

Committee Item No. 8
Board Item No. 29

AGENDA PACKET CONTENTS LIST

Date July 23, 2014

Date July 29, 2014

| | | |
|-------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Motion |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Resolution |
| <input type="checkbox"/> | <input type="checkbox"/> | Ordinance |
| <input type="checkbox"/> | <input type="checkbox"/> | Legislative Digest |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Budget and Legislative Analyst Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Youth Commission Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Introduction Form |
| <input type="checkbox"/> | <input type="checkbox"/> | Department/Agency Cover Letter and/or Report |
| <input type="checkbox"/> | <input type="checkbox"/> | MOU |
| <input type="checkbox"/> | <input type="checkbox"/> | Grant Information Form |
| <input type="checkbox"/> | <input type="checkbox"/> | Grant Budget |
| <input type="checkbox"/> | <input type="checkbox"/> | Subcontract Budget |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Contract/Agreement |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Form 126 – Ethics Commission |
| <input type="checkbox"/> | <input type="checkbox"/> | Award Letter |
| <input type="checkbox"/> | <input type="checkbox"/> | Application |
| <input type="checkbox"/> | <input type="checkbox"/> | Public Correspondence |

[illegible]

Completed by: Linda Wong Date July 18, 2014
Completed by: Linda Wong Date 7/23/14

1 [Contract Amendment - Edgewood Center for Children and Families – \$36,958,528]

2
3 **Resolution approving an amendment to the agreement between the Department of**
4 **Public Health and Edgewood Center for Children and Families to provide mental health**
5 **services for children, youth, and families, increasing the total not to exceed contract**
6 **amount from \$29,109,089 by \$7,849,439 for a total contract amount of \$36,958,528 for a**
7 **five and one-half year term of July 1, 2010, through December 31, 2015.**

8
9 WHEREAS, The Department of Public Health awarded a contract to Edgewood Center
10 for Children and Families under a Request for Proposals in 2009-10; and

11 WHEREAS, The Department established an agreement with Edgewood Center for
12 Children and Families for these services in 2010, which was approved under Resolution No.
13 563-10 with a not to exceed amount of \$29,109,089 for the term of July 1, 2010, through
14 December 31, 2015; and

15 WHEREAS, The Department wishes to amend the contract, increasing the total
16 contract amount by \$7,849,439 in order to enable continued services through December 31,
17 2015; and

18 WHEREAS, Board of Supervisors' approval is required under City Charter, Section
19 9.118, as the amount of the increase exceeds \$500,000; and,


20 WHEREAS, A copy of this amendment is on file with the Clerk of the Board of
21 Supervisors in File No. 140743, which is hereby declared to be a part of this resolution as if
22 set forth fully herein; now, therefore, be it

23 RESOLVED, That the Board of Supervisors hereby authorizes the Director of Public
24 Health and the Office of Contract Administration/Purchaser, on behalf of the City and County
25 of San Francisco, to execute an amendment to the contract with Edgewood Center for

1 Children and Families for an amount not to exceed \$36,958,528 for the period of July 1, 2010,
2 through December 31, 2015; and, be it

3 FURTHER RESOLVED, That the Board of Supervisors requires that any expenditures
4 under this amendment be consistent with Health Commission policy which currently provides
5 for a 12% contingency.

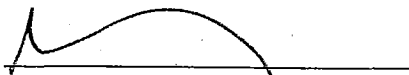
6 RECOMMENDED:

7 
8 _____

9 Barbara A. Garcia

10 Director of Health

APPROVED:

11 
12 _____

13 Mark Morewitz

14 Secretary, Health Commission



City and County of San Francisco

San Francisco Department of Public Health

Barbara A. Garcia, MPA
Director of Health

June 23, 2014

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

Dear Ms. Calvillo:

Attached please find an original and four copies of proposed resolution/ordinance/motion for Board of Supervisors approval, which will allow the continuation of mental health services to children, youth and families by amending the Department of Public Health's current contract with the Edgewood Center for Children and Families by \$8,974,194.

This contract amendment requires Board of Supervisors approval under San Francisco Charter Section 9.118, as it exceeds \$500,000.

The following is a list of accompanying documents (five sets):

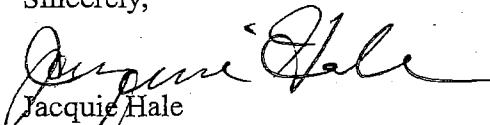
- o Resolution draft, signed by the Director of Health and Health Commission Secretary;
- o Resolution 563-10, approving the original contract 2010;
- o The proposed first amendment to this contract;
- o The original agreement;
- o Forms SFEC-126 for the Board of Supervisors and the Mayor.

We would appreciate consideration of this contract prior to the Board's August recess to provide continued services without interruption.

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

Thank you for your time and consideration.

Sincerely,


Jacquie Hale
Director

DPH Office of Contracts Management and Compliance

140743

The mission of the San Francisco Department of Public Health is to protect and promote the health of all San Franciscans.

We shall ~ Assess and research the health of the community ~ Develop and enforce health policy ~ Prevent disease and injury ~

~ Educate the public and train health care providers ~ Provide quality, comprehensive, culturally-proficient health services ~ Ensure equal access to all ~

Jacquie.hale@sfdph.org – office 415-554-2509 fax 415 554-2555

101 Grove Street, Room 307, San Francisco, CA 94102

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

FIRST AMENDMENT

THIS AMENDMENT (this "Amendment") is made as of July 1, 2014 in San Francisco, California, by and between **Edgewood Center for Children & Families** ("Contractor"), and the **City and County of San Francisco**, a municipal corporation ("City"), acting by and through its Director of Public Health

RECITALS

WHEREAS, City and Contractor desire to modify the Agreement to increase the Agreement amount.

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

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

Agreement. The term "Agreement" shall mean the Agreement dated July 1, 2010 between Contractor and City, as amended by this First Amendment.

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

2.a **Section 2 . Term of the Agreement**

The term of this Agreement shall be from July 1, 2010 through December 31, 2015.

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

5. **COMPENSATION**

Compensation shall be made in monthly payments on or before the 30th day of each month for work, as set forth in Section 4 of this Agreement, that the Director of the Department of Public Health], in his or her sole discretion, concludes has been performed as of the 30th day of the immediately preceding month. In no event shall the amount of this Agreement exceed **Twenty Nine Million One Hundred Nine Thousand Eighty Nine Dollars (\$29,109,089)**. 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.

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

5. COMPENSATION

Compensation shall be made in monthly payments on or before the 15th day of each month for work, as set forth in Section 4 of this Agreement, that the Director of the Department of Public Health, in his or her sole discretion, concludes has been performed as of the 30th day of the immediately preceding month. In no event shall the amount of this Agreement exceed **Thirty Eight Million Eighty Three Thousand Two Hundred Eighty Three Dollars (\$38,083,283)**. 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.

2.C Appendices B, B-1 through B-14 dated July 1, 2014 are hereby added for FY 2014-15.

3. Effective Date. This Amendment shall be effective on the date of this Amendment.

4. Legal Effect. Except as expressly modified by this Amendment, all of the terms and conditions of the Agreement shall remain unchanged and in full force and effect.

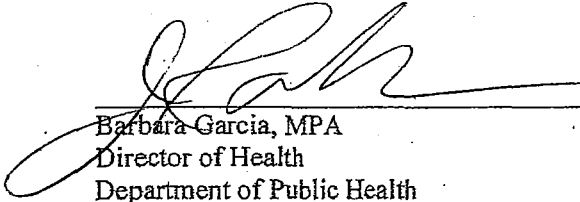
IN WITNESS WHEREOF, Contractor and City have executed this Amendment as of the date first referenced above.

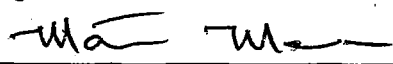
CITY

CONTRACTOR

Recommended by:

Edgewood Center for Children & Families


Barbara Garcia, MPA
Director of Health
Department of Public Health



Matt Madaus
Chief Executive Officer
1801 Vicente Street
San Francisco, California 94116

City vendor number: 06953

Approved as to Form:

Dennis J. Herrera
City Attorney

By:


Kathy Murphy
Deputy City Attorney

Approved:

Jaci Fong
Director of the Office of Contract Administration,
and Purchaser

Appendix B
Calculation of Charges

1. Method of Payment

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

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

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

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

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

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

B. Final Closing Invoice

(1) Fee For Service Reimbursement:

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

(2) Cost Reimbursement:

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

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

D. Upon the effective date of this Agreement, contingent upon prior approval by the CITY'S Department of Public Health of an invoice or claim submitted by Contractor, and of each year's revised Appendix A (Description of Services) and each year's revised Appendix B (Program Budget and Cost Reporting

Data Collection Form), and within each fiscal year, the CITY agrees to make an initial payment to CONTRACTOR not to exceed twenty-five per cent (25%) of the General Fund and MHSA 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

Appendix B-1a & B-1b: Community-Based Day Treatment

Appendix B-2a & B-2b: Residentially-Based Day Treatment and Family Connections Program

Appendix B-3: School Mental Health Partnership

Appendix B-4: Behavioral Health Outpatient

Appendix B-5: Therapeutic Behavioral Services (TBS)

Appendix B-6: Wraparound

Appendix B-7: Educational Assessments

Appendix B-8: Primary Intervention Program (PIP) Mental Health Consultation

Appendix B-9: Early Childhood Mental Health Consultation Initiative

Appendix B-10: School-Based Well-Being

Appendix B-11: Youth Agency Mental Health Consultation (YAMHC)

Appendix B-12: Hospital Diversion Program

Appendix B-13: Residential-Based Services (RBS)/Family Connections Program (FCP)

Appendix B-14: Crisis Triage

B. COMPENSATION

Compensation shall be made in monthly payments on or before the 30th day after the DIRECTOR, in his or her sole discretion, has approved the invoice submitted by CONTRACTOR. The breakdown of costs and sources of revenue associated with this Agreement appears in Appendix B, Cost Reporting/Data Collection (CR/DC) and Program Budget, attached hereto and incorporated by reference as though fully set forth herein. The maximum dollar obligation of the CITY under the terms of this Agreement shall not exceed **Thirty Eight Million Eighty Three Thousand Two Hundred Eighty Three Dollars (\$38,083,283)** for the period of July 1, 2010 through December 31, 2015.

CONTRACTOR understands that, of this maximum dollar obligation, **\$1,656,865** is included as a contingency amount and is neither to be used in Appendix B, Budget, or available to CONTRACTOR without a modification to this Agreement executed in the same manner as this Agreement or a revision to Appendix B, Budget, which has been approved by the Director of Health. CONTRACTOR further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable CITY and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by the Controller. CONTRACTOR agrees to fully comply with these laws, regulations, and policies/procedures.

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

shall apply only to the fiscal year for which they were created. These Appendices shall become part of this Agreement only upon approval by the CITY.

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

| | |
|--|---------------|
| July 1, 2010 through June 30, 2011 | \$ 4,841,047 |
| July 1, 2011 through June 30, 2012 | \$ 4,878,105 |
| July 1, 2012 through June 30, 2013 | \$ 5,819,285 |
| July 1, 2013 through June 30, 2014 | \$ 7,080,772 |
| July 1, 2014 through June 30, 2015 | \$ 9,204,806 |
| July 1, 2015 through December 31, 2015 | \$ 4,602,403 |
| Total July 1, 2010 through December 31, 2015 | \$ 36,426,418 |

(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.

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: Depa t of Public Health Contract Budget Summary

| | | | | | | | | | | | |
|--|--|-----------------------------------|----------------------------------|---|------------------------------|----------------|-----------------------------|----------------|------------------------|-------------------------|---------------------|
| DMH Legal Entity Number (MH): 00273 | | | | Prepared By/Phone #: Richard P. Stone, 415.682.3121 | | | | | Fiscal Year: 2014-2015 | | |
| DMH Legal Entity Name (MH)/Contractor Name (SA): Edgewood Center for Children and Families | | | | Document Date: 7/1/2014 7/1/2014 | | | | | Appendix #: B, Page 1 | | |
| Contract Appendix Number: | | B-1a | B-1b | B-2a | B-2b | B-3 | B-4 | B-5 | B-6 | B-7 | B-8 |
| Appendix A/Program Name: | | Community Based Day Treatment DTI | Community Based Day Treatment OP | Residential Day Treatment DTI | Residential Day Treatment OP | MH Partnership | Behavioral Health OP | TBS | Wraparound | Educational Assessments | PIP MH Consultation |
| Provider Number: | | 8858 | 8858 | 8858 | 8858 | 8858 | 8858 | 8858 | 8858 | 8858 | 8858 |
| Program Code (formerly Reporting Unit): | | 88585 | 8858OP | 88586 | 88584 | 8858ED | 885814 | 885818 | 885819 | NA | NA |
| FUNDING TERM: | | 7/1/14-6/30/15 | 7/1/14-6/30/15 | 7/1/14-6/30/15 | 7/1/14-6/30/15 | 7/1/14-6/30/15 | 7/1/14-6/30/15 | 7/1/14-6/30/15 | 7/1/14-6/30/15 | 7/1/14-6/30/15 | 7/1/14-6/30/15 |
| FUNDING USES | | | | | | | | | | | |
| Salaries & Employee Benefits: | | 582,416 | 99,675 | 447,909 | 378,869 | 105,612 | 555,130 | 472,904 | 330,600 | 11,144 | 33,431 |
| Operating Expenses: | | 161,766 | 27,685 | 124,407 | 105,231 | 29,334 | 154,187 | 131,349 | 91,824 | 3,095 | 9,285 |
| Capital Expenses: | | 28,432 | 4,866 | 21,866 | 18,496 | 5,156 | 27,100 | 23,086 | 16,139 | 544 | 1,632 |
| Subtotal Direct Expenses: | | 772,614 | 132,226 | 594,182 | 502,596 | 140,102 | 736,417 | 627,339 | 438,563 | 14,783 | 44,348 |
| Indirect Expenses: | | 115,892 | 19,834 | 89,127 | 75,390 | 21,015 | 110,463 | 94,101 | 65,785 | 2,217 | 32 |
| Indirect %: | | 0.15 | 0.15 | 0.15 | 0.15 | 0.15 | 0.15 | 0.15 | 0.15 | 0.15 | 0.15 |
| TOTAL FUNDING USES | | 888,506 | 152,060 | 683,309 | 577,986 | 161,117 | 846,880 | 721,440 | 504,348 | 17,000 | 51,000 |
| | | | | | | | Employee Fringe Benefits %: | | | 0.30 | |
| CBHS MENTAL HEALTH FUNDING SOURCES | | | | | | | | | | | |
| MH FED - SDMC Regular FFP (50%) | | 342,191 | 67,360 | 302,710 | 264,700 | 58,190 | 406,350 | 346,760 | 250,017 | - | - |
| MH STATE - EPSDT State Match | | 310,071 | 64,536 | 272,439 | 238,230 | 52,371 | 365,715 | 312,084 | 231,997 | - | - |
| MH STATE - Family Mosaic Capitated Medi-Cal | | 15,000 | 5,000 | - | - | - | - | - | - | - | - |
| MH WORK ORDER - Human Services Agency (matched) | | - | - | - | - | - | - | - | 17,561 | - | - |
| MH WORK ORDER - Human Services Agency | | - | - | - | - | - | - | - | - | - | - |
| MH Triage Grant | | - | - | - | - | - | - | - | - | - | - |
| MH WORK ORDER - Dept. Children, Youth & Families | | - | - | - | - | - | - | - | - | - | - |
| MH WORK ORDER - First Five (SF Children & Family Commission) | | - | - | - | - | - | - | - | - | - | - |
| MH WORK ORDER - First Five (SF Children & Family Commission) | | - | - | - | - | - | - | - | - | - | - |
| MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care | | - | - | - | - | - | - | - | - | 17,000 | - |
| MH STATE - MHSA | | - | - | - | - | - | - | - | - | - | 51,000 |
| MH Realignment | | 32,120 | 2,824 | - | - | - | - | - | - | - | - |
| MH COUNTY - General Fund (matched) | | - | - | 30,271 | 26,470 | 5,819 | 40,635 | 34,676 | 459 | - | - |
| MH COUNTY - General Fund (unmatched) | | 189,124 | 12,340 | 77,889 | 48,586 | 44,737 | 34,180 | 27,920 | 4,051 | - | - |
| MH COUNTY - General Fund CODB | | - | - | - | - | - | - | - | - | - | - |
| MH COUNTY - General Fund WO CODB | | - | - | - | - | - | - | - | 263 | - | - |
| TOTAL CBHS MENTAL HEALTH FUNDING SOURCES | | 888,506 | 152,060 | 683,309 | 577,986 | 161,117 | 846,880 | 721,440 | 504,348 | 17,000 | 51,000 |
| CBHS SUBSTANCE ABUSE FUNDING SOURCES | | | | | | | | | | | |
| TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES | | - | - | - | - | - | - | - | - | - | - |
| OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES | | | | | | | | | | | |
| TOTAL OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES | | - | - | - | - | - | - | - | - | - | - |
| TOTAL DPH FUNDING SOURCES | | 888,506 | 152,060 | 683,309 | 577,986 | 161,117 | 846,880 | 721,440 | 504,348 | 17,000 | 51,000 |
| NON-DPH FUNDING SOURCES | | | | | | | | | | | |
| TOTAL NON-DPH FUNDING SOURCES | | - | - | - | - | - | - | - | - | - | - |
| TOTAL FUNDING SOURCES (DPH AND NON-DPH) | | 888,506 | 152,060 | 683,309 | 577,986 | 161,117 | 846,880 | 721,440 | 504,348 | 17,000 | 51,000 |

DPH 1: Department of Public Health Contract Budget Summary

| | | | | | | | | | | | |
|--|----------------|----------------|----------------|-------------------------|----------------|--------------------|--------------------|---|----------------|------------------------|-------|
| DMH Legal Entity Number (MH): 00273 | | | | | | | | Prepared By/Phone #: Richard P. Stone, 415.682.3121 | | Fiscal Year: 2014-2015 | |
| DMH Legal Entity Name (MH)/Contractor Name (SA): Edgewood Center for Children and Families | | | | | | | | Document Date: 7/1/2014 | | Appendix #: B, Page 2 | |
| Contract Appendix Number: | B-9 | B-9a | B-9b | B-10 | B-11 | B-12 | B-12a | B-13 | B-14 | | |
| Appendix A/Program Name: | ECMHCI | ECMHCI | ECMHCI | School-Based Well Being | YAMHC | Hospital Diversion | Hospital Diversion | FCP (RBS) | Crisis Triage | | |
| Provider Number: | 8858 | 8858 | 8858 | 8858 | 8858 | 8858 | 8858 | 8858 | 8858 | | |
| Program Code (formerly Reporting Unit): | NA | NA | NA | NA | NA | 8858H2 | 8858H1 | 8858FC | NA | | |
| FUNDING TERM: | 7/1/14-6/30/15 | 7/1/14-6/30/15 | 7/1/14-6/30/15 | 7/1/14-6/30/15 | 7/1/14-6/30/15 | 7/1/14-6/30/15 | 7/1/14-6/30/15 | 7/1/14-6/30/15 | 7/1/14-6/30/15 | 7/1/14-6/30/15 | TOTAL |
| FUNDING USES | | | | | | | | | | | |
| Salaries & Employee Benefits: | 92,545 | 214,997 | 80,553 | 100,292 | 205,916 | 78,220 | 192,192 | 245,372 | 177,362 | 4,405,139 | |
| Operating Expenses: | 25,704 | 41,715 | 22,374 | 27,856 | 219,603 | 21,726 | 53,381 | 91,761 | 467,451 | 1,809,734 | |
| Capital Expenses: | 4,518 | 28,496 | 3,932 | 4,896 | 16,257 | 3,818 | 9,382 | 16,128 | | 234,744 | |
| Subtotal Direct Expenses: | 122,767 | 285,208 | 106,859 | 133,044 | 441,776 | 103,764 | 254,955 | 353,261 | 2,244,813 | 8,049,617 | |
| Indirect Expenses: | 18,416 | 42,781 | 16,029 | 19,956 | 66,266 | 15,564 | 38,241 | 65,739 | 336,721 | 1,220,171 | |
| Indirect %: | 0.15 | 0.15 | 0.15 | 0.15 | 0.15 | 0.15 | 0.15 | 0.15 | 0.15 | 0.15 | |
| TOTAL FUNDING USES | 141,183 | 327,989 | 122,888 | 153,000 | 508,042 | 119,328 | 293,196 | 419,000 | 2,581,534 | 9,269,806 | |
| Employee Fringe Benefits %: | | | | | | | | | | 0.30 | |
| CBHS MENTAL HEALTH FUNDING SOURCES | | | | | | | | | | | |
| MH FED - SDMC Regular FFP (50%) | - | - | - | - | - | 7,000 | - | 167,000 | - | 2,212,278 | |
| MH STATE - EPSDT State Match | - | - | - | - | - | - | - | 226,800 | - | 2,074,243 | |
| MH STATE - Family Mosaic Capitated Medi-Cal | - | - | - | - | - | - | - | - | - | 20,000 | |
| MH WORK ORDER - Human Services Agency (matched) | - | - | - | - | - | - | - | - | - | 17,561 | |
| MH WORK ORDER - Human Services Agency | 85,265 | 152,174 | 63,949 | - | - | - | - | - | - | 301,388 | |
| MH Triage Grant | - | - | - | - | - | - | - | - | 1,231,534 | 1,231,534 | |
| MH WORK ORDER - Dept. Children, Youth & Families | 55,918 | 109,468 | 41,939 | - | - | - | - | - | - | 207,325 | |
| MH WORK ORDER - First Five (SF Children & Family Commission) | - | 34,066 | 8,000 | - | - | - | - | - | - | 42,066 | |
| MH WORK ORDER - First Five (SF Children & Family Commission) | - | 18,058 | 4,000 | - | - | - | - | - | - | 22,058 | |
| MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care | - | - | - | - | - | - | 200,000 | - | - | 217,000 | |
| MH STATE - MHSA | - | 12,448 | 5,000 | 153,000 | 433,500 | - | - | - | - | 654,948 | |
| MH Realignment | - | - | - | - | - | - | 7,000 | 5,883 | - | 47,827 | |
| MH COUNTY - General Fund (matched) | - | - | - | - | - | - | - | 19,317 | - | 157,647 | |
| MH COUNTY - General Fund (unmatched) | - | - | - | - | - | 112,328 | 86,196 | - | - | 637,351 | |
| MH COUNTY - General Fund CODB | - | - | - | - | 74,542 | - | - | - | - | 74,542 | |
| MH COUNTY - General Fund WO CODB | - | 1,775 | - | - | - | - | - | - | - | 2,038 | |
| TOTAL CBHS MENTAL HEALTH FUNDING SOURCES | 141,183 | 327,989 | 122,888 | 153,000 | 508,042 | 119,328 | 293,196 | 419,000 | 1,231,534 | 7,919,171 | |
| CBHS SUBSTANCE ABUSE FUNDING SOURCES | | | | | | | | | | | |
| TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES | - | - | - | - | - | - | - | - | - | - | |
| OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES | | | | | | | | | | | |
| TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES | - | - | - | - | - | - | - | - | - | - | |
| TOTAL DPH FUNDING SOURCES | 141,183 | 327,989 | 122,888 | 153,000 | 508,042 | 119,328 | 293,196 | 419,000 | 1,231,534 | 7,919,806 | |
| NON-DPH FUNDING SOURCES | | | | | | | | | | | |
| TOTAL NON-DPH FUNDING SOURCES | - | - | - | - | - | - | - | - | - | - | |
| TOTAL FUNDING SOURCES (DPH AND NON-DPH) | 141,183 | 327,989 | 122,888 | 153,000 | 508,042 | 119,328 | 293,196 | 419,000 | 1,231,534 | 7,919,806 | |

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

| | | | |
|--|-----------------------------------|-----------------------------------|-------------------|
| DMH Legal Entity Name (MH)/Contractor Name (SA): Edgewood Center for Children and Families | | Contract Appendix #: B-1a, page 1 | |
| Provider Name: Edgewood Center for Children and Families | | Document Date: 7/1/2014 | |
| Provider Number: 8858 | | Fiscal Year: 2014-2015 | |
| Program Name: | Community Based Day Treatment DTI | | |
| Program Code (formerly Reporting Unit): | 88585 | | |
| Mode/SFC (MH) or Modality (SA) | 10/85-89 | | |
| Service Description: | #REF! | | TOTAL |
| FUNDING TERM: | 7/1/14-6/30/15 | | |
| FUNDING USES | | | |
| Salaries & Employee Benefits: | 582,416 | - | 582,416 |
| Operating Expenses: | 161,766 | - | 161,766 |
| Capital Expenses (greater than \$5,000): | 28,432 | - | 28,432 |
| Subtotal Direct Expenses: | 772,614 | - | 772,614 |
| Indirect Expenses: | 115,892 | - | 115,892 |
| TOTAL FUNDING USES: | 888,506 | - | 888,506 |
| CBHS MENTAL HEALTH FUNDING SOURCES | | | |
| MH FED - SDMC Regular FFP (50%) | HMHMCP751594 | 342,191 | 342,191 |
| MH STATE - EPSDT State Match | HMHMCP751594 | 310,071 | 310,071 |
| MH STATE - Family Mosaic Capitated Medi-Cal | HMHMCP8828CH | 15,000 | 15,000 |
| MH WORK ORDER - Human Services Agency (matched) | HMHMCHMTCHWO | - | - |
| MH WORK ORDER - Human Services Agency | HMHMCHCDHSWO | - | - |
| MH Triage Grant | HMHMCHGRANTS | - | - |
| MH WORK ORDER - Dept. Children, Youth & Families | HMHMCHDCYFWO | - | - |
| MH WORK ORDER - First Five (SF Children & Family Commission) | HMHMCHSRIPWO | - | - |
| MH WORK ORDER - First Five (SF Children & Family Commission) | HMHMCHPFAPWO | - | - |
| MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care | HMHNSB163ACP | - | - |
| MH STATE - MHA - Prop 63 PEI | HMHMPROP63 | - | - |
| MH Realignment | HMHMCP751594 | 32,120 | 32,120 |
| MH COUNTY - General Fund (matched) | HMHMCP751594 | - | - |
| MH COUNTY - General Fund (unmatched) | HMHMCP751594 | 189,124 | 189,124 |
| MH COUNTY - General Fund CODB | HMHMCP751594 | - | - |
| MH COUNTY - General Fund WO CODB | HMHMCP751594 | - | - |
| TOTAL CBHS MENTAL HEALTH FUNDING SOURCES | 888,506 | - | 888,506 |
| CBHS SUBSTANCE ABUSE FUNDING SOURCES | | | |
| TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES | - | - | - |
| OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES | | | |
| TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES | - | - | - |
| TOTAL DPH FUNDING SOURCES | 888,506 | - | 888,506 |
| NON-DPH FUNDING SOURCES | | | |
| TOTAL NON-DPH FUNDING SOURCES | - | - | - |
| TOTAL FUNDING SOURCES (DPH AND NON-DPH) | 888,506 | - | 888,506 |
| CBHS UNITS OF SERVICE AND UNIT COST | | | |
| Number of Beds Purchased (if applicable) | | | |
| Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes) | | | |
| Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program | | | |
| Cost Reimbursement (CR) or Fee-For-Service (FFS): | FFS | | |
| Units of Service: | 4,389 | - | - |
| Unit Type: | #REF! | 0 | 0 |
| Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only) | 202.43 | 0.00 | 0.00 |
| Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES): | 202.43 | 0.00 | 0.00 |
| Published Rate (Medi-Cal Providers Only): | 202.43 | 0.00 | 0.00 |
| Unduplicated Clients (UDC): | 30 | 0 | 0 |
| | | | Total UDC: |
| | | | 30 |

DPH 3: Salaries & Benefits Detail

Provider Number: 8858

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

Appendix #: B-1a, page 2

| | TOTAL | | General Fund HMHMCP751594 | | Mosaic Medical HMHMCP8828CH | | | | | | | |
|----------------------------------|--------------|----------------------------|------------------------------|----------------------------|--------------------------------|----------------------------|--------------|----------------------------|--------------|----------------------------|--------------|----------------------------|
| Position Title | Term: FTE | 7/1/14-6/30/15 Salaries | Term: FTE | 7/1/14-6/30/15 Salaries | Term: FTE | 7/1/14-6/30/15 Salaries | Term: FTE | 7/1/14-6/30/15 Salaries | Term: FTE | 7/1/14-6/30/15 Salaries | Term: FTE | 7/1/14-6/30/15 Salaries |
| Regional Director | 0.12 | \$ 24,263.00 | 0.12 | 24,263 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| Medical Director | 0.08 | \$ 16,096.00 | 0.08 | 16,096 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| Clinical Supervision | 0.39 | \$ 31,374.00 | 0.39 | 31,374 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| Behavioral Health Director | 0.17 | \$ 20,436.00 | 0.17 | 20,436 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| Treatment Manager | 0.58 | \$ 38,215.00 | 0.58 | 38,215 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| Mental Health Specialists | 2.23 | \$ 95,277.00 | 1.88 | 83,738 | 0.35 | 11,539 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| Therapist & Care Manager | 2.13 | \$ 134,240.00 | 2.13 | 134,240 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| QA Manager | 0.23 | \$ 16,322.00 | 0.23 | 16,322 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| Relief Staff | 0.33 | \$ 12,340.00 | 0.33 | 12,340 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| Intake Director | 0.13 | \$ 14,961.00 | 0.13 | 14,961 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| Administrative Manager | 0.17 | \$ 11,876.00 | 0.17 | 11,876 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| Administrative Support | 0.39 | \$ 17,344.00 | 0.39 | 17,344 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| Day Treatment Facilities Manager | 0.29 | \$ 15,269.00 | 0.29 | 15,269 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| Totals: | 7.24 | \$448,013 | 6.89 | \$436,474 | 0.35 | \$11,539 | 0.00 | \$0 | 0.00 | \$0 | 0.00 | \$0 |

| | | | | | | | | | | | | |
|---------------------------|-----|---------------|-----|-----------|-----|---------|---------|-----|---------|-----|---------|-----|
| Employee Fringe Benefits: | 30% | \$ 134,403.00 | 30% | \$130,942 | 30% | \$3,461 | #DIV/0! | \$0 | #DIV/0! | \$0 | #DIV/0! | \$0 |
|---------------------------|-----|---------------|-----|-----------|-----|---------|---------|-----|---------|-----|---------|-----|

TOTAL SALARIES & BENEFITS

\$582,416

\$567,416

\$15,000

\$0

\$0

\$0

DPH 4: Operating Expenses Detail

Provider Number: 8858

Appendix #: B-1a, page 3

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

| Expenditure Category | TOTAL | General Fund HMMHCP751594 | | | | |
|--|------------------|------------------------------|----------------|----------------|----------------|------------|
| | 7/1/14-6/30/15 | 7/1/14-6/30/15 | 7/1/14-6/30/15 | 7/1/14-6/30/15 | 7/1/14-6/30/15 | 7/1/14-6/3 |
| Occupancy (Based on Square Feet used) | \$ 71,860.00 | 71,860 | 0 | 0 | 0 | 0 |
| Utilities(Elec, Water, Gas, Phone, Scavenger) | \$ - | 0 | 0 | 0 | 0 | 0 |
| Office Supplies, Postage | \$ 984.00 | 984 | 0 | 0 | 0 | 0 |
| Building Maintenance Supplies and Repair | \$ - | 0 | 0 | 0 | 0 | 0 |
| Printing and Reproduction | \$ - | 0 | 0 | 0 | 0 | 0 |
| Insurance | \$ - | 0 | 0 | 0 | 0 | 0 |
| Staff Training | \$ - | 0 | 0 | 0 | 0 | 0 |
| Staff Travel-(Local & Out of Town) | \$ 935.00 | 935 | 0 | 0 | 0 | 0 |
| Rental of Equipment | \$ - | 0 | 0 | 0 | 0 | 0 |
| CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts) | \$ - | 0 | 0 | 0 | 0 | 0 |
| UCSF Resident Services Agreement | \$ 10,525.00 | 10,525 | 0 | 0 | 0 | 0 |
| SF Language Bank | \$ 4,210.00 | 4,210 | 0 | 0 | 0 | 0 |
| | | 0 | 0 | 0 | 0 | 0 |
| | \$ - | 0 | 0 | 0 | 0 | 0 |
| | \$ - | 0 | 0 | 0 | 0 | 0 |
| Other: | \$ - | 0 | 0 | 0 | 0 | 0 |
| | \$ - | 0 | 0 | 0 | 0 | 0 |
| Purchased Direct Expense (Program Admin, QA, General Research) | \$ 47,008.00 | 47,008 | 0 | 0 | 0 | 0 |
| Food | \$ 16,771.00 | 16,771 | 0 | 0 | 0 | 0 |
| Computer Supplies | \$ 9,473.00 | 9,473 | 0 | 0 | 0 | 0 |
| Client Incentives | \$ - | 0 | 0 | 0 | 0 | 0 |
| | \$ - | | | | | |
| TOTAL OPERATING EXPENSE | \$161,766 | \$161,766 | \$0 | \$0 | \$0 | \$0 |

\$0

DPH 5: Capital Expenses Detail

Provider Number: 8858

Appendix #: B-1a, page 4

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

1. Equipment

| Item Description | Quantity | Serial #/VIN # | Funding Source [General Fund, Grant (List Title), or Work Order (List Dept.)] | Purchase Cost Each | Total Cost |
|--------------------------------------|----------|----------------|--|-----------------------|------------|
| Shared costs - Equipment - see DPH 7 | 1 | tbd | General Fund | 25,813 | 25,813 |
| Shared costs - Equipment - see DPH 7 | 1 | tbd | SB163 | 0 | 0 |
| Shared costs - Equipment - see DPH 7 | 1 | tbd | MHSA Prop 63 | 0 | 0 |
| Shared costs - Equipment - see DPH 7 | 1 | tbd | Work Order #1 HSA | 0 | 0 |
| Shared costs - Equipment - see DPH 7 | 1 | tbd | Work Order #2 DCYF | 0 | 0 |
| Shared costs - Equipment - see DPH 7 | 1 | tbd | Workorder #3 SFCFC | 0 | 0 |
| Shared costs - Equipment - see DPH 7 | 1 | tbd | Prop 63 PEI | 0 | 0 |
| | | | | 0 | 0 |

Total Equipment Cost

\$25,813

2. Remodeling

| | | | | | |
|--|---|-----|--------------------|-------|-------|
| Shared costs - Facilities Improvements - See DPH 7 | 1 | tbd | General Fund | 2,619 | 2,619 |
| Shared costs - Facilities Improvements - See DPH 7 | 1 | tbd | SB163 | 0 | 0 |
| Shared costs - Facilities Improvements - See DPH 7 | 1 | tbd | MHSA Prop 63 | 0 | 0 |
| Shared costs - Facilities Improvements - See DPH 7 | 1 | tbd | Work Order #1 HSA | 0 | 0 |
| Shared costs - Facilities Improvements - See DPH 7 | 1 | tbd | Work Order #2 DCYF | 0 | 0 |
| Shared costs - Facilities Improvements - See DPH 7 | 1 | tbd | Workorder #3 SFCFC | 0 | 0 |

Total Remodeling Cost

\$2,619

Total Capital Expenditure

(Equipment plus Remodeling Cost)

\$28,432

0

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

| | | | | | | |
|--|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------|----------------|
| DMH Legal Entity Name (MH)/Contractor Name (SA): Edgewood Center for Children and Families | | | | | Contract Appendix #: | B-1b, page 1 |
| Provider Name: Edgewood Center for Children and Families | | | | | Document Date: | 7/1/2014 |
| Provider Number: 8858 | | | | | Fiscal Year: | 2014-2015 |
| Program Name: | Community Based Day Treatment OP | Community Based Day Treatment OP | Community Based Day Treatment OP | Community Based Day Treatment OP | | |
| Program Code (formerly Reporting Unit): | 8858OP | 8858OP | 8858OP | 8858OP | | |
| Mode/SFC (MH) or Modality (SA) | 15/10-56 | 15/01-09 | 15/70-79 | 15/60-69 | | |
| Service Description: | #REF! | #REF! | #REF! | #REF! | | TOTAL |
| FUNDING TERM: | 7/1/14-6/30/15 | 7/1/14-6/30/15 | 7/1/14-6/30/15 | 7/1/14-6/30/15 | | |
| FUNDING USES | | | | | | |
| Salaries & Employee Benefits: | 64,788 | 1,994 | 2,990 | 29,903 | - | 99,675 |
| Operating Expenses: | 17,994 | 554 | 831 | 8,306 | - | 27,685 |
| Capital Expenses (greater than \$5,000): | 3,163 | 97 | 146 | 1,460 | - | 4,866 |
| Subtotal Direct Expenses: | 85,945 | 2,645 | 3,967 | 39,669 | - | 132,226 |
| Indirect Expenses: | 12,892 | 397 | 595 | 5,950 | - | 19,834 |
| TOTAL FUNDING USES: | 98,837 | 3,042 | 4,562 | 45,619 | - | 152,060 |
| CBHS MENTAL HEALTH FUNDING SOURCES | | | | | | |
| MH FED - SDMC Regular FFP (50%) | HMHMCP751594 | 43,782 | 1,348 | 2,021 | 20,209 | 67,360 |
| MH STATE - EPSDT State Match | HMHMCP751594 | 41,948 | 1,291 | 1,936 | 19,361 | 64,536 |
| MH STATE - Family Mosaic Capitated Medi-Cal | HMHMCP8828CH | 3,250 | 100 | 150 | 1,500 | 5,000 |
| MH WORK ORDER - Human Services Agency (matched) | HMHMCHMTCHWO | - | - | - | - | - |
| MH WORK ORDER - Human Services Agency | HMHMCHCDHSWO | - | - | - | - | - |
| MH Triage Grant | HMHMCHGRANTS | - | - | - | - | - |
| MH WORK ORDER - Dept. Children, Youth & Families | HMHMCHDCYFWO | - | - | - | - | - |
| MH WORK ORDER - First Five (SF Children & Family Commission) | HMHMCHSRIPWO | - | - | - | - | - |
| MH WORK ORDER - First Five (SF Children & Family Commission) | HMHMCHPFAPWO | - | - | - | - | - |
| MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care | HMHNSB163ACP | - | - | - | - | - |
| MH STATE - MHSA - Prop 63 PEI | HMHMPROP63 | - | - | - | - | - |
| MH Realignment | HMHMCP751594 | 1,836 | 56 | 85 | 847 | 2,824 |
| MH COUNTY - General Fund (matched) | HMHMCP751594 | - | - | - | - | - |
| MH COUNTY - General Fund (unmatched) | HMHMCP751594 | 8,021 | 247 | 370 | 3,702 | 12,340 |
| MH COUNTY - General Fund CODB | HMHMCP751594 | - | - | - | - | - |
| MH COUNTY - General Fund WO CODB | HMHMCP751594 | - | - | - | - | - |
| TOTAL CBHS MENTAL HEALTH FUNDING SOURCES | | 98,837 | 3,042 | 4,562 | 45,619 | 152,060 |
| CBHS SUBSTANCE ABUSE FUNDING SOURCES | | | | | | |
| TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES | | - | - | - | - | - |
| OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES | | | | | | |
| TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES | | - | - | - | - | - |
| TOTAL DPH FUNDING SOURCES | | 98,837 | 3,042 | 4,562 | 45,619 | 152,060 |
| NON-DPH FUNDING SOURCES | | | | | | |
| TOTAL NON-DPH FUNDING SOURCES | | - | - | - | - | - |
| TOTAL FUNDING SOURCES (DPH AND NON-DPH) | | 98,837 | 3,042 | 4,562 | 45,619 | 152,060 |
| CBHS UNITS OF SERVICE AND UNIT COST | | | | | | |
| Number of Beds Purchased (if applicable) | | | | | | |
| Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes) | | | | | | |
| Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program | | | | | | |
| Cost Reimbursement (CR) or Fee-For-Service (FFS): | FFS | FFS | FFS | FFS | | |
| Units of Service: | 37,869 | 1,506 | 1,176 | 9,465 | - | |
| Unit Type: | #REF! | #REF! | #REF! | #REF! | 0 | |
| Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only) | 2.61 | 2.02 | 3.88 | 4.82 | 0.00 | |
| Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES): | 2.61 | 2.02 | 3.88 | 4.82 | 0.00 | |
| Published Rate (Medi-Cal Providers Only): | 2.61 | 2.02 | 3.88 | 4.82 | 0.00 | Total UDC: |
| Unduplicated Clients (UDC): | 30 | 10 | 10 | 28 | 0 | 30 |

DPH 3: Salaries & Benefits Detail

Provider Number: 8858

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14Appendix #: B-1b, page 2

#REF!

[illegible]

| | | | | | | | | | | | | | |
|---------------------------|-----|----|-----------|-----|----------|-----|---------|---------|-----|---------|-----|---------|-----|
| Employee Fringe Benefits: | 30% | \$ | 23,002.00 | 30% | \$21,848 | 30% | \$1,154 | #DIV/0! | \$0 | #DIV/0! | \$0 | #DIV/0! | \$0 |
|---------------------------|-----|----|-----------|-----|----------|-----|---------|---------|-----|---------|-----|---------|-----|

TOTAL SALARIES & BENEFITS

\$99,675

\$94,675

\$5,000

\$0

\$0

\$0

0

DPH 4: Operating Expenses Detail

Provider Number: 8858

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

Appendix #: B-1b, page 3

| Expenditure Category | TOTAL | General Fund | | | | |
|--|----------------|----------------|----------------|----------------|----------------|----------------|
| | 7/1/14-6/30/15 | 7/1/14-6/30/15 | 7/1/14-6/30/15 | 7/1/14-6/30/15 | 7/1/14-6/30/15 | 7/1/14-6/30/15 |
| Occupancy (Based on Square Feet used) | \$ 1,353.00 | 1,353 | 0 | 0 | 0 | 0 |
| Utilities(Elec, Water, Gas, Phone, Scavenger) | \$ - | 0 | 0 | 0 | 0 | 0 |
| Office Supplies, Postage | \$ 202.00 | 202 | 0 | 0 | 0 | 0 |
| Building Maintenance Supplies and Repair | \$ - | 0 | 0 | 0 | 0 | 0 |
| Printing and Reproduction | \$ - | 0 | 0 | 0 | 0 | 0 |
| Insurance | \$ - | 0 | 0 | 0 | 0 | 0 |
| Staff Training | \$ - | 0 | 0 | 0 | 0 | 0 |
| Staff Travel-(Local & Out of Town) | \$ - | 0 | 0 | 0 | 0 | 0 |
| Rental of Equipment | \$ - | 0 | 0 | 0 | 0 | 0 |
| CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts) | \$ - | 0 | 0 | 0 | 0 | 0 |
| UCSF Resident Services Agreement | \$ 24,046.00 | 24,046 | 0 | 0 | 0 | 0 |
| | \$ - | 0 | 0 | 0 | 0 | 0 |
| | | 0 | 0 | 0 | 0 | 0 |
| | \$ - | 0 | 0 | 0 | 0 | |
| | \$ - | 0 | 0 | 0 | 0 | |
| | \$ - | 0 | 0 | 0 | 0 | 0 |
| Other: | | 0 | 0 | 0 | 0 | 0 |
| | \$ - | 0 | 0 | 0 | 0 | 0 |
| | \$ - | 0 | 0 | 0 | 0 | 0 |
| | \$ - | 0 | 0 | 0 | 0 | 0 |
| Purchased Direct Expense (Program Admin, QA, General Research) | \$ 2,084.00 | 2,084 | 0 | 0 | 0 | 0 |
| | \$ - | 0 | 0 | 0 | 0 | 0 |
| | \$ - | | | | | |
| TOTAL OPERATING EXPENSE | \$27,685 | \$27,685 | \$0 | \$0 | \$0 | \$0 |
| | \$0 | | | | | |

DPH 5: Capital Expenses Detail

Provider Number: 8858

Appendix #: B-1b, page 4

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

1. Equipment

| Item Description | Quantity | Serial #/VIN # | Funding Source [General Fund, Grant (List Title), or Work Order (List Dept.)] | Purchase Cost Each | Total Cost |
|--------------------------------------|----------|----------------|--|-----------------------|------------|
| Shared costs - Equipment - see DPH 7 | 1 | tbd | General Fund | 4,418 | 4,418 |
| Shared costs - Equipment - see DPH 7 | 1 | tbd | SB163 | 0 | 0 |
| Shared costs - Equipment - see DPH 7 | 1 | tbd | MHSA Prop 63 | 0 | 0 |
| Shared costs - Equipment - see DPH 7 | 1 | tbd | Work Order #1 HSA | 0 | 0 |
| Shared costs - Equipment - see DPH 7 | 1 | tbd | Work Order #2 DCYF | 0 | 0 |
| Shared costs - Equipment - see DPH 7 | 1 | tbd | Workorder #3 SFCFC | 0 | 0 |
| Shared costs - Equipment - see DPH 7 | 1 | tbd | Prop 63 PEI | 0 | 0 |
| | | | | 0 | 0 |

Total Equipment Cost

\$4,418

2. Remodeling

| | | | | | |
|--|---|-----|--------------------|-----|-----|
| Shared costs - Facilities Improvements - See DPH 7 | 1 | tbd | General Fund | 448 | 448 |
| Shared costs - Facilities Improvements - See DPH 7 | 1 | tbd | SB163 | 0 | 0 |
| Shared costs - Facilities Improvements - See DPH 7 | 1 | tbd | MHSA Prop 63 | 0 | 0 |
| Shared costs - Facilities Improvements - See DPH 7 | 1 | tbd | Work Order #1 HSA | 0 | 0 |
| Shared costs - Facilities Improvements - See DPH 7 | 1 | tbd | Work Order #2 DCYF | 0 | 0 |
| Shared costs - Facilities Improvements - See DPH 7 | 1 | tbd | Workorder #3 SFCFC | 0 | 0 |

Total Remodeling Cost

\$448

Total Capital Expenditure

(Equipment plus Remodeling Cost)

\$4,866

0

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

| | | | |
|--|-------------------------------|-----------------------------------|-------------------|
| DMH Legal Entity Name (MH)/Contractor Name (SA): Edgewood Center for Children and Families | | Contract Appendix #: B-2a, page 1 | |
| Provider Name: Edgewood Center for Children and Families | | Document Date: 7/1/2014 | |
| Provider Number: 8858 | | Fiscal Year: 2014-2015 | |
| Program Name: | Residential Day Treatment DTI | | |
| Program Code (formerly Reporting Unit): | 88586 | | |
| Mode/SFC (MH) or Modality (SA) | 10/85-89 | | |
| Service Description: | #REF! | | TOTAL |
| FUNDING TERM: | 7/1/14-6/30/15 | | |
| FUNDING USES: | | | |
| Salaries & Employee Benefits: | 447,909 | - | 447,909 |
| Operating Expenses: | 124,407 | - | 124,407 |
| Capital Expenses (greater than \$5,000): | 21,866 | - | 21,866 |
| Subtotal Direct Expenses: | 594,182 | - | 594,182 |
| Indirect Expenses: | 89,127 | - | 89,127 |
| TOTAL FUNDING USES: | 683,309 | - | 683,309 |
| CBHS MENTAL HEALTH FUNDING SOURCES: | | | |
| MH FED - SDMC Regular FFP (50%) | HMHMCP751594 | 302,710 | 302,710 |
| MH STATE - EPSDT State Match | HMHMCP751594 | 272,439 | 272,439 |
| MH STATE - Family Mosaic Capitated Medi-Cal | HMHMCP8828CH | - | - |
| MH WORK ORDER - Human Services Agency (matched) | HMHMCHMTCHWO | - | - |
| MH WORK ORDER - Human Services Agency | HMHMCHCDHSWO | - | - |
| MH Trilage Grant | HMHMCHGRANTS | - | - |
| MH WORK ORDER - Dept. Children, Youth & Families | HMHMCHDCYFWO | - | - |
| MH WORK ORDER - First Five (SF Children & Family Commission) | HMHMCHSRIPWO | - | - |
| MH WORK ORDER - First Five (SF Children & Family Commission) | HMHMCHPFAPWO | - | - |
| MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care | HMHNSB163ACP | - | - |
| MH STATE - MHSA - Prop 63 PEI | HMHMCP751594 | - | - |
| MH Realignment | HMHMCP751594 | - | - |
| MH COUNTY - General Fund (matched) | HMHMCP751594 | 30,271 | 30,271 |
| MH COUNTY - General Fund (unmatched) | HMHMCP751594 | 77,889 | 77,889 |
| MH COUNTY - General Fund CODB | HMHMCP751594 | - | - |
| MH COUNTY - General Fund WO CODB | HMHMCP751594 | - | - |
| TOTAL CBHS MENTAL HEALTH FUNDING SOURCES | | 683,309 | 683,309 |
| CBHS SUBSTANCE ABUSE FUNDING SOURCES: | | | |
| TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES | | - | - |
| OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES: | | | |
| TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES | | - | - |
| TOTAL DPH FUNDING SOURCES | | 683,309 | 683,309 |
| NON-DPH FUNDING SOURCES: | | | |
| TOTAL NON-DPH FUNDING SOURCES | | - | - |
| TOTAL FUNDING SOURCES (DPH AND NON-DPH) | | 683,309 | 683,309 |
| CBHS UNITS OF SERVICE AND UNIT COST | | | |
| Number of Beds Purchased (if applicable) | | | |
| Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes) | | | |
| Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program | | | |
| Cost Reimbursement (CR) or Fee-For-Service (FFS): | FFS | | |
| Units of Service: | 3,376 | - | - |
| Unit Type: | #REF! | 0 | 0 |
| Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only) | 202.43 | 0.00 | 0.00 |
| Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES): | 202.43 | 0.00 | 0.00 |
| Published Rate (Medi-Cal Providers Only): | 202.43 | 0.00 | 0.00 |
| Unduplicated Clients (UDC): | 12 | 0 | 0 |
| | | | Total UDC: |
| | | | 12 |

DPH 3: Salaries & Benefits Detail

Provider Number: 8858

Appendix #: B-2a, page 2

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

| #REF1 | | | | | | | | | | |
|----------------------------------|--------------|----------------------------|------------------------------|----------------------------|--------------|----------------------------|--------------|----------------------------|--------------|----------------------------|
| | TOTAL | | General Fund HMHMCP751594 | | | | | | | |
| Position Title | Term: FTE | 7/1/14-6/30/15 Salaries | Term: FTE | 7/1/14-6/30/15 Salaries | Term: FTE | 7/1/14-6/30/15 Salaries | Term: FTE | 7/1/14-6/30/15 Salaries | Term: FTE | 7/1/14-6/30/15 Salaries |
| Regional Director | 0.08 | \$ 16,272.00 | 0.08 | 16,272 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| Medical Director | 0.05 | \$ 10,120.00 | 0.05 | 10,120 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| Clinical Supervision | 0.42 | \$ 33,664.00 | 0.42 | 33,664 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| Behavioral Health Director | 0.11 | \$ 12,848.00 | 0.11 | 12,848 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| Treatment Manager | 0.36 | \$ 23,655.00 | 0.36 | 23,655 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| Mental Health Specialists | 2.16 | \$ 96,054.00 | 2.16 | 96,054 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| Therapist & Care Manager | 1.39 | \$ 87,403.00 | 1.39 | 87,403 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| QA Manager | 0.12 | \$ 8,210.00 | 0.12 | 8,210 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| Relief Staff | 0.20 | \$ 7,598.00 | 0.20 | 7,598 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| Intake Director | 0.10 | \$ 11,059.00 | 0.10 | 11,059 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| Administrative Manager | 0.10 | \$ 6,788.00 | 0.10 | 6,788 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| Administrative Support | 0.52 | \$ 23,195.00 | 0.52 | 23,195 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| Day Treatment Facilities Manager | 0.14 | \$ 7,679.00 | 0.14 | 7,679 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| Totals: | 5.75 | \$344,545 | 5.75 | \$344,545 | 0.00 | \$0 | 0.00 | \$0 | 0.00 | \$0 |

| | | | | | | | | | | |
|----------------------------------|------------|------------------|------------|------------------|----------------|------------|----------------|------------|----------------|------------|
| Employee Fringe Benefits: | 30% | \$103,364 | 30% | \$103,364 | #DIV/0! | \$0 | #DIV/0! | \$0 | #DIV/0! | \$0 |
|----------------------------------|------------|------------------|------------|------------------|----------------|------------|----------------|------------|----------------|------------|

TOTAL SALARIES & BENEFITS

\$447,909

\$447,909

\$0

\$0

\$0

DPH 4: Operating Expenses Detail

Provider Number: 8858

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

Appendix #: B-2a, page 3

| Expenditure Category | TOTAL | General Fund HMHMCP751594 | | | | |
|--|------------------|------------------------------|----------------|----------------|----------------|----------------|
| | 7/1/14-6/30/15 | 7/1/14-6/30/15 | 7/1/14-6/30/15 | 7/1/14-6/30/15 | 7/1/14-6/30/15 | 7/1/14-6/30/15 |
| Occupancy (Based on Square Feet used) | \$ 52,003.00 | 52,003 | 0 | 0 | 0 | 0 |
| Utilities(Elec, Water, Gas, Phone, Scavenger) | \$ - | 0 | 0 | 0 | 0 | 0 |
| Office Supplies, Postage | \$ 679.00 | 679 | 0 | 0 | 0 | 0 |
| Building Maintenance Supplies and Repair | \$ - | 0 | 0 | 0 | 0 | 0 |
| Printing and Reproduction | \$ - | 0 | 0 | 0 | 0 | 0 |
| Insurance | \$ - | 0 | 0 | 0 | 0 | 0 |
| Staff Training | \$ - | 0 | 0 | 0 | 0 | 0 |
| Staff Travel-(Local & Out of Town) | \$ 667.00 | 667 | 0 | 0 | 0 | 0 |
| Rental of Equipment | \$ - | 0 | 0 | 0 | 0 | 0 |
| CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts) | \$ - | 0 | 0 | 0 | 0 | 0 |
| UCSF Resident Services Agreement | \$ 7,500.00 | 7,500 | 0 | 0 | 0 | 0 |
| SF Language Bank | \$ 3,000.00 | 3,000 | 0 | 0 | 0 | 0 |
| | | 0 | 0 | 0 | 0 | 0 |
| | \$ - | 0 | 0 | 0 | 0 | 0 |
| | \$ - | 0 | 0 | 0 | 0 | 0 |
| | \$ - | 0 | 0 | 0 | 0 | 0 |
| Other: | | 0 | 0 | 0 | 0 | 0 |
| | \$ - | 0 | 0 | 0 | 0 | 0 |
| Purchased Direct Expense (Program Admin, QA, General Research) | \$ 37,930.00 | 37,930 | 0 | 0 | 0 | 0 |
| Food | \$ 11,600.00 | 11,600 | 0 | 0 | 0 | 0 |
| Computer Supplies | \$ 6,750.00 | 6,750 | 0 | 0 | 0 | 0 |
| Client Incentives | \$ 4,278.00 | 4,278 | 0 | 0 | 0 | 0 |
| | \$ - | 0 | 0 | 0 | 0 | 0 |
| TOTAL OPERATING EXPENSE | \$124,407 | \$124,407 | \$0 | \$0 | \$0 | \$0 |

\$0

DPH 5: Capital Expenses Detail

Provider Number: 8858

Appendix #: B-2a, page 4

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

1. Equipment

| Item Description | Quantity | Serial #/VIN # | Funding Source [General Fund, Grant (List Title), or Work Order (List Dept.)] | Purchase Cost Each | Total Cost |
|--------------------------------------|----------|----------------|--|-----------------------|------------|
| Shared costs - Equipment - see DPH 7 | 1 | tbd | General Fund | 19,851 | 19,851 |
| Shared costs - Equipment - see DPH 7 | 1 | tbd | SB163 | 0 | 0 |
| Shared costs - Equipment - see DPH 7 | 1 | tbd | MHSA Prop 63 | 0 | 0 |
| Shared costs - Equipment - see DPH 7 | 1 | tbd | Work Order #1 HSA | 0 | 0 |
| Shared costs - Equipment - see DPH 7 | 1 | tbd | Work Order #2 DCYF | 0 | 0 |
| Shared costs - Equipment - see DPH 7 | 1 | tbd | Workorder #3 SFCFC | 0 | 0 |
| Shared costs - Equipment - see DPH 7 | 1 | tbd | Prop 63 PEI | 0 | 0 |
| | | | | 0 | 0 |

Total Equipment Cost

\$19,851

2. Remodeling

| | | | | | |
|--|---|-----|--------------------|-------|-------|
| Shared costs - Facilities Improvements - See DPH 7 | 1 | tbd | General Fund | 2,015 | 2,015 |
| Shared costs - Facilities Improvements - See DPH 7 | 1 | tbd | SB163 | 0 | 0 |
| Shared costs - Facilities Improvements - See DPH 7 | 1 | tbd | MHSA Prop 63 | 0 | 0 |
| Shared costs - Facilities Improvements - See DPH 7 | 1 | tbd | Work Order #1 HSA | 0 | 0 |
| Shared costs - Facilities Improvements - See DPH 7 | 1 | tbd | Work Order #2 DCYF | 0 | 0 |
| Shared costs - Facilities Improvements - See DPH 7 | 1 | tbd | Workorder #3 SFCFC | 0 | 0 |

Total Remodeling Cost

\$2,015

Total Capital Expenditure

(Equipment plus Remodeling Cost)

\$21,866

0

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

| | | | | | |
|--|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------------|
| DMH Legal Entity Name (MH)/Contractor Name (SA): Edgewood Center for Children and Families | | | | | Contract Appendix #: B-2b, page 1 |
| Provider Name: Edgewood Center for Children and Families | | | | | Document Date: 7/1/2014 |
| Provider Number: 8858 | | | | | Fiscal Year: 2014-2015 |
| Program Name: | Residential Day Treatment OP | Residential Day Treatment OP | Residential Day Treatment OP | Residential Day Treatment OP | |
| Program Code (formerly Reporting Unit): | 88584 | 88584 | 88584 | 88584 | |
| Mode/SFC (MH) or Modality (SA) | 15/10-56 | 15/01-09 | 15/70-79 | 15/60-69 | |
| Service Description: | #REF! | #REF! | #REF! | #REF! | TOTAL |
| FUNDING TERM: | 7/1/14-6/30/15 | 7/1/14-6/30/15 | 7/1/14-6/30/15 | 7/1/14-6/30/15 | |
| FUNDING USES | | | | | |
| Salaries & Employee Benefits: | 322,038 | 3,031 | 7,199 | 46,601 | 378,869 |
| Operating Expenses: | 89,446 | 843 | 1,999 | 12,943 | 105,231 |
| Capital Expenses (greater than \$5,000): | 15,722 | 148 | 351 | 2,275 | 18,496 |
| Subtotal Direct Expenses: | 427,206 | 4,022 | 9,549 | 61,819 | 502,596 |
| Indirect Expenses: | 64,082 | 603 | 1,432 | 9,273 | 75,390 |
| TOTAL FUNDING USES: | 491,288 | 4,625 | 10,981 | 71,092 | 577,986 |
| CBHS MENTAL HEALTH FUNDING SOURCES | | | | | |
| MH FED - SDMC Regular FFP (50%) | HMHMCP751594 | 224,995 | 2,118 | 5,029 | 264,700 |
| MH STATE - EPSDT State Match | HMHMCP751594 | 202,496 | 1,906 | 4,526 | 238,230 |
| MH STATE - Family Mosaic Capitated Medi-Cal | HMHMCP8828CH | - | - | - | - |
| MH WORK ORDER - Human Services Agency (matched) | HMHMCHMTCHWO | - | - | - | - |
| MH WORK ORDER - Human Services Agency | HMHMCHCDHSWO | - | - | - | - |
| MH Triage Grant | HMHMCHGRANTS | - | - | - | - |
| MH WORK ORDER - Dept. Children, Youth & Families | HMHMCHDCYFWO | - | - | - | - |
| MH WORK ORDER - First Five (SF Children & Family Commission) | HMHMCHSRIPWO | - | - | - | - |
| MH WORK ORDER - First Five (SF Children & Family Commission) | HMHMCHPFAPWO | - | - | - | - |
| MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care | HMHNSB163ACP | - | - | - | - |
| MH STATE - MHSA - Prop 63 PEI | HMHMPROP63 | - | - | - | - |
| MH Realignment | HMHMCP751594 | - | - | - | - |
| MH COUNTY - General Fund (matched) | HMHMCP751594 | 22,499 | 212 | 503 | 26,470 |
| MH COUNTY - General Fund (unmatched) | HMHMCP751594 | 41,298 | 389 | 923 | 48,586 |
| MH COUNTY - General Fund CODB | HMHMCP751594 | - | - | - | - |
| MH COUNTY - General Fund WO CODB | HMHMCP751594 | - | - | - | - |
| TOTAL CBHS MENTAL HEALTH FUNDING SOURCES | 491,288 | 4,625 | 10,981 | 71,092 | 577,986 |
| CBHS SUBSTANCE ABUSE FUNDING SOURCES | | | | | |
| TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES | - | - | - | - | - |
| OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES | | | | | |
| TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES | - | - | - | - | - |
| TOTAL DPH FUNDING SOURCES | 491,288 | 4,625 | 10,981 | 71,092 | 577,986 |
| NON-DPH FUNDING SOURCES | | | | | |
| TOTAL NON-DPH FUNDING SOURCES | - | - | - | - | - |
| TOTAL FUNDING SOURCES (DPH AND NON-DPH) | 491,288 | 4,625 | 10,981 | 71,092 | 577,986 |
| CBHS UNITS OF SERVICE AND UNIT COST | | | | | |
| Number of Beds Purchased (if applicable) | | | | | |
| Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes) | | | | | |
| Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program | | | | | |
| Cost Reimbursement (CR) or Fee-For-Service (FFS): | FFS | FFS | FFS | FFS | |
| Units of Service: | 188,233 | 2,290 | 2,830 | 14,749 | - |
| Unit Type: | #REF! | #REF! | #REF! | #REF! | 0 |
| Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY) | 2.61 | 2.02 | 3.88 | 4.82 | 0.00 |
| Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES): | 2.61 | 2.02 | 3.88 | 4.82 | 0.00 |
| Published Rate (Medi-Cal Providers Only): | 2.61 | 2.02 | 3.88 | 4.82 | 0.00 |
| Unduplicated Clients (UDC): | 12 | 12 | 12 | 12 | 0 |
| | | | | | 12 |

Appendix #: B-2b, page 2

898

\$0

DPH 4: Operating Expenses Detail

Provider Number: 8858

Appendix #: B-2b, page 3

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

0

| Expenditure Category | TOTAL | General Fund HMMHCP751594 | | | | |
|--|------------------|------------------------------|----------------|----------------|----------------|----------------|
| | 7/1/14-6/30/15 | 7/1/14-6/30/15 | 7/1/14-6/30/15 | 7/1/14-6/30/15 | 7/1/14-6/30/15 | 7/1/14-6/30/15 |
| Occupancy (Based on Square Feet used) | \$ 9,739.00 | 9,739 | 0 | 0 | 0 | 0 |
| Utilities(Elec, Water, Gas, Phone, Scavenger) | \$ 8,714.00 | 8,714 | 0 | 0 | 0 | 0 |
| Office Supplies, Postage | \$ - | 0 | 0 | 0 | 0 | 0 |
| Building Maintenance Supplies and Repair | \$ - | 0 | 0 | 0 | 0 | 0 |
| Printing and Reproduction | \$ - | 0 | 0 | 0 | 0 | 0 |
| Insurance | \$ - | 0 | 0 | 0 | 0 | 0 |
| Staff Training | \$ - | 0 | 0 | 0 | 0 | 0 |
| Staff Travel-(Local & Out of Town) | \$ - | 0 | 0 | 0 | 0 | 0 |
| Rental of Equipment | \$ - | 0 | 0 | 0 | 0 | 0 |
| CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts) | \$ - | 0 | 0 | 0 | 0 | 0 |
| UCSF Resident Services Agreement | \$ 22,366.00 | 22,366 | 0 | 0 | 0 | 0 |
| | \$ - | 0 | 0 | 0 | 0 | 0 |
| | | 0 | 0 | 0 | 0 | 0 |
| | \$ - | 0 | 0 | 0 | 0 | 0 |
| | \$ - | 0 | 0 | 0 | 0 | 0 |
| Other: | | 0 | 0 | 0 | 0 | 0 |
| Food | \$ 23,047.00 | 23,047 | 0 | 0 | 0 | 0 |
| Computer Supplies | \$ 13,412.00 | 13,412 | 0 | 0 | 0 | 0 |
| Client Incentives | \$ 8,500.00 | 8,500 | 0 | 0 | 0 | 0 |
| Purchased Direct Expense (Program Admin, QA, General Research) | \$ 19,453.00 | 19,453 | 0 | 0 | 0 | 0 |
| | \$ - | 0 | 0 | 0 | 0 | 0 |
| | \$ - | 0 | 0 | 0 | 0 | 0 |
| TOTAL OPERATING EXPENSE | \$105,231 | \$105,231 | \$0 | \$0 | \$0 | \$0 |
| | \$0 | | | | | |

DPH 5: Capital Expenses Detail

Provider Number: 8858

Appendix #: B-2b, page 4

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

1. Equipment

| Item Description | Quantity | Serial #/VIN # | Funding Source [General Fund, Grant (List Title), or Work Order (List Dept.)] | Purchase Cost Each | Total Cost |
|--------------------------------------|----------|----------------|--|-----------------------|------------|
| Shared costs - Equipment - see DPH 7 | 1 | tbd | General Fund | 16,792 | 16,792 |
| Shared costs - Equipment - see DPH 7 | 1 | tbd | SB163 | 0 | 0 |
| Shared costs - Equipment - see DPH 7 | 1 | tbd | MHSA Prop 63 | 0 | 0 |
| Shared costs - Equipment - see DPH 7 | 1 | tbd | Work Order #1 HSA | 0 | 0 |
| Shared costs - Equipment - see DPH 7 | 1 | tbd | Work Order #2 DCYF | 0 | 0 |
| Shared costs - Equipment - see DPH 7 | 1 | tbd | Workorder #3 SFCFC | 0 | 0 |
| Shared costs - Equipment - see DPH 7 | 1 | tbd | Prop 63 PEI | 0 | 0 |
| | | | | 0 | 0 |

Total Equipment Cost

\$16,792

2. Remodeling

| | | | | | |
|--|---|-----|--------------------|-------|-------|
| Shared costs - Facilities Improvements - See DPH 7 | 1 | tbd | General Fund | 1,704 | 1,704 |
| Shared costs - Facilities Improvements - See DPH 7 | 1 | tbd | SB163 | 0 | 0 |
| Shared costs - Facilities Improvements - See DPH 7 | 1 | tbd | MHSA Prop 63 | 0 | 0 |
| Shared costs - Facilities Improvements - See DPH 7 | 1 | tbd | Work Order #1 HSA | 0 | 0 |
| Shared costs - Facilities Improvements - See DPH 7 | 1 | tbd | Work Order #2 DCYF | 0 | 0 |
| Shared costs - Facilities Improvements - See DPH 7 | 1 | tbd | Workorder #3 SFCFC | 0 | 0 |

Total Remodeling Cost

\$1,704

Total Capital Expenditure

(Equipment plus Remodeling Cost)

