable to: All CBHS programs, including contract and civil service mental health and substance abuse programs providing prevention, early intervention and treatment services

Using the results of the most recently completed COMPASS (which must be completed every 2 years), each program will identify at least one program process improvement activity to be implemented by the end of the fiscal year using an Action Plan format to document this activity. Copies of the program Action Plan will be sent via email to [CBHSIntegration@sfdph.org](mailto:CBHSIntegration@sfdph.org).

Data Source:

Each program will complete the COMPASS self assessment process and submit a summary of the scores to [CBHSIntegration@sfdph.org](mailto:CBHSIntegration@sfdph.org). The program manager for each program will review completed COMPASS during the month of January and submit a brief memorandum certifying that the COMPASS was completed.

Program Review Measurement:

Objective will be evaluated quarterly during the 12-month period from July 1, 2010 to June 30, 2011. Only the summaries from the two first quarterly meetings held by March 2011 will be included in the program review.

- C.5c. Applicable to: All CBHS programs, including contract and civil service mental health and substance abuse programs providing prevention, early intervention and treatment services

Each behavioral health partnership will identify, plan, and complete a minimum of six (6) hours of joint partnership activities during the fiscal year. Activities may include but are not limited to: meetings, training, case conferencing, program visits, staff sharing, or other integration activities in order to fulfill the goals of a successful partnership. Programs will submit the annual partnership plan via email to [CBHSIntegration@sfdph.org](mailto:CBHSIntegration@sfdph.org).

Data Source:

Program self report such as activity attendance sheets with documentation of time spent on integration activities. The program manager will certify documentation of this plan.

Program Review Measurement:

Objective will be evaluated quarterly during the 12-month period from July 1, 2010 to June 30, 2011. Only the summaries from the two first quarterly meetings held by March 2010 will be included in the program review.

- C.5d. Applicable to: All CBHS programs, including contract and civil service mental health and substance abuse programs providing prevention, early intervention and treatment services

Each program will select and utilize at least one of the CBHS approved list of valid and reliable screening tools to identify co-occurring mental health and substance abuse problems as required by CBHS Integration Policy (Manual Number: 1.05-01).

Data Source:

Program Self Report.

Program Review Measurement:

Objective will be evaluated quarterly during the 12-month period from July 1, 2010 to June 30, 2011. Only the summaries from the two first quarterly meetings to be held by December 2010 and March 2011 will be included in the program review.

- C.5e. Applicable to: All CBHS programs, including contract and civil service mental health and substance abuse programs providing prevention, early intervention and treatment services

During Fiscal Year 2010-11, each program will participate in one Primary Care partnership activity. The Primary Care Partner for this activity must be the DPH Oriented Primary Care Clinic located in closest



proximity to the program, or most appropriate for the program population. Primary care program which cannot be Primary Care Partner for this purpose, include primary care program which are part of the same overall agency as the Behavioral Health Program. Optimal activities will be designed to promote cooperative planning and response to natural disaster or emergency events, neighborhood health fairs to increase joint referrals, or mutual open house events to promote cross-staff education and program awareness.

Data Source:

Program Self Report.

Program Review Measurement:

Objective will be evaluated quarterly during the 12-month period from July 1, 2010 to June 30, 2011. Only the summaries from the two first quarterly meetings held by March 2009 will be included in the program review.

- C.5f. Applicable to: All CBHS programs, including contract and civil service mental health and substance abuse programs providing prevention, early intervention and treatment service in Fiscal Year 2009-10.

Providers will have all program service staff including physicians, counselors, social workers, and outreach workers each complete a self assessment of integration practices using the CODECAT. This self assessment must be updated every two years.

Data Source:

Program self report with submission of document of staff completion of CODECAT sent to CBHSIntegration@sfdph.org. The program manager will document this activity.

**Objective 6. Cultural Competency**

- C.6a. Applicable to: All Providers of Behavioral Health Services

Working with their CBHS program managers, programs will develop three (3) mutually agreed upon opportunities for improvement under their 2008 Cultural Competency Reports and report out on the identified program-specific opportunities for improvement and progress toward these improvements by September 30, 2010. Reports should be sent to both program managers and the DPH/EEO.

Data Source:

Program managers will review progress utilizing the DPH Cultural Competency Report Evaluation Tool.

Program Review Measurement:

Objective will be evaluated quarterly during the 12-month period from July 1, 2010 to June 30, 2011. Only the summaries from the two first quarterly meetings held by March 2011 will be included in the program review.

**Objective 7: Family/Youth/Consumer Driven Care**

- C.7a. Applicable to: Providers of Behavioral Health Services that provide Mental Health to Children, Youth, and Families

Each program shall make available to youth receiving services the "Choose Your Therapist" Form and "Do You Feel Me" Form and develop internal processes and procedures for the incorporation of feedback received on the form in treatment planning, development and evaluation. This objective is only applicable to youth under 18 years of age, and for programs serving at least ten San Francisco youth in their programs.

Data Source:

Program Tracking Sheet and Self Report.

Program Review Measurement:

Objective will be evaluated quarterly during the 12-month period from July 1, 2010 to June 30, 2011. Only the summaries from the two first quarterly meetings held by March 2011 will be included in the program review.

**Objective 8: Program and Service Innovation & Best Practice**

C.8a. Applicable to: Providers of Behavioral Health Services that provide Mental Health and Substance Abuse Services to Children, Youth, Families, Adults or Older Adults

If applicable each program shall report to CBHS Administrative Staff on innovative and/or best practices being used by the program including available outcome data.

Data Source:  
Program Self Report.

Program Review Measurement:  
Objective will be evaluated quarterly during the 12-month period from July 1, 2010 to June 30, 2011. Only the summaries from the two first quarterly meetings held by March 2011 will be included in the program review.

**8. CONTINUOUS QUALITY IMPROVEMENT**

The Contractor agrees to abide by the most current CMHS Policies and Procedures and State approved Quality Management Plan. Seneca Center will operate in compliance with all Health Commission, Local, State, Federal and/or all funding source policies and requirements. In addition, all policies will be compliant with requirements associated with Harm Reduction, HIPAA, Cultural Competency, and Client Satisfaction.

Seneca Center has in place a Committee for Quality Improvement (CQI) which meets every two weeks, or as needed. Membership consists of the Director of Nursing, Assistant Program Director, Education Director, Clinical Director, and Program Director.

The purpose of the CQI is to ensure that quality services are provided to our clients, and that clinical and program issues are addressed in a timely fashion. CQI members will provide recommendations regarding protocols, standards, and clinical issues to be addressed. The CQI activities will include, but are not limited to:

- Review of cases requiring immediate attention
- Identification of trends based upon a review of significant incident reports
- Monitoring frequency of quiet room usage, seclusions, restraints, child and staff injuries, significant incidents
- Assessment of training needs
- Conducting chart reviews
- Reviewing Health and Safety issues
- Reviewing physical plant issues

1. **PROGRAM NAME: Intensive Day Treatment – San Leandro/San Francisco**  
**PROGRAM ADDRESS:** 2275 Arlington Dr.  
**CITY, STATE, ZIP CODE:** San Leandro, CA 94578  
**TELEPHONE:** (510) 481-1222  
**FACSIMILE:** (510) 317-1427

2. **NATURE OF DOCUMENT**

New     Renewal     Modification

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

3. **GOAL STATEMENT**

The goal of San Leandro Day Treatment is to help clients achieve a level of success that may enable them to mainstream to a public program, or be referred to a lower level, less restrictive educational program.

4. **TARGET POPULATION**

In each of its programs, Seneca Center is committed to serving those seriously emotionally disturbed children who have not succeeded in less restrictive learning or residential environments. Children are accepted unconditionally into our programs, and are not discharged for exhibiting the behaviors for which they were referred. Children in our day treatment programs cannot be served in a public school setting, and children in our residential programs have histories of multiple placement failures in less restrictive settings.

Regarding the mental health treatment needs of these children, most have received a DSM-IV diagnosis, often prior to placement at Seneca Center. The most common diagnoses include post-traumatic stress, conduct disorder, attention deficit, oppositional defiant, depressive disorders, and pervasive developmental disorders. Although few of the children at Seneca Center can be classified as actively psychotic, many have great difficulty in modulating and controlling their behavior. They can quickly escalate to a highly aggressive, often self-destructive state with very little environmental stress. Typically, the children attending Seneca Center's programs are seriously deficient in the life and social skills needed to function in a home, school, or community setting. These children exhibit behaviors that are destructive to self, others, or property and therefore require a highly structured, individualized course of treatment closely monitored by educational and mental health staff.

5. **MODALITIES/INTERVENTIONS**

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

B. **Definition of Billable Services:**

**Day Treatment Intensive:** Day treatment intensive means a structured, multi-disciplinary program of therapy which may be an alternative to hospitalization, avoid placement in a more restrictive setting, or maintain the beneficiary in a community setting, with services available at least three hours and less than twenty-four hours each day the program is opened. Service activities may include, but are not limited to, assessment, plan development, therapy, rehabilitation and collateral.

6. **METHODOLOGY**

**Intensive Day Treatment – San Leandro**

Seneca Center shall provide intensive day treatment services to students referred by San Francisco County's Community Behavioral Health Section as defined by the California State Department of Mental Health. These services will be provided to students who meet the appropriate medical

Document Date: 8/16/10

Page 1 of 8

necessity criteria and in accordance with a treatment plan approved by a licensed physician or other appropriate mental health professional.

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

Intake, admission, initial evaluation or psychiatric evaluation, psycho-educational assessments, and medication support and monitoring are provided as required, or deemed necessary by staff psychiatrists. The Day Treatment program operates 218 days per year, five days per week.

## 7. OBJECTIVES AND MEASUREMENTS

### A. PERFORMANCE/OUTCOME OBJECTIVES

#### **OUTCOME A: IMPROVE CLIENT SYMPTOMS**

##### Objective A.1: Reduce Psychiatric Symptoms

**A.1a. Applicable to:** All Providers of Behavioral Health Services who provide non-24 hour Mental Health Treatment Services to Children, Youth, Families, Adults and Older Adults except supported housing programs

**The total number of acute inpatient hospital episodes used by clients in Fiscal Year 2010-11 will be reduced by at least 15% compared to the number of acute inpatient hospital episodes used by these same clients in Fiscal Year 2008-09. This is applicable only to clients opened to the program no later than July 1, 2010, and had no IMD or CTF episode during FY 2009-10. Data collected for July 2010 – June 2011 will be compared with the data collected in July 2009– June 2010.**

**Programs will be exempt from meeting this objective if more than 50% of the total number of inpatient episodes was used by 5% or less of the clients hospitalized.**

Data Source:

CBHS Billing Information System - CBHS will compute.

**A.1e. Applicable to:** Providers of Behavioral Health Services who provide mental health treatment services to children, youth, families, adults and older adults except 24 hour programs

**50% of clients who have been served for two months or more will have met or partially met their treatment goals at discharge.**

Client Inclusion Criteria:

Clients discharged between July 1, 2010 and June 30, 2011 who have been served continuously for 2 months or more.

Data Source:

BIS Reason for Discharge Field.

Program Review Measurement:

Objective will be evaluated based on a 12-month period from July 1, 2010 to June 30, 2011.

**A.1f. Applicable to:** All Providers of Behavioral Health Services who provide Outpatient Mental Health Treatment Services and Day treatment to Children, Youth and Families, including

School-Mental Health Partnership Programs

**Providers will ensure that all clinicians who provide mental health services are certified in the use of the Child & Adolescent Needs and Strengths (CANS). New employees will have completed the CANS training within 30 days of hire**

Data Source:

CANS Certificates of completion with a passing score.

Program Review Measurement:

Objective will be evaluated based on program submission of CANS training completion certificates for all new employees from July 1, 2010 to June 30, 2011

Data Source:

CAFAS/PECFAS submitted to Program Evaluation Unit.

- A.1g. Applicable to: Providers of Behavioral Health Services who provide Outpatient Mental Health Services and Day Treatment to children, youth, and families, including school-based programs

**Clients with an open episode, for whom two or more contacts had been billed within the first 30 days, should have both the initial CANS assessment and treatment plans completed in the online record within 30 days of episode opening.**

**For the purpose of this program performance objective, an 85% completion rate will be considered a passing score.**

Data Source:

CANS submitted to CANS database website, summarized by CYF System of Care

Program Review Measurement:

This objective will be evaluated based on data from July 1, 2010 to June 30, 2011.

- A.1h. Applicable to: Providers of Behavioral Health Services who provide Outpatient Mental Health Services and Day Treatment to children, youth, and families, including school-based programs  
**CYF agency representatives attend regularly scheduled SuperUser calls.**

**For the purpose of this performance objective, an 80% attendance of all calls will be considered a passing score.**

Date Source:

SuperUser calls attendance log, summarized by CYF System of Care.

Program Review Measurement:

This objective will be evaluated based on data from July 1, 2010 to June 30, 2011.

- A.1i. Applicable to: Providers of Behavioral Health Services that provide Outpatient Mental Health Services and Day Treatment to children, youth and families, including school-based programs

**Outpatient clients opened will have a Re-assessment/Outpatient Treatment Report in the online record within 30 days of the 6 month anniversary of their Episode Opening date and every 6 months thereafter.**

**Day Treatment clients have a Reassessment/Outpatient Treatment report in the online record within 30 days of the 3 month anniversary of their episode opening date, and every 3 months thereafter**

**For the purpose of this program performance objective, a 100% completion rate will be considered a passing score.**

Data Source:

CANS data submitted to CANS website and summarized by CYF System of Care.

Program Review and Measurement:

This objective will be evaluated based on data submitted between July 1, 2010 to June 30, 2011.

- A.1j. Applicable to: Providers of Behavioral Health Services that provide Outpatient Mental Health Services and Day Treatment to children, youth and families, including school-based programs.

Outpatient clients opened will have an updated Treatment Plan in the online record within 30 days of the 6 month anniversary of their Episode Opening

Day Treatment clients have an updated Treatment Plan in the online record within 30 days of the 3 month anniversary and every 3 months thereafter.

For the purpose of this program performance objective, a 100 % completion rate will be considered a passing score.

Data Source:

CANS data submitted to CANS website and summarized by CYF System of Care

Program Review and Measurement:

This objective will be evaluated based on data submitted between July 1, 2010 to June 30, 2011.

**Objective A.3: Increase Stable Living Environment**

- A.3a. Applicable to: Providers of Behavioral Health Services for Children, Youth, Families, Adult or Older Adult Mental Health Programs, except 24-hour programs

35% of clients who 1) completed a discharge or annual CSI during this period; 2) have been open in the program for at least one year as of the date of this latest administration of CSI; and 3) were reported homeless at their immediately preceding completion of CSI will be reported in a stable living situation or an appropriate residential treatment facility at the latest CSI.

Data Source:

BIS Living Situation Codes.

Program Review Measurement:

Objective will be evaluated based on a 12-month period from July 1, 2010 to June 30, 2011.

**B. OTHER MEASURABLE OBJECTIVES/PROCESS OBJECTIVES**

**Objective 6. Client Satisfaction**

- B.6b. Applicable to: Providers of Behavioral Health Services who provide Children, Youth, Families, Adult or Older Adult Mental Health Treatment Services (excluding crisis services, suicide prevention and conservatorship)

During Fiscal Year 2010-11, 100% of unduplicated clients who received a face-to-face billable service during the survey period will be given and encouraged to complete a Citywide Client Satisfaction Survey.

Data Source:

Program Tracking Sheet and Program Self Report

Program Review Measurement:

Objective will be evaluated based on the survey administration closest to the 12-month period from July 1, 2010 to June 30, 2011.

**C. CONTINUOUS QUALITY IMPROVEMENT, PROGRAM PRODUCTIVITY AND SERVICE ACCESS**

**Objective 1. Program Productivity**

- C.1a. Applicable to: All Providers of Behavioral Health Services who provide Substance Abuse Treatment and

Prevention and Mental Health Services

**During Fiscal Year 2010-11, 537 units of service (UOS) will be provided consisting of treatment, prevention, or ancillary services as specified in the unit of service definition for each modality and as measured by BIS and documented by counselors' case notes and program records.**

Data Source:

CBHS Billing Information System – DAS 800 DW Report or program records. For programs not entering data into BIS, CBHS will compute or collect documentation.

Program Review Measurement:

Objective will be evaluated quarterly during the 12-month period from July 1, 2010 to June 30, 2011. Only the summaries from the two first quarterly meetings held by March 2011 will be included in the program review.

**Objective 3. Quality of Care**

- C.3a. Applicable to: All providers of Behavioral Health Services who provide Outpatient, Day Treatment and Intensive Care Management Mental Health Services to Children, Youth and Families

**CYF providers will review quarterly CANS data provided by CBHS CYF-SOC with their CBHS program manager**

Data Source:

Minutes of quarterly meetings kept by CYF providers, and submitted to CBHS by June 30 2010.

Program Review Measurement:

Objective will be evaluated quarterly during the 12 month period from July 1, 2010 to June 30, 2011. Only the minute from the first three quarterly meetings will be included in the program review.

**Objective 5. Integration Activities \*\***

\*\* For providers who are not located in the City and County of San Francisco, contractors who do not provide client services and small programs with less than 3.0 FTEs, please refer to the attached Integration Inclusion Document for guidance on the implementation of objectives in this section of Integration Preparedness (see Addendum I). Please note that several Integration process objectives are included on the CBHS Compliance Checklist for FY2010-11. All providers of behavioral health services will be expected to meet these CBHS Compliance Checklist integration items. For all of the following items listed from D.5a – D.5f, programs will submit all reporting on integration preparedness items via email to [CBHSIntegration@sfdph.org](mailto:CBHSIntegration@sfdph.org).

- C.5a. Applicable to: All CBHS programs, including contract and civil service mental health and substance abuse programs providing prevention, early intervention and treatment services

**Each program will complete a new self-assessment with the revise COMPASS every two (2) years (a new COMPASS must be completed every other fiscal year).**

Data Source:

Program managers to review information sent to [CBHSIntegration@sfdph.org](mailto:CBHSIntegration@sfdph.org) via the shared folder to monitor compliance.

Program Review Measurement:

Objective will be evaluated based on a 12-month period from July 1, 2010 to June 30, 2011.

- C.5b. Applicable to: All CBHS programs, including contract and civil service mental health and substance abuse programs providing prevention, early intervention and treatment services

**Using the results of the most recently completed COMPASS (which must be completed every 2 years), each program will identify at least one program process improvement activity to be implemented by the end of the fiscal year using an Action Plan format to document this activity. Copies of the program Action Plan will be sent via email to [CBHSIntegration@sfdph.org](mailto:CBHSIntegration@sfdph.org).**

Data Source:

Each program will complete the COMPASS self assessment process and submit a summary of the scores to [CBHSIntegration@sfdph.org](mailto:CBHSIntegration@sfdph.org). The program manager for each program will review completed COMPASS during the month of January and submit a brief memorandum certifying that the COMPASS was completed.

Program Review Measurement:

Objective will be evaluated quarterly during the 12-month period from July 1, 2010 to June 30, 2011. Only the summaries from the two first quarterly meetings held by March 2011 will be included in the program review.

- C.5c. Applicable to: All CBHS programs, including contract and civil service mental health and substance abuse programs providing prevention, early intervention and treatment services

**Each behavioral health partnership will identify, plan, and complete a minimum of six (6) hours of joint partnership activities during the fiscal year. Activities may include but are not limited to: meetings, training, case conferencing, program visits, staff sharing, or other integration activities in order to fulfill the goals of a successful partnership. Programs will submit the annual partnership plan via email to [CBHSIntegration@sfdph.org](mailto:CBHSIntegration@sfdph.org).**

Data Source:

Program self report such as activity attendance sheets with documentation of time spent on integration activities. The program manager will certify documentation of this plan.