\$18,496

0

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

| | | | | | | |
|--|----------------|----------------|----------------|----------------|----------------------|-------------|
| DMH Legal Entity Name (MH)/Contractor Name (SA): Edgewood Center for Children and Families | | | | | Contract Appendix #: | B-3, page 1 |
| Provider Name: Edgewood Center for Children and Families | | | | | Document Date: | 7/1/2014 |
| Provider Number: 8858 | | | | | Fiscal Year: | 2014-2015 |
| Program Name: | MH Partnership | MH Partnership | MH Partnership | MH Partnership | | |
| Program Code (formerly Reporting Unit): | 8858ED | 8858ED | 8858ED | 8858ED | | |
| Mode/SFC (MH) or Modality (SA) | 15/10-56 | 15/01-09 | 15/60-69 | 45/20-29 | | |
| Service Description: | #REF! | #REF! | #REF! | #REF! | | TOTAL |
| FUNDING TERM: | 7/1/14-6/30/15 | 7/1/14-6/30/15 | 7/1/14-6/30/15 | 7/1/14-6/30/15 | | |
| FUNDING USES | | | | | | |
| Salaries & Employee Benefits: | 68,923 | 2,112 | 4,224 | 30,353 | - | 105,612 |
| Operating Expenses: | 19,143 | 587 | 1,173 | 8,431 | - | 29,334 |
| Capital Expenses (greater than \$5,000): | 3,365 | 103 | 206 | 1,482 | - | 5,156 |
| Subtotal Direct Expenses: | 91,431 | 2,802 | 5,603 | 40,266 | - | 140,102 |
| Indirect Expenses: | 13,714 | 420 | 841 | 6,040 | - | 21,015 |
| TOTAL FUNDING USES: | 105,145 | 3,222 | 6,444 | 46,306 | - | 161,117 |
| CBHS MENTAL HEALTH FUNDING SOURCES | | | | | | |
| MH FED - SDMC Regular FFP (50%) | HMHMCP751594 | 37,975 | 1,164 | 2,327 | 16,724 | 58,190 |
| MH STATE - EPSDT State Match | HMHMCP751594 | 34,178 | 1,047 | 2,095 | 15,051 | 52,371 |
| MH STATE - Family Mosaic Capitated Medi-Cal | HMHMCP8828CH | - | - | - | - | - |
| MH WORK ORDER - Human Services Agency (matched) | HMHMCHMTCHWO | - | - | - | - | - |
| MH WORK ORDER - Human Services Agency | HMHMCHCDHSWO | - | - | - | - | - |
| MH Trilage Grant | HMHMCHGRANTS | - | - | - | - | - |
| MH WORK ORDER - Dept. Children, Youth & Families | HMHMCHDCYFWO | - | - | - | - | - |
| MH WORK ORDER - First Five (SF Children & Family Commission) | HMHMCHSRIPWO | - | - | - | - | - |
| MH WORK ORDER - First Five (SF Children & Family Commission) | HMHMCHPFAPWO | - | - | - | - | - |
| MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care | HMHNSB163ACP | - | - | - | - | - |
| MH STATE - MHSA - Prop 63 PEI | HMHMPPROP63 | - | - | - | - | - |
| MH Realignment | HMHMCP751594 | - | - | - | - | - |
| MH COUNTY - General Fund (matched) | HMHMCP751594 | 3,797 | 116 | 233 | 1,673 | 5,819 |
| MH COUNTY - General Fund (unmatched) | HMHMCP751594 | 29,195 | 895 | 1,789 | 12,858 | 44,737 |
| MH COUNTY - General Fund CODB | HMHMCP751594 | - | - | - | - | - |
| MH COUNTY - General Fund WO CODB | HMHMCP751594 | - | - | - | - | - |
| TOTAL CBHS MENTAL HEALTH FUNDING SOURCES | | 105,145 | 3,222 | 6,444 | 46,306 | 161,117 |
| CBHS SUBSTANCE ABUSE FUNDING SOURCES | | | | | | |
| TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES | | - | - | - | - | - |
| OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES | | | | | | |
| TOTAL OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES | | - | - | - | - | - |
| TOTAL DPH FUNDING SOURCES | | 105,145 | 3,222 | 6,444 | 46,306 | 161,117 |
| NON-DPH FUNDING SOURCES | | | | | | |
| TOTAL NON-DPH FUNDING SOURCES | | - | - | - | - | - |
| TOTAL FUNDING SOURCES (DPH AND NON-DPH) | | 105,145 | 3,222 | 6,444 | 46,306 | 161,117 |
| CBHS UNITS OF SERVICE AND UNIT COST | | | | | | |
| Number of Beds Purchased (if applicable) | | | | | | |
| Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes) | | | | | | |
| Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program | | | | | | |
| Cost Reimbursement (CR) or Fee-For-Service (FFS): | FFS | FFS | FFS | FFS | | |
| Units of Service: | 62,961 | 2,983 | 1,545 | 681 | - | |
| Unit Type: | #REF! | #REF! | #REF! | #REF! | 0 | |
| Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY) | 1.67 | 1.08 | 4.17 | 68.02 | 0.00 | |
| Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES): | 1.67 | 1.08 | 4.17 | 68.02 | 0.00 | |
| Published Rate (Medi-Cal Providers Only): | 1.67 | 1.08 | 4.17 | 68.02 | 0.00 | Total UDC: |
| Unduplicated Clients (UDC): | 30 | 20 | 4 | 28 Classrooms | 0 | 30 |

DPH 3: Salaries & Benefits Detail

Provider Number: 8858

Appendix #: B-3, page 2

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

| | TOTAL | | General Fund HMHMCP751594 | | | | | | | | | |
|----------------------------|--------------|----------------------------|------------------------------|----------------------------|--------------|----------------------------|--------------|----------------------------|--------------|----------------------------|--------------|----------------------------|
| Position Title | Term: FTE | 7/1/14-6/30/15 Salaries | Term: FTE | 7/1/14-6/30/15 Salaries | Term: FTE | 7/1/14-6/30/15 Salaries | Term: FTE | 7/1/14-6/30/15 Salaries | Term: FTE | 7/1/14-6/30/15 Salaries | Term: FTE | 7/1/14-6/30/15 Salaries |
| Clinician | 1.31 | \$ 73,251.00 | 1.31 | 73,251 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| Behavioral Health Director | 0.08 | \$ 7,989.00 | 0.08 | 7,989 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| Totals: | 1.39 | \$81,240 | 1.39 | \$81,240 | 0.00 | \$0 | 0.00 | \$0 | 0.00 | \$0 | 0.00 | \$0 |

| | | | | | | | | | | | | | |
|---------------------------|-----|----|-----------|-----|----------|---------|-----|---------|-----|---------|-----|---------|-----|
| Employee Fringe Benefits: | 30% | \$ | 24,372.00 | 30% | \$24,372 | #DIV/0! | \$0 | #DIV/0! | \$0 | #DIV/0! | \$0 | #DIV/0! | \$0 |
|---------------------------|-----|----|-----------|-----|----------|---------|-----|---------|-----|---------|-----|---------|-----|

TOTAL SALARIES & BENEFITS

\$105,612

\$105,612

\$0

\$0

\$0

\$0

\$0

DPH 4: Operating Expenses Detail

Provider Number: 8858

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

Appendix #: B-3, page 3

| Expenditure Category | TOTAL | General Fund HMHMCP751594 | | | | |
|--|-----------------|------------------------------|----------------|----------------|----------------|----------------|
| | 7/1/14-6/30/15 | 7/1/14-6/30/15 | 7/1/14-6/30/15 | 7/1/14-6/30/15 | 7/1/14-6/30/15 | 7/1/14-6/30/15 |
| Occupancy (Based on Square Feet used) | \$ 13,332.00 | 13,332 | 0 | 0 | 0 | 0 |
| Utilities(Elec, Water, Gas, Phone, Scavenger) | \$ - | 0 | 0 | 0 | 0 | 0 |
| Office Supplies, Postage | \$ 623.00 | 623 | 0 | 0 | 0 | 0 |
| Building Maintenance Supplies and Repair | \$ - | 0 | 0 | 0 | 0 | 0 |
| Printing and Reproduction | \$ - | 0 | 0 | 0 | 0 | 0 |
| Insurance | \$ - | 0 | 0 | 0 | 0 | 0 |
| Staff Training | \$ - | 0 | 0 | 0 | 0 | 0 |
| Staff Travel-(Local & Out of Town) | \$ 2,498.00 | 2,498 | 0 | 0 | 0 | 0 |
| Rental of Equipment | \$ - | 0 | 0 | 0 | 0 | 0 |
| CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts) | \$ - | 0 | 0 | 0 | 0 | 0 |
| | \$ - | 0 | 0 | 0 | 0 | 0 |
| | \$ - | 0 | 0 | 0 | 0 | 0 |
| | \$ - | 0 | 0 | 0 | 0 | 0 |
| | \$ - | 0 | 0 | 0 | 0 | 0 |
| | \$ - | 0 | 0 | 0 | 0 | 0 |
| Other: | | 0 | 0 | 0 | 0 | 0 |
| Food | \$ 874.00 | 874 | 0 | 0 | 0 | 0 |
| Telecommunication | \$ 1,499.00 | 1,499 | 0 | 0 | 0 | 0 |
| Educational Supplies | \$ 1,249.00 | 1,249 | 0 | 0 | 0 | 0 |
| Purchased Direct Expense (Program Admin, QA, General Research) | \$ 9,259.00 | 9,259 | 0 | 0 | 0 | 0 |
| | \$ - | 0 | 0 | 0 | 0 | 0 |
| | \$ - | 0 | 0 | 0 | 0 | 0 |
| TOTAL OPERATING EXPENSE | \$29,334 | \$29,334 | \$0 | \$0 | \$0 | \$0 |

\$0

DPH 5: Capital Expenses Detail

Provider Number: 8858

Appendix #: B-3, page 4

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

1. Equipment

| Item Description | Quantity | Serial #/VIN # | Funding Source [General Fund, Grant (List Title), or Work Order (List Dept.)] | Purchase Cost Each | Total Cost |
|--------------------------------------|----------|----------------|--|-----------------------|------------|
| Shared costs - Equipment - see DPH 7 | 1 | tbd | General Fund | 4,681 | 4,681 |
| Shared costs - Equipment - see DPH 7 | 1 | tbd | SB163 | 0 | 0 |
| Shared costs - Equipment - see DPH 7 | 1 | tbd | MHSA Prop 63 | 0 | 0 |
| Shared costs - Equipment - see DPH 7 | 1 | tbd | Work Order #1 HSA | 0 | 0 |
| Shared costs - Equipment - see DPH 7 | 1 | tbd | Work Order #2 DCYF | 0 | 0 |
| Shared costs - Equipment - see DPH 7 | 1 | tbd | Workorder #3 SFCFC | 0 | 0 |
| Shared costs - Equipment - see DPH 7 | 1 | tbd | Prop 63 PEI | 0 | 0 |
| | | | | 0 | 0 |

Total Equipment Cost

\$4,681

2. Remodeling

| | | | | | |
|--|---|-----|--------------------|-----|-----|
| Shared costs - Facilities Improvements - See DPH 7 | 1 | tbd | General Fund | 475 | 475 |
| Shared costs - Facilities Improvements - See DPH 7 | 1 | tbd | SB163 | 0 | 0 |
| Shared costs - Facilities Improvements - See DPH 7 | 1 | tbd | MHSA Prop 63 | 0 | 0 |
| Shared costs - Facilities Improvements - See DPH 7 | 1 | tbd | Work Order #1 HSA | 0 | 0 |
| Shared costs - Facilities Improvements - See DPH 7 | 1 | tbd | Work Order #2 DCYF | 0 | 0 |
| Shared costs - Facilities Improvements - See DPH 7 | 1 | tbd | Workorder #3 SFCFC | 0 | 0 |

Total Remodeling Cost

\$475

Total Capital Expenditure

(Equipment plus Remodeling Cost)

\$5,156

0

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

| | | | | | |
|--|----------------------|----------------------|----------------------|----------------------|----------------------------------|
| DMH Legal Entity Name (MH)/Contractor Name (SA): Edgewood Center for Children and Families | | | | | Contract Appendix #: B-4, page 1 |
| Provider Name: Edgewood Center for Children and Families | | | | | Document Date: 7/1/2014 |
| Provider Number: 8858 | | | | | Fiscal Year: 2014-2015 |
| Program Name: | Behavioral Health OP | Behavioral Health OP | Behavioral Health OP | Behavioral Health OP | |
| Program Code (formerly Reporting Unit): | 885814 | 885814 | 885814 | 885814 | |
| Mode/SFC (MH) or Modality (SA) | 15/10-56 | 15/01-09 | 15/70-79 | 15/60-69 | |
| Service Description: | #REF! | #REF! | #REF! | #REF! | TOTAL |
| FUNDING TERM: | 7/1/14-6/30/15 | 7/1/14-6/30/15 | 7/1/14-6/30/15 | 7/1/14-6/30/15 | |
| FUNDING USES | | | | | |
| Salaries & Employee Benefits: | 527,373 | 24,981 | 1,388 | 1,388 | 555,130 |
| Operating Expenses: | 146,479 | 6,938 | 385 | 385 | 164,187 |
| Capital Expenses (greater than \$5,000): | 25,744 | 1,220 | 68 | 68 | 27,100 |
| Subtotal Direct Expenses: | 699,596 | 33,139 | 1,841 | 1,841 | 736,417 |
| Indirect Expenses: | 104,940 | 4,971 | 276 | 276 | 110,463 |
| TOTAL FUNDING USES: | 804,536 | 38,110 | 2,117 | 2,117 | 846,880 |
| CBHS MENTAL HEALTH FUNDING SOURCES | | | | | |
| MH FED - SDMC Regular FFP (50%) | HMHMCP751594 | 386,032 | 18,286 | 1,016 | 406,350 |
| MH STATE - EPSDT State Match | HMHMCP751594 | 347,430 | 16,457 | 914 | 365,715 |
| MH STATE - Family Mosaic Capitated Medi-Cal | HMHMCP8828CH | - | - | - | - |
| MH WORK ORDER - Human Services Agency (matched) | HMHMCHMTCHWO | - | - | - | - |
| MH WORK ORDER - Human Services Agency | HMHMCHCDHSWO | - | - | - | - |
| MH Triage Grant | HMHMCHGRANTS | - | - | - | - |
| MH WORK ORDER - Dept. Children, Youth & Families | HMHMCHDCYFWO | - | - | - | - |
| MH WORK ORDER - First Five (SF Children & Family Commission) | HMHMCHSRIPWO | - | - | - | - |
| MH WORK ORDER - First Five (SF Children & Family Commission) | HMHMCHPPAPWO | - | - | - | - |
| MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care | HMHNSB163ACP | - | - | - | - |
| MH STATE - MHSA - Prop 63 PEI | HMHMPROP63 | - | - | - | - |
| MH Realignment | HMHMCP751594 | - | - | - | - |
| MH COUNTY - General Fund (matched) | HMHMCP751594 | 38,602 | 1,829 | 102 | 40,635 |
| MH COUNTY - General Fund (unmatched) | HMHMCP751594 | 32,472 | 1,538 | 85 | 34,180 |
| MH COUNTY - General Fund CODB | HMHMCP751594 | - | - | - | - |
| MH COUNTY - General Fund WO CODB | HMHMCP751594 | - | - | - | - |
| TOTAL CBHS MENTAL HEALTH FUNDING SOURCES | 804,536 | 38,110 | 2,117 | 2,117 | 846,880 |
| CBHS SUBSTANCE ABUSE FUNDING SOURCES | | | | | |
| TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES | - | - | - | - | - |
| OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES | | | | | |
| TOTAL OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES | - | - | - | - | - |
| TOTAL DPH FUNDING SOURCES | 804,536 | 38,110 | 2,117 | 2,117 | 846,880 |
| NON-DPH FUNDING SOURCES | | | | | |
| TOTAL NON-DPH FUNDING SOURCES | - | - | - | - | - |
| TOTAL FUNDING SOURCES (DPH AND NON-DPH) | 804,536 | 38,110 | 2,117 | 2,117 | 846,880 |
| CBHS UNITS OF SERVICE AND UNIT COST | | | | | |
| Number of Beds Purchased (if applicable) | | | | | |
| Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes) | | | | | |
| Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program | | | | | |
| Cost Reimbursement (CR) or Fee-For-Service (FFS): | FFS | FFS | FFS | FFS | |
| Units of Service: | 308,251 | 18,866 | 546 | 439 | - |
| Unit Type: | #REF! | #REF! | #REF! | #REF! | 0 |
| Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only) | 2.61 | 2.02 | 3.88 | 4.82 | 0.00 |
| Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES) | 2.61 | 2.02 | 3.88 | 4.82 | 0.00 |
| Published Rate (Medi-Cal Providers Only): | 2.61 | 2.02 | 3.88 | 4.82 | 0.00 |
| Unduplicated Clients (UDC): | 100 | 10 | 10 | 15 | 0 |
| | | | | | 100 |

975

DPH 3: Salaries & Benefits Detail

Provider Number: 8858

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

Appendix #: B-4, page 2

#REF!

[illegible]

| | | | | | | | | | | | | | | |
|---------------------------|-----|----|------------|-----|-----------|---------|-----|---------|-----|---------|-----|---------|-----|---------|
| Employee Fringe Benefits: | 30% | \$ | 128,107.00 | 30% | \$128,107 | #DIV/0! | \$0 | #DIV/0! | \$0 | #DIV/0! | \$0 | #DIV/0! | \$0 | #DIV/0! |
|---------------------------|-----|----|------------|-----|-----------|---------|-----|---------|-----|---------|-----|---------|-----|---------|

TOTAL SALARIES & BENEFITS

\$555,130

\$655,130

\$0

\$0

\$0

\$0

6

DPH 4: Operating Expenses Detail

Provider Number: 8858

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

Appendix #: B-4, page 3

| Expenditure Category | TOTAL | General Fund HMHMCP751594 | | | | |
|--|------------------|------------------------------|----------------|----------------|----------------|----------------|
| | 7/1/14-6/30/15 | 7/1/14-6/30/15 | 7/1/14-6/30/15 | 7/1/14-6/30/15 | 7/1/14-6/30/15 | 7/1/14-6/30/15 |
| Occupancy (Based on Square Feet used) | \$ 70,766.00 | 70,766 | 0 | 0 | 0 | 0 |
| Utilities(Elec, Water, Gas, Phone, Scavenger) | \$ - | 0 | 0 | 0 | 0 | 0 |
| Office Supplies, Postage | \$ 3,211.00 | 3,211 | 0 | 0 | 0 | 0 |
| Building Maintenance Supplies and Repair | \$ - | 0 | 0 | 0 | 0 | 0 |
| Printing and Reproduction | \$ - | 0 | 0 | 0 | 0 | 0 |
| Insurance | \$ - | 0 | 0 | 0 | 0 | 0 |
| Staff Training | \$ 15,486.00 | 15,486 | 0 | 0 | 0 | 0 |
| Staff Travel-Local & Out of Town) | \$ 8,495.00 | 8,495 | 0 | 0 | 0 | 0 |
| Rental of Equipment | \$ - | 0 | 0 | 0 | 0 | 0 |
| CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts) | \$ - | 0 | 0 | 0 | 0 | 0 |
| | \$ - | 0 | 0 | 0 | 0 | 0 |
| | \$ - | 0 | 0 | 0 | 0 | 0 |
| | \$ - | 0 | 0 | 0 | 0 | 0 |
| | \$ - | 0 | 0 | 0 | 0 | 0 |
| | \$ - | 0 | 0 | 0 | 0 | 0 |
| Other: | \$ - | 0 | 0 | 0 | 0 | 0 |
| | \$ - | 0 | 0 | 0 | 0 | 0 |
| Purchased Direct Expense (Program Admin, QA, General Research) | \$ 38,441.00 | 38,441 | 0 | 0 | 0 | 0 |
| Computer Supplies | \$ 5,310.00 | 5,310 | 0 | 0 | 0 | 0 |
| Client Incentives/Supplies | \$ 8,938.00 | 8,938 | 0 | 0 | 0 | 0 |
| Food | \$ 3,540.00 | 3,540 | 0 | 0 | 0 | 0 |
| Depreciation | \$ - | 0 | 0 | 0 | 0 | 0 |
| TOTAL OPERATING EXPENSE | \$154,187 | \$154,187 | \$0 | \$0 | \$0 | \$0 |

\$0

DPH 5: Capital Expenses Detail

Provider Number: 8858

Appendix #: B-4. page 4

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

1. Equipment

| Item Description | Quantity | Serial #/VIN # | Funding Source [General Fund, Grant (List Title), or Work Order (List Dept.)] | Purchase Cost Each | Total Cost |
|--------------------------------------|----------|----------------|--|-----------------------|------------|
| Shared costs - Equipment - see DPH 7 | 1 | tbd | General Fund | 24,603 | 24,603 |
| Shared costs - Equipment - see DPH 7 | 1 | tbd | SB163 | 0 | 0 |
| Shared costs - Equipment - see DPH 7 | 1 | tbd | MHSA Prop 63 | 0 | 0 |
| Shared costs - Equipment - see DPH 7 | 1 | tbd | Work Order #1 HSA | 0 | 0 |
| Shared costs - Equipment - see DPH 7 | 1 | tbd | Work Order #2 DCYF | 0 | 0 |
| Shared costs - Equipment - see DPH 7 | 1 | tbd | Workorder #3 SFCFC | 0 | 0 |
| Shared costs - Equipment - see DPH 7 | 1 | tbd | Prop 63 PEI | 0 | 0 |
| | | | | 0 | 0 |

Total Equipment Cost

\$24,603

2. Remodeling

| | | | | | |
|--|---|-----|--------------------|-------|-------|
| Shared costs - Facilities Improvements - See DPH 7 | 1 | tbd | General Fund | 2,497 | 2,497 |
| Shared costs - Facilities Improvements - See DPH 7 | 1 | tbd | SB163 | 0 | 0 |
| Shared costs - Facilities Improvements - See DPH 7 | 1 | tbd | MHSA Prop 63 | 0 | 0 |
| Shared costs - Facilities Improvements - See DPH 7 | 1 | tbd | Work Order #1 HSA | 0 | 0 |
| Shared costs - Facilities Improvements - See DPH 7 | 1 | tbd | Work Order #2 DCYF | 0 | 0 |
| Shared costs - Facilities Improvements - See DPH 7 | 1 | tbd | Workorder #3 SFCFC | 0 | 0 |

Total Remodeling Cost

\$2,497

Total Capital Expenditure
(Equipment plus Remodeling Cost)

\$27,100

0

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

| | | | | | | |
|--|---|--|--|--|----------------------|-------------|
| DMH Legal Entity Name (MH)/Contractor Name (SA): | Edgewood Center for Children and Families | | | | Contract Appendix #: | B-5, page 1 |
| Provider Name: | Edgewood Center for Children and Families | | | | Document Date: | 7/1/2014 |
| Provider Number: | 8858 | | | | Fiscal Year: | 2014-2015 |

| | | | | | | | |
|---|---|----------------|----------------|-------|------|------|----------------|
| | Program Name: | TBS | TBS | | | | |
| | Program Code (formerly Reporting Unit): | 885818 | 885818 | | | | |
| | Mode/SFC (MH) or Modality (SA) | 15/58 | 15/01-09 | | | | |
| | Service Description: | #REF! | #REF! | | | | TOTAL |
| | FUNDING TERM: | 7/1/14-6/30/15 | 7/1/14-6/30/15 | | | | |
| FUNDING USES | | | | | | | |
| | Salaries & Employee Benefits: | 468,175 | 4,729 | - | - | - | 472,904 |
| | Operating Expenses: | 130,036 | 1,313 | - | - | - | 131,349 |
| | Capital Expenses (greater than \$5,000): | 22,855 | 231 | - | - | - | 23,086 |
| | Subtotal Direct Expenses: | 621,066 | 6,273 | - | - | - | 627,339 |
| | Indirect Expenses: | 93,160 | 941 | - | - | - | 94,101 |
| | TOTAL FUNDING USES: | 714,226 | 7,214 | - | - | - | 721,440 |
| CBHS MENTAL HEALTH FUNDING SOURCES | | | | | | | |
| | MH FED - SDMC Regular FFP (50%) | HMHMCP751594 | 343,293 | 3,467 | - | - | 346,760 |
| | MH STATE - EPSDT State Match | HMHMCP751594 | 308,963 | 3,121 | - | - | 312,084 |
| | MH STATE - Family Mosaic Capitated Medi-Cal | HMHMCP8828CH | - | - | - | - | - |
| | MH WORK ORDER - Human Services Agency (matched) | HMHMCHMTCHWO | - | - | - | - | - |
| | MH WORK ORDER - Human Services Agency | HMHMCHCDHSWO | - | - | - | - | - |
| | MH Triage Grant | HMHMCHGRANTS | - | - | - | - | - |
| | MH WORK ORDER - Dept. Children, Youth & Families | HMHMCHDCYFWO | - | - | - | - | - |
| | MH WORK ORDER - First Five (SF Children & Family Commission) | HMHMCHSRIPWO | - | - | - | - | - |
| | MH WORK ORDER - First Five (SF Children & Family Commission) | HMHMCHPPAPWO | - | - | - | - | - |
| | MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care | HMHNSB163ACP | - | - | - | - | - |
| | MH STATE - MHSA - Prop 63 PEI | HMHMPROP63 | - | - | - | - | - |
| | MH Realignment | HMHMCP751594 | - | - | - | - | - |
| | MH COUNTY - General Fund (matched) | HMHMCP751594 | 34,329 | 347 | - | - | 34,676 |
| | MH COUNTY - General Fund (unmatched) | HMHMCP751594 | 27,641 | 279 | - | - | 27,920 |
| | MH COUNTY - General Fund CODB | HMHMCP751594 | - | - | - | - | - |
| | MH COUNTY - General Fund WO CODB | HMHMCP751594 | - | - | - | - | - |
| | TOTAL CBHS MENTAL HEALTH FUNDING SOURCES | 714,226 | 7,214 | - | - | - | 721,440 |
| CBHS SUBSTANCE ABUSE FUNDING SOURCES | | | | | | | |
| | TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES | - | - | - | - | - | - |
| OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES | | | | | | | |
| | TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES | - | - | - | - | - | - |
| | TOTAL DPH FUNDING SOURCES | 714,226 | 7,214 | - | - | - | 721,440 |
| NON-DPH FUNDING SOURCES | | | | | | | |
| | TOTAL NON-DPH FUNDING SOURCES | - | - | - | - | - | - |
| | TOTAL FUNDING SOURCES (DPH AND NON-DPH) | 714,226 | 7,214 | - | - | - | 721,440 |
| CBHS UNITS OF SERVICE AND UNIT COST | | | | | | | |
| | Number of Beds Purchased (if applicable) | | | | | | |
| | Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes) | | | | | | |
| | Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program | | | | | | |
| | Cost Reimbursement (CR) or Fee-For-Service (FFS): | FFS | FFS | | | | |
| | Units of Service: | 273,650 | 3,571 | - | - | - | |
| | Unit Type: | #REF! | #REF! | 0 | 0 | 0 | |
| | Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY) | 2.61 | 2.02 | 0.00 | 0.00 | 0.00 | |
| | Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES) | 2.61 | 2.02 | 0.00 | 0.00 | 0.00 | |
| | Published Rate (Medi-Cal Providers Only): | 2.61 | 2.02 | 0.00 | 0.00 | 0.00 | Total UDC: |
| | Unduplicated Clients (UDC): | 45 | 45 | 0 | 0 | 0 | 45 |

DPH 3: Salaries & Benefits Detail

Provider Number: 8858

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

Appendix #: B-5, page 2[illegible]

| | | | | | | | | | | | | |
|--------------------------------------|-----|------------------|-----|------------------|---------|------------|---------|------------|---------|------------|---------|------------|
| Employee Fringe Benefits: | 30% | \$ 109,132.00 | 30% | \$109,132 | #DIV/0! | \$0 | #DIV/0! | \$0 | #DIV/0! | \$0 | #DIV/0! | \$0 |
| TOTAL SALARIES & BENEFITS | | \$472,904 | | \$472,904 | | \$0 | | \$0 | | \$0 | | \$0 |

DPH 4: Operating Expenses Detail

Provider Number: 8858

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

Appendix #: B-5, page 3

| Expenditure Category | TOTAL | General Fund HMMCP751594 | | | | | |
|--|------------------|-----------------------------|----------------|----------------|----------------|----------------|-------|
| | 7/1/14-6/30/15 | 7/1/14-6/30/15 | 7/1/14-6/30/15 | 7/1/14-6/30/15 | 7/1/14-6/30/15 | 7/1/14-6/30/15 | |
| Occupancy (Based on Square Feet used) | \$ 70,341 | 70,341 | 0 | 0 | 0 | 0 | 46081 |
| Utilities(Elec, Water, Gas, Phone, Scavenger) | \$ - | 0 | 0 | 0 | 0 | 0 | |
| Office Supplies, Postage | \$ 1,778 | 1,778 | 0 | 0 | 0 | 0 | 1165 |
| Building Maintenance Supplies and Repair | \$ - | 0 | 0 | 0 | 0 | 0 | |
| Printing and Reproduction | \$ - | 0 | 0 | 0 | 0 | 0 | |
| Insurance | \$ - | 0 | 0 | 0 | 0 | 0 | |
| Staff Training | \$ 7,831 | 7,831 | 0 | 0 | 0 | 0 | 5130 |
| Staff Travel-(Local & Out of Town) | \$ 8,243 | 8,243 | 0 | 0 | 0 | 0 | 5400 |
| Rental of Equipment | \$ - | 0 | 0 | 0 | 0 | 0 | |
| CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts) | \$ - | 0 | 0 | 0 | 0 | 0 | |
| | \$ - | 0 | 0 | 0 | 0 | 0 | |
| | \$ - | 0 | 0 | 0 | 0 | 0 | |
| | \$ - | 0 | 0 | 0 | 0 | 0 | |
| | \$ - | 0 | 0 | 0 | 0 | 0 | |
| | \$ - | 0 | 0 | 0 | 0 | 0 | |
| | \$ - | 0 | 0 | 0 | 0 | 0 | |
| Other: | \$ - | 0 | 0 | 0 | 0 | 0 | |
| | \$ - | 0 | 0 | 0 | 0 | 0 | |
| Purchased Direct Expense (Program Admin, QA, General Research) | \$ 24,839 | 24,839 | 0 | 0 | 0 | 0 | 16272 |
| Client Incentives | \$ 4,579 | 4,579 | 0 | 0 | 0 | 0 | 3000 |
| Food | \$ 3,053 | 3,053 | 0 | 0 | 0 | 0 | 2000 |
| Telecommunications | \$ 6,106 | 6,106 | 0 | 0 | 0 | 0 | 4000 |
| Computer Supplies | \$ 4,579 | 4,579 | 0 | 0 | 0 | 0 | 3000 |
| TOTAL OPERATING EXPENSE | \$131,349 | \$131,349 | \$0 | \$0 | \$0 | \$0 | |
| | \$0 | | | | | | |

DPH 5: Capital Expenses Detail

Provider Number: 8858

Appendix #: B-5, page 4

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

1. Equipment

| Item Description | Quantity | Serial #/VIN # | Funding Source [General Fund, Grant (List Title), or Work Order (List Dept.)] | Purchase Cost Each | Total Cost |
|--------------------------------------|----------|----------------|--|-----------------------|------------|
| Shared costs - Equipment - see DPH 7 | 1 | tbd | General Fund | 20,959 | 20,959 |
| Shared costs - Equipment - see DPH 7 | 1 | tbd | SB163 | 0 | 0 |
| Shared costs - Equipment - see DPH 7 | 1 | tbd | MHSA Prop 63 | 0 | 0 |
| Shared costs - Equipment - see DPH 7 | 1 | tbd | Work Order #1 HSA | 0 | 0 |
| Shared costs - Equipment - see DPH 7 | 1 | tbd | Work Order #2 DCYF | 0 | 0 |
| Shared costs - Equipment - see DPH 7 | 1 | tbd | Workorder #3 SFCFC | 0 | 0 |
| Shared costs - Equipment - see DPH 7 | 1 | tbd | Prop 63 PEI | 0 | 0 |
| | | | | 0 | 0 |

Total Equipment Cost

\$20,959

2. Remodeling

| | | | | | |
|--|---|-----|--------------------|-------|-------|
| Shared costs - Facilities Improvements - See DPH 7 | 1 | tbd | General Fund | 2,127 | 2,127 |
| Shared costs - Facilities Improvements - See DPH 7 | 1 | tbd | SB163 | 0 | 0 |
| Shared costs - Facilities Improvements - See DPH 7 | 1 | tbd | MHSA Prop 63 | 0 | 0 |
| Shared costs - Facilities Improvements - See DPH 7 | 1 | tbd | Work Order #1 HSA | 0 | 0 |
| Shared costs - Facilities Improvements - See DPH 7 | 1 | tbd | Work Order #2 DCYF | 0 | 0 |
| Shared costs - Facilities Improvements - See DPH 7 | 1 | tbd | Workorder #3 SFCFC | 0 | 0 |

Total Remodeling Cost

\$2,127

Total Capital Expenditure

(Equipment plus Remodeling Cost)

\$23,086

0

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

DMH Legal Entity Name (MH)/Contractor Name (SA): Edgewood Center for Children and Families

Contract Appendix #: B-6, page 1

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/2014

Provider Number: 8858

Fiscal Year: 2014-2015

| Program Name: | Wraparound | Wraparound | Wraparound | Wraparound | Wraparound | Wraparound | |
|---|----------------|----------------|----------------|----------------|----------------|----------------|------------|
| Program Code (formerly Reporting Unit): | 885819 | 885819 | 885819 | 885819 | 885819 | 885819 | |
| Mode/SFC (MH) or Modality (SA) | 15/10-56 | 15/01-09 | 15/70-79 | 15/60-69 | 15/07 | 15/57 | |
| Service Description: | #REF! | #REF! | #REF! | #REF! | #REF! | #REF! | TOTAL |
| FUNDING TERM: | 7/1/14-6/30/15 | 7/1/14-6/30/15 | 7/1/14-6/30/15 | 7/1/14-6/30/15 | 7/1/14-6/30/15 | 7/1/14-6/30/15 | |
| FUNDING USES | | | | | | | |
| Salaries & Employee Benefits: | 66,120 | 33,060 | 16,531 | 16,531 | 66,119 | 132,239 | 330,600 |
| Operating Expenses: | 18,365 | 9,182 | 4,591 | 4,591 | 18,365 | 36,730 | 91,824 |
| Capital Expenses (greater than \$5,000): | 3,227 | 1,614 | 807 | 807 | 3,228 | 6,456 | 16,139 |
| Subtotal Direct Expenses: | 87,712 | 43,856 | 21,929 | 21,929 | 87,712 | 175,425 | 438,563 |
| Indirect Expenses: | 13,157 | 6,579 | 3,289 | 3,289 | 13,157 | 26,314 | 65,785 |
| TOTAL FUNDING USES: | 100,869 | 50,435 | 25,218 | 25,218 | 100,869 | 201,739 | 507 |
| CBHS MENTAL HEALTH FUNDING SOURCES | | | | | | | |
| MH FED - SDMC Regular FFP (50%) | HMHMCP751594 | 50,003 | 25,002 | 12,501 | 12,501 | 50,003 | 250,017 |
| MH STATE - EPSDT State Match | HMHMCP751594 | 46,399 | 23,200 | 11,600 | 11,600 | 46,399 | 231,997 |
| MH STATE - Family Mosaic Capitated Medi-Cal | HMHMCP8828CH | - | - | - | - | - | - |
| MH WORK ORDER - Human Services Agency (matched) | HMHMCHMTCHWO | 3,513 | 1,756 | 878 | 878 | 3,512 | 17,561 |
| MH WORK ORDER - Human Services Agency | HMHMCHCDHSWO | - | - | - | - | - | - |
| MH Triage Grant | HMHMCHGRANTS | - | - | - | - | - | - |
| MH WORK ORDER - Dept. Children, Youth & Families | HMHMCHDCYFWO | - | - | - | - | - | - |
| MH WORK ORDER - First Five (SF Children & Family Commission) | HMHMCHSRIPWO | - | - | - | - | - | - |
| MH WORK ORDER - First Five (SF Children & Family Commission) | HMHMCHPFAPWO | - | - | - | - | - | - |
| MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care | HMHNSB163ACP | - | - | - | - | - | - |
| MH STATE - MHSA - Prop 63 PEI | HMHMPROP63 | - | - | - | - | - | - |
| MH Realignment | HMHMCP751594 | - | - | - | - | - | - |
| MH COUNTY - General Fund (matched) | HMHMCP751594 | 91 | 46 | 23 | 23 | 92 | 459 |
| MH COUNTY - General Fund (unmatched) | HMHMCP751594 | 810 | 405 | 203 | 203 | 810 | 4,051 |
| MH COUNTY - General Fund CODB | HMHMCP751594 | - | - | - | - | - | - |
| MH COUNTY - General Fund WO CODB | HMHMCP751594 | 53 | 26 | 13 | 13 | 53 | 263 |
| TOTAL CBHS MENTAL HEALTH FUNDING SOURCES | | 100,869 | 50,435 | 25,218 | 25,218 | 100,869 | 504,348 |
| CBHS SUBSTANCE ABUSE FUNDING SOURCES | | | | | | | |
| TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES | | - | - | - | - | - | - |
| OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES | | | | | | | |
| TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES | | - | - | - | - | - | - |
| TOTAL DPH FUNDING SOURCES | | 100,869 | 50,435 | 25,218 | 25,218 | 100,869 | 504,348 |
| NON-DPH FUNDING SOURCES | | | | | | | |
| TOTAL NON-DPH FUNDING SOURCES | | - | - | - | - | - | - |
| TOTAL FUNDING SOURCES (DPH AND NON-DPH) | | 100,869 | 50,435 | 25,218 | 25,218 | 100,869 | 504,348 |
| CBHS UNITS OF SERVICE AND UNIT COST | | | | | | | |
| Number of Beds Purchased (if applicable) | | | | | | | |
| Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes) | | | | | | | |
| Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program | | | | | | | |
| Cost Reimbursement (CR) or Fee-For-Service (FFS): | FFS | FFS | FFS | FFS | FFS | FFS | |
| Units of Service: | 38,647 | 24,968 | 6,499 | 5,232 | 49,935 | 77,295 | |
| Unit Type: | #REF! | #REF! | #REF! | #REF! | #REF! | #REF! | |
| Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY) | 2.61 | 2.02 | 3.88 | 4.82 | 2.02 | 2.61 | |
| Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES): | 2.61 | 2.02 | 3.88 | 4.82 | 2.02 | 2.61 | |
| Published Rate (Medi-Cal Providers Only): | 2.61 | 2.02 | 3.88 | 4.82 | 2.02 | 2.61 | Total UDC: |
| Unduplicated Clients (UDC): | 15 | 15 | 15 | 15 | 15 | 15 | 15 |

DPH 3: Salaries & Benefits Detail

Provider Number: 8858

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

Appendix #: B-6, page 2[illegible]

| | | | | | | | | | | | | |
|----------------------------------|-----|--------------|-----|----------|-----|---------|---------|-----|---------|-----|---------|-----|
| Employee Fringe Benefits: | 30% | \$ 76,292.00 | 30% | \$72,240 | 30% | \$4,052 | #DIV/0! | \$0 | #DIV/0! | \$0 | #DIV/0! | \$0 |
|----------------------------------|-----|--------------|-----|----------|-----|---------|---------|-----|---------|-----|---------|-----|

TOTAL SALARIES & BENEFITS

\$330,600

\$313,040

\$17,560

\$0

\$0

\$0

\$0

DPH 4: Operating Expenses Detail

Provider Number: 8858

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

Appendix #: B-6, page 3

| Expenditure Category | TOTAL | General Fund HMMCP751594 | | | | |
|--|-----------------|-----------------------------|----------------|----------------|----------------|----------------|
| | 7/1/14-6/30/15 | 7/1/14-6/30/15 | 7/1/14-6/30/15 | 7/1/14-6/30/15 | 7/1/14-6/30/15 | 7/1/14-6/30/15 |
| Occupancy (Based on Square Feet used) | \$ 36,938.00 | 36,938 | 0 | 0 | 0 | 0 |
| Utilities(Elec, Water, Gas, Phone, Scavenger) | \$ - | 0 | 0 | 0 | 0 | 0 |
| Office Supplies, Postage | \$ 1,963.00 | 1,963 | 0 | 0 | 0 | 0 |
| Building Maintenance Supplies and Repair | \$ - | 0 | 0 | 0 | 0 | 0 |
| Printing and Reproduction | \$ - | 0 | 0 | 0 | 0 | 0 |
| Insurance | \$ - | 0 | 0 | 0 | 0 | 0 |
| Staff Training | \$ - | 0 | 0 | 0 | 0 | 0 |
| Staff Travel-(Local & Out of Town) | \$ 26,184.00 | 26,184 | 0 | 0 | 0 | 0 |
| Rental of Equipment | \$ - | 0 | 0 | 0 | 0 | 0 |
| CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts) | \$ - | 0 | 0 | 0 | 0 | 0 |
| | \$ - | 0 | 0 | 0 | 0 | 0 |
| | \$ - | 0 | 0 | 0 | 0 | 0 |
| | \$ - | 0 | 0 | 0 | 0 | 0 |
| | \$ - | 0 | 0 | 0 | 0 | 0 |
| | \$ - | 0 | 0 | 0 | 0 | 0 |
| | \$ - | 0 | 0 | 0 | 0 | 0 |
| Other: | \$ - | 0 | 0 | 0 | 0 | 0 |
| | \$ - | 0 | 0 | 0 | 0 | 0 |
| Purchased Direct Expense (Program Admin, QA, General Research) | \$ 25,648.00 | 25,648 | 0 | 0 | 0 | 0 |
| Food | \$ 1,091.00 | 1,091 | 0 | 0 | 0 | 0 |
| | | 0 | 0 | 0 | 0 | 0 |
| | \$ - | 0 | 0 | 0 | 0 | 0 |
| | \$ - | 0 | 0 | 0 | 0 | 0 |
| TOTAL OPERATING EXPENSE | \$91,824 | \$91,824 | \$0 | \$0 | \$0 | \$0 |
| | \$0 | | | | | |

DPH 5: Capital Expenses Detail

Provider Number: 8858

Appendix #: B-6, page 4

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

1. Equipment

| Item Description | Quantity | Serial #/VIN # | Funding Source [General Fund, Grant (List Title), or Work Order (List Dept.)] | Purchase Cost Each | Total Cost |
|--------------------------------------|----------|----------------|--|-----------------------|------------|
| Shared costs - Equipment - see DPH 7 | 1 | tbd | General Fund | 14,652 | 14,652 |
| Shared costs - Equipment - see DPH 7 | 1 | tbd | SB163 | 0 | 0 |
| Shared costs - Equipment - see DPH 7 | 1 | tbd | MHSA Prop 63 | 0 | 0 |
| Shared costs - Equipment - see DPH 7 | 1 | tbd | Work Order #1 HSA | 0 | 0 |
| Shared costs - Equipment - see DPH 7 | 1 | tbd | Work Order #2 DCYF | 0 | 0 |
| Shared costs - Equipment - see DPH 7 | 1 | tbd | Workorder #3 SFCFC | 0 | 0 |
| Shared costs - Equipment - see DPH 7 | 1 | tbd | Prop 63 PEI | 0 | 0 |
| | | | | 0 | 0 |

Total Equipment Cost

\$14,652

2. Remodeling

| | | | | | |
|--|---|-----|--------------------|-------|-------|
| Shared costs - Facilities Improvements - See DPH 7 | 1 | tbd | General Fund | 1,487 | 1,487 |
| Shared costs - Facilities Improvements - See DPH 7 | 1 | tbd | SB163 | 0 | 0 |
| Shared costs - Facilities Improvements - See DPH 7 | 1 | tbd | MHSA Prop 63 | 0 | 0 |
| Shared costs - Facilities Improvements - See DPH 7 | 1 | tbd | Work Order #1 HSA | 0 | 0 |
| Shared costs - Facilities Improvements - See DPH 7 | 1 | tbd | Work Order #2 DCYF | 0 | 0 |
| Shared costs - Facilities Improvements - See DPH 7 | 1 | tbd | Workorder #3 SFCFC | 0 | 0 |

Total Remodeling Cost

\$1,487

Total Capital Expenditure

(Equipment plus Remodeling Cost)

\$16,139

0

DPH 2: Department of Public Health - 1st Reporting/Data Collection (CRDC)

| | |
|--|----------------------------------|
| DMH Legal Entity Name (MH)/Contractor Name (SA): Edgewood Center for Children and Families | Contract Appendix #: B-7, page 1 |
| Provider Name: Edgewood Center for Children and Families | Document Date: 7/1/2014 |
| Provider Number: 8858 | Fiscal Year: 2014-2015 |

| | | | | | | |
|---|-------------------------|--------|------|------|------|---------------|
| Program Name: | Educational Assessments | | | | | |
| Program Code (formerly Reporting Unit): | NA | | | | | |
| Mode/SFC (MH) or Modality (SA) | 45/20-29 | | | | | |
| Service Description: | Assessment | | | | | TOTAL |
| FUNDING TERM: | 7/1/14-6/30/15 | | | | | |
| FUNDING USES | | | | | | |
| Salaries & Employee Benefits: | 11,144 | - | - | - | - | 11,144 |
| Operating Expenses: | 3,095 | - | - | - | - | 3,095 |
| Capital Expenses (greater than \$5,000): | 544 | - | - | - | - | 544 |
| Subtotal Direct Expenses: | 14,783 | - | - | - | - | 14,783 |
| Indirect Expenses: | 2,217 | - | - | - | - | 2,217 |
| TOTAL FUNDING USES: | 17,000 | - | - | - | - | 17,000 |
| CBHS MENTAL HEALTH FUNDING SOURCES | | | | | | |
| MH FED - SDMC Regular FFP (50%) | HMHMCP751594 | - | | | | - |
| MH STATE - EPSDT State Match | HMHMCP751594 | - | | | | - |
| MH STATE - Family Mosaic Capitated Medi-Cal | HMHMCP8828CH | - | | | | - |
| MH WORK ORDER - Human Services Agency (matched) | HMHMCHMTCHWO | - | | | | - |
| MH WORK ORDER - Human Services Agency | HMHMCHCDHSWO | - | | | | - |
| MH Triage Grant | HMHMCHGRANTS | - | | | | - |
| MH WORK ORDER - Dept. Children, Youth & Families | HMHMCHDCYFWO | - | | | | - |
| MH WORK ORDER - First Five (SF Children & Family Commission) | HMHMCHSRIPWO | - | | | | - |
| MH WORK ORDER - First Five (SF Children & Family Commission) | HMHMCHPFAPWO | - | | | | - |
| MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care | HMHNSB163ACP | 17,000 | | | | 17,000 |
| MH STATE - MHSA - Prop 63 PEI | HMHMPROP63 | - | | | | - |
| MH Realignment | HMHMCP751594 | - | | | | - |
| MH COUNTY - General Fund (matched) | HMHMCP751594 | - | | | | - |
| MH COUNTY - General Fund (unmatched) | HMHMCP751594 | - | | | | - |
| MH COUNTY - General Fund CODB | HMHMCP751594 | - | | | | - |
| MH COUNTY - General Fund WO CODB | HMHMCP751594 | - | | | | - |
| TOTAL CBHS MENTAL HEALTH FUNDING SOURCES | 17,000 | - | - | - | - | 17,000 |
| CBHS SUBSTANCE ABUSE FUNDING SOURCES | | | | | | |
| TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES | - | - | - | - | - | - |
| OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES | | | | | | |
| TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES | - | - | - | - | - | - |
| TOTAL DPH FUNDING SOURCES | 17,000 | - | - | - | - | 17,000 |
| NON-DPH FUNDING SOURCES | | | | | | |
| TOTAL NON-DPH FUNDING SOURCES | - | - | - | - | - | - |
| TOTAL FUNDING SOURCES (DPH AND NON-DPH) | 17,000 | - | - | - | - | 17,000 |
| CBHS UNITS OF SERVICE AND UNIT COST | | | | | | |
| Number of Beds Purchased (if applicable) | | | | | | |
| Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes) | | | | | | |
| Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program | | | | | | |
| Cost Reimbursement (CR) or Fee-For-Service (FFS): | FFS | | | | | |
| Units of Service: | 200 | - | - | - | - | |
| Unit Type: | #REF! | 0 | 0 | 0 | 0 | |
| Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY): | 85.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES): | 85.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Published Rate (Medi-Cal Providers Only): | 85.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Unduplicated Clients (UDC): | 35 | 0 | 0 | 0 | 0 | 35 |

DPH 3: Salaries & Benefits Detail

Provider Number: 8858

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

Appendix #: B-7, page 2

| | TOTAL | | | | | | SB 163 HMHNSB163ACP | | | | | |
|------------------------|--------------|----------------------------|--------------|----------------------------|--------------|----------------------------|---------------------|----------------------------|--------------|----------------------------|--------------|----------------------------|
| Position Title | Term: FTE | 7/1/14-6/30/15 Salaries | Term: FTE | 7/1/14-6/30/15 Salaries | Term: FTE | 7/1/14-6/30/15 Salaries | Term: FTE | 7/1/14-6/30/15 Salaries | Term: FTE | 7/1/14-6/30/15 Salaries | Term: FTE | 7/1/14-6/30/15 Salaries |
| Education Director | 0.16 | \$ 3,214.00 | 0.00 | 0 | 0.00 | 0 | 0.16 | 3,214 | 0.00 | 0 | 0.00 | |
| Educational Specialist | 0.16 | \$ 5,358.00 | 0.00 | 0 | 0.00 | 0 | 0.16 | 5,358 | 0.00 | 0 | 0.00 | 0 |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| Totals: | 0.32 | \$8,572 | 0.00 | \$0 | 0.00 | \$0 | 0.32 | \$8,572 | 0.00 | \$0 | 0.00 | \$0 |

| | | | | | | | | | | | | | |
|---------------------------|-----|----|----------|---------|-----|---------|-----|-----|---------|---------|-----|---------|-----|
| Employee Fringe Benefits: | 30% | \$ | 2,572.00 | #DIV/0! | \$0 | #DIV/0! | \$0 | 30% | \$2,572 | #DIV/0! | \$0 | #DIV/0! | \$0 |
|---------------------------|-----|----|----------|---------|-----|---------|-----|-----|---------|---------|-----|---------|-----|

TOTAL SALARIES & BENEFITS

\$11,144

\$0

\$0

\$11,144

\$0

\$0

DPH 4: Operating Expenses Detail

Provider Number: 8858

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

Appendix #: B-7, page 3

| Expenditure Category | TOTAL | SB 163 HMHNSB163ACP | | | | |
|--|----------------|------------------------|----------------|----------------|----------------|----------------|
| | 7/1/14-6/30/15 | 7/1/14-6/30/15 | 7/1/14-6/30/15 | 7/1/14-6/30/15 | 7/1/14-6/30/15 | 7/1/14-6/30/15 |
| Occupancy (Based on Square Feet used) | \$ - | 0 | 0 | 0 | 0 | 0 |
| Utilities(Elec, Water, Gas, Phone, Scavenger) | \$ - | 0 | 0 | 0 | 0 | 0 |
| Office Supplies, Postage | \$ - | 0 | 0 | 0 | 0 | 0 |
| Building Maintenance Supplies and Repair | \$ - | 0 | 0 | 0 | 0 | 0 |
| Printing and Reproduction | \$ - | 0 | 0 | 0 | 0 | 0 |
| Insurance | \$ - | 0 | 0 | 0 | 0 | 0 |
| Staff Training | \$ - | 0 | 0 | 0 | 0 | 0 |
| Staff Travel-(Local & Out of Town) | \$ - | 0 | 0 | 0 | 0 | 0 |
| Rental of Equipment | \$ - | 0 | 0 | 0 | 0 | 0 |
| CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts) | \$ - | 0 | 0 | 0 | 0 | 0 |
| | \$ - | 0 | 0 | 0 | 0 | 0 |
| | \$ - | 0 | 0 | 0 | 0 | 0 |
| | \$ - | 0 | 0 | 0 | 0 | 0 |
| | \$ - | 0 | 0 | 0 | 0 | 0 |
| | \$ - | 0 | 0 | 0 | 0 | 0 |
| | \$ - | 0 | 0 | 0 | 0 | 0 |
| Other: | \$ - | 0 | 0 | 0 | 0 | 0 |
| | \$ - | 0 | 0 | 0 | 0 | 0 |
| Purchased Direct Expense (Program Admin, QA, General Research) | \$ 2,011.00 | 2,011 | 0 | 0 | 0 | 0 |
| Education Supplies | \$ 1,084.00 | 1,084 | 0 | 0 | 0 | 0 |
| | \$ - | 0 | 0 | 0 | 0 | 0 |
| | \$ - | 0 | 0 | 0 | 0 | 0 |
| | \$ - | 0 | 0 | 0 | 0 | 0 |
| TOTAL OPERATING EXPENSE | \$3,095 | \$3,095 | \$0 | \$0 | \$0 | \$0 |

\$0

DPH 5: Capital Expenses Detail

Provider Number: 8858

Appendix #: B-7, page 4

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

1. Equipment

| Item Description | Quantity | Serial #/VIN # | Funding Source [General Fund, Grant (List Title), or Work Order (List Dept.)] | Purchase Cost Each | Total Cost |
|--------------------------------------|----------|----------------|--|-----------------------|------------|
| Shared costs - Equipment - see DPH 7 | 1 | tbd | General Fund | 0 | 0 |
| Shared costs - Equipment - see DPH 7 | 1 | tbd | SB163 | 494 | 494 |
| Shared costs - Equipment - see DPH 7 | 1 | tbd | MHSA Prop 63 | 0 | 0 |
| Shared costs - Equipment - see DPH 7 | 1 | tbd | Work Order #1 HSA | 0 | 0 |
| Shared costs - Equipment - see DPH 7 | 1 | tbd | Work Order #2 DCYF | 0 | 0 |
| Shared costs - Equipment - see DPH 7 | 1 | tbd | Workorder #3 SFCFC | 0 | 0 |
| Shared costs - Equipment - see DPH 7 | 1 | tbd | Prop 63 PEI | 0 | 0 |
| | | | | 0 | 0 |

Total Equipment Cost

\$494

2. Remodeling

| | | | | | |
|--|---|-----|--------------------|----|----|
| Shared costs - Facilities Improvements - See DPH 7 | 1 | tbd | General Fund | 0 | 0 |
| Shared costs - Facilities Improvements - See DPH 7 | 1 | tbd | SB163 | 50 | 50 |
| Shared costs - Facilities Improvements - See DPH 7 | 1 | tbd | MHSA Prop 63 | 0 | 0 |
| Shared costs - Facilities Improvements - See DPH 7 | 1 | tbd | Work Order #1 HSA | 0 | 0 |
| Shared costs - Facilities Improvements - See DPH 7 | 1 | tbd | Work Order #2 DCYF | 0 | 0 |
| Shared costs - Facilities Improvements - See DPH 7 | 1 | tbd | Workorder #3 SFCFC | 0 | 0 |

Total Remodeling Cost

\$50

Total Capital Expenditure

(Equipment plus Remodeling Cost)

\$544

0

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

DMH Legal Entity Name (MH)/Contractor Name (SA): Edgewood Center for Children and Families
 Provider Name: Edgewood Center for Children and Families
 Provider Number: 8858

Contract Appendix #: B-8, page 1
 Document Date: 7/1/2014
 Fiscal Year: 2014-2015

| | | | | | | |
|---|---------------------|---------------|------|------|------|-------------------|
| Program Name: | PIP MH Consultation | | | | | |
| Program Code (formerly Reporting Unit): | NA | | | | | |
| Mode/SFC (MH) or Modality (SA) | 45/20-29 | | | | | |
| Service Description: | PIP Play Sessions | | | | | TOTAL |
| FUNDING TERM: | 7/1/14-6/30/15 | | | | | |
| FUNDING USES | | | | | | |
| Salaries & Employee Benefits: | 33,431 | - | - | - | - | 33,431 |
| Operating Expenses: | 9,285 | - | - | - | - | 9,285 |
| Capital Expenses (greater than \$5,000): | 1,632 | - | - | - | - | 1,632 |
| Subtotal Direct Expenses: | 44,348 | - | - | - | - | 44,348 |
| Indirect Expenses: | 6,652 | - | - | - | - | 6,652 |
| TOTAL FUNDING USES: | 51,000 | - | - | - | - | 51,000 |
| CBHS MENTAL HEALTH FUNDING SOURCES | | | | | | |
| MH FED - SDMC Regular FFP (50%) | HMHMCP751594 | - | - | - | - | - |
| MH STATE - EPSDT State Match | HMHMCP751594 | - | - | - | - | - |
| MH STATE - Family Mosaic Capitated Medi-Cal | HMHMCP8828CH | - | - | - | - | - |
| MH WORK ORDER - Human Services Agency (matched) | HMHMCHMTCHWO | - | - | - | - | - |
| MH WORK ORDER - Human Services Agency | HMHMCHCDHSWO | - | - | - | - | - |
| MH Trlage Grant | HMHMCHGRANTS | - | - | - | - | - |
| MH WORK ORDER - Dept. Children, Youth & Families | HMHMCHDCYFWO | - | - | - | - | - |
| MH WORK ORDER - First Five (SF Children & Family Commission) | HMHMCHSRIPWO | - | - | - | - | - |
| MH WORK ORDER - First Five (SF Children & Family Commission) | HMHMCHPFAPWO | - | - | - | - | - |
| MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care | HMHNSB163ACP | - | - | - | - | - |
| MH STATE - MHSA - Prop 63 PEI | HMHMPROP63 | 51,000 | - | - | - | 51,000 |
| MH Realignment | HMHMCP751594 | - | - | - | - | - |
| MH COUNTY - General Fund (matched) | HMHMCP751594 | - | - | - | - | - |
| MH COUNTY - General Fund (unmatched) | HMHMCP751594 | - | - | - | - | - |
| MH COUNTY - General Fund CODB | HMHMCP751594 | - | - | - | - | - |
| MH COUNTY - General Fund WO CODB | HMHMCP751594 | - | - | - | - | - |
| TOTAL CBHS MENTAL HEALTH FUNDING SOURCES | | 51,000 | - | - | - | 51,000 |
| CBHS SUBSTANCE ABUSE FUNDING SOURCES | | | | | | |
| | | - | - | - | - | - |
| TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES | | - | - | - | - | - |
| OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES | | | | | | |
| | | - | - | - | - | - |
| TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES | | - | - | - | - | - |
| TOTAL DPH FUNDING SOURCES | | 51,000 | - | - | - | 51,000 |
| NON-DPH FUNDING SOURCES | | | | | | |
| | | - | - | - | - | - |
| TOTAL NON-DPH FUNDING SOURCES | | - | - | - | - | - |
| TOTAL FUNDING SOURCES (DPH AND NON-DPH) | | 51,000 | - | - | - | 51,000 |
| CBHS UNITS OF SERVICE AND UNIT COST | | | | | | |
| Number of Beds Purchased (if applicable) | | | | | | |
| Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes) | | | | | | |
| Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program | | | | | | |
| Cost Reimbursement (CR) or Fee-For-Service (FFS): | FFS | | | | | |
| Units of Service: | 1,558 | - | - | - | - | |
| Unit Type: | #REF! | 0 | 0 | 0 | 0 | |
| Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY) | 32.73 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES): | 32.73 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Published Rate (Medi-Cal Providers Only): | 32.73 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Unduplicated Clients (UDC): | 352 | 0 | 0 | 0 | 0 | 352 |
| | | | | | | Total UDC: |

DPH 3: Salaries & Benefits Detail

Provider Number: 8858

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

Appendix #: B-8, page 2

#REF!

| | TOTAL | | | | MHSA Prop 63 HMHMPROP63 | | | | | | | |
|-------------------------------|--------------|----------------------------|--------------|----------------------------|----------------------------|----------------------------|--------------|----------------------------|--------------|----------------------------|--------------|----------------------------|
| Position Title | Term: FTE | 7/1/14-6/30/15 Salaries | Term: FTE | 7/1/14-6/30/15 Salaries | Term: FTE | 7/1/14-6/30/15 Salaries | Term: FTE | 7/1/14-6/30/15 Salaries | Term: FTE | 7/1/14-6/30/15 Salaries | Term: FTE | 7/1/14-6/30/15 Salaries |
| School Based Programs Manager | 0.40 | \$ 23,816.00 | 0.00 | 0 | 0.40 | 23,816 | 0.00 | 0 | 0.00 | 0 | 0.00 | |
| Regional Manager | 0.02 | \$ 1,900.00 | 0.00 | 0 | 0.02 | 1,900 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| Totals: | 0.42 | \$25,716 | 0.00 | \$0 | 0.42 | \$25,716 | 0.00 | \$0 | 0.00 | \$0 | 0.00 | \$0 |

| | | | | | | | | | | | | | |
|---------------------------|-----|----|----------|---------|-----|-----|---------|---------|-----|---------|-----|---------|-----|
| Employee Fringe Benefits: | 30% | \$ | 7,715.00 | #DIV/0! | \$0 | 30% | \$7,715 | #DIV/0! | \$0 | #DIV/0! | \$0 | #DIV/0! | \$0 |
|---------------------------|-----|----|----------|---------|-----|-----|---------|---------|-----|---------|-----|---------|-----|

TOTAL SALARIES & BENEFITS

\$33,431

\$0

\$33,431

\$0

\$0

\$0

0

DPH 4: Operating Expenses Detail

Provider Number: 8858

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

Appendix #: B-8, page 3

| Expenditure Category | TOTAL | | MHSA Prop 63 HMMHPROP63 | | | |
|--|----------------|----------------|----------------------------|----------------|----------------|----------------|
| | 7/1/14-6/30/15 | 7/1/14-6/30/15 | 7/1/14-6/30/15 | 7/1/14-6/30/15 | 7/1/14-6/30/15 | 7/1/14-6/30/15 |
| Occupancy (Based on Square Feet used) | \$ 2,307.00 | 0 | 2,307 | 0 | 0 | 0 |
| Utilities(Elec, Water, Gas, Phone, Scavenger) | \$ - | 0 | 0 | 0 | 0 | 0 |
| Office Supplies, Postage | \$ 213.00 | 0 | 213 | 0 | 0 | 0 |
| Building Maintenance Supplies and Repair | \$ - | 0 | 0 | 0 | 0 | 0 |
| Printing and Reproduction | \$ - | 0 | 0 | 0 | 0 | 0 |
| Insurance | \$ - | 0 | 0 | 0 | 0 | 0 |
| Staff Training | \$ - | 0 | 0 | 0 | 0 | 0 |
| Staff Travel-(Local & Out of Town) | \$ - | 0 | 0 | 0 | 0 | 0 |
| Rental of Equipment | \$ - | 0 | 0 | 0 | 0 | 0 |
| CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts) | \$ - | 0 | 0 | 0 | 0 | 0 |
| | \$ - | 0 | 0 | 0 | 0 | 0 |
| | \$ - | 0 | 0 | 0 | 0 | 0 |
| | \$ - | 0 | 0 | 0 | 0 | 0 |
| | \$ - | 0 | 0 | 0 | 0 | 0 |
| | \$ - | 0 | 0 | 0 | 0 | 0 |
| | \$ - | 0 | 0 | 0 | 0 | 0 |
| Other: | \$ - | 0 | 0 | 0 | 0 | 0 |
| | \$ - | 0 | 0 | 0 | 0 | 0 |
| Depreciation | \$ 1,509.00 | 0 | 1,509 | 0 | 0 | 0 |
| Telecommunications | \$ 1,704.00 | 0 | 1,704 | 0 | 0 | 0 |
| Purchased Direct Expense (Program Admin, QA, General Research) | \$ 3,552.00 | 0 | 3,552 | 0 | 0 | 0 |
| | \$ - | 0 | 0 | 0 | 0 | 0 |
| | \$ - | 0 | 0 | 0 | 0 | 0 |
| TOTAL OPERATING EXPENSE | \$9,285 | \$0 | \$9,285 | \$0 | \$0 | \$0 |

\$0

DPH 5: Capital Expenses Detail

Provider Number: 8858

Appendix #: B-8, page 4

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

1. Equipment

| Item Description | Quantity | Serial #/VIN # | Funding Source [General Fund, Grant (List Title), or Work Order (List Dept.)] | Purchase Cost Each | Total Cost |
|--------------------------------------|----------|----------------|--|-----------------------|------------|
| Shared costs - Equipment - see DPH 7 | 1 | tbd | General Fund | 0 | |
| Shared costs - Equipment - see DPH 7 | 1 | tbd | SB163 | 0 | 0 |
| Shared costs - Equipment - see DPH 7 | 1 | tbd | MHSA Prop 63 | 1,482 | 1,482 |
| Shared costs - Equipment - see DPH 7 | 1 | tbd | Work Order #1 HSA | 0 | 0 |
| Shared costs - Equipment - see DPH 7 | 1 | tbd | Work Order #2 DCYF | 0 | 0 |
| Shared costs - Equipment - see DPH 7 | 1 | tbd | Workorder #3 SFCFC | 0 | 0 |
| Shared costs - Equipment - see DPH 7 | 1 | tbd | Prop 63 PEI | 0 | 0 |
| | | | | 0 | 0 |

Total Equipment Cost

\$1,482

2. Remodeling

| | | | | | |
|--|---|-----|--------------------|-----|-----|
| Shared costs - Facilities Improvements - See DPH 7 | 1 | tbd | General Fund | 0 | |
| Shared costs - Facilities Improvements - See DPH 7 | 1 | tbd | SB163 | 0 | 0 |
| Shared costs - Facilities Improvements - See DPH 7 | 1 | tbd | MHSA Prop 63 | 150 | 150 |
| Shared costs - Facilities Improvements - See DPH 7 | 1 | tbd | Work Order #1 HSA | 0 | 0 |
| Shared costs - Facilities Improvements - See DPH 7 | 1 | tbd | Work Order #2 DCYF | 0 | 0 |
| Shared costs - Facilities Improvements - See DPH 7 | 1 | tbd | Workorder #3 SFCFC | 0 | 0 |

Total Remodeling Cost

\$150

Total Capital Expenditure

(Equipment plus Remodeling Cost)

\$1,632

0

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

| | | | | | | | |
|--|-------------------------------------|-------------------------------------|--------------------------------------|---------------------------------|--------------------------------------|------------------------------------|---|
| DMH Legal Entity Name (MH)/Contractor Name (SA): Edgewood Center for Children and Families | | | | | Contract Appendix #: B-9, page 1a | | |
| Provider Name: Edgewood Center for Children and Families | | | | | Document Date: 7/1/2014 | | |
| Provider Number: 8858 | | | | | Fiscal Year: 2014-2015 | | |
| Program Name: | ECMHCI | ECMHCI | ECMHCI | ECMHCI | ECMHCI | ECMHCI | ECMHCI |
| Program Code (formerly Reporting Unit): | NA | NA | NA | NA | NA | NA | NA |
| Mode/SFC (MH) or Modality (SA) | 45/10-19 | 45/10-19 | 45/10-19 | 45/10-19 | 45/10-19 | 45/10-19 | 45/10-19 |
| Service Description: | Outreach Svcs Consultation Indiv | Outreach Svcs Consultation Group | Outreach Svcs Consultation Observ | Outreach Svcs Staff Training | Outreach Svcs Parent Trn/Supp Grp | Outreach Svcs Early Ref/Linkage | Outreach Svcs Consultant Train/Supv (10% Cap) |
| FUNDING TERM: | 7/1/14-6/30/15 | 7/1/14-6/30/15 | 7/1/14-6/30/15 | 7/1/14-6/30/15 | 7/1/14-6/30/15 | 7/1/14-6/30/15 | 7/1/14-6/30/15 |
| FUNDING USES | | | | | | | |
| Salaries & Employee Benefits: | 15,270 | 12,216 | 18,509 | 2,313 | 2,036 | 5,090 | 9,254 |
| Operating Expenses: | 4,241 | 3,393 | 5,141 | 643 | 565 | 1,414 | 2,670 |
| Capital Expenses (greater than \$5,000): | 745 | 596 | 904 | 113 | 100 | 248 | 452 |
| Subtotal Direct Expenses: | 20,256 | 16,205 | 24,554 | 3,069 | 2,701 | 6,752 | 12,276 |
| Indirect Expenses: | 3,039 | 2,431 | 3,683 | 460 | 405 | 1,013 | 1,000 |
| TOTAL FUNDING USES: | 23,295 | 18,636 | 28,237 | 3,529 | 3,106 | 7,765 | 14,118 |
| CBHS MENTAL HEALTH FUNDING SOURCES | | | | | | | |
| MH FED - SDMC Regular FFP (50%) | HMHMCP751594 | - | - | - | - | - | - |
| MH STATE - EPSDT State Match | HMHMCP751594 | - | - | - | - | - | - |
| MH STATE - Family Mosaic Capitated Medi-Cal | HMHMCP8826CH | - | - | - | - | - | - |
| MH WORK ORDER - Human Services Agency (matched) | HMHMCHMTCHWO | - | - | - | - | - | - |
| MH WORK ORDER - Human Services Agency | HMHMCHCDHSWO | 14,089 | 11,255 | 17,053 | 2,131 | 1,876 | 4,690 |
| MH Trifuge Grant | HMHMCHGRANTS | - | - | - | - | - | - |
| MH WORK ORDER - Dept. Children, Youth & Families | HMHMCHDCYFWO | 9,226 | 7,381 | 11,184 | 1,398 | 1,230 | 3,075 |
| MH WORK ORDER - First Five (SF Children & Family Commission) | HMHMCHSRIPWO | - | - | - | - | - | - |
| MH WORK ORDER - First Five (SF Children & Family Commission) | HMHMCHPPAPWO | - | - | - | - | - | - |
| MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care | HMHNSB163ACP | - | - | - | - | - | - |
| MH STATE - MHSA - Prop 63 PEI | HMHMPROP63 | - | - | - | - | - | - |
| MH Realignment | HMHMCP751594 | - | - | - | - | - | - |
| MH COUNTY - General Fund (matched) | HMHMCP751594 | - | - | - | - | - | - |
| MH COUNTY - General Fund (unmatched) | HMHMCP751594 | - | - | - | - | - | - |
| MH COUNTY - General Fund CODB | HMHMCP751594 | - | - | - | - | - | - |
| MH COUNTY - General Fund WO CODB | HMHMCP751594 | - | - | - | - | - | - |
| TOTAL CBHS MENTAL HEALTH FUNDING SOURCES | | 23,295 | 18,636 | 28,237 | 3,529 | 3,106 | 7,765 |
| CBHS SUBSTANCE ABUSE FUNDING SOURCES | | | | | | | |
| TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES | | - | - | - | - | - | - |
| OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES | | | | | | | |
| TOTAL OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES | | - | - | - | - | - | - |
| TOTAL DPH FUNDING SOURCES | | 23,295 | 18,636 | 28,237 | 3,529 | 3,106 | 7,765 |
| NON-DPH FUNDING SOURCES | | | | | | | |
| TOTAL NON-DPH FUNDING SOURCES | | - | - | - | - | - | - |
| TOTAL FUNDING SOURCES (DPH AND NON-DPH) | | 23,295 | 18,636 | 28,237 | 3,529 | 3,106 | 7,765 |
| CBHS UNITS OF SERVICE AND UNIT COST | | | | | | | |
| Number of Beds Purchased (if applicable) | | | | | | | |
| Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes) | | | | | | | |
| Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program | | | | | | | |
| Cost Reimbursement (CR) or Fee-For-Service (FFS): | FFS | FFS | FFS | FFS | FFS | FFS | FFS |
| Units of Service: | 311 | 248 | 376 | 47 | 41 | 104 | 188 |
| Unit Type: | #REF! | #REF! | #REF! | #REF! | #REF! | #REF! | #REF! |
| Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY) | 75.00 | 75.00 | 75.00 | 75.00 | 75.00 | 75.00 | 75.00 |
| Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES) | 75.00 | 75.00 | 75.00 | 75.00 | 75.00 | 75.00 | 75.00 |
| Published Rate (Medi-Cal Providers Only) | 75.00 | 75.00 | 75.00 | 75.00 | 75.00 | 75.00 | 75.00 |
| Unduplicated Clients (UDC): | 40 | 40 | 40 | 40 | 40 | 40 | 40 |