Program Review Measurement:

Objective will be evaluated quarterly during the 12-month period from July 1, 2010 to June 30, 2011. Only the summaries from the two first quarterly meetings held by March 2010 will be included in the program review.

- C.5d. Applicable to: All CBHS programs, including contract and civil service mental health and substance abuse programs providing prevention, early intervention and treatment services

**Each program will select and utilize at least one of the CBHS approved list of valid and reliable screening tools to identify co-occurring mental health and substance abuse problems as required by CBHS Integration Policy (Manual Number: 1.05-01).**

Data Source:

Program Self Report.

Program Review Measurement:

Objective will be evaluated quarterly during the 12-month period from July 1, 2010 to June 30, 2011. Only the summaries from the two first quarterly meetings to be held by December 2010 and March 2011 will be included in the program review.

- C.5e. Applicable to: All CBHS programs, including contract and civil service mental health and substance abuse programs providing prevention, early intervention and treatment services

**During Fiscal Year 2010-11, each program will participate in one Primary Care partnership activity. The Primary Care Partner for this activity must be the DPH Oriented Primary Care Clinic located in closest proximity to the program, or most appropriate for the program population. Primary care program which cannot be Primary Care Partner for this purpose, include primary care program which are part of the same overall agency as the Behavioral Health Program. Optimal activities will be designed to promote cooperative planning and response to natural disaster or emergency events, neighborhood health fairs to increase joint referrals, or mutual open house events to promote cross-staff education and program awareness.**

Data Source:

Program Self Report.

Program Review Measurement:

Objective will be evaluated quarterly during the 12-month period from July 1, 2010 to June 30, 2011. Only the summaries from the two first quarterly meetings held by March 2010 will be included in the program review.



- C.5f. Applicable to: All CBHS programs, including contract and civil service mental health and substance abuse programs providing prevention, early intervention and treatment service in Fiscal Year 2010-11.

Providers will have all program service staff including physicians, counselors, social workers, and outreach workers each complete a self assessment of integration practices using the CODECAT. This self assessment must be updated every two years.

Data Source:

Program self report with submission of document of staff completion of CODECAT sent to CBHSIntegration@sfdph.org. The program manager will document this activity.

**Objective 6. Cultural Competency**

- C.6a. Applicable to: All Providers of Behavioral Health Services

Working with their CBHS program managers, programs will develop three (3) mutually agreed upon opportunities for improvement under their 2008 Cultural Competency Reports and report out on the identified program-specific opportunities for improvement and progress toward these improvements by September 30, 2009. Reports should be sent to both program managers and the DPH/EEO.

Data Source:

Program managers will review progress utilizing the DPH Cultural Competency Report Evaluation Tool.

Program Review Measurement:

Objective will be evaluated quarterly during the 12-month period from July 1, 2010 to June 30, 2011. Only the summaries from the two first quarterly meetings held by March 2011 will be included in the program review.

**Objective 7: Family/Youth/Consumer Driven Care**

- C.7a. Applicable to: Providers of Behavioral Health Services that provide Mental Health to Children, Youth, and Families

Each program shall make available to youth receiving services the "Choose Your Therapist" Form and "Do You Feel Me" Form and develop internal processes and procedures for the incorporation of feedback received on the form in treatment planning, development and evaluation. This objective is only applicable to youth under 18 years of age, and for programs serving at least ten San Francisco youth in their programs.

Data Source:

Program Tracking Sheet and Self Report.

Program Review Measurement:

Objective will be evaluated quarterly during the 12-month period from July 1, 2010 to June 30, 2011. Only the summaries from the two first quarterly meetings held by March 2011 will be included in the program review.

**Objective 8: Program and Service Innovation & Best Practice**

- C.8a. Applicable to: Providers of Behavioral Health Services that provide Mental Health and Substance Abuse Services to Children, Youth, Families, Adults or Older Adults

If applicable each program shall report to CBHS Administrative Staff on innovative and/or best practices being used by the program including available outcome data.

Data Source:

Program Self Report.

Program Review Measurement:

Objective will be evaluated quarterly during the 12-month period from July 1, 2010 to June 30, 2011. Only the summaries from the two first quarterly meetings held by March 2011 will be included in the program review.

8. QUALITY MANAGEMENT PROCEDURES FOR CBHS

The Contractor agrees to abide by the most current CBHS Policies and Procedures and State approved Quality Management Plan. Seneca Center will operate in compliance with all Health Commission, Local, State, Federal and/or all funding source policies and requirements. In addition, all policies will be compliant with requirements associated with Harm Reduction, HIPAA, Cultural Competency, and Client Satisfaction.

Seneca Center has in place a Committee for Quality Improvement (CQI) which meets every two weeks, or as needed. Membership consists of the Director of Nursing, Assistant Program Director, Education Director, Clinical Director, and Program Director.

The purpose of the CQI is to ensure that quality services are provided to our clients, and that clinical and program issues are addressed in a timely fashion. CQI members will provide recommendations regarding protocols, standards, and clinical issues to be addressed. The CQI activities will include, but are not limited to:

- Review of cases requiring immediate attention
- Identification of trends based upon a review of significant incident reports
- Monitoring frequency of quiet room usage, seclusions, restraints, child and staff injuries, significant incidents
- Assessment of training needs
- Conducting chart reviews
- Reviewing Health and Safety issues
- Reviewing physical plant issues

1. **PROGRAM NAME: Oak Grove Intensive Day Treatment – San Francisco**  
**PROGRAM ADDRESS:** 1034 Oak Grove Rd.  
**CITY, STATE, ZIP CODE:** Concord CA. 94518  
**TELEPHONE:** (925) 603-1900  
**FACSIMILE:** (925) 685-6560

2. **NATURE OF DOCUMENT**

New       Renewal       Modification

3. **GOAL STATEMENT**

The goal of Oak Grove Day Treatment is to help clients achieve a level of success that may enable them to mainstream to a public program, or be referred to a lower level, less restrictive educational program.

4. **TARGET POPULATION**

In each of its programs, Seneca Center is committed to serving those seriously emotionally disturbed children who have not succeeded in less restrictive learning or residential environments. Children are accepted unconditionally into our programs, and are not discharged for exhibiting the behaviors for which they were referred. Children in our day treatment programs cannot be served in a public school setting, and children in our residential programs have histories of multiple placement failures in less restrictive settings.

Regarding the mental health treatment needs of these children, most have received a DSM-IV diagnosis, often prior to placement at Seneca Center. The most common diagnoses include post-traumatic stress, conduct disorder, attention deficit, oppositional defiant, depressive disorders, and pervasive developmental disorders. Although few of the children at Seneca Center can be classified as actively psychotic, many have great difficulty in modulating and controlling their behavior. They can quickly escalate to a highly aggressive, often self-destructive state with very little environmental stress. Typically, the children attending Seneca Center's programs are seriously deficient in the life and social skills needed to function in a home, school, or community setting. These children exhibit behaviors that are destructive to self, others, or property and therefore require a highly structured, individualized course of treatment closely monitored by educational and mental health staff.

5. **MODALITIES/INTERVENTIONS**

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

B. **Definition of Billable Services:**

**Day Treatment Intensive:** Day treatment intensive means a structured, multi-disciplinary program of therapy which may be an alternative to hospitalization, avoid placement in a more restrictive setting, or maintain the beneficiary in a community setting, with services available at least three hours and less than twenty-four hours each day the program is opened. Service activities may include, but are not limited to, assessment, plan development, therapy, rehabilitation and collateral.

6. **METHODOLOGY**

**Intensive Day Treatment – Oak Grove**

Seneca Center shall provide intensive day treatment services to students referred by San Francisco County's Community Behavioral Health Section as defined by the California State Department of Mental Health. These services will be provided to students who meet the appropriate medical

necessity criteria and in accordance with a treatment plan approved by a licensed physician or other appropriate mental health professional.

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

Intake, admission, initial evaluation or psychiatric evaluation, psycho-educational assessments, and medication support and monitoring are provided as required, or deemed necessary by staff psychiatrists. The Day Treatment program operates 218 days per year, five days per week.

## 7. OBJECTIVES AND MEASUREMENTS

### A. PERFORMANCE/OUTCOME OBJECTIVES

#### **OUTCOME A: IMPROVE CLIENT SYMPTOMS**

##### Objective A.1: Reduce Psychiatric Symptoms

**A.1a. Applicable to:** Providers of Behavioral Health Services who provide non-24 hour Mental Health Treatment Services to Children, Youth, Families, Adults and Older Adults except supported housing programs

**The total number of acute inpatient hospital episodes used by clients in Fiscal Year 2010-11 will be reduced by at least 15% compared to the number of acute inpatient hospital episodes used by these same clients in Fiscal Year 2009-10. This is applicable only to clients opened to the program no later than July 1, 2010, and had no IMD or CTF episode during FY 2009-10. Data collected for July 2010 – June 2011 will be compared with the data collected in July 2009– June 2010.**

**Programs will be exempt from meeting this objective if more than 50% of the total number of inpatient episodes was used by 5% or less of the clients hospitalized.**

Data Source:

CBHS Billing Information System - CBHS will compute.

**A.1e. Applicable to:** Providers of Behavioral Health Services who provide mental health treatment services to children, youth, families, adults and older adults except 24 hour programs

**50% of clients who have been served for two months or more will have met or partially met their treatment goals at discharge.**

Client Inclusion Criteria:

Clients discharged between July 1, 2010 and June 30, 2011 who have been served continuously for 2 months or more.

Data Source:

BIS Reason for Discharge Field.

Program Review Measurement:

Objective will be evaluated based on a 12-month period from July 1, 2010 to June 30, 2011.

**A.1f. Applicable to:** All Providers of Behavioral Health Services who provide Outpatient Mental Health Treatment Services and Day treatment to Children, Youth and Families, including School-Mental Health Partnership Programs

Providers will ensure that all clinicians who provide mental health services are certified in the use of the Child & Adolescent Needs and Strengths (CANS). New employees will have completed the CANS training within 30 days of hire

Data Source:

CANS Certificates of completion with a passing score.

Program Review Measurement:

Objective will be evaluated based on program submission of CANS training completion certificates for all new employees from July 1, 2010 to June 30, 2011

- A.1g. Applicable to: Providers of Behavioral Health Services who provide Outpatient Mental Health Services and Day Treatment to children, youth, and families, including school-based programs

Clients with an open episode, for whom two or more contacts had been billed within the first 30 days, should have both the initial CANS assessment and treatment plans completed in the online record within 30 days of episode opening.

For the purpose of this program performance objective, an 85% completion rate will be considered a passing score.

Data Source:

CANS submitted to CANS database website, summarized by CYF System of Care

Program Review Measurement:

This objective will be evaluated based on data from July 1, 2010 to June 30, 2011.

- A.1h. Applicable to: Providers of Behavioral Health Services who provide Outpatient Mental Health Services and Day Treatment to children, youth, and families, including school-based programs

CYF agency representatives attend regularly scheduled SuperUser calls.

For the purpose of this performance objective, an 80% attendance of all calls will be considered a passing score.

Date Source:

SuperUser calls attendance log, summarized by CYF System of Care.

Program Review Measurement:

This objective will be evaluated based on data from July 1, 2010 to June 30, 2011.

- A.1i. Applicable to: Providers of Behavioral Health Services that provide Outpatient Mental Health Services and Day Treatment to children, youth and families, including school-based programs

Outpatient clients opened will have a Re-assessment/Outpatient Treatment Report in the online record within 30 days of the 6 month anniversary of their Episode Opening date and every 6 months thereafter.

Day Treatment clients have a Reassessment/Outpatient Treatment report in the online record within 30 days of the 3 month anniversary of their episode opening date, and every 3 months thereafter

For the purpose of this program performance objective, a 100% completion rate will be considered a passing score.

Data Source:

CANS data submitted to CANS website and summarized by CYF System of Care.

Program Review and Measurement:

This objective will be evaluated based on data submitted between July 1, 2010 to June 30, 2011.

- A.1j. Applicable to: Providers of Behavioral Health Services that provide Outpatient Mental Health Services and Day Treatment to children, youth and families, including school-based programs.

Outpatient clients opened will have an updated Treatment Plan in the online record within 30 days of the 6 month anniversary of their Episode Opening

Day Treatment clients have an updated Treatment Plan in the online record within 30 days of the 3 month anniversary and every 3 months thereafter.

For the purpose of this program performance objective, a 100% completion rate will be considered a passing score.

Data Source:

CANS data submitted to CANS website and summarized by CYF System of Care

Program Review and Measurement:

This objective will be evaluated based on data submitted between July 1, 2010 to June 30, 2011.

**B. OTHER MEASURABLE OBJECTIVES/PROCESS OBJECTIVES**

**Objective 6. Client Satisfaction**

- B.6b. Applicable to:** Providers of Behavioral Health Services who provide Children, Youth, Families, Adult or Older Adult Mental Health Treatment Services (excluding crisis services, suicide prevention and conservatorship)

During Fiscal Year 2010-11, 100% of unduplicated clients who received a face-to-face billable service during the survey period will be given and encouraged to complete a Citywide Client Satisfaction Survey.

Data Source:

Program Tracking Sheet and Program Self Report

Program Review Measurement:

Objective will be evaluated based on the survey administration closest to the 12-month period from July 1, 2010 to June 30, 2011.

**C. CONTINUOUS QUALITY IMPROVEMENT, PROGRAM PRODUCTIVITY AND SERVICE ACCESS**

**Objective 1. Program Productivity**

- C.1a. Applicable to:** All Providers of Behavioral Health Services who provide Substance Abuse Treatment and Prevention and Mental Health Services

During Fiscal Year 2010-11, 68 units of service (UOS) will be provided consisting of treatment, prevention, or ancillary services as specified in the unit of service definition for each modality and as measured by BIS and documented by counselors' case notes and program records.

Data Source:

CBHS Billing Information System – DAS 800 DW Report or program records. For programs not entering data into BIS, CBHS will compute or collect documentation.

Program Review Measurement:

Objective will be evaluated quarterly during the 12-month period from July 1, 2010 to June 30, 2011. Only the summaries from the two first quarterly meetings held by March 2010 will be included in the program review.

**Integration Activities**

- C.5a. Applicable to:** All CBHS programs, including contract and civil service mental health and substance abuse programs providing prevention, early intervention and treatment services

Each program will complete a new self-assessment with the revise COMPASS every two (2) years (a new COMPASS must be completed every other fiscal year).

Data Source:

Program managers to review information sent to [CBHSIntegration@sfdph.org](mailto:CBHSIntegration@sfdph.org) via the shared folder to monitor compliance.

Program Review Measurement:

Objective will be evaluated based on a 12-month period from July 1, 2010 to June 30, 2011.

- C.5b. Applicable to: All CBHS programs, including contract and civil service mental health and substance abuse programs providing prevention, early intervention and treatment services

Using the results of the most recently completed COMPASS (which must be completed every 2 years), each program will identify at least one program process improvement activity to be implemented by the end of the fiscal year using an Action Plan format to document this activity. Copies of the program Action Plan will be sent via email to [CBHSIntegration@sfdph.org](mailto:CBHSIntegration@sfdph.org).

Data Source:

Each program will complete the COMPASS self assessment process and submit a summary of the scores to [CBHSIntegration@sfdph.org](mailto:CBHSIntegration@sfdph.org). The program manager for each program will review completed COMPASS during the month of January and submit a brief memorandum certifying that the COMPASS was completed.

Program Review Measurement:

Objective will be evaluated quarterly during the 12-month period from July 1, 2010 to June 30, 2011. Only the summaries from the two first quarterly meetings held by March 2010 will be included in the program review.

- C.5c. Applicable to: All CBHS programs, including contract and civil service mental health and substance abuse programs providing prevention, early intervention and treatment services

Each behavioral health partnership will identify, plan, and complete a minimum of six (6) hours of joint partnership activities during the fiscal year. Activities may include but are not limited to: meetings, training, case conferencing, program visits, staff sharing, or other integration activities in order to fulfill the goals of a successful partnership. Programs will submit the annual partnership plan via email to [CBHSIntegration@sfdph.org](mailto:CBHSIntegration@sfdph.org).

Data Source:

Program self report such as activity attendance sheets with documentation of time spent on integration activities. The program manager will certify documentation of this plan.

Program Review Measurement:

Objective will be evaluated quarterly during the 12-month period from July 1, 2010 to June 30, 2011. Only the summaries from the two first quarterly meetings held by March 2010 will be included in the program review.

- C.5d. Applicable to: All CBHS programs, including contract and civil service mental health and substance abuse programs providing prevention, early intervention and treatment services

Each program will select and utilize at least one of the CBHS approved list of valid and reliable screening tools to identify co-occurring mental health and substance abuse problems as required by CBHS Integration Policy (Manual Number: 1.05-01).

Data Source:

Program Self Report.

Program Review Measurement:

Objective will be evaluated quarterly during the 12-month period from July 1, 2010 to June 30, 2011. Only the summaries from the two first quarterly meetings to be held by December 2010 and March 2011 will be included in the program review.

- C.5e. Applicable to: All CBHS programs, including contract and civil service mental health and substance abuse programs providing prevention, early intervention and treatment services

During Fiscal Year 2010-11, each program will participate in one Primary Care partnership activity. The Primary Care Partner for this activity must be the DPH Oriented Primary Care Clinic located in closest proximity to the program, or most appropriate for the program population. Primary care program which cannot be Primary Care Partner for this purpose, include primary care program which are part of the same overall agency as the Behavioral Health Program. Optimal activities will be designed to promote cooperative planning and response to natural disaster or emergency events, neighborhood health fairs to increase joint referrals, or mutual open house events to promote cross-staff education and program awareness.

Data Source:  
Program Self Report.

Program Review Measurement:  
Objective will be evaluated quarterly during the 12-month period from July 1, 2010 to June 30, 2011. Only the summaries from the two first quarterly meetings held by March 2011 will be included in the program review.

- C.5f. Applicable to: All CBHS programs, including contract and civil service mental health and substance abuse programs providing prevention, early intervention and treatment service in Fiscal Year 2010-11.

Providers will have all program service staff including physicians, counselors, social workers, and outreach workers each complete a self assessment of integration practices using the CODECAT. This self assessment must be updated every two years.

Data Source:  
Program self report with submission of document of staff completion of CODECAT sent to CBHSIntegration@sfdph.org. The program manager will document this activity.

#### **Objective 6. Cultural Competency**

- C.6a. Applicable to: All Providers of Behavioral Health Services

Working with their CBHS program managers, programs will develop three (3) mutually agreed upon opportunities for improvement under their 2008 Cultural Competency Reports and report out on the identified program-specific opportunities for improvement and progress toward these improvements by September 30, 2009. Reports should be sent to both program managers and the DPH/EEO.

Data Source:  
Program managers will review progress utilizing the DPH Cultural Competency Report Evaluation Tool.

Program Review Measurement:  
Objective will be evaluated quarterly during the 12-month period from July 1, 2010 to June 30, 2011. Only the summaries from the two first quarterly meetings held by March 2011 will be included in the program review.

#### **8. QUALITY MANAGEMENT PROCEDURES FOR CBHS**

The Contractor agrees to abide by the most current CBHS Policies and Procedures and State approved Quality Management Plan. Seneca Center will operate in compliance with all Health Commission, Local, State, Federal and/or all funding source policies and requirements. In addition, all policies will be compliant with requirements associated with Harm Reduction, HIPAA, Cultural Competency, and Client Satisfaction.

Seneca Center has in place a Committee for Quality Improvement (CQI) which meets every two weeks, or as needed. Membership consists of the Director of Nursing, Assistant Program Director, Education Director, Clinical Director, and Program Director.