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

| | | | | | | |
|--|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|
| DMH Legal Entity Name (MH)/Contractor Name (SA): Edgewood Center for Children and Families | | | | | | Contract Appendix #: B-9, page 1b |
| Provider Name: Edgewood Center for Children and Families | | | | | | Document Date: 7/1/2014 |
| Provider Number: 8858 continued | | | | | | Fiscal Year: 2014-2015 |
| Program Name: | ECMHCI | ECMHCI | ECMHCI | ECMHCI | ECMHCI | ECMHCI |
| Program Code (formerly Reporting Unit): | NA | NA | NA | NA | NA | NA |
| Mode/SFC (MH) or Modality (SA) | 45/10-19 | 45/10-19 | 45/10-19 | 45/10-19 | 45/10-19 | 45/10-19 |
| Service Description: | Outreach Svcs Evaluation (5% Cap) | Outreach Svcs Systems Work (5% Cap) | Outreach Svcs Early Interv Indiv | Outreach Svcs Early Interv Group (15% Cap) | Outreach Svcs MH Services Indiv/Family | Outreach Svcs MH Services Group (5% Cap) |
| FUNDING TERM: | 7/1/14-6/30/15 | 7/1/14-6/30/15 | 7/1/14-6/30/15 | 7/1/14-6/30/15 | 7/1/14-6/30/15 | 7/1/14-6/30/15 |
| FUNDING USES | | | | | | TOTAL |
| Salaries & Employee Benefits: | 4,627 | 2,776 | 4,905 | 8,238 | 2,776 | 4,535 |
| Operating Expenses: | 1,285 | 771 | 1,362 | 2,288 | 771 | 1,260 |
| Capital Expenses (greater than \$5,000): | 226 | 138 | 239 | 402 | 136 | 221 |
| Subtotal Direct Expenses: | 6,138 | 3,683 | 6,506 | 10,928 | 3,683 | 6,016 |
| Indirect Expenses: | 921 | 552 | 977 | 1,639 | 552 | 902 |
| TOTAL FUNDING USES: | 7,059 | 4,235 | 7,483 | 12,567 | 4,235 | 6,918 |
| CBHS MENTAL HEALTH FUNDING SOURCES | | | | | | |
| MH FED - SDMC Regular FFP (50%) | HMHMCP751594 | - | - | - | - | - |
| MH STATE - EPSDT State Match | HMHMCP751594 | - | - | - | - | - |
| MH STATE - Family Mosaic Capitated Medi-Cal | HMHMCP8828CH | - | - | - | - | - |
| MH WORK ORDER - Human Services Agency (matched) | HMHMCHMTCHWO | - | - | - | - | - |
| MH WORK ORDER - Human Services Agency | HMHMCHCDHSWO | 4,263 | 2,558 | 4,518 | 7,590 | 2,558 |
| MH Trilage Grant | HMHMCHGRANTS | - | - | - | - | - |
| MH WORK ORDER - Dept. Children, Youth & Families | HMHMCHDCYFWO | 2,796 | 1,677 | 2,965 | 4,977 | 1,677 |
| MH WORK ORDER - First Five (SF Children & Family Commission) | HMHMCHSRIPWO | - | - | - | - | - |
| MH WORK ORDER - First Five (SF Children & Family Commission) | HMHMCHPFAPWO | - | - | - | - | - |
| MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care | HMHNSB163ACP | - | - | - | - | - |
| MH STATE - MHSA - Prop 63 PEI | HMHMPROP63 | - | - | - | - | - |
| MH Realignment | HMHMCP751594 | - | - | - | - | - |
| MH COUNTY - General Fund (matched) | HMHMCP751594 | - | - | - | - | - |
| MH COUNTY - General Fund (unmatched) | HMHMCP751594 | - | - | - | - | - |
| MH COUNTY - General Fund CODB | HMHMCP751594 | - | - | - | - | - |
| MH COUNTY - General Fund WO CODB | HMHMCP751594 | - | - | - | - | - |
| TOTAL CBHS MENTAL HEALTH FUNDING SOURCES | 7,059 | 4,235 | 7,483 | 12,567 | 4,235 | 6,918 |
| CBHS SUBSTANCE ABUSE FUNDING SOURCES | | | | | | |
| TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES | | | | | | |
| OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES | | | | | | |
| TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES | | | | | | |
| TOTAL DPH FUNDING SOURCES | 7,059 | 4,235 | 7,483 | 12,567 | 4,235 | 6,918 |
| NON-DPH FUNDING SOURCES | | | | | | |
| TOTAL NON-DPH FUNDING SOURCES | | | | | | |
| TOTAL FUNDING SOURCES (DPH AND NON-DPH) | 7,059 | 4,235 | 7,483 | 12,567 | 4,235 | 6,918 |
| CBHS UNITS OF SERVICE AND UNIT COST | | | | | | |
| Number of Beds Purchased (if applicable) | | | | | | |
| Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes) | | | | | | |
| Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program | | | | | | |
| Cost Reimbursement (CR) or Fee-For-Service (FFS): | FFS | FFS | FFS | FFS | FFS | FFS |
| Units of Service: | 94 | 56 | 100 | 114 | 56 | 63 |
| Unit Type: | #REF! | #REF! | #REF! | #REF! | #REF! | #REF! |
| Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only) | 75.00 | 75.00 | 75.00 | 110.00 | 75.00 | 110.00 |
| Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES): | 75.00 | 75.00 | 75.00 | 110.00 | 75.00 | 110.00 |
| Published Rate (Medi-Cal Providers Only): | 75.00 | 75.00 | 75.00 | 110.00 | 75.00 | 110.00 |
| Unduplicated Clients (UDC): | 100 | 50 | 80 | 80 | 100 | 75 |

DPH 3: Salaries & Benefits Detail

Provider Number: 8858

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

Appendix #: B-9, page 2

| | TOTAL | | MHSA Prop 63 HMMMPROP63 | | Work Order #1 HSA HMMCHCDHSWO | | Work Order #2 DCYF HMMCHDCYFWO | | Workorder #3 SFCFC HMMCHSRIPW HMMCHPFAPWO | | General Fund CODB HMMMCP751594 | |
|----------------------------|--------------|----------------------------|----------------------------|----------------------------|----------------------------------|----------------------------|-----------------------------------|----------------------------|---|----------------------------|-----------------------------------|----------------------------|
| Position Title | Term: FTE | 7/1/14-6/30/16 Salaries | Term: FTE | 7/1/14-6/30/16 Salaries | Term: FTE | 7/1/14-6/30/16 Salaries | Term: FTE | 7/1/14-6/30/16 Salaries | Term: FTE | 7/1/14-6/30/16 Salaries | Term: FTE | 7/1/14-6/30/16 Salaries |
| Behavioral Health Director | 0.03 | \$ 3,569.00 | 0.00 | 0 | 0.02 | 2,121 | 0.01 | 1,448 | 0.00 | 0 | 0.00 | 0 |
| Director of Research | 0.05 | \$ 3,914.00 | 0.00 | 0 | 0.03 | 2,325 | 0.02 | 1,589 | 0.00 | 0 | 0.00 | 0 |
| Mental Health Consultant | 0.17 | \$ 9,187.00 | 0.00 | 0 | 0.10 | 5,458 | 0.07 | 3,729 | 0.00 | 0 | 0.00 | 0 |
| Mental Health Consultant | 0.32 | \$ 19,156.00 | 0.00 | 0 | 0.20 | 11,405 | 0.12 | 7,751 | 0.00 | 0 | 0.00 | 0 |
| Clinician | 0.32 | \$ 17,383.00 | 0.00 | 0 | 0.20 | 11,004 | 0.12 | 6,379 | 0.00 | 0 | 0.00 | 0 |
| Mental Health Consultant | 0.32 | \$ 17,979.00 | 0.00 | 0 | 0.20 | 10,681 | 0.12 | 7,298 | 0.00 | 0 | 0.00 | 0 |
| 997 | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| Totals: | 1.21 | \$71,188 | 0.00 | \$0 | 0.75 | \$42,994 | 0.46 | \$28,194 | 0.00 | \$0 | 0.00 | \$0 |

| | | | | | | | | | | | | |
|--------------------------------------|-----|-----------------|---------|------------|-----|-----------------|-----|-----------------|---------|------------|---------|------------|
| Employee Fringe Benefits: | 30% | \$21,357 | #DIV/0! | \$0 | 30% | \$12,899 | 30% | \$8,458 | #DIV/0! | \$0 | #DIV/0! | \$0 |
| TOTAL SALARIES & BENEFITS | | \$92,645 | | \$0 | | \$55,893 | | \$36,652 | | \$0 | | \$0 |

DPH 4: Operating Expenses Detail

Provider Number: 8858

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

Appendix #: B-9, page 3

| Expenditure Category | TOTAL | MHSA Prop 63 HMHMPROP63 | Work Order #1 HSA HMHMCHCDHSWO | Work Order #2 DCYF HMHMCHDCYFWO | Workorder #3 SFCFC HMHMCHSRIPW HMHMCHPFAPWO | General Fund CODB HMHMCP751594 |
|--|-----------------|----------------------------|-----------------------------------|------------------------------------|---|-----------------------------------|
| | 7/1/13-10/31/13 | 7/1/13-10/31/13 | 7/1/13-10/31/13 | 7/1/13-10/31/13 | 7/1/13-10/31/13 | 7/1/13-10/31/13 |
| Occupancy (Based on Square Feet used) | \$ - | 0 | 0 | 0 | 0 | 0 |
| Utilities(Elec, Water, Gas, Phone, Scavenger) | \$ - | 0 | 0 | 0 | 0 | 0 |
| Office Supplies, Postage | \$ 1,051.00 | 0 | 731 | 320 | 0 | 0 |
| Building Maintenance Supplies and Repair | \$ - | 0 | 0 | 0 | 0 | 0 |
| Printing and Reproduction | \$ - | 0 | 0 | 0 | 0 | 0 |
| Insurance | \$ - | 0 | 0 | 0 | 0 | 0 |
| Staff Training | \$ 2,261.00 | 0 | 1,461 | 800 | 0 | 0 |
| Staff Travel-(Local & Out of Town) | \$ 326.00 | 0 | 219 | 107 | 0 | 0 |
| Rental of Equipment | \$ - | 0 | 0 | 0 | 0 | 0 |
| CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts) | \$ - | 0 | 0 | 0 | 0 | 0 |
| | \$ - | 0 | 0 | 0 | 0 | 0 |
| | \$ - | 0 | 0 | 0 | 0 | 0 |
| | \$ - | 0 | 0 | 0 | 0 | 0 |
| | \$ - | 0 | 0 | 0 | 0 | 0 |
| Other: | | 0 | 0 | 0 | 0 | |
| Educational Supplies | \$ 1,377.00 | 0 | 950 | 427 | 0 | 0 |
| Computer Purchase | \$ 4,675.00 | 0 | 3,288 | 1,387 | 0 | 0 |
| Telecommunications | \$ 651.00 | 0 | 438 | 213 | 0 | 0 |
| Purchased Direct Expense (Program Admin, QA, General Research) | \$ 15,363.00 | 0 | 8,437 | 6,926 | 0 | 0 |
| | \$ - | 0 | 0 | 0 | 0 | 0 |
| | \$ - | 0 | 0 | 0 | 0 | 0 |
| TOTAL OPERATING EXPENSE | \$25,704 | \$0 | \$15,524 | \$10,180 | \$0 | \$0 |
| | \$0 | | | | | |

DPH 5: Capital Expenses Detail

Provider Number: 8858

Appendix #: B-9, page 4

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

1. Equipment

| Item Description | Quantity | Serial #/VIN # | Funding Source [General Fund, Grant (List Title), or Work Order (List Dept.)] | Purchase Cost Each | Total Cost |
|--------------------------------------|----------|----------------|--|-----------------------|------------|
| Shared costs - Equipment - see DPH 7 | 1 | tbd | General Fund | 0 | 0 |
| Shared costs - Equipment - see DPH 7 | 1 | tbd | SB163 | 0 | 0 |
| Shared costs - Equipment - see DPH 7 | 1 | tbd | MHSA Prop 63 | 0 | 0 |
| Shared costs - Equipment - see DPH 7 | 1 | tbd | Work Order #1 HSA | 2,478 | 2,478 |
| Shared costs - Equipment - see DPH 7 | 1 | tbd | Work Order #2 DCYF | 1,624 | 1,624 |
| Shared costs - Equipment - see DPH 7 | 1 | tbd | Workorder #3 SFCFC | 0 | 0 |
| Shared costs - Equipment - see DPH 7 | 1 | tbd | Prop 63 PEI | 0 | 0 |
| | | | | 0 | 0 |

Total Equipment Cost

\$4,102

2. Remodeling

| | | | | | |
|--|---|-----|--------------------|-----|-----|
| Shared costs - Facilities Improvements - See DPH 7 | 1 | tbd | General Fund | 0 | 0 |
| Shared costs - Facilities Improvements - See DPH 7 | 1 | tbd | SB163 | 0 | 0 |
| Shared costs - Facilities Improvements - See DPH 7 | 1 | tbd | MHSA Prop 63 | 0 | 0 |
| Shared costs - Facilities Improvements - See DPH 7 | 1 | tbd | Work Order #1 HSA | 251 | 251 |
| Shared costs - Facilities Improvements - See DPH 7 | 1 | tbd | Work Order #2 DCYF | 165 | 165 |
| Shared costs - Facilities Improvements - See DPH 7 | 1 | tbd | Workorder #3 SFCFC | 0 | 0 |

Total Remodeling Cost

\$416

Total Capital Expenditure
(Equipment plus Remodeling Cost)

\$4,518

0

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

| | | | | | |
|--|---------------------|---------------------|---------------------|---------------------|-----------------------------------|
| DMH Legal Entity Name (MH)/Contractor Name (SA): Edgewood Center for Children and Families | | | | | Contract Appendix #: B-9a, page 1 |
| Provider Name: Edgewood Center for Children and Families | | | | | Document Date: 7/1/2014 |
| Provider Number: 8858 | | | | | Fiscal Year: 2014-2015 |
| Program Name: | ECMHCI | ECMHCI | ECMHCI | ECMHCI | ECMHCI |
| Program Code (formerly Reporting Unit): | NA | NA | NA | NA | NA |
| Mode/SFC (MH) or Modality (SA) | 45/10-19 | 45/10-19 | 45/10-19 | 45/10-19 | 45/10-19 |
| Service Description: | Program Development | Program Development | Program Development | Program Development | Program Development |
| FUNDING TERM: | 7/1/14-6/30/15 | 7/1/14-6/30/15 | 7/1/14-6/30/15 | 7/1/14-6/30/15 | 7/1/14-6/30/15 |
| FUNDING USES | | | | | TOTAL |
| Salaries & Employee Benefits: | 8,160 | 100,914 | 71,756 | 22,330 | 11,837 |
| Operating Expenses: | 1,583 | 19,580 | 13,923 | 4,333 | 2,296 |
| Capital Expenses (greater than \$5,000): | 1,082 | 13,376 | 9,511 | 2,959 | 1,568 |
| Subtotal Direct Expenses: | 10,825 | 133,870 | 95,190 | 29,622 | 15,701 |
| Indirect Expenses: | 1,623 | 20,079 | 14,278 | 4,444 | 2,357 |
| TOTAL FUNDING USES: | 12,448 | 153,949 | 109,468 | 34,066 | 18,058 |
| CBHS MENTAL HEALTH FUNDING SOURCES | Index Code | | | | |
| MH FED - SDMC Regular FFP (50%) | HMHMCP751594 | - | - | - | - |
| MH STATE - EPSDT State Match | HMHMCP751594 | - | - | - | - |
| MH STATE - Family Mosaic Capitated Medi-Cal | HMHMCP8828CH | - | - | - | - |
| MH WORK ORDER - Human Services Agency (matched) | HMHMCHMTCHWO | - | - | - | - |
| MH WORK ORDER - Human Services Agency | HMHMCHCDHSWO | - | 152,174 | - | - |
| MH Triage Grant | HMHMCHGRANTS | - | - | - | - |
| MH WORK ORDER - Dept. Children, Youth & Families | HMHMCHDCYFWO | - | - | - | - |
| MH WORK ORDER - First Five (SF Children & Family Commission) | HMHMCHSRIPWO | - | - | - | - |
| MH WORK ORDER - First Five (SF Children & Family Commission) | HMHMCHPFAPWO | - | - | - | - |
| MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care | HMHNSB163ACP | - | - | - | - |
| MH STATE - MHSA - Prop 63 PEI | HMHMPROP63 | 12,448 | - | - | - |
| MH Realignment | HMHMCP751594 | - | - | - | - |
| MH COUNTY - General Fund (matched) | HMHMCP751594 | - | - | - | - |
| MH COUNTY - General Fund (unmatched) | HMHMCP751594 | - | - | - | - |
| MH COUNTY - General Fund CODB | HMHMCP751594 | - | - | - | - |
| MH COUNTY - General Fund WO CODB | HMHMCP751594 | - | 1,775 | - | - |
| TOTAL CBHS MENTAL HEALTH FUNDING SOURCES | | 12,448 | 153,949 | 109,468 | 34,066 |
| CBHS SUBSTANCE ABUSE FUNDING SOURCES | Index Code | | | | |
| TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES | | - | - | - | - |
| OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES | Index Code | | | | |
| TOTAL OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES | | - | - | - | - |
| TOTAL DPH FUNDING SOURCES | | 12,448 | 153,949 | 109,468 | 34,066 |
| NON-DPH FUNDING SOURCES | | | | | |
| TOTAL NON-DPH FUNDING SOURCES | | - | - | - | - |
| TOTAL FUNDING SOURCES (DPH AND NON-DPH) | | 12,448 | 153,949 | 109,468 | 34,066 |
| CBHS UNITS OF SERVICE AND UNIT COST | | | | | |
| Number of Beds Purchased (if applicable) | | | | | |
| Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes) | | | | | |
| Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program | | | | | |
| Cost Reimbursement (CR) or Fee-For-Service (FFS): | CR | CR | CR | CR | CR |
| Units of Service: | 113 | 1,400 | 995 | 310 | 164 |
| Unit Type: | #REF! | #REF! | #REF! | #REF! | #REF! |
| Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY) | 110.00 | 110.00 | 110.00 | 110.00 | 110.00 |
| Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES): | 110.00 | 110.00 | 110.00 | 110.00 | 110.00 |
| Published Rate (Medi-Cal Providers Only): | 110.00 | 110.00 | 110.00 | 110.00 | 110.00 |
| Unduplicated Clients (UDC): | 75.00 | 75.00 | 75.00 | 75.00 | 75.00 |

DPH 3: Salaries & Benefits Detail

Provider Number: 8858

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

Appendix #: B-9a, page 2

[illegible]

| | | | | | | | | | | | | |
|--------------------------------------|-----|------------------|-----|----------------|-----|------------------|-----|-----------------|-----|-----------------|-----|-----------------|
| Employee Fringe Benefits: | 30% | \$49,616 | 30% | \$1,883 | 30% | \$23,288 | 30% | \$16,559 | 30% | \$5,154 | 30% | \$2,732 |
| TOTAL SALARIES & BENEFITS | | \$214,997 | | \$8,180 | | \$100,914 | | \$71,756 | | \$22,330 | | \$11,837 |

DPH 4: Operating Expenses Detail

Provider Number: 8858

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

Appendix #: B-9a, page 3

0

| Expenditure Category | TOTAL | MHSA Prop 63 HMHMPROP63 | WO#1 HSA / GF CODB HMHMCHCDHSWO HMHMCP751594 | Work Order #2 DCYF HMHMCHDCYFWO | Workorder #3 SFCFC HMHMCHSRIPW | Workorder #4 SFCFC HMHMCHPFAPWO | | |
|--|-----------------|----------------------------|--|------------------------------------|-----------------------------------|------------------------------------|------|------|
| | 5/31/14-6/30/14 | 5/31/14-6/30/14 | 5/31/14-6/30/14 | 5/31/14-6/30/14 | 5/31/14-6/30/14 | 5/31/14-6/30/14 | | |
| Occupancy (Based on Square Feet used) | \$ 6,342.00 | 242 | 2,985 | 2,125 | 661 | 329 | | |
| Utilities(Elec, Water, Gas, Phone, Scavenger) | \$ 4,225.00 | 161 | 1,990 | 1,417 | 438 | 219 | | |
| Office Supplies, Postage | \$ 736.00 | 29 | 355 | 214 | 71 | 67 | 300 | 100 |
| Building Maintenance Supplies and Repair | \$ 5,280.00 | 201 | 2,487 | 1,771 | 547 | 274 | | |
| Printing and Reproduction | \$ - | 0 | 0 | 0 | 0 | 0 | | |
| Insurance | \$ - | 0 | 0 | 0 | 0 | 0 | | |
| Staff Training | \$ 1,646.00 | 57 | 711 | 534 | 177 | 167 | 750 | 250 |
| Staff Travel-(Local & Out of Town) | \$ 255.00 | 9 | 107 | 71 | 35 | 33 | 100 | 50 |
| Rental of Equipment | \$ - | 0 | 0 | 0 | 0 | 0 | | |
| CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts) | \$ - | 0 | 0 | 0 | 0 | 0 | | |
| | \$ - | 0 | 0 | 0 | 0 | 0 | | |
| | \$ - | 0 | 0 | 0 | 0 | 0 | | |
| | \$ - | 0 | 0 | 0 | 0 | 0 | | |
| | \$ - | 0 | 0 | 0 | 0 | 0 | | |
| | \$ - | 0 | 0 | 0 | 0 | 0 | | |
| | \$ - | 0 | 0 | 0 | 0 | 0 | | |
| Other: | | 0 | 0 | 0 | 0 | 0 | | |
| Educational Supplies | \$ 705.00 | 27 | 332 | 236 | 73 | 37 | 400 | 150 |
| Computer Purchase | \$ 6,337.00 | 241 | 2,985 | 2,125 | 657 | 329 | 1300 | 450 |
| Telecommunications | \$ 5,633.00 | 215 | 2,653 | 1,889 | 584 | 292 | 200 | 100 |
| Purchased Direct Expense (Program Admin, QA, General Research) | \$ 10,556.00 | 401 | 4,975 | 3,541 | 1,090 | 549 | 6492 | 4291 |
| | \$ - | 0 | 0 | 0 | 0 | 0 | | |
| | \$ - | 0 | 0 | 0 | 0 | 0 | | |
| TOTAL OPERATING EXPENSE | \$41,715 | \$1,583 | \$19,580 | \$13,923 | \$4,333 | \$2,296 | | |
| | \$0 | | | | | | | |

DPH 5: Capital Expenses Detail

Provider Number: 8858

Appendix #: B-9a, page 4

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

1. Equipment

| Item Description | Quantity | Serial #/VIN # | Funding Source [General Fund, Grant (List Title), or Work Order (List Dept.)] | Purchase Cost Each | Total Cost |
|---|----------|----------------|--|-----------------------|-----------------|
| Shared costs - Computer Equipment - see DPH 7 | 1 | tbd | General Fund | 0 | 0 |
| Shared costs - Computer Equipment - see DPH 7 | 1 | tbd | SB163 | 0 | 0 |
| Shared costs - Computer Equipment - see DPH 7 | 1 | tbd | MHSA Prop 63/GF CODB | 1,045 | 1,045 |
| Shared costs - Computer Equipment - see DPH 7 | 1 | tbd | Work Order #1 HSA | 12,921 | 12,921 |
| Shared costs - Computer Equipment - see DPH 7 | 1 | tbd | Work Order #2 DCYF | 9,188 | 9,188 |
| Shared costs - Computer Equipment - see DPH 7 | 1 | tbd | Workorder #3 SFCFC | 2,859 | 2,859 |
| Shared costs - Computer Equipment - see DPH 7 | 1 | tbd | Workorder #4 SFCFC | 1,515 | 1,515 |
| | | | | 0 | 0 |
| Total Equipment Cost | | | | | \$27,528 |

2. Remodeling

| | | | | | |
|--|---|-----|--------------------|-----|--------------|
| Shared costs - Facilities Improvements - See DPH 7 | 1 | tbd | General Fund | 0 | 0 |
| Shared costs - Facilities Improvements - See DPH 7 | 1 | tbd | SB163 | 0 | 0 |
| Shared costs - Facilities Improvements - See DPH 7 | 1 | tbd | MHSA Prop 63 | 37 | 37 |
| Shared costs - Facilities Improvements - See DPH 7 | 1 | tbd | Work Order #1 HSA | 455 | 455 |
| Shared costs - Facilities Improvements - See DPH 7 | 1 | tbd | Work Order #2 DCYF | 323 | 323 |
| Shared costs - Facilities Improvements - See DPH 7 | 1 | tbd | Workorder #3 SFCFC | 100 | 100 |
| Shared costs - Facilities Improvements - See DPH 7 | 1 | tbd | Workorder #4 SFCFC | 53 | 53 |
| Total Remodeling Cost | | | | | \$968 |

Total Capital Expenditure

(Equipment plus Remodeling Cost)

\$28,496

0

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

| DMH Legal Entity Name (MH)/Contractor Name (SA): Edgewood Center for Children and Families | | | | | | | Contract Appendix #: |
|--|----------------------------------|----------------------------------|-----------------------------------|------------------------------|-----------------------------------|---------------------------------|----------------------|
| Provider Name: Edgewood Center for Children and Families | | | | | | | Document Date: |
| Provider Number: 8858 | | | | | | | Fiscal Year: |
| Program Name: | ECMHCI | ECMHCI | ECMHCI | ECMHCI | ECMHCI | ECMHCI | |
| Program Code (formerly Reporting Unit): | NA | NA | NA | NA | NA | NA | |
| Mode/SFC (MH) or Modality (SA): | 45/10-19 | 45/10-19 | 45/10-19 | 45/10-19 | 45/10-19 | 45/10-19 | |
| Service Description: | Outreach Svcs Consultation Indiv | Outreach Svcs Consultation Group | Outreach Svcs Consultation Observ | Outreach Svcs Staff Training | Outreach Svcs Parent Trn/Supp Grp | Outreach Svcs Early Ref/Linkage | |
| FUNDING TERM: | 7/1/14-6/30/15 | 7/1/14-6/30/15 | 7/1/14-6/30/15 | 7/1/14-6/30/15 | 7/1/14-6/30/15 | 7/1/14-6/30/15 | |
| FUNDING USES | | | | | | | |
| Salaries & Employee Benefits: | 13,291 | 10,633 | 16,649 | 2,014 | 1,772 | 4,430 | |
| Operating Expenses: | 3,691 | 2,953 | 4,624 | 559 | 492 | 1,230 | |
| Capital Expenses (greater than \$5,000): | 649 | 519 | 813 | 98 | 86 | 217 | |
| Subtotal Direct Expenses: | 17,631 | 14,105 | 22,086 | 2,671 | 2,350 | 5,877 | |
| Indirect Expenses: | 2,645 | 2,116 | 3,312 | 401 | 353 | 881 | |
| TOTAL FUNDING USES: | 20,276 | 16,221 | 25,398 | 3,072 | 2,703 | 6,758 | |
| CBHS MENTAL HEALTH FUNDING SOURCES | | | | | | | |
| MH FED - SDMC Regular FFP (50%) | HMHMCP751594 | - | - | - | - | - | - |
| MH STATE - EPSDT State Match | HMHMCP751594 | - | - | - | - | - | - |
| MH STATE - Family Mosaic Capitated Medi-Cal | HMHMCP8828CH | - | - | - | - | - | - |
| MH WORK ORDER - Human Services Agency (matched) | HMHMCHMTCHWO | - | - | - | - | - | - |
| MH WORK ORDER - Human Services Agency | HMHMCHCDHSWO | 10,551 | 8,441 | 13,217 | 1,599 | 1,407 | 3,517 |
| MH Triage Grant | HMHMCHGRANTS | - | - | - | - | - | - |
| MH WORK ORDER - Dept. Children, Youth & Families | HMHMCHDCYFWO | 6,920 | 5,536 | 8,668 | 1,048 | 922 | 2,306 |
| MH WORK ORDER - First Five (SF Children & Family Commission) | HMHMCHSRIPWO | 1,320 | 1,056 | 1,653 | 200 | 176 | 440 |
| MH WORK ORDER - First Five (SF Children & Family Commission) | HMHMCHFPAPWO | 660 | 528 | 827 | 100 | 88 | 220 |
| MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care | HMHNSB163ACP | - | - | - | - | - | - |
| MH STATE - MHSA - Prop 63 PEI | HMHMPROP63 | 825 | 660 | 1,033 | 125 | 110 | 275 |
| MH Realignment | HMHMCP751594 | - | - | - | - | - | - |
| MH COUNTY - General Fund (matched) | HMHMCP751594 | - | - | - | - | - | - |
| MH COUNTY - General Fund (unmatched) | HMHMCP751594 | - | - | - | - | - | - |
| MH COUNTY - General Fund CODB | HMHMCP751594 | - | - | - | - | - | - |
| MH COUNTY - General Fund WO CODB | HMHMCP751594 | - | - | - | - | - | - |
| TOTAL CBHS MENTAL HEALTH FUNDING SOURCES | | 20,276 | 16,221 | 25,398 | 3,072 | 2,703 | 6,758 |
| CBHS SUBSTANCE ABUSE FUNDING SOURCE | | | | | | | |
| TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES | | | | | | | |
| OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES | | | | | | | |
| TOTAL OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES | | | | | | | |
| TOTAL DPH FUNDING SOURCES | | 20,276 | 16,221 | 25,398 | 3,072 | 2,703 | 6,758 |
| NON-DPH FUNDING SOURCES | | | | | | | |
| TOTAL NON-DPH FUNDING SOURCES | | | | | | | |
| TOTAL FUNDING SOURCES (DPH AND NON-DPH) | | 20,276 | 16,221 | 25,398 | 3,072 | 2,703 | 6,758 |
| CBHS UNITS OF SERVICE AND UNIT COST | | | | | | | |
| Number of Beds Purchased (if applicable) | | | | | | | |
| Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes) | | | | | | | |
| Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program | | | | | | | |
| Cost Reimbursement (CR) or Fee-For-Service (FFS): | FFS | FFS | FFS | FFS | FFS | FFS | |
| Units of Service: | 270 | 216 | 339 | 41 | 36 | 90 | |
| Unit Type: | #REF! | #REF! | #REF! | #REF! | #REF! | #REF! | |
| Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only) | 75.00 | 75.00 | 75.00 | 75.00 | 75.00 | 75.00 | |
| Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES): | 75.00 | 75.00 | 75.00 | 75.00 | 75.00 | 75.00 | |
| Published Rate (Medi-Cal Providers Only): | 75.00 | 75.00 | 75.00 | 75.00 | 75.00 | 75.00 | |
| Unduplicated Clients (UDC): | 40 | 40 | 40 | 40 | 40 | 40 | |

| | | |
|---|--------------|---|
| DMH Legal Entity Name (MH)/Contractor Name (SA): | | B-9b, page 1a |
| Provider Name: | | 7/1/2014 |
| Provider Number: | | 2014-2015 |
| Program Name: | | ECMHCI |
| Program Code (formerly Reporting Unit): | | NA |
| Mode/SFC (MH) or Modality (SA) | | 45/10-19 |
| Service Description: | | Outreach Svcs Consultant Train/Supv (10% Cap) |
| FUNDING TERM: | | 7/1/14-6/30/15 |
| FUNDING USES | | |
| Salaries & Employee Benefits: | | 8,055 |
| Operating Expenses: | | 2,237 |
| Capital Expenses (greater than \$5,000): | | 393 |
| Subtotal Direct Expenses: | | 10,685 |
| Indirect Expenses: | | 1,603 |
| TOTAL FUNDING USES: | | 12,288 |
| CBHS MENTAL HEALTH FUNDING SOURCES | | |
| MH FED - SDMC Regular FFP (50%) | HMHMCP751594 | - |
| MH STATE - EPSDT State Match | HMHMCP751594 | - |
| MH STATE - Family Mosaic Capitated Medi-Cal | HMHMCP8828CH | - |
| MH WORK ORDER - Human Services Agency (matched) | HMHMCHMTCHWO | - |
| MH WORK ORDER - Human Services Agency | HMHMCHCDHSWO | 6,394 |
| MH Triage Grant | HMHMCHGRANTS | - |
| MH WORK ORDER - Dept. Children, Youth & Families | HMHMCHDCYFWO | 4,194 |
| MH WORK ORDER - First Five (SF Children & Family Commission) | HMHMCHSRIPWO | 800 |
| MH WORK ORDER - First Five (SF Children & Family Commission) | HMHMCHPFAPWO | 400 |
| MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care | HMHNSB163ACP | - |
| MH STATE - MHSA - Prop 63 PEI | HMHMPROP63 | 500 |
| MH Realignment | HMHMCP751594 | - |
| MH COUNTY - General Fund (matched) | HMHMCP751594 | - |
| MH COUNTY - General Fund (unmatched) | HMHMCP751594 | - |
| MH COUNTY - General Fund CODB | HMHMCP751594 | - |
| MH COUNTY - General Fund WO CODB | HMHMCP751594 | - |
| TOTAL CBHS MENTAL HEALTH FUNDING SOURCES | | 12,288 |
| TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES | | |
| TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES | | |
| TOTAL DPH FUNDING SOURCES | | 12,288 |
| TOTAL NON-DPH FUNDING SOURCES | | |
| TOTAL FUNDING SOURCES (DPH AND NON-DPH) | | 12,288 |
| CBHS UNITS OF SERVICE AND UNIT COST | | |
| Number of Beds Purchased (if applicable) | | |
| Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes) | | |
| Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program | | |
| Cost Reimbursement (CR) or Fee-For-Service (FFS) | | FFS |
| Units of Service: | | 164 |
| Unit Type: | | #REF! |
| Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only) | | 75.00 |
| Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES): | | 75.00 |
| Published Rate (Medi-Cal Providers Only): | | 75.00 |
| Unduplicated Clients (UDC): | | 40 |

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

| DMH Legal Entity Name (MH)/Contractor Name (SA): | | Contract Appendix #: | | | | | |
|---|--------------|-----------------------------------|-------------------------------------|----------------------------------|--|--|--|
| Provider Name: | | Document Date: | | | | | |
| Provider Number: 8858 | | Fiscal Year: | | | | | |
| Program Name: | | ECMHCI | ECMHCI | ECMHCI | ECMHCI | ECMHCI | ECMHCI |
| Program Code (formerly Reporting Unit): | | NA | NA | NA | NA | NA | NA |
| Mode/SFC (MH) or Modality (SA): | | 45/10-19 | 45/10-19 | 45/10-19 | 45/10-19 | 45/10-19 | 45/10-19 |
| Service Description: | | Outreach Svcs Evaluation (5% Cap) | Outreach Svcs Systems Work (5% Cap) | Outreach Svcs Early Interv Indiv | Outreach Svcs Early Interv Group (15% Cap) | Outreach Svcs MH Services Indiv/Family | Outreach Svcs MH Services Group (5% Cap) |
| FUNDING TERM: | | 7/1/14-6/30/15 | 7/1/14-6/30/15 | 7/1/14-6/30/15 | 7/1/14-6/30/15 | 7/1/14-6/30/15 | 7/1/14-6/30/15 |
| FUNDING USES: | | | | | | | |
| Salaries & Employee Benefits: | | 4,027 | 2,416 | 4,269 | 7,894 | 2,416 | 2,687 |
| Operating Expenses: | | 1,119 | 671 | 1,186 | 2,193 | 671 | 748 |
| Capital Expenses (greater than \$5,000): | | 197 | 118 | 208 | 385 | 118 | 131 |
| Subtotal Direct Expenses: | | 5,343 | 3,205 | 5,663 | 10,472 | 3,205 | 3,566 |
| Indirect Expenses: | | 801 | 481 | 850 | 1,571 | 481 | 534 |
| TOTAL FUNDING USES: | | 6,144 | 3,686 | 6,513 | 12,043 | 3,686 | 4,100 |
| CBHS MENTAL HEALTH FUNDING SOURCES: | | | | | | | |
| MH FED - SDMC Regular FFP (50%) | HMHMCP751594 | - | - | - | - | - | - |
| MH STATE - EPSDT State Match | HMHMCP751594 | - | - | - | - | - | - |
| MH STATE - Family Mosaic Capitated Medi-Cal | HMHMCP8828CH | - | - | - | - | - | - |
| MH WORK ORDER - Human Services Agency (matched) | HMHMCHMTCHWO | - | - | - | - | - | - |
| MH WORK ORDER - Human Services Agency | HMHMCHCDHSWO | 3,197 | 1,918 | 3,389 | 6,267 | 1,918 | 2,134 |
| MH Triage Grant | HMHMCHGRANTS | - | - | - | - | - | - |
| MH WORK ORDER - Dept. Children, Youth & Families | HMHMCHDCYFWO | 2,097 | 1,258 | 2,223 | 4,110 | 1,258 | 1,399 |
| MH WORK ORDER - First Five (SF Children & Family Commission) | HMHMCHSRIPWO | 400 | 240 | 424 | 784 | 240 | 267 |
| MH WORK ORDER - First Five (SF Children & Family Commission) | HMHMCHFPAPWO | 200 | 120 | 212 | 392 | 120 | 133 |
| MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care | HMHNSB163ACP | - | - | - | - | - | - |
| MH STATE - MHSA - Prop 63 PEI | HMHMPROP63 | 250 | 150 | 265 | 490 | 150 | 167 |
| MH Realignment | HMHMCP751594 | - | - | - | - | - | - |
| MH COUNTY - General Fund (matched) | HMHMCP751594 | - | - | - | - | - | - |
| MH COUNTY - General Fund (unmatched) | HMHMCP751594 | - | - | - | - | - | - |
| MH COUNTY - General Fund CODB | HMHMCP751594 | - | - | - | - | - | - |
| MH COUNTY - General Fund WO CODB | HMHMCP751594 | - | - | - | - | - | - |
| TOTAL CBHS MENTAL HEALTH FUNDING SOURCES | | 6,144 | 3,686 | 6,513 | 12,043 | 3,686 | 4,100 |
| CBHS SUBSTANCE ABUSE FUNDING SOURCES: | | | | | | | |
| TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES | | - | - | - | - | - | - |
| OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES: | | | | | | | |
| TOTAL OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES | | - | - | - | - | - | - |
| TOTAL DPH FUNDING SOURCES | | 6,144 | 3,686 | 6,513 | 12,043 | 3,686 | 4,100 |
| NON-DPH FUNDING SOURCES: | | | | | | | |
| TOTAL NON-DPH FUNDING SOURCES | | - | - | - | - | - | - |
| TOTAL FUNDING SOURCES (DPH AND NON-DPH) | | 6,144 | 3,686 | 6,513 | 12,043 | 3,686 | 4,100 |
| CBHS UNITS OF SERVICE AND UNIT COST | | | | | | | |
| Number of Beds Purchased (if applicable) | | | | | | | |
| Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes) | | | | | | | |
| Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program | | | | | | | |
| Cost Reimbursement (CR) or Fee-For-Service (FFS): | | FFS | FFS | FFS | FFS | FFS | FFS |
| Units of Service: | | 82 | 49 | 87 | 109 | 49 | 37.27 |
| Unit Type: | | #REF! | #REF! | #REF! | #REF! | #REF! | #REF! |
| Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only) | | 75.00 | 75.00 | 75.00 | 110.00 | 75.00 | 110.00 |
| Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES): | | 75.00 | 75.00 | 75.00 | 110.00 | 75.00 | 110.00 |
| Published Rate (Medi-Cal Providers Only): | | 75.00 | 75.00 | 75.00 | 110.00 | 75.00 | 110.00 |
| Unduplicated Clients (UDC): | | 100 | 50 | 80 | 80 | 100 | 75 |

| | | |
|---|--------------|----------------|
| DMH Legal Entity Name (MH)/Contractor Name (SA): | | B-9b, page 1b |
| Provider Name: | | 7/1/2014 |
| Provider Number: | | 2014-2015 |
| Program Name: | | |
| Program Code (formerly Reporting Unit): | | |
| Mode/SFC (MH) or Modality (SA) | | |
| Service Description: | | TOTAL |
| FUNDING TERM: | | |
| FUNDING USES | | |
| Salaries & Employee Benefits: | | 80,553 |
| Operating Expenses: | | 22,374 |
| Capital Expenses (greater than \$5,000): | | 3,932 |
| Subtotal Direct Expenses: | | 106,859 |
| Indirect Expenses: | | 16,029 |
| TOTAL FUNDING USES: | | 122,888 |
| CBHS MENTAL HEALTH FUNDING SOURCES | | |
| MH FED - SDMC Regular FFP (50%) | HMHMCP751594 | - |
| MH STATE - EPSDT State Match | HMHMCP751594 | - |
| MH STATE - Family Mosaic Capitated Medi-Cal | HMHMCP8828CH | - |
| MH WORK ORDER - Human Services Agency (matched) | HMHMCHMTCHWO | - |
| MH WORK ORDER - Human Services Agency | HMHMCHCDHSWO | 63,949 |
| MH Triage Grant | HMHMCHGRANTS | - |
| MH WORK ORDER - Dept. Children, Youth & Families | HMHMCHDCYFWO | 41,939 |
| MH WORK ORDER - First Five (SF Children & Family Commission) | HMHMCHSRIPWO | 8,000 |
| MH WORK ORDER - First Five (SF Children & Family Commission) | HMHMCHPAPWO | 4,000 |
| MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care | HMHNSB163ACP | - |
| MH STATE - MHSA - Prop 63 PEI | HMHMPROP83 | 5,000 |
| MH Realignment | HMHMCP751594 | - |
| MH COUNTY - General Fund (matched) | HMHMCP751594 | - |
| MH COUNTY - General Fund (unmatched) | HMHMCP751594 | - |
| MH COUNTY - General Fund CODB | HMHMCP751594 | - |
| MH COUNTY - General Fund WO CODB | HMHMCP751594 | - |
| TOTAL CBHS MENTAL HEALTH FUNDING SOURCES | | 122,888 |
| TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES | | |
| | | - |
| TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES | | |
| | | - |
| TOTAL DPH FUNDING SOURCES | | 122,888 |
| TOTAL NON-DPH FUNDING SOURCES | | |
| | | - |
| TOTAL FUNDING SOURCES (DPH AND NON-DPH) | | 122,888 |
| CBHS UNITS OF SERVICE AND UNIT COST | | |
| Number of Beds Purchased (if applicable) | | |
| Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes) | | |
| Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program | | |
| Cost Reimbursement (CR) or Fee-For-Service (FFS): | | |
| Units of Service: | | |
| Unit Type: | | |
| Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY) | | |
| Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES): | | |
| Published Rate (Medi-Cal Providers Only): | | |
| Unduplicated Clients (UDC): | | |
| | | 0 |

DPH 3: Salaries & Benefits Detail

Provider Number: 8858

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

Appendix #: B-9b, page 2

| | TOTAL | | MHSA Prop 63 HMMHPROP63 | | Work Order #1 HSA HMMCHCDHSWO | | Work Order #2 DCYF HMMCHDCYFWO | | Workorder #3 SFCFC HMMMCHSRIPW HMMHMCHPFAPWO | | General Fund CODB HMMMCPT751594 | |
|----------------------------|-------|----------------|----------------------------|----------------|----------------------------------|----------------|-----------------------------------|----------------|--|----------------|------------------------------------|----------------|
| | Term: | 7/1/14-6/30/15 | Term: | 7/1/14-6/30/15 | Term: | 7/1/14-6/30/15 | Term: | 7/1/14-6/30/15 | Term: | 7/1/14-6/30/15 | Term: | 7/1/14-6/30/15 |
| Position Title | FTE | Salaries | FTE | Salaries | FTE | Salaries | FTE | Salaries | FTE | Salaries | FTE | Salaries |
| Behavioral Health Director | 0.71 | \$ 10,113.00 | 0.03 | 411 | 0.37 | 5,264 | 0.24 | 3,450 | 0.07 | 988 | 0.00 | |
| Director of Research | 0.08 | \$ 1,032.00 | 0.00 | 42 | 0.04 | 537 | 0.03 | 352 | 0.01 | 101 | 0.00 | 0 |
| Supervisors | 1.02 | \$ 9,173.00 | 0.04 | 373 | 0.53 | 4,775 | 0.35 | 3,129 | 0.10 | 896 | 0.00 | 0 |
| Mental Health Consultants | 0.50 | \$ 4,663.00 | 0.02 | 190 | 0.26 | 2,427 | 0.17 | 1,591 | 0.05 | 455 | 0.00 | 0 |
| Clinician | 4.08 | \$ 36,983.00 | 0.17 | 1,505 | 2.12 | 19,251 | 1.39 | 12,615 | 0.40 | 3,612 | 0.00 | 0 |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 |
| Totals: | 6.39 | \$61,964 | 0.26 | \$2,521 | 3.32 | \$32,254 | 2.18 | \$21,137 | 0.63 | \$6,052 | 0.00 | \$0 |

| | | | | | | | | | | | | |
|---------------------------|-----|----------|-----|-----|-----|---------|-----|---------|-----|---------|---------|-----|
| Employee Fringe Benefits: | 30% | \$18,589 | 30% | 756 | 30% | \$9,676 | 30% | \$6,341 | 30% | \$1,816 | #DIV/0! | \$0 |
|---------------------------|-----|----------|-----|-----|-----|---------|-----|---------|-----|---------|---------|-----|

| | | | | | | |
|--------------------------------------|-----------------|----------------|-----------------|-----------------|----------------|------------|
| TOTAL SALARIES & BENEFITS | \$80,553 | \$3,277 | \$41,930 | \$27,478 | \$7,868 | \$0 |
|--------------------------------------|-----------------|----------------|-----------------|-----------------|----------------|------------|

DPH 4: Operating Expenses Detail

Provider Number: 8858

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

Appendix #: B-9b, page 3

| Expenditure Category | TOTAL | MHSA Prop 63 HMHMPROP63 | Work Order #1 HSA HMHMCHCDHSWO | Work Order #2 DCYF HMHMCHDCYFWO | Workorder #3.SFCFC HMHMCHSRIPW HMHMCHPFAPWO | General Fund CODB HMHMCP751594 |
|--|--------------|----------------------------|-----------------------------------|------------------------------------|---|-----------------------------------|
| | | 5/31/14-6/30/14 | 5/31/14-6/30/14 | 5/31/14-6/30/14 | 5/31/14-6/30/14 | 5/31/14-6/30/14 |
| Occupancy (Based on Square Feet used) | \$ - | 0 | 0 | 0 | 0 | 0 |
| Utilities(Elec, Water, Gas, Phone, Scavenger) | \$ - | 0 | 0 | 0 | 0 | 0 |
| Office Supplies, Postage | \$ 872.00 | 43 | 548 | 240 | 41 | 0 |
| Building Maintenance Supplies and Repair | \$ - | 0 | 0 | 0 | 0 | 0 |
| Printing and Reproduction | \$ - | 0 | 0 | 0 | 0 | 0 |
| Insurance | \$ - | 0 | 0 | 0 | 0 | 0 |
| Staff Training | \$ 1,883.00 | 86 | 1,096 | 600 | 101 | 0 |
| Staff Travel-(Local & Out of Town) | \$ 277.00 | 13 | 164 | 80 | 20 | 0 |
| Rental of Equipment | \$ - | 0 | 0 | 0 | 0 | 0 |
| CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts) | \$ - | 0 | 0 | 0 | 0 | 0 |
| | \$ - | 0 | 0 | 0 | 0 | 0 |
| | \$ - | 0 | 0 | 0 | 0 | 0 |
| | \$ - | 0 | 0 | 0 | 0 | 0 |
| | \$ - | 0 | 0 | 0 | 0 | 0 |
| | \$ - | 0 | 0 | 0 | 0 | 0 |
| | \$ - | 0 | 0 | 0 | 0 | 0 |
| Other: | | 0 | 0 | 0 | 0 | 0 |
| Educational Supplies | \$ 1,149.00 | 56 | 712 | 320 | 61 | 0 |
| Computer Purchase | \$ 3,881.00 | 193 | 2,466 | 1,040 | 182 | 0 |
| Telecommunications | \$ 556.00 | 26 | 329 | 160 | 41 | 0 |
| Purchased Direct Expense (Program Admin, QA, General Research) | \$ 13,756.00 | 494 | 6,328 | 5,195 | 1,739 | 0 |
| | \$ - | 0 | 0 | 0 | 0 | 0 |
| | \$ - | 0 | 0 | 0 | 0 | 0 |
| TOTAL OPERATING EXPENSE | \$22,374 | \$911 | \$11,643 | \$7,635 | \$2,185 | \$0 |
| | \$0 | | | | | |

DPH 5: Capital Expenses Detail

Provider Number: 8858

Appendix #: B-9b, page 4

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

1. Equipment

| Item Description | Quantity | Serial #/VIN # | Funding Source [General Fund, Grant (List Title), or Work Order (List Dept.)] | Purchase Cost Each | Total Cost |
|--------------------------------------|----------|----------------|--|-----------------------|------------|
| Shared costs - Equipment - see DPH 7 | 1 | tbd | General Fund | 0 | 0 |
| Shared costs - Equipment - see DPH 7 | 1 | tbd | SB163 | 0 | 0 |
| Shared costs - Equipment - see DPH 7 | 1 | tbd | MHSA Prop 63 | 145 | 145 |
| Shared costs - Equipment - see DPH 7 | 1 | tbd | Work Order #1 HSA | 1,857 | 1,857 |
| Shared costs - Equipment - see DPH 7 | 1 | tbd | Work Order #2 DCYF | 1,218 | 1,218 |
| Shared costs - Equipment - see DPH 7 | 1 | tbd | Workorder #3 SFCFC | 349 | 349 |
| Shared costs - Equipment - see DPH 7 | 1 | tbd | Prop 63 PEI | 0 | 0 |
| | | | | 0 | 0 |

Total Equipment Cost

\$3,569

2. Remodeling

| | | | | | |
|--|---|-----|--------------------|-----|-----|
| Shared costs - Facilities Improvements - See DPH 7 | 1 | tbd | General Fund | 0 | 0 |
| Shared costs - Facilities Improvements - See DPH 7 | 1 | tbd | SB163 | 0 | 0 |
| Shared costs - Facilities Improvements - See DPH 7 | 1 | tbd | MHSA Prop 63 | 15 | 15 |
| Shared costs - Facilities Improvements - See DPH 7 | 1 | tbd | Work Order #1 HSA | 189 | 189 |
| Shared costs - Facilities Improvements - See DPH 7 | 1 | tbd | Work Order #2 DCYF | 124 | 124 |
| Shared costs - Facilities Improvements - See DPH 7 | 1 | tbd | Workorder #3 SFCFC | 35 | 35 |

Total Remodeling Cost

\$363

Total Capital Expenditure

(Equipment plus Remodeling Cost)

\$3,932

0

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

DMH Legal Entity Name (MH)/Contractor Name (SA): Edgewood Center for Children and Families

Provider Name: Edgewood Center for Children and Families

Provider Number: 8858

Contract Appendix #: B-10, page 1

Document Date: 7/1/2014

Fiscal Year: 2014-2015

| | | | | | | |
|---|-------------------------|-------------------------|---------|------|------|------------|
| Program Name: | School-Based Well Being | School-Based Well Being | | | | |
| Program Code (formerly Reporting Unit): | NA | NA | | | | |
| Mode/SFC (MH) or Modality (SA) | 45/10-19 | 45/20-29 | | | | |
| Service Description: | #REF! | #REF! | | | | TOTAL |
| FUNDING TERM: | 7/1/14-6/30/15 | 7/1/14-6/30/15 | | | | |
| FUNDING USES | | | | | | |
| Salaries & Employee Benefits: | 752 | 99,540 | - | - | - | 100,292 |
| Operating Expenses: | 209 | 27,647 | - | - | - | 27,856 |
| Capital Expenses (greater than \$5,000): | 37 | 4,859 | - | - | - | 4,896 |
| Subtotal Direct Expenses: | 998 | 132,046 | - | - | - | 133,044 |
| Indirect Expenses: | 150 | 19,806 | - | - | - | 19,956 |
| TOTAL FUNDING USES: | 1,148 | 151,852 | - | - | - | 153,000 |
| CBHS MENTAL HEALTH FUNDING SOURCES | | | | | | |
| MH FED - SDMC Regular FFP (50%) | HMHMCP751594 | - | - | - | - | - |
| MH STATE - EPSDT State Match | HMHMCP751594 | - | - | - | - | - |
| MH STATE - Family Mosaic Capitated Medi-Cal | HMHMCP8828CH | - | - | - | - | - |
| MH WORK ORDER - Human Services Agency (matched) | HMHMCHMTCHWO | - | - | - | - | - |
| MH WORK ORDER - Human Services Agency | HMHMCHCDHSWO | - | - | - | - | - |
| MH Triage Grant | HMHMCHGRANTS | - | - | - | - | - |
| MH WORK ORDER - Dept. Children, Youth & Families | HMHMCHDCYFWO | - | - | - | - | - |
| MH WORK ORDER - First Five (SF Children & Family Commission) | HMHMCHSRIPWO | - | - | - | - | - |
| MH WORK ORDER - First Five (SF Children & Family Commission) | HMHMCHPFAPWO | - | - | - | - | - |
| MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care | HMHNSB163ACP | - | - | - | - | - |
| MH STATE - MHSA - Prop 63 PEI | HMHMPROP63 | 1,148 | 151,852 | - | - | 153,000 |
| MH Realignment | HMHMCP751594 | - | - | - | - | - |
| MH COUNTY - General Fund (matched) | HMHMCP751594 | - | - | - | - | - |
| MH COUNTY - General Fund (unmatched) | HMHMCP751594 | - | - | - | - | - |
| MH COUNTY - General Fund CODB | HMHMCP751594 | - | - | - | - | - |
| MH COUNTY - General Fund WO CODB | HMHMCP751594 | - | - | - | - | - |
| TOTAL CBHS MENTAL HEALTH FUNDING SOURCES | | 1,148 | 151,852 | - | - | 153,000 |
| CBHS SUBSTANCE ABUSE FUNDING SOURCES | | | | | | |
| TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES | | - | - | - | - | - |
| OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES | | | | | | |
| TOTAL OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES | | - | - | - | - | - |
| TOTAL DPH FUNDING SOURCES | | 1,148 | 151,852 | - | - | 153,000 |
| NON-DPH FUNDING SOURCES | | | | | | |
| TOTAL NON-DPH FUNDING SOURCES | | - | - | - | - | - |
| TOTAL FUNDING SOURCES (DPH AND NON-DPH) | | 1,148 | 151,852 | - | - | 153,000 |
| CBHS UNITS OF SERVICE AND UNIT COST | | | | | | |
| Number of Beds Purchased (if applicable) | | | | | | |
| Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes) | | | | | | |
| Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program | | | | | | |
| Cost Reimbursement (CR) or Fee-For-Service (FFS): | FFS | FFS | | | | |
| Units of Service: | 41 | 5,478 | - | - | - | |
| Unit Type: | #REF! | #REF! | 0 | 0 | 0 | |
| Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY) | 27.72 | 27.72 | 0.00 | 0.00 | 0.00 | |
| Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES): | 27.72 | 27.72 | 0.00 | 0.00 | 0.00 | |
| Published Rate (Medi-Cal Providers Only): | 27.72 | 27.72 | 0.00 | 0.00 | 0.00 | Total UDC: |
| Unduplicated Clients (UDC): | 269 | 269 | 0 | 0 | 0 | 269 |

DPH 3: Salaries & Benefits Detail

Provider Number: 8858

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14Appendix #: B-10, page 2[illegible]

| | | | | | | | | | | | | | |
|---------------------------|-----|----|-----------|---------|-----|-----|----------|---------|-----|---------|-----|---------|-----|
| Employee Fringe Benefits: | 30% | \$ | 23,144.00 | #DIV/0! | \$0 | 30% | \$23,144 | #DIV/0! | \$0 | #DIV/0! | \$0 | #DIV/0! | \$0 |
|---------------------------|-----|----|-----------|---------|-----|-----|----------|---------|-----|---------|-----|---------|-----|

TOTAL SALARIES & BENEFITS

\$100,292

\$0

\$100,292

\$0

\$0

\$0

DPH 4: Operating Expenses Detail

Provider Number: 8858

Appendix #: B-10, page 3

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

#REF!

| Expenditure Category | TOTAL | | Prop 63 PEI HMHMPROP63 | | | |
|--|-----------------|----------------|---------------------------|----------------|----------------|----------------|
| | 7/1/14-6/30/15 | 7/1/14-6/30/15 | 7/1/14-6/30/15 | 7/1/14-6/30/15 | 7/1/14-6/30/15 | 7/1/14-6/30/15 |
| Occupancy (Based on Square Feet used) | \$ - | 0 | 0 | 0 | 0 | 0 |
| Utilities(Elec, Water, Gas, Phone, Scavenger) | \$ - | 0 | 0 | 0 | 0 | 0 |
| Office Supplies, Postage | \$ 2,623.00 | 0 | 2,623 | 0 | 0 | 0 |
| Building Maintenance Supplies and Repair | \$ - | 0 | 0 | 0 | 0 | 0 |
| Printing and Reproduction | \$ - | 0 | 0 | 0 | 0 | 0 |
| Insurance | \$ - | 0 | 0 | 0 | 0 | 0 |
| Staff Training | \$ 2,188.00 | 0 | 2,188 | 0 | 0 | 0 |
| Staff Travel-(Local & Out of Town) | \$ - | 0 | 0 | 0 | 0 | 0 |
| Rental of Equipment | \$ - | 0 | 0 | 0 | 0 | 0 |
| CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts) | \$ - | 0 | 0 | 0 | 0 | 0 |
| | \$ - | 0 | 0 | 0 | 0 | 0 |
| | \$ - | 0 | 0 | 0 | 0 | 0 |
| | \$ - | 0 | 0 | 0 | 0 | 0 |
| | \$ - | 0 | 0 | 0 | 0 | 0 |
| | \$ - | 0 | 0 | 0 | 0 | 0 |
| | \$ - | 0 | 0 | 0 | 0 | 0 |
| Other: | | 0 | 0 | 0 | 0 | 0 |
| Client Supplies and Food | \$ 5,689.00 | 0 | 5,689 | 0 | 0 | 0 |
| | \$ - | 0 | 0 | 0 | 0 | 0 |
| | \$ - | 0 | 0 | 0 | 0 | 0 |
| Purchased Direct Expense (Program Admin, QA, General Research) | \$ 17,356.00 | 0 | 17,356 | 0 | 0 | 0 |
| | \$ - | 0 | 0 | 0 | 0 | 0 |
| | \$ - | 0 | 0 | 0 | 0 | 0 |
| TOTAL OPERATING EXPENSE | \$27,856 | \$0 | \$27,856 | \$0 | \$0 | \$0 |

\$0

DPH 5: Capital Expenses Detail

Provider Number: 8858

Appendix #: B-10, page 4

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

1. Equipment

| Item Description | Quantity | Serial #/VIN # | Funding Source [General Fund, Grant (List Title), or Work Order (List Dept.)] | Purchase Cost Each | Total Cost |
|--------------------------------------|----------|----------------|--|-----------------------|------------|
| Shared costs - Equipment - see DPH 7 | 1 | tbd | General Fund | 0 | 0 |
| Shared costs - Equipment - see DPH 7 | 1 | tbd | SB163 | 0 | 0 |
| Shared costs - Equipment - see DPH 7 | 1 | tbd | MHSA Prop 63 | 4,445 | 4,445 |
| Shared costs - Equipment - see DPH 7 | 1 | tbd | Work Order #1 HSA | 0 | 0 |
| Shared costs - Equipment - see DPH 7 | 1 | tbd | Work Order #2 DCYF | 0 | 0 |
| Shared costs - Equipment - see DPH 7 | 1 | tbd | Workorder #3 SFCFC | 0 | 0 |
| Shared costs - Equipment - see DPH 7 | 1 | tbd | Prop 63 PEI | 0 | 0 |
| | | | | 0 | 0 |

Total Equipment Cost

\$4,445

2. Remodeling

| | | | | | |
|--|---|-----|--------------------|-----|-----|
| Shared costs - Facilities Improvements - See DPH 7 | 1 | tbd | General Fund | 0 | 0 |
| Shared costs - Facilities Improvements - See DPH 7 | 1 | tbd | SB163 | 0 | 0 |
| Shared costs - Facilities Improvements - See DPH 7 | 1 | tbd | MHSA Prop 63 | 451 | 451 |
| Shared costs - Facilities Improvements - See DPH 7 | 1 | tbd | Work Order #1 HSA | 0 | 0 |
| Shared costs - Facilities Improvements - See DPH 7 | 1 | tbd | Work Order #2 DCYF | 0 | 0 |
| Shared costs - Facilities Improvements - See DPH 7 | 1 | tbd | Workorder #3 SFCFC | 0 | 0 |

Total Remodeling Cost

\$451

Total Capital Expenditure

(Equipment plus Remodeling Cost)

\$4,896

0

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

| | | | | | |
|--|----------------|---------|------|------|-----------------------------------|
| DMH Legal Entity Name (MH)/Contractor Name (SA): Edgewood Center for Children and Families | | | | | Contract Appendix #: B-11, page 1 |
| Provider Name: Edgewood Center for Children and Families | | | | | Document Date: 7/1/2014 |
| Provider Number: 8858 | | | | | Fiscal Year: 2014-2015 |
| Program Name: | YAMHC | | | | |
| Program Code (formerly Reporting Unit): | NA | | | | |
| Mode/SFC (MH) or Modality (SA) | 45/10-19 | | | | |
| Service Description: | Cost Reimburse | | | | |
| FUNDING TERM: | 7/1/14-6/30/15 | | | | TOTAL |
| FUNDING USES | | | | | |
| Salaries & Employee Benefits: | 205,916 | - | - | - | 205,916 |
| Operating Expenses: | 219,603 | - | - | - | 219,603 |
| Capital Expenses (greater than \$5,000): | 16,257 | - | - | - | 16,257 |
| Subtotal Direct Expenses: | 441,776 | - | - | - | 441,776 |
| Indirect Expenses: | 66,266 | - | - | - | 66,266 |
| TOTAL FUNDING USES: | 508,042 | - | - | - | 508,042 |
| CBHS MENTAL HEALTH FUNDING SOURCES | | | | | |
| MH FED - SDMC Regular FFP (50%) | HMHMCP751594 | - | - | - | - |
| MH STATE - EPSDT State Match | HMHMCP751594 | - | - | - | - |
| MH STATE - Family Mosaic Capitated Medi-Cal | HMHMCP8828CH | - | - | - | - |
| MH WORK ORDER - Human Services Agency (matched) | HMHMCHMTCHWO | - | - | - | - |
| MH WORK ORDER - Human Services Agency | HMHMCHCDHSWO | - | - | - | - |
| MH Trilage Grant | HMHMCHGRANTS | - | - | - | - |
| MH WORK ORDER - Dept. Children, Youth & Families | HMHMCHDCYFWO | - | - | - | - |
| MH WORK ORDER - First Five (SF Children & Family Commission) | HMHMCHSRIPWO | - | - | - | - |
| MH WORK ORDER - First Five (SF Children & Family Commission) | HMHMCHPFAPWO | - | - | - | - |
| MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care | HMHNSB163ACP | - | - | - | - |
| MH STATE - MHSA - Prop 63 PEI | HMHMPROP63 | 433,500 | - | - | 433,500 |
| MH Realignment | HMHMCP751594 | - | - | - | - |
| MH COUNTY - General Fund (matched) | HMHMCP751594 | - | - | - | - |
| MH COUNTY - General Fund (unmatched) | HMHMCP751594 | - | - | - | - |
| MH COUNTY - General Fund CODB | HMHMCP751594 | 74,542 | - | - | 74,542 |
| MH COUNTY - General Fund WO CODB | HMHMCP751594 | - | - | - | - |
| TOTAL CBHS MENTAL HEALTH FUNDING SOURCES | | 508,042 | - | - | 508,042 |
| CBHS SUBSTANCE ABUSE FUNDING SOURCES | | | | | |
| TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES | | - | - | - | - |
| OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES | | | | | |
| TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES | | - | - | - | - |
| TOTAL DPH FUNDING SOURCES | | 508,042 | - | - | 508,042 |
| NON-DPH FUNDING SOURCES | | | | | |
| TOTAL NON-DPH FUNDING SOURCES | | - | - | - | - |
| TOTAL FUNDING SOURCES (DPH AND NON-DPH) | | 508,042 | - | - | 508,042 |
| CBHS UNITS OF SERVICE AND UNIT COST | | | | | |
| Number of Beds Purchased (if applicable) | | | | | |
| Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes) | | | | | |
| Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program | | | | | |
| Cost Reimbursement (CR) or Fee-For-Service (FFS): | CR | | | | |
| Units of Service: | 6,240 | - | - | - | - |
| Unit Type: | #REF! | 0 | 0 | 0 | 0 |
| Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only) | 81.42 | 0.00 | 0.00 | 0.00 | 0.00 |
| Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES): | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Published Rate (Medi-Cal Providers Only): | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Unduplicated Clients (UDC): | 500 | 0 | 0 | 0 | 500 |

DPH 3: Salaries & Benefits Detail

Provider Number:

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

Appendix #: B-11, page 2

[illegible]

| | | | | | | | | | | | | | | |
|---------------------------|-----|----|-----------|-----|----------|---------|-----|---------|-----|---------|-----|---------|-----|---------|
| Employee Fringe Benefits: | 30% | \$ | 47,519.00 | 30% | \$47,519 | #DIV/0! | \$0 | #DIV/0! | \$0 | #DIV/0! | \$0 | #DIV/0! | \$0 | #DIV/0! |
|---------------------------|-----|----|-----------|-----|----------|---------|-----|---------|-----|---------|-----|---------|-----|---------|