The purpose of the CQI is to ensure that quality services are provided to our clients, and that clinical and program issues are addressed in a timely fashion. CQI members will provide recommendations regarding protocols, standards, and clinical issues to be addressed. The CQI activities will include, but are not limited to:

- Review of cases requiring immediate attention
- Identification of trends based upon a review of significant incident reports
- Monitoring frequency of quiet room usage, seclusions, restraints, child and staff injuries, significant incidents
- Assessment of training needs
- Conducting chart reviews
- Reviewing Health and Safety issues
- Reviewing physical plant issues



1. **PROGRAM NAME:** Parenting Training institute  
**PROGRAM ADDRESS:** 2513 24<sup>TH</sup> Street  
**CITY, STATE, ZIP CODE:** San Francisco, CA 94110  
**TELEPHONE:** 415-642-5968  
**FACSIMILE:** 415-695-1263

2. **NATURE OF DOCUMENT**

New       Renewal       Modification

3. **GOAL STATEMENT**

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

4. **TARGET POPULATION**

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

5. **MODALITIES/INTERVENTIONS**

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

B. **Definition of Billable Services:**

Salary and Fringe for the staff working on this program.

6. **METHODOLOGY**

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

Activities include

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

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

It is a cost based contract with no measurable objectives.

8. **CONTINUOUS QUALITY IMPROVEMENT**

The Contractor agrees to abide by the most current CMHS Policies and Procedures and State approved Quality Management Plan. Seneca Center will operate in compliance with all Health Commission, Local, State, Federal and/or all funding source policies and requirements. In addition, all policies will be compliant with requirements associated with Harm Reduction, HIPAA, Cultural Competency, and Client Satisfaction.

Seneca Center has in place a Committee for Quality Improvement (CQI) which meets every two weeks, or as needed. Membership consists of the Director of Nursing, Assistant Program Director, Education Director, Clinical Director, and Program Director.

The purpose of the CQI is to ensure that quality services are provided to our clients, and that clinical and program issues are addressed in a timely fashion. CQI members will provide recommendations regarding protocols, standards, and clinical issues to be addressed. The CQI activities will include, but are not limited to:

- Review of cases requiring immediate attention
- Identification of trends based upon a review of significant incident reports
- Monitoring frequency of quiet room usage, seclusions, restraints, child and staff injuries, significant incidents
- Assessment of training needs
- Conducting chart reviews
- Reviewing Health and Safety issues
- Reviewing physical plant issues

1. PROGRAM NAME: Multi-Systemic Therapeutic Services (MST)  
PROGRAM ADDRESS: 2513 24<sup>TH</sup> Street  
CITY, STATE, ZIP CODE: San Francisco, CA 94110  
TELEPHONE: 415-642-5968  
FACSIMILE: 415-695-1263

2. NATURE OF DOCUMENT

New       Renewal       Modification

3. GOAL STATEMENT

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

4. TARGET POPULATION

Children and adolescents involved with the Juvenile Justice System.

5. MODALITIES/INTERVENTIONS

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

B. Definition of Billable Services:

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

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

6. METHODOLOGY

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

7. OBJECTIVES AND MEASUREMENTS

A. PERFORMANCE/OUTCOME OBJECTIVES

**OUTCOME A: IMPROVE CLIENT SYMPTOMS**

Objective A.1: Reduce Psychiatric Symptoms

A.1a. Applicable to: Providers of Behavioral Health Services who provide non-24 hour Mental Health Treatment Services to Children, Youth, Families, Adults and Older Adults except supported housing programs

The total number of acute inpatient hospital episodes used by clients in Fiscal Year 2009-10 will be reduced by at least 15% compared to the number of acute inpatient hospital episodes used by these same clients in Fiscal Year 2008-09. This is applicable only to clients opened to the program no later than July

1, 2010, and had no IMD or CTF episode during FY 2008-09. Data collected for July 2009 – June 2010 will be compared with the data collected in July 2008– June 2009.

Programs will be exempt from meeting this objective if more than 50% of the total number of inpatient episodes was used by 5% or less of the clients hospitalized.

Data Source:

CBHS Billing Information System - CBHS will compute.

- A.1e. Applicable to: Providers of Behavioral Health Services who provide mental health treatment services to children, youth, families, adults and older adults except 24 hour programs

**50% of clients who have been served for two months or more will have met or partially met their treatment goals at discharge.**

Client Inclusion Criteria:

Clients discharged between July 1, 2010 and June 30, 2011 who have been served continuously for 2 months or more.

Data Source:

BIS Reason for Discharge Field.

Program Review Measurement:

Objective will be evaluated based on a 12-month period from July 1, 2010 to June 30, 2011.

- A.1f. Applicable to: All Providers of Behavioral Health Services who provide Outpatient Mental Health Treatment Services and Day treatment to Children, Youth and Families, including School-Mental Health Partnership Programs

**Providers will ensure that all clinicians who provide mental health services are certified in the use of the Child & Adolescent Needs and Strengths (CANS). New employees will have completed the CANS training within 30 days of hire**

Data Source:

CANS Certificates of completion with a passing score.

Program Review Measurement:

Objective will be evaluated based on program submission of CANS training completion certificates for all new employees from July 1, 2010 to June 30, 2011

- A.1g. Applicable to: Providers of Behavioral Health Services who provide Outpatient Mental Health Services and Day Treatment to children, youth, and families, including school-based programs

**Clients with an open episode, for whom two or more contacts had been billed within the first 30 days, should have both the initial CANS assessment and treatment plans completed in the online record within 30 days of episode opening.**

**For the purpose of this program performance objective, an 85% completion rate will be considered a passing score.**

Data Source:

CANS submitted to CANS database website, summarized by CYF System of Care

Program Review Measurement:

This objective will be evaluated based on data from July 1, 2010 to June 30, 2011.

- A.1h. Applicable to: Providers of Behavioral Health Services who provide Outpatient Mental Health Services and Day Treatment to children, youth, and families, including school-based programs

CYF agency representatives attend regularly scheduled Super User calls.

For the purpose of this performance objective, an 80% attendance of all calls will be considered a passing score.

Data Source:

Super User calls attendance log, summarized by CYF System of Care.

Program Review Measurement:

This objective will be evaluated based on data from July 1, 2010 to June 30, 2011.

- A.1i. Applicable to: Providers of Behavioral Health Services that provide Outpatient Mental Health Services and Day Treatment to children, youth and families, including school-based programs

Outpatient clients opened will have a Re-assessment/Outpatient Treatment Report in the online record within 30 days of the 6 month anniversary of their Episode Opening date and every 6 months thereafter.

Day Treatment clients have a Reassessment/Outpatient Treatment report in the online record within 30 days of the 3 month anniversary of their episode opening date, and every 3 months thereafter

For the purpose of this program performance objective, a 100% completion rate will be considered a passing score.

Data Source:

CANS data submitted to CANS website and summarized by CYF System of Care.

Program Review and Measurement:

This objective will be evaluated based on data submitted between July 1, 2010 to June 30, 2011.

- A.1j. Applicable to: Providers of Behavioral Health Services that provide Outpatient Mental Health Services and Day Treatment to children, youth and families, including school-based programs.

Outpatient clients opened will have an updated Treatment Plan in the online record within 30 days of the 6 month anniversary of their Episode Opening

Day Treatment clients have an updated Treatment Plan in the online record within 30 days of the 3 month anniversary and every 3 months thereafter.

For the purpose of this program performance objective, a 100% completion rate will be considered a passing score.

Data Source:

CANS data submitted to CANS website and summarized by CYF System of Care

Program Review and Measurement:

This objective will be evaluated based on data submitted between July 1, 2010 to June 30, 2011.

Program Review and Measurement:

**THIS OBJECTIVE ONLY APPLIES TO RU'S THAT ARE MANDATED TO USE CANS.**

Sponsored meetings will begin within 30 days of clinician training (no earlier than November 15, 2009, for civil service providers, and no earlier than March 1, 2011, for contracted providers).

**OUTCOME 3: IMPROVE CLIENT FUNCTIONING**

**Objective A.3: Increase Stable Living Environment**

- A.3a. Applicable to: Providers of Behavioral Health Services for Children, Youth, Families, Adult or Older Adult Mental Health Programs, except 24-hour programs

35% of clients who 1) completed a discharge or annual CSI during this period; 2) have been open in the program for at least one year as of the date of this latest administration of CSI; and 3) were reported

homeless at their immediately preceding completion of CSI will be reported in a stable living situation or an appropriate residential treatment facility at the latest CSI.

Data Source:

BIS Living Situation Codes.

Program Review Measurement:

Objective will be evaluated based on a 12-month period from July 1, 2009 to June 30, 2010.

**B. OTHER MEASURABLE OBJECTIVES/PROCESS OBJECTIVES**

**Objective 6. Client Satisfaction**

**B.6b. Applicable to:** Providers of Behavioral Health Services who provide Children, Youth, Families, Adult or Older Adult Mental Health Treatment Services (excluding crisis services, suicide prevention and conservatorship)

**During Fiscal Year 2009-10, 100% of unduplicated clients who received a face-to-face billable service during the survey period will be given and encouraged to complete a Citywide Client Satisfaction Survey.**

Data Source:

Program Tracking Sheet and Program Self Report

Program Review Measurement:

Objective will be evaluated based on the survey administration closest to the 12-month period from July 1, 2010 to June 30, 2011.

**C. CONTINUOUS QUALITY IMPROVEMENT, PROGRAM PRODUCTIVITY AND SERVICE ACCESS**

**Objective 1. Program Productivity**

**C.1a. Applicable to:** All Providers of Behavioral Health Services who provide Substance Abuse Treatment and Prevention and Mental Health Services

**During Fiscal Year 2009-10, 70,727 units of service (UOS) will be provided consisting of treatment, prevention, or ancillary services as specified in the unit of service definition for each modality and as measured by BIS and documented by counselors' case notes and program records**

Date Source:

CBHS Billing Information System – DAS 800 DW Report or program records. For programs not entering data into BIS, CBHS will compute or collect documentation.

Program Review Measurement:

Objective will be evaluated quarterly during the 12-month period from July 1, 2010 to June 30, 2011. Only the summaries from the two first quarterly meetings held by March 2010 will be included in the program review.

**Objective 3. Quality of Care**

**C.3a. Applicable to:** All providers of Behavioral Health Services who provide Outpatient, Day Treatment and Intensive Care Management Mental Health Services to Children, Youth and Families

**CYF providers will review quarterly CANS data provided by CBHS CYF-SOC with their CBHS program manager**

Data Source:

Minutes of quarterly meetings kept by CYF providers, and submitted to CBHS by June 30 2010.

Program Review Measurement:



Objective will be evaluated quarterly during the 12 month period from July 1, 2010 to June 30, 2011. Only the minute from the first three quarterly meetings will be included in the program review.

**Objective 4. Client Outcomes Data Collection**

C.4a. Applicable to: All CBHS School-Mental Health Partnership Providers

**Providers will have teachers, parents and/or clients complete ratings on student social, emotional and behavioral functioning at the beginning (October) and the end (May) of the school year.**

Data Source:

Forms submitted to CBHS CYF Administration (CBHS-SFUSD Partnership Coordinator).

Program Review Measurement:

Objective will be evaluated quarterly during the 12-month period from July 1, 2010 to June 30, 2011. Only the summaries from the first two quarterly meetings held by March 2011 will be included in the program review.

**Objective 5. Integration Activities \*\***

\*\* For providers who are not located in the City and County of San Francisco, contractors who do not provide client services and small programs with less than 3.0 FTEs, please refer to the attached Integration Inclusion Document for guidance on the implementation of objectives in this section of Integration Preparedness (see Addendum I). Please note that several Integration process objectives are included on the CBHS Compliance Checklist for FY2009-10. All providers of behavioral health services will be expected to meet these CBHS Compliance Checklist integration items. For all of the following items listed from D.5a – D.5f, programs will submit all reporting on integration preparedness items via email to [CBHSIntegration@sfdph.org](mailto:CBHSIntegration@sfdph.org).

C.5a. Applicable to: All CBHS programs, including contract and civil service mental health and substance abuse programs providing prevention, early intervention and treatment services

**Each program will complete a new self-assessment with the revised COMPASS every two (2) years (a new COMPASS must be completed every other fiscal year).**

Data Source:

Program managers to review information sent to [CBHSIntegration@sfdph.org](mailto:CBHSIntegration@sfdph.org) via the shared folder to monitor compliance.

Program Review Measurement:

Objective will be evaluated based on a 12-month period from July 1, 2010 to June 30, 2011.

C.5b. Applicable to: All CBHS programs, including contract and civil service mental health and substance abuse programs providing prevention, early intervention and treatment services

**Using the results of the most recently completed COMPASS (which must be completed every 2 years), each program will identify at least one program process improvement activity to be implemented by the end of the fiscal year using an Action Plan format to document this activity. Copies of the program Action Plan will be sent via email to [CBHSIntegration@sfdph.org](mailto:CBHSIntegration@sfdph.org).**

Data Source:

Each program will complete the COMPASS self assessment process and submit a summary of the scores to [CBHSIntegration@sfdph.org](mailto:CBHSIntegration@sfdph.org). The program manager for each program will review completed COMPASS during the month of January and submit a brief memorandum certifying that the COMPASS was completed.

Program Review Measurement:

Objective will be evaluated quarterly during the 12-month period from July 1, 2010 to June 30, 2011. Only the summaries from the two first quarterly meetings held by March 2011 will be included in the program review.

C.5c. Applicable to: All CBHS programs, including contract and civil service mental health and substance abuse

programs providing prevention, early intervention and treatment services

Each behavioral health partnership will identify, plan, and complete a minimum of six (6) hours of joint partnership activities during the fiscal year. Activities may include but are not limited to: meetings, training, case conferencing, program visits, staff sharing, or other integration activities in order to fulfill the goals of a successful partnership. Programs will submit the annual partnership plan via email to [CBHSIntegration@sfdph.org](mailto:CBHSIntegration@sfdph.org).

Data Source:

Program self report such as activity attendance sheets with documentation of time spent on integration activities. The program manager will certify documentation of this plan.

Program Review Measurement:

Objective will be evaluated quarterly during the 12-month period from July 1, 2010 to June 30, 2011. Only the summaries from the two first quarterly meetings held by March 2010 will be included in the program review.

- C.5d. Applicable to: All CBHS programs, including contract and civil service mental health and substance abuse programs providing prevention, early intervention and treatment services

Each program will select and utilize at least one of the CBHS approved list of valid and reliable screening tools to identify co-occurring mental health and substance abuse problems as required by CBHS Integration Policy (Manual Number: 1.05-01).

Data Source:

Program Self Report.

Program Review Measurement:

Objective will be evaluated quarterly during the 12-month period from July 1, 2010 to June 30, 2011. Only the summaries from the two first quarterly meetings to be held by December 2010 and March 2011 will be included in the program review.

- C.5e. Applicable to: All CBHS programs, including contract and civil service mental health and substance abuse programs providing prevention, early intervention and treatment services

During Fiscal Year 2009-10, each program will participate in one Primary Care partnership activity. The Primary Care Partner for this activity must be the DPH Oriented Primary Care Clinic located in closest proximity to the program, or most appropriate for the program population. Primary care program which cannot be Primary Care Partner for this purpose, include primary care program which are part of the same overall agency as the Behavioral Health Program. Optimal activities will be designed to promote cooperative planning and response to natural disaster or emergency events, neighborhood health fairs to increase joint referrals, or mutual open house events to promote cross-staff education and program awareness.

Data Source:

Program Self Report.

Program Review Measurement:

Objective will be evaluated quarterly during the 12-month period from July 1, 2010 to June 30, 2011. Only the summaries from the two first quarterly meetings held by March 2010 will be included in the program review.

- C.5f. Applicable to: All CBHS programs, including contract and civil service mental health and substance abuse programs providing prevention, early intervention and treatment service in Fiscal Year 2009-10.

Providers will have all program service staff including physicians, counselors, social workers, and outreach workers each complete a self assessment of integration practices using the CODECAT. This self assessment must be updated every two years.

Data Source:

Program self report with submission of document of staff completion of CODECAT sent to CBHSIntegration@sfdph.org. The program manager will document this activity.

#### Objective 6. Cultural Competency

C.6a. Applicable to: All Providers of Behavioral Health Services

Working with their CBHS program managers, programs will develop three (3) mutually agreed upon opportunities for improvement under their 2008 Cultural Competency Reports and report out on the identified program-specific opportunities for improvement and progress toward these improvements by September 30, 2009. Reports should be sent to both program managers and the DPH/EEO.

Data Source:

Program managers will review progress utilizing the DPH Cultural Competency Report Evaluation Tool.

Program Review Measurement:

Objective will be evaluated quarterly during the 12-month period from July 1, 2010 to June 30, 2011. Only the summaries from the two first quarterly meetings held by March 2011 will be included in the program review.

#### Objective 7: Family/Youth/Consumer Driven Care

C.7a. Applicable to: Providers of Behavioral Health Services that provide Mental Health to Children, Youth, and Families

Each program shall make available to youth receiving services the “Choose Your Therapist” Form and “Do You Feel Me” Form and develop internal processes and procedures for the incorporation of feedback received on the form in treatment planning, development and evaluation. This objective is only applicable to youth under 18 years of age, and for programs serving at least ten San Francisco youth in their programs.

Data Source:

Program Tracking Sheet and Self Report.

Program Review Measurement:

Objective will be evaluated quarterly during the 12-month period from July 1, 2010 to June 30, 2011. Only the summaries from the two first quarterly meetings held by March 2011 will be included in the program review.

#### Objective 8: Program and Service Innovation & Best Practice

C.8a. Applicable to: Providers of Behavioral Health Services that provide Mental Health and Substance Abuse Services to Children, Youth, Families, Adults or Older Adults

If applicable each program shall report to CBHS Administrative Staff on innovative and/or best practices being used by the program including available outcome data.

Data Source:

Program Self Report.

Program Review Measurement:

Objective will be evaluated quarterly during the 12-month period from July 1, 2010 to June 30, 2011. Only the summaries from the two first quarterly meetings held by March 2011 will be included in the program review.

### 8. CONTINUOUS QUALITY IMPROVEMENT

The Contractor agrees to abide by the most current CMHS Policies and Procedures and State approved Quality Management Plan. Seneca Center will operate in compliance with all Health Commission, Local, State, Federal and/or all funding source policies and requirements. In addition,

all policies will be compliant with requirements associated with Harm Reduction, HIPAA, Cultural Competency, and Client Satisfaction.

Seneca Center has in place a Committee for Quality Improvement (CQI) which meets every two weeks, or as needed. Membership consists of the Director of Nursing, Assistant Program Director, Education Director, Clinical Director, and Program Director.

The purpose of the CQI is to ensure that quality services are provided to our clients, and that clinical and program issues are addressed in a timely fashion. CQI members will provide recommendations regarding protocols, standards, and clinical issues to be addressed. The CQI activities will include, but are not limited to:

- Review of cases requiring immediate attention
- Identification of trends based upon a review of significant incident reports
- Monitoring frequency of quiet room usage, seclusions, restraints, child and staff injuries, significant incidents
- Assessment of training needs
- Conducting chart reviews
- Reviewing Health and Safety issues
- Reviewing physical plant issues

1. **PROGRAM NAME: MHSA and PEI**  
**PROGRAM ADDRESS: 2513 24<sup>TH</sup> Street**  
**CITY, STATE, ZIP CODE: San Francisco, CA 94110**  
**TELEPHONE: 415-642-5968**  
**FACSIMILE: 415-695-1263**

2. **NATURE OF DOCUMENT**

- New       Renewal       Modification

3. **GOAL STATEMENT**

The goal of this new program is to provide MST and Mental Health Services to youth detained in Juvenile hall and help them in transitioning back into their homes and neighborhoods.

4. **TARGET POPULATION**

Children and adolescents through age 18 who have been detained for less than 72 hours, as long as they have completed a CANS assessment showing moderate to severe need for Mental Health Services in multiple areas or domains.

5. **MODALITIES/INTERVENTIONS**

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

B. *Definition of Billable Services:*

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

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

6. **METHODOLOGY**

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

1. Coordinate, select, and convene the Child and Family Team.
2. Facilitate the wraparound planning process (individualized, family-centered, strength-based, and needs-driven).
3. Youth Family Advocates (YFA) will link client youth and families with a wide range of culturally competent services and supports provided by Seneca's network of community partners in San Francisco and the East Bay.
4. In addition to employing a family partner to engage with parents and other family members of young people released from Juvenile Hall, Seneca is in the process of forming a parent/caregiver advisory committee for its San Francisco community-based programs, which will include one or more family members of current or former probation-involved youth, who will be involved in program planning and evaluation activities for the new MHSA PEI project.
5. Coordinate with County agency staff, the courts, community members, families and schools.
6. Develop, coordinate, and provide formal and informal support and services, including home-based and community based, provided by professionals and non professionals.
7. Develop, monitor and adhere to individualized services plan (Child and Family Plan of Care).

- 8. Facilitate extensive community resource development.
- 9. Meet regularly with County staff to ensure the partnerships necessary for the success of MHSA & PEI project.

7. OBJECTIVES AND MEASUREMENTS

A. PERFORMANCE/OUTCOME OBJECTIVES

**OUTCOME A: IMPROVE CLIENT SYMPTOMS**

Objective A.1: Reduce Psychiatric Symptoms

A.1a. Applicable to: Providers of Behavioral Health Services who provide non-24 hour Mental Health Treatment Services to Children, Youth, Families, Adults and Older Adults except supported housing programs

The total number of acute inpatient hospital episodes used by clients in Fiscal Year 2010-11 will be reduced by at least 15% compared to the number of acute inpatient hospital episodes used by these same clients in Fiscal Year 2009-10. This is applicable only to clients opened to the program no later than July 1, 2010, and had no IMD or CTF episode during FY 2010-11. Data collected for July 2010 – June 2011 will be compared with the data collected in July 2009– June 2010.

Programs will be exempt from meeting this objective if more than 50% of the total number of inpatient episodes was used by 5% or less of the clients hospitalized.

Data Source:  
CBHS Billing Information System - CBHS will compute.

A.1e. Applicable to: Providers of Behavioral Health Services who provide mental health treatment services to children, youth, families, adults and older adults except 24 hour programs

50% of clients who have been served for two months or more will have met or partially met their treatment goals at discharge.

Client Inclusion Criteria:  
Clients discharged between July 1, 2010 and June 30, 2011 who have been served continuously for 2 months or more.

Data Source:  
BIS Reason for Discharge Field.

Program Review Measurement:  
Objective will be evaluated based on a 12-month period from July 1, 2010 to June 30, 2011.

A.1f. Applicable to: All Providers of Behavioral Health Services who provide Outpatient Mental Health Treatment Services and Day treatment to Children, Youth and Families, including School-Mental Health Partnership Programs

Providers will ensure that all clinicians who provide mental health services are certified in the use of the Child & Adolescent Needs and Strengths (CANS). New employees will have completed the CANS training within 30 days of hire

Data Source:  
CANS Certificates of completion with a passing score.

Program Review Measurement:  
Objective will be evaluated based on program submission of CANS training completion certificates for all new employees from July 1, 2010 to June 30, 2011

- A.1g. Applicable to: Providers of Behavioral Health Services who provide Outpatient Mental Health Services and Day Treatment to children, youth, and families, including school-based programs

Clients with an open episode, for whom two or more contacts had been billed within the first 30 days, should have both the initial CANS assessment and treatment plans completed in the online record within 30 days of episode opening.

For the purpose of this program performance objective, an 85% completion rate will be considered a passing score.

Data Source:

CANS submitted to CANS database website, summarized by CYF System of Care

Program Review Measurement:

This objective will be evaluated based on data from July 1, 2010 to June 30, 2011.

- A.1h. Applicable to: Providers of Behavioral Health Services who provide Outpatient Mental Health Services and Day Treatment to children, youth, and families, including school-based programs

CYF agency representatives attend regularly scheduled Super User calls.

For the purpose of this performance objective, an 80% attendance of all calls will be considered a passing score.

Date Source:

Super User calls attendance log, summarized by CYF System of Care.

Program Review Measurement:

This objective will be evaluated based on data from July 1, 2010 to June 30, 2011.

- A.1i. Applicable to: Providers of Behavioral Health Services that provide Outpatient Mental Health Services and Day Treatment to children, youth and families, including school-based programs

Outpatient clients opened will have a Re-assessment/Outpatient Treatment Report in the online record within 30 days of the 6 month anniversary of their Episode Opening date and every 6 months thereafter.

Day Treatment clients have a Reassessment/Outpatient Treatment report in the online record within 30 days of the 3 month anniversary of their episode opening date, and every 3 months thereafter

For the purpose of this program performance objective, a 100% completion rate will be considered a passing score.

Data Source:

CANS data submitted to CANS website and summarized by CYF System of Care.

Program Review and Measurement:

This objective will be evaluated based on data submitted between July 1, 2010 to June 30, 2011.

- A.1j. Applicable to: Providers of Behavioral Health Services that provide Outpatient Mental Health Services and Day Treatment to children, youth and families, including school-based programs.

Outpatient clients opened will have an updated Treatment Plan in the online record within 30 days of the 6 month anniversary of their Episode Opening

Day Treatment clients have an updated Treatment Plan in the online record within 30 days of the 3 month anniversary and every 3 months thereafter.

For the purpose of this program performance objective, a 100% completion rate will be considered a passing score.

Data Source:

CANS data submitted to CANS website and summarized by CYF System of Care

Program Review and Measurement:

This objective will be evaluated based on data submitted between July 1, 2010 to June 30, 2011.

Program Review and Measurement:

**THIS OBJECTIVE ONLY APPLIES TO RU'S THAT ARE MANDATED TO USE CANS.**

Sponsored meetings will begin within 30 days of clinician training (no earlier than November 15, 2010, for civil service providers, and no earlier than March 1, 2011, for contracted providers).

**OUTCOME 3: IMPROVE CLIENT FUNCTIONING**

**Objective A.3: Increase Stable Living Environment**

A.3a. Applicable to: Providers of Behavioral Health Services for Children, Youth, Families, Adult or Older Adult Mental Health Programs, except 24-hour programs

35% of clients who 1) completed a discharge or annual CSI during this period; 2) have been open in the program for at least one year as of the date of this latest administration of CSI; and 3) were reported homeless at their immediately preceding completion of CSI will be reported in a stable living situation or an appropriate residential treatment facility at the latest CSI.

Data Source:

BIS Living Situation Codes.

Program Review Measurement:

Objective will be evaluated based on a 12-month period from July 1, 2008 to June 30, 2010.

**B. OTHER MEASURABLE OBJECTIVES/PROCESS OBJECTIVES**

**Objective 6. Client Satisfaction**

B.6b. Applicable to: Providers of Behavioral Health Services who provide Children, Youth, Families, Adult or Older Adult Mental Health Treatment Services (excluding crisis services, suicide prevention and conservatorship)

During Fiscal Year 2010-10, 100% of unduplicated clients who received a face-to-face billable service during the survey period will be given and encouraged to complete a Citywide Client Satisfaction Survey.

Data Source:

Program Tracking Sheet and Program Self Report

Program Review Measurement:

Objective will be evaluated based on the survey administration closest to the 12-month period from July 1, 2010 to June 30, 2011.

**C. CONTINUOUS QUALITY IMPROVEMENT, PROGRAM PRODUCTIVITY AND SERVICE ACCESS**

**Objective 1. Program Productivity**

C.1a. Applicable to: All Providers of Behavioral Health Services who provide Substance Abuse Treatment and Prevention and Mental Health Services

During Fiscal Year 2010-10, 3,436 units of service (UOS) will be provided consisting of treatment, prevention, or ancillary services as specified in the unit of service definition for each modality and as measured by BIS and documented by counselors' case notes and program records.



Data Source:

CBHS Billing Information System – DAS 800 DW Report or program records. For programs not entering data into BIS, CBHS will compute or collect documentation.

Program Review Measurement:

Objective will be evaluated quarterly during the 12-month period from July 1, 2010 to June 30, 2011. Only the summaries from the two first quarterly meetings held by March 2011 will be included in the program review.

**Objective 3. Quality of Care**

- C.3a. Applicable to: All providers of Behavioral Health Services who provide Outpatient, Day Treatment and Intensive Care Management Mental Health Services to Children, Youth and Families

**CYF providers will review quarterly CANS data provided by CBHS CYF-SOC with their CBHS program manager**

Data Source:

Minutes of quarterly meetings kept by CYF providers, and submitted to CBHS by June 30 2011.

Program Review Measurement:

Objective will be evaluated quarterly during the 12 month period from July 1, 2010 to June 30, 2011. Only the minute from the first three quarterly meetings will be included in the program review.

**Objective 4. Client Outcomes Data Collection**

- C.4a. Applicable to: All CBHS School-Mental Health Partnership Providers

**Providers will have teachers, parents and/or clients complete ratings on student social, emotional and behavioral functioning at the beginning (October) and the end (May) of the school year.**

Data Source:

Forms submitted to CBHS CYF Administration (CBHS-SFUSD Partnership Coordinator).

Program Review Measurement:

Objective will be evaluated quarterly during the 12-month period from July 1, 2010 to June 30, 2011. Only the summaries from the first two quarterly meetings held by March 2011 will be included in the program review.

**Objective 5. Integration Activities \*\***

\*\* For providers who are not located in the City and County of San Francisco, contractors who do not provide client services and small programs with less than 3.0 FTEs, please refer to the attached Integration Inclusion Document for guidance on the implementation of objectives in this section of Integration Preparedness (see Addendum I). Please note that several Integration process objectives are included on the CBHS Compliance Checklist for FY2010-10. All providers of behavioral health services will be expected to meet these CBHS Compliance Checklist integration items. For all of the following items listed from D.5a – D.5f, programs will submit all reporting on integration preparedness items via email to [CBHSIntegration@sfdph.org](mailto:CBHSIntegration@sfdph.org).

- C.5a. Applicable to: All CBHS programs, including contract and civil service mental health and substance abuse programs providing prevention, early intervention and treatment services

**Each program will complete a new self-assessment with the revise COMPASS every two (2) years (a new COMPASS must be completed every other fiscal year).**

Data Source:

Program managers to review information sent to [CBHSIntegration@sfdph.org](mailto:CBHSIntegration@sfdph.org) via the shared folder to monitor compliance.

Program Review Measurement:

Objective will be evaluated based on a 12-month period from July 1, 2010 to June 30, 2011.

- C.5b. Applicable to: All CBHS programs, including contract and civil service mental health and substance abuse programs providing prevention, early intervention and treatment services

Using the results of the most recently completed COMPASS (which must be completed every 2 years), each program will identify at least one program process improvement activity to be implemented by the end of the fiscal year using an Action Plan format to document this activity. Copies of the program Action Plan will be sent via email to [CBHSIntegration@sfdph.org](mailto:CBHSIntegration@sfdph.org).

Data Source:

Each program will complete the COMPASS self assessment process and submit a summary of the scores to [CBHSIntegration@sfdph.org](mailto:CBHSIntegration@sfdph.org). The program manager for each program will review completed COMPASS during the month of January and submit a brief memorandum certifying that the COMPASS was completed.

Program Review Measurement:

Objective will be evaluated quarterly during the 12-month period from July 1, 2010 to June 30, 2011. Only the summaries from the two first quarterly meetings held by March 2011 will be included in the program review.

- C.5c. Applicable to: All CBHS programs, including contract and civil service mental health and substance abuse programs providing prevention, early intervention and treatment services

Each behavioral health partnership will identify, plan, and complete a minimum of six (6) hours of joint partnership activities during the fiscal year. Activities may include but are not limited to: meetings, training, case conferencing, program visits, staff sharing, or other integration activities in order to fulfill the goals of a successful partnership. Programs will submit the annual partnership plan via email to [CBHSIntegration@sfdph.org](mailto:CBHSIntegration@sfdph.org).

Data Source:

Program self report such as activity attendance sheets with documentation of time spent on integration activities. The program manager will certify documentation of this plan.

Program Review Measurement:

Objective will be evaluated quarterly during the 12-month period from July 1, 2010 to June 30, 2011. Only the summaries from the two first quarterly meetings held by March 2010 will be included in the program review.

- C.5d. Applicable to: All CBHS programs, including contract and civil service mental health and substance abuse programs providing prevention, early intervention and treatment services

Each program will select and utilize at least one of the CBHS approved list of valid and reliable screening tools to identify co-occurring mental health and substance abuse problems as required by CBHS Integration Policy (Manual Number: 1.05-01).

Data Source:

Program Self Report.

Program Review Measurement:

Objective will be evaluated quarterly during the 12-month period from July 1, 2010 to June 30, 2011. Only the summaries from the two first quarterly meetings to be held by December 2010 and March 2011 will be included in the program review.

- C.5e. Applicable to: All CBHS programs, including contract and civil service mental health and substance abuse programs providing prevention, early intervention and treatment services

During Fiscal Year 2010-10, each program will participate in one Primary Care partnership activity. The Primary Care Partner for this activity must be the DPH Oriented Primary Care Clinic located in closest proximity to the program, or most appropriate for the program population. Primary care program which

cannot be Primary Care Partner for this purpose, include primary care program which are part of the same overall agency as the Behavioral Health Program. Optimal activities will be designed to promote cooperative planning and response to natural disaster or emergency events, neighborhood health fairs to increase joint referrals, or mutual open house events to promote cross-staff education and program awareness.

Data Source:

Program Self Report.

Program Review Measurement:

Objective will be evaluated quarterly during the 12-month period from July 1, 2010 to June 30, 2011. Only the summaries from the two first quarterly meetings held by March 2010 will be included in the program review.

- C.5f. Applicable to: All CBHS programs, including contract and civil service mental health and substance abuse programs providing prevention, early intervention and treatment service in Fiscal Year 2010-10.

Providers will have all program service staff including physicians, counselors, social workers, and outreach workers each complete a self assessment of integration practices using the CODECAT. This self assessment must be updated every two years.

Data Source:

Program self report with submission of document of staff completion of CODECAT sent to CBHSIntegration@sfdph.org. The program manager will document this activity.

**Objective 6. Cultural Competency**

- C.6a. Applicable to: All Providers of Behavioral Health Services

Working with their CBHS program managers, programs will develop three (3) mutually agreed upon opportunities for improvement under their 2008 Cultural Competency Reports and report out on the identified program-specific opportunities for improvement and progress toward these improvements by September 30, 2010. Reports should be sent to both program managers and the DPH/EEO.

Data Source:

Program managers will review progress utilizing the DPH Cultural Competency Report Evaluation Tool.

Program Review Measurement:

Objective will be evaluated quarterly during the 12-month period from July 1, 2010 to June 30, 2011. Only the summaries from the two first quarterly meetings held by March 2011 will be included in the program review.

**Objective 7: Family/Youth/Consumer Driven Care**

- C.7a. Applicable to: Providers of Behavioral Health Services that provide Mental Health to Children, Youth, and Families

Each program shall make available to youth receiving services the "Choose Your Therapist" Form and "Do You Feel Me" Form and develop internal processes and procedures for the incorporation of feedback received on the form in treatment planning, development and evaluation. This objective is only applicable to youth under 18 years of age, and for programs serving at least ten San Francisco youth in their programs.

Data Source:

Program Tracking Sheet and Self Report.

Program Review Measurement:

Objective will be evaluated quarterly during the 12-month period from July 1, 2010 to June 30, 2011. Only the summaries from the two first quarterly meetings held by March 2011 will be included in the program review.

**Objective 8: Program and Service Innovation & Best Practice**

C.8a. Applicable to: Providers of Behavioral Health Services that provide Mental Health and Substance Abuse Services to Children, Youth, Families, Adults or Older Adults

If applicable each program shall report to CBHS Administrative Staff on innovative and/or best practices being used by the program including available outcome data.

Data Source:

Program Self Report.

Program Review Measurement:

Objective will be evaluated quarterly during the 12-month period from July 1, 2010 to June 30, 2011. Only the summaries from the two first quarterly meetings held by March 2011 will be included in the program review.

**8. CONTINUOUS QUALITY IMPROVEMENT**

The Contractor agrees to abide by the most current CMHS Policies and Procedures and State approved Quality Management Plan. Seneca Center will operate in compliance with all Health Commission, Local, State, Federal and/or all funding source policies and requirements. In addition, all policies will be compliant with requirements associated with Harm Reduction, HIPAA, Cultural Competency, and Client Satisfaction.

Seneca Center has in place a Committee for Quality Improvement (CQI) which meets every two weeks, or as needed. Membership consists of the Director of Nursing, Assistant Program Director, Education Director, Clinical Director, and Program Director.

The purpose of the CQI is to ensure that quality services are provided to our clients, and that clinical and program issues are addressed in a timely fashion. CQI members will provide recommendations regarding protocols, standards, and clinical issues to be addressed. The CQI activities will include, but are not limited to:

- Review of cases requiring immediate attention
- Identification of trends based upon a review of significant incident reports
- Monitoring frequency of quiet room usage, seclusions, restraints, child and staff injuries, significant incidents
- Assessment of training needs
- Conducting chart reviews
- Reviewing Health and Safety issues
- Reviewing physical plant issues

**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 **Five Million Seven Hundred Seventy Two Thousand Three Hundred Two Dollars (\$5,772,302)** for the period of **July 1, 2010 through December 31, 2010**.

CONTRACTOR understands that, of this maximum dollar obligation, **\$618,461** is included as a contingency amount and is neither to be used in Appendix B, Budget, or available to CONTRACTOR without a modification to this Agreement executed in the same manner as this Agreement or a revision to Appendix B, Budget, which has been approved by the Director of Health. CONTRACTOR further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable CITY and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by the Controller. CONTRACTOR agrees to fully comply with these laws, regulations, and policies/procedures.