TOTAL SALARIES & BENEFITS

\$205,916

\$205,916

\$0

\$0

\$0

\$0

DPH 4: Operating Expenses Detail

Provider Number: 8858

Appendix #: B-11, page 3

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

| Expenditure Category | TOTAL | Prop 63 PEI HMHMPROP63/ General Fund HMHMCP751594 | | | | |
|--|------------------|--|----------------|----------------|----------------|----------------|
| | 7/1/14-6/30/15 | 7/1/14-6/30/15 | 7/1/14-6/30/15 | 7/1/14-6/30/15 | 7/1/14-6/30/15 | 7/1/14-6/30/15 |
| FY2014 Budget | | | | | | |
| Occupancy (Based on Square Feet used) | \$ 2,000.00 | 2,000 | 0 | 0 | 0 | 0 |
| Utilities(Elec, Water, Gas, Phone, Scavenger) | \$ 2,000.00 | 2,000 | 0 | 0 | 0 | 0 |
| Office Supplies, Postage | \$ 800.00 | 800 | 0 | 0 | 0 | 0 |
| Building Maintenance Supplies and Repair | \$ - | 0 | 0 | 0 | 0 | 0 |
| Printing and Reproduction | \$ - | 0 | 0 | 0 | 0 | 0 |
| Mileage reimbursement | \$ 600.00 | 600 | 0 | 0 | 0 | 0 |
| Staff Training | \$ 8,500.00 | 8,500 | 0 | 0 | 0 | 0 |
| Computer supplies | \$ 2,400.00 | 2,400 | 0 | 0 | 0 | 0 |
| Rental of Equipment | \$ - | 0 | 0 | 0 | 0 | 0 |
| CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts) | \$ - | 0 | 0 | 0 | 0 | 0 |
| Larkin Street Youth Services FY 2014 contract | \$ 94,875.00 | 94,875 | 0 | 0 | 0 | 0 |
| Huckleberry Youth Programs FY2014 contract | \$ 94,875.00 | 94,875 | 0 | 0 | 0 | 0 |
| | \$ - | 0 | 0 | 0 | 0 | 0 |
| | \$ - | 0 | 0 | 0 | 0 | 0 |
| | \$ - | 0 | 0 | 0 | 0 | 0 |
| | \$ - | 0 | 0 | 0 | 0 | 0 |
| Other: | \$ - | 0 | 0 | 0 | 0 | 0 |
| Food | \$ 600.00 | 600 | 0 | 0 | 0 | 0 |
| Telecommunication | \$ 1,200.00 | 1,200 | 0 | 0 | 0 | 0 |
| | \$ - | 0 | 0 | 0 | 0 | 0 |
| Purchased Direct Expense (Program Admin, QA, General Research) | \$ 11,753.00 | 11,753 | 0 | 0 | 0 | 0 |
| | \$ - | 0 | 0 | 0 | 0 | 0 |
| TOTAL OPERATING EXPENSE | \$219,603 | \$219,603 | \$0 | \$0 | \$0 | \$0 |

DPH 5: Capital Expenses Detail

Provider Number: 8858

Appendix #: B-11, page 4

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

1. Equipment

| Item Description | Quantity | Serial #/VIN # | Funding Source [General Fund, Grant (List Title), or Work Order (List Dept.)] | Purchase Cost Each | Total Cost |
|--------------------------------------|----------|----------------|--|-----------------------|------------|
| Shared costs - Equipment - see DPH 7 | 1 | tbd | General Fund | 2,166 | 2,166 |
| Shared costs - Equipment - see DPH 7 | 1 | tbd | SB163 | 0 | 0 |
| Shared costs - Equipment - see DPH 7 | 1 | tbd | MHSA Prop 63 | 12,593 | 12,593 |
| Shared costs - Equipment - see DPH 7 | 1 | tbd | Work Order #1 HSA | 0 | 0 |
| Shared costs - Equipment - see DPH 7 | 1 | tbd | Work Order #2 DCYF | 0 | 0 |
| Shared costs - Equipment - see DPH 7 | 1 | tbd | Workorder #3 SFCFC | 0 | 0 |
| Shared costs - Equipment - see DPH 7 | 1 | tbd | Prop 63 PEI | 0 | 0 |
| | | | | 0 | 0 |

Total Equipment Cost

\$14,759

2. Remodeling

| | | | | | |
|--|---|-----|--------------------|-------|-------|
| Shared costs - Facilities Improvements - See DPH 7 | 1 | tbd | General Fund | 220 | 220 |
| Shared costs - Facilities Improvements - See DPH 7 | 1 | tbd | SB163 | 0 | 0 |
| Shared costs - Facilities Improvements - See DPH 7 | 1 | tbd | MHSA Prop 63 | 1,278 | 1,278 |
| Shared costs - Facilities Improvements - See DPH 7 | 1 | tbd | Work Order #1 HSA | 0 | 0 |
| Shared costs - Facilities Improvements - See DPH 7 | 1 | tbd | Work Order #2 DCYF | 0 | 0 |
| Shared costs - Facilities Improvements - See DPH 7 | 1 | tbd | Workorder #3 SFCFC | 0 | 0 |

Total Remodeling Cost

\$1,498

Total Capital Expenditure

(Equipment plus Remodeling Cost)

\$16,257

0

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

| | | | | | |
|--|--------------------|--------------------|--------------------|--------------------|-----------------------------------|
| DMH Legal Entity Name (MH)/Contractor Name (SA): Edgewood Center for Children and Families | | | | | Contract Appendix #: B-12, page 1 |
| Provider Name: Edgewood Center for Children and Families | | | | | Document Date: 7/1/2014 |
| Provider Number: 8858 | | | | | Fiscal Year: 2014-2015 |
| Program Name: | Hospital Diversion | Hospital Diversion | Hospital Diversion | Hospital Diversion | |
| Program Code (formerly Reporting Unit): | 8858H2 | 8858H2 | 8858H2 | 8858H2 | |
| Mode/SFC (MH) or Modality (SA) | 15/10-56 | 15/01-09 | 15/70-79 | 15/60-69 | |
| Service Description: | #REF! | #REF! | #REF! | #REF! | TOTAL |
| FUNDING TERM: | 7/1/14-6/30/15 | 7/1/14-6/30/15 | | | |
| FUNDING USES | | | | | |
| Salaries & Employee Benefits: | 50,843 | 1,565 | 2,346 | 23,466 | 78,220 |
| Operating Expenses: | 14,121 | 435 | 652 | 6,518 | 21,726 |
| Capital Expenses (greater than \$5,000): | 2,482 | 76 | 115 | 1,145 | 3,818 |
| Subtotal Direct Expenses: | 67,446 | 2,076 | 3,113 | 31,129 | 103,764 |
| Indirect Expenses: | 10,117 | 311 | 467 | 4,669 | 15,564 |
| TOTAL FUNDING USES: | 77,563 | 2,387 | 3,580 | 35,798 | 119,328 |
| CBHS MENTAL HEALTH FUNDING SOURCES | | | | | |
| MH FED - SDMC Regular FFP (50%) | HMHMCP751594 | 4,550 | 140 | 210 | 7,000 |
| MH STATE - EPSDT State Match | HMHMCP751594 | - | - | - | - |
| MH STATE - Family Mosaic Capitated Medi-Cal | HMHMCP8828CH | - | - | - | - |
| MH WORK ORDER - Human Services Agency (matched) | HMHMCHMTCHWO | - | - | - | - |
| MH WORK ORDER - Human Services Agency | HMHMCHCDHSWO | - | - | - | - |
| MH Triage Grant | HMHMCHGRANTS | - | - | - | - |
| MH WORK ORDER - Dept. Children, Youth & Families | HMHMCHDCYFWO | - | - | - | - |
| MH WORK ORDER - First Five (SF Children & Family Commission) | HMHMCHSRIPWO | - | - | - | - |
| MH WORK ORDER - First Five (SF Children & Family Commission) | HMHMCHPPAPWO | - | - | - | - |
| MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care | HMHNSB163ACP | - | - | - | - |
| MH STATE - MHSA - Prop 63 PEI | HMHMPROP63 | - | - | - | - |
| MH Realignment | HMHMCP751594 | - | - | - | - |
| MH COUNTY - General Fund (matched) | HMHMCP751594 | - | - | - | - |
| MH COUNTY - General Fund (unmatched) | HMHMCP751594 | 73,013 | 2,247 | 3,370 | 112,328 |
| MH COUNTY - General Fund CODB | HMHMCP751594 | - | - | - | - |
| MH COUNTY - General Fund WO CODB | HMHMCP751594 | - | - | - | - |
| TOTAL CBHS MENTAL HEALTH FUNDING SOURCES | 77,563 | 2,387 | 3,580 | 35,798 | 119,328 |
| CBHS SUBSTANCE ABUSE FUNDING SOURCES | | | | | |
| TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES | - | - | - | - | - |
| OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES | | | | | |
| TOTAL OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES | - | - | - | - | - |
| TOTAL DPH FUNDING SOURCES | 77,563 | 2,387 | 3,580 | 35,798 | 119,328 |
| NON-DPH FUNDING SOURCES | | | | | |
| TOTAL NON-DPH FUNDING SOURCES | - | - | - | - | - |
| TOTAL FUNDING SOURCES (DPH AND NON-DPH) | 77,563 | 2,387 | 3,580 | 35,798 | 119,328 |
| CBHS UNITS OF SERVICE AND UNIT COST | | | | | |
| Number of Beds Purchased (if applicable) | | | | | |
| Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes) | | | | | |
| Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program | | | | | |
| Cost Reimbursement (CR) or Fee-For-Service (FFS): | FFS | FFS | FFS | FFS | |
| Units of Service: | 29,718 | 1,182 | 923 | 7,427 | |
| Unit Type: | #REF! | #REF! | #REF! | #REF! | 0 |
| Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY) | 2.61 | 2.02 | 3.88 | 4.82 | 0.00 |
| Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES): | 2.61 | 2.02 | 3.88 | 4.82 | 0.00 |
| Published Rate (Medi-Cal Providers Only): | 2.61 | 2.02 | 3.88 | 4.82 | 0.00 |
| Unduplicated Clients (UDC): | 20 | 20 | 20 | 20 | 0 |
| | | | | | 20 |

DPH 3: Salaries & Benefits Detail

Provider Number: 8858Appendix #: B-12, page 2

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

[illegible]

| | | | | | | | | | | | | | |
|---------------------------|-----|----|-----------|-----|----------|---------|-----|---------|-----|---------|-----|---------|-----|
| Employee Fringe Benefits: | 30% | \$ | 18,051.00 | 30% | \$18,051 | #DIV/0! | \$0 | #DIV/0! | \$0 | #DIV/0! | \$0 | #DIV/0! | \$0 |
|---------------------------|-----|----|-----------|-----|----------|---------|-----|---------|-----|---------|-----|---------|-----|

TOTAL SALARIES & BENEFITS

\$78,220

\$78,220

\$0

\$0

\$0

\$0

DPH 4: Operating Expenses Detail

Provider Number: 8858

Appendix #: B-12, page 3

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

| Expenditure Category | TOTAL | General Fund HMHMCP751594 | | | | |
|--|-----------------|------------------------------|----------------|----------------|----------------|----------------|
| | 7/1/14-6/30/15 | 7/1/14-6/30/15 | 7/1/14-6/30/15 | 7/1/14-6/30/15 | 7/1/14-6/30/15 | 7/1/14-6/30/15 |
| Occupancy (Based on Square Feet used) | \$ 7,840.00 | 7,840 | 0 | 0 | 0 | 0 |
| Utilities(Elec, Water, Gas, Phone, Scavenger) | \$ - | 0 | 0 | 0 | 0 | 0 |
| Office Supplies, Postage | \$ 166.00 | 166 | 0 | 0 | 0 | 0 |
| Building Maintenance Supplies and Repair | \$ - | 0 | 0 | 0 | 0 | 0 |
| Printing and Reproduction | \$ - | 0 | 0 | 0 | 0 | 0 |
| Insurance | \$ - | 0 | 0 | 0 | 0 | 0 |
| Staff Training | \$ - | 0 | 0 | 0 | 0 | 0 |
| Staff Travel-(Local & Out of Town) | \$ - | 0 | 0 | 0 | 0 | 0 |
| Rental of Equipment | \$ - | 0 | 0 | 0 | 0 | 0 |
| CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts) | \$ - | 0 | 0 | 0 | 0 | 0 |
| UCSF Resident Services Agreement | \$ 3,920.00 | 3,920 | 0 | 0 | 0 | 0 |
| | \$ - | 0 | 0 | 0 | 0 | 0 |
| | | 0 | 0 | 0 | 0 | 0 |
| | \$ - | 0 | 0 | 0 | 0 | 0 |
| | \$ - | 0 | 0 | 0 | 0 | 0 |
| | \$ - | 0 | 0 | 0 | 0 | 0 |
| Other: | \$ - | 0 | 0 | 0 | 0 | 0 |
| Depreciation | \$ - | 0 | 0 | 0 | 0 | 0 |
| Purchased Direct Expense (Program Admin, QA, General Research) | \$ 4,998.00 | 4,998 | 0 | 0 | 0 | 0 |
| Food | \$ 2,156.00 | 2,156 | 0 | 0 | 0 | 0 |
| Laundry and Kitchen Expense | \$ 1,470.00 | 1,470 | 0 | 0 | 0 | 0 |
| Client Incentives | \$ 1,176.00 | 1,176 | 0 | 0 | 0 | 0 |
| | \$ - | 0 | 0 | 0 | 0 | 0 |
| TOTAL OPERATING EXPENSE | \$21,726 | \$21,726 | \$0 | \$0 | \$0 | \$0 |
| | \$0 | | | | | |

DPH 5: Capital Expenses Detail

Provider Number: 8858

Appendix #: B-12, page 4

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

1. Equipment

| Item Description | Quantity | Serial #/VIN # | Funding Source [General Fund, Grant (List Title), or Work Order (List Dept.)] | Purchase Cost Each | Total Cost |
|--------------------------------------|----------|----------------|--|-----------------------|------------|
| Shared costs - Equipment - see DPH 7 | 1 | tbd | General Fund | 3,466 | 3,466 |
| Shared costs - Equipment - see DPH 7 | 1 | tbd | SB163 | 0 | 0 |
| Shared costs - Equipment - see DPH 7 | 1 | tbd | MHSA Prop 63 | 0 | 0 |
| Shared costs - Equipment - see DPH 7 | 1 | tbd | Work Order #1 HSA | 0 | 0 |
| Shared costs - Equipment - see DPH 7 | 1 | tbd | Work Order #2 DCYF | 0 | 0 |
| Shared costs - Equipment - see DPH 7 | 1 | tbd | Workorder #3 SFCFC | 0 | 0 |
| Shared costs - Equipment - see DPH 7 | 1 | tbd | Prop 63 PEI | 0 | 0 |
| | | | | 0 | 0 |

Total Equipment Cost

\$3,466

2. Remodeling

| | | | | | |
|--|---|-----|--------------------|-----|-----|
| Shared costs - Facilities Improvements - See DPH 7 | 1 | tbd | General Fund | 352 | 352 |
| Shared costs - Facilities Improvements - See DPH 7 | 1 | tbd | SB163 | 0 | 0 |
| Shared costs - Facilities Improvements - See DPH 7 | 1 | tbd | MHSA Prop 63 | 0 | 0 |
| Shared costs - Facilities Improvements - See DPH 7 | 1 | tbd | Work Order #1 HSA | 0 | 0 |
| Shared costs - Facilities Improvements - See DPH 7 | 1 | tbd | Work Order #2 DCYF | 0 | 0 |
| Shared costs - Facilities Improvements - See DPH 7 | 1 | tbd | Workorder #3 SFCFC | 0 | 0 |

Total Remodeling Cost

\$352

Total Capital Expenditure

(Equipment plus Remodeling Cost)

\$3,818

0

DPH 2: Department of Public Health - 1st Reporting/Data Collection (CRDC)

| | | | | | |
|--|--------------------|--------------------|--------|------------------------------------|----------------|
| DMH Legal Entity Name (MH)/Contractor Name (SA): Edgewood Center for Children and Families | | | | Contract Appendix #: B-12a, page 1 | |
| Provider Name: Edgewood Center for Children and Families | | | | Document Date: 4/4/2014 | |
| Provider Number: 8858 | | | | Fiscal Year: 2013-2014 | |
| Program Name: | Hospital Diversion | Hospital Diversion | | | |
| Program Code (formerly Reporting Unit): | 8858H1 | 8858H1 | | | |
| Mode/SFC (MH) or Modality (SA) | 05/60-64 | 05/60-64 | | | |
| Service Description: | Residential Other | Residential Other | | | |
| FUNDING TERM: | 7/1/13-6/30/14 | 7/1/13-6/30/14 | | | TOTAL |
| FUNDING USES | | | | | |
| Salaries & Employee Benefits: | 140,096 | 52,096 | - | - | 192,192 |
| Operating Expenses: | 38,911 | 14,470 | - | - | 53,381 |
| Capital Expenses (greater than \$5,000): | 6,839 | 2,543 | - | - | 9,382 |
| Subtotal Direct Expenses: | 185,846 | 69,109 | - | - | 254,955 |
| Indirect Expenses: | 27,875 | 10,366 | - | - | 38,241 |
| TOTAL FUNDING USES: | 213,721 | 79,475 | - | - | 293,196 |
| CBHS MENTAL HEALTH FUNDING SOURCES | | | | | |
| MH FED - SDMC Regular FFP (50%) | HMHMCP751594 | - | - | - | - |
| MH STATE - EPSDT State Match | HMHMCP751594 | - | - | - | - |
| MH STATE - Family Mosaic Capitated Medi-Cal | HMHMCP8828CH | - | - | - | - |
| MH WORK ORDER - Human Services Agency (matched) | HMHMCHMTCHWO | - | - | - | - |
| MH WORK ORDER - Human Services Agency | HMHMCHCDHSWO | - | - | - | - |
| MH Triage Grant | HMHMCHGRANTS | - | - | - | - |
| MH WORK ORDER - Dept. Children, Youth & Families | HMHMCHDCYFWO | - | - | - | - |
| MH WORK ORDER - First Five (SF Children & Family Commission) | HMHMCHSRIPWO | - | - | - | - |
| MH WORK ORDER - First Five (SF Children & Family Commission) | HMHMCHPFAPWO | - | - | - | - |
| MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care | HMHNSB163ACP | 145,787 | 54,213 | - | 200,000 |
| MH STATE - MHSA - Prop 63 PEI | HMHMPROP63 | - | - | - | - |
| MH Realignment | HMHMCP751594 | 5,103 | 1,897 | - | 7,000 |
| MH COUNTY - General Fund (matched) | HMHMCP751594 | - | - | - | - |
| MH COUNTY - General Fund (unmatched) | HMHMCP751594 | 62,831 | 23,365 | - | 86,196 |
| MH COUNTY - General Fund CODB | HMHMCP751594 | - | - | - | - |
| MH COUNTY - General Fund WO CODB | HMHMCP751594 | - | - | - | - |
| TOTAL CBHS MENTAL HEALTH FUNDING SOURCES | 213,721 | 79,475 | - | - | 293,196 |
| CBHS SUBSTANCE ABUSE FUNDING SOURCES | | | | | |
| TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES | - | - | - | - | - |
| OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES | | | | | |
| TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES | - | - | - | - | - |
| TOTAL DPH FUNDING SOURCES | 213,721 | 79,475 | - | - | 293,196 |
| NON-DPH FUNDING SOURCES | | | | | |
| TOTAL NON-DPH FUNDING SOURCES | - | - | - | - | - |
| TOTAL FUNDING SOURCES (DPH AND NON-DPH) | 213,721 | 79,475 | - | - | 293,196 |
| CBHS UNITS OF SERVICE AND UNIT COST | | | | | |
| Number of Beds Purchased (if applicable) | | | | | |
| Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes) | | | | | |
| Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program | | | | | |
| Cost Reimbursement (CR) or Fee-For-Service (FFS): | FFS | FFS | | | |
| Units of Service: | 356 | 85 | - | - | - |
| Unit Type: | Client Day | Empty bed day | 0 | 0 | 0 |
| Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only) | 600.00 | 935.00 | 0.00 | 0.00 | 0.00 |
| Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES): | 600.00 | 935.00 | 0.00 | 0.00 | 0.00 |
| Published Rate (Medi-Cal Providers Only): | 1,285.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Unduplicated Clients (UDC): | 20 | 1 | 0 | 0 | 20 |

DPH 3: Salaries & Benefits Detail

Provider Number: 8858

Provider Name: Edgewood Center for Children and Families

Document Date: 4/4/14

Appendix #: B-12a, page 2[illegible]

| | | | | | | | | | | | | |
|---------------------------|-----|----------|-----|----------|-----|----------|---------|-----|---------|-----|---------|-----|
| Employee Fringe Benefits: | 30% | \$44,352 | 30% | \$14,098 | 30% | \$30,254 | #DIV/0! | \$0 | #DIV/0! | \$0 | #DIV/0! | \$0 |
|---------------------------|-----|----------|-----|----------|-----|----------|---------|-----|---------|-----|---------|-----|

TOTAL SALARIES & BENEFITS

\$192,192

\$61,091

\$131,101

\$0

\$0

\$0

DPH 4: Operating Expenses Detail

Provider Number: 8858

Provider Name: Edgewood Center for Children and Families

Document Date: 4/4/14

Appendix #: B-12a, page 3

| Expenditure Category | TOTAL | General Fund HMHMCP751594 | SB 163 HMHNSB163ACP | | | |
|--|-----------------|------------------------------|------------------------|----------------|----------------|----------------|
| | 7/1/13-6/30/14 | 7/1/13-6/30/14 | 7/1/13-6/30/14 | 7/1/13-6/30/14 | 7/1/13-6/30/14 | 7/1/13-6/30/14 |
| Occupancy (Based on Square Feet used) | \$ 19,263.00 | 6,123 | 13,140 | 0 | 0 | 0 |
| Utilities(Elec, Water, Gas, Phone, Scavenger) | \$ - | 0 | 0 | 0 | 0 | 0 |
| Office Supplies, Postage | \$ 408.00 | 130 | 278 | 0 | 0 | 0 |
| Building Maintenance Supplies and Repair | \$ - | 0 | 0 | 0 | 0 | 0 |
| Printing and Reproduction | \$ - | 0 | 0 | 0 | 0 | 0 |
| Insurance | \$ - | 0 | 0 | 0 | 0 | 0 |
| Staff Training | \$ - | 0 | 0 | 0 | 0 | 0 |
| Staff Travel-(Local & Out of Town) | \$ - | 0 | 0 | 0 | 0 | 0 |
| Rental of Equipment | \$ - | 0 | 0 | 0 | 0 | 0 |
| CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts) | \$ - | 0 | 0 | 0 | 0 | 0 |
| UCSF Interns | \$ 9,631.00 | 3,061 | 6,570 | 0 | 0 | 0 |
| | \$ - | 0 | 0 | 0 | 0 | 0 |
| | \$ - | 0 | 0 | 0 | 0 | 0 |
| | \$ - | 0 | 0 | 0 | 0 | 0 |
| | \$ - | 0 | 0 | 0 | 0 | 0 |
| | \$ - | 0 | 0 | 0 | 0 | 0 |
| Other: | \$ - | 0 | 0 | 0 | 0 | 0 |
| Depreciation | \$ - | 0 | 0 | 0 | 0 | 0 |
| Purchased Direct Expense (Program Admin, QA, General Research) | \$ 12,280.00 | 3,903 | 8,377 | 0 | 0 | 0 |
| Food | \$ 5,298.00 | 1,684 | 3,614 | 0 | 0 | 0 |
| Laundry and Kitchen Expense | \$ 3,612.00 | 1,148 | 2,464 | 0 | 0 | 0 |
| Client Incentives | \$ 2,889.00 | 918 | 1,971 | 0 | 0 | 0 |
| | \$ - | 0 | 0 | 0 | 0 | 0 |
| TOTAL OPERATING EXPENSE | \$53,381 | \$16,967 | \$36,414 | \$0 | \$0 | \$0 |

\$0

DPH 5: Capital Expenses Detail

Provider Number: 8858

Appendix #: B-12a, page 4

Provider Name: Edgewood Center for Children and Families

Document Date: 4/4/14

1. Equipment

| Item Description | Quantity | Serial #/VIN # | Funding Source [General Fund, Grant (List Title), or Work Order (List Dept.)] | Purchase Cost Each | Total Cost |
|--------------------------------------|----------|----------------|--|-----------------------|------------|
| Shared costs - Equipment - see DPH 7 | 1 | tbd | General Fund | 2,707 | 2,707 |
| Shared costs - Equipment - see DPH 7 | 1 | tbd | SB163 | 5,810 | 5,810 |
| Shared costs - Equipment - see DPH 7 | 1 | tbd | MHSA Prop 63 | 0 | 0 |
| Shared costs - Equipment - see DPH 7 | 1 | tbd | Work Order #1 HSA | 0 | 0 |
| Shared costs - Equipment - see DPH 7 | 1 | tbd | Work Order #2 DCYF | 0 | 0 |
| Shared costs - Equipment - see DPH 7 | 1 | tbd | Workorder #3 SFCFC | 0 | 0 |
| Shared costs - Equipment - see DPH 7 | 1 | tbd | Prop 63 PEI | 0 | 0 |
| | | | | 0 | 0 |

Total Equipment Cost

\$8,517

2. Remodeling

| | | | | | |
|--|---|-----|--------------------|-----|-----|
| Shared costs - Facilities Improvements - See DPH 7 | 1 | tbd | General Fund | 275 | 275 |
| Shared costs - Facilities Improvements - See DPH 7 | 1 | tbd | SB163 | 590 | 590 |
| Shared costs - Facilities Improvements - See DPH 7 | 1 | tbd | MHSA Prop 63 | 0 | 0 |
| Shared costs - Facilities Improvements - See DPH 7 | 1 | tbd | Work Order #1 HSA | 0 | 0 |
| Shared costs - Facilities Improvements - See DPH 7 | 1 | tbd | Work Order #2 DCYF | 0 | 0 |
| Shared costs - Facilities Improvements - See DPH 7 | 1 | tbd | Workorder #3 SFCFC | 0 | 0 |

Total Remodeling Cost

\$865

Total Capital Expenditure

(Equipment plus Remodeling Cost)

\$9,382

0

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

| | | | | | | | |
|--|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|---------------------------|
| DMH Legal Entity Name (MH)/Contractor Name (SA): Edgewood Center for Children and Families | | | | | | | Contract Appendix #: B-13 |
| Provider Name: Edgewood Center for Children and Families | | | | | | | Document Date: 7/1/2014 |
| Provider Number: 8858 | | | | | | | Fiscal Year: 2014-2015 |
| Program Name: | Residential Day Treatment & FCP OP | Residential Day Treatment & FCP OP | Residential Day Treatment & FCP OP | Residential Day Treatment & FCP OP | Residential Day Treatment & FCP OP | Residential Day Treatment & FCP OP | |
| Program Code (formerly Reporting Unit): | 8858FC | 8858FC | 8858FC | 8858FC | 8858FC | 8858FC | |
| Mode/SFC (MH) or Modality (SA) | 15/10-56 | 15/01-09 | 15/70-79 | 15/60-69 | 15/07 | 15/57 | |
| Service Description: | #REF! | #REF! | #REF! | #REF! | #REF! | #REF! | TOTAL |
| FUNDING TERM: | 7/1/14-6/30/15 | 7/1/14-6/30/15 | 7/1/14-6/30/15 | 7/1/14-6/30/15 | 7/1/14-6/30/15 | 7/1/14-6/30/15 | |
| FUNDING USES | | | | | | | |
| Salaries & Employee Benefits: | 61,344 | 24,537 | 24,537 | 49,074 | 24,537 | 61,343 | 245,372 |
| Operating Expenses: | 22,941 | 9,176 | 9,176 | 18,352 | 9,176 | 22,940 | 91,761 |
| Capital Expenses (greater than \$5,000): | 4,031 | 1,613 | 1,613 | 3,226 | 1,613 | 4,032 | 16,128 |
| Subtotal Direct Expenses: | 88,316 | 35,326 | 35,326 | 70,652 | 35,326 | 88,315 | 353,261 |
| Indirect Expenses: | 16,434 | 6,574 | 6,574 | 13,148 | 6,574 | 16,435 | 65,739 |
| TOTAL FUNDING USES: | 104,750 | 41,900 | 41,900 | 83,800 | 41,900 | 104,750 | 419,000 |
| CBHS MENTAL HEALTH FUNDING SOURCES | | | | | | | |
| MH FED - SDMC Regular FFP (50%) | HMHMCP751594 | 41,750 | 16,700 | 16,700 | 33,400 | 16,700 | 167,000 |
| MH STATE - EPSDT State Match | HMHMCP751594 | 56,700 | 22,680 | 22,680 | 45,360 | 22,680 | 226,800 |
| MH STATE - Family Mosaic Capitated Medi-Cal | HMHMCP8828CH | - | - | - | - | - | - |
| MH WORK ORDER - Human Services Agency (matched) | HMHMCHMTCHWO | - | - | - | - | - | - |
| MH WORK ORDER - Human Services Agency | HMHMCHCDHSWO | - | - | - | - | - | - |
| MH Triage Grant | HMHMCHGRANTS | - | - | - | - | - | - |
| MH WORK ORDER - Dept. Children, Youth & Families | HMHMCHDCYFWO | - | - | - | - | - | - |
| MH WORK ORDER - First Five (SF Children & Family Commission) | HMHMCHSRIPWO | - | - | - | - | - | - |
| MH WORK ORDER - First Five (SF Children & Family Commission) | HMHMCHPFAPWO | - | - | - | - | - | - |
| MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care | HMHNSB163ACP | - | - | - | - | - | - |
| MH STATE - MHSA - Prop 63 PEI | HMHMPROP63 | - | - | - | - | - | - |
| MH Realignment | HMHMCP751594 | 1,471 | 588 | 588 | 1,177 | 588 | 5,883 |
| MH COUNTY - General Fund (matched) | HMHMCP751594 | 4,829 | 1,932 | 1,932 | 3,863 | 1,932 | 19,317 |
| MH COUNTY - General Fund (unmatched) | HMHMCP751594 | - | - | - | - | - | - |
| MH COUNTY - General Fund CODB | HMHMCP751594 | - | - | - | - | - | - |
| MH COUNTY - General Fund WO CODB | HMHMCP751594 | - | - | - | - | - | - |
| TOTAL CBHS MENTAL HEALTH FUNDING SOURCES | | 104,750 | 41,900 | 41,900 | 83,800 | 41,900 | 419,000 |
| CBHS SUBSTANCE ABUSE FUNDING SOURCES | | | | | | | |
| TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES | | - | - | - | - | - | - |
| OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES | | | | | | | |
| TOTAL OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES | | - | - | - | - | - | - |
| TOTAL DPH FUNDING SOURCES | | 104,750 | 41,900 | 41,900 | 83,800 | 41,900 | 419,000 |
| NON-DPH FUNDING SOURCES | | | | | | | |
| TOTAL NON-DPH FUNDING SOURCES | | - | - | - | - | - | - |
| TOTAL FUNDING SOURCES (DPH AND NON-DPH) | | 104,750 | 41,900 | 41,900 | 83,800 | 41,900 | 419,000 |
| CBHS UNITS OF SERVICE AND UNIT COST | | | | | | | |
| Number of Beds Purchased (if applicable) | | | | | | | |
| Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes) | | | | | | | |
| Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program | | | | | | | |
| Cost Reimbursement (CR) or Fee-For-Service (FFS): | FFS | FFS | FFS | FFS | FFS | FFS | |
| Units of Service: | 48,276 | 24,950 | 12,990 | 20,913 | 24,950 | 48,276 | |
| Unit Type: | #REF! | #REF! | #REF! | #REF! | #REF! | #REF! | |
| Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only) | 2.61 | 2.02 | 3.88 | 4.82 | 2.02 | 2.61 | |
| Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES): | 2.61 | 2.02 | 3.88 | 4.82 | 2.02 | 2.61 | |
| Published Rate (Medi-Cal Providers Only): | 2.61 | 2.02 | 3.88 | 4.82 | 2.02 | 2.61 | Total UDC: |
| Unduplicated Clients (UDC): | 20 | 20 | 20 | 20 | 20 | 20 | 20 |

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

| | | | | | |
|--|---------------------|-----------------------------------|-----------|------|-----------|
| DMH Legal Entity Name (MH)/Contractor Name (SA): Edgewood Center for Children and Families | | Contract Appendix #: B-14, page 1 | | | |
| Provider Name: Edgewood Center for Children and Families | | Document Date: 7/1/2014 | | | |
| Provider Number: 8858 | | Fiscal Year: 2014-2015 | | | |
| Program Name: | Triage | Triage | | | |
| Program Code (formerly Reporting Unit): | tbd | tbd | | | |
| Mode/SFC (MH) or Modality (SA) | 05/60-64 | 05/60-64 | | | |
| Service Description: | Program Development | Program Development | | | TOTAL |
| FUNDING TERM: | 7/1/14-6/30/15 | 7/1/14-6/30/15 | | | |
| FUNDING USES | | | | | |
| Salaries & Employee Benefits: | 847,900 | 929,462 | - | - | 1,777,362 |
| Operating Expenses: | 223,000 | 244,451 | - | - | 467,451 |
| Capital Expenses (greater than \$5,000): | | | | | - |
| Subtotal Direct Expenses: | 1,070,900 | 1,173,913 | - | - | 2,244,813 |
| Indirect Expenses: | 160,634 | 176,087 | - | - | 336,721 |
| TOTAL FUNDING USES: | 1,231,534 | 1,350,000 | - | - | 2,581,534 |
| CBHS MENTAL HEALTH FUNDING SOURCES | | | | | |
| MH FED - SDMC Regular FFP (50%) | HMHMCP751594 | - | - | - | - |
| MH STATE - EPSDT State Match | HMHMCP751594 | - | - | - | - |
| MH STATE - Family Mosaic Capitated Medi-Cal | HMHMCP8828CH | - | - | - | - |
| MH WORK ORDER - Human Services Agency (matched) | HMHMCHMTCHWO | - | - | - | - |
| MH WORK ORDER - Human Services Agency | HMHMCHCDHSWO | - | - | - | - |
| MH WORK ORDER - Human Services Agency CODB | HMHMCP751594 | - | - | - | - |
| MH WORK ORDER - Dept. Children, Youth & Families | HMHMCHCDHSWO | - | - | - | - |
| MH WORK ORDER - First Five (SF Children & Family Commission) | HMHMCHSRIPWO | - | - | - | - |
| MH WORK ORDER - First Five (SF Children & Family Commission) | HMHMCHPFAPWO | - | - | - | - |
| MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care | HMHNSB163ACP | - | - | - | - |
| MH STATE - MHSA - Prop 63 PEI | HMHMPROP63 | - | - | - | - |
| MH Triage Grant | HMHMCHGRANTS | 1,231,534 | - | - | 1,231,534 |
| MH Realignment | HMHMCP751594 | - | - | - | - |
| MH COUNTY - General Fund (matched) | HMHMCP751594 | - | - | - | - |
| MH COUNTY - General Fund (unmatched) | HMHMCP751594 | - | 1,350,000 | - | 1,350,000 |
| MH COUNTY - General Fund CODB | HMHMCP751594 | - | - | - | - |
| MH COUNTY - General Fund WO CODB | HMHMCP751594 | - | - | - | - |
| TOTAL CBHS MENTAL HEALTH FUNDING SOURCES | | 1,231,534 | 1,350,000 | - | 2,581,534 |
| CBHS SUBSTANCE ABUSE FUNDING SOURCES | | | | | |
| | | - | - | - | - |
| TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES | | - | - | - | - |
| OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES | | | | | |
| | | - | - | - | - |
| TOTAL OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES | | - | - | - | - |
| TOTAL DPH FUNDING SOURCES | | 1,231,534 | 1,350,000 | - | 2,581,534 |
| NON-DPH FUNDING SOURCES | | | | | |
| | | - | - | - | - |
| TOTAL NON-DPH FUNDING SOURCES | | - | - | - | - |
| TOTAL FUNDING SOURCES (DPH AND NON-DPH) | | 1,231,534 | 1,350,000 | - | 2,581,534 |
| CBHS UNITS OF SERVICE AND UNIT COST | | | | | |
| Number of Beds Purchased (if applicable) | | | | | |
| Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes) | | | | | |
| Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program | | | | | |
| Cost Reimbursement (CR) or Fee-For-Service (FFS): | CR | CR | | | |
| Units of Service: | 24,631 | 27,000 | - | - | - |
| Unit Type: | Staff Hour | Staff Hour | 0 | 0 | 0 |
| Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY) | 50.00 | 50.00 | 0.00 | 0.00 | 0.00 |
| Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES): | 50.00 | 50.00 | 0.00 | 0.00 | 0.00 |
| Published Rate (Medi-Cal Providers Only): | 50.00 | 50.00 | 0.00 | 0.00 | 0.00 |
| Unduplicated Clients (UDC): | 200 | 200 | | | 200 |

DPH 3: Salaries & Benefits Detail

Provider Number: 8858

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

Appendix #: 14, page 2

| | TOTAL | | HMHMCHGRANTS | | HMHMCPT751594 | | | | | | | |
|-----------------------|--------------|-----------------------|---------------------|-----------------------|----------------------|-----------------------|--------------|-----------------------|--------------|-----------------------|--------------|-----------------------|
| | Term: | 7/1/14-6/30/15 | Term: | 7/1/14-6/30/15 | Term: | 7/1/14-6/30/15 | Term: | 7/1/14-6/30/15 | Term: | 7/1/14-6/30/15 | Term: | 7/1/14-6/30/15 |
| Position Title | FTE | \$ Salaries | FTE | \$ Salaries | FTE | \$ Salaries | FTE | \$ Salaries | FTE | \$ Salaries | FTE | \$ Salaries |
| Directors | 2.44 | \$ 245,453.00 | 1.16 | 117094.00 | 1.28 | 128,359 | | | | | | |
| Supervisors | 2.50 | \$ 201,580.00 | 1.19 | 96165.00 | 1.31 | 105,415 | | | | | | |
| Team Leads | 3.17 | \$ 189,326.00 | 1.51 | 90319.00 | 1.66 | 99,007 | | | | | | |
| Counselors | 5.22 | \$ 234,633.00 | 2.49 | 111933.00 | 2.73 | 122,700 | | | | | | |
| Clinicians | 6.93 | \$ 276,383.00 | 3.31 | 131850.00 | 3.62 | 144,533 | | | | | | |
| Nursing | 1.19 | \$ 95,683.00 | 0.57 | 45,646 | 0.62 | 50,037 | | | | | | |
| Trainers | 1.59 | \$ 79,760.00 | 0.76 | 38,050 | 0.83 | 41,710 | | | | | | |
| HR specialists | 0.06 | \$ 6,896.00 | 0.03 | 3,290 | 0.03 | 3,606 | | | | | | |
| IT specialists | 0.46 | \$ 37,488.00 | 0.22 | 17,884 | 0.24 | 19,604 | | | | | | |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | | | | | | |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | | | | | | |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | | | | | | |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | | | | | | |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | | | | | | |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | | | | | | |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | | | | | | |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | | | | | | |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | | | | | | |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | | | | | | |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | | | | | | |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | | | | | | |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | | | | | | |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | | | | | | |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | | | | | | |
| | 0.00 | \$ - | 0.00 | 0 | 0.00 | 0 | | | | | | |
| Totals: | 23.56 | \$1,367,202 | 11.24 | \$652,231 | 12.32 | \$714,971 | 0.00 | \$0 | 0.00 | \$0 | 0.00 | \$0 |

| | | | | | | | | | | | | |
|----------------------------------|-----|-----------|-----|-----------|-----|-----------|---------|-----|---------|-----|---------|-----|
| Employee Fringe Benefits: | 30% | \$410,160 | 30% | \$195,669 | 30% | \$214,491 | #DIV/0! | \$0 | #DIV/0! | \$0 | #DIV/0! | \$0 |
|----------------------------------|-----|-----------|-----|-----------|-----|-----------|---------|-----|---------|-----|---------|-----|

TOTAL SALARIES & BENEFITS

\$1,777,362

\$847,900

\$929,462

\$0

\$0

\$0

DPH 4: Operating Expenses Detail

Provider Number: 8858

Appendix #: B-14, page 3

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

| Expenditure Category | TOTAL | HMMCHGRANTS | HMMCP751594 | | | |
|--|------------------|------------------|------------------|----------------|----------------|----------------|
| | 7/1/14-6/30/15 | 7/1/14-6/30/15 | 7/1/14-6/30/15 | 7/1/14-6/30/15 | 7/1/14-6/30/15 | 7/1/14-6/30/15 |
| Occupancy | \$ 251,542.00 | 120,000 | 131,542 | | | |
| Utilities(Elec, Water, Gas, Phone, Scavenger) | \$ 25,154.00 | 12,000 | 13,154 | | | |
| Office Supplies, Postage | \$ 2,096.00 | 1,000 | 1,096 | | | |
| Building Maintenance Supplies and Repair | \$ 20,962.00 | 10,000 | 10,962 | | | |
| Printing and Reproduction | \$ 8,385.00 | 4,000 | 4,385 | | | |
| Insurance | \$ 10,481.00 | 5,000 | 5,481 | | | |
| Staff Training | \$ - | 0 | 0 | | | |
| Staff Travel-(Local & Out of Town) | \$ - | 0 | 0 | | | |
| Rental of Equipment | \$ 6,289.00 | 3,000 | 3,289 | | | |
| CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts) | \$ - | 0 | 0 | | | |
| | \$ - | 0 | 0 | | | |
| | \$ - | 0 | 0 | | | |
| | \$ - | 0 | 0 | | | |
| | \$ - | 0 | 0 | | | |
| | \$ - | 0 | 0 | | | |
| | \$ - | 0 | 0 | | | |
| Other: | \$ - | 0 | 0 | | | |
| Depreciation | \$ - | 0 | 0 | | | |
| Purchased Direct Expense (Program Admin, QA) | \$ 94,329.00 | 45,000 | 49,329 | | | |
| Food | \$ 31,443.00 | 15,000 | 16,443 | | | |
| Laundry and Kitchen Expense | \$ 6,289.00 | 3,000 | 3,289 | | | |
| Client Incentives | \$ 10,481.00 | 5,000 | 5,481 | | | |
| | \$ - | 0 | 0 | | | |
| TOTAL OPERATING EXPENSE | \$467,451 | \$223,000 | \$244,451 | \$0 | \$0 | \$0 |

DPH 6: Contract-Wide Indirect Detail

Contractor Name Center for Children and Families

Document Date: 7/1/2014

| 1. SALARIES & BENEFITS | FTE | Total |
|--------------------------------------|------------|---------------------|
| Position Title | | |
| CEO | 0.37 | \$ 111,884 |
| CFO | 0.32 | 93,236 |
| Director of IT | 0.32 | 73,311 |
| IT Administrator | 0.32 | 41,786 |
| Administrative Assistant | 0.32 | 22,164 |
| HR Director | 0.32 | 53,763 |
| HR Generalist | 0.32 | 27,161 |
| IT Operations Manager | 0.32 | 41,786 |
| HR Assistant | 0.32 | 21,729 |
| Controller | 0.32 | 47,010 |
| Finance Analyst | 0.32 | 36,563 |
| AP Associate | 0.32 | 24,587 |
| Payroll Accountant | 0.32 | 26,858 |
| Accounting Manager | 0.32 | 33,563 |
| Collections Clerk | 0.32 | 24,374 |
| Billing Specialist | 0.32 | 30,726 |
| Software Engineer | 0.32 | 41,786 |
| IT Help Desk | 0.32 | 85,411 |
| Accountant | 0.00 | - |
| | 0.00 | - |
| | 0.00 | - |
| | 0.00 | - |
| | 0.00 | - |
| | 0.00 | - |
| | 0.00 | - |
| EMPLOYEE FRINGE BENEFIT | 30.0% | \$ 251,309 |
| TOTAL SALARIES & BENEFITS | | \$ 1,089,007 |

2. OPERATING COSTS

| Expenditure Category | |
|------------------------------|-------------------|
| Accounting/Audit Fees | 39,826 |
| Insurance | 29,298 |
| Bank/Payroll Fees | 39,826 |
| Software Fees/Expense | 22,232 |
| | - |
| | - |
| TOTAL OPERATING COSTS | \$ 131,182 |

TOTAL INDIRECT COSTS

(Salaries & Benefits + Operating Costs)

\$ 1,220,189



238225

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
7/2/2013

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

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

| PRODUCER Commercial Lines - (415) 541-7900 Wells Fargo Insurance Services USA, Inc. - CA Lic#: 0D08408 45 Fremont Street, Suite 800 San Francisco, CA 94105-2259 | CONTACT NAME: Susan McDarby PHONE (A/C, No, Ext): (415) 512-3607 FAX (A/C, No): (877) 302-0977 E-MAIL ADDRESS: Susan.McDarby@wellsfargo.com | | | | | | | | | | | | | | |
|---|--|-------------------------------|--------|---|-------|---|-------|-------------------|--|-------------------|--|-------------------|--|-------------------|--|
| INSURED Edgewood Center for Children and Families 1801 Vicente Street San Francisco, CA 94116 | <table border="1"><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A: Nonprofits Insurance Alliance of California</td><td>11845</td></tr><tr><td>INSURER B: Hartford Fire Insurance Company</td><td>19682</td></tr><tr><td>INSURER C:</td><td></td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></table> | INSURER(S) AFFORDING COVERAGE | NAIC # | INSURER A: Nonprofits Insurance Alliance of California | 11845 | INSURER B: Hartford Fire Insurance Company | 19682 | INSURER C: | | INSURER D: | | INSURER E: | | INSURER F: | |
| INSURER(S) AFFORDING COVERAGE | NAIC # | | | | | | | | | | | | | | |
| INSURER A: Nonprofits Insurance Alliance of California | 11845 | | | | | | | | | | | | | | |
| INSURER B: Hartford Fire Insurance Company | 19682 | | | | | | | | | | | | | | |
| INSURER C: | | | | | | | | | | | | | | | |
| INSURER D: | | | | | | | | | | | | | | | |
| INSURER E: | | | | | | | | | | | | | | | |
| INSURER F: | | | | | | | | | | | | | | | |

COVERAGES

CERTIFICATE NUMBER: 6317871

REVISION NUMBER: See below

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

| SR | TYPE OF INSURANCE | ADDL SUBR INSR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----|--|--------------------|--------------------|-------------------------|-------------------------|---|
| | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC | X | 2013-05523-NPO | 7/1/2013 | 7/1/2014 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 |
| | AUTOMOBILE LIABILITY ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS | | 2013-05523-NPO | 7/1/2013 | 7/1/2014 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ |
| | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 10,000 | X | 2013-05523-UMB-NPO | 7/1/2013 | 7/1/2014 | EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | N/A | | | | WC STATUTORY LIMITS E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ |
| | Improper Sexual Conduct Occurrence Aggregate | | 2013-005523-NPO | 07/01/2013 | 07/01/2014 | \$1,000,000 \$2,000,000 |

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

City and County of San Francisco, DPH, CSAS, their officers, agents, and employees are named as additional insured under General Liability per attached CG 2026.
Day cancellation notice applies.

CERTIFICATE HOLDER

CANCELLATION

City and County of San Francisco
Department of Public Health
1001 Market Street, 4th Floor
San Francisco CA 94103

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

AUTHORIZED REPRESENTATIVE

003739

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RD 25 (2010/05)





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/11/2014

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

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

| PRODUCER Intercare Insurance Solutions 5375 Mira Sorrento Place, Ste 400 San Diego CA 92121 | CONTACT NAME: Cindy Bane PHONE (A/C, No, Ext): 858-373-6908 FAX (A/C, No): 858-366-0067 E-MAIL: cbane@intercaresolutions.com ADDRESS: PRODUCER CUSTOMER ID #: EDGEW-1 | | | | | | | | | | | | | | |
|--|--|-------------------------------|--------|------------------------------|----|------------|--|------------|--|------------|--|------------|--|------------|--|
| INSURED Edgewood Center for Children and Families 1801 Vicente Street San Francisco CA 94116 | <table border="1"><thead><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A: Quality Comp Inc.</td><td>62</td></tr><tr><td>INSURER B:</td><td></td></tr><tr><td>INSURER C:</td><td></td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></tbody></table> | INSURER(S) AFFORDING COVERAGE | NAIC # | INSURER A: Quality Comp Inc. | 62 | INSURER B: | | INSURER C: | | INSURER D: | | INSURER E: | | INSURER F: | |
| INSURER(S) AFFORDING COVERAGE | NAIC # | | | | | | | | | | | | | | |
| INSURER A: Quality Comp Inc. | 62 | | | | | | | | | | | | | | |
| INSURER B: | | | | | | | | | | | | | | | |
| INSURER C: | | | | | | | | | | | | | | | |
| INSURER D: | | | | | | | | | | | | | | | |
| INSURER E: | | | | | | | | | | | | | | | |
| INSURER F: | | | | | | | | | | | | | | | |

COVERAGES **CERTIFICATE NUMBER:** 2008295807 **REVISION NUMBER:**

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

| INSR LTR | TYPE OF INSURANCE | ADDL INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|-----------|----------|---------------|-------------------------|-------------------------|--|
| | GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | | | EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$ |
| | UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE RETENTION \$ | | | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N | N/A | 0150340711 | 1/1/2014 | 1/1/2015 | X WC STATU-TORY LIMITS IOTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Please find attached additional information.

CERTIFICATE HOLDER

CANCELLATION

City and County of San Francisco
Department of Public Health
1380 Howard Street, 4th Floor
San Francisco CA 94103

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

AUTHORIZED REPRESENTATIVE

Paul A. Iyer

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – DESIGNATED
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)

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. 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.

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.



**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

Edgewood Center for Children & Families

This Agreement is made this 1st day of July, 2010, in the City and County of San Francisco, State of California, by and between: Edgewood Center for Children & Families, 1801 Vicente Street, San Francisco, California 94116 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, Population Health and Prevention, Community Health Services, ("Department") wishes to provide mental health services for children, youth, families and adults; and,

WHEREAS, a Request for Proposal ("RFP") was issued on 09/25/2009, 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 numbers 4150-09/10 and 4153-09/10 on 09/25/2009;

Now, THEREFORE, the parties agree as follows:

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

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

2. Term of the Agreement. Subject to Section 1, the term of this Agreement shall be from July 1, 2010 to December 31, 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 1st 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 1st day of the immediately preceding month. In no event shall the amount of this Agreement exceed **FTwenty Nine Million One Hundred Nine Thousand Eighty Nine Dollars (\$29,109,089)**. 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) Blanket Fidelity Bond (Commercial Blanket Bond): Limits in the amount of the Initial Payment provided for in the Agreement

5) 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.

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.

10. Taxes

15. Insurance

24. Proprietary or confidential information of City

30. Assignment

37. Drug-free workplace policy,

53. Compliance with laws

55. Supervision of minors

57. Protection of private information

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

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:

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|---|---|
| 8. Submitting False Claims; Monetary Penalties. | 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

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).

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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: Elizabeth.apana@sfdph.org |
| And: | Elizabeth Davis CBHS, Business Office 1380 Howard Street, 5 th Floor San Francisco, California 94013 | FAX: (415) 255-3567 e-mail: Elizabeth.davis@sfdph.org |
| To CONTRACTOR: | Edgewood Center for Children & Families 1801 Vicente Street San Francisco, California 94116 | FAX: (415) 681-1065 e-mail: jeffda@edgewood.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

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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 120 requires that employers provide their employees with IRS Form W-5 (The Earned Income Credit Advance Payment Certificate) and the IRS EIC CMS# 6949

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,

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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. 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. 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. Contractor shall cooperate with Department to submit to the Director of HRC any amendment, modification, supplement or change order that would result in a cumulative increase of the original amount of this Agreement by more than 20% (HRC Contract Modification Form).

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."

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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.

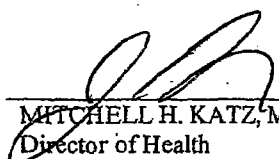
IN WITNESS WHEREOF, the parties hereto have executed this Agreement on the day first mentioned above.

CITY

CONTRACTOR

Recommended by:

Edgewood Center for Children & Families


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

11/15/10
Date

Approved as to Form:

Dennis J. Herrera
City Attorney

By signing this Agreement, I certify that I comply with the requirements of the Minimum Compensation Ordinance, which entitle Covered Employees to certain minimum hourly wages and compensated and uncompensated time off.

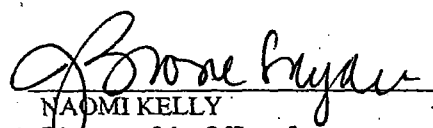
I have read and understood paragraph 35, the City's statement urging companies doing business in Northern Ireland to move towards resolving employment inequities, encouraging compliance with the MacBride Principles, and urging San Francisco companies to do business with corporations that abide by the MacBride Principles.

By:



TERENCE HOWZELL
Deputy City Attorney

11/15/10
Date

Approved:


NAOMI KELLY
Director of the Office of
Contract Administration and
Purchaser

12/15/10
Date


DEBRA MENAKER
Chief Financial Officer, Chief Operating Officer
1801 Vicente Street
San Francisco, California 94116

Date

City vendor number: 06953

Appendices

- A: Services to be provided by Contractor
- B: Calculation of Charges
- C: Reserved
- D: Additional Terms
- E: HIPAA Business Associate Agreement
- F: Invoice
- G: Dispute Resolution
- H: Emergency Response

I: Privacy Policy Compliance

CMS# 6949

P-500 (5-10)

21 of 21

Edgewood Center For Children & Families
July 1, 2010

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10 DEC 13 AM 8:32

Appendix A
Services to be provided by Contractor

1. Terms

A. Contract Administrator:

In performing the Services hereunder, Contractor shall report to Elizabeth Davis, Contract Administrator for the City, or his / her designee.

B. Reports:

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.

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.

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. Except to the extent that the Services are to be rendered to a specific population as described in the programs listed in Section 2 of Appendix A, 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.

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, Section 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 recordkeeping.

(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.

L. Patients Rights:

All applicable Patients Rights laws and procedures shall be implemented.

M. 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.

N. Quality Assurance:

Contractor agrees to develop and implement a Quality Assurance 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 Assurance Plan.

Other Miscellaneous Optional Provisions:

O. Compliance With Grant Award Notices:

Contractor recognizes that funding for this Agreement is provided to the City through federal, state or private foundation awards. Contractor agrees to comply with the provisions of the City's agreements with said funding sources, which agreements are incorporated by reference as though fully set forth.

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.

2. Description of Services

Detailed description of services are listed below and are attached hereto

Appendix A-1a: Behavioral Health Outpatient Kinship EPSDT

Appendix A-1b: Behavioral Health Outpatient School Based EPSDT

Appendix A-1c: Behavioral Health Outpatient AB 3632

Appendix A-2a: Early Childhood Mental Health Initiative Start up

Appendix A-2b: Early Childhood Mental Health Initiative Early Childhood Mental Health

Appendix A-3a: Community-Based Day Treatment: Day Treatment DTI

Appendix A-3b1: Community-Based Day Treatment: Outpatient

Appendix A-3b2: Community-Based Day Treatment: MSS Outpatient

Appendix A-4: Primary Intervention Program

Appendix A-5: School-Based Well Being

Appendix A-6: Juvenile Justice Mental Health Consultation & Training Program

Appendix A-7a: Residentially-Based Day Treatment: DTI Residential

Appendix A-7b1 Residentially-Based Day Treatment: MHS Residential

Appendix A-7b2: Residentially-Based Day Treatment: MSS Residential

Appendix A-7bc: Residentially-Based Day Treatment: Residential Supplemental

Appendix A-8a: School Mental Health Partnership MH Partnership

Appendix A-8b: School Mental Health Partnership: MH Partnership

Appendix A-9: Therapeutic Behavioral Services

Appendix A-10: Family Mosaic Wrap Around Services

Appendix A-11: Wrap Around Services

1. **Program Name:** Behavioral Health Outpatient (885813, 885814, 885815)
2. **Program Address:** 1801 Vicente St.
City, State, Zip Code: San Francisco, CA 94116-2923
Telephone: (415) 682-3211
Facsimile: (415) 681-1065

3. **Nature of Document**

☐ New ☒ Renewal ☐ Modification

4. **Goal Statement**

This program seeks to make outpatient Mental Health, Case Management and Medication Support Services more accessible to San Francisco residents by targeting EPSDT-eligible residents throughout San Francisco communities.

5. **Target Population**

Edgewood will serve youth will Full-Scope Medi-Cal or Healthy Families who are in need of a mental health assessment and meet medical necessity for behavioral health services as defined by CBHS. Specific target populations addressed by this program include:

- Youth ages 1-21 throughout SF County including TAY youth ages 18-21 transitioning out of the child to the adult system of care & LGBTQ youth.
- Youth and families who reside in SF District 10.
- Youth in foster care or Kinship Care systems
- Youth who qualify for AB3632 services in San Francisco
- Youth and families with co-occurring disorders who present with multiple needs.
- Families with young children ages 0-5.
- Juvenile justice involved youth.

6. **Modality(ies)/Interventions**

Pls refer to budget submitted under this proposal.

A. **Modality of Service/Intervention**

MH Outpatient Modality Description

B. **Definition of Billable Services**

Case Management

"Case Management" services are activities provided by program staff to access medical, educational, social, prevocational, vocational, rehabilitative, or other needed community 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.

Medication Support Services.

"Medication Support Services" means those services which include prescribing, administering, dispensing and monitoring of psychiatric medications or biologicals which are necessary to alleviate the symptoms of mental

illness. These services may be delivered by all qualified personnel including physicians, registered nurses, licensed vocational nurses, psychiatric technicians, pharmacists and physician assistants, per the state EPSDT manual.

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 mental, emotional, or behavioral 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.

Therapy.

"Therapy" means a service activity which is a therapeutic intervention that focuses primarily on 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.

7. Methodology

The EPSDT program provides much needed mental health, case management and medication support services to children, youth and families in the community. This continuum of services uses evidence-based practices in a youth and family driven system of care. All services are provided by qualified mental health professionals.

The Outpatient Mental Health Program includes the following service components:

1. Individual Therapy
2. Group Therapy
3. Family Therapy
4. Collateral contacts
5. Assessment
6. Plan Development
7. Case Management
8. Medication Support Services

All Mental Health Services provided will be based on the medical and service necessity criteria provided by San Francisco CBHS.

A. Describe how your program conducts outreach, recruitment, promotion, and advertisement.

Our outpatient mental health program receives referrals from many sources including families themselves, the ACCESS Team, Foster Care Mental Health program, public school systems, a variety of community partners including Larkin Street and Huckleberry House, and many of our internal programs including Kinship. We continually do outreach to these agencies to ensure easy access to our services and coordinated care.

In addition, ECCF has a new but central role in the Daisy Wheel, established by the Mayor's Interagency Council. The Daisy Wheel is located in the Bayview/Hunter's Point area at Parent University, another ECCF program. As part of the Daisy Wheel collaboration of services, we recruit youth and families who are in need

of mental health assessment and interventions. We are able to serve those clients close to their home and in partnership with other organizations that might be involved in their care.

B. Describe your program's admission, enrollment and/or intake criteria and process where applicable.

Most referrals come to us over the phone. All cases are screened for eligibility. If families seek services with us, but do not have medical, they are referred to an eligibility worker and/or to their own insurance contract provider. All families requesting services may obtain an appointment within 24 hours of their request or at another time, depending on their preference. The location of the intake appointment is based on family request. As part of the intake process, the referral party fills out the following forms to determine the best match for treatment:

- ☐ Referral Form
- ☐ Choose your Therapist Form
- ☐ Introduction to Services Form

All referral packets are screened by the Intake Worker, who will make case assignments or contact the family about available services, should there be a delay in case assignment.

All clinicians are trained and available to conduct intake assessments, depending on need and caseload capacity. Usually, the clinician who completes the initial assessment is also the treating clinician. Depending on the referral request and the size of the family, initial assessments typically take one to four sessions. Ideally, intake assessments are complete within two weeks after a family is first seen. The goal of the intake assessment is to gain a strength-based understanding of the youth within the context of his or her family, community and culture. This assessment must also take into account level of risk, youth and family stated goals and wishes and any presenting mandates by outside agencies.

C. Describe your program's service delivery model and how each service is delivered.

Services begin with a strength based, culturally competent and comprehensive assessment which includes observations, clinical interviews with the youth and family members (and natural supports if designated), school personnel and other involved professionals, review of other assessment documents if in existence, the completion of the CRAFT and the completion of the CANS. The initial assessment lasts anywhere from 1-60 days depending on the availability and complexity of information.

The completed initial assessment then leads to a youth and family driven Care Plan that outlines long-term and short-term goals, interventions and a discharge plan. The Care Plan is developed through the use of a Family Conferencing model to ensure that the process is consumer driven and to ensure care coordination. Care Plans are put in place within 60 days of the first appointment.

Services are selected and delivered in accordance with medical necessity and the Care Plan. They often include a variety of modalities and use evidence based practices. Services may be delivered at our clinic or at a variety of locations throughout the San Francisco community such as the family's home, the youth's school or one of our many collaborating agencies. Services are offered at times that are convenient to youth and families.

Services are continued until the Care Plan goals are met. It is best when the entire Care Team agrees to this decision; however there are times when Care Plan goals cannot always be met. For example, if someone is moving out of the area. To monitor treatment goals, clinicians continue to complete the CANS every 6 months, follow all authorization procedures as outlined by CBHS and continue Family Conferencing.

D. Describe your program's exit criteria and process, e.g. successful completion, step-down process to less intensive treatment programs, aftercare, discharge planning.

Service delivery begins at the creation of the Care Plan and ends at discharge as outlined in the Care Plan. A planned and meaningful discharge occurs when Care Plan goals have been met. As discharge is planned from the inception of the service, the Family Conferencing process continues to monitor progress towards discharge and develops supports that need to be put in place to create a successful discharge including the development of natural support systems and supportive services such as case management, recreation, tutoring, etc.

As discharge approaches, services are often tapered to better meet the current needs of the youth and family improve the transition. In addition, clinicians partner closely with other services that the family and Care Team would like in place-this might include Kinship services, school based counseling or case management. The Psychiatrist remains involved to transition to any primary care provider that may be needed.

E. Program Staffing

Please see Appendix B

8. Objectives and Measurements

Each objective should be followed by a section for evaluation which addresses the following elements:

- Staff Issues: list the staff involved in evaluation including oversight and what evaluation activities they will perform.
- Data Collection Tools: specify the data collection tool(s) to be used.
- Data: list which data are being collected.
- Frequency: indicate how often the data will be collected and analyzed.
- Data Reporting: indicate who will receive and analyze these data and how the evaluation data will be used.

A. Performance/Outcome Objectives

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. 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

75% of clients who have been served for two months or more will have met or partially met 50% of their treatment objectives at discharge.

Date Source: AVATAR(N/A if data not available in AVATAR)

Edgewood 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 as measured by CANS Certificates of completion with a passing score.

Data Source: CANS on line database, CBHS will provide

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.

CYF agency representatives will 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.

Outpatient clients will have a Reassessment/Outpatient Treatment report in the online record within 30 days of the six-month anniversary of their episode opening date, and every six 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.

Outpatient clients have an updated Treatment Plan in the online record within 30 days of the six-month anniversary and every six 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.

During Fiscal Year 2010-11, Edgewood will provide 313,816 units of service (UOS) 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.

70% of treatment episode will show three or more service days of treatment within 30 days of admission.

Data Source: BIS system data generated by CBHS

75% of clients who are in treatment for over 90 days will have, upon discharge, an identified primary care provider.

Data Source: Client record review

35% of clients who were homeless when they entered treatment will be in a more stable living situation after 1 year in treatment.

Data Source: BIS discharge summary sheet, CBHS will calculate.

Information on self-help alcohol and drug addiction recover groups will be kept on prominent display and distributed to clients and families.

Data Source: Site visit, intake packet

Edgewood will report to CBHS Administrative Staff on innovative and/or best practices being used by the program including available outcome data.

Data Source: Quarterly meeting review minutes maintained by program monitor.

Program Specific Performance Objectives

By discharge, 85% of youth will reduce symptoms and behavioral health problems, as measured with Child & Adolescent Needs & Strengths (CANS). CANS will be completed by clinicians at intake and every six months thereafter and entered into the county electronic system.

At discharge, 85% children & youth will maintain or step down to a lower level of care as shown by their Restrictiveness of Living Environment Scale (ROLES). Level of care will be collected by clinicians at intake and at discharge and entered into ROLES scoring system on the ECCF portal database. Evaluation staff will analyze the data.

85 % of youth and families will be satisfied with services & view their children as having improved, as measured by SF-County required Satisfaction Surveys. These surveys are distributed twice annually and data is collected and analyzed by CBHS.

C. Other Measurable Objectives

Please see Work plan submitted in this proposal

8. Continuous Quality Improvement

Edgewood is committed to working with CBHS evaluation and CQI staff in the design and implementation of our evaluation and CQI activities, including the joint identification of at least one outcome as the focus of evaluation efforts. Since CBHS introduced the project last year, Edgewood has been an active participant in the implementation of the Netsmart/Avatar platform for electronic health records. We are eager to continue collaborating as we have the capacity to electronically transmit data to SFCBHS. The agency also maintains the security of electronic records and complies with all HIPAA regulations. The agency provides adequate resources to complete daily backups of the critical computer systems and to maintain appropriate security protocols including current anti-virus protection on all systems. Edgewood also participates in the SF CYF and SFCBHS CQI committees and is fully compliant with SFCHBS Cultural Competency and Client Satisfaction methods and requirements.

It is also the policy of Edgewood that our services are consistent with a harm reduction philosophy. Harm reduction is a public health philosophy which promotes methods of reducing the physical, social, emotional, and economic harms associated with drug and alcohol use and other harmful behaviors on individuals and their community. It is our belief that clients are responsive to culturally competent, non-judgmental services, delivered in a manner that demonstrates respect for individual dignity, personal strength, and self-determination.

A formal CQI plan describing all of these activities is available upon request and was developed in accordance with the standards set forth by the Council on Accreditation. This plan also helps ensure that Edgewood abides by all local, state, federal and funding source requirements and policies (e.g., Harm Reduction, Health Insurance Portability and Accountability Act (HIPAA), Cultural Competency, and Client Satisfaction).

City Fiscal Year: 2010-11

1. **Program Name: Early Childhood Mental Health Consultation Initiative**

2. **Program Address:** 1801 Vicente Street
City, State, Zip Code: San Francisco CA 94116
Telephone: (415) 682-3211
Facsimile: (415) 682-1065

3. **Nature of Document**

☐ New ☒ Renewal ☐ Modification

4. **Goal Statement**

Edgewood will enhance the capacity of parents, caregivers and early childhood providers to understand child development within a mental health perspective so that they can foster the social, emotional, behavioral cognitive development of each child; build productive partnerships with parents; and implement strategies that enhance learning and school readiness.

5. **Target Population**

The target population is children (birth to 5 years) who are at risk for developmental delays and whose families participate in CalWORKS and/or are eligible to receive CalWORKS subsidized child care, as well as other families who are eligible to receive subsidized child care. The specific target population served will be children attending: Frandelja Enrichment Center, Head Start Alemany and Minerva Aquino Family Day Care Center.

| Site Name | Type | Classrooms |
|----------------------------------|------|------------|
| SFSU HS Alemany | CCC | 3 |
| SFSU HS Southeast | CCC | 2 |
| SFSU HS Malcolm X | CCC | 1 |
| SFSU HS Hunterspoint at Kirkwood | CCC | 1 |
| SFSU HS Potrero Terrace | CCC | 2 |
| Frandelja | CCC | 6 |
| FCC Bayview Network (on call) | FCC | 1 |
| VV Heritage Home | CCC | 2 |
| VV John King | CCC | 5 |
| VV Leland | CCC | 4 |
| VV Tucker | CCC | 1 |
| VV FRC | FRC | 1 |
| Urban Strategies | FRC | 1 |

6. **Modality(ies)/Interventions**

- A. A written MOU will be established with each site served at the beginning of each fiscal year and signed by all parties. A copy of the document will be sent to the ECMHCI Program Director, Rhea H. Bailey, at CBHS. The MOA will be completed and submitted to CBHS no later than October 1st of each fiscal year.
- B. Each consultant will keep and submit a written record of their work and modalities of interventions at each site which service is being provided. Each consultant will additionally receive weekly supervision with the clinical director, who will monitor and insure that the standards of practice are being upheld. Edgewood policies include weekly supervision for all program staff by a licensed mental health professional, and high standards of care, that include strength based services, delivered to clients in a culturally appropriate fashion. Consultants will deliver the following modalities:

Modalities

Document Date

07/01/10

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City Fiscal Year: 2010-11

- **Consultation – Individual:** Discussions with a staff member on an individual basis about a child or a group of children, including possible strategies for intervention. It can also include discussions with a staff member on an individual basis about mental health and child development in general.
- **Consultation –Group:** Talking/working with a group of three or more providers at the same time about their interactions with a particular child, group of children and/or families.
- **Consultation – Class/Child Observation:** Observing a child or group of children within a defined setting.
- **Training/Parent Support Group:** Providing structured, formal in-service training to a group of four or more individuals comprised of staff/teachers, parents, and/or family care providers on a specific topic. Can also include leading a parent support group or conducting a parent training class.
- **Direct Services – Individual:** Activities directed to a child, parent, or caregiver. Activities may include, but are not limited individual child interventions, collaterals with parents/caregivers, developmental assessment, referrals to other agencies. Can also include talking to a parent/caregiver about their child and any concerns they may have about their child's development.
- **Direct Services – Group:** Conducting therapeutic playgroups/play therapy/socialization groups involving at least three children.