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

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

July 1, 2010 through December 31, 2010	\$920,477 (BPHM06500043)
July 1, 2010 through December 31, 2010	<u>\$4,233,365</u>
July 1, 2010 through December 31, 2010	\$5,153,842

(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, \$920,477 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

CONTRACT TYPE - This contract is:		Renewal												8/16/2010
If modification, Effective Date of Mod.:		# of Mod.:												VENDOR ID (DPH USE ONLY):
LEGAL ENTITY NUMBER: #00115														
LEGAL ENTITY/CONTRACTOR NAME: Seneca Center														
APPENDIX NUMBER	B-1	B-2	B-3	B-4	B-5	B-6	B-7	B-8	B-9	B-10	B-11	B-12	TOTAL	
PROVIDER NUMBER	8989	38CQ	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	T&S	State Suppl	MTFC pl	ST Connections	LT Connections	LT Conn Prob	SL Day TX	OG Day TX	Parent Trng Inst	MST PFS/cost	MHSA FACE		
SALARIES & EMPLOYEE BENEFITS	1,979,917	534,450	136,042	143,096	139,852	4,134,397	301,522	81,079	12,772	107,599	254,945	381,776	8,207,444	
OPERATING EXPENSE	360,038	31,052		9,729	37,447	424,850	47,139	3,700	300	600	58,954	83,055	1,036,820	
CAPITAL OUTLAY (COST \$5,000 AND OVER)													0	
SUBTOTAL DIRECT COSTS	2,339,955	565,502	136,042	152,815	177,309	4,559,290	348,661	84,779	13,072	108,199	313,799	444,844	9,244,269	
INDIRECT COST AMOUNT	280,786	67,862	3,364	18,172	23,815	524,698	39,739	10,510	1,541	1,804	37,651	53,379	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	5,083,988	388,400	95,289	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	316,680		85,490	90,130	2,409,830	194,200	47,690	7,310		92,080	44,810	4,283,470	
ARRA SDMC FFP (11.5%)	230,745	73,407		19,816	20,893	558,800	45,016	11,056	1,894		21,344	10,341	892,912	
STATE REVENUES - click below														
Family Mosaic Capitated Medi-Cal	66,528												66,528	
EPDST State Match	146,980	211,607		57,132	60,231	1,610,256	129,784	31,074	4,878		81,526	29,811	2,344,038	
MHSA						254,318						0	254,318	
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)				6,549	9,019	240,985	19,420	0				0	277,965	
HSA (Human Svcs Agency)										110,000			110,000	
3RD PARTY PAYOR REVENUES - click below														
REALIGNMENT FUNDS														
	601,412										9,208		610,620	
	0										0		0	
COUNTY GENERAL FUND														
	540,746	31,670			20,857			4,769	731	0	167,292	4,461	770,526	
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	2,620,741	633,364	139,406	170,987	201,124	5,083,988	388,400	95,289	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	5,083,988	388,400	95,289	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	5,083,988	388,400	95,289	14,613	110,000	351,450	498,223	10,307,683	

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

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	10/85-89	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	1,186,148	122,946		1,979,917
OPERATING EXPENSE	121,986	215,695	22,357		360,038
CAPITAL OUTLAY (COST \$5,000 AND OVER)					0
SUBTOTAL DIRECT COSTS	792,809	1,401,843	145,303	0	2,339,955
INDIRECT COST AMOUNT	95,134	168,216	17,436		280,786
TOTAL FUNDING USES:	887,943	1,570,059	162,739	0	2,620,741
<b>CBHS-MENTAL HEALTH FUNDING SOURCES</b>					
FEDERAL REVENUES - click below					
SDMC Regular FFP (50%)	309,496	621,537	64,423		995,456
ARRA SDMC FFP (11.59)	71,740	144,072	14,933		230,745
STATE REVENUES - click below					
CTF Fund (Cmnty Tx Facility)					
EPSDT State Match	36,365	100,208	10,367		146,960
Family Mosaic Capitated Medi-Cal	66,528				66,528
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					
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	165026	340,433.53	35,286		540,746
TOTAL CBHS-MENTAL HEALTH FUNDING SOURCES	885,396	1,572,366	162,979		2,620,741
<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					
TOTAL CBHS-SUBSTANCE ABUSE FUNDING SOURCES					
<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	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	26,344		436,884
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 (MEDI-CAL 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 (CRDC)

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:	38CQ5		
MODE OF SVCS / SERVICE FUNCTION CODE	15/58		
SERVICE DESCRIPTION	TBS		TOTAL
<b>CBHS FUNDING TERM:</b>		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 (11.59)	73,467		73,467
<b>STATE REVENUES - click below</b>			
EPSDT State Match	211,607		211,607
Family Mosaic Capitated Medi-Cal			
DTF Fund (Cmnty 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
<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
PUBLISHED RATE (MEDICAL PROVIDERS ONLY)			
UNDUPLICATED 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 (CRDC)

FISCAL YEAR:	2010-2011	APPENDIX #:	E-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	6072		
SERVICE DESCRIPTION:	State Supplement		TOTAL
CBHS FUNDING TERM:	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
SUBTOTAL DIRECT COSTS	136,042		136,042
INDIRECT COST AMOUNT	3,364		3,364
<b>TOTAL FUNDING USES:</b>	<b>139,406</b>	<b>0</b>	<b>139,406</b>
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>			
FEDERAL REVENUES - click below			
SDMC Regular FFP (50%)			-
ARRA SDMC FFP (11.59)			-
STATE REVENUES - click below			
EPSDT State Match			-
Family Mosaic Capitated Medi-Cal			-
CTF Fund (Cmnty Tx Facility)	139,406		139,406
GRANTS - click below	CFDA #:		-
			-
Please enter other here if not in pull down			
PRIOR YEAR ROLL OVER - click below			
			-
WORK ORDERS - click below			
			-
Please enter other here if not in pull down			
3RD PARTY PAYOR REVENUES - click below			
			-
Please enter other here if not in pull down			
REALIGNMENT FUNDS			
COUNTY GENERAL FUND			
<b>TOTAL CBHS MENTAL HEALTH FUNDING SOURCES</b>	<b>139,406</b>		<b>139,406</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>139,406</b>		<b>139,406</b>
NON-DPH REVENUES - click below			
			-
<b>TOTAL NON-DPH REVENUES</b>	<b>0</b>	<b>0</b>	<b>0</b>
<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	0.00
COST PER UNIT--DPH RATE (DPH REVENUES ONLY)	32.88	0.00	0.00
PUBLISHED RATE (MEDI-CAL 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	15/60-69	
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	17,884	122,449	1,376	1,376	143,088
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>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>170,987</b>
<b>CBHS/MENTAL HEALTH FUNDING SOURCES</b>					
<b>FEDERAL REVENUES - click below</b>					
SDMC Regular FFP (50%)	11,114	72,666	855	855	85,490
ARRA SDMC FFP (11.59)	2,576	16,845	198	198	19,817
<b>STATE REVENUES - click below</b>					
EPSDT State Match	7,427	48,560	572	572	57,131
Family Mosaic Capitated Medi-Cal					
<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>					
HSA (Human Svcs Agency)		8,549			8,549
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>					
<b>COUNTY GENERAL FUND</b>					
<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>170,987</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>21,116</b>	<b>146,620</b>	<b>1,625</b>	<b>1,625</b>	<b>170,987</b>
<b>NON-DPH REVENUES - click below</b>					
<b>TOTAL NON-DPH REVENUES</b>					
<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>170,987</b>
<b>CBHS UNITS OF SVCS/TIME AND UNIT COST:</b>					
UNITS OF SERVICE <sup>1</sup>					
UNITS OF TIME <sup>2</sup>					
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	2.08	2.66	3.99	4.96	0.00
COST PER UNIT--DPH RATE (DPH REVENUES ONLY)	2.08	2.66	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>	0		<b>177,309</b>	
INDIRECT COST AMOUNT	2,858	19,338	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>	0		<b>201,124</b>	
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>								
<b>FEDERAL REVENUES - click below</b>								
SDMC Regular FFP (50%)	10,816	73,186	4,236	1,893			90,130	
ARRA-SDMC FFP (11.59)	2,507	16,965	982	438			20,893	
<b>STATE REVENUES - click below</b>								
EPSDT State Match	7,228	48,908	2,831	1,265			60,231	
Family Mosaic Capitated Medi-Cal							-	
CTF Fund (Cmnty 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>								
HSA (Human Svcs Agency)		9,013					9,013	
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	2,503	16936	980	438			20,857	
<b>TOTAL CBHS MENTAL HEALTH FUNDING SOURCES</b>	<b>23,053</b>	<b>165,008</b>	<b>9,028</b>	<b>4,034</b>	0		<b>201,124</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>								
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						0	
<b>TOTAL DPH REVENUES</b>	<b>23,053</b>	<b>165,008</b>	<b>9,028</b>	<b>4,034</b>	0		<b>201,124</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>23,053</b>	<b>165,008</b>	<b>9,028</b>	<b>4,034</b>	0		<b>201,124</b>	
<b>CBHS UNITS OF SVCS/TIME AND UNIT COST:</b>								
UNITS OF SERVICE <sup>1</sup>							0	
UNITS OF TIME <sup>2</sup>	11,083	61,569	2,263	813			75,728	
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	2.08	2.68	3.99	4.96	0.00			
COST PER UNIT--DPH RATE (DPH REVENUES ONLY)	2.08	2.68	3.99	4.96	0.00			
PUBLISHED RATE (MEDICAL PROVIDERS ONLY)								
UNDULICATED 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 #: 38CO				
PROVIDER NAME: Seneca Center		8/16/2010				
REPORTING UNIT NAME:	LT Connections	LT Connections	LT Connections	LT Connections	LT Connections - MHSA	
REPORTING UNIT:	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
<b>FUNDING USES:</b>						
SALARIES & EMPLOYEE BENEFITS	508,658	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	27,086	524,696
<b>TOTAL FUNDING USES:</b>	<b>626,571</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 MENTAL HEALTH FUNDING SOURCES</b>						
FEDERAL REVENUES - click below						
SDMC Regular FFP (50%)	313,285	1,927,906	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	60,478	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 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>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						
<b>TOTAL NON-DPH REVENUES</b>	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				1,662	1,823	
UNITS OF TIME	301,236	1,438,740	60,371	0	0	
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	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)						
UNDUPLICATED 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 #: 38CQ			
PROVIDER NAME: Seneca Center		8/16/2010			
REPORTING UNIT NAME:	LT Connections Probation	LT Connections Probation	LT Connections Probation	LT Connections Probation	
REPORTING UNIT:	38CQ4	38CQ4	38CQ4	38CQ4	
MODE OF SVCS / SERVICE FUNCTION CODE	15/01-09	15/10-59	15/70-79	15/60-69	
SERVICE DESCRIPTION	Case Mgt Brokerage	MH Svcs	Crisis Intervention-OP	Medication support	TOTAL
CBHS FUNDING TERM:	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	
<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>6,973</b>	<b>348,662</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>					
FEDERAL REVENUES - click below					
SDMC Regular FFP (50%)	25,247	155,360	9,710	3,884	194,201
ARRA SDMC FFP (11.59)	5,852	36,013	2,251	900	45,016
STATE REVENUES - click below					
EPSDT State Match	16,870	103,811	6,488	2,595	129,764
Family Mosaic Capitated Medi-Cal					0
GRANTS - click below					
CFDA #:					0
					0
					0
Please enter other here if not in pull down					
PRIOR YEAR ROLL OVER - click below					
					0
WORK ORDERS - click below					
HSA (Human Svcs Agency)	2,525	15,536	971	388	19,420
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					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>					
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>50,493</b>	<b>310,720</b>	<b>19,420</b>	<b>7,767</b>	<b>388,400</b>
NON-DPH REVENUES - click below					
TOTAL NON-DPH REVENUES	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 (MEDI-CAL PROVIDERS ONLY)					
UNDUPLICATED 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		
REPORTING UNIT:	Day Treatment		
MODE OF SVCS / SERVICE FUNCTION CODE:	B9802		
	10/B5-89		
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
SUBTOTAL DIRECT COSTS	84,779		84,779
INDIRECT COST AMOUNT	10,610		10,610
TOTAL FUNDING USES:	95,389		95,389
<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	31,874		31,874
Family Mosaic Capitated Medi-Cal			0
IMHSA			0
GRANTS - click below			
CFDA #:			0
Please enter other here if not in pull down			
PRIOR YEAR ROLL OVER - click below			
IMHSA			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			
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>	<b>0</b>		<b>0</b>
<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-B9	
SERVICE DESCRIPTION:		Day Tx Intensive Full day	TOTAL
<b>CBHS FUNDING TERM:</b>		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
SUBTOTAL DIRECT COSTS		13,072	13,072
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
ARRA-SDMC FFP (11.59)		1,694	1,694
STATE REVENUES - click below			0
EPSDT State Match		4,678	4,678
Family Mosaic Capitated Medi-Cal			
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			0
MHSA			0
WORK ORDERS - click below			0
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
			0
Please enter other here if not in pull down			0
REALIGNMENT FUNDS			0
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)			
UNDPLICATED 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 (CRDC)

FISCAL YEAR:	2010/2011	APPENDIX #:	B 10
LEGAL ENTITY NAME:	Seneca Center	PROVIDER #:	38CQ
PROVIDER NAME:	Seneca Center		8/16/2010
REPORTING UNIT NAME:		Parent Training Institute	
REPORTING UNIT:		38CQPT1	
MODE OF SVCS / SERVICE FUNCTION CODE:		60/78	
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
SUBTOTAL DIRECT COSTS		108,196	108,196
INDIRECT COST AMOUNT		1,804	1,804
TOTAL FUNDING USES:		110,000	110,000
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>			
FEDERAL REVENUES - click below			
SDMC Regular FFP (50%)			-
ARRA SDMC FFP (11.59%)			-
STATE REVENUES - click below			
EPSDT State Match			-
Family Mosaic Capitated Medi-Cal			-
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			
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		110,000	110,000
<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			
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES			-
TOTAL DPH REVENUES		110,000	110,000
NON-DPH REVENUES - click below			
TOTAL NON-DPH REVENUES		0	0
TOTAL REVENUES (DPH AND NON-DPH)		110,000	110,000
<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	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	254,948
OPERATING EXPENSE		3,925	27,262	1,249	1,508	24,911	58,854
CAPITAL OUTLAY (COST \$5,000 AND OVER)							0
SUBTOTAL DIRECT COSTS		19,037	132,228	6,056	7,314	149,164	313,799
INDIRECT COST AMOUNT		2,258	15,683	718	867	18,129	37,656
TOTAL FUNDING USES:		21,295	147,911	6,774	8,181	167,293	351,455
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>							
FEDERAL REVENUES - click below							
SDMC Regular FFP (50%)		10,648	73,955	3,367	4,091		92,060
ARRA SDMC FFP (11.5%)		2,466	17,143	785	948		21,344
STATE REVENUES - click below							
EPSDT State Match		7,115	49,415	2,263	2,733		61,526
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)							
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	409		9,208
COUNTY GENERAL FUND						167,292	167,292
<b>TOTAL CBHS MENTAL HEALTH FUNDING SOURCES</b>		<b>21,295</b>	<b>147,908</b>	<b>6,774</b>	<b>8,181</b>	<b>167,292</b>	<b>351,450</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>147,908</b>	<b>6,774</b>	<b>8,181</b>	<b>167,292</b>	<b>351,450</b>
NON-DPH REVENUES - click below							
TOTAL NON-DPH REVENUES							
							0
<b>TOTAL REVENUES (DPH AND NON-DPH)</b>		<b>21,295</b>	<b>147,908</b>	<b>6,774</b>	<b>8,181</b>	<b>167,292</b>	<b>351,450</b>
<b>CBHS UNITS OF SVCS/TIME AND UNIT COST:</b>							
UNITS OF SERVICE <sup>1</sup>						1	
UNITS OF TIME <sup>2</sup>		10.562	58.670	1.405	2.108	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)							
UNDULICATED CLIENTS		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 (CRDC)

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
<b>CBHS FUNDING TERM:</b>					
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
SUBTOTAL DIRECT COSTS	275,892	89,286	79,666		444,844
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>89,225</b>		<b>498,225</b>
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>					
FEDERAL REVENUES - click below					
SDMC Regular FFP (50%)			44,610		44,610
ARRA SDMC FFP (11.5%)			10,341		10,341
STATE REVENUES - click below					
EPSDT State Match			29,811		29,811
Family Mosaic Capitated Medi-Cal					
MHSA	309,000				309,000
GRANTS - click below					
CFDA #:					
Please enter other here if not in pull down					
PRIOR YEAR ROLL OVER - click below					
MHSA		100,000			100,000
WORK ORDERS - click below					
County Work Order Fund					
HSA (Human Svcs Agency)					
Please enter other here if not in pull down					
3RD PARTY PAYOR REVENUES - click below					
Please enter other here if not in pull down					
REALIGNMENT FUNDS					
COUNTY GENERAL FUND					
			4,461		4,461
<b>TOTAL CBHS MENTAL HEALTH FUNDING SOURCES</b>	<b>309,000</b>	<b>100,000</b>	<b>89,225</b>		<b>498,225</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>309,000</b>	<b>100,000</b>	<b>89,225</b>		<b>498,225</b>
NON-DPH REVENUES - click below					
TOTAL NON-DPH REVENUES					
<b>TOTAL REVENUES (DPH AND NON-DPH)</b>	<b>309,000</b>	<b>100,000</b>	<b>89,225</b>		<b>498,225</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 (MEDI-CAL PROVIDERS ONLY)					
UNDULICATED 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

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					
<b>Expendable Equipment</b>	<b>8,520</b>	<b>8,520</b>				
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>			0	<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

Appendix B-1, Page 3

Provider Name: Sencos Center CTF Unit SF  
 Date: 8/16/15

Budget Amount	Budget Line Item	Description
<b>Salaries: FTE's</b>	<b>Salary</b>	<b>Total Salary</b>
9.30 X	\$ 191,250 = \$	39,375 CTF Division Director
		Responsible for program development and oversight of all program services
0.64 X	\$ 94,566 = \$	79,960 San Francisco Program Director
		Provides organizational leadership for the operation of the program
2.00 X	\$ 80,000 = \$	192,000 Assistant Director/Administrator
		Assist in the leadership of the program and monitors day to day functioning of the program
1.65 X	\$ 81,034 = \$	149,919 Nurse
		Responsible and accountable for prescribing, implementing and evaluating the nursing care delivered to clients
3.75 X	\$ 52,800 = \$	198,000 Clinical Therapist
		Provide on-going mental health services to clients, participate in milieu activities and work closely with other staff to provide clinical guidance
3.82 X	\$ 40,404 = \$	154,947 Milieu Supervisor/Manager
		Responsible for maintaining a safe milieu environment. These staff are available to handle crisis of critical incidents that may arise
19.29 X	\$ 91,877 = \$	611,949 Mental Health Assistant
		Provide services to clients in both the milieu and in the community as well
1.75 X	\$ 39,280 = \$	58,240 Direct Clinical
		Provides on-going administrative support to all staff
3.68 X	\$ 41,989 = \$	112,514 Shift Coordinator
		Over lead staff services, including milieu and interacting with clients as needed throughout the course of a shift
<b>36.28</b>	<b>\$ 1,534,819</b>	<b>Total Salaries</b>
		\$ 95,199 6.20% Social Security
		\$ 22,286 1.45% Medicare
		\$ 3,897 0.25% Unemployment Insurance
		\$ 111,274 7.25% Workers' Compensation
		\$ 181,892 12.50% Health Insurance
		\$ 20,721 1.36% other
	<b>\$ 445,698</b>	<b>Employee Fringe Benefit Rate</b>
		\$ 445,698 29.00% Total Employee Fringe Benefit Rate
	<b>\$ 1,979,917</b>	<b>Total Salaries and Benefits</b>
<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	\$ 4,200 Rental of Copier and postage machine
\$ 10,800	Building Maintenance	\$ 933 Maintenance for office site (approx \$833/month)
\$ 22,720	<b>Total Occupancy (Facility and Vehicle Expense)</b>	
\$ 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	<b>Total Contract Services</b>	
\$ 16,987	Office Supplies, Postage	\$ 16,987 Office Supplies and postage for 36.28 staff - 100% (avg of \$468 per staff)
\$ 6,000	Telephone	\$ 6,000 Telephone (exp. \$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	Training costs for 36.28 employees - 100%
\$ 10,000	Staff Recruitment	Recruiting Costs for 36.28 employees - 100%
\$ 48,987	<b>Total Program Support</b>	
\$ 1,500	Household Supplies	\$ 1,500 on 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
\$ 11,600	Special Events	\$ 11,600 Camp costs of \$5000, prom \$2000 and other outings
\$ 118,331		
\$ 369,836	<b>Total Operating Costs</b>	
<b>\$ 2,339,955</b>	<b>Total Direct Costs ( Salaries &amp; Benefits and Operating Expenses)</b>	





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	2,700
Telephone	7,200
Staff Travel-(Local & Out of Town)	6,000
Staff Training	0
Staff Recruitment	3,341
<b>Total Program Support</b>	<b>19,241</b>

**Facility and Vehicle Expense**

Facility Lease	0
Utilities	0
Expendable Equipment	1,000
Equipment Lease	0
Bldg. Mt. and Repair	1,500
Vehicle Lease/Depreciation	0
Vehicle Operations	0
<b>Total Facilities/Vehicle Expense</b>	<b>2,500</b>

**Child and Family Related Expense**

Food	0
Household Supplies	0
Therapeutic Supplies	5,311
Medications/Personal Supplies	3,000
Child Transportation	1,000
Curriculum	0
Classroom Supplies	0
Special Events	0
Family Support	0
<b>Total Child and Family Expense</b>	<b>9,311</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>

Provider Number: 38CQ

Provider Name: Seneca Center TBS - SF

Date: 8/18/10

Budget Amount	Budget Line Item	Description
<b>Salaries: FTE's</b>		
	Salary	Total Salary
0.40 X	\$ 65,000 =	\$ 26,000 Assist. Director
		Supervisor the Clinicians and Behavioral Specialist providing TBS Services
3.15 X	\$ 50,000 =	\$ 157,500 TBS Clinician
		To Provide behaviorally-focused mental health services to children and families
6.50 X	\$ 31,886 =	\$ 205,842 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
10.80	\$ 414,302	Total Salaries
		\$ 25,087 6.20% Social Security
		\$ 6,097 1.45% Medicare
		\$ 1,036 0.25% Unemployment Insurance
		\$ 30,037 7.25% Workers' Compensation
		\$ 51,768 12.50% Health Insurance
		\$ 5,593 1.36% other
	\$ 120,146	Employee Fringe Benefit Rate
	\$ 534,456	Total Salaries and Benefits
		<b>Operating Expenses:</b>
	\$ 1,000	Expendable Equipment
		Equipment Lease
	\$ 1,500	Building Maintenance
	\$ 2,500	Total Occupancy (Facility and Vehicle Expense)
	\$ 2,700	Office Supplies, Postage
	\$ 7,200	Telephone
	\$ 6,000	Staff Travel
	\$ -	Staff Training
	\$ 3,341	Staff Recruitment
	\$ 19,241	Total Program Support
	\$ 5,311	Household Supplies
	\$ 3,000	Therapeutic Supplies
	\$ 1,000	Medications and Personal Supplies
	\$ 1,000	Child Transportation
	\$ 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								
TOTALS	3.15	\$106,283	3.15	\$106,283	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0
EMPLOYEE FRINGE BENEFITS	28%	\$29,759	28%	\$29,759	28%	\$0	28%	\$0	28%	\$0	28%	\$0
TOTAL SALARIES & BENEFITS		\$136,042		\$136,042		\$0		\$0		\$0		\$0

DPH #2 (CMHS & CSAS)

#REF!