Standards of Practice (SOP) –All ECMHCI contractors must incorporate the following standards of practice into each of their scopes of work:

NOTE: The standards of practice for consultation services that are detailed below are only applicable to early care and education, family child care, and shelter programs, and are NOT directly applicable to services provided to permanent supportive housing facilities and family resources centers.

Program Consultation

Center and/or classroom focused (including children's programming in shelter settings), benefits all children by addressing issues impacting the quality of care.

Frequency of Activities

| | Children's Programs w/in Shelters | Small Child Care Center 12-24 children | Medium Child Care Center 25-50 children | Large Child Care Center > 50 children |
|------------------------------|---|---|--|---|
| Activity | | | | |
| Program Observation | Initially upon entering the site and 2 to 3 times a year per classroom equaling 4 to 6 hours per year | Initially upon entering the site and 2 to 3 times a year per classroom equaling 4 to 6 hours per year | Initially upon entering the site and 2 to 4 times a year per classroom equaling 6 to 10 hours per year | Initially upon entering the site and 2 to 4 times a year per classroom equaling 10 to 20 hours per year |
| Meeting with Director | Monthly 1 hour per month | Monthly 1 hour per month | Monthly 1 to 2 hours per month | Monthly 2 to 3 hours per month |
| Meeting with Staff | Bi-monthly with all staff members (usually by classroom) 2 hours a month | Bi-monthly with all staff members (usually by classroom) 2 hours a month | Bi-monthly with all staff members (usually by classroom) 2 to 4 hours a month | Bi-monthly with all staff members (usually by classroom) 4 to 6 hours a month |
| Trainings | As needed and as stipulated in the MOU | As needed and as stipulated in the MOU | Same as small center | Same as small center |

Document Date

07/01/10

Page 2 of 6

City Fiscal Year: 2010-11

| | | | | |
|--|---|---|--|--|
| | between the site and the service providing agency | between the site and the service providing agency | | |
|--|---|---|--|--|

Case Consultation

Child focused, benefits an individual child by addressing developmental, behavioral, socio-emotional questions or concerns with teachers and/or staff.

Frequency of Activities

| | Children's Programs w/in Shelters | Small Center 12-24 children | Medium Center 25-50 children | Large Center > 50 children |
|------------------------------|--|--|------------------------------|----------------------------|
| Activity | | | | |
| Child Observation | 2 to 4 times initially for each child and as needed. Recommended 4 to 10 hours per child per year. | 2 to 4 times initially for each child and as needed. Recommended 4 to 10 hours per child per year. | Same as for small center | Same as for small center |
| Meeting with Director | Once per month per child who is the focus of case consultation. | Once per month per child who is the focus of case consultation. | Same as for small center | Same as for small center |
| Meeting with Staff | Once per month per child for duration of case consultation. | Once per month per child for duration of case consultation. | Same as for small center. | Same as for small center. |
| Meeting with Parents | 3 to 5 times per child | 3 to 5 times per child | Same as for small center. | Same as for small center. |

- Direct treatment services occur within the child care center and/or shelter as allowed by the established MOU and are provided as needed to specific children and family members. All services to children are contingent upon written consent from parents or legal guardians.
- Provided by mental health consultants who are licensed or license-eligible.
- All direct treatment service providers, consultants, receive ongoing clinical supervision.
- Assessments for direct treatment service eligibility can include screenings for special needs, domestic violence in the family, possible referral for special education screenings, and alcohol or other substance use in the family.
- All direct treatment providers follow federal HIPPA regulations pertaining to the provisions of services and the maintenance of records.
- Consultant will complete all required paperwork as required by each site, and comply with the procedures and policies of each individual site. Additionally the consultant will work with the Head Start Coordinator to comply with all Head Start Federal requirements at Head Start Sites.

In addition, to those listed above in the SOPs, please specify additional modality(ies) of service/interventions to be provided in the program. If applicable, define billable service unit(s) or deliverables.

Document Date

07/01/10

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City Fiscal Year: 2010-11

7. Methodology

For direct client services (e.g. case management, treatment, prevention activities)

Describe how services are delivered and what activities will be provided, addressing how, what, where, why, and by whom. Address each question, and include project names, subpopulations; describe linkages/coordination with other agencies, where applicable.

- A. *Describe how your program conducts outreach, recruitment, promotion, and advertisement. Outreach is targeted at all children, families and staff at the three sites. The Edgewood consultant will provide written information regarding services; discuss with the providers their respective roles in consultation; attend staff and parent meetings to introduce the consultant and the services; and provide psycho-educational services for staff and parents/caregivers.*
- B. *Describe your program's admission, enrollment and/or intake criteria and process where applicable. There is universal eligibility for enrollment at the three sites (Frandelja, Alemany Head Start, Minerva Aquino). A written introduction to the MHC and services will be sent in appropriate languages to all families of children at the centers. Passive consent will be obtained to allow the MHC to begin observation and staff consultation. Parent/caregiver consent will be obtained for individual observations and consultations.*
- C. *Describe your program's service delivery model and how each service is delivered, e.g. phases of treatment, hours of operation, length of stay, locations of service delivery, frequency and duration of service, strategies for service delivery, wrap-around services, etc. Edgewood will provide the following service modalities: Program Consultation: 2-4 staff and consultation groups/month will develop staff capacity to design and implement developmentally appropriate services; Case Consultation: will be conducted as needed, within program consultation meetings or in individual consultation with staff; Direct Services: will be provided as needed to children identified in the case consultation modality. Service interventions may include collateral parent meetings, therapeutic play groups, social skills groups, parent groups or parent/child psychotherapy. All services will be offered on-site, and parent-child psychotherapy may be provided at the home of the child being served.*
- D. *Describe your program's exit criteria and process, e.g. successful completion, step-down process to less intensive treatment programs, aftercare, discharge planning. Program Consultation services and Case Consultation are ongoing and supportive to staff and will not have an exit criteria. Direct Services exit criteria will be successful achievement of Care Plan goals. Aftercare for direct service consumers will be available in ongoing individual consultation. Referrals will be made to community resources when appropriate.*
- E. *Describe your program's staffing: which staff will be involved in what aspects of the service development and delivery. Indicate if any staff position is not funded by the grant. Note: For CBHS, Exhibit B is sufficient. Staff at the level of a master's level, licensed or license eligible mental health professional, with training and experience in early childhood development and mental health, as well as experience in early childhood group settings and assessment of the social and emotional functioning of young children will provide all services. Staff supervision, oversight of service delivery and service development will be provided by a licensed mental health professional.*

7. Objectives and Measurements

A. Performance/Outcome Objectives (FY 2010/2011)

Objective #1 (Understanding emotional and development needs)

A minimum of 75% of staff at each site receiving consultation services will report that meeting with a consultant increased their understanding of a child's emotional and developmental needs, helping them to more effectively respond to the child's behavior.

Objective #2 (Communication with parents)

A minimum of 75% of staff at each site receiving consultation services will report that consultation helped them learn to communicate more effectively with parents of children where there were concerns about the child's behavior.

City Fiscal Year: 2010-11

Objective #3 (Response to children's behavior)

A minimum of 75% of staff at each site receiving consultation services will report that the consultant helped them to respond more effectively to children's behavior.

Objective #4 (Overall satisfaction)

Of those staff who received consultation and responded to the survey, a minimum of 75% will report that they are satisfied with the services they've received from the consultant.

Objective #5 (Responsiveness to Needs)

Of those parents who themselves or their children received direct services from the early childhood mental health consultant, a minimum of 75% will report that the consultant was attentive and responsive to their needs.

Objective #6 (Linkage to Resources)

Of those parents who themselves or their children received direct services from the early childhood mental health consultant, a minimum of 75% will report that consultant assisted them in linking to needed resources.

Objective #7 (Understanding of Child's Behavior)

Of those parents who themselves or their children received direct services from the early childhood mental health consultant, a minimum of 75% will report that they have a better understanding of their child's behavior.

Objective #8 (Improvement of Child's Behavior)

Of those parents who themselves or their children received direct services from the early childhood mental health consultant, a minimum of 75% will report that their child's behavior has improved.

DATA SOURCE: Early Childhood Mental Health Consultation Initiative provider and parent surveys to be administered by CBHS during the third quarter of Fiscal Year 2010-2011 and will be used in the Program Monitoring Report for 2010-2011.

B. CBHS Compliance Objectives

D.4b. Early Childhood Mental Health Consultation Initiative contractors shall comply with outcome data collection requirements.

Data source: Program Evaluation Unit Compliance Records and Charting Requirements for the Provision of Direct Services

Program Review Measurement: Objective will be evaluated based on 6-months period from July 1, 2010 to December 31, 2011.

C.6a. Early Childhood Mental Health Consultation Initiative contractors shall comply with satisfaction data requirements.

Data source: Surveys distributed and submitted to CBHS.

Program Review Measurement: Objective will be evaluated based on 6-month period from July 1, 2010 to December 31, 2011.

C. CBHS Privacy Objectives

D.

1) DPH Privacy Policy is integrated in the program's governing policies and procedures regarding patient privacy and confidentiality.

Required Documentation: Program has approved and implemented policies and procedures that abide by the rules outlined in the DPH Privacy Policy. Copies of these policies are available to patients/clients.

2) All staff who handles patient health information are trained and annually updated in the program's privacy policies and procedures.

Required Documentation: Program has written documentation that staff members have received appropriate training in patient privacy and confidentiality.

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- 3) A Privacy Notice that meets the requirements of the FEDERAL Privacy Rule (HIPAA) is written and provided to all patients/clients in their threshold language. If the document is not available in the patient's/client's relevant language, verbal translation is provided.
Required Documentation: Program has evidence in patients'/clients' charts or electronic files that they were "notified" in their relevant language either in writing or verbally. (APPLICABLE to DIRECT SERVICES ONLY)
- 4) A summary of the Privacy Notice is posted and visible in registration and common areas of treatment facility.
Requirement Documentation: Program has the DPH Summary of Privacy Notice posted in the appropriate threshold languages in patient/client common areas.
- 5) Each disclosure of a patient's/client's health information for purposes other than treatment, payment, or operations is documented.
Requirement Documentation: Program has a HIPAA complaint log form that is used by all relevant staff. (APPLICABLE to DIRECT SERVICES ONLY)
- 6) Authorization for disclosure of patient's/client's health information is obtained prior to release to providers outside the DPH SafetyNet, including early childhood mental health consultants.
Requirement Documentation: Program has evidence that HIPAA-compliant "Authorization to Release Protected Health Information" forms are used. (APPLICABLE to DIRECT SERVICES ONLY)

NOTE: Describe any other objectives for the program. These could include for example, start-up and process objectives. Process objectives are important activities or tasks to be accomplished by the program staff during the contract period. See Section instructions for more information.

8. Continuous Quality Improvement

Edgewood Center for Children and Families is actively committed to providing the highest quality services to both its clients and its employees. This commitment is supported and demonstrated through a variety of Continuous Quality Improvement (CQI) activities that occur throughout the agency. Edgewood's activities focus both on the organization as whole and its clients. Examples of organizational activities include strategic planning, annual budget planning, risk management, training evaluation, and ongoing reviews of staffing information (turnover, injuries, complaints and satisfaction). Examples of client activities include outcomes measurement and the ongoing review of client satisfaction, case records, service plans, complaints, high-risk incidents, and service-related improvement projects. In all of these activities, the agency ensures broad participation (e.g., staff, management, clients and the board), and shares findings agency-wide.

A formal CQI plan describing all of these activities is available upon request and was developed in accordance with the standards set forth by the Council on Accreditation. This plan also helps ensure that Edgewood abides by all local, state, federal and funding source requirements and policies (e.g., Harm Reduction, Health Insurance Portability and Accountability Act (HIPAA), Cultural Competency, and Client Satisfaction).

1. **Program Name: Community-Based Day Treatment (88585, 8858OP)**

Program Address: 1801 Vicente St.

City, State, Zip Code: San Francisco, CA 94116-2923

Telephone: (415) 682-3211

Facsimile: (415) 681-1065

2. **Nature of Document**

☐ New ☒ Renewal ☐ Modification

3. **Goal Statement**

The goal of Edgewood's Community-Based Day Treatment (CBDT) program is to provide intervention and treatment to improve functioning of Seriously Emotionally Disturbed (SED) children and adolescents so they may transition to a less restrictive school placement and be able to tolerate the demands of more mainstream educational and community settings.

Day Treatment supplemental services are unbundled mental health services, including medication support services and family therapy, which are provided to youth and families to promote stabilization, symptom reduction and efficient step down to a lower level of care.

4. **Target Population**

Edgewood's CBDT program is designed to serve the following target populations:

- Children & adolescents ages 6-21 that have not been successful in regular school settings and can benefit from a short-term, structured milieu setting.
- Children and adolescents who have disorders such as Mood disorders, Post-Traumatic Stress and other anxiety disorders, Oppositional Defiant and other behavioral disorders, and others often with concurrent substance abuse issues.
- Children & adolescents who are Medi-Cal beneficiaries, living in their community with families, kin, foster home or lower level group home, & authorized to be in DTI based on the approval of SFUSD through the IEP process and AB 3632 Unit

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

Please refer to budget submitted under this proposal.

A. Modality of Service/Intervention

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 open. Service activities may include, but are not limited to, assessment, plan development, therapy, rehabilitation and collateral.

Day Rehabilitation:

"Day Rehabilitation" means a structured program of rehabilitation and therapy to improve, maintain or restore personal independence and functioning, consistent with requirements for learning and development, which

provides services to a distinct group of beneficiaries and is available at least three hours and less than twenty-four hours each day the program is open. Service activities may include, but are not limited to, assessment, plan development, therapy, rehabilitation and collateral.

Mental Health Services

Family Therapy, crisis intervention services outside DTI hours and group therapy on non-DTI days.

Crisis Intervention

Crisis Intervention is not allowed during day treatment hours.

Day Treatment Supplemental Services:

Medication Support Services

"Medication Support Services" means those services which include prescribing, administering, dispensing and monitoring of psychiatric medications or biologicals which are necessary to alleviate the symptoms of mental illness. These services may be delivered by all qualified personnel including physicians, registered nurses, licensed vocational nurses, psychiatric technicians, pharmacists and physician assistants, per the state EPSDT manual.

Family Therapy

"Therapy" means a service activity which is a therapeutic intervention that focuses primarily on 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

6. Methodology

A. Describe how your program conducts outreach, recruitment, promotion, and advertisement.

Edgewood works collaboratively with families, SFCBHS, SFUSD and other San Francisco based Day Treatment Intensive programs to constantly communicate about openings and coordinate best placements when this intensive level of service is required and authorized. Families often call to request this service and our Intake Worker works closely with them and our partners to ensure that this level of service is what is needed and assist the family in walking the often difficult and overwhelming process of obtaining the least restrictive level of care for their child.

B. Describe your program's admission, enrollment and/or intake criteria and process where applicable.

The CBDT screening/referral/intake procedure is managed by the IS Intake Worker. This individual welcomes all families to assist them with their requests and to assist in the often complicated process of navigating public systems such as mental health, social services, the juvenile justice system, and the public school system. The Intake Worker also coordinates with families and referring parties to ensure a best fit and to ensure that all eligibility requirements are met. The Intake Worker works closely with SFCBHS to develop an initial authorization for services.

There are only two exclusion criteria for IS programs. We are not able to admit any youth who, in the judgment of staff or a consulting professional:

- Exhibits behavior dangerous to self or to others that requires a higher level of care or psychiatric hospitalization.
- Requires an immediate medical evaluation or medical care.

Any youth who is not admitted to a program for either of these reasons can reapply for admission in the future, and can be admitted if the conditions that prohibited admission in the first place no longer pertain.

The Intake Worker responds to all requests for admission within two business days.

The Intake Worker invites the family and referral person to a pre-placement visit. If a visit to Edgewood is not possible, the Intake Worker will make diligent attempts to meet with the youth in person at their natural setting. This meeting is to assist the youth, family, and/or guardian in understanding the reasons services are being sought, as well as to describe the treatment programs, encouraging and answering questions of all parties. The Family Partner will often accompany the Intake Worker as needed. The family/caregiver and/or community resources and connections are informed that participation is welcome in the treatment progress, and considered to be an integral component of successful treatment.

Final admission decisions are made by the Admissions Team, who meets weekly. The Admission team is run by the Intake Coordinator and includes the IS Regional Director, Medical Director, Director of Milieu Management, Associate Clinical Director and Educational Director. Final decisions regarding admission are done by the Medical Director. Again, all intake decisions are made in collaboration with SFCBHS and SFUSD. Initial and ongoing authorizations are discussed with SFCBHS.

Once a youth is accepted into the program, the following occurs:

Prior to or day of admission:

- Acquire all previous and pertinent assessments i.e. psychological, substance abuse, psycho educational, medical.
- Collaborate with SFCBHS for initial authorization.
- Obtain provider, family and youth goals for treatment including:
 - strengths and vulnerabilities
 - successful interventions and coping skills utilized in the past
 - family connectedness
 - short term goals
 - long term goals (including discharge options)
- Disseminate necessary information about the youth's case to staff that will be working directly with the youth and family e.g. psychiatrist, therapist, nursing staff, child care workers, educators.

Within 72 hours of admission:

- Assess and compile a list of individuals involved in the youth's system including, but not limited to, family members, public agency staff, other providers or persons in the community.
- Assign a therapist/care manager to coordinate the assessment and service plan.
- Therapist/care manager develops and establishes safety plan.
- Consent and emergency contact forms are signed by the legal guardian.
- Development and Implementation of a safety plan and initial mental health goals.
- Nursing Assessment is completed.
- Psychiatric evaluation and initial treatment plan will be completed.

Within 30 days of the admission:

- Mental Health Assessment, Care Plan, and individualized Behavior Support & Intervention Plan (BSIP) are completed.
- A Care Team meeting including family member/caretakers, all pertinent providers, natural supports and resources and program staff will meet to affirm the treatment plan, safety plan, permanency plan, stabilization goals, and discharge plans.

C. Describe your program's service delivery model and how each service is delivered, e.g. phases of treatment, hours of operation, length of stay, locations of service delivery, frequency and duration of service, strategies for service delivery, wrap-around services, etc.

Edgewood's Day Treatment Intensive services include comprehensive mental health services to children and adolescents aged 6-2 who has been unsuccessful in public school campuses due to severe behavioral and mental health

issues. The clients are referred to Edgewood by Community Behavioral Health Services (CBHS) program and the public school district.

The Day Treatment services are integrated with the nonpublic school on Edgewood's Vicente campus, and together they comprise Edgewood's CBDT program. The program is organized into three pods of up to 25 children each, each pod located in a different multi-room building and serving both boys and girls. The program operates on a full-day format from 9:00 a.m. to 3:15 pm Monday, Tuesday, Thursday, and Friday. Wednesday's hours are 9:00-1:15.

CBDT services at Edgewood are provided by multidisciplinary staff in the context of the school day in order to connect the mental health support to each child's daily real-world challenges. Services include a consistent therapeutic milieu staffed by qualified mental health professionals; individual, group and family psychotherapy; skill building curriculums; Art and recreational therapeutic groups; medical and psychiatric treatment; and comprehensive care management. Individualized care plans are developed for each child and family. These plans are developed through a multidisciplinary process that strives to put families at the center of decision-making.

The general goal of the Edgewood Day Treatment program is to meet the mental health and educational needs of children and youth who face serious emotional challenges, as well as to their families, in order to facilitate successful reintegration into more mainstream community settings. To meet this end, the following steps are taken for each child:

- A. In-depth comprehensive assessment of each child, addressing such areas as mental health, positive behavioral support, education, and medical care. Initial and ongoing outcome measurement is conducted using the CANS. CANS ratings of 2 and 3 are included in ongoing plans of care.
- B. Assessment of family needs in order to best support the child referred to the program.
- C. Design and implementation of a care plan for each child, utilizing the most appropriate education, clinical, and medical services available at Edgewood and/or in the community. This includes:
 - i. A statement of long-term goals and short-term strategies for the child and family;
 - ii. Ongoing preparation of discharge of the child from the program to less restrictive educational and mental health settings (i.e. marked by more community integration and readiness for less intensive mental health services)
 1. This includes re-entry into public school program when appropriate.
 - iii. Plans for stabilizing child and family, and linking families to other service providers for on-going care and support in the community;
- D. Commitment to ongoing family contact and involvement in order to:
 - i. Partner with families to provide the most informed care possible;
 - ii. Ensure unified support for program strategies; and
 - iii. Support the family according to their distinct needs regarding preparing to support their child through the transition out of Edgewood's highly structured services.

D. Describe your program's exit criteria and process, e.g. successful completion, step-down process to less intensive treatment programs, aftercare, discharge planning.

A discharge plan is developed at intake in collaboration with the Care Team. This plan is assessed on a quarterly basis, at minimum, throughout the course of treatment to ensure that the Care Team members are actively discussing, altering, and amending as needed the goals to match successfully fulfilling a thorough discharge plan to an appropriate setting. CANS completion is conducted every three months and directly related to plans of care, the authorization process and discharge planning.

Over the entire duration of a child's treatment, Care Teams meet approximately every three months; however meetings can occur more frequently based on the acuity of the child's or family's situation, or at the request of any of the treatment team members for any reason. Discharge planning is a focal point of the discussion in each meeting as it greatly influences the status of progress and goal-setting to ensure that what is being assessed, measured, and monitored matches the ultimate plan for the child's next step after this level of intensive care. Throughout these

discussions and the course of a child's treatment, connections to community and family are continually established and built to promote a comprehensive treatment plan that transitions a child from intensive services.

As a client's stability adjusts over time, the frequency of the discussion of discharge proves more and more important to ensure that the child and the family remain abreast and involved in their goal for discharge in real-time. In our family-centered model, it is imperative that the child and the family can understand the growth and decline of progress and how this impacts the discharge plan, so that they can feel best equipped to utilize the other treatment team members in determining how best to adjust in order to remain focused on a successful transition.

Ideally, youth are discharged when treatment goals are met and an appropriate aftercare service has been put into place. It is best when the family, county worker and Edgewood staff all agree on this. As discharge approaches, we coordinate closely with all parties to ensure that there are successful "connectors" to make the transition as smooth as possible. Examples of this include, but are not limited to: Therapeutic Behavioral Services (TBS), outpatient mental health service and Wrap-Around Care. Additionally, the treatment team works diligently together to consistently follow through on rituals and other plans that have proven to be successful for clients and families. Some examples of this include, good bye parties, transition scrapbooks chronicling the client's treatment through pictures and quotes, visiting the next school placement and other individualized relationship-based rituals created between the client and staff they have worked with during their treatment.

- E. Describe your program's staffing: which staff will be involved in what aspects of the service development and delivery. Indicate if any staff position is not funded by the grant. Note: For CBHS, Appendix B is sufficient.**

Please see Appendix B submitted in this proposal.

7. Objectives and Measurements

A. Performance/Outcome Objectives

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. 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

75% of clients who have been served for two months or more will have met or partially met 50% of their treatment objectives at discharge.

Date Source: AVATAR (N/A if data not available in AVATAR)

Edgewood 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 as measured by CANS Certificates of completion with a passing score.

Data Source: CANS on line database, CBHS will compute

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.

CYF agency representatives will 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.

Day Treatment clients will have a Reassessment/Outpatient Treatment report in the online record within 30 days of the three-month anniversary of their episode opening date, and every three 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.

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

During Fiscal Year 2010-11, Edgewood will provide 45,631 units of service (UOS) 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.

70% of treatment episode will show three or more service days of treatment within 30 days of admission.

Data Source: BIS system data generated by CBHS

75% of clients who are in treatment for over 90 days will have, upon discharge, an identified primary care provider.

Data Source: Client record review

35% of clients who were homeless when they entered treatment will be in a more stable living situation after 1 year in treatment.

Data Source: BIS discharge summary sheet, CBHS will calculate.

Information on self-help alcohol and drug addiction recover groups will be kept on prominent display and distributed to clients and families.

Data Source: Site visit, intake packet

Metabolic screening (Height, Weight, & Blood Pressure) will be provided for all behavioral health clients at intake and annually when medically trained staff and equipment are available.

Data Source: Nursing records kept at ECCF.

75% of clients who are in treatment for over 90 days will have, upon discharge, an identified primary care provider.

Data Source: Case Record Review

Edgewood will report to CBHS Administrative Staff on innovative and/or best practices being used by the program including available outcome data.

Data Source: Quarterly meeting review minutes maintained by program monitor.

Program Specific Performance Objectives

At discharge, 85% of children & youth receiving CBDT services will transition to a lower level of care (i.e. to public school system or outpatient MH care as needed) as tracked in Edgewood's database, discharge field. Evaluation staff will analyze the data.

85% of children & adolescents will show signs of improved functioning quarterly as measured by the Child & Adolescent Needs & Strengths (CANS). Clinicians will enter CANS information into the county online CANS system. Data will be provided by CBHS and analyzed by ECCF Evaluation staff.

80% of children will show improved subscale scores from intake to follow up on the Child Health Questionnaire-PF28 (CHQ-PF28) and the Behavioral & Emotional Rating Scale-2 (BERS-2). Both the CHQ-PF28 and the BERS-2 will be completed at intake and quarterly. Evaluation staff will enter this data into a secure data base system and analyze the data.

85% of caregivers/guardians will be satisfied that their child's functioning has improved as a result of CDBT services, to where placement in a less restrictive community setting (e.g. public school) would benefit their child's development as measured by SF-required client satisfaction surveys administered twice yearly. SF client satisfaction measures are administered twice a year and that data is collected and analyzed by SFCBHS.

B. Other Measurable Objectives

Describe any other objectives for the program. These could include for example, start-up and process objectives. Process objectives are important activities or tasks to be accomplished by the program staff during the contract period. See Section instructions for more information.

Please see Work Plan submitted with this proposal.

8. Continuous Quality Improvement

Describe your program's CQI activities to enhance, improve and monitor the quality of services delivered. The CQI section must include a guarantee of compliance with Health Commission, Local, State, Federal and/or Funding Source policies and requirements such as Harm Reduction, Health Insurance Portability and Accountability Act (HIPAA), Cultural Competency, and Client Satisfaction.

Edgewood is committed to working with CBHS evaluation and CQI staff in the design and implementation of our evaluation and CQI activities, including the joint identification of at least one outcome as the focus of evaluation efforts. Since CBHS introduced the project last year, Edgewood has been an active participant in the implementation of the Netsmart/Avatar platform for electronic health records. We are eager to continue collaborating as we have the capacity to electronically transmit data to SFCBHS. The agency also maintains the security of electronic records and complies with all HIPAA regulations. The agency provides adequate resources to complete daily backups of the critical computer systems and to maintain appropriate security protocols including current anti-virus protection on all systems. Edgewood also participates in the SF CYF and SFCBHS CQI committees and is fully compliant with SFCHBS Cultural Competency and Client Satisfaction methods and requirements.

It is also the policy of Edgewood that our services are consistent with a harm reduction philosophy. Harm reduction is a public health philosophy which promotes methods of reducing the physical, social, emotional, and economic harms associated with drug and alcohol use and other harmful behaviors on individuals and their community. It is our belief that clients are responsive to culturally competent, non-judgmental services, delivered in a manner that demonstrates respect for individual dignity, personal strength, and self-determination.

A formal CQI plan describing all of these activities is available upon request and was developed in accordance with the standards set forth by the Council on Accreditation. This plan also helps ensure that Edgewood abides by all local, state, federal and funding source requirements and policies (e.g., Harm Reduction, Health Insurance Portability and Accountability Act (HIPAA), Cultural Competency, and Client Satisfaction).

1. **Program Name:** Primary Intervention Program/School Consultation
2. **Program Address:** 1801 Vicente Street
City, State, Zip Code: San Francisco, CA 94116
Telephone: (415) 681-3211
Facsimile: (415) 681-3205

San Francisco Unified School District Sites Served*:

PIP Consultation

Sanchez

El Dorado

Alvarado

Argonne

Cesar Chavez

Monroe

Spring Valley

Hillcrest

Mira Loma

Sunnyside

3. **Nature of Document**

☐ New ☒ Renewal ☐ Modification

4. **Goal Statement**

The primary goal of Edgewood Center for Children and Families is to serve children in the most appropriate, least restrictive environment possible. Edgewood believes in collaboration with members of the larger network of community services. This allows Edgewood to be a part of the continuum of care and to effectively transition youth between treatment levels. Edgewood's treatment philosophy is client-centered, strength-based and community oriented. Treatment is individualized based on each client's clinical needs. Our focus is on building strengths while alleviating symptoms, allowing clients to lead productive lives in the least restrictive environment appropriate for their needs.

Within the context of the goals of the integrated System of Care, Edgewood's specific program goals for the Primary Intervention Project and School Consultation program are to help children with mild to moderate school adjustment difficulties get a good start in school by fostering a healthy sense of self and developing social skills. PIP is shown to improve school adjustment and minimize the need for more intensive and costly services later. The requirements of the model are:

- Services are provided to children in kindergarten through third grade who are experiencing mild to moderate school adjustment difficulties. PIP is not therapy. They are not intended to meet the needs of "high risk" students.
- Services are school-based and low-cost.
- Services are provided to appropriate students from low-income families, those in out-of-home placement, and those who are at-risk for out-of-home placement.
- Services are provided in a culturally competent manner.
- Recipients of the services are students identified by a systematic and collaborative selection process.
- Services are provided by trained Child Aides supervised by mental health professionals as part of the Early Mental Health Consultation model.
- Services are provided in collaboration with a cooperating mental health entity.
- Parents and teachers are encouraged to build alliances to promote the mental health and social and emotional adjustment of students.

5. **Target Population**

Edgewood will serve clients referred by SFCBHS and meeting established SFCBHS criteria. The target population for the Primary Intervention Project is primary grade (K-3) children in the SFUSD who are identified as at-risk of developing serious school adjustment problems.

Document Date

07/01/10

Page 1 of 4

The target population for Mental Health Consultation is elementary grade children in the SFUSD who are identified as requiring mental health interventions; their teachers and their families.

6. Modality(ies)/Interventions

A. Modality of Service/Intervention

Refer to CRDC

B. Definition of Billable Services

Outreach Services/Consultation Services

"Outreach Services" are activities and projects directed toward 1) strengthening individuals' and communities' skills and abilities to cope with stressful life situations before the onset of such events, 2) enhancing and/or expanding agencies' or organizations' mental health knowledge and skills in relation to the community-at-large or special population groups, 3) strengthening individuals' coping skills and abilities during a stressful life situation through short-term intervention and 4) enhancing or expanding knowledge and skills of human services agency staff to handle the mental health problems of particular clients.

7. Methodology

The Primary Intervention Project is designed to identify young children who are at risk of developing serious school adjustment problems. In the PIP, all Kindergarten, first, second and third graders will be screened for signs of potential school maladjustment using the WSI, standardized mass screening instruments used by SFCBHS. The teacher will complete the Walker Screening Instrument (WSI) in early October, following a meeting with project professionals who will describe the screening measures. The WSI will be completed by teachers within 3 days and returned to PIP staff for scoring.

The main components of the PIP are:

1. Play Sessions

Individual play sessions will be held in the playroom with a Child Aide. The playroom will be equipped with many of the following materials and equipment that encourage children's involvement and creative / expressive play: a dollhouse and dollhouse furniture, a small doll family, puppets, crayons, paints, clay, paper, scissors, glue, clothes for dressing up, blocks, playing cards, board games, legos, etc. The Child Aide will see children individually in sessions 30 minutes long. In cases where a child's goals from a previous session indicate need for socialization, a child will be assigned to a group play session.

2. Exit Conferences

Upon a child's completion of 12 play sessions the PIP Team (Child Aide, Teacher, Mental Health Consultant, and Principal) will meet to discuss the child's progress in PIP. At this time, the teacher will complete a post Walker-McConnell Scale; the Mental Health Consultant may also complete a Professional Summary Report to reflect the child's PIP experience.

For a child who has not reached the expected adjustment to school, an extended time in PIP or an alternative intervention will be considered.

The Edgewood Director of School Based Services, or designee, and MH Case Consultant may also participate in the Exit Conferences. Teachers are released from their classroom to facilitate this process and provide an opportunity for thoughtful, collaborative discussion about the child.

3. PIP Support

In addition to the activities mentioned above, PIP Aides:

- Perform systematic screening and observations of all students in K-3 in order to correctly identify those children who would most benefit from PIP services.
- Outreach to parents and caregivers to inform them of PIP and inform them of progress made by their child in PIP
- Training and orientation for teachers around appropriate referrals for PIP.
- Two conferences per year with each participating teacher and also attended by a mental health professional, to discuss progress made in PIP and any indicators for referral to more intensive services such as therapy, educational testing or psychological evaluation.
- At least once monthly consultation with teachers regarding participating students and possible referrals.

A formal CQI plan describing all of these activities is available upon request and was developed in accordance with the standards set forth by the Council on Accreditation. This plan also helps ensure that Edgewood abides by all local, state, federal and funding source requirements and policies (e.g., Harm Reduction, Health Insurance Portability and Accountability Act (HIPAA), Cultural Competency, and Client Satisfaction).

- Systematic evaluation activities, including a survey of every K-3 student; a pre/post assessment of participating students; a demographic survey of participating students; principal, teacher and parent/caregiver satisfaction surveys.

4. PIP Consultation

PIP consultation provides weekly ongoing case consultation for students who are participating in the Primary Intervention Program, and facilitates the referral of students and families who require services beyond the scope of PIP. Consultation occurs in weekly individual or small group meetings with PIP Child Aides. The consultant is also available for as-needed consultation with PIP Aides. The consultant, who is a masters level mental health professional, also assists in the selection of children for the Primary Intervention Program, and attends exits conferences at the end of each PIP cycle to discuss progress made in PIP and to facilitate further referrals.

5. School Mental Health Consultation

MHC relies on a systems model that introduces a limited (10 hours a week) amount of professional mental health support to a school. The MHC is encouraged to help meet some of the limited mental health needs of students, but more importantly to work with school staff to identify and master new ways to work effectively with challenging students. Services generally include one-on-one help for teachers to develop in-class strategies for high-need children; home, school, and classroom observations of students referred for special services; resource referral and short-term case management; and consultation to the school's principal. A limited amount of short term individual and group therapy may also be provided.

7. Objectives and Measurements

Note: Some sections have other specific requirements for objectives. See section instructions for additional information.

Each objective should be followed by a section for evaluation which addresses the following elements:

A. Performance/Outcome Objectives

List the program's performance/outcome objectives. Outcome objectives are a statement about the expected changes, results, impacts or benefits of programs for individuals or groups served. These objectives should be specific, measurable, achievable, realistic and time-framed (SMART objectives). State the objective, how it will be measured, whom it is applicable to, clients included, and data source.

Objective: 75% of students participating in PIP will have an increase in their teacher-preferred, peer-preferred, and overall school adjustment by the end of the school year.

Data Source: ECCF will gather and summarize teacher-completed Walker-McConnell Surveys. These surveys are completed for all children pre- and post-service.

B. Other Measurable Objectives

Describe any other objectives for the program. These could include for example, start-up and process objectives. Process objectives are important activities or tasks to be accomplished by the program staff during the contract period. See Section instructions for more information.

8. Continuous Quality Improvement

Edgewood Center for Children and Families is actively committed to providing the highest quality services to both its clients and its employees. This commitment is supported and demonstrated through a variety of Continuous Quality Improvement (CQI) activities that occur throughout the agency. Edgewood's activities focus both on the organization as whole and its clients. Examples of organizational activities include strategic planning, annual budget planning, risk management, training evaluation, and ongoing reviews of staffing information (turnover, injuries, complaints and satisfaction). Examples of client activities include outcomes measurement and the ongoing review of client satisfaction, case records, service plans, complaints, high-risk incidents, and service-related improvement projects. In all of these activities, the agency ensures broad participation (e.g., staff, management, clients and the board), and shares findings agency-wide.

San Francisco Department of Public Health Contract Budget Summary

| CONTRACT TYPE - This contract is: | | Renewal | Modification | APPENDIX #: B, Page 1 | | |
|---|---------------------------------|--------------------------------------|--------------------------|--|-------------------------------|------------------|
| If modification, Effective Date of Mod.: | | # of Mod: | | VENDOR USE ONLY | | |
| LEGAL ENTITY NUMBER: 00270 | | | | | | |
| LEGAL ENTITY/CONTRACTOR NAME: Edgewood Center for Children and Families | | | | | | |
| APPENDIX NUMBER | B-1a | B-1b | B-1c | B-2a | B-2b | |
| PROVIDER NUMBER | 8858 | 8858 | 8858 | 8858 | 8858 | |
| PROVIDER NAME: | Edgewood - Kinship EPSDT 885813 | Edgewood - School-Based EPSDT 885814 | Edgewood - AB3632 885815 | Edgewood - Early Childhood MH Start Up | Edgewood - Early Childhood MH | TOTAL |
| CBHS FUNDING TERM | | | | | | |
| 7/1/10-6/30/11 | | | | | | |
| FUNDING USES: | | | | | | |
| SALARIES & EMPLOYEE BENEFITS | 203,706 | 300,482 | 127,289 | 130,880 | 176,294 | 938,652 |
| OPERATING EXPENSE | 41,767 | 60,547 | 13,420 | 7,198 | 3,544 | 126,476 |
| CAPITAL OUTLAY (COST \$5,000 AND OVER) | | | | | | 0 |
| SUBTOTAL DIRECT COSTS | 245,473 | 361,029 | 140,709 | 138,078 | 179,838 | 1,065,128 |
| INDIRECT COST AMOUNT | 29,432 | 43,322 | 16,885 | 16,569 | 21,581 | 127,789 |
| INDIRECT % | 11.98% | 12.00% | 12.00% | 12.00% | 12.00% | 12.00% |
| TOTAL FUNDING USES: | 274,905 | 404,351 | 157,594 | 154,647 | 201,419 | 1,192,917 |
| CBHS MENTAL HEALTH FUNDING SOURCES | | | | | | |
| FEDERAL REVENUES - click below | | | | | | |
| SDMC Regular FFP (50%) | 124,680 | 200,380 | 76,280 | | | 401,340 |
| ARRA SDMC FFP (11.59) | 28,900 | 46,447 | 17,682 | | | 93,029 |
| STATE REVENUES - click below | | | | | | |
| EPSDT State Match | 83,306 | 133,888 | 50,970 | | | 268,164 |
| Family Mosaic Capitated Medi-Cal | | | | | | |
| GRANTS - click below | | | | | | |
| Please enter other funding source here if not in pull down | | | | | | |
| PRIOR YEAR ROLL OVER - click below | | | | | | |
| RK ORDERS - click below | | | | | | |
| pt of Children, Youth & Families | | | | | | |
| SFCFC Work Order | FRC | | | 49,894 | 66,139 | 116,033 |
| HSA (Human Svcs Agency) | HQCC | | | 18,088 | 23,978 | 42,066 |
| | | | | 86,665 | 111,302 | 197,967 |
| Please enter other funding source here if not in pull down | | | | | | |
| REALIGNMENT FUNDS | | | | | | |
| COUNTY GENERAL FUND | 38,019 | 23,636 | 12,662 | | | 74,317 |
| TOTAL CBHS MENTAL HEALTH FUNDING SOURCES | 274,905 | 404,351 | 157,594 | 154,647 | 201,419 | 1,192,917 |
| 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 | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL DPH REVENUES | 274,905 | 404,351 | 157,594 | 154,647 | 201,419 | 1,192,917 |
| DPH REVENUES - click below | | | | | | |
| TOTAL NON-DPH REVENUES | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL REVENUES (DPH AND NON-DPH) | 274,905 | 404,351 | 157,594 | 154,647 | 201,419 | 1,192,917 |

Prepared by/Phone #:

DPH 1: Department of Public Health Contract Budget Summary

| CONTRACT TYPE - This contract is: | | Renewal | Modification | PENDIX #: B, Page 2 | | |
|---|--|---|---|-----------------------------|---|-----------|
| If modification, Effective Date of Mod.: | | # of Mod: | | VENDOR/DPH USE ONLY | | |
| LEGAL ENTITY NUMBER: 90273 | | | | | | |
| LEGAL ENTITY/CONTRACTOR NAME: Edgewood Center for Children and Families | | | | | | |
| APPENDIX NUMBER | B-3a | B-3b1 | B-3b2 | B-4a | B-5 | |
| PROVIDER NUMBER | 8858 | 8858 | 8858 | 8858 | 8858 | |
| PROVIDER NAME: | Edgewood - Day Treatment DTI Day 88585 | Edgewood - Day Treatment MHS Day 8858OP | Edgewood - Day Treatment MSS Day 8858OP | Edgewood - PIP Consultation | Edgewood - School-Based Well Being (Drew) | 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 | |
| FUNDING USES: | | | | | | |
| SALARIES & EMPLOYEE BENEFITS | 796,979 | 27,451 | 81,301 | 40,012 | 128,723 | 1,074,466 |
| OPERATING EXPENSE | 106,778 | 3,926 | 38,876 | 4,645 | 5,205 | 159,430 |
| CAPITAL OUTLAY (COST \$5,000 AND OVER) | | | | | | 0 |
| SUBTOTAL DIRECT COSTS | 903,757 | 31,377 | 120,177 | 44,657 | 133,928 | 1,233,896 |
| INDIRECT COST AMOUNT | 106,452 | 3,626 | 14,046 | 5,343 | 16,072 | 147,539 |
| INDIRECT % | 12.00% | 11.56% | 11.69% | 11.96% | 12.00% | 11.96% |
| TOTAL FUNDING USES: | 1,012,209 | 35,003 | 134,223 | 50,000 | 150,000 | 1,381,435 |
| CBHS MENTAL HEALTH FUNDING SOURCES | | | | | | |
| FEDERAL REVENUES - click below | | | | | | |
| SDMC Regular FFP (50%) | 404,340 | 14,949 | 57,321 | | | 476,609 |
| ARRA SDMC FFP (11.59) | 93,725 | 3,465 | 13,288 | | | 110,478 |
| STATE REVENUES - click below | | | | | | |
| EPSDT State Match | 272,603 | 10,900 | 41,800 | | | 325,303 |
| Family Mosaic Capitated Medi-Cal | | 2,420 | 9,280 | | | 11,700 |
| MHSA | | | | 50,000 | 150,000 | 200,000 |
| GRANTS - click below | | | | | | |
| Please enter other funding source here if not in pull down | | | | | | |
| PRIOR YEAR ROLL OVER - click below | | | | | | |
| WORK ORDERS - click below | | | | | | |
| Dept of Children, Youth & Families | | | | | | |
| SFCFC | | | | | | |
| HSA (Human Svcs Agency) | | | | | | |
| Please enter other funding source here if not in pull down | | | | | | |
| REALIGNMENT FUNDS | 38,003 | 584 | 2,240 | | | 40,827 |
| COUNTY GENERAL FUND | 203,538 | 2,685 | 10,294 | | | 216,517 |
| TOTAL CBHS MENTAL HEALTH FUNDING SOURCES | 1,012,209 | 35,003 | 134,223 | 50,000 | 150,000 | 1,381,435 |
| 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 | 1,012,209 | 35,003 | 134,223 | 50,000 | 150,000 | 1,381,435 |
| NON-DPH REVENUES - click below | | | | | | |
| TOTAL NON-DPH REVENUES | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL REVENUES (DPH AND NON-DPH) | 1,012,209 | 35,003 | 134,223 | 50,000 | 150,000 | 1,381,435 |

Prepared by/Phone #:

DPH 1: Department of Public Health Contract Budget Summary

| CONTRACT TYPE - This contract is: | | Renewal | Modification | APPENDIX #: B, Page 3 | | |
|---|----------------|--|--|--|---------------------------|-----------|
| If modification, Effective Date of Mod: | | # of Mod: | | VENDOR ID (DPH USE ONLY) | | |
| LEGAL ENTITY NUMBER: 00273 | | | | | | |
| LEGAL ENTITY/CONTRACTOR NAME: Edgewood Center for Children and Families | | | | | | |
| APPENDIX NUMBER | B-6 | B-7a | B-7b1 | B-7b2 | B-7c | |
| PROVIDER NUMBER | 8858 | 8858 | 8858 | 8858 | 8858 | |
| PROVIDER NAME: | Edgewood - JJC | Edgewood - Day Treatment DTI Res 88586 | Edgewood - Day Treatment MHS Res 88584 | Edgewood - Day Treatment MSS Res 88584 | Edgewood - Res Supplement | 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 | |
| FUNDING USES: | | | | | | |
| SALARIES & EMPLOYEE BENEFITS | 244,338 | 300,860 | 33,295 | 56,005 | 107,038 | 741,536 |
| OPERATING EXPENSE | 153,001 | 57,399 | 10,488 | 16,756 | 11,714 | 249,358 |
| CAPITAL OUTLAY (COST \$5,000 AND OVER) | | | | | | 0 |
| SUBTOTAL DIRECT COSTS | 397,339 | 358,259 | 43,783 | 72,761 | 118,752 | 890,894 |
| INDIRECT COST AMOUNT | 47,681 | 42,963 | 5,089 | 8,568 | 14,248 | 118,569 |
| INDIRECT % | 12.00% | 12.00% | 11.62% | 11.78% | 12.00% | 11.97% |
| TOTAL FUNDING USES: | 445,020 | 401,242 | 48,872 | 81,329 | 133,000 | 1,109,462 |
| CBHS MENTAL HEALTH FUNDING SOURCES | | | | | | |
| FEDERAL REVENUES - click below | | | | | | |
| SDMC Regular FFP (50%) | | 152,630 | 22,788 | 37,922 | | 213,339 |
| ARRA SDMC FFP (11.59) | | 35,379 | 5,283 | 8,791 | | 49,453 |
| STATE REVENUES - click below | | | | | | |
| EPSDT State Match | | 101,983 | 15,230 | 25,344 | | 142,557 |
| Family Mosaic Capitated Medi-Cal | | 35,000 | | | | 35,000 |
| MHSA | 425,000 | | | | | 425,000 |
| GRANTS - click below | | | | | | |
| Please enter other funding source here if not in pull down | | | | | | |
| PRIOR YEAR ROLL OVER - click below | | | | | | |
| SA | 20,020 | | | | | 20,020 |
| RK ORDERS - click below | | | | | | |
| Dept of Children, Youth & Families | | | | | | |
| SFCFC | | | | | | |
| HSA (Human Svcs Agency) | | | | | | |
| Please enter other funding source here if not in pull down | | | | | | |
| REALIGNMENT FUNDS | | | | | | |
| COUNTY GENERAL FUND | | 76,250 | 5,571 | 9,272 | 133,000 | 224,093 |
| TOTAL CBHS MENTAL HEALTH FUNDING SOURCES | 445,020 | 401,242 | 48,872 | 81,329 | 133,000 | 1,109,462 |
| 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 | 445,020 | 401,242 | 48,872 | 81,329 | 133,000 | 1,109,462 |
| NON-DPH REVENUES - click below | | | | | | |
| TOTAL NON-DPH REVENUES | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL REVENUES (DPH AND NON-DPH) | 445,020 | 401,242 | 48,872 | 81,329 | 133,000 | 1,109,462 |

Prepared by/Phone #:

DPH 1: Department of Public Health Contract Budget Summary

| CONTRACT TYPE - This contract is: | | New | Renewal | Modification | APPENDIX #: B, Page 4 | | | |
|---|---|---|-----------------------|--------------------------|------------------------------|-----------|-----------|--|
| If modification, Effective Date of Mod.: | | # of Mod: | | VENDOR ID (DPH USE ONLY) | | | | |
| LEGAL ENTITY/NUMBER: | | 00273 | | | | | | |
| LEGAL ENTITY/CONTRACTOR NAME: | | Edgewood Center for Children and Families | | | | | | |
| APPENDIX NUMBER | B-8a | B-8b | B-9 | B-10 | B-11 | | Grand | |
| PROVIDER NUMBER | 8858 | 8858 | 8858 | 8858 | 8858 | | | |
| PROVIDER NAME: | Edgewood - School MH Partnership 8858ED | Edgewood - School MH Partnership 8858ED | Edgewood - TBS 885818 | Edgewood - FMP Wrap | Edgewood - SB 163 Wrap EPSDT | | | |
| 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 | | | |
| FUNDING USES: | | | | | | | | |
| SALARIES & EMPLOYEE BENEFITS | 114,556 | 29,381 | 497,544 | 18,353 | 184,168 | 844,002 | 3,598,655 | |
| OPERATING EXPENSE | 11,527 | 2,140 | 70,057 | 3,533 | 16,724 | 103,981 | 639,245 | |
| CAPITAL OUTLAY (COST \$5,000 AND OVER) | | | | | | 0 | 0 | |
| SUBTOTAL DIRECT COSTS | 126,083 | 31,521 | 567,601 | 21,886 | 200,892 | 947,983 | 4,237,900 | |
| INDIRECT COST AMOUNT | 15,133 | 3,783 | 68,113 | 2,608 | 24,108 | 113,745 | 507,642 | |
| INDIRECT % | 12.00% | 12.00% | 12.00% | 11.92% | 12.00% | 12.00% | 0 | |
| TOTAL FUNDING USES: | 141,216 | 35,304 | 635,714 | 24,494 | 225,000 | 1,061,728 | 4,745,542 | |
| CBHS MENTAL HEALTH FUNDING SOURCES | | | | | | | | |
| FEDERAL REVENUES - click below | | | | | | | | |
| DMC Regular FFP (50%) | 65,900 | | 303,900 | | 112,500 | 482,300 | 1,573,589 | |
| RRA SDMC FFP (11.59) | 15,275 | | 70,443 | | 26,078 | 111,796 | 364,755 | |
| STATE REVENUES - click below | | | | | | | | |
| PSDT State Match | 44,027 | | 203,061 | | 75,173 | 322,261 | 1,058,284 | |
| Family Mosaic Capitated Medi-Cal | | | | | | | 46,700 | |
| IHSA | | | | | | | 625,000 | |
| GRANTS - click below | | | | | | | | |
| lease enter other funding source here if not in pull down | | | | | | | | |
| PRIOR YEAR ROLL OVER - click below | | | | | | | | |
| IHSA | | | | | | | 20,020 | |
| WORK ORDERS - click below | | | | | | | | |
| Dept of Children, Youth & Families | | | | | | | 116,033 | |
| FCFC Work Order | | | | | | | 42,066 | |
| ISA Work Order | | | | 20,000 | | 20,000 | 217,967 | |
| ISA Work Order match | | | | | 11,250 | 11,250 | 11,250 | |
| lease enter other funding source here if not in pull down | | | | | | | | |
| REALIGNMENT FUNDS | | 664 | | | | 664 | 41,491 | |
| COUNTY GENERAL FUND | 16,014 | 34,640 | 58,310 | 4,494 | | 113,458 | 628,385 | |
| TOTAL CBHS MENTAL HEALTH FUNDING SOURCES | 141,216 | 35,304 | 635,714 | 24,494 | 225,000 | 1,061,728 | 4,745,542 | |
| CBHS SUBSTANCE ABUSE FUNDING SOURCES | | | | | | | | |
| FEDERAL REVENUES - click below | | | | | | | | |
| STATE REVENUES - click below | | | | | | | | |
| GRANTS/PROJECTS - click below | | | | | | | | |
| lease enter other funding source here if not in pull down | | | | | | | | |
| WORK ORDERS - click below | | | | | | | | |
| lease enter other funding source here if not in pull down | | | | | | | | |
| RD PARTY PAYOR REVENUES - click below | | | | | | | | |
| lease enter other funding source here if not in pull down | | | | | | | | |
| COUNTY GENERAL FUND | | | | | | | | |
| TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES | | | | | | | | |
| TOTAL DPH REVENUES | 141,216 | 35,304 | 635,714 | 24,494 | 225,000 | 1,061,728 | 4,745,542 | |
| NON-DPH REVENUES - click below | | | | | | | | |
| TOTAL NON-DPH REVENUES | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| TOTAL REVENUES (DPH AND NON-DPH) | 141,216 | 35,304 | 635,714 | 24,494 | 225,000 | 1,061,728 | 4,745,542 | |
| Prepared by/Phone #: | | | | | | | | |

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

| YEAR: 2010-2011 | | | | | | |
|--|----------------|------------------------|--------------------|--------------------|------|---------|
| LEGAL ENTITY NAME: Edgewood Center for Children and Families | | PROVIDER #: 8858 | | | | |
| PROVIDER NAME: Edgewood Center for Children and Families | | | | | | |
| REPORTING UNIT NAME: | EPSDT Kinship | EPSDT Kinship | EPSDT Kinship | EPSDT Kinship | | |
| REPORTING UNIT: | 885813 | 885813 | 885813 | 885813 | | |
| MODE OF SVCS / SERVICE FUNCTION CODE | 15/10-59 | 15/70-79 | 15/01-09 | 15/60-69 | | |
| SERVICE DESCRIPTION | MH Svcs | Crisis Intervention-OP | Case Mgt-Brokerage | Medication Support | #N/A | TOTAL |
| CBHS FUNDING TERM: | 7/1/10-6/30/11 | 7/1/10-6/30/11 | 7/1/10-6/30/11 | 7/1/10-6/30/11 | | |
| FUNDING USES: | | | | | | |
| SALARIES & EMPLOYEE BENEFITS | 179,604 | 2,096 | 6,288 | 15,718 | | 203,706 |
| OPERATING EXPENSE | 35,786 | 520 | 1,560 | 3,901 | | 41,767 |
| CAPITAL OUTLAY (COST \$5,000 AND OVER) | | | | | | 0 |
| SUBTOTAL DIRECT COSTS | 215,390 | 2,616 | 7,848 | 19,619 | 0 | 245,473 |
| INDIRECT COST AMOUNT | 25,824 | 313 | 941 | 2,354 | | 29,432 |
| TOTAL FUNDING USES: | 241,214 | 2,929 | 8,789 | 21,973 | 0 | 274,905 |
| CBHS MENTAL HEALTH FUNDING SOURCES | | | | | | |
| FEDERAL REVENUES - click below | | | | | | |
| SDMC Regular FFP (50%) | 105,095 | 1,703 | 5,109 | 12,773 | | 124,680 |
| ARRA SDMC FFP (11.59) | 18,275 | 924 | 2,772 | 6,929 | | 28,900 |
| STATE REVENUES - click below | | | | | | |
| EPSDT State Match | 80,152 | 274 | 823 | 2,057 | | 83,306 |
| 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 | 37,692 | 28 | 85 | 214 | | 38,019 |
| TOTAL CBHS MENTAL HEALTH FUNDING SOURCES | 241,214 | 2,929 | 8,789 | 21,973 | 0 | 274,905 |
| CBHS SUBSTANCE ABUSE FUNDING SOURCES | | | | | | |
| FEDERAL REVENUES - click below | | | | | | |
| STATE REVENUES - click below | | | | | | |
| GRANTS/PROJECTS - click below | | | | | | |
| CFDA #: | | | | | | |
| Please enter other here if not in pull down | | | | | | |
| WORK ORDERS - click below | | | | | | |
| Please enter other here if not in pull down | | | | | | |
| 3RD PARTY PAYOR REVENUES - click below | | | | | | |
| Please enter other here if not in pull down | | | | | | |
| COUNTY GENERAL FUND | | | | | | |
| TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES | | | | | | |
| TOTAL DPH REVENUES | 241,214 | 2,929 | 8,789 | 21,973 | 0 | 274,905 |
| NON-DPH REVENUES - click below | | | | | | |
| TOTAL NON-DPH REVENUES | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL REVENUES (DPH AND NON-DPH) | 241,214 | 2,929 | 8,789 | 21,973 | 0 | 274,905 |
| CBHS UNITS OF SVCS/TIME AND UNIT COST: | | | | | | |
| UNITS OF SERVICE¹ | | | | | | |
| UNITS OF TIME ² | 92,419 | 755 | 4,351 | 4,559 | | |
| COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES) | 2.61 | 3.88 | 2.02 | 4.82 | 0.00 | |
| COST PER UNIT-DPH RATE (DPH REVENUES ONLY) | 2.61 | 3.88 | 2.02 | 4.82 | 0.00 | |
| PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY) | 2.61 | 3.88 | 2.02 | 4.82 | | |
| UNDUPLICATED CLIENTS | 45 | 10 | 25 | 25 | | |

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

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

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

| FISCAL YEAR: 2010-2011 | | APPENDIX #: B1b, Page 6 | | | | |
|--|--------------------|-------------------------|--------------------|--------------------|----------|----------------|
| LEGAL ENTITY NAME: Edgewood Center for Children and Families | | PROVIDER #: 8858 | | | | |
| PROVIDER NAME: Edgewood Center for Children and Families | | | | | | |
| REPORTING UNIT NAME: | EPSTD School Based | EPSTD School Based | EPSTD School Based | EPSTD School Based | | |
| REPORTING UNIT: | 885814 | 885814 | 885814 | 885814 | | |
| MODE OF SVCS / SERVICE FUNCTION CODE | 15/10-59 | 15/70-79 | 15/01-09 | 15/60-69 | | |
| SERVICE DESCRIPTION | MH Svcs | Crisis Intervention-OP | Case Mgt Brokerage | Medication Support | #N/A | TOTAL |
| CBHS FUNDING TERM: | 7/1/10-6/30/11 | 7/1/10-6/30/11 | 7/1/10-6/30/11 | 7/1/10-6/30/11 | | |
| FUNDING USES: | | | | | | |
| SALARIES & EMPLOYEE BENEFITS | 274,049 | 2,643 | 7,930 | 15,860 | | 300,482 |
| OPERATING EXPENSE | 57,444 | 310 | 931 | 1,862 | | 60,547 |
| CAPITAL OUTLAY (COST \$5,000 AND OVER) | | | | | | 0 |
| SUBTOTAL DIRECT COSTS | 331,493 | 2,953 | 8,861 | 17,722 | 0 | 361,029 |
| INDIRECT COST AMOUNT | 38,779 | 354 | 1,063 | 2,126 | | 43,322 |
| TOTAL FUNDING USES: | 371,272 | 3,307 | 9,924 | 19,848 | 0 | 404,351 |
| CBHS MENTAL HEALTH FUNDING SOURCES | | | | | | |
| FEDERAL REVENUES - click below | | | | | | |
| SDMC Regular FFP (50%) | 180,895 | 1,948 | 5,846 | 11,691 | | 200,380 |
| ARRA SDMC FFP (11.59) | 35,877 | 1,057 | 3,171 | 6,342 | | 46,447 |
| STATE REVENUES - click below | | | | | | |
| EPSTD State Match | 132,021 | 187 | 560 | 1,128 | | 133,886 |
| Family Mosaic Capitated Medi-Cal | | | | | | |
| GRANTS - click below | | | | | | |
| CFDA #: | | | | | | |
| Please enter other here if not in pull down | | | | | | |
| PRIOR YEAR ROLL OVER - click below | | | | | | |
| WORK ORDERS - click below | | | | | | |
| 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 | 22,479 | 115 | 347 | 695 | | 23,636 |
| TOTAL CBHS MENTAL HEALTH FUNDING SOURCES | 371,272 | 3,307 | 9,924 | 19,848 | 0 | 404,351 |
| CBHS SUBSTANCE ABUSE FUNDING SOURCES | | | | | | |
| FEDERAL REVENUES - click below | | | | | | |
| STATE REVENUES - click below | | | | | | |
| GRANTS/PROJECTS - click below | | | | | | |
| CFDA #: | | | | | | |
| Please enter other here if not in pull down | | | | | | |
| WORK ORDERS - click below | | | | | | |
| Please enter other here if not in pull down | | | | | | |
| 3RD PARTY PAYOR REVENUES - click below | | | | | | |
| Please enter other here if not in pull down | | | | | | |
| COUNTY GENERAL FUND | | | | | | |
| TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES | | | | | | |
| TOTAL DPH REVENUES | 371,272 | 3,307 | 9,924 | 19,848 | 0 | 404,351 |
| NON-DPH REVENUES - click below | | | | | | |
| TOTAL NON-DPH REVENUES | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL REVENUES (DPH AND NON-DPH) | 371,272 | 3,307 | 9,924 | 19,848 | 0 | 404,351 |
| CBHS UNITS OF SVCS/TIME AND UNIT COST: | | | | | | |
| UNITS OF SERVICE ¹ | | | | | | |
| UNITS OF TIME ² | 142,250 | 852 | 4,913 | 4,118 | | |
| COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES) | 2.61 | 3.88 | 2.02 | 4.82 | 0.00 | |
| COST PER UNIT-DPH RATE (DPH REVENUES ONLY) | 2.61 | 3.88 | 2.02 | 4.82 | 0.00 | |
| PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY) | 2.61 | 3.88 | 2.02 | 4.82 | | |
| UNDUPLICATED CLIENTS | 40 | 15 | 45 | 30 | | |

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

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

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

| FISCAL YEAR: 2010-2011 | | | | | | | INDEX #: 010 Page 7 | |
|--|--|------------------|------------------------|--------------------|--------------------|------|---------------------|--|
| LEGAL ENTITY NAME: Edgewood Center for Children and Families | | | | | | | PROVIDER #: 8858 | |
| PROVIDER NAME: Edgewood Center for Children and Families | | | | | | | | |
| REPORTING UNIT NAME: | | AB 3632 | AB 3632 | AB 3632 | AB 3632 | | | |
| REPORTING UNIT: | | 885815 | 885815 | 885815 | 885815 | | | |
| MODE OF SVCS / SERVICE FUNCTION CODE | | 15/10-59 | 15/70-79 | 15/01-09 | 15/60-69 | | | |
| SERVICE DESCRIPTION | | MH Svcs | Crisis Intervention-OP | Case Mgt Brokerage | Medication Support | #N/A | TOTAL | |
| CBHS FUNDING TERM: | | 7/1/10 - 6/30/11 | 7/1/10 - 6/30/11 | 7/1/10 - 6/30/11 | 7/1/10 - 6/30/11 | | | |
| FUNDING USES: | | | | | | | | |
| SALARIES & EMPLOYEE BENEFITS | | 119,109 | 2,517 | 2,517 | 3,146 | | 127,289 | |
| OPERATING EXPENSE | | 11,873 | 476 | 476 | 595 | | 13,420 | |
| CAPITAL OUTLAY (COST \$5,000 AND OVER) | | | | | | | 0 | |
| SUBTOTAL DIRECT COSTS | | 130,982 | 2,993 | 2,993 | 3,741 | 0 | 140,709 | |
| INDIRECT COST AMOUNT | | 15,718 | 359 | 359 | 449 | | 16,885 | |
| TOTAL FUNDING USES: | | 146,700 | 3,352 | 3,352 | 4,190 | 0 | 157,594 | |
| CBHS MENTAL HEALTH FUNDING SOURCES | | | | | | | | |
| FEDERAL REVENUES - click below | | | | | | | | |
| SDMC Regular FFP (50%) | | 70,384 | 1,814 | 1,814 | 2,268 | | 76,280 | |
| ARRA SDMC FFP (11.59) | | 14,484 | 984 | 984 | 1,230 | | 17,682 | |
| STATE REVENUES - click below | | | | | | | | |
| EPSDT State Match | | 49,283 | 519 | 519 | 649 | | 50,970 | |
| 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 | | 12,549 | 35 | 35 | 43 | | 12,662 | |
| TOTAL CBHS MENTAL HEALTH FUNDING SOURCES | | 146,700 | 3,352 | 3,352 | 4,190 | | 157,594 | |
| CBHS SUBSTANCE ABUSE FUNDING SOURCES | | | | | | | | |
| FEDERAL REVENUES - click below | | | | | | | | |
| STATE REVENUES - click below | | | | | | | | |
| GRANTS/PROJECTS - click below | | | | | | | | |
| CFDA #: | | | | | | | | |
| Please enter other here if not in pull down | | | | | | | | |
| WORK ORDERS - click below | | | | | | | | |
| Please enter other here if not in pull down | | | | | | | | |
| 3RD PARTY PAYOR REVENUES - click below | | | | | | | | |
| Please enter other here if not in pull down | | | | | | | | |
| COUNTY GENERAL FUND | | | | | | | | |
| TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES | | | | | | | | |
| TOTAL DPH REVENUES | | 146,700 | 3,352 | 3,352 | 4,190 | | 157,594 | |
| NON-DPH REVENUES - click below | | | | | | | | |
| TOTAL NON-DPH REVENUES | | 0 | 0 | 0 | 0 | 0 | 0 | |
| TOTAL REVENUES (DPH AND NON-DPH) | | 146,700 | 3,352 | 3,352 | 4,190 | | 157,594 | |
| CBHS UNITS OF SVCS/TIME AND UNIT COST: | | | | | | | | |
| UNITS OF SERVICE ¹ | | | | | | | | |
| UNITS OF TIME ² | | 56,207 | 864 | 1,659 | 869 | | | |
| COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES) | | 2.61 | 3.88 | 2.02 | 4.82 | 0.00 | | |
| COST PER UNIT-DPH RATE (DPH REVENUES ONLY) | | 2.61 | 3.88 | 2.02 | 4.82 | 0.00 | | |
| PUBLISHED RATE (MEDICAL PROVIDERS ONLY) | | 2.61 | 3.88 | 2.02 | 4.82 | | | |
| UNDULICATED CLIENTS | | 40 | 10 | 20 | 20 | | | |

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

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

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

| | | | |
|--|----------|-------------------------|---------|
| FISCAL YEAR: 2010-2011 | | APPENDIX #: B-2a Page 8 | |
| LEGAL ENTITY NAME: Edgewood Center for Children and Families | | PROVIDER #: 0055 | |
| PROVIDER NAME: Edgewood Center for Children and Families | | | |
| REPORTING UNIT NAME: | ECMH | | |
| REPORTING UNIT: | ECMH | | |
| MODE OF SVCS / SERVICE FUNCTION CODE | 45/10-19 | | |
| SERVICE DESCRIPTION | Start Up | | TOTAL |
| CBHS FUNDING TERM: 7/1/10 - 12/31/10 | | | |
| FUNDING USES: | | | |
| SALARIES & EMPLOYEE BENEFITS | 130,880 | | 130,880 |
| OPERATING EXPENSE | 7,198 | | 7,198 |
| CAPITAL OUTLAY (COST \$5,000 AND OVER) | | | 0 |
| SUBTOTAL DIRECT COSTS | 138,078 | | 138,078 |
| INDIRECT COST AMOUNT | 16,569 | | 16,569 |
| TOTAL FUNDING USES: | 154,647 | | 154,647 |
| CBHS MENTAL HEALTH FUNDING SOURCES | | | |
| FEDERAL REVENUES - click below | | | |
| STATE REVENUES - click below | | | |
| GRANTS - click below | CFDA #: | | |
| Please enter other here if not in pull down | | | |
| PRIOR YEAR ROLL OVER - click below | | | |
| WORK ORDERS - click below | | | |
| Dept of Children, Youth & Families | HQCC | 49,894 | 49,894 |
| SFCFC Work Order | FRC | 18,088 | 18,088 |
| HSA Work Order | HQCC | 86,665 | 86,665 |
| Please enter other here if not in pull down | | | |
| REALIGNMENT FUNDS | | | |
| COUNTY GENERAL FUND | | | |
| TOTAL CBHS MENTAL HEALTH FUNDING SOURCES | | | |
| CBHS SUBSTANCE ABUSE FUNDING SOURCES | | | |
| FEDERAL REVENUES - click below | | | |
| STATE REVENUES - click below | | | |
| GRANTS/PROJECTS - click below | CFDA #: | | |
| Please enter other here if not in pull down | | | |
| WORK ORDERS - click below | | | |
| Please enter other here if not in pull down | | | |
| 3RD PARTY PAYOR REVENUES - click below | | | |
| Please enter other here if not in pull down | | | |
| COUNTY GENERAL FUND | | | |
| TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES | | | |
| TOTAL DPH REVENUES | | | |
| NON-DPH REVENUES - click below | | | |
| TOTAL NON-DPH REVENUES | | | |
| TOTAL REVENUES (DPH AND NON-DPH) | | | |
| CBHS UNITS OF SVCS/TIME AND UNIT COST: | | | |
| UNITS OF SERVICE ¹ | | | |
| UNITS OF TIME ² | | | |
| COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES) | | | |
| COST PER UNIT-DPH RATE (DPH REVENUES ONLY) | | | |
| PUBLISHED RATE (MEDICAL PROVIDERS ONLY) | | | |
| UNDUPLICATED CLIENTS | | | |

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

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

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

| FISCAL YEAR: 011 | | APPENDIX #: 825 Page 1 | | | | | | | |
|--|----------------|------------------------|----------------|----------------|-------------------|----------------|----------------|----------------|---------|
| LEGAL ENTITY NAME: Wood Center for Children and Families | | PROVIDER #: 8858 | | | | | | | |
| PROVIDER NAME: Edgewood Center for Children and Families | | | | | | | | | |
| REPORTING UNIT NAME: | ECMH | ECMH | ECMH | ECMH | ECMH | ECMH | ECMH | ECMH | |
| REPORTING UNIT: | ECMH | ECMH | ECMH | ECMH | ECMH | ECMH | ECMH | ECMH | |
| MODE OF SVCS / SERVICE FUNCTION CODE: | 45/10-19 | 45/10-19 | 45/10-19 | 45/10-19 | 45/10-19 | 45/10-19 | 45/10-19 | 45/10-19 | |
| SERVICE DESCRIPTION: | Individual | Group | Observation | Training | Direct Individual | Direct Group | Outreach | Evaluation | TOTAL |
| CBHS FUNDING TERM: | 1/1/11-6/30/11 | 7/1/11-6/30/11 | 7/1/11-6/30/11 | 7/1/11-6/30/11 | 7/1/11-6/30/11 | 7/1/11-6/30/11 | 7/1/11-6/30/11 | 7/1/11-6/30/11 | |
| FUNDING USES: | | | | | | | | | |
| SALARIES & EMPLOYEE BENEFITS | 17,247 | 11,574 | 25,108 | 3,804 | 51,244 | 38,895 | 24,843 | 3,479 | 178,294 |
| OPERATING EXPENSE | 407 | 178 | 509 | 27 | 1,208 | 847 | 501 | 67 | 3,544 |
| CAPITAL OUTLAY (COST \$5,000 AND OVER) | | | | | | | | | 0 |
| SUBTOTAL DIRECT COSTS | 17,654 | 11,752 | 25,617 | 3,831 | 52,452 | 39,742 | 25,344 | 3,546 | 178,838 |
| INDIRECT COST AMOUNT | 2,118 | 1,410 | 3,074 | 472 | 8,295 | 4,745 | 3,041 | 428 | 21,561 |
| TOTAL FUNDING USES: | 19,772 | 13,162 | 28,691 | 4,303 | 60,747 | 44,487 | 28,385 | 3,972 | 201,419 |
| CBHS MENTAL HEALTH FUNDING SOURCES | | | | | | | | | |
| FEDERAL REVENUES - click below | | | | | | | | | |
| STATE REVENUES - click below | | | | | | | | | |
| GRANTS - click below CFDA #: | | | | | | | | | |
| Please enter other here if not in pull down | | | | | | | | | |
| PRIOR YEAR ROLL OVER - click below | | | | | | | | | |
| WORK ORDERS - click below | | | | | | | | | |
| Dept of Children, Youth & Families | HQCC | 8,482 | 4,322 | 9,421 | 1,446 | 19,280 | 14,543 | 9,321 | 1,304 |
| SFCFC Work Order | FRC | 2,354 | 1,587 | 3,418 | 524 | 6,994 | 5,271 | 3,379 | 473 |
| HSA Work Order | HQCC | 10,628 | 7,273 | 15,854 | 2,433 | 32,463 | 24,473 | 15,685 | 2,185 |
| Please enter other here if not in pull down | | | | | | | | | |
| REALIGNMENT FUNDS | | | | | | | | | |
| COUNTY GENERAL FUND | | | | | | | | | |
| TOTAL CBHS MENTAL HEALTH FUNDING SOURCES | | | | | | | | | |
| CBHS SUBSTANCE ABUSE FUNDING SOURCES | | | | | | | | | |
| FEDERAL REVENUES - click below | | | | | | | | | |
| STATE REVENUES - click below | | | | | | | | | |
| GRANTS/PROJECTS - click below CFDA #: | | | | | | | | | |
| Please enter other here if not in pull down | | | | | | | | | |
| WORK ORDERS - click below | | | | | | | | | |
| Please enter other here if not in pull down | | | | | | | | | |
| 3RD PARTY PAYOR REVENUES - click below | | | | | | | | | |
| Please enter other here if not in pull down | | | | | | | | | |
| COUNTY GENERAL FUND | | | | | | | | | |
| TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES | | | | | | | | | |
| TOTAL DPH REVENUES | | | | | | | | | |
| NON-DPH REVENUES - click below | | | | | | | | | |
| TOTAL NON-DPH REVENUES | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL REVENUES (DPH AND NON-DPH) | 19,772 | 13,162 | 28,691 | 4,303 | 60,747 | 44,487 | 28,385 | 3,972 | 201,419 |
| CBHS UNITS OF SVCS/TIME AND UNIT COST: | | | | | | | | | |
| UNITS OF SERVICE ¹ | | | | | | | | | |
| UNITS OF TIME ² | 284 | 175 | 383 | 58,71 | 783 | 403 | 378 | 53 | |
| COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES) | | | | | | | | | |
| COST PER UNIT-DPH RATE (DPH REVENUES ONLY) | | | | | | | | | |
| PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY) | 55.13 | 82.69 | 49.81 | 52.89 | 52.89 | 165.39 | 53.08 | 33.08 | |
| UNDULICATED CLIENTS | 50 | 50 | 120 | 80 | 90 | 100 | 100 | 120 | |

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

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

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

| FISCAL YEAR: 2010-2011 | | APPENDIX 3-3a, Page 10 | | | | |
|--|---------------------------|------------------------|----------------|----------------|----------------|-----------|
| LEGAL ENTITY NAME: Edgewood Center for Children and Families | | PROVIDER #: 8858 | | | | |
| PROVIDER NAME: Edgewood Center for Children and Families | | | | | | |
| REPORTING UNIT NAME: | Day Treatment Intensive | | | | | |
| REPORTING UNIT: | 88585 | | | | | |
| MODE OF SVCS / SERVICE FUNCTION CODE: | 10/85-89 | | | | | |
| SERVICE DESCRIPTION: | Day Tx Intensive Full day | #N/A | #N/A | #N/A | #N/A | TOTAL |
| CBHS FUNDING TERM: | 7/1/10-6/30/10 | 7/1/10-6/30/10 | 7/1/10-6/30/10 | 7/1/10-6/30/10 | 7/1/10-6/30/10 | |
| FUNDING USES: | | | | | | |
| SALARIES & EMPLOYEE BENEFITS | 796,979 | | | | | 796,979 |
| OPERATING EXPENSE | 106,778 | | | | | 106,778 |
| CAPITAL OUTLAY (COST \$5,000 AND OVER) | | | | | | 0 |
| SUBTOTAL DIRECT COSTS | 903,757 | 0 | 0 | 0 | 0 | 903,757 |
| INDIRECT COST AMOUNT | 108,452 | | | | | 108,452 |
| TOTAL FUNDING USES: | 1,012,209 | 0 | 0 | 0 | 0 | 1,012,209 |
| CBHS MENTAL HEALTH FUNDING SOURCES | | | | | | |
| FEDERAL REVENUES - click below | | | | | | |
| SDMC Regular FFP (50%) | 404,340 | | | | | 404,340 |
| ARRA SDMC FFP (11.58) | 93,725 | | | | | 93,725 |
| STATE REVENUES - click below | | | | | | |
| EPSDT State Match | 272,603 | | | | | 272,603 |
| Family Mosaic Capitated Medi-Cal | | | | | | |
| GRANTS - click below CFDA #: | | | | | | |
| Please enter other here if not in pull down | | | | | | |
| PRIOR YEAR ROLL OVER - click below | | | | | | |
| WORK ORDERS - click below | | | | | | |
| 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 | 38,003 | | | | | 38,003 |
| COUNTY GENERAL FUND | 203,538 | | | | | 203,538 |
| TOTAL CBHS MENTAL HEALTH FUNDING SOURCES | 1,012,209 | | | | | 1,012,209 |
| CBHS SUBSTANCE ABUSE FUNDING SOURCES | | | | | | |
| FEDERAL REVENUES - click below | | | | | | |
| STATE REVENUES - click below | | | | | | |
| GRANTS/PROJECTS - click below CFDA #: | | | | | | |
| Please enter other here if not in pull down | | | | | | |
| WORK ORDERS - click below | | | | | | |
| Please enter other here if not in pull down | | | | | | |
| 3RD PARTY PAYOR REVENUES - click below | | | | | | |
| Please enter other here if not in pull down | | | | | | |
| COUNTY GENERAL FUND | | | | | | |
| TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES | | | | | | |
| TOTAL DPH REVENUES | 1,012,209 | | | | | 1,012,209 |
| NON-DPH REVENUES - click below | | | | | | |
| TOTAL NON-DPH REVENUES | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL REVENUES (DPH AND NON-DPH) | 1,012,209 | | | | | 1,012,209 |
| CBHS UNITS OF SVCS/TIME AND UNIT COST: | | | | | | |
| UNITS OF SERVICE | 5,000 | | | | | 5,000 |
| UNITS OF TIME | | | | | | |
| COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES) | 202.43 | 0.00 | 0.00 | 0.00 | 0.00 | |
| COST PER UNIT-DPH RATE (DPH REVENUES ONLY) | 202.43 | 0.00 | 0.00 | 0.00 | 0.00 | |
| PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY) | 202.43 | | | | | |
| UNDUPLICATED CLIENTS | 26 | | | | | |

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

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

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

| YEAR: 2010-2011 | | BOX #: B-3b1, 3b2, Page 11 | | | | |
|--|----------------|----------------------------|--------------------|------|------|---------|
| LEGAL ENTITY NAME: Edgewood Center for Children and Families | | PROVIDER #: 8858 | | | | |
| PROVIDER NAME: Edgewood Center for Children and Families | | | | | | |
| REPORTING UNIT NAME: | DTx MH Medical | DTx MH Medical | DTx MH Medical | | | |
| REPORTING UNIT: | 8858OP | 8858OP | 8858OP | | | |
| MODE OF SVCS / SERVICE FUNCTION CODE | 15/10-59 | 15/70-79 | 15/60-69 | | | |
| SERVICE DESCRIPTION | MH Svcs | Crisis Intervention OP | Medication Support | #N/A | #N/A | TOTAL |
| CBHS FUNDING TERM: | 7/1/10-6/30/11 | 7/1/10-6/30/11 | 7/1/10-6/30/11 | | | |
| FUNDING USES: | | | | | | |
| SALARIES & EMPLOYEE BENEFITS | 24,546 | 2,905 | 81,301 | | | 106,753 |
| OPERATING EXPENSE | 2,367 | 1,559 | 38,876 | | | 42,802 |
| CAPITAL OUTLAY (COST \$5,000 AND OVER) | | | | | | 0 |
| SUBTOTAL DIRECT COSTS | 26,913 | 4,464 | 120,177 | 0 | 0 | 151,555 |
| INDIRECT COST AMOUNT | 3,090 | 536 | 14,046 | | | 17,672 |
| TOTAL FUNDING USES: | 30,003 | 5,000 | 134,223 | 0 | 0 | 169,227 |
| CBHS MENTAL HEALTH FUNDING SOURCES | | | | | | |
| FEDERAL REVENUES - click below | | | | | | |
| SDMC Regular FFP (50%) | 12,828 | 2,121 | 57,321 | | | 72,270 |
| ARRA SDMC FFP (11.59) | 2,974 | 491 | 13,288 | | | 16,753 |
| STATE REVENUES - click below | | | | | | |
| EPSDT State Match | 10,557 | 343 | 41,806 | | | 52,700 |
| Family Mosaic Capitated Medi-Cal | 873 | 1,547 | 9,280 | | | 11,700 |
| 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 | 501 | 83 | 2,240 | | | 2,824 |
| COUNTY GENERAL FUND | 2,270 | 415 | 10,294 | | | 12,979 |
| TOTAL CBHS MENTAL HEALTH FUNDING SOURCES | 30,003 | 5,000 | 134,223 | | | 169,227 |
| CBHS SUBSTANCE ABUSE FUNDING SOURCES | | | | | | |
| FEDERAL REVENUES - click below | | | | | | |
| STATE REVENUES - click below | | | | | | |
| GRANTS/PROJECTS - click below CFDA #: | | | | | | |
| Please enter other here if not in pull down | | | | | | |
| WORK ORDERS - click below | | | | | | |
| Please enter other here if not in pull down | | | | | | |
| 3RD PARTY PAYOR REVENUES - click below | | | | | | |
| Please enter other here if not in pull down | | | | | | |
| COUNTY GENERAL FUND | | | | | | |
| TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES | | | | | | |
| TOTAL DPH REVENUES | 30,003 | 5,000 | 134,223 | | | 169,227 |
| NON-DPH REVENUES - click below | | | | | | |
| TOTAL NON-DPH REVENUES | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL REVENUES (DPH AND NON-DPH) | 30,003 | 5,000 | 134,223 | | | 169,227 |
| CBHS UNITS OF SVCS/TIME AND UNIT COST: | | | | | | |
| UNITS OF SERVICE ¹ | | | | | | |
| UNITS OF TIME ² | 11,495 | 1,289 | 27,847 | | | 40,631 |
| COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES) | 2.61 | 3.88 | 4.82 | 0.00 | 0.00 | |
| COST PER UNIT-DPH RATE (DPH REVENUES ONLY) | 2.61 | 3.88 | 4.82 | 0.00 | 0.00 | |
| PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY) | 2.61 | 3.88 | 4.82 | | | |
| UNDUPLICATED CLIENTS | 26 | 15 | 21 | | | |

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

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

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

| Fiscal Year: 2010-2011 | | APR 2011 Page 12 | | | | |
|--|-------------------|---|------|------|------|--------|
| LEGAL ENTITY NAME: | | Edgewood Center for Children and Families | | | | |
| PROVIDER NAME: | | Edgewood Center for Children and Families | | | | |
| REPORTING UNIT NAME: | PIP | | | | | |
| REPORTING UNIT: | PIP | | | | | |
| MODE OF SVCS / SERVICE FUNCTION CODE | | | | | | |
| SERVICE DESCRIPTION | PIP Play Sessions | #N/A | #N/A | #N/A | #N/A | TOTAL |
| CBHS FUNDING TERM: 7/1/10 - 6/30/11 | | | | | | |
| FUNDING USES: | | | | | | |
| SALARIES & EMPLOYEE BENEFITS | 40,012 | | | | | 40,012 |
| OPERATING EXPENSE | 4,645 | | | | | 4,645 |
| CAPITAL OUTLAY (COST \$5,000 AND OVER) | | | | | | 0 |
| SUBTOTAL DIRECT COSTS | 44,657 | 0 | 0 | 0 | 0 | 44,657 |
| INDIRECT COST AMOUNT | 5,343 | | | | | 5,343 |
| TOTAL FUNDING USES: | 50,000 | 0 | 0 | 0 | 0 | 50,000 |
| CBHS MENTAL HEALTH FUNDING SOURCES | | | | | | |
| FEDERAL REVENUES - click below | | | | | | |
| STATE REVENUES - click below | | | | | | |
| MHSA | 50,000 | | | | | 50,000 |
| GRANTS - click below CFDA #: | | | | | | |
| Please enter other here if not in pull down | | | | | | |
| PRIOR YEAR ROLL OVER - click below | | | | | | |
| WORK ORDERS - click below | | | | | | |
| Please enter other here if not in pull down | | | | | | |
| 3RD PARTY PAYOR REVENUES - click below | | | | | | |
| Please enter other here if not in pull down | | | | | | |
| REALIGNMENT FUNDS | | | | | | |
| COUNTY GENERAL FUND | | | | | | |
| TOTAL CBHS MENTAL HEALTH FUNDING SOURCES 50,000 50,000 | | | | | | |
| CBHS SUBSTANCE ABUSE FUNDING SOURCES | | | | | | |
| FEDERAL REVENUES - click below | | | | | | |
| STATE REVENUES - click below | | | | | | |
| GRANTS/PROJECTS - click below CFDA #: | | | | | | |
| Please enter other here if not in pull down | | | | | | |
| WORK ORDERS - click below | | | | | | |
| Please enter other here if not in pull down | | | | | | |
| 3RD PARTY PAYOR REVENUES - click below | | | | | | |
| Please enter other here if not in pull down | | | | | | |
| COUNTY GENERAL FUND | | | | | | |
| TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES | | | | | | |
| TOTAL DPH REVENUES 50,000 50,000 | | | | | | |
| NON-DPH REVENUES - click below | | | | | | |
| TOTAL NON-DPH REVENUES 0 0 0 0 0 0 | | | | | | |
| TOTAL REVENUES (DPH AND NON-DPH) 50,000 50,000 | | | | | | |
| CBHS UNITS OF SVCS/TIME AND UNIT COST: | | | | | | |
| UNITS OF SERVICE ¹ | | | | | | |
| UNITS OF TIME ² 1,528 | | | | | | |
| COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES) 32.73 0.00 0.00 0.00 0.00 | | | | | | |
| COST PER UNIT-DPH RATE (DPH REVENUES ONLY) 32.73 0.00 0.00 0.00 0.00 | | | | | | |
| PUBLISHED RATE (MEDICAL PROVIDERS ONLY) 32.73 | | | | | | |
| UNDUPLICATED CLIENTS 128 | | | | | | |

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

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

Contractor: Edgewood Center for Children and Families
Program: School-Based Well-Being
City Fiscal Year: 2010-11

Appendix A-5
Contract Term: 7/1/10-6/30/11
Funding Source (AIDS/CHPP only)

1. **Program Name:** School-Based Well-Being
2. **Program Address:** 1801 Vicente Street
City, State, Zip Code: San Francisco, CA 94116
Telephone: (415) 682-3211
Facsimile: (415) 681-1065

3. **Nature of Document**

☐ New ☒ Renewal ☐ Modification

4. **Goal Statement**

Provide a brief and general statement (preferably one sentence) that describes what the program is aiming to accomplish through its contract.

Edgewood Center for Children and Families proposes to implement Edgewood School-Based Well-Being at Charles Drew College Preparatory Academy to build the capacity of teachers to handle behavioral issues as they arise, the capacity of families to provide the support their children need to succeed, and the capacity of children to deal with issues that may be impeding their academic and social progress.

5. **Target Population**

Describe the target population to be served by the program. If you target a specific problem, geographic area, group, age, etc. please specify. For example: women of childbearing age; youth between the ages of thirteen and nineteen years; Asian/Pacific Islander gay and bisexual men; African American males residing in the Tenderloin.

The program will serve the entire Charles Drew student body, which is 76% African American, 7% Latino, 5% Pacific Islander, 4% Multi-Racial or no response, 3% Asian, 3% White, 1% Filipino, and 1% Native American. Eighty-five percent will qualify for free or reduced-price lunches. Only 4% will be English Language Learners, speaking Spanish, Samoan, or Tagalog. The majority of students will live in Bayview-Hunter's Point.

6. **Modality(ies)/Interventions**

Specify the modality(ies) of service/interventions to be provided in the program (*for CBHS-MH, CRDC is sufficient*). If applicable, define billable service unit(s) or deliverables.

Edgewood School-Based Well-Being will provide the following services/interventions:

Healthy Development Prevention Services

- Mental Health Consultation (multi-dimensional assessment; service coordination; time limited 1:1 student contact to address specific issues, screen for larger behavioral health issues, and link as appropriate to other ongoing services)
- Family Resource Center (outreach and family workshops)
- Teacher Training/CHAMPS (school climate improvement activities, school-wide behavior systems/models)

***Detailed information on number of students and frequency/duration of services are listed in the outcome objectives section.*

Early Intervention Services

- Behavior Coaching (time limited 1:1 intervention and linkage to services as needed and short-term individual, group, and family counseling)
- Primary Intervention Program (PIP)

***Detailed information on number of students and frequency/duration of services are listed in the outcome objectives section.*

7. Methodology

For direct client services (e.g. case management, treatment, prevention activities)

Describe how services are delivered and what activities will be provided, addressing, how, what, where, why, and by whom. Address each question, and include project names, subpopulations; describe linkages/coordination with other agencies, where applicable.

***Note: Detailed information on number of students and frequency/duration of services are listed in the outcome objectives section.*

Drew school has a fulltime Learning Support Professional (LSP)/ Social Worker who has the responsibility to coordinate all agency services at the school site. To ensure collaboration with Drew, the Edgewood MHC will participate in the weekly onsite Student Assistance Program meeting to discuss the needs of students and families, and to help direct Edgewood services as needed.

Using a three-tier approach, Edgewood services give students, families and staff preventative universal access to services, mid-level early interventions, and targeted longer interventions as needed. Specifically,

Universal Access:

Multi-dimensional Assessment

- a. To assess the current strengths, needs, and gaps among the Charles Drew community, the Edgewood Mental Health Consultant (MHC) will administer Edgewood's School-Based Well-Being Assessment to Charles Drew staff October 1 – October 31 and to Charles Drew parents by during the month of December.
- b. The Research Associate and MHC will present the preliminary staff results to school administration during the first week of November. The presentation of the final results including parent/caregiver input will be presented by January 15. The MHC will work with administration to begin prioritizing results during this period.
- c. Beginning in October, the MHC will work with the school's Learning Support Professional to coordinate prevention and early intervention services to meet the needs highlighted in the survey results.

Mental Health Consultation

- a. The MHC will provide short-term counseling beginning in January to meet the needs of children who will need more intensive intervention as determined by the Student Assistance Program (SAP) team, which consists of school staff, CBOs, the Child Aide, the Behavior Coach, and other resources working at the school site.

Family Resource Center

- a. To ensure participation by families in the survey and in support services, the Outreach/Family Resource Center Coach will outreach to families beginning November 1 (to include home visits as needed), and co-host an open house in January.
- b. To ensure parents receive the support they need to strengthen their families, the Outreach/Family Resource Center Coach will host weekly parent meetings in the form of coffee chats (or other regularly scheduled times that may already be on the calendar at the school) beginning January 15, and monthly parent education workshops beginning in January.

Teacher Training

- a. To build the capacity of teachers to address behavioral issues that arise in the classroom, the Teacher Trainer will host a CHAMPS presentation before November 1 for all Charles Drew teachers, begin the presentation of the five modules in January, and host de-escalation trainings as needed beginning in January. During that six-month period, the MHC will also host a training for teachers to help destigmatize mental illness among the school community.

Mid-Level Access

Behavior Coaching

- a. To increase the social and emotional skills important for the successful development of thinking and learning activities of students, Behavior Coaches will provide on-site early intervention services at the classroom, group, and individual level using Second Step curriculum. This will include determining the level of intervention appropriate, identifying students (via the SAP team between November 1 and December 15), starting small groups (following the Second Step curriculum) in January, and beginning to implement Functional Behavior Assessments (FBA) and behavior plans, also in January.

PIP

- a. Between October 1 and 15, the School-Based Program Manager will identify and prepare a playroom to be used for PIP.
- b. Beginning November 1, The Child Aide will distribute the **Walker Survey Instrument (WSI)** to all teachers to identify PIP-appropriate students. Between November 15 and December 15, WSI scores will be assessed, and identified students will be further assessed by the SAP team.
- c. Once students likely to benefit from PIP have been identified and selected, the Child Aide will provide the teachers with the Walker-McConnell Scale (WMS).
- d. Child Aides will work 20 hours/week to conduct nondirective play sessions with 14-16 students per cycle and two cycles per year.

A. Describe how your program conducts outreach, recruitment, promotion, and advertisement.

The School-Based Well-Being Outreach Coach will gain parents' trust by meeting families where they are most comfortable (at their homes, at school, at community centers), listening to what they say they need rather than telling them what they need, speaking their language and/or understanding their culture, being available and visible early in the morning when they are dropping children off, and attending meetings that parents already attend (PTA, open houses). The FRC/Outreach Coach will host an open house for families and weekly coffee chats or other regularly scheduled times that may already be on the calendar at the school.

B. Describe your program's admission, enrollment and/or intake criteria and process where applicable.

All teachers are eligible to participate in Teacher Training and Behavior Coaching. Students will be selected for Behavior Coaching, PIP, and mental health counseling via SAP meetings.

C. Describe your program's service delivery model and how each service is delivered, e.g. phases of treatment, hours of operation, length of stay, locations of service delivery, frequency and duration of service, strategies for service delivery, wrap-around services, etc.

The Edgewood School-Based Well-Being delivery model is based on the mental health consultation model we have piloted and modified to meet the new SFUSD strategic plan requirements. This model includes the modalities listed in #5 above (as well as PIP)—all of which are provided to schools with frequencies and durations dependent upon the individual school-based program and the results of the School-Based Well-Being Gap Assessment.

D. Describe your program's exit criteria and process, e.g. successful completion, step-down process to less intensive treatment programs, aftercare, discharge planning.

N/A

E. Describe your program's staffing: which staff will be involved in what aspects of the service development and delivery. Indicate if any staff position is not funded by the grant. Note: For CBHS, Appendix B is sufficient.

Edgewood school-based has a management system that supports programs at the school site. The Behavior Coach, Family Resource Coordinator and Teacher Trainer reports to a School-Based Program Manager, the MHC reports to the School-Based Clinical Manager, and the PIP child aide reports directly to the PIP Program Manager. The program managers report directly to the Director, which is not listed here or in the budget. The MHC will be the lead coordinator for services, but each position reports to a manager who has weekly supervision at the school site.

The Mental Health Consultant (.5 FTE) will administer Edgewood's Youth Need Gap Survey, consult with designated members of the school community (usually the principal, counseling staff, and members of the faculty) to prioritize needs based on survey results, and discuss services based on those priorities provided to school staff, students, and families. The MHC will also provide short-term individual counseling and support students, with the objective of connecting to long-term supportive services. He or she will also be responsible for connecting the community (students, staff, and families) to appropriate Edgewood and other community resources. The MHC will also develop, research, adopt and provide psycho-educational programs to meet the needs of school. Services provided require approval from the Edgewood Director of School-Based Programs and school administration.

Two Behavior Coaches (each at .5 FTE) will support teachers to develop effective behavioral interventions for identified high-risk students for whom class-wide strategies are not effective; create individual behavior plans and model behavior management strategies with up to 25 children in a school year in a 1:1 setting in collaboration with the Teacher Trainer; facilitate social skills groups for students identified as needing additional support; assist schools in developing positive proactive strategies for behavior management in the classroom, schoolyard, cafeteria, and hallways; and collect data for evaluation purposes.

The role of the Outreach/FRC Coach (.8 FTE) at Drew is to create and maintain a warm and welcoming space at the Family Resource Center, a space where parents, students, and teachers feel comfortable and supported within their school community. He or she will provide relevant and culturally appropriate referrals and connect families with services they need; coordinate and facilitate workshops that enrich parenting skills, pro-active behavior management, and ESL; and offer extra-curricular activities such as music, arts and crafts, and drama classes to provide an outlet for family members. The Outreach/FRC Coach will also provide outreach to students and families, coordinate Family Conferencing, make scheduled home visits, investigate requests for and coordinate financial assistance, and coordinate collaboration when multiple services are being rendered by Edgewood simultaneously.

The Teacher Trainer (.5 FTE) will develop, plan, and deliver teacher training curriculum based on Classroom Management Systems to designated school staff; provide ongoing individual assessment, observation, feedback, and coaching to participating teachers around implementation of the CHAMPS curriculum, behavior management, and de-escalation of students; collaborate with school administrators to facilitate school-wide climate reform based on the assessment, implementation of school-wide interventions, and collecting outcome data for program; oversee the work of behavior coaches to plan and coordinate services for identified at-risk or high-risk students in the school setting; develop, plan, and implement other teacher trainings as identified by the MHC and program staff; and conduct trainings to parents and caregivers on topics of behavior management.

Research Associate (.05 FTE), Scott Collier, will participate in administering the Edgewood School-Based Well-Being Assessment, produce outcomes based on the assessment, and assist in designing the tools necessary to evaluate each of the programs listed.

The School-Based Program Manager (.2 FTE), Jonathan Weinstock, will be responsible for the day-to-day management and oversight for each program staff at Drew. Jonathan will be the direct contact with the school administration for any needs that may need tending to at the school.

As the Director of School-Based Programs (.05 FTE, not funded by the grant), David Mulig will be responsible for the planning, development, and effective operation of all program, personnel, research, and other program requirements. David will also regularly communicate with the school to ensure that Edgewood's program is both meeting the needs of the school and of this proposal.

8. Objectives and Measurements

Note: Some sections have other specific requirements for objectives. See section instructions for additional information.

Teacher Training

Objective 1) Train 80% of the teachers and support these trained teachers in the CHAMPS model by the end of the school year.

Objective 2) Guide 80% of the teachers through the process of thorough assessment of behavior and help them understand how to analyze chronic behavior challenges by the end of the school year.

Objective 3) Assist 35% of the teachers in selecting effective intervention strategies based on student strengths and abilities by the end of the school year.

Objective 4) Model intervention strategies and work with 35% of the teachers to learn and practice intervention strategies by the end of the year.

Data Source: ECCF will administer a pre/post Teacher Training Self-Efficacy Measure and analyze the results.

Behavior Coaching:

Objective 1) Problem-solving strategies/conflict skills, anger management strategies, and empathy will increase by 40% among students served in small groups and individually.

Data Source: Teachers will complete pre/post Walker-McConnell Surveys for all students who participate in behavior coaching. ECCF will compile and summarize the results.

Outreach and Family Resource Center Services:

Objective 1) Provide family support and parent education to promote school success for 90 families with children attending a school by the end of the school year.

Data Source: Parents enrolled in care management will respond to questions in the Family Needs Scale at their first visit and again at the end of the school year. This instrument asks families to rate how well they are doing in meeting a number of tasks critical to their families' well-being.

ECCF staff will analyze and summarize the data.

PIP:

Objective 1) 75% of students participating in PIP will have an increase in their teacher-preferred, peer-preferred, and overall school adjustment by the end of the school year.

Data Source: Teachers will complete pre/post Walker-McConnell Surveys for each student served. ECCF staff will compile and summarize the results.

Mental Health Consultation:

Objective 1) Teachers and staff will have a 50% increased in their confidence regarding their ability to recognize potential clinical issues and in their ability to find resources for those students and families.

Data Source: School staff will complete GAP surveys between Oct. 1 and Dec 31 and again in May. ECCF will compile and summarize the results.

1. **Program Name: Juvenile Justice Mental Health Consultation and Training Program**

2. **Program Address:** 1801 Vicente Street
City, State, Zip Code: San Francisco, CA, 94116
Telephone: (415) 682-3211
Facsimile: (415) 681-1065

3. **Nature of Document**

☐ New ☒ Renewal ☐ Modification

4. **Goal Statement**

Provide a brief and general statement (preferably one sentence) that describes what the program is aiming to accomplish through its contract.

Edgewood's Youth Mental Health Consultation and Training Program will build the capacity of providers to assess and meet the behavioral health needs of at-risk and system-involved youth they serve—thus improving the overall quality of the support they provide and preventing young people's future involvement with the juvenile justice and/or behavioral health care systems.

5. **Target Population**

Describe the target population to be served by the program. If you target a specific problem, geographic area, group, age, etc. please specify. For example: women of childbearing age; youth between the ages of thirteen and nineteen years; Asian/Pacific Islander gay and bisexual men; African American males residing in the Tenderloin.

The Consultation and Training Program will provide on-site mental health consultation to at least 20 providers who serve at-risk youth who may benefit from mental health consultation. These agencies will be recruited from San Francisco agencies that currently serve youth involved in the Juvenile Justice system and agencies who serve youth who are at risk of becoming involved in the Juvenile Justice system.

The 200 youth receiving short-term early intervention and direct services will be enrolled at Huckleberry Youth Programs, including Community Assessment & Referral Center (CARC), Larkin Street Youth Services, and agencies enrolled in the Mid Level consultation portion of the program. Huckleberry's CARC provides an alternative to 600 young people, ages 11-17, who have been arrested for non-violent offenses and who would otherwise be brought directly to Juvenile Hall. Most youth come to CARC from Bayview-Hunter's Point, Visitation Valley, Excelsior, and the Mission—all of which are CBHS-priority, high-need neighborhoods. Larkin Street will target justice system involved youth ages 12-24 from throughout its programs, with services provided from their Tenderloin location.

6. **Modality(ies)/Interventions**

Specify the modality(ies) of service/interventions to be provided in the program (*for CBHS-MH, CRDC is sufficient*). If applicable, define billable service unit(s) or deliverables.

The Consultation and Training Program will provide three types of services: Mental Health Consultation Services (including Intensive, Mid Level and Low Level Consultation Services), Direct Services to Youth and Families, and a Learning Circle:

Mental Services Health Consultation Services

This model includes three tiers of intervention.

1. Low Level – monthly trainings (8+ organizations)
2. Mid Level (6-12+ organizations) – the number of organizations depends upon the level of intensity necessary. The longer the intervention for agencies, the less number we can support. We expect a range of shorter to longer interventions.
3. Intensive Level (2 organizations)

Intensive Level: Huckleberry House and Larkin Street will each have one Mental Health Consultant(MHC) to provide on-site consultation services. Intensive MHC will participate in the following activities:

- Agency assessment, intervention planning, technical assistance, observation, and coaching
- Individual/group consultation and training for staff
- Attendance at weekly case consultation/case review meetings
- Site-based targeted workshops that build knowledge and skills
- Learning Circle Participation
- Monthly Trainings
- Model Development Trainings

Mid-Level Services :

Agencies interested in mid-level consultation will apply for consideration. Our application process will determine the level of intensity at an organization's site. The advisory group will meet to score applications and determine level of intervention. If selected, the least intervention is 4 hrs/wk for 3 months. For the application, some of the criteria may include:

- Size of agency / staff working with youth
- # of youth to participate in the Youth Needs Assessment
- Interviews to determine need
- "Case management" based on assessment results and a clear intervention strategy based on highest gaps.
- Commitment of staff to the minimum requirements for participation (4 hr/wk – 3 months)
- Family Involvement
- Level of knowledge in mental health issues.

Low Level Consultation (Large Trainings): Monthly trainings will be provided in areas related to youth and families at risk for the juvenile justice system. Group trainings for staff will include topics on assessing, understanding and responding to behavior health issues, the impact of trauma, anger management and social justice. These trainings will be open to all SF organizations providing services to our target population. Participation in this level of consultation may also encourage agencies to apply for Mid Level consultation.

Monthly Learning Circle for Program MHCs and Collaborative Staff from Edgewood, Larkin, and Huckleberry

Monthly meetings will focus on supporting and training MHCs and link them to other successful consultation projects including Early Childhood MH providers and the after-school consultation project (both run by Edgewood). It is proposed that, quarterly, the Learning Circle invite MHCs from other consultation initiatives so that model development can occur.

The Learning Circle will also review evaluation data for CQI. The Learning Circle will be based on Edgewood's Learning Organization model. A learning organization is one that maintains a non-threatening, empowering culture where leadership, management and line staff focus on continuously developing organizational competence. The goal is to allow us to systematically learn from our experience what does and what does not work in order to increase innovation, effectiveness, and performance in delivering services to children and families.

Quarterly, we plan to hold an EMC learning circle to include the Edgewood School-Based EMC and the ECMHC programs. The goal of this learning circle is to review our consultation program and to work collaboratively to increase our performance in each program.

6. Methodology

For direct client services (e.g. case management, treatment, prevention activities)

Describe how services are delivered and what activities will be provided, addressing, how, what, where, why, and by whom. Address each question, and include project names, subpopulations; describe linkages/coordination with other agencies, where applicable.

A. Describe how your program conducts outreach, recruitment, promotion, and advertisement.

A large outreach effort will be developed to invite all agencies providing service to our target population. Edgewood, Huckleberry and Larkin will partner to provide outreach to the following groups and collaboratives:

- Juvenile Justice Providers Association (60 active agencies)
- Subcontracts of Huckleberry House including CYC Brothers Against Guns, Instituto
- Sunset Youth
- Mission Neighborhood Center
- Youth Justice Initiative
- Youth Commission
- Bayview HP Foundation
- Mo-Magic and B-Magic
- TAY Task Force (lead by Larkin)
- CBOs operating in targeted public schools

All SF agencies serving the target population will continue to be invited to monthly trainings (Low Level Consultation) and will continue to be recruited for the Mid Level consultation model.

B. Describe your program's admission, enrollment and/or intake criteria and process where applicable.

Larkin and Huckleberry House have already been selected as our partners and will be provided Intensive Consultation services. Mid Level consultation agencies will be recruited and apply as explained earlier in this document. All agencies are eligible for Low Level Consultation.

Direct services to youth and families will be provided by MHCs at Intensive and Mid Level Consultation sites. At Huckleberry House, these youth will be referred by CARC case managers and be eligible for short-term direct services. At Larkin Street, youth and families from any of their programs can be referred to MHCs by their case manager and again will be provided with short-term services. Mid Level sites will have staff refer to MHCs for direct service needs. All requests for direct services will begin with an assessment of the youth and family. Should short-term services be indicated and consented to, an initial CANS for youth receiving services for more than 30 days will be conducted to complete an assessment and guide a treatment plan.

C. Describe your program's service delivery model and how each service is delivered, e.g. phases of treatment, hours of operation, length of stay, locations of service delivery, frequency and duration of service, strategies for service delivery, wrap-around services, etc.

The Consultation and Training Program will provide three types of services: Mental Health Consultation Services (including Intensive, Mid-Level and Low-Level Consultation Services), Direct Services to Youth and Families, and a Learning Circle. The service delivery model for each is below:

Mental Health Consultation

Intensive and Mid Level: All consultation services will be delivered on-site. Intensive services will last the entire year and will have a MHC on-site five days a week. Mid Level will last 3-months to 1 year with a minimum MHC presence of ½ day a week. The intervention will begin with an assessment (GAP survey) which will lead to an action plan to guide the focus of consultation. The post-GAP survey will be completed at the end of the action plan to assess the impact of the consultation. A satisfaction measure will occur about half way through the consultation action plan and at the end to assess satisfaction with the service. Direct services at these sites will range from 1 day to one year, depending on need. Short-term services over 30 days will include a CANS assessment and treatment plan development. CANS will continue to be conducted at 6-month intervals to assess treatment progress.

Low Level: Monthly trainings will be provided to all SF agencies serving our target population. These trainings will occur at Edgewood and other sites throughout the city. Following each training, evaluations will be completed.

Learning Circle: Monthly Learning Circles will occur at Edgewood. The focus of this group is to support and train MHCs in their work. Other JJMCH staff will join the group as needed. As Edgewood is involved in several other consultation

initiatives (i.e., Early Childhood Mental Health and School-Based), we would like to propose that the Learning Circle, quarterly, incorporate key staff from all consultation programs in order for us to focus on consultation model development and dissemination. Participants on the Learning Circle will be given a self-efficacy measure to assess the effectiveness of the Learning Circle in their work.

D. Describe your program's exit criteria and process, e.g. successful completion, step-down process to less intensive treatment programs, aftercare, discharge planning.

All agencies participating in consultation services will be given a GAP Survey to assess their needs. This assessment will guide the development of an action plan and a length and activity of service. At the end of the action plan a post-GAP survey will be administered and a discharge plan developed and implemented. Agencies that complete Mid Level consultation will be encouraged to continue participation in the program through our Low Level consultation model.

Youth and families participating in direct services will be discharged when their treatment goals have been met. For youth and families needing additional or more comprehensive behavioral health services, we will work with ACCESS to refer to existing CBHS services.

E. Describe your program's staffing: which staff will be involved in what aspects of the service development and delivery. Indicate if any staff position is not funded by the grant. Note: For CBHS, Appendix B is sufficient.

Please see Appendix B-9a and B9b

7. Objectives and Measurements

Note: Some sections have other specific requirements for objectives. See section instructions for additional information.

A. Performance/Outcome Objectives

List the program's performance/outcome objectives. Outcome objectives are a statement about the expected changes, results, impacts or benefits of programs for individuals or groups served. These objectives should be specific, measurable, achievable, realistic and time-framed (SMART objectives). State the objective, how it will be measured, who it is applicable to, clients included, and data source.

Mental Health Consultation

1. At least 20 agencies serving youth at risk for involvement in the juvenile justice system or involved in the juvenile justice system will participate in the Consultation Program.

Data Source: Intensive and Mid Level participation will be measured by consultation contracts/agreements and Low Level agency participation by sign-in sheets provided by ECCF.

2. Programs participating in the Intensive and Mid-Level Consultations will show improvement in identified areas as measured by pre and post GAP surveys. GAP surveys will be given initially and six months following the consultation (or at the end of the action plan if shorter than 6 months). For Mid-Level programs, GAP surveys will be conducted again as they exit the program (6-12 month range).

Data Source: GAP surveys will be conducted by the MHCs and MHCs and research staff will interpret results jointly. Post GAP surveys will be used to inform program effectiveness, model development, and the need for ongoing consultation.

3. At least 75% of agency staff who receive Intensive and Mid-Level Consultation and responded to the survey, will report that they are satisfied with the services they've received from the consultant.

Data Source: A satisfaction measure will be developed by the Program Coordinator modeled after the one currently used by the Early Childhood Mental Health Consultation program. MHCs will collect satisfaction surveys in conjunction with post-GAP surveys at all Intensive and Mid-Level Consultation agencies.

Low Level Consultation/Large Trainings

4. All staff who attend the Large Trainings throughout the year, will show the following on training evaluation forms:
 - A minimum of 90% of respondents at trainings shall rate the overall usefulness of the training as 4 or higher on a 5-point scale.
 - A minimum of 90% of respondents shall rate the improvement of job related skills as 4 or higher on a 5-point scale.
 - A minimum of 75% of the respondents shall indicate that the training was effectively appreciated across cultures.
 - A minimum of 75% of the respondents shall indicate that their knowledge increased as a result of the training.
 - A minimum of 75% of respondents at all trainings shall identify at least two skills, tools, concepts, knowledge, or policies and procedures that they will use at their workplace.

Data Source: An existing Edgewood Course Evaluation Tool will be used to assess the Large Trainings. The Training Director will be responsible to collect and compile training evaluations, which occur at the end of all trainings.

5. A minimum of 75% of respondents who complete a Transfer of Learning Questionnaire following the Large Trainings shall report applying the knowledge they obtained during the training to their work.

Data Source: An existing Edgewood Transfer of Learning Questionnaire will be distributed 1-2 months after training. The Training Director will be responsible to compile the results.

Direct Service (from CBHS document)

75% of clients who have been served for two months or more will have met or partially met 50% of their treatment objectives at discharge.

Data Source: AVATAR(N/A if data not available in AVATAR)

Edgewood 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 as measured by CANS Certificates of completion with a passing score.

Data Source: CANS on line database, CBHS will provide

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.

CYF agency representatives will 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.

Outpatient clients will have a Reassessment/Outpatient Treatment report in the online record within 30 days of the six-month anniversary of their episode opening date, and every six 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.

Outpatient clients have an updated Treatment Plan in the online record within 30 days of the six-month anniversary and every six 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.

Learning Circle

6. 85% of participants in the Learning Circle will demonstrate an increase in their perceived self-efficacy in mental health consultation as measured by a 10-item measure using a 5-point Likert scale.

Data Source: The Program Coordinator will administer this tool at the first meeting on the Learning Circle and, thereafter, every six months.

Other CBHS Performance Objectives

Active engagement with primary care provider 75% of clients who are in treatment for over 90 days will have, upon discharge, an identified primary care provider.

Data Source: Client discharge summary

All contractors and civil service clinics are encouraged to develop clinically appropriate interventions (either Evidence Based Practice or Practice Based Evidence) to meet the needs of the specific population served, and to inform the SOC Program Managers about the interventions.

Data Source: Quarterly Program Monitor Meeting Notes taken by Program Monitor

Contractor: Edgewood Center for Children and Families
Program: Residential Day Treatment
City Fiscal Year: 2010-11

Appendix A-7: b1, A-7b2 & A-7c
Contract Term: 7/1/10-6/30/11
Funding Source (AIDS/CHPP only)

1. **Program Name: Residentially-Based Day Treatment (88586, 88484, Residential Supplement)**

Program Address : 1801 Vicente St.

City, State, Zip Code: San Francisco, CA 94116-2923

Telephone: (415) 682-3211

Facsimile: (415) 681-1065

2. **Nature of Document**

☐ New ☒ Renewal ☐ Modification

3. **Goal Statement**

The goal of Edgewood's Residentially-Based Day Treatment (RBDT) program is to provide intervention and treatment to improve functioning of Seriously Emotionally Disturbed (SED) children and adolescents so they may transition to a lower level of care and build permanency.

4. **Target Population**

Edgewood's RBDT program is designed to serve the following target populations:

- Children & adolescents ages 6-18 with mental health diagnoses who have been exposed to community and/or familial violence or may have been victims of abuse or neglect.
- Children and adolescents who have disorders such as Mood disorders, Post-Traumatic Stress and other anxiety disorders, Oppositional Defiant and other behavioral disorders, and others often with concurrent substance abuse issues.
- Children & adolescents who are Medi-Cal beneficiaries, placed in a group home, & authorized to be in DTI based on the approval of SFUSD through the IEP process and AB 3632 Unit

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

Please refer to budget submitted under this proposal.

A. Modality of Service/Intervention

Day Treatment Intensive, Mental Health Services, Medication Support Services, Crisis Intervention

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 open. Service activities may include, but are not limited to, assessment, plan development, therapy, rehabilitation and collateral.

Day Rehabilitation.

"Day Rehabilitation" means a structured program of rehabilitation and therapy to improve, maintain or restore personal independence and functioning, consistent with requirements for learning and development, which provides services to a distinct group of beneficiaries and is available at least three hours and less than twenty-four hours each day the program is open. Service activities may include, but are not limited to, assessment, plan development, therapy, rehabilitation and collateral.

Medication Support Services.

"Medication Support Services" means those services which include prescribing, administering, dispensing and monitoring of psychiatric medications or biologicals which are necessary to alleviate the symptoms of mental illness. These services may be delivered by all qualified personnel including physicians, registered nurses, licensed vocational nurses, psychiatric technicians, pharmacists and physician assistants, per the state EPSDT manual.

Mental Health Services

Family Therapy, crisis intervention services outside DTI hours and group therapy on non-DTI days..

Crisis Intervention.

Crisis Intervention is not allowed during day treatment hours.

6. Methodology

A. Describe how your program conducts outreach, recruitment, promotion, and advertisement.

Edgewood works collaboratively with families, SFCBHS, Child Welfare, SFUSD and other San Francisco based Day Treatment Intensive programs to constantly communicate about openings and coordinate best placements when this intensive level of service is required and authorized. Families often call to request this service and our Intake Worker works closely with them and our partners to ensure that this level of service is what is needed and assist the family in walking the often difficult and overwhelming process of obtaining the least restrictive level of care for their child.

B. Describe your program's admission, enrollment and/or intake criteria and process where applicable.

The RBDT screening/referral/intake procedure is managed by the IS Intake Worker. This individual welcomes all families to assist them with their requests and to assist in the often complicated process of navigating public systems such as mental health, social services, the juvenile justice system, and the public school system. The Intake Worker also coordinates with families and referring parties to ensure a best fit and to ensure that all eligibility requirements are met. There are only two exclusion criteria for IS programs. We are not able to admit any youth who, in the judgment of staff or a consulting professional:

- Exhibits behavior dangerous to self or to others that requires a higher level of care or psychiatric hospitalization.
- Requires an immediate medical evaluation or medical care.

Any youth who is not admitted to a program for either of these reasons can reapply for admission in the future, and can be admitted if the conditions that prohibited admission in the first place no longer pertain.

The Intake Worker responds to all requests for admission within two business days.

The Intake Worker invites the family and referral person to a pre-placement visit. If a visit to Edgewood is not possible, the Intake Worker will make diligent attempts to meet with the youth in person at their natural setting. This meeting is to assist the youth, family, and/or guardian in understanding the reasons services are being sought, as well as to describe the treatment programs, encouraging and answering questions of all parties. The Family Partner will often accompany the Intake Worker as needed. The family/caregiver and/or community resources and connections are informed that participation is welcome in the treatment progress, and considered to be an integral component of successful treatment.

Final admission decisions are made by the Admissions Team, who meets weekly. The Admission team is run by the Intake Coordinator and includes the IS Regional Director, Medical Director, Director of Milieu Management, Associate Clinical Director and Educational Director. Final decisions regarding admission are done by the Medical Director. Again, all intake decisions are made in collaboration with SFCBHS, Child Welfare and SFUSD.

Once a youth is accepted into the program, the following occurs:

Prior to or day of admission:

- Acquire all previous and pertinent assessments i.e. psychological, substance abuse, psychoeducational, medical.
- Obtain provider, family and youth goals for treatment including:
 - strengths and vulnerabilities
 - successful interventions and coping skills utilized in the past
 - family connectedness
 - short term goals
 - long term goals (including discharge options)
- Disseminate necessary information about the youth's case to staff that will be working directly with the youth and family e.g. psychiatrist, therapist, nursing staff, child care workers, educators.

Within 72 hours of admission:

- Assess and compile a list of individuals involved in the youth's system including, but not limited to, family members; public agency staff, other providers or persons in the community.
- Assign a therapist/care manager to coordinate the assessment and service plan.
- Therapist/care manager develops and establishes safety plan.
- Consent and emergency contact forms are signed by the legal guardian.
- Development and Implementation of a safety plan and initial mental health goals.
- Nursing Assessment is completed.
- Psychiatric evaluation and initial treatment plan will be completed.

Within 30 days of the admission:

- Mental Health Assessment, Care Plan, and individualized Behavior Support & Intervention Plan (BSIP) are completed.
- A Care Team meeting including family member/caretakers, all pertinent providers, natural supports and resources and program staff will meet to affirm the treatment plan, safety plan, permanency plan, stabilization goals, and discharge plans.

C. Describe your program's service delivery model and how each service is delivered, e.g. phases of treatment, hours of operation, length of stay, locations of service delivery, frequency and duration of service, strategies for service delivery, wrap-around services, etc.

Edgewood's Residentially-Based Day Treatment Intensive services include comprehensive mental health services to children and adolescents aged 6-18 who have been unsuccessful in public school campuses and in their homes due to severe behavioral and mental health issues. The clients are referred to Edgewood by Community Behavioral Health Services (CBHS) program, Child Welfare, and the Juvenile Justice System.

The Day Treatment services are integrated with the nonpublic school on Edgewood's Vicente campus, and together they comprise Edgewood's RBDT program. The program is organized into three pods of up to 25 children each, each pod located in a different multi-room building serving both boys and girls. The program operates on a full-day format from 9:00 a.m. to 3:15 p.m. Monday, Tuesday, Thursday, and Friday. Wednesday's hours are 9:00-1:15.

RBDT services at Edgewood are provided by multidisciplinary staff in the context of the school day in order to connect the mental health support to each child's daily real-world challenges. Services include a consistent therapeutic milieu staffed by qualified mental health professionals; individual, group and family psychotherapy; Art and recreational therapeutic groups; medical and psychiatric treatment; and comprehensive care management. Individualized Care Plans are developed for each child and family. These plans are developed through a multidisciplinary process that strives to put families at the center of decision-making.

The general goal of the Edgewood Day Treatment program is to meet the mental health and educational needs of children and youth who face serious emotional challenges, as well as to their families, in order to facilitate successful

reintegration into more mainstream community settings and home environments. To meet this end, the following steps are taken for each child:

- A. In-depth comprehensive assessment of each child, addressing such areas as mental health, positive behavioral support, education, and medical care.
- B. Assessment of family needs in order to best support the child referred to the program.
- C. Design and implementation of a care plan for each child, utilizing the most appropriate education, clinical, and medical services available at Edgewood and/or in the community. This includes:
 - i. A statement of long-term goals and short-term strategies for the child and family;
 - ii. Ongoing preparation of discharge of the child from the program to less restrictive educational and mental health settings (i.e. marked by more community integration and readiness for less intensive mental health services)
 - 1. This includes re-entry into public school program when appropriate.
 - iii. Plans for stabilizing child and family, and linking families to other service providers for on-going care and support in the community;
- D. Commitment to ongoing family contact and involvement in order to:
 - i. Partner with families to provide the most informed care possible;
 - ii. Ensure unified support for program strategies; and
 - iii. Support the family according to their distinct needs regarding preparing to support their child through the transition out of Edgewood's highly structured services.

D. Describe your program's exit criteria and process, e.g. successful completion, step-down process to less intensive treatment programs, aftercare, discharge planning.

A discharge plan is developed at intake in collaboration with the Care Team. This plan is assessed on a quarterly basis at minimum throughout the course of treatment to ensure that the Care Team members are actively discussing, altering, and amending as needed the goals to match successfully fulfilling a thorough discharge plan to an appropriate setting.

Over the entire duration of a child's treatment, Care Teams meet approximately every three months; however they can occur more frequently based on the acuity of the child's or family's situation, or at the request of any of the treatment team members for any reason. Discharge planning is a focal point of the discussion in each meeting as it greatly influences the status of progress and goal-setting to ensure that what is being assessed, measured, and monitored matches the ultimate plan for the child's next step after this level of intensive care. Throughout these discussions and the course of a child's treatment, connections to community and family are continually established and built to promote a comprehensive treatment plan.

As a client's stability adjusts over time, the frequency of the discussion of discharge proves more and more important to ensure that the child and the family remain abreast and involved in their goal for discharge in real-time. In our family-centered model, it is imperative that the child and the family can understand the growth and decline of progress and how this impacts the discharge plan, so that they can feel best equipped to utilize the other treatment team members in determining how best to adjust in order to remain focused on a successful transition.

Ideally, youth are discharged when treatment goals are met and an appropriate aftercare service has been put into place. It is best when the family, county worker and Edgewood staff all agree on this. As discharge approaches, we coordinate closely with all parties to ensure that there are successful "connectors" to make the transition as smooth as possible. Examples of this include, but are not limited to: Therapeutic Behavioral Services (TBS), outpatient mental health service and Wrap-Around Care. Additionally, the treatment team works diligently together to consistently follow through on rituals and other plans that have proven to be successful for clients and families. Some examples of this include, good bye parties, transition scrapbooks chronicling the client's treatment through pictures and quotes, visiting the next school placement and other individualized relationship-based rituals created between the client and staff they have worked with during their treatment.

- E. Describe your program's staffing: which staff will be involved in what aspects of the service development and delivery. Indicate if any staff position is not funded by the grant. Note: For CBHS, Appendix B is sufficient.

Please see Appendix B submitted in this proposal.

7. Objectives and Measurements

A. Performance/Outcome Objectives

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. 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

75% of clients who have been served for two months or more will have met or partially met 50% of their treatment objectives at discharge.

Data Source: AVATAR(N/A if data not available in AVATAR)

Edgewood 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 as measured by CANS Certificates of completion with a passing score.

Data Source: CANS on line database, CBHS will compute

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.

CYF agency representatives will 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.

Day Treatment clients will have a Reassessment/Outpatient Treatment report in the online record within 30 days of the three-month anniversary of their episode opening date, and every three 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.

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

During Fiscal Year 2010-11, Edgewood will provide 38,536 units of service (UOS) 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.

70% of treatment episode will show three or more service days of treatment within 30 days of admission.

Data Source: BIS system data generated by CBHS

75% of clients who are in treatment for over 90 days will have, upon discharge, an identified primary care provider.

Data Source: Client record review

Information on self-help alcohol and drug addiction recovery groups will be kept on prominent display and distributed to clients and families.

Data Source: Site visit, intake packet

Metabolic screening (Height, Weight, & Blood Pressure) will be provided for all behavioral health clients at intake and annually when medically trained staff and equipment are available.

Data Source: Nursing records kept at ECCF.

Edgewood will report to CBHS Administrative Staff on innovative and/or best practices being used by the program including available outcome data.

Data Source: Quarterly meeting review minutes maintained by program monitor.

Program Specific Objectives

At discharge, 85% of children & youth will remain at or step down to a lower placement level as measured by Restrictiveness of Living Environment Scale (ROLES) already in our database. Data is entered into the Edgewood portal and analyzed by Evaluation staff.

85% of children & adolescents will show improvements quarterly in general symptomatology, risk behaviors & developmental functioning as measured by the Child & Adolescent Needs & Strengths (CANS). Clinicians complete CANS at intake and quarterly and enter scores into the county online system. Data is available in CANS on line system. ECCF evaluations staff are willing to assist CBHS in the data analysis.

80% of children will show improved subscale scores from baseline to follow up on the Child Health Questionnaire-PF28 (CHQ-PF28) and the Behavioral & Emotional Rating Scale-2 (BERS-2). Staff complete measures at intake and quarterly and Evaluations staff enter scores into a secure database and analyze them.

85% of caregivers/guardians will be satisfied that their child's functioning has improved as a result of RBDT services, to where placement in a less restrictive community setting would benefit their child's development as measured by SF-required client satisfaction surveys administered twice yearly.

B. Other Measurable Objectives

Describe any other objectives for the program. These could include for example, start-up and process objectives. Process objectives are important activities or tasks to be accomplished by the program staff during the contract period. See Section instructions for more information.

Please see Work Plan submitted with this proposal.

8. Continuous Quality Improvement

Describe your program's CQI activities to enhance, improve and monitor the quality of services delivered. The CQI section must include a guarantee of compliance with Health Commission, Local, State, Federal and/or Funding Source policies and requirements such as Harm Reduction, Health Insurance Portability and Accountability Act (HIPAA), Cultural Competency, and Client Satisfaction.

Edgewood is committed to working with CBHS evaluation and CQI staff in the design and implementation of our evaluation and CQI activities, including the joint identification of at least one outcome as the focus of evaluation efforts.

Since CBHS introduced the project last year, Edgewood has been an active participant in the implementation of the Netsmart/Avatar platform for electronic health records. We are eager to continue collaborating as we have the capacity to electronically transmit data to SFCBHS. The agency also maintains the security of electronic records and complies with all HIPAA regulations. The agency provides adequate resources to complete daily backups of the critical computer systems and to maintain appropriate security protocols including current anti-virus protection on all systems. Edgewood also participates in the SF CYF and SFCBHS CQI committees and is fully compliant with SFCHBS Cultural Competency and Client Satisfaction methods and requirements.

It is also the policy of Edgewood that our services are consistent with a harm reduction philosophy. Harm reduction is a public health philosophy which promotes methods of reducing the physical, social, emotional, and economic harms associated with drug and alcohol use and other harmful behaviors on individuals and their community. It is our belief that clients are responsive to culturally competent, non-judgmental services, delivered in a manner that demonstrates respect for individual dignity, personal strength, and self-determination.

A formal CQI plan describing all of these activities is available upon request and was developed in accordance with the standards set forth by the Council on Accreditation. This plan also helps ensure that Edgewood abides by all local, state, federal and funding source requirements and policies (e.g., Harm Reduction, Health Insurance Portability and Accountability Act (HIPAA), Cultural Competency, and Client Satisfaction).

1. **Program Name:** School Mental Health Partnership (8858ED)
2. **Program Address:** 1801 Vicente Street
City, State, Zip Code: San Francisco, CA 94116
Telephone: (415) 681-3211
Facsimile: (415) 681-1065

Participating Schools (7.5 classrooms)

Rooftop Elementary School (2 classrooms)

443 Burnett Avenue

San Francisco, CA 94131

Jane Bieringer, Principal

(415) 695-5692

E.R. Taylor

423 Burrows St

San Francisco, CA 94134

Gini Dold, Principal

(415) 330-1530

Abraham Lincoln High School

2162 24th Ave.

San Francisco, CA 94116

Ron Pang, Principal

(415) 759-2700

Rooftop Middle School (1 classroom)

500 Corbett Street

San Francisco, CA 94131

Jane Bieringer, Principal

(415) 695-5692

Denman Middle School (1 classroom)

241 Oneida Ave

San Francisco CA 94112

(415) 469-4535

Burnett Child Care Development Center (1.5 classrooms)

1520 Oakdale

San Francisco, CA 94124

(415) 695-5660

3. Nature of Document

☐

New

☒

Renewal

☐

Modification

4. Goal Statement

The goal of the Partnership Program is to provide services in the SED classroom to assist the students in that classroom to meet their educational and mental health goals. To collaborate with the classroom teacher, teacher aides, principal, parents, caregivers, other outside providers and school community as a whole.

5. Target Population

Edgewood will serve clients referred by CBHS and meeting established CBHS criteria.

Children served through this program are, by definition, special needs students who require a Special Day Class in the public school setting.

6. Modality(ies)/Interventions

Document Date

07/01/10

Page 1 of 4

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.

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 mental, emotional, or behavioral 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.

Therapy

"Therapy" means a service activity which is a therapeutic intervention that focuses primarily on 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.

Medication Support Services

"Medication Support Services" means those services which include prescribing, administering, dispensing and monitoring of psychiatric medications or biologicals which are necessary to alleviate the symptoms of mental illness. These services may be delivered by all qualified personnel including physicians, registered nurses, licensed vocational nurses, psychiatric technicians, pharmacists and physician assistants, per the state EPSDT manual.

Indirect

In addition to direct service units, indirect services will be offered to the classroom setting. The purpose of this service is to provide expertise and support to the general educational and therapeutic setting in which the youth are learning. Indirect services will be offered in the form of consultation to teachers, school staff and parents. In the interests of continuity of care, collaboration and consultation will be offered to mental health providers of students who are already receiving mental health services. Brief mental health and/or crisis services will be offered to students who do not require long term treatment.

7. Methodology

The Mental Health Partnership program provides consultation and mental health support to Special Education classes throughout San Francisco. Schools are identified through a screening process, and must meet several criteria in order to participate.

Scope of Services from Mental Health Provider:

- Mental Health Services to ED children in the classroom
- Pull-out individual therapy services
- Group activities
- Consultation and collaboration with teacher and other school staff.
- Attendance at SST meetings when appropriate
- Activities in the classroom
- Collaboration, outreach and services to parents and families

Services will follow the classroom in the event that a classroom is moved from one school to another unless there is already a mental health provider in the new school. If this plan involves a provider switching services from a school without an SED classroom, that provider is responsible for a clinically appropriate transition plan for children currently in treatment to assure that the IEP requirements for mental health are met.

Program Services will be delivered within the context of the following:

- The use of common admission and discharge criteria for the level of care
- Care manager for all clients who will be responsible for the client's plan of care throughout the system
- System wide standards of accountability based on cost, access, quality, and outcomes

7. Objectives and Measurements

Note: Some sections have other specific requirements for objectives. See section instructions for additional information.

Each objective should be followed by a section for evaluation which addresses the following elements:

- Staff Issues: list the staff involved in evaluation including oversight and what evaluation activities they will perform.
- Data Collection Tools: specify the data collection tool(s) to be used.
- Data: list which data are being collected.
- Frequency: indicate how often the data will be collected and analyzed.
- Data Reporting: indicate who will receive and analyze these data and how the evaluation data will be used.

A. Performance/Outcome Objectives

75% of clients who have been served for two months or more will have met or partially met 50% of their treatment objectives at discharge.

Data Source: AVATAR(N/A if data not available in AVATAR)

Edgewood 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 as measured by CANS Certificates of completion with a passing score.

Data Source: CANS on line database, CBHS will provide

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.

CYF agency representatives will 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.

Outpatient clients will have a Reassessment/Outpatient Treatment report in the online record within 30 days of the six-month anniversary of their episode opening date, and every six months thereafter. For the purpose of this program performance objective, a 100% completion rate will be considered a passing score.

Document Date

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

Outpatient clients have an updated Treatment Plan in the online record within 30 days of the six-month anniversary and every six 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.

During Fiscal Year 2010-11, Edgewood will provide 93,267 units of service (UOS) 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.

70% of treatment episode will show three or more service days of treatment within 30 days of admission.

Data Source: BIS system data generated by CBHS

75% of clients who are in treatment for over 90 days will have, upon discharge, an identified primary care provider.

Data Source: Client record review

35% of clients who were homeless when they entered treatment will be in a more stable living situation after 1 year in treatment.

Data Source: BIS discharge summary sheet, CBHS will calculate.

Information on self-help alcohol and drug addiction recover groups will be kept on prominent display and distributed to clients and families.

Data Source: Site visit, intake packet

Edgewood will report to CBHS Administrative Staff on innovative and/or best practices being used by the program including available outcome data.

Data Source: Quarterly meeting review minutes maintained by program monitor.

Program Name: Therapeutic Behavioral Services (885818)

Program Address: 1801 Vicente St.

City, State, Zip Code: San Francisco, CA 94116-2923

Telephone: (415) 682-3211

Facsimile: (415) 681-1065

1. Nature of Document

☐ New ☒ Renewal ☐ Modification

2. Goal Statement

The overall goal of Therapeutic Behavioral Services (TBS) is to reduce the severity, intensity, and frequency of the target behaviors that are jeopardizing a child's ability to successfully step down to and/or remain in a lower level of care.

3. Target Population

Edgewood will provide TBS to severely emotionally disturbed children and youth through age 21, including:

- EPSDT Medi-Cal eligible children, youth and TAY (and caretakers when available) at risk of being placed in a residential treatment center level 12 or above
- Youth stepping down from a level 12 or 14 residential placement to a lower level out of home placement or to a caregiver's home.
- Youth, including TAY, who are at risk of psychiatric hospitalization.
- Youth who have been psychiatrically hospitalized and continue to be at risk of re-hospitalizations.
- TAY and their families moving from Children's service systems to Adult service systems.

4. Modality(ies)/Interventions

A. Modality of Service/Intervention

Please refer to budget submitted with this proposal.

B. Definition of Billable Services

TBS are one-to-one therapeutic contacts for a specified short-term period of time between a mental health provider and a child or youth with serious emotional disturbances (SED). TBS is designed to maintain the child/youth's residential placement at the lowest appropriate level by resolving target behaviors and achieving short-term treatment goals. TBS is available to full-scope Medi-Cal beneficiaries up to 21 years of age who meet MHP medical necessity criteria (children/youth with SED), and are members of the certified class and meet the criteria for needing these services. A contact is considered therapeutic if it is intended to provide the child/youth with skills to effectively manage the behaviors or symptoms that are barriers to achieving residence in the lowest possible level. The person providing TBS must be available on-site to provide individualized one-to-one, face-to-face behavioral assistance and one-to-one interventions to accomplish outcomes specified in the written treatment plan. The critical distinction between TBS and other rehabilitative mental health services is that a significant component of this service activity is having one provider onsite and immediately available to intervene for a specified period of time. The expectation is that the mental health provider would be with the child/youth for a designated time period specified in the treatment plan and that the entire time spent with the child/youth would be reimbursable. These designated time periods may vary in length and may be up to 24 hours a day, depending upon the needs of the child/youth.

5. Methodology

For direct client services (e.g. case management, treatment, prevention activities)

Describe how services are delivered and what activities will be provided, addressing, how, what, where, why, and by whom. Address each question, and include project names, subpopulations; describe linkages/coordination with other agencies, where applicable.

TBS is not a standalone service. It is intended to supplement other specialty mental health services by addressing target behaviors or symptoms that endanger the child/youth's current living situation or planned transition to a lower level of placement. Using the well-supported technique of functional behavior analysis, an Edgewood TBS Coach works with children, youth, their families, and their natural and professional supports to: 1) determine the driving forces behind the symptoms and behaviors, 2) examine the different environments and occasions in which the behavior occurs, and 3) analyze the resulting data to understand what the child is attempting to accomplish with the behavior. The Coach creates a behavior plan that outlines maladaptive target behaviors, teaches youth how to eliminate target behaviors and use more adaptive behaviors, instructs caregivers and professionals what to do when these behaviors arise, and includes culturally appropriate replacement behaviors, benchmarks (i.e. objectives), and a well-supported discharge plan. The behavior plan is discussed with the youth and their Care Team members to promote coordinated care and meaningful discharge planning. Based on results of the functional behavior analysis, the Coach selects appropriate TBS interventions to teach the child or youth adaptive replacement skills and to have natural supports promote these skills. Skill sets used by Coaches are directly adopted from various evidence-based practices including Cognitive Behavioral Therapy, Dialectical Behavioral Therapy, and Trauma Focused Cognitive Behavioral Therapy.

A. Describe how your program conducts outreach, recruitment, promotion, and advertisement.

TBS provides a high degree of outreach and collaboration to service providers in San Francisco. Our TBS program works closely with other Edgewood programs (Outpatient Mental Health, Community Based Day Treatment and Residentially Based Day Treatment), other mental health providers in San Francisco and CBHS to offer efficient and effective services where they are needed.

TBS conducts regular contact and coordination with the ACCESS team and has a presence at other CBHS service meetings. In addition, we partner closely with Comprehensive Child Crisis Services and psychiatric hospitalizations to ensure that our Expedited Services are being utilized to help high needs youth. With the new creation of the Mayor's Interagency Council and the Daisy Wheel, TBS is perfectly poised to provide further outreach to this collaboration as Parent University, the hub for the Daisy Wheel, is an Edgewood program. Edgewood also has an extensive array of community partners that work closely with TAY youth and at risk youth including Larkin Street, Huckleberry House, Boys and Girls Club and YMCA. TBS provides outreach to these organizations and others to ensure that they are aware of this critical service and how to refer. Finally, we keep in regular contact with the CBHS TBS Coordinator to ensure that individual is aware of openings, successes and challenges.