CBHS Budget Justification

Provider Number: 8989

Appendix B-3, Page 2

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

Budget Amount		Budget Line Item	Description
<b>Salaries: FTE's</b>			
	Salary	Total Salary	
0.90 X	\$ 39,312 =	\$ 35,381	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>
			\$ 6,590 6.20% Social Security
			\$ 1,541 1.45% Medicare
			\$ 266 0.25% Unemployment Insurance
			\$ 7,786 7.25% Workers' Compensation
			\$ 13,265 12.50% Health Insurance
			\$ 372 0.35% other
		\$ 29,759	<b>Employee Fringe Benefit Rate</b>
		\$ 136,042	<b>Total Salaries and Benefits</b>
		\$ 136,042	<b>Total Direct Costs ( Salaries &amp; Benefits and Operating Expenses)</b>





CBHS Budget Justification

Provider Number: 38CQ

Appendix: Appendix: B-4, Page 9

Provider Name: Seneca Center MTFC Placement

Date: 8/16/10

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
0.25 X	\$ 74,560 = \$	18,638 Licensed Clinical Supervisor
		Responsible for providing supervision to Team leaders and ensuring Seneca's practices are implemented correctly
1.00 X	\$ 52,800 = \$	52,800 Therapist/Social Worker
		Provide on-going mental health services to clients
1.00 X	\$ 32,760 = \$	32,760 Mental Health Assistant
		Works as part of a therapeutic team to provide appropriate adult role model for children
2.33	\$ 110,918	Total Salaries
		\$ 6,877 6.20% Social Security
		\$ 1,608 1.45% Medicare
		\$ 277 0.25% Unemployment Insurance
		\$ 5,042 7.25% Workers' Compensation
		\$ 13,865 12.50% Health Insurance
		\$ 1,486 1.35% other
	\$ 32,168	Employee Fringe Benefit Rate
	\$ 143,085	Total Salaries and Benefits
<b>Operating Expenses:</b>		
	\$ 1,496	Office Supplies, Postage
	\$ 1,500	Telephone
	\$ 2,800	Staff Training
	\$ -	
	\$ 5,796	Total Program Support
	\$ 3,939	Shelter Costs
	\$ 3,939	5311 Based on past experience, as needed basis per family
	\$ 5,729	Total Operating Costs
	\$ 152,815	Total Direct Costs ( Salaries & Benefits and Operating Expenses)





DPH4: Operating Expenses Detail

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

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

Expenditure Category	TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	GRANT #1: State Supplement	GRANT #2: na	WORK ORDER #1: DHS	WORK ORDER
	PROPOSED TRANSACTION Term: 7/1/10-6/30/11	PROPOSED TRANSACTION Term: 7/1/10-6/30/11	PROPOSED TRANSACTION Term: _____	PROPOSED TRANSACTION Term: _____	PROPOSED TRANSACTION Term: 7/1/10-6/30/11	PROPOSED TRANSACTION Term: _____
<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)						

CBHS Budget Justification

Provider Number: 38CQ

Appendix: B-5, Page 3

Provider Name: Seneca Center ST Connections Intensive Support Services  
Date: 8/15/10

Budget Amount	Budget Line Item	Description
<b>Salaries: FTE's</b>	<b>Salary</b>	<b>Total Salary</b>
0.10 X	\$ 84,500 = \$	8,450 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
		Provides on-going administrative support to all staff
2.35	\$	106,430 Total Salaries
		\$ 6,723 6.20% Social Security
		\$ 1,572 1.45% Medicare
		\$ 271 0.25% Unemployment Insurance
		\$ 7,881 7.25% Workers' Compensation
		\$ 13,564 12.50% Health Insurance
		\$ 1,452 1.35% other
	\$	31,433 Employee Fringe Benefit Rate
	\$	139,862 Total Salaries and Benefits
	<b>Operating Expenses:</b>	
	\$ 12,000 Facility Lease	\$ 12,000 Monthly Rent of 1000*12 months
	\$ 975 Utilities	\$ 975 Gas & Electric average \$82/month
	\$ 1,910 Expendable Equipment	\$ 1,910 Based on an average of \$160 a month for new equipment
	\$ 900 Equipment Rental	\$ 900 Rental of Copier and postage machine
	\$ 881 Building Maintenance	Maintenance for office site (approx \$75/month)
	\$	16,666 Total Occupancy (Facility and Vehicle Expense)
	\$ 1,000 Psychiatric Services	\$ 1,000 Based on one hour a month
	\$ 3,000 Program Consultation	\$ 3,000 Consultant costs to facilitate a Task Force and training
	\$	4,000 Total Contract Services
	\$ 1,175 Office Supplies, Postage	Office Supplies and postage for 2.35 staff - 100% (avg of \$500 per staff)
	\$ 2,180 Telephone	Telephone (avg. \$1,81 mo)
	\$ 2,820 Staff Travel	Based on average of 2.35 FTE staff for mileage reimb, based on \$1200 per FTE
	\$ 588 Staff Training	Training costs for 2.35 employees - 100%
	\$ 705 Staff Recruitment	Recruiting Costs for 2.35 employees - 100%
	\$	7,468 Total Program Support
	\$ 2,300 Medication/Personal Supplies	Based on monthly expense of \$191
	\$ 1,000 Child Transportation	Based on monthly expense of \$83
	\$ 5,013 Supplies	Based on budget of \$100 per client
	\$	9,313
	\$	37,447 Total Operating Costs
	\$	177,309 Total Direct Costs ( Salaries & Benefits and Operating Expenses)

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

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

DPH #2 (CMHS & CSAS) #REF!

DPH4: Operating Expenses Detail

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

Appendix: B-6, Page 3

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
		Responsible for program development and oversight for all of Seneca's Community Based Programs
0.50 X	\$ 85,000 = \$	42,500 Program Director
		Provides organizational leadership for the operation of the program on a daily basis and oversees the ongoing development of the wrap around program.
1.00 X	\$ 83,152 = \$	83,152 Wrap Service Director
		Provides organizational leadership for coordinating Wrap Services
2.00 X	\$ 82,400 = \$	164,800 Assistant Director/Administrator
		Responsible for the overall management and on-going running of several program teams.
1.00 X	\$ 60,000 = \$	60,000 Team Supervisor
		Liaison between parents and caregivers to help support and facilitate family members of all children enrolled in the Connections Program
31.00 X	\$ 46,999 = \$	1,436,167 Care Coordinator/Facilitator
		Responsible for the care and stabilization of clients, families and caregivers
4.00 X	\$ 51,000 = \$	204,000 Family Finding Specialist Supervisor
		Liaison between clients, parents and caregivers to facilitate reunification
26.00 X	\$ 37,940 = \$	1,045,520 Family Finding Specialists/Counselors
		Conducts the search for relatives of children who are without permanent family connections and assist in promoting reunification with families
1.50 X	\$ 37,000 = \$	55,500 QA Billing Specialist
		Responsible for tracking and billing all services in Program
2.35 X	\$ 39,531 = \$	76,826 Administrative Support
		Provides on-going administrative support to all staff
<b>71.60</b>	<b>\$ 3,204,959</b>	<b>Total Salaries</b>
		\$ 169,707 6.20% Social Security
		\$ 46,472 1.45% Medicare
		\$ 9,012 0.28% Unemployment Insurance
		\$ 232,900 7.28% Workers' Compensation
		\$ 400,626 12.50% Health Insurance
		\$ 43,267 1.35% other
	<b>\$ 829,438 Employee Fringe Benefit Rate</b>	<b>\$ 829,438 25.88% Total Employee Fringe Benefit Rate</b>
	<b>\$ 4,134,397</b>	<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
\$	9,520 Expendable Equipment	\$ 9,520 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 Program Consultation	\$ 25,000.00 Consultant costs to facilitate a Task Force and training
\$	211,000	<b>Total Contract Services</b>
\$	96,466 Office Supplies, Postage	Office Supplies and postage for 71.6 staff - 100% (avg of \$500 per staff)
\$	19,000 Telephone	Telephone (avg. \$1,083 mo)
		\$ 86,155.00 Based on average of 60.25 FTE staff for mileage reim: 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
\$	46,166 Staff Travel	\$ 10,000.00 Out of Town Travel for Staff and Families
\$	11,129 Staff Training	\$ 46,155.00
\$	12,000 Staff Recruitment	Costs associated with conducting expert trainings 7-8 times a year
\$	118,778 Total Program Support	Recruiting Costs for 71.6 employees - 100%
\$	424,889	<b>Total Operating Costs</b>
<b>\$ 4,559,290</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 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
--------------------------	-----	----------	-----	----------	-----	-----	-----	-----	-----	---------	-----	-----

TOTAL SALARIES & BENEFITS	\$301,522	\$289,564	\$0	\$0	\$11,958	\$0
---------------------------	-----------	-----------	-----	-----	----------	-----

DPH #2 (CMHS & CSAS) #REF!

DPH4: Operating Expenses Detail

Provider Number 38CQ

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

	TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	WORK ORDER #1: DHS	MHSA	GRANT #2: na	WORK ORDER
Expenditure Category	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION
	Term: 7/1/10-6/30/11	Term: 7/1/10-6/30/11	Term: 7/1/10-6/30/11	Term: _____	Term: _____	Term: _____
<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>



Provider Number: 38CQ

Provider Name: Seneca Center Long Term Intensive Probation Support Services

Date: 8/15/10

Budget Amount	Budget Line Item	Description
Salaries: FTE's	Salary	Total Salary
0.02 X	\$130,000 = \$	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	\$ 89,152 = \$	6,215 Wrap Service Director
		Provides organizational leadership for coordinating Wrap Services
0.20 X	\$ 82,400 = \$	16,480 Assistant Director/Administrator
		Responsible for the overall management and on-going running of several program teams
2.70 X	\$ 42,920 = \$	115,875 Care Coordinator/Facilitator
		Responsible for the care and stabilization of clients, families and caregivers
0.40 X	\$ 51,000 = \$	20,400 Family Finding Specialist Supervisor
		Liaison between clients, parents and caregivers to facilitate reunification
1.75 X	\$ 37,610 = \$	65,815 Family Finding Specialists/Counselors
		Conducts the search for relatives of children who are without permanent family connections and assist in promoting reunification with families.
5.22	\$	233,738 Total Salaries
		\$ 14,492 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 \$866/month
\$	1,666	Expendable Equipment
		\$ 1,666 Based on an average of \$138 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. \$1,083 mo)
\$	3,612	Staff Travel
		Based on average of 5.22 FTE staff for mileage reimb, based on \$690 per FTE
\$	2,000	Staff Training
		Training costs for 5.22 employees - 100%
\$	1,500	Staff Recruitment
		Recruiting Costs for 5.22 employees - 100%
\$	10,922	Total Program Support
\$	266	Household Supplies
		Based on incidental costs
\$	7,885	Therapeutic Supplies
		Average spent per month on clients of \$638
\$	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%    \$18,173      29%    \$18,173      29%    \$0      29%    \$0      29%    \$0      29%    \$0

TOTAL SALARIES & BENEFITS      \$81,079      \$81,079      \$0      \$0      \$0      \$0

DPH #2 (CMHS & CSAS)      #REF!

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
Salaries: FTE's	Salary	Total Salary
0.02 X	\$123,500 = \$	2,472 Regional Director
		Provides organizational leadership for the operation of the program
0.02 X	\$ 79,900 = \$	1,476 Clinical Supervisor
		Responsible for providing supervision to Team leaders and ensuring Seneca's practices are implemented correctly
0.65 X	\$ 52,800 = \$	34,320 Therapist
		Provide on-going mental health services to clients, participate in milieu activities and work closely with other staff to provide clinical Guidance
0.65 X	\$ 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
1.39	\$	62,906 Total Salaries
		\$ 3,900 6.20% Social Security
		\$ 812 1.45% Medicare
		\$ 157 0.25% Unemployment Insurance
		\$ 4,561 7.25% Workers' Compensation
		\$ 7,793 12.50% Health Insurance
		\$ 846 1.35% other
	\$	18,173 Employee Fringe Benefit Rate
	\$	81,079 Total Salaries and Benefits
		Operating Expenses:
	\$	1,000 Psychiatric Services
	\$	1,000 Program Consultation
	\$	2,000 Total Contract Services
	\$	500 Office Supplies, Postage
	\$	1,200 Telephone
	\$	1,700 Total Program Support
	\$	3,700 Total Operating Costs
	\$	84,779 Total Direct Costs ( Salaries & Benefits and Operating Expenses)



DPH4: Operating Expenses Detail

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

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

Expenditure Category	TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	WORK ORDER #1: DHS	GRANT #1: na	GRANT #2: na	WORK ORDER
	PROPOSED TRANSACTION Term: 7/1/10-6/30/11	PROPOSED TRANSACTION Term: 7/1/10-6/30/11	PROPOSED TRANSACTION Term: _____	PROPOSED TRANSACTION Term: _____	PROPOSED TRANSACTION Term: _____	PROPOSED TRANSACTION Term: _____
<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>
<b>DPH #3 (CMHS &amp; CSAS)</b>						

Provider Number: 38CA

Provider Name: Seneca Center Oak Grove Day Treatment Services

Date: 8/18/10

Budget Amount	Budget Line Item	Description
<b>Salaries: FTE's</b>		
X	Salary	Total Salary
0.01 X	\$ 74,560 =	\$ 745 Program Manager/Clinician Supervisor
0.01 X	\$ 81,094 =	\$ 810 Nurse
0.10 X	\$ 52,800 =	\$ 5,280 Clinician/Therapist
0.10	\$ 91,868 =	\$ 9,186 Mental Health Ass./counselors
0.22	\$	\$ 10,005 Total Salaries
		\$ 620 6.20% Social Security
		\$ 145 1.45% Medicare
		\$ 25 0.25% Unemployment Insurance
		\$ 725 7.25% Workers' Compensation
		\$ 1,217 12.50% Health Insurance
		\$ 35 0.35% other
	\$ 2,767 Employee Fringe Benefit Rate	\$ 2,767 28.00% 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

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%	\$24,188	29%	\$24,188	29%	\$0	29%	\$0	29%	\$0	29%	\$0
TOTAL SALARIES & BENEFITS		\$107,596		\$107,596		\$0		\$0		\$0		\$0

DPH #2 (CMHS & CSAS) #REF!



DPH4: Operating Expenses Detail

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

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

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

Provider Number: 38CQ

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

Budget Amount	Budget Line Item	Description
Salaries: FTE's	Salary	Total Salary
X	=	
1.00 X	\$ 83,408 =	\$ 83,408 Parent Training
		To provide training caregivers of young children with emotional and behavioral problems
1.00	\$ 83,408	Total Salaries
		\$ 5,171 6.20% Social Security
		\$ 1,208 1.45% Medicare
		\$ 206 0.25% Unemployment Insurance
		\$ 6,047 7.25% Workers' Compensation
		\$ 10,426 12.50% Health Insurance
		\$ 1,128 1.35% other
	\$ 24,188	Employee Fringe Benefit Rate
	\$ 24,188	29.00% Total Employee Fringe Benefit Rate
	\$ 107,596	Total Salaries and Benefits
	Operating Expenses:	
	\$ 600	Telephone \$ 600 Based on one FTE at 50 month
	\$ 600	Total Program Support
	\$ 600	Total Operating Costs
	\$ 108,196	Total Direct Costs ( Salaries & Benefits and Operating Expenses)

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

Expenditure Category	TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	GF Cost Based	GRANT #1: na	GRANT #2: na	WORK ORDER
	PROPOSED TRANSACTION Term: 7/1/10-6/30/11	PROPOSED TRANSACTION Term: 7/1/10-6/30/11	PROPOSED TRANSACTION Term: 7/1/10-6/30/11	PROPOSED TRANSACTION Term: _____	PROPOSED TRANSACTION Term: _____	PROPOSED TRANSACTION Term: _____
<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: 2/16/10

Budget Amount	Budget Line Item	Description
<b>Salaries: FTE's</b>	<b>Salary</b>	<b>Total Salary</b>
0.80 X	\$ 55,000 =	\$ 44,000 MST Supervisor
2.50 X	\$ 52,800 =	\$ 132,000 MST Clinician
0.65 X	\$ 33,280 =	\$ 21,632 Direct Clerical
3.95		\$ 197,632 Total Salaries
		\$ 12,259 0.20% Social Security
		\$ 2,866 1.45% Medicare
		\$ 494 0.25% Unemployment Insurance
		\$ 14,326 7.25% Workers' Compensation
		\$ 24,704 12.50% Health Insurance
		\$ 2,658 1.35% Other
	\$ 57,313 Employee Fringe Benefit Rate	\$ 57,313 29.00% Total 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 \$231e month for new equipment
	\$ 1,620 Equipment lease	\$ 1,620 Rental of copier machine
	\$ 4,400 Total Occupancy (Facility and Vehicle Expense)	
	\$ 28,084 MST Contract Services	\$ 28,084 Monthly MST consultation and language translation services
	\$ 10,400 Program Consultation	\$ 10,400.00 Actual costs
	\$ 38,484 Total Contract Services	
	\$ 1,875 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. \$ 235 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%
	\$ 16,470 Total Program Support	
	\$ 3,000 Family Service Fund	Based on \$200 per Family
	\$ 2,000 Child Behavioral Award	Based on 15 clients average award \$133 per client
	\$ 500 Special Events	actual expenses
	\$ 5,500	
	\$ 58,854 Total Operating Costs	
	\$ 313,799 Total Direct Costs (Salaries & Benefits and Operating Expenses)	