B. Describe your program's admission, enrollment and/or intake criteria and process where applicable.

All admissions and intakes are conducted in close collaboration with the CBHS TBS Coordinator. Once the TBS Program Manager receives a referral from CBHS, a Behavior Coach responds within 24 hours to the primary Clinician to discuss the referral and the family to set up an intake meeting. During the intake process, the Coach goes over all of the required paper work, such as Consent to Treatment, Releases of Information, and HIPPA compliance forms, and all other legal documentation. He or she also establishes emergency procedures (i.e. parent is not home at the scheduled drop off time, unsafe conditions) and begins the functional behavior analysis.

C. Describe your program's service delivery model and how each service is delivered, e.g. phases of treatment, hours of operation, length of stay, locations of service delivery, frequency and duration of service, strategies for service delivery, wrap-around services, etc.

Edgewood's TBS provides one-on-one, short-term interventions for children, youth, and TAY to 21. The overall goal of TBS is to use the information gathered from the functional behavior analysis to introduce new behaviors that will lead to a reduction in the severity, intensity, and frequency of the target behaviors that are jeopardizing a youth's ability to successfully step down to and/or remain in a lower level of care. The duration of time a youth receives TBS varies from

youth to youth. One youth may need six hours of service a week for one month, while another may need 25 hours of TBS a week for four months.

The functional behavior analysis begins with the TBS Coach's observation and assessment of the child, youth, or TAY to ascertain maladaptive behaviors, the contexts in which they occur, and their consequences. The Coach then obtains collateral information from the youth's therapist, case manager, social worker, family, teachers—anyone who has regular contact with the youth and who has observed the symptom or behavior. The Coach examines the data he has collected to look for trends, for antecedent stimuli that may trigger the behavior, and the needs the child is attempting to fill.

Once the Coach has a hypothesis of why the behavior is occurring, he drafts a behavior plan, which addresses the child's, youth's, or TAY's identified symptoms—the antecedents, triggers, timing, locations—and incorporates their strengths and specific needs. This plan identifies target behaviors with specified outcomes and includes 1) intervention strategies to provide youth and their caregivers with the necessary skills to effectively manage behaviors or symptoms that are preventing or placing at risk the youth's ability to live in the lowest appropriate residential level; 2) measurable goals and indicators; 3) and a discharge plan to decrease services as well as a transition plan to ensure that family members and supports can help the youth maintain positive replacement behaviors after the TBS service has ended.

The behavior plan is the essential part of TBS coaching and drives all of our work with the TBS client. While the county requires most behavior plans to be in place one month from the time of referral, for the past two years, we have had the capacity to provide Expedited Services upon request for those clients who are at immediate risk of losing or have lost their placement, are being discharged from a psychiatric hospital, or are at imminent risk of hospitalization. Edgewood's Expedited Services begin within one working day of receipt of referral, with a TBS functional behavior analysis, and behavior plan completed within two weeks.

Hours of service often go beyond a traditional 9-to-5 work day because Edgewood provides TBS day or night at the time and place that a youth's behaviors are occurring—e.g. during weekends to help caregivers transition children home from residential care, early mornings to help get children to school, and late nights to help them encourage youth to go to bed. The average caseload for TBS Behavior Coaches is three to five youth, which is consistent with best practices. Throughout the treatment process, the TBS Coach calls the referring therapist at least once a week to update him/her on the interventions used and any progress made.

D. Describe your program's exit criteria and process, e.g. successful completion, step-down process to less intensive treatment programs, aftercare, discharge planning.

Discharge planning always begins at intake. Because TBS is the support service, discharge planning is done in a context of the larger plan of care and coordinated with existing mental health services. The length of service and re-authorization requests currently follows the DMH guidelines. We have an initial period of 30 days in which to do the observations, assessment, and development of the Behavioral Plan. Interventions are being used and assessed during this time period. After the initial 30 days, we will re-authorize as needed to meet the Behavioral Plan goals and designated benchmarks, not to exceed 60 days. Depending on progress made, goals reached, or anticipated success, we can request additional authorization if needed. During this time, the frequency and intensity of the services are progressively decreased as part of the transition plan, which has been worked out collaboratively among the youth, family, Care Coordinator, mental health staff, and other appropriate agency staff. Once the child, youth, or TAY has met his or her behavior expectations for a month, we know that the intervention has held.

E. Describe your program's staffing: which staff will be involved in what aspects of the service development and delivery. Indicate if any staff position is not funded by the grant. Note: For CBHS, Appendix B is sufficient.

Please see attached Appendix B

6. Objectives and Measurements

A. Performance/Outcome Objectives

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. 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

75% of clients who have been served for two months or more will have met or partially met 50% of their treatment objectives at discharge.

Data Source: AVATAR(N/A if data not available in AVATAR).

During Fiscal Year 2010-11, Edgewood will provide 244,205 units of service (UOS) 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.

70% of treatment episode will show three or more service days of treatment within 30 days of admission.

Data Source: BIS system data generated by CBHS

75% of clients who are in treatment for over 90 days will have, upon discharge, an identified primary care provider.

Data Source: Client record review

Information on self-help alcohol and drug addiction recover groups will be kept on prominent display and distributed to clients and families.

Data Source: Site visit, intake packet

Edgewood will report to CBHS Administrative Staff on innovative and/or best practices being used by the program including available outcome data.

Data Source: Quarterly meeting review minutes maintained by program monitor.

Program Specific Performance Objectives

By discharge, 85% of youth will reduce behaviors that put them at risk of hospitalization or a higher placement level as measured monthly by tracking frequency counts of target behaviors. Behavioral coaches will enter frequency counts of target behaviors on an Excel spreadsheet that will be analyzed by evaluation staff.

By discharge, 90% of youth will maintain current level of placement or, when applicable, step-down as measured by Restrictiveness of Living Environment Scale (ROLES). Living placement is collected by behavioral coaches at intake and discharge and entered into the Edgewood portal system for analysis by Evaluation staff.

B. Other Measurable Objectives

Describe any other objectives for the program. These could include for example, start-up and process objectives. Process objectives are important activities or tasks to be accomplished by the program staff during the contract period. See Section instructions for more information.

Please see Work plan submitted in this proposal.

8. Continuous Quality Improvement

Describe your program's CQI activities to enhance, improve and monitor the quality of services delivered. The CQI section must include a guarantee of compliance with Health Commission, Local, State, Federal and/or Funding Source

policies and requirements such as Harm Reduction, Health Insurance Portability and Accountability Act (HIPAA), Cultural Competency, and Client Satisfaction.

Edgewood is committed to working with CBHS evaluation and CQI staff in the design and implementation of our evaluation and CQI activities, including the joint identification of at least one outcome as the focus of evaluation efforts. Since CBHS introduced the project last year, Edgewood has been an active participant in the implementation of the Netsmart/Avatar platform for electronic health records. We are eager to continue collaborating as we have the capacity to electronically transmit data to SFCBHS. The agency also maintains the security of electronic records and complies with all HIPAA regulations. The agency provides adequate resources to complete daily backups of the critical computer systems and to maintain appropriate security protocols including current anti-virus protection on all systems. Edgewood also participates in the SF CYF and SFCBHS CQI committees. Additionally, Edgewood is in full compliance with annual Cultural Competency requirement and Client Satisfaction measure administrations.

It is also the policy of Edgewood that our services are consistent with a harm reduction philosophy. Harm reduction is a public health philosophy which promotes methods of reducing the physical, social, emotional, and economic harms associated with drug and alcohol use and other harmful behaviors on individuals and their community. It is our belief that clients are responsive to culturally competent, non-judgmental services, delivered in a manner that demonstrates respect for individual dignity, personal strength, and self-determination.

A formal CQI plan describing all of these activities is available upon request and was developed in accordance with the standards set forth by the Council on Accreditation. This plan also helps ensure that Edgewood abides by all local, state, federal and funding source requirements and policies (e.g., Harm Reduction, Health Insurance Portability and Accountability Act (HIPAA), Cultural Competency, and Client Satisfaction).

1. **Program Name:** Family Mosaic Wrap-Around Services
Program Address: 1801 Vicente Street
City, State, Zip Code: San Francisco, CA 94116
Telephone: (415) 682-3211
Facsimile: (415) 682-1065

2. **Nature of Document**

☐ New ☒ Renewal ☐ Modification

3. **Goal Statement**

Within the context of the goals of the integrated System of Care, Edgewood's BSS project is designed to build more capacity within families to reduce their need on external supports. Effective, proactive, brief and immediate behavioral interventions can help parents improve their parenting skills and reduce the risk out of home placement for their child/children. BSS will pay particular attention to helping families with children of all ages and developmental stages. Through collaboration with Family Mosaic Project (FMP) and Children's System of Care (CSOC), BSS has helped to enhance the single network of services provided to children and families in San Francisco.

4. **Target Population**

Edgewood will serve clients referred by Family Mosaic Project (BSS only) and meeting established Community Behavioral Health Services (CBHS) criteria.

Referrals will include families with children between the ages of 4 and 21 that are amenable to a 4-month behavioral intervention.

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

A. **Modality of Service/Intervention**

Refer to CRDC

B. **Definition of Billable Services - Wrap-Around Service**

6. **Methodology**

Behavioral Support Services are flexible, short-term, individualized contacts between a behavior coach, a youth, and his or her family. These services include developing successful strategies that will improve patterns of communication, increase parenting skills, decrease the child's disruptive or dangerous behaviors, and increase healthy participation from all family members. Behavioral Support Services can be accessed as part of a care plan developed in a family conference and can be implemented in a home, school or community setting.

BSS staff will develop a specific behavioral plan for the referred youth and family at a family meeting organized by the FMP or CSOC care manager. The behavioral plan focuses on target behaviors, specified and measurable outcomes, interventions and strategies utilizing positive behavioral interventions and a strength based approach. The behavior plan will include a time limited timeline of services utilizing a systematic reduction of services over the service period. Behavioral Services in the first month will be between 10 and 20 hours per week. In month 2 services will range between 5 and 10 hours per week and in the third and fourth months services will range between 1 and 5 hours per week. This plan will be created with the care manager and the family and will be flexible to accommodate the needs of each individual family.

A Behavior Coach will begin services as soon as possible after the behavior plan meeting. Services will include helping parents listen, identify and respond to their child/children's needs; building upon the skills parents already have; teaching effective family communication; and providing help with activities of daily life. Coaching and mentoring will be utilized to ensure that the new strategies learned are successful.

Meetings with the family and treatment team will be held monthly to evaluate progress, adjust the plan and discuss transition planning.

BSS will offer an aftercare component to the service. The Behavior Coach will do a weekly check-in with the family for the next 2-3 months to evaluate the degree to which the skills taught have been implemented and to offer support to help solidify gains made.

Wraparound services are being added to bring services that will help build strengths of children in crisis and prevent their hospitalization. The services provided in the Wraparound program will include:

1. BSS as described above.
2. Leadership Camp will give clients the opportunity to build coping skills and leadership skills in a safe and structured environment while also empowering them to contribute to their communities through service projects. If all clients being served under the BSS Wraparound program were being served in the Leadership Camp, 10 clients could be served.
3. Respite which provides temporary, substitute supports or living arrangements for a brief period of relief or rest for caregivers. It can be in the form of in-home respite, day care respite, or institutional respite for an overnight stay on an occasional or emergency basis - in-home, day care, or institutional. If all clients being served under the BSS Wraparound program were being served in Respite, 16 clients could be served.
4. Hospital Diversion which provides services on the campus of Edgewood Center as an alternative to a client placement in a hospital setting. If all clients being served under the BSS Wraparound program were being served in the Hospital Diversion, 5.5 clients could be served.

7. Objectives and Measurements

Note: Some sections have other specific requirements for objectives. See section instructions for additional information.

Each objective should be followed by a section for evaluation which addresses the following elements:

- Staff Issues: list the staff involved in evaluation including oversight and what evaluation activities they will perform.
- Data Collection Tools: specify the data collection tool(s) to be used.
- Data: list which data are being collected.
- Frequency: indicate how often the data will be collected and analyzed.
- Data Reporting: indicate who will receive and analyze these data and how the evaluation data will be used.

A. Performance/Outcome Objectives

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 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.

Contractor: Edgewood Center for Children and Families

Appendix A-10

Program: Family Mosaic Wrap Around

Contract Term: 7/1/10-6/30/11

City Fiscal Year: 2010-11

Client Inclusion Criteria:

Clients discharged between July 1, 2010 and June 20, 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 20, 2011.

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, 2009.

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 20, 2011.

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, 73 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 20, 2011. Only the summaries from the two first quarterly meetings held by March 2010 will be included in the program review.

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

Document Date

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completed every other fiscal year).

Data Source:

Program managers to review information sent to 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 20, 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.

Data Source:

Each program will complete the COMPASS self assessment process and submit a summary of the scores to 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 20, 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.

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 20, 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 20, 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.

Contractor: Edgewood Center for Children and Families
Program: Family Mosaic Wrap Around
City Fiscal Year: 2010-11

Appendix A-10
Contract Term: 7/1/10-6/30/11

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 20, 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.

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 20, 2011. Only the summaries from the two first quarterly meetings held by March 2010 will be included in the program review.

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.

Document Date

07/01/10

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Program Review Measurement:

Objective will be evaluated quarterly during the 12-month period from July 1, 2010 to June 20, 2011. Only the summaries from the two first quarterly meetings held by March 2010 will be included in the program review.

B. Other Measurable Objectives

Describe any other objectives for the program. These could include for example, start-up and process objectives. Process objectives are important activities or tasks to be accomplished by the program staff during the contract period. See Section instructions for more information.

8. Continuous Quality Improvement

Edgewood Center for Children and Families is actively committed to providing the highest quality services to both its clients and its employees. This commitment is supported and demonstrated through a variety of Continuous Quality Improvement (CQI) activities that occur throughout the agency. Edgewood's activities focus both on the organization as whole and its clients. Examples of organizational activities include strategic planning, annual budget planning, risk management, training evaluation, and ongoing reviews of staffing information (turnover, injuries, complaints and satisfaction). Examples of client activities include outcomes measurement and the ongoing review of client satisfaction, case records, service plans, complaints, high-risk incidents, and service-related improvement projects. In all of these activities, the agency ensures broad participation (e.g., staff, management, clients and the board), and shares findings agency-wide.

A formal CQI plan describing all of these activities is available upon request and was developed in accordance with the standards set forth by the Council on Accreditation. This plan also helps ensure that Edgewood abides by all local, state, federal and funding source requirements and policies (e.g., Harm Reduction, Health Insurance Portability and Accountability Act (HIPAA), Cultural Competency, and Client Satisfaction).

1. **Program Name:** WrapAround Services
Program Address: 1801 Vicente St.
City, State, Zip Code: San Francisco, CA 94116-2923
Telephone: (415) 682-3211
Facsimile: (415) 681-1065

2. **Nature of Document**

☐ New ☒ Renewal ☐ Modification

3. **Goal Statement**

The goal of Edgewood's WrapAround services program is to provide the skills and support necessary for youth to function in their communities in family and family-like environments. Wrap principals and practices, including youth and family voice and choice, comprehensive assessment and intervention techniques are used for youth at risk or stepping down from RCL level 10-14 programming. Intervention and treatment are comprehensive and focused on permanency planning.

4. **Target Population**

Children and youth through age 18 who are referred by CYF-CBHS, SF HSA and SF Probation Department. Referred youth will be stepping down from group and residential care or at risk of stepping up into a higher level of care.

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

Please refer to budget submitted under this proposal.

A. **Modality of Service/Intervention**

Please refer to CRDC

B. **Definition of Billable Services**

Case Management

"Case Management" services are activities provided by program staff to access medical, educational, social, prevocational, vocational, rehabilitative, or other needed community services. These services also include coordination and communication of treatment progress.

Crisis Intervention

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

Medication Support Services

"Medication Support Services" means those services which include prescribing, administering, dispensing and monitoring of psychiatric medications or biologicals which are necessary to alleviate the symptoms of mental illness. These services may be delivered by all qualified personnel including physicians, registered nurses, licensed vocational nurses, psychiatric technicians, pharmacists and physician assistants, per the state EPSDT manual.

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 mental, emotional, or behavioral 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.

Therapy.

"Therapy" means a service activity which is a therapeutic intervention that focuses primarily on 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.

6. Methodology

A. Describe how your program conducts outreach, recruitment, promotion, and advertisement.

Edgewood works collaboratively with CBHS, HSA, SF Probation and Seneca Center to ensure outreach and assess to WrapAround services for San Francisco Youth. All youth and families will be referred through the MAST weekly meeting to this voluntary program. Upon referral, Edgewood will provide immediate program access to youth and families including the development and coordination of Care Team planning, WrapAround planning, supportive programming and behavioral health services.

B. Describe your program's admission, enrollment and/or intake criteria and process where applicable.

All referrals for WrapAround services are managed through a collaborative process including Edgewood, Seneca, CBHS, HSA and SF Probation. Eligible youth are presented in the weekly MAST team meeting and will be immediately accepted and served by Edgewood. All youth who are stepping down from group home or residential care and youth who are at risk of a higher level of care are eligible for these services. Once assigned to the program, youth and families will be voluntarily enrolled in the program by WrapAround staff. Initial enrollment in the program focuses on the engagement process. Once engagement is established, a Life Domain assessment and Safety Plan become the first steps of care planning. A full Care Team is developed and a WrapAround planning process begins with the focus remaining on youth and family permanency. All Wrap planning will be conducted in close collaboration with families, natural supports and existing system involvement.

C. Describe your program's service delivery model and how each service is delivered, e.g. phases of treatment, hours of operation, length of stay, locations of service delivery, frequency and duration of service, strategies for service delivery, wrap-around services, etc.

Services begin with a strength based, culturally competent and comprehensive assessment which includes observations, clinical interviews with the youth and family members (and natural supports if designated), school personnel and other involved professionals, review of other assessment documents if in existence, the completion of the CRAFT and the completion of the CANS. The initial assessment lasts anywhere from 1-30 days depending on the availability and complexity of information.

The completed initial assessment then leads to a youth and family driven Care Plan and Wraparound plan that outline long-term and short-term goals, interventions and a discharge plan. The Care Plan is developed through the use of a Family Conferencing model to ensure that the process is consumer driven and to ensure care coordination. Care Plans are put in place within 30 days of the first appointment.

Services are selected and delivered in accordance with WrapAround practices and principals, medical necessity and the Care Plan. They often include a variety of modalities and use evidence based practices. Services may be delivered at our clinic or at a variety of locations throughout the San Francisco community such as the family's home, the youth's school or one of our many collaborating agencies. Services are offered at times that are convenient to youth and families.

Services are continued until the Care Plan goals are met. It is best when the entire Care Team agrees to this decision; however there are times when Care Plan goals cannot always be met. For example, if someone is moving out of the area. To monitor treatment goals, clinicians continue to complete the CANS every 6 months and continue Family Conferencing.

D. Describe your program's exit criteria and process, e.g. successful completion, step-down process to less intensive treatment programs, aftercare, discharge planning.

A discharge plan is developed at intake in collaboration with the Care Team. This plan is assessed on an ongoing, as-needed basis throughout the course of treatment to ensure that the Care Team members are actively discussing, altering, and amending as needed the goals to match successfully fulfilling a thorough discharge plan to an appropriate setting. Discharge planning is a focal point of the discussion in each meeting as it greatly influences the status of progress and goal-setting to ensure that what is being assessed, measured, and monitored matches the ultimate plan for the youth's next step after this level of intensive care. Throughout these discussions, the development of permanent connections to community and family are established so that a successful discharge plan can be supported.

As a youth's stability adjusts over time, the frequency of the discussion of discharge proves more and more important to ensure that the youth and the family remain abreast and involved in their goal for discharge in real-time. In our family-centered model, it is imperative that the youth and the family can understand the growth and decline of progress and how this impacts the discharge plan, so that they can feel best equipped to utilize the other team members in determining how best to adjust in order to remain focused on a successful transition.

Youth are discharged when treatment goals are met and an appropriate aftercare service has been put into place. It is best when the family, county worker and Edgewood staff all agree on this. As discharge approaches, we coordinate closely with all parties to ensure that there are successful "connectors" to make the transition as smooth as possible.

E. Describe your program's staffing: which staff will be involved in what aspects of the service development and delivery. Indicate if any staff position is not funded by the grant. Note: For CBHS, Appendix B is sufficient.

Please see Appendix B submitted in this proposal.

7. Objectives and Measurements

A. Performance/Outcome Objectives

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. 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

75% of clients who have been served for two months or more will have met or partially met 50% of their treatment objectives at discharge.

Date Source: AVATAR(N/A if data not available in AVATAR)

Edgewood 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 as measured by CANS Certificates of completion with a passing score.

Data Source: CANS on line database, CBHS will provide

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.

CYF agency representatives will 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.

Clients will have a Reassessment/Outpatient Treatment report in the online record within 30 days of the six-month anniversary of their episode opening date, and every six months thereafter(three months for youth in Day Treatment). If a CANS assessment has been completed within 30 days prior to our episode opening by another program, we will transfer that document and work off that CANS. 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.

Clients have an updated Treatment Plan in the online record within 30 days of the six-month anniversary and every six months thereafter(three months for youth in Day Treatment). If a CANS assessment has been completed within 30 days prior to our episode opening by another program, we will transfer that document and work off that CANS. 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.

During Fiscal Year 2010-11, Edgewood will provide 81,815 units of service (UOS) 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.

70% of treatment episode will show three or more service days of treatment within 30 days of admission.

Data Source: BIS system data generated by CBHS

75% of clients who are in treatment for over 90 days will have, upon discharge, an identified primary care provider.

Data Source: Client record review

35% of clients who were homeless when they entered treatment will be in a more stable living situation after 1 year in treatment.

Data Source: BIS discharge summary sheet, CBHS will calculate.

Information on self-help alcohol and drug addiction recover groups will be kept on prominent display and distributed to clients and families.

Data Source: Site visit, intake packet

Edgewood will report to CBHS Administrative Staff on innovative and/or best practices being used by the program including available outcome data.

Data Source: Quarterly meeting review minutes maintained by program monitor.

B. Other Measurable Objectives

Describe any other objectives for the program. These could include for example, start-up and process objectives. Process objectives are important activities or tasks to be accomplished by the program staff during the contract period. See Section instructions for more information.

Please see Work Plan submitted with this proposal.

8. Continuous Quality Improvement

Describe your program's CQI activities to enhance, improve and monitor the quality of services delivered. The CQI section must include a guarantee of compliance with Health Commission, Local, State, Federal and/or Funding Source policies and requirements such as Harm Reduction, Health Insurance Portability and Accountability Act (HIPAA), Cultural Competency, and Client Satisfaction.

Edgewood is committed to working with CBHS evaluation and CQI staff in the design and implementation of our evaluation and CQI activities, including the joint identification of at least one outcome as the focus of evaluation efforts. Since CBHS introduced the project last year, Edgewood has been an active participant in the implementation of the Netsmart/Avatar platform for electronic health records. We are eager to continue collaborating as we have the capacity to electronically transmit data to SFCBHS. The agency also maintains the security of electronic records and complies with all HIPAA regulations. The agency provides adequate resources to complete daily backups of the critical computer systems and to maintain appropriate security protocols including current anti-virus protection on all systems. Edgewood also participates in the SF CYF and SFCBHS CQI committees and is fully compliant with SFCHBS Cultural Competency and Client Satisfaction methods and requirements.

It is also the policy of Edgewood that our services are consistent with a harm reduction philosophy. Harm reduction is a public health philosophy which promotes methods of reducing the physical, social, emotional, and economic harms associated with drug and alcohol use and other harmful behaviors on individuals and their community. It is our belief that clients are responsive to culturally competent, non-judgmental services, delivered in a manner that demonstrates respect for individual dignity, personal strength, and self-determination.

A formal CQI plan describing all of these activities is available upon request and was developed in accordance with the standards set forth by the Council on Accreditation. This plan also helps ensure that Edgewood abides by all local, state, federal and funding source requirements and policies (e.g., Harm Reduction, Health Insurance Portability and Accountability Act (HIPAA), Cultural Competency, and Client Satisfaction).

Appendix B
Calculation of Charges

1. Method of Payment

FFS Option

A. Contractor shall submit monthly invoices by the fifteenth (15th) working day of each month, in the format attached in Appendix F, based upon the number of units of service that were delivered in the immediately preceding month. All deliverables associated with the Services listed in Section 2 of Appendix A, times the unit rate as shown in the Program Budgets listed in Section 2 of Appendix B shall be reported on the invoice(s) each month

Actual Cost

A. Contractor shall submit monthly invoices in the format attached in Appendix F, by the fifteenth (15th) working day of each month for reimbursement of the actual costs for Services of the immediately 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.

2. Program Budgets and Final Invoice

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

Budget Summary

Appendix B-1a: Behavioral Health Outpatient Kinship EPSDT

Appendix B-1b: Behavioral Health Outpatient School Based EPSDT

Appendix B-1c: Behavioral Health Outpatient AB 3632

Appendix B-2a: Early Childhood Mental Health Initiative Start up

Appendix B-2b: Early Childhood Mental Health Initiative Early Childhood Mental Health

Appendix B-3a: Community-Based Day Treatment: Day Treatment DTI

Appendix B-3b1: Community-Based Day Treatment: Outpatient

Appendix B-3b2: Community-Based Day Treatment: MSS Outpatient

Appendix B-4: Primary Intervention Program

Appendix B-5: School-Based Well Being

Appendix B-6: Juvenile Justice Mental Health Consultation & Training Program

Appendix B-7a: Residentially-Based Day Treatment: DTI Residential

Appendix B-7b1 Residentially-Based Day Treatment: MHS Residential

Appendix B-7b2: Residentially-Based Day Treatment: MSS Residential

Appendix B-7bc: Residentially-Based Day Treatment: Residential Supplemental

Appendix B-8a: School Mental Health Partnership MH Partnership

Appendix B-8b: School Mental Health Partnership: MH Partnership

Appendix B-9: Therapeutic Behavioral Services

Appendix B-10: Family Mosaic Wrap Around Services

Appendix B-11: Wrap Around Services

B. Contractor understands that, of the maximum dollar obligation listed in Section 5 of this Agreement, **\$3,118,831** is included as a contingency amount and is neither to be used in Program Budgets attached to this Appendix, or available to Contractor without a modification to this Agreement executed in the same manner as this

Agreement or a revision to the Program Budgets of Appendix B, which has been approved by Contract Administrator. 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 Controller. Contractor agrees to fully comply with these laws, regulations, and policies/procedures.

The maximum dollar for each term shall be as follows:

| Term | Amount |
|-----------------------|--------------|
| 07/01/2010-06/30/2011 | \$ 4,745,542 |
| 07/01/2011-06/30/2012 | \$ 4,721,048 |
| 07/01/2012-06/30/2013 | \$ 4,721,048 |
| 07/01/2013-06/30/2014 | \$ 4,721,048 |
| 07/01/2014-06/30/2015 | \$ 4,721,048 |
| 07/01/2015-12/31/2015 | \$ 2,360,524 |
| Contingency | \$ 3,118,831 |
| Total | \$29,109,089 |

C. Contractor agrees to comply with its Program Budgets of 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. Contractor further understands that \$1,973,760 of the period from July 1, 2010 through December 31, 2010 in the Contract Number BPHM07000089 is included in this Agreement. Upon execution of this Agreement, all the terms under this Agreement will supersede the Contract Number BPHM07000052 for the Fiscal Year 2010-11.

E. 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, -CITY agrees to make an initial payment to the CONTRACTOR of One Million Twenty Three Thousand Six Hundred Nineteen Two Dollars (\$1,023,619). CONTRACTOR agrees that a reduction shall be made from monthly payments to CONTRACTOR equal to one tenth (1/10) of the initial payment for the period October 1, 2010 through March 31, 2011. Any termination of this Agreement, whether for cause or for convenience, will result in the total outstanding amount of the advance being due and payable to the CITY within thirty (30) calendar days following written notice of termination from the CITY.

FFS option

F. A final closing invoice, clearly marked "FINAL," shall be submitted no later than forty-five (45) calendar days following the closing date 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 the Program Budgets attached hereto, and shall not exceed the total amount authorized and certified for this Agreement.

Actual Cost Option

F. A final closing invoice, clearly marked "FINAL," shall be submitted no later than forty-five (45) calendar days following the closing date 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.

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

| FISCAL YEAR: 2010-2011 | | APF # 18-5 Page 15 | |
|--|-----------------------------|-----------------------------|----------------------|
| LEGAL ENTITY NAME: Edgewood Center for Children and Families | | PROVIDER #: 8858 | |
| PROVIDER NAME: Edgewood Center for Children and Families | | | |
| REPORTING UNIT NAME: | School Based Centers - Drew | School Based Centers - Drew | |
| REPORTING UNIT: | MHSA PEI Drew | MHSA PEI Drew | |
| MODE OF SVCS / SERVICE FUNCTION CODE: | 45/10-19 | 45/10-19 | |
| SERVICE DESCRIPTION: | Mental Health Promotion | Community client services | #N/A #N/A #N/A TOTAL |
| CBHS FUNDING TERM: | 7/1/10 - 6/30/11 | 7/1/10 - 6/30/11 | |
| FUNDING USES: | | | |
| SALARIES & EMPLOYEE BENEFITS | 19,354 | 109,369 | 128,723 |
| OPERATING EXPENSE | 735 | 4,470 | 5,205 |
| CAPITAL OUTLAY (COST \$5,000 AND OVER) | | | 0 |
| SUBTOTAL DIRECT COSTS | 20,089 | 113,839 | 133,928 |
| INDIRECT COST AMOUNT | 2,411 | 13,661 | 16,072 |
| TOTAL FUNDING USES | 22,500 | 127,500 | 150,000 |
| CBHS MENTAL HEALTH FUNDING SOURCES | | | |
| FEDERAL REVENUES - click below | | | |
| | | | |
| STATE REVENUES - click below | | | |
| MHSA | 22,500 | 127,500 | 150,000 |
| GRANTS - click below | | | |
| CFDA #: | | | |
| Please enter other here if not in pull down | | | |
| PRIOR YEAR ROLL OVER - click below | | | |
| | | | |
| WORK ORDERS - click below | | | |
| | | | |
| Please enter other here if not in pull down | | | |
| 3RD PARTY PAYOR REVENUES - click below | | | |
| | | | |
| Please enter other here if not in pull down | | | |
| REALIGNMENT FUNDS | | | |
| COUNTY GENERAL FUND | | | |
| TOTAL CBHS MENTAL HEALTH FUNDING SOURCES | | | |
| | 22,500 | 127,500 | 150,000 |
| CBHS SUBSTANCE ABUSE FUNDING SOURCES | | | |
| FEDERAL REVENUES - click below | | | |
| | | | |
| STATE REVENUES - click below | | | |
| | | | |
| GRANTS/PROJECTS - click below | | | |
| CFDA #: | | | |
| Please enter other here if not in pull down | | | |
| WORK ORDERS - click below | | | |
| | | | |
| Please enter other here if not in pull down | | | |
| 3RD PARTY PAYOR REVENUES - click below | | | |
| | | | |
| Please enter other here if not in pull down | | | |
| COUNTY GENERAL FUND | | | |
| TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES | | | |
| | | | |
| TOTAL DPH REVENUES | | | |
| | 22,500 | 127,500 | 150,000 |
| NON-DPH REVENUES - click below | | | |
| | | | |
| TOTAL NON-DPH REVENUES | | | |
| | 0 | 0 | 0 |
| TOTAL REVENUES (DPH AND NON-DPH) | | | |
| | 22,500 | 127,500 | 150,000 |
| CBHS UNITS OF SVCS/TIME AND UNIT COST: | | | |
| UNITS OF SERVICE | | | |
| UNITS OF TIME | | | |
| | 812 | 4,600 | |
| COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES) | 27.72 | 27.72 | 0.00 0.00 0.00 |
| COST PER UNIT-DPH RATE (DPH REVENUES ONLY) | 27.72 | 27.72 | 0.00 0.00 0.00 |
| PUBLISHED RATE (MEDICAL PROVIDERS ONLY) | | | |
| UNDULICATED CLIENTS | | | |
| | 1 | 270 | |

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

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

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

| YEAR: 2010-2011 | | ALPHA #: | | PAGE # | |
|--|----------------------------|----------------------------|------|--------|---------|
| LEGAL ENTITY NAME: Edgewood Center for Children and Families | | PROVIDER #: 8858 | | | |
| PROVIDER NAME: Edgewood Center for Children and Families | | | | | |
| REPORTING UNIT NAME: | School Based Centers - JJC | School Based Centers - JJC | | | |
| REPORTING UNIT: | MHSA PEI Drew | MHSA PEI Drew | | | |
| MODE OF SVCS / SERVICE FUNCTION CODE | 45/10-19 | 45/10-19 | | | |
| SERVICE DESCRIPTION | Mental Health Promotion | Community client services | #N/A | #N/A | #N/A |
| CBHS FUNDING TERM: | 7/1/10 - 6/30/11 | 7/1/10 - 6/30/11 | | | |
| FUNDING USES: | | | | | |
| SALARIES & EMPLOYEE BENEFITS | 122,169 | 122,169 | | | 244,338 |
| OPERATING EXPENSE | 76,501 | 76,500 | | | 153,001 |
| CAPITAL OUTLAY (COST \$5,000 AND OVER) | | | | | 0 |
| SUBTOTAL DIRECT COSTS | 198,670 | 198,669 | 0 | 0 | 397,339 |
| INDIRECT COST AMOUNT | 23,840 | 23,841 | | | 47,681 |
| TOTAL FUNDING USES: | 222,510 | 222,510 | 0 | 0 | 445,020 |
| CBHS MENTAL HEALTH FUNDING SOURCES: | | | | | |
| FEDERAL REVENUES - click below | | | | | |
| STATE REVENUES - click below | | | | | |
| MHSA | 212,500 | 212,500 | | | 425,000 |
| GRANTS - click below | | | | | |
| CFDA #: | | | | | |
| Please enter other here if not in pull down | | | | | |
| PRIOR YEAR ROLL OVER - click below | | | | | |
| MHSA | 10,010 | 10,010 | | | 20,020 |
| WORK ORDERS - click below | | | | | |
| Please enter other here if not in pull down | | | | | |
| 3RD PARTY PAYOR REVENUES - click below | | | | | |
| Please enter other here if not in pull down | | | | | |
| REALIGNMENT FUNDS | | | | | |
| COUNTY GENERAL FUND | | | | | |
| TOTAL CBHS MENTAL HEALTH FUNDING SOURCES: | 222,510 | 222,510 | | | 445,020 |
| CBHS SUBSTANCE ABUSE FUNDING SOURCES: | | | | | |
| FEDERAL REVENUES - click below | | | | | |
| STATE REVENUES - click below | | | | | |
| GRANTS/PROJECTS - click below | | | | | |
| CFDA #: | | | | | |
| Please enter other here if not in pull down | | | | | |
| WORK ORDERS - click below | | | | | |
| Please enter other here if not in pull down | | | | | |
| 3RD PARTY PAYOR REVENUES - click below | | | | | |
| Please enter other here if not in pull down | | | | | |
| COUNTY GENERAL FUND | | | | | |
| TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES: | | | | | |
| TOTAL DPH REVENUES | 222,510 | 222,510 | | | 445,020 |
| NON-DPH REVENUES - click below | | | | | |
| TOTAL NON-DPH REVENUES | 0 | 0 | 0 | 0 | 0 |
| TOTAL REVENUES (DPH AND NON-DPH) | 222,510 | 222,510 | | | 445,020 |
| CBHS UNITS OF SVCS/TIME AND UNIT COST: | | | | | |
| UNITS OF SERVICE ¹ | | | | | |
| UNITS OF TIME ² | 3,261 | 3,261 | | | |
| COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES) | 68.24 | 68.24 | 0.00 | 0.00 | 0.00 |
| COST PER UNIT-DPH RATE (DPH REVENUES ONLY) | 68.24 | 68.24 | 0.00 | 0.00 | 0.00 |
| PUBLISHED RATE (MEDICAL PROVIDERS ONLY) | | | | | |
| UNDULICATED CLIENTS | 20 | 200 | | | |

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

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

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

| FISCAL YEAR: 2010-2011 | | APPENDIX B-7a Page 15 | | | | |
|--|---------------------------|-----------------------|------|------|------|---------|
| LEGAL ENTITY NAME: Edgewood Center for Children and Families | | PROVIDER #: 8858 | | | | |
| PROVIDER NAME: Edgewood Center for Children and Families | | | | | | |
| REPORTING UNIT NAME: | Day Treatment Res | | | | | |
| REPORTING UNIT: | 88586 | | | | | |
| MODE OF SVCS / SERVICE FUNCTION CODE: | 10/85-89 | | | | | |
| SERVICE DESCRIPTION: | Day Tx Intensive Full day | #N/A | #N/A | #N/A | #N/A | TOTAL |
| CBHS FUNDING TERM: | 7/1/10 - 6/30/11 | | | | | |
| FUNDING USES: | | | | | | |
| SALARIES & EMPLOYEE BENEFITS | 300,860 | | | | | 300,860 |
| OPERATING EXPENSE | 57,399 | | | | | 57,399 |
| CAPITAL OUTLAY (COST \$5,000 AND OVER) | | | | | | 0 |
| SUBTOTAL DIRECT COSTS | 358,259 | 0 | 0 | 0 | 0 | 358,259 |
| INDIRECT COST AMOUNT | 42,983 | | | | | 42,983 |
| TOTAL FUNDING USES: | 401,242 | 0 | 0 | 0 | 0 | 401,242 |
| CBHS MENTAL HEALTH FUNDING SOURCES: | | | | | | |
| FEDERAL REVENUES - click below | | | | | | |
| SDMC Regular FFP (50%) | 152,630 | | | | | 152,630 |
| ARRA SDMC FFP (11.59) | 35,379 | | | | | 35,379 |
| STATE REVENUES - click below | | | | | | |
| EP/SDT State Match | 101,983 | | | | | 101,983 |
| Family Mosaic Capitated Medi-Cal | 35,000 | | | | | 35,000 |
| 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 | 76,250 | | | | | 76,250 |
| TOTAL CBHS MENTAL HEALTH FUNDING SOURCES | 401,242 | | | | | 401,242 |
| CBHS SUBSTANCE ABUSE FUNDING SOURCES: | | | | | | |
| FEDERAL REVENUES - click below | | | | | | |
| STATE REVENUES - click below | | | | | | |
| GRANTS/PROJECTS - click below | | | | | | |
| CFDA #: | | | | | | |
| Please enter other here if not in pull down | | | | | | |
| WORK ORDERS - click below | | | | | | |
| Please enter other here if not in pull down | | | | | | |
| 3RD PARTY PAYOR REVENUES - click below | | | | | | |
| Please enter other here if not in pull down | | | | | | |
| COUNTY GENERAL FUND | | | | | | |
| TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES | | | | | | |
| TOTAL DPH REVENUES: | 401,242 | | | | | 401,242 |
| NON-DPH REVENUES - click below | | | | | | |
| TOTAL NON-DPH REVENUES: | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL REVENUES (DPH AND NON-DPH) | 401,242 | | | | | 401,242 |
| CBHS UNITS OF SVCS/TIME AND UNIT COST: | | | | | | |
| UNITS OF SERVICE | 1,982 | | | | | 1,982 |
| UNITS OF TIME ² | | | | | | |
| COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES) | 202.43 | 0.00 | 0.00 | 0.00 | 0.00 | |
| COST PER UNIT-DPH RATE (DPH REVENUES ONLY) | 202.43 | 0.00 | 0.00 | 0.00 | 0.00 | |
| PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY) | 202.43 | | | | | |
| UNDUPLICATED CLIENTS | 74 | | | | | |

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

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

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

| FISCAL YEAR: 2010-2011 | | APPENDIX #: B-7b1, 7b2, Page 16 | | | | |
|--|---------------|---------------------------------|--------------------|----------|----------|----------------|
| LEGAL ENTITY NAME: Edgewood Center for Children and Families | | PROVIDER #: 8858 | | | | |
| PROVIDER NAME: Edgewood Center for Children and Families | | | | | | |
| REPORTING UNIT NAME: | Res OP | Res OP | Res OP | | | |
| REPORTING UNIT: | 88584 | 88584 | 88584 | | | |
| MODE OF SVCS / SERVICE FUNCTION CODE | 15/10-59 | 15/70-79 | 15/60-69 | | | |
| SERVICE DESCRIPTION | MH Svcs | Crisis Intervention-OP | Medication Support | #N/A | #N/A | TOTAL |
| CBHS FUNDING TERM: 7/1/10 - 6/30/11 | | | | | | |
| FUNDING USES: | | | | | | |
| SALARIES & EMPLOYEE BENEFITS | 30,456 | 2,839 | 56,005 | | | 89,300 |
| OPERATING EXPENSE | 9,600 | 888 | 16,756 | | | 27,244 |
| CAPITAL OUTLAY (COST \$5,000 AND OVER) | | | | | | 0 |
| SUBTOTAL DIRECT COSTS | 40,056 | 3,727 | 72,761 | 0 | 0 | 116,544 |
| INDIRECT COST AMOUNT | 4,642 | 447 | 8,568 | | | 13,657 |
| TOTAL FUNDING USES: | 44,698 | 4,174 | 81,329 | 0 | 0 | 130,201 |
| CBHS MENTAL HEALTH FUNDING SOURCES | | | | | | |
| FEDERAL REVENUES - click below | | | | | | |
| SDMC Regular FFP (50%) | 20,851 | 1,937 | 37,922 | | | 60,710 |
| ARRA SDMC FFP (11.59) | 4,834 | 449 | 8,791 | | | 14,074 |
| STATE REVENUES - click below | | | | | | |
| EPSDT State Match | 13,936 | 1,294 | 25,344 | | | 40,574 |
| Family Mosaic Capitated Medi-Cal | | | | | | |
| GRANTS - click below | | | | | | |
| CFDA #: | | | | | | |
| Please enter other here if not in pull down | | | | | | |
| PRIOR YEAR ROLL OVER - click below | | | | | | |
| Please enter other here if not in pull down | | | | | | |
| WORK ORDERS - click below | | | | | | |
| Please enter other here if not in pull down | | | | | | |
| 3RD PARTY PAYOR REVENUES - click below | | | | | | |
| Please enter other here if not in pull down | | | | | | |
| REALIGNMENT FUNDS | | | | | | |
| COUNTY GENERAL FUND | 5,097 | 474 | 9,272 | | | 14,843 |
| TOTAL CBHS MENTAL HEALTH FUNDING SOURCES | 44,748 | 4,154 | 81,329 | 0 | 0 | 130,201 |
| CBHS SUBSTANCE ABUSE FUNDING SOURCES | | | | | | |
| FEDERAL REVENUES - click below | | | | | | |
| STATE REVENUES - click below | | | | | | |
| GRANTS/PROJECTS - click below | | | | | | |
| CFDA #: | | | | | | |
| Please enter other here if not in pull down | | | | | | |
| WORK ORDERS - click below | | | | | | |
| Please enter other here if not in pull down | | | | | | |
| 3RD PARTY PAYOR REVENUES - click below | | | | | | |
| Please enter other here if not in pull down | | | | | | |
| COUNTY GENERAL FUND | | | | | | |
| TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES | | | | | | |
| TOTAL DPH REVENUES | 44,748 | 4,154 | 81,329 | 0 | 0 | 130,201 |
| NON-DPH REVENUES - click below | | | | | | |
| Please enter other here if not in pull down | | | | | | |
| TOTAL NON-DPH REVENUES | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL REVENUES (DPH AND NON-DPH) | 44,748 | 4,154 | 81,329 | 0 | 0 | 130,201 |
| CBHS UNITS OF SVCS/TIME AND UNIT COST: | | | | | | |
| UNITS OF SERVICE ¹ | | | | | | |
| UNITS OF TIME ² | 17,133 | 1,070 | 16,873 | | | 35,076 |
| COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES) | 2.61 | 3.88 | 4.82 | 0.00 | 0.00 | |
| COST PER UNIT-DPH RATE (DPH REVENUES ONLY) | 2.61 | 3.88 | 4.82 | 0.00 | 0.00 | |
| PUBLISHED RATE (MEDICAL PROVIDERS ONLY) | 2.61 | 3.88 | 4.82 | | | |
| UNDUPLICATED CLIENTS | 14 | 14 | 14 | | | |

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

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

| | | | | | | | | |
|--|---|------|------|------|------|------|-------------|---------|
| LEGAL ENTITY NAME: | Edgewood Center for Children and Families | | | | | | PROVIDER #: | 8858 |
| PROVIDER NAME: | Edgewood Center for Children and Families | | | | | | | |
| REPORTING UNIT NAME: | Res Supplemental | | | | | | | |
| REPORTING UNIT: | Res Supp | | | | | | | |
| MODE OF SVCS / SERVICE FUNCTION CODE | 60/78 | | | | | | | |
| SERVICE DESCRIPTION | Other Non-Medical Client Support Exp. | #N/A | #N/A | #N/A | #N/A | #N/A | #N/A | TOTAL |
| CBHS FUNDING TERM: | 7/1/10 - 6/30/11 | | | | | | | |
| FUNDING USES: | | | | | | | | |
| SALARIES & EMPLOYEE BENEFITS | 107,038 | | | | | | | 107,038 |
| OPERATING EXPENSE | 11,714 | | | | | | | 11,714 |
| CAPITAL OUTLAY (COST \$5,000 AND OVER) | | | | | | | | 0 |
| SUBTOTAL DIRECT COSTS | 118,752 | 0 | 0 | 0 | 0 | 0 | 0 | 118,752 |
| INDIRECT COST AMOUNT | 14,248 | | | | | | | 14,248 |
| TOTAL FUNDING USES: | 133,000 | 0 | 0 | 0 | 0 | 0 | 0 | 133,000 |
| CBHS MENTAL HEALTH FUNDING SOURCES | | | | | | | | |
| FEDERAL REVENUES - click below | | | | | | | | |
| STATE REVENUES - click below | | | | | | | | |
| 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 | 133,000 | | | | | | | 133,000 |
| TOTAL CBHS MENTAL HEALTH FUNDING SOURCES | 133,000 | | | | | | | 133,000 |
| CBHS SUBSTANCE ABUSE FUNDING SOURCES | | | | | | | | |
| FEDERAL REVENUES - click below | | | | | | | | |
| STATE REVENUES - click below | | | | | | | | |
| GRANTS/PROJECTS - click below CFDA #: | | | | | | | | |
| Please enter other here if not in pull down | | | | | | | | |
| WORK ORDERS - click below | | | | | | | | |
| Please enter other here if not in pull down | | | | | | | | |
| 3RD PARTY PAYOR REVENUES - click below | | | | | | | | |
| Please enter other here if not in pull down | | | | | | | | |
| COUNTY GENERAL FUND | | | | | | | | |
| TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES | | | | | | | | |
| TOTAL DPH REVENUES | 133,000 | | | | | | | 133,000 |
| NON-DPH REVENUES - click below | | | | | | | | |
| TOTAL NON-DPH REVENUES | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL REVENUES (DPH AND NON-DPH) | 133,000 | | | | | | | 133,000 |
| CBHS UNITS OF SVCS/TIME AND UNIT COST: | | | | | | | | |
| UNITS OF SERVICE ¹ | 1,478 | | | | | | | 1,478 |
| UNITS OF TIME ² | | | | | | | | |
| COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES) | 90.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| COST PER UNIT-DPH RATE (DPH REVENUES ONLY) | 90.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| PUBLISHED RATE (MEDICAL PROVIDERS ONLY) | 90 | | | | | | | |
| UNDUPLICATED CLIENTS | 4 | | | | | | | |

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

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

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

| FISCAL YEAR: 2010-2011 | | APPENDIX #: BBA-BBB Page 18 | | | | |
|--|------------------|-----------------------------|--------------------|------------------|------|---------|
| LEGAL ENTITY NAME: Edgewood Center for Children and Families | | PROVIDER #: 8858 | | | | |
| PROVIDER NAME: Edgewood Center for Children and Families | | | | | | |
| REPORTING UNIT NAME: | SED | SED | SED | SED | | |
| REPORTING UNIT: | 8858ED | 8858ED | 8858ED | 8858ED | | |
| MODE OF SVCS / SERVICE FUNCTION CODE | 15/10-59 | 15/01-09 | 15/60-69 | 45/20-29 | | |
| SERVICE DESCRIPTION | MH Svcs | Case Mgt Brokerage | Medication Support | Comm Client Svcs | #N/A | TOTAL |
| CBHS FUNDING TERM: | 7/1/10 - 6/30/11 | 7/1/10 - 6/30/11 | 7/1/10 - 6/30/11 | 7/1/10 - 6/30/11 | | |
| FUNDING USES: | | | | | | |
| SALARIES & EMPLOYEE BENEFITS | 91,210 | 21,695 | 1,651 | 29,381 | | 143,937 |
| OPERATING EXPENSE | 8,631 | 2,691 | 205 | 2,140 | | 13,667 |
| CAPITAL OUTLAY (COST \$5,000 AND OVER) | | | | | | 0 |
| SUBTOTAL DIRECT COSTS | 99,841 | 24,386 | 1,856 | 31,521 | 0 | 157,604 |
| INDIRECT COST AMOUNT | 11,985 | 2,926 | 222 | 3,783 | | 18,916 |
| TOTAL FUNDING USES: | 111,826 | 27,312 | 2,078 | 35,304 | 0 | 176,520 |
| CBHS MENTAL HEALTH FUNDING SOURCES | | | | | | |
| FEDERAL REVENUES - click below | | | | | | |
| SDMC Regular FFP (50%) | 58,511 | 6,866 | 523 | | | 65,900 |
| ARRA SDMC FFP (11.59) | 11,268 | 3,724 | 283 | | | 15,275 |
| STATE REVENUES - click below | | | | | | |
| EPSDT State Match | 32,336 | 10,884 | 807 | | | 44,027 |
| Family Mosaic Capitalized Medi-Cal | | | | | | |
| GRANTS - click below | | | | | | |
| CFDA #: | | | | | | |
| Please enter other here if not in pull down | | | | | | |
| PRIOR YEAR ROLL OVER - click below | | | | | | |
| WORK ORDERS - click below | | | | | | |
| 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 | 9,711 | 5,638 | 465 | 34,640 | | 50,654 |
| TOTAL CBHS MENTAL HEALTH FUNDING SOURCES | 111,826 | 27,312 | 2,078 | 35,304 | | 176,520 |
| CBHS SUBSTANCE ABUSE FUNDING SOURCES | | | | | | |
| FEDERAL REVENUES - click below | | | | | | |
| STATE REVENUES - click below | | | | | | |
| GRANTS/PROJECTS - click below | | | | | | |
| CFDA #: | | | | | | |
| Please enter other here if not in pull down | | | | | | |
| WORK ORDERS - click below | | | | | | |
| Please enter other here if not in pull down | | | | | | |
| 3RD PARTY PAYOR REVENUES - click below | | | | | | |
| Please enter other here if not in pull down | | | | | | |
| COUNTY GENERAL FUND | | | | | | |
| TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES | | | | | | |
| TOTAL DPH REVENUES | 111,826 | 27,312 | 2,078 | 35,304 | | 176,520 |
| NON-DPH REVENUES - click below | | | | | | |
| TOTAL NON-DPH REVENUES | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL REVENUES (DPH AND NON-DPH) | 111,826 | 27,312 | 2,078 | 35,304 | | 176,520 |
| CBHS UNITS OF SVCS/TIME AND UNIT COST: | | | | | | |
| UNITS OF SERVICE ¹ | | | | | | |
| UNITS OF TIME ² | 66,961 | 25,289 | 498 | 519 | | 93,267 |
| COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES) | 1.67 | 1.08 | 4.17 | 68.02 | 0.00 | |
| COST PER UNIT-DPH RATE (DPH REVENUES ONLY) | 1.67 | 1.08 | 4.17 | 68.02 | 0.00 | |
| PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY) | 1.67 | 1.08 | 4.17 | 68.02 | | |
| UNDUPPLICATED CLIENTS | 30 | 30 | 60 | 22 | | |

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

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

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

| YEAR: 2010-2011 | | JIX #: 8858 | | | | |
|--|------------------|--------------------|----------|----------|----------|----------------|
| LEGAL ENTITY NAME: Edgewood Center for Children and Families | | PROVIDER #: 8858 | | | | |
| PROVIDER NAME: Edgewood Center for Children and Families | | | | | | |
| REPORTING UNIT NAME: | EPSDT TBS | EPSDT TBS | | | | |
| REPORTING UNIT: | 885818 | 885818 | | | | |
| MODE OF SVCS / SERVICE FUNCTION CODE | 15/58 | 15/01-09 | | | | |
| SERVICE DESCRIPTION | TBS | Case Mgt Brokerage | #N/A | #N/A | #N/A | TOTAL |
| CBHS FUNDING TERM: | 7/1/10 - 6/30/11 | 7/1/10 - 6/30/11 | | | | |
| FUNDING USES: | | | | | | |
| SALARIES & EMPLOYEE BENEFITS | 493,535 | 4,009 | | | | 497,544 |
| OPERATING EXPENSE | 68,983 | 1,074 | | | | 70,057 |
| CAPITAL OUTLAY (COST \$5,000 AND OVER) | | | | | | 0 |
| SUBTOTAL DIRECT COSTS | 562,518 | 5,083 | 0 | 0 | 0 | 567,601 |
| INDIRECT COST AMOUNT | 67,503 | 610 | | | | 68,113 |
| TOTAL FUNDING USES: | 630,021 | 5,693 | 0 | 0 | 0 | 635,714 |
| CBHS MENTAL HEALTH FUNDING SOURCES | | | | | | |
| FEDERAL REVENUES - click below | | | | | | |
| SDMC Regular FFP (50%) | 300,608 | 3,292 | | | | 303,900 |
| ARRA SDMC FFP (11.59) | 68,657 | 1,786 | | | | 70,443 |
| STATE REVENUES - click below | | | | | | |
| EPSDT State Match | 202,500 | 561 | | | | 203,061 |
| Family Mosaic Capitated Medi-Cal | | | | | | |
| GRANTS - click below | | | | | | |
| CFDA #: | | | | | | |
| Please enter other here if not in pull down | | | | | | |
| PRIOR YEAR ROLL OVER - click below | | | | | | |
| Please enter other here if not in pull down | | | | | | |
| WORK ORDERS - click below | | | | | | |
| Please enter other here if not in pull down | | | | | | |
| 3RD PARTY PAYOR REVENUES - click below | | | | | | |
| Please enter other here if not in pull down | | | | | | |
| REALIGNMENT FUNDS | | | | | | |
| COUNTY GENERAL FUND | 58,256 | 54 | | | | 58,310 |
| TOTAL CBHS MENTAL HEALTH FUNDING SOURCES | 630,021 | 5,693 | | | | 635,714 |
| CBHS SUBSTANCE ABUSE FUNDING SOURCES | | | | | | |
| FEDERAL REVENUES - click below | | | | | | |
| Please enter other here if not in pull down | | | | | | |
| STATE REVENUES - click below | | | | | | |
| Please enter other here if not in pull down | | | | | | |
| 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 | 630,021 | 5,693 | | | | 635,714 |
| NON-DPH REVENUES - click below | | | | | | |
| Please enter other here if not in pull down | | | | | | |
| TOTAL NON-DPH REVENUES | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL REVENUES (DPH AND NON-DPH) | 630,021 | 5,693 | | | | 635,714 |
| CBHS UNITS OF SVCS/TIME AND UNIT COST: | | | | | | |
| UNITS OF SERVICE¹ | | | | | | |
| UNITS OF TIME² | | | | | | |
| COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES) | 2.61 | 2.02 | 0.00 | 0.00 | 0.00 | |
| COST PER UNIT-DPH RATE (DPH REVENUES ONLY) | 2.61 | 2.02 | 0.00 | 0.00 | 0.00 | |
| PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY) | 2.51 | 2.02 | | | | |
| UNDUPLICATED CLIENTS | 245 | 40 | | | | |

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

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

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

| | | | | | | |
|--|-------------------|-------------------------|------|------|------|--------|
| FISCAL YEAR: 2010-2011 | | APPROVAL #: B10 Page 20 | | | | |
| LEGAL ENTITY NAME: Edgewood Center for Children and Families | | PROVIDER #: 8855 | | | | |
| PROVIDER NAME: Edgewood Center for Children and Families | | | | | | |
| REPORTING UNIT NAME: | FMP | FMP | | | | |
| REPORTING UNIT: | FMP WRAP | FMP WRAP | | | | |
| MODE OF SVCS / SERVICE FUNCTION CODE | 45/20-29 | 45/20-29 | | | | |
| SERVICE DESCRIPTION: | Crmly Client Svcs | Crmly Client Svcs | #N/A | #N/A | #N/A | TOTAL |
| CBHS FUNDING TERM: | 6/10/10-7/1/11 | 6/10/10-7/1/11 | | | | |
| FUNDING USES: | | | | | | |
| SALARIES & EMPLOYEE BENEFITS | 5,254 | 13,099 | | | | 18,353 |
| OPERATING EXPENSE | 998 | 2,535 | | | | 3,533 |
| CAPITAL OUTLAY (COST \$5,000 AND OVER) | | | | | | 0 |
| SUBTOTAL DIRECT COSTS | 6,252 | 15,634 | 0 | 0 | 0 | 21,886 |
| INDIRECT COST AMOUNT | 748 | 1,860 | | | | 2,608 |
| TOTAL FUNDING USES: | 7,000 | 17,494 | 0 | 0 | 0 | 24,494 |
| OBHS/MENTAL HEALTH FUNDING SOURCES: | | | | | | |
| FEDERAL REVENUES - click below | | | | | | |
| STATE REVENUES - click below | | | | | | |
| 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) | 5,700 | 14,300 | | | | 20,000 |
| 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 | 1,300 | 3,194 | | | | 4,494 |
| TOTAL OBHS/MENTAL HEALTH FUNDING SOURCES: | | | | | | |
| CBHS/SUBSTANCE ABUSE FUNDING SOURCES: | | | | | | |
| FEDERAL REVENUES - click below | | | | | | |
| STATE REVENUES - click below | | | | | | |
| GRANTS/PROJECTS - click below CFDA #: | | | | | | |
| Please enter other here if not in pull down | | | | | | |
| WORK ORDERS - click below | | | | | | |
| Please enter other here if not in pull down | | | | | | |
| 3RD PARTY PAYOR REVENUES - click below | | | | | | |
| Please enter other here if not in pull down | | | | | | |
| COUNTY GENERAL FUND | | | | | | |
| TOTAL CBHS/SUBSTANCE ABUSE FUNDING SOURCES: | | | | | | |
| TOTAL DPH REVENUES | | | | | | |
| NON-DPH REVENUES - click below | | | | | | |
| TOTAL NON-DPH REVENUES | | | | | | |
| TOTAL REVENUES (DPH AND NON-DPH) | | | | | | |
| CBHS UNITS OF SVCS/TIME AND UNIT COST: | | | | | | |
| UNITS OF SERVICE ¹ | | | | | | |
| UNITS OF TIME ² | | | | | | |
| COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES) | 156.60 | 624.79 | 0.00 | 0.00 | 0.00 | |
| COST PER UNIT-DPH RATE (DPH REVENUES ONLY) | 156.60 | 624.79 | 0.00 | 0.00 | 0.00 | |
| PUBLISHED RATE (MEDICAL PROVIDERS ONLY) | 156.6 | 624.79 | | | | |
| UNDUPLICATED CLIENTS | 40 | 40 | | | | |

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

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

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

| | | | | | | |
|--|------------------|----------------------|------|------|------|---------|
| FISCAL YEAR: 2010-2011 | | INDEX #: 111 Page 21 | | | | |
| LEGAL ENTITY NAME: Edgewood Center for Children and Families | | PROVIDER #: 10258 | | | | |
| PROVIDER NAME: Edgewood Center for Children and Families | | | | | | |
| REPORTING UNIT NAME: | WRAP | WRAP | | | | |
| REPORTING UNIT: | EPSDT SB163 | EPSDT SB163 | | | | |
| MODE OF SVCS / SERVICE FUNCTION CODE: | 15/10-59 | 15/60-69 | | | | |
| SERVICE DESCRIPTION: | MH Svcs | Medication Support | #N/A | #N/A | #N/A | TOTAL |
| CBHS FUNDING TERM: | 7/1/10 - 6/30/11 | 7/1/10 - 6/30/11 | | | | |
| FUNDING USES: | | | | | | |
| SALARIES & EMPLOYEE BENEFITS | 163,737 | 20,431 | | | | 184,168 |
| OPERATING EXPENSE | 14,834 | 1,890 | | | | 16,724 |
| CAPITAL OUTLAY (COST \$5,000 AND OVER) | | | | | | 0 |
| SUBTOTAL DIRECT COSTS | 178,571 | 22,321 | 0 | 0 | 0 | 200,892 |
| INDIRECT COST AMOUNT | 21,429 | 2,679 | | | | 24,108 |
| TOTAL FUNDING USES: | 200,000 | 25,000 | 0 | 0 | 0 | 225,000 |
| CBHS MENTAL HEALTH FUNDING SOURCES: | | | | | | |
| FEDERAL REVENUES - click below | | | | | | |
| SDMC Regular FFP (50%) | 100,000 | 12,500 | | | | 112,500 |
| ARRA SDMC FFP (11.59) | 23,178 | 2,900 | | | | 26,078 |
| STATE REVENUES - click below | | | | | | |
| EPSDT State Match | 66,823 | 8,350 | | | | 75,173 |
| 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) | 10,000 | 12,500 | | | | 11,250 |
| 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 | 200,000 | 25,000 | | | | 225,000 |
| CBHS SUBSTANCE ABUSE FUNDING SOURCES: | | | | | | |
| FEDERAL REVENUES - click below | | | | | | |
| STATE REVENUES - click below | | | | | | |
| GRANTS/PROJECTS - click below | | | | | | |
| CFDA #: | | | | | | |
| Please enter other here if not in pull down | | | | | | |
| WORK ORDERS - click below | | | | | | |
| Please enter other here if not in pull down | | | | | | |
| 3RD PARTY PAYOR REVENUES - click below | | | | | | |
| Please enter other here if not in pull down | | | | | | |
| COUNTY GENERAL FUND | | | | | | |
| TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES | | | | | | |
| TOTAL DPH REVENUES | 200,000 | 25,000 | | | | 225,000 |
| NON-DPH REVENUES - click below | | | | | | |
| TOTAL NON-DPH REVENUES | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL REVENUES (DPH AND NON-DPH) | 200,000 | 25,000 | | | | 225,000 |
| CBHS UNITS OF SVCS/TIME AND UNIT COST: | | | | | | |
| UNITS OF SERVICE ¹ | | | | | | |
| UNITS OF TIME ² | 76,628 | 5,187 | | | | |
| COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES) | 2.61 | 4.82 | 0.00 | 0.00 | 0.00 | |
| COST PER UNIT-DPH RATE (DPH REVENUES ONLY) | 2.61 | 4.82 | 0.00 | 0.00 | 0.00 | |
| PUBLISHED RATE (MEDICAL PROVIDERS ONLY) | 2.61 | 4.82 | | | | |
| UNDUPLICATED CLIENTS | 13 | 13 | | | | |

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

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

DPH 3: Salaries & Benefits Detail

Provider Number (same as line 7 on DPH 1): 8858
 Provider Name (same as line 8 on DPH 1): Edgewood - Kinship EPSDT 885813

APPENDIX #: B-1a, Page 1
 Document Date: 7/1/10

| POSITION TITLE | TOTAL | | GENERAL FUND & (Agency-generated) OTHER REVENUE | | GRANT #1: | | GRANT #2: | | 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: | | Proposed Transaction Term: | | Proposed Transaction Term: | | Proposed Transaction Term: | |
| | FTE | SALARIES | FTE | SALARIES | FTE | SALARIES | FTE | SALARIES | FTE | SALARIES | FTE | SALARIES |
| Clinical Supervisor | 0.25 | \$ 15,600.00 | 0.25 | 15,600 | | | | | | | | |
| Medical Director | 0.15 | \$ 24,751.00 | 0.15 | 24,751 | | | | | | | | |
| Clinician | 1.60 | \$ 96,000.00 | 1.60 | 96,000 | | | | | | | | |
| Parent Partner | 0.20 | \$ 6,500.00 | 0.20 | 6,500 | | | | | | | | |
| Administrative Support | 0.20 | \$ 9,360.00 | 0.20 | 9,360 | | | | | | | | |
| Research Associate | 0.10 | \$ 5,701.00 | 0.10 | 5,701 | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| TOTALS | 2.50 | \$157,912 | 2.50 | \$157,912 | 0.00 | \$0 | 0.00 | \$0 | 0.00 | \$0 | 0.00 | \$0 |

EMPLOYEE FRINGE BENEFITS 29% \$45,794 29% \$45,794 #DIV/0! #DIV/0! #DIV/0! #DIV/0!