DPH3: Salaries & Benefits Detail

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

POSITION TITLE	TOTAL		General Fund & Other Revenue		WORK ORDER #1:		MHSa		MHSa Rollover		WORK ORDER	
	Proposed Transaction Term: 7/1/10-6/30/11		Proposed Transaction Term: 7/1/10-6/30/11		Proposed Transaction Term: _____		Proposed Transaction Term: 7/1/10-6/30/11		Proposed Transaction Term: 7/1/10-6/30/11		Proposed Transaction Term: _____	
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
Assessment Specialist	1.00	48,000	0.18	8,640			0.62	29,760	0.200	9,600		
Youth Family Advocates	3.15	151,200	0.57	27,216			1.95	93,744	0.630	30,240		
Family Partner		0	0.00	0								
Program Supervisor	0.75	48,750	0.14	8,775			0.47	30,225	0.150	9,750		
		0										
<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>	<b>29%</b>	<b>\$85,826</b>	<b>29%</b>	<b>\$15,449</b>	<b>29%</b>	<b>\$0</b>	<b>29%</b>	<b>\$53,212</b>	<b>29%</b>	<b>\$17,165</b>	<b>29%</b>	<b>\$0</b>
<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 - MHPA & PEI

Expenditure Category	TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	WORK ORDER #1:	MHPA	MHPA 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		585	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: 8/16/10

MHSA PE & I

Appendix: B-12, Page 3

Budget Amount	Budget Line Item	Description
<b>Salaries: FTE's</b>	<b>Salary</b>	<b>Total Salary</b>
1.00 Y	\$ 48,000 = \$	48,000 Assessment Specialist
3.15 X	\$ 48,000 = \$	151,200 Youth Family Advocates
0.75 X	\$ 65,000 = \$	48,750 Program Supervisor
1.00 Y	\$ 48,000 = \$	48,000 MST Clinician
		Masters level clinician who is certified to administer the CAJF assessment for derailed youth.
		Provide planning and advocacy, and service linkages for youth and their family each year.
		Supervises the Assessment Specialist, Youth and Family Advocates and therapist.
		Will provide intensive family intervention for youth transitioning back to the community.
<b>5.90</b>	<b>\$ 295,950</b>	<b>Total Salaries</b>
		\$ 18,948 6.39% Social Security
		\$ 4,251 1.45% Medicare
		\$ 740 0.25% Unemployment Insurance
		\$ 21,450 7.25% Workers' Compensation
		\$ 36,894 12.60% Health Insurance
		\$ 2,985 1.00% Other
	\$ 85,626	Employee Fringe Benefit Rate
	\$ 381,776	Total Salaries and Benefits
		<b>Operating Expenses:</b>
	\$ 5,625	Equipment Leases
	\$ 1,000	Rental of copier machine
	\$ 5,625	Total Occupancy (Facility and Vehicle Expense)
	\$ 6,750	Contract Services
	\$ 3,750	Monthly MST consultation and language translation services
	\$ 3,750	Total Contract Services
	\$ 2,968	Office Supplies, Postage
		Office Supplies and postage for 5.90 staff - 100% (avg of \$500 per staff)
		This includes all desk, copier and computer supplies
	\$ 3,563	Telephone
		Telephone (avg. \$ 210 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
	\$ 1,580	Staff Training
	\$ 2,072	Staff Recruitment
		Cost associated with conducting an expert training per year
	\$ 21,040	Total Program Support
		Recruiting Costs for 5.90 employees - 100%
	\$ 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 C  
Insurance Waiver**

**RESERVED**



**Appendix D**  
**Additional Terms**

**1. HIPAA**

The parties acknowledge that CITY is a Covered Entity as defined in the Healthcare Insurance Portability and Accountability Act of 1996 ("HIPAA") and is therefore required to abide by the Privacy Rule contained therein. The parties further agree that CONTRACTOR falls within the following definition under the HIPAA regulations:

- A Covered Entity subject to HIPAA and the Privacy Rule contained therein; or
- A Business Associate subject to the terms set forth in Appendix E;
- Not Applicable, CONTRACTOR will not have access to Protected Health Information.

**2. THIRD PARTY BENEFICIARIES**

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

**3. CERTIFICATION REGARDING LOBBYING**

CONTRACTOR certifies to the best of its knowledge and belief that:

A. No federally appropriated funds have been paid or will be paid, by or on behalf of CONTRACTOR to any persons for influencing or attempting to influence an officer or an employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the entering into of any federal cooperative agreement, or the extension, continuation, renewal, amendment, or modification of a federal contract, grant, loan or cooperative agreement.

B. If any funds other than federally appropriated funds have been paid or will be paid to any persons for influencing or attempting to influence an officer or employee of an agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this federal contract, grant, loan or cooperative agreement, CONTRACTOR shall complete and submit Standard Form -111, "Disclosure Form to Report Lobbying," in accordance with the form's instructions.

C. CONTRACTOR shall require the language of this certification be included in the award documents for all subawards at all tiers, (including subcontracts, subgrants, and contracts under grants, loans and cooperation agreements) and that all subrecipients shall certify and disclose accordingly.

D. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

**4. MATERIALS REVIEW**

CONTRACTOR agrees that all materials, including without limitation print, audio, video, and electronic materials, developed, produced, or distributed by personnel or with funding under this Agreement shall be subject to review and approval by the Contract Administrator prior to such production, development or distribution. CONTRACTOR agrees to provide such materials sufficiently in advance of any deadlines to allow for adequate review. CITY agrees to conduct the review in a manner which does not impose unreasonable delays.



## Appendix E

### BUSINESS ASSOCIATE ADDENDUM

This Business Associate Addendum is entered into to address the privacy and security protections for certain information as required by federal law. City and County of San Francisco is the Covered Entity and is referred to below as "CE". The CONTRACTOR is the Business Associate and is referred to below as "BA".

---

#### RECITALS

- A. CE wishes to disclose certain information to BA pursuant to the terms of the Contract, some of which may constitute Protected Health Information ("PHI") (defined below).
- B. CE and BA intend to protect the privacy and provide for the security of PHI disclosed to BA pursuant to the Contract in compliance with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 ("HIPAA"), the Health Information Technology for Economic and Clinical Health Act, Public Law 111-005 ("the HITECH Act"), and regulations promulgated thereunder by the U.S. Department of Health and Human Services (the "HIPAA Regulations") and other applicable laws.
- C. As part of the HIPAA Regulations, the Privacy Rule and the Security Rule (defined below) require CE to enter into a contract containing specific requirements with BA prior to the disclosure of PHI, as set forth in, but not limited to, Title 45, Sections 164.314(a), 164.502(e) and 164.504(e) of the Code of Federal Regulations ("C.F.R.") and contained in this Addendum.

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

#### 1. Definitions

- a. **Breach** shall have the meaning given to such term under the HITECH Act [42 U.S.C. Section 17921].
- b. **Business Associate** shall have the meaning given to such term under the Privacy Rule, the Security Rule, and the HITECH Act, including, but not limited to, 42 U.S.C. Section 17938 and 45 C.F.R. Section 160.103.
- c. **Covered Entity** shall have the meaning given to such term under the Privacy Rule and the Security Rule, including, but not limited to, 45 C.F.R. Section 160.103.
- d. **Data Aggregation** shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.
- e. **Designated Record Set** shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.

- f. **Electronic Protected Health Information** means Protected Health Information that is maintained in or transmitted by electronic media.
- g. **Electronic Health Record** shall have the meaning given to such term in the HITECH Act, including, but not limited to, 42 U.S.C. Section 17921.
- h. **Health Care Operations** shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.
- i. **Privacy Rule** shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and E.
- j. **Protected Health Information or PHI** means any information, whether oral or recorded in any form or medium: (i) that relates to the past, present or future physical or mental condition of an individual; the provision of health care to an individual; and (ii) that identifies the individual or with respect to where there is a reasonable basis to believe the information can be used to identify the individual, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501. Protected Health Information includes Electronic Protected Health Information [45 C.F.R. Sections 160.103, 164.501].
- k. **Protected Information** shall mean PHI provided by CE to BA or created or received by BA on CE's behalf.
- l. **Security Rule** shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and C.
- m. **Unsecured PHI** shall have the meaning given to such term under the HITECH Act and any guidance issued pursuant to such Act including, but not limited to, 42 U.S.C. Section 17932(h).

2. **Obligations of Business Associate**

- a. **Permitted Uses.** BA shall not use Protected Information except for the purpose of performing BA's obligations under the Contract and as permitted under the Contract and Addendum. Further, BA shall not use Protected Information in any manner that would constitute a violation of the Privacy Rule or the HITECH Act if so used by CE. However, BA may use Protected Information (i) for the proper management and administration of BA, (ii) to carry out the legal responsibilities of BA, or (iii) for Data Aggregation purposes for the Health Care Operations of CE [45 C.F.R. Sections 164.504(e)(2)(i), 164.504(e)(2)(ii)(A) and 164.504(e)(4)(i)].
- b. **Permitted Disclosures.** BA shall not disclose Protected Information except for the purpose of performing BA's obligations under the Contract and as permitted under the Contract and Addendum. BA shall not disclose Protected Information in any manner that would constitute a violation of the Privacy Rule or the HITECH Act if so disclosed by CE. However, BA may disclose Protected Information (i) for the proper management and administration of BA; (ii) to carry out the legal responsibilities of BA; (iii) as required by law; or (iv) for Data Aggregation purposes for the Health Care Operations of CE. If BA discloses



Protected Information to a third party, BA must obtain, prior to making any such disclosure, (i) reasonable *written* assurances from such third party that such Protected Information will be held confidential as provided pursuant to this Addendum and only disclosed as required by law or for the purposes for which it was disclosed to such third party, and (ii) a *written* agreement from such third party to immediately notify BA of any breaches of confidentiality of the Protected Information, to the extent it has obtained knowledge of such breach [42 U.S.C. Section 17932; 45 C.F.R. Sections 164.504(e)(2)(i), 164.504(e)(2)(i)(B), 164.504(e)(2)(ii)(A) and 164.504(e)(4)(ii)].

- c. **Prohibited Uses and Disclosures.** BA shall not use or disclose Protected Information for fundraising or marketing purposes. BA shall not disclose Protected Information to a health plan for payment or health care operations purposes if the patient has requested this special restriction, and has paid out of pocket in full for the health care item or service to which the PHI solely relates 42 U.S.C. Section 17935(a). BA shall not directly or indirectly receive remuneration in exchange for Protected Information, except with the prior written consent of CE and as permitted by the HITECH Act, 42 U.S.C. Section 17935(d)(2); however, this prohibition shall not affect payment by CE to BA for services provided pursuant to the Contract.
- d. **Appropriate Safeguards.** BA shall implement appropriate safeguards as are necessary to prevent the use or disclosure of Protected Information otherwise than as permitted by the Contract or Addendum, including, but not limited to, administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality, integrity and availability of the Protected Information, in accordance with 45 C.F.R Section 164.308(b)]. BA shall comply with the policies and procedures and documentation requirements of the HIPAA Security Rule, including, but not limited to, 45 C.F.R. Section 164.316 [42 U.S.C. Section 17931]
- e. **Reporting of Improper Access, Use or Disclosure.** BA shall report to CE in writing of any access, use or disclosure of Protected Information not permitted by the Contract and Addendum, and any Breach of Unsecured PHI of which it becomes aware without unreasonable delay and in no case later than 10 calendar days after discovery [42 U.S.C. Section 17921; 45 C.F.R. Section 164.504(e)(2)(ii)(C); 45 C.F.R. Section 164.308(b)].
- f. **Business Associate's Agents.** BA shall ensure that any agents, including subcontractors, to whom it provides Protected Information, agree in writing to the same restrictions and conditions that apply to BA with respect to such PHI. If BA creates, maintains, receives or transmits electronic PHI on behalf of CE, then BA shall implement the safeguards required by paragraph c above with respect to Electronic PHI [45 C.F.R. Section 164.504(e)(2)(ii)(D); 45 C.F.R. Section 164.308(b)]. BA shall implement and maintain sanctions against agents and subcontractors that violate such restrictions and conditions and shall mitigate the effects of any such violation (see 45 C.F.R. Sections 164.530(f) and 164.530(e)(1)).
- g. **Access to Protected Information.** BA shall make Protected Information maintained by BA or its agents or subcontractors available to CE for inspection

and copying within ten (10) days of a request by CE to enable CE to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.524 [45 C.F.R. Section 164.504(e)(2)(ii)(E)]. If BA maintains an Electronic Health Record, BA shall provide such information in electronic format to enable CE to fulfill its obligations under the HITECH Act, including, but not limited to, 42 U.S.C. Section 17935(e).

- h.* **Amendment of PHI.** Within ten (10) days of receipt of a request from CE for an amendment of Protected Information or a record about an individual contained in a Designated Record Set, BA or its agents or subcontractors shall make such Protected Information available to CE for amendment and incorporate any such amendment to enable CE to fulfill its obligation under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.526. If any individual requests an amendment of Protected Information directly from BA or its agents or subcontractors, BA must notify CE in writing within five (5) days of the request. Any approval or denial of amendment of Protected Information maintained by BA or its agents or subcontractors shall be the responsibility of CE [45 C.F.R. Section 164.504(e)(2)(ii)(F)].
- i.* **Accounting Rights.** Within ten (10) calendar days of notice by CE of a request for an accounting for disclosures of Protected Information or upon any disclosure of Protected Information for which CE is required to account to an individual, BA and its agents or subcontractors shall make available to CE the information required to provide an accounting of disclosures to enable CE to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.528, and the HITECH Act, including but not limited to 42 U.S.C. Section 17935(c), as determined by CE. BA agrees to implement a process that allows for an accounting to be collected and maintained by BA and its agents or subcontractors for at least six (6) years prior to the request. However, accounting of disclosures from an Electronic Health Record for treatment, payment or health care operations purposes are required to be collected and maintained for only three (3) years prior to the request, and only to the extent that BA maintains an electronic health record and is subject to this requirement. At a minimum, the information collected and maintained shall include: (i) the date of disclosure; (ii) the name of the entity or person who received Protected Information and, if known, the address of the entity or person; (iii) a brief description of Protected Information disclosed; and (iv) a brief statement of purpose of the disclosure that reasonably informs the individual of the basis for the disclosure, or a copy of the individual's authorization, or a copy of the written request for disclosure. In the event that the request for an accounting is delivered directly to BA or its agents or subcontractors, BA shall within five (5) calendar days of a request forward it to CE in writing. It shall be CE's responsibility to prepare and deliver any such accounting requested. BA shall not disclose any Protected Information except as set forth in Sections 2.b. of this Addendum [45 C.F.R. Sections 164.504(e)(2)(ii)(G) and 165.528]. The provisions of this subparagraph h shall survive the termination of this Agreement.
- j.* **Governmental Access to Records.** BA shall make its internal practices, books and records relating to the use and disclosure of Protected Information available to CE and to the Secretary of the U.S. Department of Health and Human Services (the "Secretary") for purposes of determining BA's compliance with the

Privacy Rule [45 C.F.R. Section 164.504(e)(2)(ii)(H)]. BA shall provide to CE a copy of any Protected Information that BA provides to the Secretary concurrently with providing such Protected Information to the Secretary.

- k.* **Minimum Necessary.** BA (and its agents or subcontractors) shall request, use and disclose only the minimum amount of Protected Information necessary to accomplish the purpose of the request, use or disclosure. [42 U.S.C. Section 17935(b); 45 C.F.R. Section 164.514(d)(3)] BA understands and agrees that the definition of "minimum necessary" is in flux and shall keep itself informed of guidance issued by the Secretary with respect to what constitutes "minimum necessary."
- l.* **Data Ownership.** BA acknowledges that BA has no ownership rights with respect to the Protected Information.
- m.* **Business Associate's Insurance.** BA shall maintain a sufficient amount of insurance to adequately address risks associated with BA's use and disclosure of Protected Information under this Addendum.
- n.* **Notification of Breach.** During the term of the Contract, BA shall notify CE within twenty-four (24) hours of any suspected or actual breach of security, intrusion or unauthorized use or disclosure of PHI of which BA becomes aware and/or any actual or suspected use or disclosure of data in violation of any applicable federal or state laws or regulations. BA shall take (i) prompt corrective action to cure any such deficiencies and (ii) any action pertaining to such unauthorized disclosure required by applicable federal and state laws and regulations.
- o.* **Breach Pattern or Practice by Covered Entity.** Pursuant to 42 U.S.C. Section 17934(b), if the BA knows of a pattern of activity or practice of the CE that constitutes a material breach or violation of the CE's obligations under the Contract or Addendum or other arrangement, the BA must take reasonable steps to cure the breach or end the violation. If the steps are unsuccessful, the BA must terminate the Contract or other arrangement if feasible, or if termination is not feasible, report the problem to the Secretary of DHHS. BA shall provide written notice to CE of any pattern of activity or practice of the CE that BA believes constitutes a material breach or violation of the CE's obligations under the Contract or Addendum or other arrangement within five (5) calendar days of discovery and shall meet with CE to discuss and attempt to resolve the problem as one of the reasonable steps to cure the breach or end the violation.
- p.* **Audits, Inspection and Enforcement.** Within ten (10) calendar days of a written request by CE, BA and its agents or subcontractors shall allow CE to conduct a reasonable inspection of the facilities, systems, books, records, agreements, policies and procedures relating to the use or disclosure of Protected Information pursuant to this Addendum for the purpose of determining whether BA has complied with this Addendum; provided, however, that (i) BA and CE shall mutually agree in advance upon the scope, timing and location of such an inspection, (ii) CE shall protect the confidentiality of all confidential and proprietary information of BA to which CE has access during the course of such inspection; and (iii) CE shall execute a nondisclosure agreement, upon terms

mutually agreed upon by the parties, if requested by BA. The fact that CE inspects, or fails to inspect, or has the right to inspect, BA's facilities, systems, books, records, agreements, policies and procedures does not relieve BA of its responsibility to comply with this Addendum, nor does CE's (i) failure to detect or (ii) detection, but failure to notify BA or require BA's remediation of any unsatisfactory practices, constitute acceptance of such practice or a waiver of CE's enforcement rights under the Contract or Addendum, BA shall notify CE within ten (10) calendar days of learning that BA has become the subject of an audit, compliance review, or complaint investigation by the Office for Civil Rights.

### 3. Termination

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

### 4. Limitation of Liability

Any limitations of liability as set forth in the contract shall not apply to damages related to a breach of the BA's privacy or security obligations under the Contract or Addendum.

### 5. Disclaimer

CE makes no warranty or representation that compliance by BA with this Addendum, HIPAA, the HITECH Act, or the HIPAA Regulations will be adequate or satisfactory for BA's own purposes. BA is solely responsible for all decisions made by BA regarding the safeguarding of PHI.

## 6. *Certification*

To the extent that CE determines that such examination is necessary to comply with CE's legal obligations pursuant to HIPAA relating to certification of its security practices, CE or its authorized agents or contractors, may, at CE's expense, examine BA's facilities, systems, procedures and records as may be necessary for such agents or contractors to certify to CE the extent to which BA's security safeguards comply with HIPAA, the HITECH Act, the HIPAA Regulations or this Addendum.

## 7. **Amendment**

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

## 8. **Assistance in Litigation or Administrative Proceedings**

BA shall make itself, and any subcontractors, employees or agents assisting BA in the performance of its obligations under the Contract or Addendum, available to CE, at no cost to CE, to testify as witnesses, or otherwise, in the event of litigation or administrative proceedings being commenced against CE, its directors, officers or employees based upon a claimed violation of HIPAA, the HITECH Act, the Privacy Rule, the Security Rule, or other laws relating to security and privacy, except where BA or its subcontractor, employee or agent is a named adverse party.

## 9. **No Third-Party Beneficiaries**

Nothing express or implied in the Contract or Addendum is intended to confer, nor shall anything herein confer, upon any person other than CE, BA and their respective successors or assigns, any rights, remedies, obligations or liabilities whatsoever.

## 10. **Effect on Contract**

Except as specifically required to implement the purposes of this Addendum, or to the extent inconsistent with this Addendum, all other terms of the Contract shall remain in force and effect.

**11. Interpretation**

The provisions of this Addendum shall prevail over any provisions in the Contract that may conflict or appear inconsistent with any provision in this Addendum. This Addendum and the Contract shall be interpreted as broadly as necessary to implement and comply with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule. The parties agree that any ambiguity in this Addendum shall be resolved in favor of a meaning that complies and is consistent with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule.

**12. Replaces and Supersedes Previous Business Associate Addendums or Agreements**

This Business Associate Addendum replaces and supersedes any previous business associate addendums or agreements between the parties hereto.

**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

Tei 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: M01 JL 0

CI Blanket No: BPHM1100032

CI PO No: POHM DPHM11000281 User Cd

Fund Source: CF Fed Medical EPSDT Realignment

Invoice Period: July 2010

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 (Mth/Day)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UDS	CLIENTS	UDS	CLIENTS			UDS	CLIENTS	UDS	CLIENTS	UDS	CLIENTS
<b>B-1 CTF SF RU-89892</b>												
10/ 86-89 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 \$ 2,515,170.22
<b>B-2 TBS San Francisco RU-38CQ6</b>												
15/ 58 TBS	333,349				\$ 1.90	\$ -	0.000		0.00%		333,349.000	633,363.10 \$ 633,363.10
<b>B-3 CTF State Supplement SF RU-89890P</b>												
60/ 72 State Supplement	4,240				\$ 32.86	\$ -	0.000		0.00%		4,240.000	139,411.20 \$ 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	155,984.76
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 \$ 192,111.33
<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	228,834.48
15/ 60-69 Medication Support	1,579				\$ 58.00	\$ -	0.000		0.00%		1,579.000	91,582.00 \$ 4,578,687.76
<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 \$ 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 \$ 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 \$ 162,437.89
<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				\$ 3.98	\$ -	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 \$ 184,154.66
<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 \$ 368,982.44
<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	815				\$ 145.00	\$ -	0.000		0.00%		815.000	89,175.00 \$ 89,175.00
<b>TOTAL</b>	<b>2,837,199</b>								0.00%		<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**

Appendix F  
 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

Contract Term: 07/01/2010 - 12/31/2010

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: MOZ JL 0

Cl. Blanket No.: BPHM TBD

Cl. PO No.: FOHM TBD User ID

Fund Source: HSA Work Order

Invoice Period: July 2010

Final Invoice: \_\_\_\_\_ (Check if Yes)

ACE Control Number: \_\_\_\_\_

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

\*Unduplicated Counts for AIDS Use Only

DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - Svc Func (Mn. 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-5 Short Term Connections RU-38CQ3</b>												
15/ 10-59 Mental Health Services	1,682				\$ 2.68	\$ -	0.000		0.00%		1,681.500	\$ 4,506.42
<b>B-6 Long Term Connections RU-38CQ4</b>												
15/ 01-09 Case Management Brokerage	7,531				\$ 2.08	\$ -	0.000		0.00%		7,531.000	15,664.48
15/ 10-59 Mental Health Services	35,969				\$ 2.68	\$ -	0.000		0.00%		35,968.500	96,395.56
15/ 70-79 Crisis Intervention-OP	1,509				\$ 3.99	\$ -	0.000		0.00%		1,509.000	6,020.91
15/ 60-69 Medication Support	42				\$ 58.00	\$ -	0.000		0.00%		41.500	2,407.00
<b>B-4 MTFC Placements RU-38CQ6</b>												
15/ 10-59 Mental Health Services	1,595				\$ 2.68	\$ -	0.000		0.00%		1,595.000	4,274.60
<b>B-7 Long Term Connections RU-38CQ4</b>												
15/ 01-09 Case Management Brokerage	607				\$ 2.08	\$ -	0.000		0.00%		607.000	1,262.56
15/ 10-59 Mental Health Services	2,898				\$ 2.68	\$ -	0.000		0.00%		2,898.500	7,767.98
15/ 70-79 Crisis Intervention-OP	122				\$ 3.99	\$ -	0.000		0.00%		121.500	484.79
15/ 60-69 Medication Support	39				\$ 4.96	\$ -	0.000		0.00%		39.000	193.44
<b>TOTAL</b>	<b>51,993</b>						<b>0.000</b>		<b>0.00%</b>		<b>51,992.500</b>	<b>\$ 138,977.76</b>

<b>SUBTOTAL AMOUNT DUE</b>	\$ -	NOTES:
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 - 12/31/2010

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	\$ 41,704.00	\$ -	\$ -	0.00%	\$ 41,704.00
Fringe Benefits	\$ 12,094.00	\$ -	\$ -	0.00%	\$ 12,094.00
<b>Total Personnel Expenses</b>	<b>\$ 53,798.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 53,798.00</b>
<b>Operating Expenses</b>					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ 300.00	\$ -	\$ -	0.00%	\$ 300.00
General Operating	\$ -	\$ -	\$ -	0.00%	\$ -
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other:	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
<b>Total Operating Expenses</b>	<b>\$ 300.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 300.00</b>
<b>Capital Expenditures</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ -</b>
<b>TOTAL DIRECT EXPENSES</b>	<b>\$ 54,098.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 54,098.00</b>
<b>Indirect Expenses</b>	<b>\$ 902.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 902.00</b>
<b>TOTAL EXPENSES</b>	<b>\$ 55,000.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 55,000.00</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 - 12/31/2010

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: M06 JL 0

Ct.Blanket No.: BPHM TBD

Ct. PO No.: POHM TBD

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	\$ 48,160.00	\$ -	\$ -	0.00%	\$ 48,160.00
Fringe Benefits	\$ 13,966.00	\$ -	\$ -	0.00%	\$ 13,966.00
<b>Total Personnel Expenses</b>	<b>\$ 62,126.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 62,126.00</b>
Operating Expenses					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ 895.00	\$ -	\$ -	0.00%	\$ 895.00
General Operating	\$ 1,200.00	\$ -	\$ -	0.00%	\$ 1,200.00
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ 8,980.00	\$ -	\$ -	0.00%	\$ 8,980.00
Other: Family Service Fund	\$ 722.00	\$ -	\$ -	0.00%	\$ 722.00
Child Behavior rewards	\$ 659.00	\$ -	\$ -	0.00%	\$ 659.00
<b>Total Operating Expenses</b>	<b>\$ 12,456.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 12,456.00</b>
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
<b>TOTAL DIRECT EXPENSES</b>	<b>\$ 74,582.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 74,582.00</b>
Indirect Expenses	\$ 9,065.00	\$ -	\$ -	0.00%	\$ 9,065.00
<b>TOTAL EXPENSES</b>	<b>\$ 83,647.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 83,647.00</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 - 12/31/2010

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	\$ 85,942.00	\$ -	\$ -	0.00%	\$ 85,942.00
Fringe Benefits	\$ 24,924.00	\$ -	\$ -	0.00%	\$ 24,924.00
<b>Total Personnel Expenses</b>	<b>\$ 110,866.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 110,866.00</b>
<b>Operating Expenses</b>					
Occupancy	\$ 750.00	\$ -	\$ -	0.00%	\$ 750.00
Materials and Supplies	\$ 1,500.00	\$ -	\$ -	0.00%	\$ 1,500.00
General Operating	\$ -	\$ -	\$ -	0.00%	\$ -
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ 5,500.00	\$ -	\$ -	0.00%	\$ 5,500.00
Other:	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
<b>Total Operating Expenses</b>	<b>\$ 7,750.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 7,750.00</b>
<b>Capital Expenditures</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ -</b>
<b>TOTAL DIRECT EXPENSES</b>	<b>\$ 118,616.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 118,616.00</b>
<b>Indirect Expenses</b>	<b>\$ 13,543.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 13,543.00</b>
<b>TOTAL EXPENSES</b>	<b>\$ 132,159.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 132,159.00</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 - 12/31/2010

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: M09 JL 0

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	\$ 121,340.00	\$ -	\$ -	0.00%	\$ 121,340.00
Fringe Benefits	\$ 35,188.00	\$ -	\$ -	0.00%	\$ 35,188.00
<b>Total Personnel Expenses</b>	<b>\$ 156,528.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 156,528.00</b>
<b>Operating Expenses</b>					
Occupancy	\$ 1,249.00	\$ -	\$ -	0.00%	\$ 1,249.00
Materials and Supplies	\$ 1,896.00	\$ -	\$ -	0.00%	\$ 1,896.00
General Operating	\$ 2,822.00	\$ -	\$ -	0.00%	\$ 2,822.00
Staff Travel	\$ 2,492.00	\$ -	\$ -	0.00%	\$ 2,492.00
Consultant/Subcontractor	\$ 1,276.00	\$ -	\$ -	0.00%	\$ 1,276.00
Other: Child Related	\$ 16,326.00	\$ -	\$ -	0.00%	\$ 16,326.00
	\$ -	\$ -	\$ -	0.00%	\$ -
<b>Total Operating Expenses</b>	<b>\$ 26,061.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 26,061.00</b>
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
<b>TOTAL DIRECT EXPENSES</b>	<b>\$ 182,589.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 182,589.00</b>
Indirect Expenses	\$ 21,911.00	\$ -	\$ -	0.00%	\$ 21,911.00
<b>TOTAL EXPENSES</b>	<b>\$ 204,500.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 204,500.00</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  
FEE FOR SERVICE STATEMENT OF DELIVERABLES AND INVOICE**

EXHIBIT C-1  
PAGE A

Control Number

INVOICE NUMBER:

Contractor: Seneca Center

Cl.Blanket No.: BPHM

Address: 2275 Arlington Drive, San Leandro, CA 94578

User Cd

Cl.PO No.: POHM

Tel No.: (510) 481-1222

Fund Source:

Fax No.: (510) 481-1222

Invoice Period:

Funding 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

\*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>B-1 Seneca Center - CTF SF</b>												
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: \_\_\_\_\_ Date: \_\_\_\_\_  
Title: \_\_\_\_\_

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

DPH Authorization for Payment	
_____	_____
Authorized Signatory	Date



## Appendix G

### Dispute Resolution Procedure For Health and Human Services Nonprofit Contractors

9-06

#### Introduction

The City Nonprofit Contracting Task Force submitted its final report to the Board of Supervisors in June 2003. The report contains thirteen recommendations to streamline the City's contracting and monitoring process with health and human services nonprofits. These recommendations include: (1) consolidate contracts, (2) streamline contract approvals, (3) make timely payment, (4) create review/appellate process, (5) eliminate unnecessary requirements, (6) develop electronic processing, (7) create standardized and simplified forms, (8) establish accounting standards, (9) coordinate joint program monitoring, (10) develop standard monitoring protocols, (11) provide training for personnel, (12) conduct tiered assessments, and (13) fund cost of living increases. The report is available on the Task Force's website at [http://www.sfgov.org/site/npcontractingtf\\_index.asp?id=1270](http://www.sfgov.org/site/npcontractingtf_index.asp?id=1270). The Board adopted the recommendations in February 2004. The Office of Contract Administration created a Review/Appellate Panel ("Panel") to oversee implementation of the report recommendations in January 2005.

The Board of Supervisors strongly recommends that departments establish a Dispute Resolution Procedure to address issues that have not been resolved administratively by other departmental remedies. The Panel has adopted the following procedure for City departments that have professional service grants and contracts with nonprofit health and human service providers. The Panel recommends that departments adopt this procedure as written (modified if necessary to reflect each department's structure and titles) and include it or make a reference to it in the contract. The Panel also recommends that departments distribute the finalized procedure to their nonprofit contractors. Any questions or concerns about this Dispute Resolution Procedure should be addressed to [purchasing@sfgov.org](mailto:purchasing@sfgov.org).

#### Dispute Resolution Procedure

The following Dispute Resolution Procedure provides a process to resolve any disputes or concerns relating to the administration of an awarded professional services grant or contract between the City and County of San Francisco and nonprofit health and human services contractors.

Contractors and City staff should first attempt to come to resolution informally through discussion and negotiation with the designated contact person in the department.

If informal discussion has failed to resolve the problem, contractors and departments should employ the following steps:

- Step 1 The contractor will submit a written statement of the concern or dispute addressed to the Contract/Program Manager who oversees the agreement in question. The writing should describe the nature of the concern or dispute, i.e., program, reporting, monitoring, budget, compliance or other concern. The

Contract/Program Manager will investigate the concern with the appropriate department staff that are involved with the nonprofit agency's program, and will either convene a meeting with the contractor or provide a written response to the contractor within 10 working days.

- Step 2      Should the dispute or concern remain unresolved after the completion of Step 1, the contractor may request review by the Division or Department Head who supervises the Contract/Program Manager. This request shall be in writing and should describe why the concern is still unresolved and propose a solution that is satisfactory to the contractor. The Division or Department Head will consult with other Department and City staff as appropriate, and will provide a written determination of the resolution to the dispute or concern within 10 working days.
  
- Step 3      Should Steps 1 and 2 above not result in a determination of mutual agreement, the contractor may forward the dispute to the Executive Director of the Department or their designee. This dispute shall be in writing and describe both the nature of the dispute or concern and why the steps taken to date are not satisfactory to the contractor. The Department will respond in writing within 10 working days.

In addition to the above process, contractors have an additional forum available only for disputes that concern implementation of the thirteen policies and procedures recommended by the Nonprofit Contracting Task Force and adopted by the Board of Supervisors. These recommendations are designed to improve and streamline contracting, invoicing and monitoring procedures. For more information about the Task Force's recommendations, see the June 2003 report at [http://www.sfgov.org/site/npcontractingtf\\_index.asp?id=1270](http://www.sfgov.org/site/npcontractingtf_index.asp?id=1270).

The Review/Appellate Panel oversees the implementation of the Task Force report. The Panel is composed of both City and nonprofit representatives. The Panel invites contractors to submit concerns about a department's implementation of the policies and procedures. Contractors can notify the Panel after Step 2. However, the Panel will not review the request until all three steps are exhausted. This review is limited to a concern regarding a department's implementation of the policies and procedures in a manner which does not improve and streamline the contracting process. This review is not intended to resolve substantive disputes under the contract such as change orders, scope, term, etc. The contractor must submit the request in writing to [purchasing@sfgov.org](mailto:purchasing@sfgov.org). This request shall describe both the nature of the concern and why the process to date is not satisfactory to the contractor. Once all steps are exhausted and upon receipt of the written request, the Panel will review and make recommendations regarding any necessary changes to the policies and procedures or to a department's administration of policies and procedures.

## Appendix H

### **San Francisco Department of Public Health Privacy Policy Compliance Standards**

As part of this Agreement, Contractor acknowledges and agrees to comply with the following:

In City's Fiscal Year 2003/04, a DPH Privacy Policy was developed and contractors advised that they would need to comply with this policy as of July 1, 2005.

As of July 1, 2004, contractors were subject to audits to determine their compliance with the DPH Privacy Policy using the six compliance standards listed below. Audit findings and corrective actions identified in City's Fiscal year 2004/05 were to be considered informational, to establish a baseline for the following year.

Beginning in City's Fiscal Year 2005/06, findings of compliance or non-compliance and corrective actions were to be integrated into the contractor's monitoring report.

**Item #1: DPH Privacy Policy is integrated in the program's governing policies and procedures regarding patient privacy and confidentiality.**

As Measured by: Existence of adopted/approved policy and procedure that abides by the rules outlined in the DPH Privacy Policy

**Item #2: All staff who handle patient health information are oriented (new hires) and trained in the program's privacy/confidentiality policies and procedures.**

As Measured by: Documentation showing individual was trained exists

**Item #3: A Privacy Notice that meets the requirements of the Federal Privacy Rule (HIPAA) is written and provided to all patients/clients served in their threshold and other languages. If document is not available in the patient's/client's relevant language, verbal translation is provided.**

As Measured by: Evidence in patient's/client's chart or electronic file that patient was "noticed." (Examples in English, Cantonese, Vietnamese, Tagalog, Spanish, Russian will be provided.)

**Item #4: A Summary of the above Privacy Notice is posted and visible in registration and common areas of treatment facility.**

As Measured by: Presence and visibility of posting in said areas. (Examples in English, Cantonese, Vietnamese, Tagalog, Spanish, Russian will be provided.)

**Item #5: Each disclosure of a patient's/client's health information for purposes other than treatment, payment, or operations is documented.**

As Measured by: Documentation exists.

**Item #6: Authorization for disclosure of a patient's/client's health information is obtained prior to release (1) to non-treatment providers or (2) from a substance abuse program.**

As Measured by: An authorization form that meets the requirements of the Federal Privacy Rule (HIPAA) is available to program staff and, when randomly asked, staff are aware of circumstances when authorization form is needed.



## Appendix I

### Emergency Response

CONTRACTOR will develop and maintain an Agency Disaster and Emergency Response Plan containing Site Specific Emergency Response Plan(s) for each of its service sites. The agency-wide plan should address disaster coordination between and among service sites. CONTRACTOR will update the Agency/site(s) plan as needed and CONTRACTOR will train all employees regarding the provisions of the plan for their Agency/site(s). CONTRACTOR will attest on its annual Community Programs' Contractor Declaration of Compliance whether it has developed and maintained an Agency Disaster and Emergency Response Plan, including a site specific emergency response plan for each of its service sites. CONTRACTOR is advised that Community Programs Contract Compliance Section staff will review these plans during a compliance site review. Information should be kept in an Agency/Program Administrative Binder, along with other contractual documentation requirements for easy accessibility and inspection.

In a declared emergency, CONTRACTOR'S employees shall become emergency workers and participate in the emergency response of Community Programs, Department of Public Health. Contractors are required to identify and keep Community Programs staff informed as to which two staff members will serve as CONTRACTOR'S prime contacts with Community Programs in the event of a declared emergency.





# CERTIFICATE OF LIABILITY INSURANCE

OP ID PC  
SENEC-1

DATE (MM/DD/YYYY)

06/28/10

PRODUCER  
**Chapman**  
 License #0522024  
 P. O. Box 5455  
 Pasadena CA 91117-0455  
 Phone: 626-405-8031 Fax: 626-405-0585

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A **American Home Assurance Co**  
 INSURER B **NIAC**  
 INSURER C **National Union Fire Insurance**  
 INSURER D  
 INSURER E

INSURED

Seneca Center  
 2275 Arlington Drive  
 San Leandro CA 94578

## COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	WDD	LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
B	X	X	X	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Prof Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	201000557NPO  201000557NPO	07/01/10  07/01/10	07/01/11  07/01/11	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100000 MED EXP (Any one person) \$ 10000 PERSONAL & ADV INJURY \$ 1000000 GENERAL AGGREGATE \$ 2000000 PRODUCTS - COMP/OP AGG \$ 2000000
B		X		AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> comp \$500 <input checked="" type="checkbox"/> coll \$500	201000557NPO	07/01/10	07/01/11	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
				GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY AGG \$
B		X		EXCESS / UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$	201000557UMB	07/01/10	07/01/11	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$ \$
A				WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below Y/N <input type="checkbox"/>	WC0834106	11/01/09	11/01/10	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1000000 E.L. DISEASE - EA EMPLOYEE \$ 1000000 E.L. DISEASE - POLICY LIMIT \$ 1000000
C				OTHER Crime/Employee Dis	012287479	09/17/09	09/17/10	Emp Disho 850000

### DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Certificate holder is named additional insured with respect to the operations of the named insured per the attached CG 2026 endorsement. Workers Compensation coverage excluded, evidence only. 10 days notice of cancellation for non-payment of premium.

### CERTIFICATE HOLDER

### CANCELLATION

CITY100

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

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

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)**

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.

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

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.