TOTAL SALARIES & BENEFITS \$203,706 \$203,706 \$0 \$0 \$0 \$0

DPH 4: Operating Expenses Detail

APPENDIX #: B-1a, Page 2
Document Date: 7/1/10

Provider Number (same as line 7 on DPH 1): 8858
Provider Name (same as line 8 on DPH 1): Edgewood - Kinship EPSDT 885813

Expenditure Category

Rental of Property
Utilities(Elec, Water, Gas, Phone, Scavenger)
Office Supplies, Postage
Building Maintenance Supplies and Repair
Printing and Reproduction
Insurance
Staff Training
Staff Travel-Local & Out of Town
Rental of Equipment
CONSULTANT/SUBCONTRACTOR (Provide Names,
Dates, Hours & Amounts)
UCSF Interns
OTHER
Depreciation
Educational Supplies/Client Services
Food Services
Information Technology

| TOTAL | GENERAL FUND & (Agency- generated) OTHER REVENUE | GRANT #1: (grant title) | GRANT #2: (grant title) | WORK ORDER #1: (dept. name) | WORK ORDER #2: (dept. name) |
|--------------------------------|--|----------------------------|----------------------------|--------------------------------|--------------------------------|
| PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION |
| 7/1/10-6/30/11 | 7/1/10-6/30/11 | Term: | Term: | Term: | Term: |
| \$ - | | | | | |
| \$ 2,803 | 2,803 | | | | |
| \$ 600 | 600 | | | | |
| \$ 5,436 | 5,436 | | | | |
| \$ - | | | | | |
| \$ 1,852 | 1,852 | | | | |
| \$ 1,000 | 1,000 | | | | |
| \$ 1,200 | 1,200 | | | | |
| \$ - | | | | | |
| \$ - | | | | | |
| \$ - | | | | | |
| \$ - | | | | | |
| \$ - | | | | | |
| \$ - | | | | | |
| \$ - | | | | | |
| \$ 13,996 | 13,996 | | | | |
| \$ 3,600 | 3,600 | | | | |
| \$ 900 | 900 | | | | |
| \$ 6,780 | 6,780 | | | | |
| TOTAL OPERATING EXPENSE | \$41,767 | \$0 | \$0 | \$0 | \$0 |

CBHS BUDGET JUSTIFICATION

Provider Number: 8858

Provider Name: Edgewood - Kinship EPSDT 885813

Date: 07/01/2010

Fiscal Year: 2011

| Salaries and Benefits | Salaries | FTE |
|--|------------------|-------------|
| Clinical Supervisor: Oversees Clinicians, review notes, reviews performance of Clinical workers, Masters and 2 years experience .25 FTE X \$62,400 per year = \$15,600 | \$15,600 | 0.25 |
| Medical Director: Manages Medical and Psychiatry for Agency, Min Req License to practice medicine: .15 FTE X \$165,006 per year = \$24,751 | \$24,751 | 0.15 |
| Clinician: Co-author care plans and annual treatment plans and provides therapy sessions and helps with case management, Min Req Masters Degree and 1-2 years experience: 1.6 FTE X \$60,000 per year = \$96,000 | \$96,000 | 1.60 |
| Parent Partner: Provides support and mentoring to parents including one-on-one interaction where necessary; Min Req BA preferred with 1 year experience; .2 FTE X \$32,500 per year = \$6,500 | \$6,500 | 0.20 |
| Administrative Support: Provides support for program, schedule and handles day to day admin tasks; Min Req High School Diploma or GED .25 FTE X \$46,800 per year = \$23,400 | \$9,360 | 0.20 |
| Research Associate: Designs assesment materials, evaluates all service report results; Min Req Doctoral degree; .1 FTE X \$57,013 per year = \$5,701 | \$5,701 | 0.10 |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| TOTAL SALARIES | \$157,912 | 2.50 |

| | | |
|--|-----------------|--|
| Benefits at 29% - \$157,912 X .29 = \$45,794 | \$45,794 | |
| | | |
| | | |
| | | |
| TOTAL BENEFITS | \$45,794 | |

| | | |
|--------------------------------------|------------------|-------------|
| TOTAL SALARIES & BENEFITS | \$203,706 | 2.50 |
|--------------------------------------|------------------|-------------|

Operating Expenses

Formulas to be expressed with FTE's, square footage, or % of program within agency - not as a Occupancy:

Rent:

| | |
|--|----------|
| Depreciation 1,070 Sq Feet X \$ 13.08 per = \$13,996 | \$13,996 |
|--|----------|

Utilities:

| | |
|--|---------|
| Utilities 1,070 Sq Feet X \$2.62 per = \$2,803 | \$2,803 |
|--|---------|

Building Maintenance:

| | |
|--------------------------------------|---------|
| 1,070 Sq Feet X \$5.08 per = \$5,436 | \$5,436 |
|--------------------------------------|---------|

| | |
|-------------------------|-----------------|
| Total Occupancy: | \$22,235 |
|-------------------------|-----------------|

Materials and Supplies:Office Supplies:

| | |
|--|-------|
| Based on previous year's experience \$50 per month X 12 months = \$900 | \$600 |
|--|-------|

Printing/Reproduction:Program/Medical Supplies:

| | |
|--|---------|
| Client Incentives based on past experience \$300 per month X 12 months = \$3,600 | \$3,600 |
|--|---------|

| | |
|--|-------|
| Food for clients; \$75 X 12 months = \$900 | \$900 |
|--|-------|

| | |
|--------------------------------------|----------------|
| Total Materials and Supplies: | \$5,100 |
|--------------------------------------|----------------|

General Operating:Insurance:

| | |
|--|---------|
| Total annual agency cost for insurance = \$185,209. This contract represents 1.0% of total agency funding: \$185,209 X .01 = \$1,852 | \$1,852 |
|--|---------|

Staff Training:

| | |
|--|---------|
| 2 trainings throughout year X \$500 per training = \$1,500 | \$1,000 |
|--|---------|

Computer Supplies

| | |
|---|---------|
| Based on previous year's experience \$565 per month X 12 months = \$6,780 | \$6,780 |
|---|---------|

| | |
|---------------------------------|----------------|
| Total General Operating: | \$9,632 |
|---------------------------------|----------------|

Staff Travel (Local & Out of Town):

| | |
|--|---------|
| Based on prior year's experience 200 miles per month X 12 months X | \$1,200 |
|--|---------|

| | |
|---------------------------|--|
| \$.50 per mile = \$1,200 | |
|---------------------------|--|

| |
|----------------|
| \$1,200 |
|----------------|

Consultants/Subcontractors:

| | |
|--|---------|
| UCSF Interns: \$90,000 total budget for Agency for five interns = \$18,000 | \$3,600 |
| per intern X .2 FTE = \$3,600 | |

| | |
|-----------------------------------|---------|
| Total Consultants/Subcontractors: | \$3,600 |
|-----------------------------------|---------|

| | |
|------------------------|----------|
| TOTAL OPERATING COSTS: | \$41,767 |
|------------------------|----------|

| | |
|--|-----|
| CAPITAL EXPENDITURES: (If needed - A unit valued at \$5,000 or more) | \$0 |
|--|-----|

| | |
|--|-----------|
| TOTAL DIRECT COSTS (Salaries & Benefits plus Operating Costs): | \$245,473 |
|--|-----------|

| | |
|-----------------|----------|
| INDIRECT COSTS: | \$29,432 |
|-----------------|----------|

| | |
|-----------------|-----------|
| CONTRACT TOTAL: | \$274,905 |
|-----------------|-----------|

DPH-3: Salaries & Benefits Detail

Provider Number (same as line 7 on DPH-1):

8858

Provider Name (same as line 8 on DPH-1):

Edgewood - School-Based EPSDT 885814

APPENDIX #: B-1b, Page 1

Document Date: 7/1/10

| POSITION-TITLE | TOTAL | | GENERAL FUND & (Agency-generated) OTHER REVENUE | | GRANT #1: | | GRANT #2: | | 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: | | Proposed Transaction Term: | | Proposed Transaction Term: | | Proposed Transaction Term: | |
| | FTE | SALARIES | FTE | SALARIES | FTE | SALARIES | FTE | SALARIES | FTE | SALARIES | FTE | SALARIES |
| Research Director | 0.03 | \$ 3,576 | 0.03 | 3,576 | | | | | | | | |
| Regional Program Director | 0.30 | \$ 29,254 | 0.30 | 29,254 | | | | | | | | |
| Clinical Director | 0.57 | \$ 45,610 | 0.57 | 45,610 | | | | | | | | |
| Clinical Supervision | 0.40 | \$ 24,960 | 0.40 | 24,960 | | | | | | | | |
| Senior Clinician | 0.10 | \$ 6,418 | 0.10 | 6,418 | | | | | | | | |
| Research Associate | 0.13 | \$ 7,412 | 0.13 | 7,412 | | | | | | | | |
| Clinician | 1.70 | \$ 85,802 | 1.70 | 85,802 | | | | | | | | |
| Parent Partner | 0.20 | \$ 6,500 | 0.20 | 6,500 | | | | | | | | |
| Administrative Support | 0.50 | \$ 23,400 | 0.50 | 23,400 | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| TOTALS | 3.93 | \$232,932 | 3.93 | \$232,932 | 0.00 | \$0 | 0.00 | \$0 | 0.00 | \$0 | 0.00 | \$0 |

EMPLOYEE FRINGE BENEFITS

29% \$67,550 29% \$67,550 #DIV/0! #DIV/0! #DIV/0! #DIV/0!

TOTAL SALARIES & BENEFITS

\$300,482 \$300,482 \$0 \$0 \$0 \$0

DPH 4: Operating Expenses Detail

APPENDIX #: B-1b, Page 2
Document Date: 7/1/10

Provider Number (same as line 7 on DPH 1): 8858
Provider Name (same as line 8 on DPH 1): Edgewood - School-Based EPSDT 885814

Expenditure Category

Rental of Property
Utilities(Elec, Water, Gas, Phone, Scavenger)
Office Supplies, Postage
Building Maintenance Supplies and Repair
Printing and Reproduction
Insurance
Staff Training
Staff Travel-Local & Out of Town
Rental of Equipment
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)
UCSF Interns
OTHER
Depreciation
Client Incentives
Food Services
Information Technology

| TOTAL | GENERAL FUND & (Agency- generated) OTHER REVENUE | GRANT #1: (grant title) | GRANT #2: (grant title) | WORK ORDER #1: (dept. name) | WORK ORDER #2: (dept. name) |
|--------------------------------|--|----------------------------|----------------------------|-----------------------------------|-----------------------------------|
| PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION |
| 7/1/10-6/30/11 | 7/1/10-6/30/11 | Term: _____ | Term: _____ | Term: _____ | Term: _____ |
| \$ - | | | | | |
| \$ 3,728 | 3,728 | | | | |
| \$ 900 | 900 | | | | |
| \$ 7,228 | 7,228 | | | | |
| \$ - | | | | | |
| \$ 2,778 | 2,778 | | | | |
| \$ 1,500 | 1,500 | | | | |
| \$ 9,000 | 9,000 | | | | |
| \$ - | | | | | |
| \$ - | | | | | |
| \$ - | | | | | |
| \$ 3,600 | 3,600 | | | | |
| \$ - | | | | | |
| \$ - | | | | | |
| \$ - | | | | | |
| \$ - | | | | | |
| \$ 18,613 | 18,613 | | | | |
| \$ 1,200 | 1,200 | | | | |
| \$ 1,200 | 1,200 | | | | |
| \$ 10,800 | 10,800 | | | | |
| TOTAL OPERATING EXPENSE | \$60,547 | \$0 | \$0 | \$0 | \$0 |

CBHS BUDGET JUSTIFICATION

Provider Number: 8858

Provider Name: Edgewood - School-Based EPSDT 885814

Date: 07/01/2010

Fiscal Year: 2010-2011

| Salaries and Benefits | Salaries | FTE |
|---|------------------|-------------|
| Research Director: Oversees all aspects of program quality of care, outcomes, fiscal admin and facility management; Min Req Doctoral level professional with 10 years experience; .03 FTE X \$119,184 per year = \$3,576 | \$3,576 | 0.03 |
| Regional Program Director: Manages all aspects of a regions Mental Health operations including supervisory, planning, reporting and budgetary responsibility; Min Req Masters Degree and 5 years experience; .3 FTE X \$97,512.50 X 6 months = \$17,552 | \$29,254 | 0.30 |
| Clinical Director: Manages all agency Mental Health services including supervision and training of clinical staff, Min Req Masters Degree, a Clinical License and 2-3 years experience; .57 FTE X \$80,018 = \$20,005 | \$45,610 | 0.57 |
| Clinical Supervisor: Oversees Clinicians, review notes, reviews performance of Clinical workers, Masters and 2 years experience .4 FTE X \$62,400 per year = \$24,960 | \$24,960 | 0.40 |
| Senior Clinician: Responsible for developing, coordinating, implementing and monitoring all aspects of program behavioral plans; Min Req MSW Masters Degree and MFT or LCSW license and 3 years experience; .1 FTE X \$64,184 per year = \$6,418 | \$6,418 | 0.10 |
| Research Associate: Designs assesment materials, evaluates all service report results; Min Req Doctoral degree; .13 FTE X \$57,013 per year = \$7,412 | \$7,412 | 0.13 |
| Clinician: Co-author care plans and annual treatment plans and provides therapy sessions and helps with case management, Min Req Masters Degree and 1-2 years experience: 1.7 FTE X \$50,472 per year = \$85,802 | \$85,802 | 1.70 |
| Parent Partner: Provides support and mentoring to parents including one-on-one interaction where necessary; Min Req BA preferred with 1 year experience; .2 FTE X \$32,500 per year = \$6,500 | \$6,500 | 0.20 |
| Administrative Support: Provides support for program, schedule and handles day to day admin tasks; Min-Req High School Diploma or GED; .5 FTE X \$46,800 per year = \$23,400 | \$23,400 | 0.50 |
| | | |
| | | |
| | | |
| | | |
| | | |
| TOTAL SALARIES | \$232,932 | 3.93 |
| Benefits at 29% - \$232,932 X .29 = \$67,550 | \$67,550 | |
| | | |
| | | |
| TOTAL BENEFITS | \$67,550 | |

TOTAL SALARIES & BENEFITS \$300,482 3.93

Operating Expenses

Formulas to be expressed with FTE's, square footage, or % of program within agency - not as a
Occupancy:

Rent:

| | |
|--|----------|
| Depreciation 1,423 Sq Feet X \$ 13.08 per = \$18,613 | \$18,613 |
|--|----------|

Utilities:

| | |
|--|---------|
| Utilities 1,423 Sq Feet X \$2.62 per = \$3,728 | \$3,728 |
|--|---------|

Building Maintenance:

| | |
|--------------------------------------|---------|
| 1,423 Sq Feet X \$5.08 per = \$7,228 | \$7,228 |
|--------------------------------------|---------|

Total Occupancy: \$29,569

Materials and Supplies:

Office Supplies:

| | |
|--|-------|
| Based on previous year's experience \$75 per month X 12 months = \$900 | \$900 |
|--|-------|

Printing/Reproduction:

Program/Medical Supplies:

| | |
|--|---------|
| Client Incentives based on past experience \$100 per month X 12 months = \$1,200 | \$1,200 |
|--|---------|

| | |
|---|---------|
| Food for clients; \$100 X 12 months = \$1,200 | \$1,200 |
|---|---------|

Total Materials and Supplies: \$3,300

General Operating:

Insurance:

| | |
|--|---------|
| Total annual agency cost for insurance = \$185,209. This contract represents 1.5% of total agency funding. \$185,209 X .015 = \$2,778 | \$2,778 |
|--|---------|

Staff Training:

| | |
|--|---------|
| 3 trainings throughout year X \$500 per training = \$1,500 | \$1,500 |
|--|---------|

Computer Supplies

| | |
|--|----------|
| Based on previous year's experience \$900 per month X 12 months = \$10,800 | \$10,800 |
|--|----------|

Total General Operating: \$15,078

Staff Travel (Local & Out of Town):

| | |
|--|----------------|
| Based on prior year's experience 1,500 miles per month X 12 months X \$.50 per mile = \$9,000 | \$9,000 |
| | \$9,000 |

Consultants/Subcontractors:

| | |
|---|---------|
| UCSF Interns: \$90,000 total budget for Agency for five interns = \$18,000 per intern X .2 FTE = \$3,600 | \$3,600 |
|---|---------|

Total Consultants/Subcontractors: \$3,600

TOTAL OPERATING COSTS: \$60,547

CAPITAL EXPENDITURES: (If needed - A unit valued at \$5,000 or more) \$0

| | |
|---|------------------|
| TOTAL DIRECT COSTS (Salaries & Benefits plus Operating Costs): | \$361,029 |
|---|------------------|

| | |
|-----------------------|-----------------|
| INDIRECT COSTS | \$43,322 |
|-----------------------|-----------------|

| | |
|------------------------|------------------|
| CONTRACT TOTAL: | \$404,351 |
|------------------------|------------------|

DPH 3: Salaries & Benefits Detail

APPENDIX #: B-1c, Page 1
Document Date: 7/1/10

Provider Number (same as line 7 on DPH 1): 8858
Provider Name (same as line 8 on DPH 1): Edgewood - AB3632 885815

| POSITION TITLE | TOTAL | | GENERAL FUND & (Agency-generated) OTHER REVENUE | | GRANT #1: | | GRANT #2: | | 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: | | Proposed Transaction Term: | | Proposed Transaction Term: | | Proposed Transaction Term: | |
| | FTE | SALARIES | FTE | SALARIES | FTE | SALARIES | FTE | SALARIES | FTE | SALARIES | FTE | SALARIES |
| Medical Director | 0.09 | \$ 14,851.00 | 0.09 | 14,851 | | | | | | | | |
| Clinical Supervisor | 0.25 | \$ 15,600.00 | 0.25 | 15,600 | | | | | | | | |
| Clinician | 1.00 | \$ 58,300.00 | 1.00 | 58,300 | | | | | | | | |
| Research Associate | 0.05 | \$ 2,851.00 | 0.05 | 2,851 | | | | | | | | |
| Administrative Coordinator | 0.20 | \$ 7,072.00 | 0.20 | 7,072 | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| TOTALS | 1.59 | \$98,674 | 1.59 | \$98,674 | 0.00 | \$0 | 0.00 | \$0 | 0.00 | \$0 | 0.00 | \$0 |

EMPLOYEE FRINGE BENEFITS 29% \$28,615 29% \$28,615 #DIV/0! #DIV/0! #DIV/0! #DIV/0!

TOTAL SALARIES & BENEFITS \$127,289 \$127,289 \$0 \$0 \$0 \$0

DPH 4: Operating Expenses Detail

APPENDIX #: B-1c, page 2
Document Date: 7/1/10

Provider Number (same as line 7 on DPH 1): 8858
Provider Name (same as line 8 on DPH 1): Edgewood - AB3632 885815

Expenditure Category

Rental of Property
Utilities(Elec, Water, Gas, Phone, Scavenger)
Office Supplies, Postage
Building Maintenance Supplies and Repair
Printing and Reproduction
Insurance
Staff Training
Staff Travel-(Local & Out of Town)
Rental of Equipment
CONSULTANT/SUBCONTRACTOR (Provide Names,
Dates, Hours & Amounts)
UCSF Interns
OTHER
Depreciation
Educational/Client Supplies
Food Services
Information Technology

| TOTAL | GENERAL FUND & (Agency- generated) OTHER REVENUE | GRANT #1: (grant title) | GRANT #2: (grant title) | WORK ORDER #1: (dept. name) | WORK ORDER #2: (dept. name) |
|--------------------------------|--|----------------------------|----------------------------|-----------------------------------|-----------------------------------|
| PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION |
| 7/1/10-6/30/11 | 7/1/10-6/30/11 | Term: _____ | Term: _____ | Term: _____ | Term: _____ |
| \$ - | | | | | |
| \$ 1,001 | 1,001 | | | | |
| \$ 270 | 270 | | | | |
| \$ 1,941 | 1,941 | | | | |
| \$ - | | | | | |
| \$ 1,111 | 1,111 | | | | |
| \$ 500 | 500 | | | | |
| \$ 1,200 | 1,200 | | | | |
| \$ - | | | | | |
| \$ - | | | | | |
| \$ - | | | | | |
| \$ - | | | | | |
| \$ - | | | | | |
| \$ - | | | | | |
| \$ - | | | | | |
| \$ 4,997 | 4,997 | | | | |
| \$ - | | | | | |
| \$ - | | | | | |
| \$ 2,400 | 2,400 | | | | |
| TOTAL OPERATING EXPENSE | \$13,420 | \$0 | \$0 | \$0 | \$0 |

| | |
|--|---------|
| Utilities 382 Sq Feet X \$2.62 per = \$1,800 | \$1,001 |
|--|---------|

Building Maintenance:

| | |
|------------------------------------|---------|
| 382 Sq Feet X \$5.08 per = \$1,941 | \$1,941 |
|------------------------------------|---------|

| | |
|------------------|---------|
| Total Occupancy: | \$7,939 |
|------------------|---------|

Materials and Supplies:

Office Supplies:

| | |
|---|-------|
| Based on previous year's experience \$22.50 per month X 12 months = \$270 | \$270 |
|---|-------|

Printing/Reproduction:

Program/Medical Supplies:

| | |
|-------------------------------|-------|
| Total Materials and Supplies: | \$270 |
|-------------------------------|-------|

General Operating:

Insurance:

| | |
|---|---------|
| Total annual agency cost for insurance = \$185,209. This contract represents .6% of total agency funding. $\$185,209 \times .006 = \$1,111$ | \$1,111 |
|---|---------|

Staff Training:

| | |
|-------------------------------|-------|
| One \$500 course for the year | \$500 |
|-------------------------------|-------|

Computer Supplies

| | |
|---|---------|
| Based on previous year's experience \$200 per month X 12 months = \$2,400 | \$2,400 |
|---|---------|

| | |
|--------------------------|---------|
| Total General Operating: | \$4,011 |
|--------------------------|---------|

Staff Travel (Local & Out of Town):

| | |
|--|---------|
| Based on prior year's experience 200 miles per month X 12 months X \$.50 per mile = \$1,200 | \$1,200 |
| | \$1,200 |

Consultants/Subcontractors:

| | |
|-----------------------------------|-----|
| Total Consultants/Subcontractors: | \$0 |
|-----------------------------------|-----|

| | |
|------------------------|----------|
| TOTAL OPERATING COSTS: | \$13,420 |
|------------------------|----------|

| | |
|---|-----|
| CAPITAL EXPENDITURES: <i>(If needed - A unit valued at \$5,000 or more)</i> | \$0 |
|---|-----|

| | |
|--|-----------|
| TOTAL DIRECT COSTS (Salaries & Benefits plus Operating Costs): | \$140,709 |
|--|-----------|

| | |
|----------------|----------|
| INDIRECT COSTS | \$16,885 |
|----------------|----------|

| | |
|-----------------|-----------|
| CONTRACT TOTAL: | \$157,594 |
|-----------------|-----------|

DPH 3: Salaries & Benefits Detail

Provider Number (same as line 7 on DPH 1): 8658
 Provider Name (same as line 8 on DPH 1): Edgewood - Early Childhood MH Start Up

APPENDIX #: B-2a, Page 1
 Document Date: 7/1/10

| POSITION TITLE | TOTAL | | GENERAL FUND & (Agency-generated) OTHER REVENUE | | GRANT #1: (grant title) | | GRANT #2: (grant title) | | WORK ORDER #1: (dept. name) | | WORK ORDER #2: (dept. name) | |
|---------------------------|---|--------------|---|-----------|-------------------------------|----------|-------------------------------|----------|--------------------------------|----------|--------------------------------|----------|
| | Proposed Transaction Term: 7/1/10 - 12/31/10 | | Proposed Transaction Term: 7/1/10 - 12/31/10 | | Proposed Transaction Term: | | Proposed Transaction Term: | | Proposed Transaction Term: | | Proposed Transaction Term: | |
| | FTE | SALARIES | FTE | SALARIES | FTE | SALARIES | FTE | SALARIES | FTE | SALARIES | FTE | SALARIES |
| | 0.00 | \$ - | | | | | | | | | | |
| Program Manager | 0.50 | \$ 16,120.00 | 0.50 | 16,120 | | | | | | | | |
| Mental Health Consultant | 1.00 | \$ 24,960.00 | 1.00 | 24,960 | | | | | | | | |
| Mental Health Consultant | 1.50 | \$ 40,560.00 | 1.50 | 40,560 | | | | | | | | |
| Clinical Supervision | 0.20 | \$ 5,616.00 | 0.20 | 5,616 | | | | | | | | |
| Program Director | 0.16 | \$ 6,400.00 | 0.16 | 6,400 | | | | | | | | |
| Regional Program Director | 0.16 | \$ 7,801.00 | 0.16 | 7,801 | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| TOTALS | 3.52 | \$101,457 | 3.52 | \$101,457 | 0.00 | \$0 | 0.00 | \$0 | 0.00 | \$0 | 0.00 | \$0 |

EMPLOYEE FRINGE BENEFITS

29% \$29,423 29% \$29,423 #DIV/0! #DIV/0! #DIV/0! #DIV/0!

TOTAL SALARIES & BENEFITS

\$130,880 \$130,880 \$0 \$0 \$0 \$0

DPH 4: Operating Expenses Detail

APPENDIX #: B-2a, Page 2
Document Date: 7/1/10

Provider Number (same as line 7 on DPH 1): 8858
Provider Name (same as line 8 on DPH 1): Edgewood - Early Childhood MH Start Up

Expenditure Category

Rental of Property
Utilities(Elec, Water, Gas, Phone, Scavenger)
Office Supplies, Postage
Building Maintenance Supplies and Repair
Printing and Reproduction
Insurance
Staff Training
Staff Travel-(Local & Out of Town)
Rental of Equipment
CONSULTANT/SUBCONTRACTOR (Provide Names,
Dates, Hours & Amounts)

OTHER

Depreciation
Educational Supplies
Food Services
Information Technology

| TOTAL | GENERAL FUND & (Agency- generated) OTHER REVENUE | GRANT #1: (grant title) | GRANT #2: (grant title) | WORK ORDER #1: (dept. name) | WORK ORDER #2: (dept. name) |
|-------------------------|--|----------------------------|----------------------------|-----------------------------------|-----------------------------------|
| PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION |
| 7/1/10-12/31/10 | 7/1/10-12/31/10 | Term: _____ | Term: _____ | Term: _____ | Term: _____ |
| \$ - | | | | | |
| \$ - | | | | | |
| \$ 300 | 300 | | | | |
| \$ - | | | | | |
| \$ - | | | | | |
| \$ - | | | | | |
| \$ - | | | | | |
| \$ - | | | | | |
| \$ - | | | | | |
| \$ - | | | | | |
| \$ - | | | | | |
| \$ - | | | | | |
| \$ - | | | | | |
| \$ - | | | | | |
| \$ - | | | | | |
| \$ 1,498 | 1,498 | | | | |
| \$ 1,800 | 1,800 | | | | |
| \$ 100 | 100 | | | | |
| \$ 3,500 | 3,500 | | | | |
| \$7,198 | \$7,198 | \$0 | \$0 | \$0 | \$0 |

TOTAL OPERATING EXPENSE

CBHS BUDGET JUSTIFICATION

Provider Number: 8858

Provider Name: Edgewood - Early Childhood MH Start Up

Date: 07/01/2010

Fiscal Year: 2010-2011

| Salaries and Benefits | Salaries | FTE |
|---|------------------|-------------|
| Program Manager: Assists the Program Director with all management duties including reporting requirements and treatment plan oversight; Min Req Masters Degree and 3-4 years experience; .5 FTE X \$64,480 per year X 6 months = \$16,120 | \$16,120 | 0.25 |
| Mental Health Consultant: provides group, family and individual treatment; depending on the needs of the clients; Min Req Masters degree and 1-2 years experience; 1 FTE X \$49,920 per year X 6 months = \$24,960 | \$24,960 | 0.50 |
| Mental Health Consultant: provides group, family and individual treatment; depending on the needs of the clients; Min Req Masters degree and 1-2 years experience; 1.5 FTE X \$54,080 per year X 6 months = \$40,560 | \$40,560 | 0.75 |
| Clinical Supervision: Oversees Clinicians, review notes, reviews performance of Clinical workers, Masters and 2 years experience .2 FTE X \$56,160 per year X 6 months = \$5,616 | \$5,616 | 0.10 |
| Program Director: Responsible for all aspects of the program including managing schedules, reporting requirements, treatment plans and fiscal requirement; Min Req Masters degree and 5 years experience including supervisory responsibility; .16 FTE X \$80,000 per year X 6 months = \$6,400 | \$6,400 | 0.08 |
| Regional Program Director: Manages all aspects of a regions Mental Health operations including supervisory, planning, reporting and budgetary responsibility; Min Req Masters Degree and 5 years experience; .16 FTE X \$97,512.50 X 6 months = \$7,801 | \$7,801 | 0.08 |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| TOTAL SALARIES | \$101,457 | 1.76 |
| Benefits at 29% - \$101,457 X .29 = \$29,423 | \$29,423 | |
| | | |
| | | |
| TOTAL BENEFITS | \$29,423 | |
| TOTAL SALARIES & BENEFITS | \$130,880 | 1.76 |

Operating Expenses

Formulas to be expressed with FTE's, square footage, or % of program within agency - not as a

Occupancy:Rent:

| | |
|--|---------|
| Depreciation 229 Sq Feet X \$ 13.08 per X 6 months = \$1,498 | \$1,498 |
|--|---------|

Utilities:Building Maintenance:

| | |
|-------------------------|----------------|
| Total Occupancy: | \$1,498 |
|-------------------------|----------------|

Materials and Supplies:Office Supplies:

| | |
|--|-------|
| Based on previous experience with program start ups \$50 per month X 6 = \$300 | \$300 |
|--|-------|

Printing/Reproduction:Program/Medical Supplies:

| | |
|--|---------|
| Educational Supplies based on previous experience with program start ups | \$1,800 |
|--|---------|

| | |
|--------------------------------------|--|
| \$300 per month X 6 months = \$1,800 | |
|--------------------------------------|--|

| | |
|---|-------|
| Estimate for food during start up based on experience with other programs | \$100 |
|---|-------|

| | |
|--------------------------------------|----------------|
| Total Materials and Supplies: | \$2,200 |
|--------------------------------------|----------------|

General Operating:Insurance:Staff Training:Computer Supplies

| | |
|---|---------|
| Purchase of three laptop computers and additional smaller needed supplies | \$3,500 |
|---|---------|

| | |
|---------------------------------|----------------|
| Total General Operating: | \$3,500 |
|---------------------------------|----------------|

Staff Travel (Local & Out of Town):

\$0

Consultants/Subcontractors:

Total Consultants/Subcontractors: \$0

TOTAL OPERATING COSTS: \$7,198

CAPITAL EXPENDITURES: (If needed - A unit valued at \$5,000 or more) \$0

TOTAL DIRECT COSTS (Salaries & Benefits plus Operating Costs): \$138,078

INDIRECT COSTS: \$16,569

CONTRACT TOTAL: \$154,647

DPH 3: Salaries & Benefits Detail

Provider Number (same as line 7 on DPH 1): 8858
 Provider Name (same as line 8 on DPH 1): Edgewood - Early Childhood MH

APPENDIX #: B-2b, Page 1
 Document Date: 7/1/10

| POSITION TITLE | TOTAL | | GENERAL FUND & (Agency-generated) OTHER REVENUE | | GRANT #1: (grant title) | | GRANT #2: (grant title) | | WORK ORDER #1: (dept. name) | | WORK ORDER #2: (dept. name) | |
|---------------------------|---|--------------|---|-----------|-------------------------------|----------|-------------------------------|----------|--------------------------------|----------|--------------------------------|----------|
| | Proposed Transaction Term: 1/1/11 - 06/30/11 | | Proposed Transaction Term: 1/1/11 - 06/30/11 | | Proposed Transaction Term: | | Proposed Transaction Term: | | Proposed Transaction Term: | | Proposed Transaction Term: | |
| | FTE | SALARIES | FTE | SALARIES | FTE | SALARIES | FTE | SALARIES | FTE | SALARIES | FTE | SALARIES |
| | 0.00 | \$ - | | | | | | | | | | |
| Program Manager | 0.18 | \$ 5,803.00 | 0.18 | 5,803 | | | | | | | | |
| Mental Health Consultant | 3.00 | \$ 74,880.00 | 3.00 | 74,880 | | | | | | | | |
| Mental Health Consultant | 1.00 | \$ 27,040.00 | 1.00 | 27,040 | | | | | | | | |
| Clinical Supervision | 0.20 | \$ 5,616.00 | 0.20 | 5,616 | | | | | | | | |
| Program Director | 0.16 | \$ 6,400.00 | 0.16 | 6,400 | | | | | | | | |
| Regional Program Director | 0.16 | \$ 7,801.00 | 0.16 | 7,801 | | | | | | | | |
| Research Associate | 0.32 | \$ 9,122.00 | 0.32 | 9,122 | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| TOTALS | 5.02 | \$136,662 | 5.02 | \$136,662 | 0.00 | \$0 | 0.00 | \$0 | 0.00 | \$0 | 0.00 | \$0 |

EMPLOYEE FRINGE BENEFITS

29% \$39,632 29% \$39,632 #DIV/0! #DIV/0! #DIV/0! #DIV/0!

TOTAL SALARIES & BENEFITS

\$176,294 \$176,294 \$0 \$0 \$0 \$0

DPH 4: Operating Expenses Detail

APPENDIX #: B-2b, Page 2
Document Date: 7/1/10

Provider Number (same as line 7 on DPH 1): 8858
Provider Name (same as line 8 on DPH 1): Edgewood - Early Childhood MH

Expenditure Category

Rental of Property
Utilities(Elec, Water, Gas, Phone, Scavenger)
Office Supplies, Postage
Building Maintenance Supplies and Repair
Printing and Reproduction
Insurance
Staff Training
Staff Travel-(Local & Out of Town)
Rental of Equipment
CONSULTANT/SUBCONTRACTOR (Provide Names,
Dates, Hours & Amounts).

OTHER

Depreciation
Educational Supplies
Food Services
Information Technology

| TOTAL | GENERAL FUND & (Agency- generated) OTHER REVENUE | GRANT #1: (grant title) | GRANT #2: (grant title) | WORK ORDER #1: (dept. name) | WORK ORDER #2: (dept. name) |
|--------------------------------|--|----------------------------|----------------------------|--------------------------------|--------------------------------|
| PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION |
| 1/1/11-6/30/11 | 1/1/11-6/30/11 | Term: | Term: | Term: | Term: |
| \$ - | | | | | |
| \$ - | | | | | |
| \$ 300 | 300 | | | | |
| \$ - | | | | | |
| \$ - | | | | | |
| \$ - | | | | | |
| \$ - | | | | | |
| \$ - | | | | | |
| \$ - | | | | | |
| \$ - | | | | | |
| \$ - | | | | | |
| \$ - | | | | | |
| \$ - | | | | | |
| \$ - | | | | | |
| \$ - | | | | | |
| \$ - | | | | | |
| \$ 1,498 | 1,498 | | | | |
| \$ 300 | 300 | | | | |
| \$ 300 | 300 | | | | |
| \$ 1,146 | 1,146 | | | | |
| TOTAL OPERATING EXPENSE | \$3,544 | \$3,544 | \$0 | \$0 | \$0 |

CBHS BUDGET JUSTIFICATION

Provider Number: 8858

Provider Name: Edgewood - Early Childhood MH

Date: 07/01/201

Fiscal Year: 2010-2011

| Salaries and Benefits | Salaries | FTE |
|---|------------------|-------------|
| Program Manager: Assists the Program Director with all management duties including reporting requirements and treatment plan oversight; Min Req Masters Degree and 3-4 years' experience; .18 FTE X \$64,480 per year X 6 months = \$5,803 | \$5,803 | 0.18 |
| Mental Health Consultant: provides group, family and individual treatment, depending on the needs of the clients; Min Req Masters degree and 1-2 years experience; 1 FTE X \$49,920 per year X 6 months = \$24,960 | \$74,880 | 3.00 |
| Mental Health Consultant: provides group, family and individual treatment, depending on the needs of the clients; Min Req Masters degree and 1-2 years experience; 1.5 FTE X \$54,080 per year X 6 months = \$40,560 | \$27,040 | 1.00 |
| Clinical Supervision: Oversees Clinicians, review notes, reviews performance of Clinical workers, Masters and 2 years experience .2 FTE X \$56,160 per year X 6 months = \$5,616 | \$5,616 | 0.20 |
| Program Director: Responsible for all aspects of the program including managing schedules, reporting requirements, treatment plans and fiscal requirement; Min Req Masters degree and 5 years experience including supervisory responsibility; .16 FTE X \$80,000 per year X 6 months = \$6,400 | \$6,400 | 0.08 |
| Regional Program Director: Manages all aspects of a regions Mental Health operations including supervisory, planning, reporting and budgetary responsibility; Min Req Masters Degree and 5 years experience; .16 FTE X \$97,512.50 X 6 months = \$7,801 | \$7,801 | 0.08 |
| Research Associate: Designs assesment materials, evaluates all service report results; Min Req Doctoral degree; .32 FTE X \$57,012 per year X 6 months = \$9,122 | \$9,122 | 0.32 |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| TOTAL SALARIES | \$136,662 | 4.86 |
| Benefits at 29% - \$136,662 X .29 = \$39,632 | \$39,632 | |
| | | |
| | | |
| TOTAL BENEFITS | \$39,632 | |
| TOTAL SALARIES & BENEFITS | \$176,294 | 4.86 |

Operating Expenses

Formulas to be expressed with FTE's, square footage, or % of program within agency - not as a
Occupancy:

Rent:

| | |
|--|---------|
| Depreciation 229 Sq Feet X \$ 13.08 per X 6 months = \$1,498 | \$1,498 |
|--|---------|

Utilities:Building Maintenance:

| | |
|------------------|---------|
| Total Occupancy: | \$1,498 |
|------------------|---------|

Materials and Supplies:Office Supplies:

| | |
|--|-------|
| Based on previous year's experience \$50 per month X 6 = \$300 | \$300 |
|--|-------|

Printing/Reproduction:Program/Medical Supplies:

| | |
|---|-------|
| Educational Supplies based on previous year's experience \$50 per month X 6 months = \$300 | \$300 |
|---|-------|

| | |
|---|-------|
| Food for clients based on previous year's experience \$50 per month X 6 months = \$300 | \$300 |
|---|-------|

| | |
|-------------------------------|-------|
| Total Materials and Supplies: | \$900 |
|-------------------------------|-------|

General Operating:Insurance:Staff Training:Computer Supplies

| | |
|--|---------|
| Based on previous year's experience \$191 per month X 6 months = \$1,146 | \$1,146 |
|--|---------|

| | |
|--------------------------|---------|
| Total General Operating: | \$1,146 |
|--------------------------|---------|

Staff Travel (Local & Out of Town):

\$0

Consultants/Subcontractors:

Total Consultants/Subcontractors: \$0

TOTAL OPERATING COSTS: \$3,544

CAPITAL EXPENDITURES: *(if needed - A unit valued at \$5,000 or more)* \$0

TOTAL DIRECT COSTS (Salaries & Benefits plus Operating Costs): \$179,838

INDIRECT COSTS: \$21,581

CONTRACT TOTAL: \$201,419

DPH 3: Salaries & Benefits Detail

Provider Number (same as line 7 on DPH 1): 8858
 Provider Name (same as line 8 on DPH 1): Edgewood - Day Treatment DTI Day 88585

APPENDIX #: B-3a, Page 1
 Document Date: 07/01/10

| POSITION TITLE | TOTAL | | GENERAL FUND & (Agency-generated) OTHER REVENUE | | GRANT #1: (grant title) | | GRANT #2: (grant title) | | WORK ORDER #1: (dept. name) | | WORK ORDER #2: (dept. name) | |
|------------------------------|--|---------------|---|-----------|-------------------------------|----------|-------------------------------|----------|--------------------------------|----------|--------------------------------|----------|
| | 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 |
| Intensive Manager | 0.50 | \$ 30,798.00 | 0.50 | 30,798 | | | | | | | | |
| Medical Director | 0.14 | \$ 23,101.00 | 0.14 | 23,101 | | | | | | | | |
| Clinical Supervision | 0.40 | \$ 30,600.00 | 0.40 | 30,600 | | | | | | | | |
| Relief Staff | 0.60 | \$ 16,848.00 | 0.60 | 16,848 | | | | | | | | |
| Teacher Asst. Counselors | 4.00 | \$ 111,305.00 | 4.00 | 111,305 | | | | | | | | |
| Mental Health Specialists | 3.40 | \$ 134,018.00 | 3.40 | 134,018 | | | | | | | | |
| Therapist & Care Manager | 4.00 | \$ 191,880.00 | 4.00 | 191,880 | | | | | | | | |
| Assistant Treatment Managers | 1.00 | \$ 49,037.00 | 1.00 | 49,037 | | | | | | | | |
| Treatment Manager | 0.30 | \$ 18,408.00 | 0.30 | 18,408 | | | | | | | | |
| QA Manager | 0.15 | \$ 11,818.00 | 0.15 | 11,818 | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| TOTALS | 14.49 | \$617,813 | 14.49 | \$617,813 | 0.00 | \$0 | 0.00 | \$0 | 0.00 | \$0 | 0.00 | \$0 |

EMPLOYEE FRINGE BENEFITS.

| | | | | | | | | | | | |
|-----|-----------|-----|-----------|---------|--|---------|--|---------|--|---------|--|
| 29% | \$179,166 | 29% | \$179,166 | #DIV/0! | | #DIV/0! | | #DIV/0! | | #DIV/0! | |
|-----|-----------|-----|-----------|---------|--|---------|--|---------|--|---------|--|

TOTAL SALARIES & BENEFITS

| | | | | | |
|-----------|-----------|-----|-----|-----|-----|
| \$796,979 | \$796,979 | \$0 | \$0 | \$0 | \$0 |
|-----------|-----------|-----|-----|-----|-----|

DPH 4: Operating Expenses Detail

APPENDIX #: B-3a, Page 2
Document Date: 7/1/10

Provider Number (same as line 7 on DPH 1): 8858
Provider Name (same as line 8 on DPH 1): Edgewood - Day Treatment DTI Day 88585

| | TOTAL | GENERAL FUND & (Agency- generated) OTHER REVENUE | GRANT #1: (grant title) | GRANT #2: (grant title) | WORK ORDER #1: (dept. name) | WORK ORDER #2: (dept. name) |
|---|-------------------------|--|----------------------------|----------------------------|-----------------------------------|-----------------------------------|
| | PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION |
| | 7/1/10-6/30/10 | 7/1/10-6/30/10 | Term: _____ | Term: _____ | Term: _____ | Term: _____ |
| Expenditure Category | | | | | | |
| Rental of Property | \$ - | | | | | |
| Utilities(Elec, Water, Gas, Phone, Scavenger) | \$ 5,858 | 5,858 | | | | |
| Office Supplies, Postage | \$ 1,224 | 1,224 | | | | |
| Building Maintenance Supplies and Repair | \$ 11,359 | 11,359 | | | | |
| Printing and Reproduction | \$ - | | | | | |
| Insurance | \$ 7,038 | 7,038 | | | | |
| Staff Training | \$ 2,000 | 2,000 | | | | |
| Staff Travel-(Local & Out of Town) | \$ 1,800 | 1,800 | | | | |
| Rental of Equipment | \$ - | | | | | |
| CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts) | \$ - | | | | | |
| UCSF Interns | \$ 9,000 | 9,000 | | | | |
| | \$ - | | | | | |
| | \$ - | | | | | |
| | \$ - | | | | | |
| | \$ - | | | | | |
| OTHER | \$ - | | | | | |
| | \$ - | | | | | |
| Depreciation | \$ 29,247 | 29,247 | | | | |
| Food Services | \$ 20,880 | 20,880 | | | | |
| Children's supplies: Reinforcements and rewards | \$ 4,380 | 4,380 | | | | |
| Information Technology | \$ 13,992 | 13,992 | | | | |
| TOTAL OPERATING EXPENSE | \$106,778 | \$106,778 | \$0 | \$0 | \$0 | \$0 |

CBHS BUDGET JUSTIFICATION

Provider Number: 8858

Provider Name: Edgewood - Day Treatment DTI Day 88585

Date: 07/01/2010

Fiscal Year: 2010-2011

Salaries and Benefits

Salaries FTE

| | | |
|--|------------------|--------------|
| Intensive Manager: Oversees all Intensive Services Programs; Min Rq MSW or Masters in Psych, 2 experience working with children; .5 FTE X \$61,596 per year = \$30,798 | \$30,798 | 0.50 |
| Medical Director: Manages Medical and Psychiatry for Agency, Min Req License to practice medicine: .14 FTE X \$165,006 per year = \$23,101 | \$23,101 | 0.14 |
| Clinical Supervision: Oversees Clinicians, review notes, reviews performance of Clinical workers, Masters and 2 years experience; .4 FTE X \$76,500 per year = \$30,600 | \$30,600 | 0.50 |
| Relief Staff: Per Diem employees who step into positions vacated due to illness or unscheduled time off, Min Req High School Diploma or GED; .6 FTE X \$28,080 per year = \$16,848 | \$16,848 | 0.60 |
| Teachers Asst. Counselors: Provides support for the clients before and after school day and during meals, Min Req Bachelors and work experience in Residential, day care or child censored agency; 4 FTE X \$27,826.25 per year = \$111,305 per year | \$111,305 | 4.00 |
| Mental Health Specialist, responsible for providing counseling and support for clients, Min Req MA and 2 years experience; 3.4 FTE X \$39,417 per year = \$134,018 | \$134,018 | 3.40 |
| Therapist and Care Manager responsible for providing direct clinical and care management services, Min Req MSW or Masters and a current LCSW or MFT license: 4 FTE X \$47,970 per year = \$191,880 | \$191,880 | 4.00 |
| Assistant Treatment Manager responsible for the creation and maintenance of treatment plans and documentation, Min Req MA and 2 years experience or BA and 4 years experience or AA and six years experience : 1 FTE X \$49,037 per year = \$49,037 | \$49,037 | 1.00 |
| Treatment Manager, functions as a single point of accountability in the Residential Program for all supervisory, clinical and admin functions, Min Req MSW or Masters and 2 years experience, LCSW/MFT or similar license: .3 FTE X \$61,360 per year = \$18,408 | \$18,408 | 0.30 |
| QA Manager: Responsible for all QACQI requirements, Min Req Bachelors Degree and 2 years experience: .15 FTE X \$78,790 per year = \$11,818 | \$11,818 | 0.15 |
| TOTAL SALARIES | \$617,813 | 14.59 |

| | | |
|---|------------------|--|
| Benefits at 29% - \$617,813 X .29 = \$179,166 | \$179,166 | |
| | | |
| | | |
| TOTAL BENEFITS | \$179,166 | |

TOTAL SALARIES & BENEFITS \$796,979 14.59

Operating Expenses

Formulas to be expressed with FTE's, square footage, or % of program within agency - not as a
Occupancy:

Rent:

| | |
|--|----------|
| Depreciation 2,236 Sq Feet X \$ 13.08 per = \$29,247 | \$29,247 |
|--|----------|

Utilities:

| | |
|--|---------|
| Utilities 2,236 Sq Feet X \$2.62 per = \$5,858 | \$5,858 |
|--|---------|

Building Maintenance:

| | |
|---------------------------------------|----------|
| 2,236 Sq Feet X \$5.08 per = \$11,359 | \$11,359 |
|---------------------------------------|----------|

Total Occupancy: \$46,464

Materials and Supplies:

Office Supplies:

| | |
|---|---------|
| Based on previous year's experience \$102 per month X 12 months = \$1,224 | \$1,224 |
|---|---------|

Printing/Reproduction:

Program/Medical Supplies:

| | |
|---|---------|
| Children's Supplies/Incentives based on previous year's experience \$365 per month X 12 months = \$4,380 | \$4,380 |
|---|---------|

| | |
|---|----------|
| Food for clients estimate based on previous year's experience \$1,740 per month X 12 months = \$20,880 | \$20,880 |
|---|----------|

Total Materials and Supplies: \$26,484

General Operating:

Insurance:

| | |
|--|---------|
| Total annual agency cost for insurance = \$185,209. This contract represents 3.8% of total agency funding. \$185,209 X .038 = \$7,038 | \$7,038 |
|--|---------|

Staff Training:

| | |
|--|---------|
| Four training courses throughout year X \$500 per course | \$2,000 |
|--|---------|

Computer Supplies

| | |
|--|----------|
| Based on previous year's experience \$1,166 per month X 12 months = \$13,992 | \$13,992 |
|--|----------|

Total General Operating: \$23,030

Staff Travel (Local & Out of Town):

| | |
|--|----------------|
| Based on prior year's experience 300 miles per month X 42 months X | \$1,800 |
| \$.50 per mile = \$1,800 | |
| | \$1,800 |

Consultants/Subcontractors:

| | |
|--|---------|
| UCSF Interns: \$90,000 total budget for Agency for five interns = \$18,000 | \$9,000 |
| per intern X .5 FTE = \$9,000 | |

Total Consultants/Subcontractors: \$9,000

TOTAL OPERATING COSTS: \$106,778

CAPITAL EXPENDITURES: (If needed - A unit valued at \$5,000 or more) \$0

TOTAL DIRECT COSTS (Salaries & Benefits plus Operating Costs): \$903,757

INDIRECT COSTS: \$108,452

CONTRACT TOTAL: \$1,012,209

DPH 3: Salaries & Benefits Detail

Provider Number (same as line 7 on DPH 1): 8858
 Provider Name (same as line 8 on DPH 1): Edgewood - Day Treatment MHS Day 8858OP

APPENDIX #: B-3b1, Page 1
 Document Date: 7/1/10

| POSITION TITLE | TOTAL | | GENERAL FUND & (Agency-generated) OTHER REVENUE | | GRANT #1: (grant title) | | GRANT #2: (grant title) | | WORK ORDER #1: (dept. name) | | WORK ORDER #2: (dept. name) | |
|---------------------------|--|--------------|---|----------|-------------------------------------|----------|-------------------------------------|----------|-------------------------------------|----------|-------------------------------------|----------|
| | 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 |
| Clinical Supervisor | 0.05 | \$ 3,120.00 | 0.05 | 3,120 | | | | | | | | |
| Therapists/Care Managers | 0.27 | \$ 12,690.00 | 0.27 | 12,690 | | | | | | | | |
| Group Therapy Coordinator | 0.10 | \$ 5,469.90 | 0.10 | 5,470 | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| TOTALS | 0.42 | \$21,280 | 0.42 | \$21,280 | 0.00 | \$0 | 0.00 | \$0 | 0.00 | \$0 | 0.00 | \$0 |

EMPLOYEE FRINGE BENEFITS -29% \$6,171 29% \$6,171 #DIV/0! #DIV/0! #DIV/0! #DIV/0!

TOTAL SALARIES & BENEFITS \$27,451 \$27,451 \$0 \$0 \$0 \$0

DPH 4: Operating Expenses Detail

APPENDIX #: B-3b1, Page 2
Document Date: 7/1/10

Provider Number (same as line 7 on DPH 1): 8858

Provider Name (same as line 8 on DPH 1): Edgewood - Day Treatment MHS Day 8858OP

Expenditure Category

Rental of Property

Utilities(Elec, Water, Gas, Phone, Scavenger)

Office Supplies, Postage

Building Maintenance Supplies and Repair

Printing and Reproduction

Insurance

Staff Training

Staff Travel-(Local & Out of Town)

Rental of Equipment

CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)

OTHER

Depreciation

Therapy Supplies

Information Technology

| TOTAL | GENERAL FUND & (Agency-generated) OTHER REVENUE | GRANT #1: (grant title) | GRANT #2: (grant title) | WORK ORDER #1: (dept. name) | WORK ORDER #2: (dept. name) |
|--------------------------------|--|----------------------------|----------------------------|-----------------------------------|-----------------------------------|
| PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION |
| 7/1/10-6/30/11 | 7/1/10-6/30/11 | Term: _____ | Term: _____ | Term: _____ | Term: _____ |
| \$ - | | | | | |
| \$ 252 | 252 | | | | |
| \$ - | | | | | |
| \$ 489 | 489 | | | | |
| \$ - | | | | | |
| \$ 278 | 278 | | | | |
| \$ - | | | | | |
| \$ 900 | 900 | | | | |
| \$ - | | | | | |
| \$ - | | | | | |
| \$ - | | | | | |
| \$ - | | | | | |
| \$ - | | | | | |
| \$ - | | | | | |
| \$ - | | | | | |
| \$ 1,259 | 1,259 | | | | |
| \$ - | | | | | |
| \$ 450 | 450 | | | | |
| \$ 298 | 298 | | | | |
| TOTAL OPERATING EXPENSE | \$3,926 | \$3,926 | \$0 | \$0 | \$0 |

DPH 3: Salaries & Benefits Detail

Provider Number (same as line 7 on DPH 1): 8858
 Provider Name (same as line 8 on DPH 1): Edgewood - Day Treatment MSS Day 8858OP

APPENDIX #: B-3b2, Page 1
 Document Date: 7/1/10

| POSITION TITLE | TOTAL | | GENERAL FUND & (Agency-generated) OTHER REVENUE | | GRANT #1: (grant title) | | GRANT #2: (grant title) | | WORK ORDER #1: (dept. name) | | WORK ORDER #2: (dept. name) | |
|--------------------|--|--------------|---|----------|--------------------------------|----------|--------------------------------|----------|------------------------------------|----------|------------------------------------|----------|
| | 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 |
| Nurses | 0.50 | \$ 32,200.00 | 0.50 | 32,200 | | | | | | | | |
| Nursing Supervisor | 0.20 | \$ 15,974.40 | 0.20 | 15,974 | | | | | | | | |
| Medical Director | 0.07 | \$ 11,550.00 | 0.07 | 11,550 | | | | | | | | |
| QA Manager | 0.05 | \$ 3,300.00 | 0.05 | 3,300 | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| TOTALS | 0.82 | \$63,024 | 0.82 | \$63,024 | 0.00 | \$0 | 0.00 | \$0 | 0.00 | \$0 | 0.00 | \$0 |

EMPLOYEE FRINGE BENEFITS

| | | | | | | | | | | | |
|-----|----------|-----|----------|---------|--|---------|--|---------|--|---------|--|
| 29% | \$18,277 | 29% | \$18,277 | #DIV/0! | | #DIV/0! | | #DIV/0! | | #DIV/0! | |
|-----|----------|-----|----------|---------|--|---------|--|---------|--|---------|--|

TOTAL SALARIES & BENEFITS

| | | | | | |
|----------|----------|-----|-----|-----|-----|
| \$81,301 | \$81,301 | \$0 | \$0 | \$0 | \$0 |
|----------|----------|-----|-----|-----|-----|

DPH 4: Operating Expenses Detail

APPENDIX #: B-3b2, Page 2
Document Date: 7/1/10

Provider Number (same as line 7 on DPH 1): 8858

Provider Name (same as line 8 on DPH 1): Edgewood - Day Treatment MSS Day 8858OP

Expenditure Category

Rental of Property
Utilities(Elec, Water, Gas, Phone, Scavenger)
Office Supplies, Postage
Building Maintenance Supplies and Repair
Printing and Reproduction
Insurance
Staff Training
Staff Travel-(Local & Out of Town)
Rental of Equipment
CONSULTANT/SUBCONTRACTOR (Provide Names,
Dates, Hours & Amounts)
UCSF Interns
OTHER
Depreciation
Medical Supplies
Information Technology

| TOTAL | GENERAL FUND & (Agency- generated) OTHER REVENUE | GRANT #1: (grant title) | GRANT #2: (grant title) | WORK ORDER #1: (dept. name) | WORK ORDER #2: (dept. name) |
|--------------------------------|--|----------------------------|----------------------------|-----------------------------------|-----------------------------------|
| PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION |
| 7/1/10-6/30/11 | 7/1/10-6/30/11 | Term: _____ | Term: _____ | Term: _____ | Term: _____ |
| \$ - | | | | | |
| \$ 757 | 757 | | | | |
| \$ 300 | 300 | | | | |
| \$ 1,467 | 1,467 | | | | |
| \$ - | | | | | |
| \$ 833 | 833 | | | | |
| \$ - | | | | | |
| \$ - | | | | | |
| \$ - | | | | | |
| \$ - | | | | | |
| \$ - | | | | | |
| \$ - | | | | | |
| \$ - | | | | | |
| \$ 24,300 | 24,300 | | | | |
| \$ - | | | | | |
| \$ - | | | | | |
| \$ - | | | | | |
| \$ - | | | | | |
| \$ 3,777 | 3,777 | | | | |
| \$ - | | | | | |
| \$ 2,052 | 2,052 | | | | |
| \$ 5,390 | 5,390 | | | | |
| TOTAL OPERATING EXPENSE | \$38,876 | \$38,876 | \$0 | \$0 | \$0 |

CBHS BUDGET JUSTIFICATION

Provider Number: 8858

Provider Name: Edgewood - Day Treatment Day 8858OP

Date: 07/01/2010

Fiscal Year: 2010-2011

Salaries and Benefits

Salaries

FTE

| | | |
|---|-----------------|-------------|
| Clinical Supervisor: Oversees Clinicians, review notes, reviews performance of Clinical workers, Masters and 2 years experience .05 FTE X \$62,400 per year = \$3,120 | \$3,120 | 0.05 |
| Therapist/Care Manager: responsible for providing direct clinical and care management services, Min Req MSW or Masters and a current LCSW or MFT license.27 FTE X \$47,000 per year = \$12,690 | \$12,690 | 0.27 |
| Group Therapy Coordinator: Schedules and Facilitates group therapy sessions; Min Req MSW or Masters Degree and 2 years experience: .1 FTE X \$54,700 per year = \$5,470 | \$5,470 | 0.10 |
| Nurse: Provides direct patient care, Min Req Valid Calif License as an RN, BSN preferred with 3 to 5 years experience .5 FTE X \$64,400 per year = \$32,200 | \$32,200 | 0.50 |
| Nursing Supervisor: Provides supervision for the nursing staff, also responsible for oversite of medical supplies and equipment; Min Req RN with License and 2 years experience in addition to 2 years of supervisory experience: .2 FTE X \$79,872 per year = \$15,974 | \$15,974 | 0.20 |
| Medical Director: Manages Medical and Psychiatry for Agency, Min Req License to practice medicine: .07 FTE X \$165,006 per year = \$11,550 | \$11,550 | 0.07 |
| QA Manager: Responsible for all QA/CQI requirements, Min Req Bachelors Degree and 2 years experience: .04 FTE X \$82,493 per year = \$3,300 | \$3,300 | 0.04 |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| TOTAL SALARIES | \$84,304 | 1.23 |

| | | |
|---|-----------------|--|
| Benefits at 29% - \$84,304 X .29 = \$24,448 | \$24,448 | |
| | | |
| | | |
| TOTAL BENEFITS | \$24,448 | |

TOTAL SALARIES & BENEFITS \$108,752 1.23

Operating Expenses

Formulas to be expressed with FTE's, square footage, or % of program within agency - not as a

Occupancy:

Rent:

| | |
|---|---------|
| Depreciation 385 Sq Feet X \$ 13.08 per = \$5,036 | \$5,036 |
|---|---------|

Utilities:

| | |
|--|---------|
| Utilities 385 Sq Feet X \$2.62 per = \$1,009 | \$1,009 |
|--|---------|

Building Maintenance:

| | |
|------------------------------------|---------|
| 385 Sq Feet X \$5.08 per = \$1,956 | \$1,956 |
|------------------------------------|---------|

| | |
|-------------------------|----------------|
| Total Occupancy: | \$8,001 |
|-------------------------|----------------|

Materials and Supplies:

Office Supplies:

| | |
|--|-------|
| Based on previous year's experience \$25 per month X 12 months = \$300 | \$300 |
|--|-------|

Printing/Reproduction:

Program/Medical Supplies:

| | |
|--|---------|
| Medical/Therapy Supplies based on previous year's experience | \$2,502 |
|--|---------|

| | |
|--|--|
| \$208.50 per month X 12 months = \$2,502 | |
|--|--|

| | |
|--------------------------------------|----------------|
| Total Materials and Supplies: | \$2,802 |
|--------------------------------------|----------------|

General Operating:

Insurance:

| | |
|--|---------|
| Total annual agency cost for insurance = \$185,209. This contract represents 0.06% of total agency funding. \$185,209 X .006 = \$1,111 | \$1,111 |
|--|---------|

Staff Training:

Computer Supplies

| | |
|---|---------|
| Based on previous year's experience \$474 per month X 12 months = \$5,688 | \$5,688 |
|---|---------|

| | |
|---------------------------------|----------------|
| Total General Operating: | \$6,799 |
|---------------------------------|----------------|

Staff Travel (Local & Out of Town):

| | |
|--|-------|
| Based on prior year's experience 150 miles per month X 12 months X | \$900 |
|--|-------|

| | |
|------------------------|--|
| \$.50 per mile = \$900 | |
|------------------------|--|

| |
|--------------|
| \$900 |
|--------------|

Consultants/Subcontractors:

| | |
|--|----------|
| UCSF Interns: \$90,000 total budget for Agency for five interns = \$18,000 | \$24,300 |
| per intern X 1.35 FTE = \$24,300 | |

| | |
|-----------------------------------|----------|
| Total Consultants/Subcontractors: | \$24,300 |
|-----------------------------------|----------|

| | |
|------------------------|----------|
| TOTAL OPERATING COSTS: | \$42,802 |
|------------------------|----------|

| | |
|--|-----|
| CAPITAL EXPENDITURES: (If needed - A unit valued at \$5,000 or more) | \$0 |
|--|-----|

| | |
|--|-----------|
| TOTAL DIRECT COSTS (Salaries & Benefits plus Operating Costs): | \$151,554 |
|--|-----------|

| | |
|-----------------|----------|
| INDIRECT COSTS: | \$17,672 |
|-----------------|----------|

| | |
|-----------------|-----------|
| CONTRACT TOTAL: | \$169,226 |
|-----------------|-----------|

DPH 3: Salaries & Benefits Detail

Provider Number (same as line 7 on DPH.1): 8856
 Provider Name (same as line 8 on DPH.1): Edgewood - PIP Consultation

APPENDIX #: B-4a, Page 1
 Document Date: 7/1/10

| POSITION TITLE | TOTAL | | GENERAL FUND & (Agency-generated) OTHER REVENUE | | GRANT #1: | | GRANT #2: | | 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: | | Proposed Transaction Term: | | Proposed Transaction Term: | | Proposed Transaction Term: | |
| | FTE | SALARIES | FTE | SALARIES | FTE | SALARIES | FTE | SALARIES | FTE | SALARIES | FTE | SALARIES |
| Prevention Unit Manager | 0.28 | \$ 17,632.00 | 0.28 | 17,632 | | | | | | | | |
| Behavior Coach | 0.39 | \$ 13,385.00 | 0.39 | 13,385 | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| TOTALS | 0.67 | \$31,017 | 0.67 | \$31,017 | 0.00 | \$0 | 0.00 | \$0 | 0.00 | \$0 | 0.00 | \$0 |

EMPLOYEE FRINGE BENEFITS 29% \$8,995 29% \$8,995 #DIV/0! #DIV/0! #DIV/0! #DIV/0!

TOTAL SALARIES & BENEFITS \$40,012 \$40,012 \$0 \$0 \$0 \$0

DPH 4: Operating Expenses Detail

APPENDIX #: B-4a, page 2
Document Date: 7/1/10

Provider Number (same as line 7 on DPH 1): 8858
Provider Name (same as line 8 on DPH 1): Edgewood - PIP Consultation

Expenditure Category

Rental of Property
Utilities(Elec, Water, Gas, Phone, Scavenger)
Office Supplies, Postage
Building Maintenance Supplies and Repair
Printing and Reproduction
Insurance
Staff Training
Staff Travel-(Local & Out of Town)
Rental of Equipment
CONSULTANT/SUBCONTRACTOR (Provide Names,
Dates, Hours & Amounts)
UCSF Interns
OTHER
Depreciation
Education Supplies
Information Technology

| TOTAL | GENERAL FUND & (Agency- generated) OTHER REVENUE | GRANT #1: (grant title) | GRANT #2: (grant title) | WORK ORDER #1: _____ (dept. name) | WORK ORDER #2: _____ (dept. name) |
|--------------------------------|--|----------------------------|----------------------------|---|---|
| PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION |
| 7/1/10-6/30/11 | 7/1/10-6/30/11 | Term: _____ | Term: _____ | Term: _____ | Term: _____ |
| \$ - | | | | | |
| \$ 149 | 149 | | | | |
| \$ 300 | 300 | | | | |
| \$ 290 | 290 | | | | |
| \$ - | | | | | |
| \$ 392 | 392 | | | | |
| \$ 500 | 500 | | | | |
| \$ - | | | | | |
| \$ - | | | | | |
| \$ - | | | | | |
| \$ - | | | | | |
| \$ - | | | | | |
| \$ - | | | | | |
| \$ - | | | | | |
| \$ - | | | | | |
| \$ 746 | 746 | | | | |
| \$ 1,200 | 1,200 | | | | |
| \$ - | | | | | |
| \$ 1,068 | 1,068 | | | | |
| TOTAL OPERATING EXPENSE | \$4,645 | \$4,645 | \$0 | \$0 | \$0 |

CBHS BUDGET JUSTIFICATION

Provider Number: 8858

Provider Name: Edgewood - PIP Consultation

Date: 07/01/2010

Fiscal Year: 2010-2011

| Salaries and Benefits | Salaries | FTE |
|---|-----------------|-------------|
| Manager, Prevention Unit: Provides high level support to clients and management support to the Program Director/Manager; Min Req 2 years field experience including 1 year supervisory experience; .28 FTE X \$60,800 per year = \$17,632 | \$17,632 | 0.28 |
| Behavior Coach: Provides one-on-one assesment of writing of behavior support plan and preventions; Min Req Bachelors degree and 2 years experience; .39 FTE X \$34,320 per year = \$13,385 | \$13,385 | 0.39 |
| | | |
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| | | |
| | | |
| | | |
| | | |
| | | |
| TOTAL SALARIES | \$31,017 | 0.67 |
| Benefits at 29% - \$31,017 X .29 = \$8,995 | \$8,995 | |
| | | |
| | | |
| TOTAL BENEFITS | \$8,995 | |
| TOTAL SALARIES & BENEFITS | \$40,012 | 0.67 |

Operating Expenses

Formulas to be expressed with FTE's, square footage, or % of program within agency - not as a

Occupancy:

Rent:

| | |
|--|-------|
| Depreciation 57 Sq Feet X \$ 13.08 per = \$746 | \$746 |
| <u>Utilities:</u> | |
| Utilities 57 Sq Feet X \$2.62 per = \$149 | \$149 |
| <u>Building Maintenance:</u> | |
| 57 Sq Feet X \$5.08 per = \$290 | \$290 |

Total Occupancy: \$1,185

Materials and Supplies:

Office Supplies:

Based on previous year's experience \$25 per month X 12 = \$300 \$300

Printing/Reproduction:

Program/Medical Supplies:

Educational Supplies based on previous year's experience \$100 per month X 12 months = \$1,200 \$1,200

Total Materials and Supplies: \$1,500

General Operating:

Insurance:

Total annual agency cost for insurance = \$185,209. This contract represents .21% of total agency funding. \$185,209 X .0021 = \$392 \$392

Staff Training:

One training course during the year for \$500 \$500

Computer Supplies

Based on previous year's experience \$89 per month X 12 months = \$1,023 \$1,068

Total General Operating: \$1,960

Staff Travel (Local & Out of Town):

Based on prior year's experience

\$0

Consultants/Subcontractors:

Total Consultants/Subcontractors: \$0

TOTAL OPERATING COSTS: \$4,645

CAPITAL EXPENDITURES: (If needed - A unit valued at \$5,000 or more) \$0

TOTAL DIRECT COSTS (Salaries & Benefits plus Operating Costs): **\$44,657**

INDIRECT COSTS: **\$5,343**

CONTRACT TOTAL: **\$50,000**

DPH 3: Salaries & Benefits Detail

APPENDIX #: B-5, Page 1
Document Date: 7/1/10

Provider Number (same as line 7 on DPH 1): 8858
Provider Name (same as line 8 on DPH 1): Edgewood - School-Based Well Being (Drew)

| POSITION TITLE | TOTAL | | GENERAL FUND & (Agency-generated) OTHER REVENUE | | GRANT #1: (grant title) | | GRANT #2: (grant title) | | WORK ORDER #1: (dept. name) | | WORK ORDER #2: (dept. name) | |
|-----------------------------|---|-----------|---|----------|----------------------------|----------|----------------------------|----------|-----------------------------|----------|-----------------------------|----------|
| | 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 |
| Program Director | 0.06 | \$ 4,800 | 0.06 | 4,800 | | | | | | | | |
| Program Manager | 0.13 | \$ 6,760 | 0.13 | 6,760 | | | | | | | | |
| Clinician | 0.41 | \$ 22,173 | 0.41 | 22,173 | | | | | | | | |
| Behavior Coach | 0.55 | \$ 18,876 | 0.55 | 18,876 | | | | | | | | |
| Teacher Trainer | 0.32 | \$ 17,638 | 0.32 | 17,638 | | | | | | | | |
| Family Resource Coordinator | 0.59 | \$ 20,862 | 0.59 | 20,862 | | | | | | | | |
| PIP Child Aide | 0.33 | \$ 8,676 | 0.33 | 8,676 | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| TOTALS | 2.39 | \$99,785 | 2.39 | \$99,785 | 0.00 | \$0 | 0.00 | \$0 | 0.00 | \$0 | 0.00 | \$0 |

EMPLOYEE FRINGE BENEFITS 29% \$28,938 29% \$28,938 #DIV/0! #DIV/0! #DIV/0! #DIV/0!

TOTAL SALARIES & BENEFITS \$128,723 \$128,723 \$0 \$0 \$0 \$0

DPH 4: Operating Expenses Detail

APPENDIX #: B-5, Page 2
Document Date: 7/1/10

Provider Number (same as line 7 on DPH 1): 18858

Provider Name (same as line 8 on DPH-1): Edgewood - School-Based Well Being (Drew)

| Expenditure Category | TOTAL | GENERAL FUND & (Agency-generated) OTHER REVENUE | GRANT #1: (grant title) | GRANT #2: (grant title) | WORK ORDER #1: (dept. name) | WORK ORDER #2: (dept. name) |
|---|-------------------------|--|--------------------------------|--------------------------------|-----------------------------------|-----------------------------------|
| | PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION |
| | 7/1/10-6/30/11 | 7/1/10-6/30/11 | Term: _____ | Term: _____ | Term: _____ | Term: _____ |
| Rental of Property | \$ - | | | | | |
| Utilities(Elec, Water, Gas, Phone, Scavenger) | \$ - | | | | | |
| Office Supplies, Postage | \$ 500 | 500 | | | | |
| Building Maintenance Supplies and Repair | \$ - | | | | | |
| Printing and Reproduction | \$ - | | | | | |
| Insurance | \$ - | | | | | |
| Staff Training | \$ 2,000 | 2,000 | | | | |
| Staff Travel-Local & Out of Town) | \$ - | | | | | |
| Rental of Equipment | \$ - | | | | | |
| CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts) | \$ - | | | | | |
| | \$ - | | | | | |
| | \$ - | | | | | |
| | \$ - | | | | | |
| | \$ - | | | | | |
| | \$ - | | | | | |
| OTHER | \$ - | | | | | |
| | \$ - | | | | | |
| | \$ - | | | | | |
| Educational Supplies/Client Incentives | \$ 1,000 | 1,000 | | | | |
| Food Services | \$ 505 | 505 | | | | |
| Information Technology | \$ 1,200 | 1,200 | | | | |
| TOTAL OPERATING EXPENSE | \$5,205 | \$5,205 | \$0 | \$0 | \$0 | \$0 |

CBHS BUDGET JUSTIFICATION

Provider Number: 8858

Provider Name: Edgewood - School-Based Well Being (Drew)

Date: 07/01/2010

Fiscal Year: 2010-2011

| Salaries and Benefits | Salaries | FTE |
|--|-----------------|-------------|
| Program Director: Responsible for all aspects of the program including managing schedules, reporting requirements, treatment plans and fiscal requirement; Min Req Masters degree and 5 years experience including supervisory responsibility; .06 FTE X \$80,000 per year = \$4,800 | \$4,800 | 0.06 |
| Program Manager: Assists the Program Director with all management duties including reporting requirements and treatment plan oversight; Min Req Masters Degree and 3-4 years experience; .13 FTE X \$52,000 per year = \$6,760 | \$6,760 | 0.13 |
| Clinician: Co-author care plans and annual treatment plans and provides therapy sessions and helps with case management, Min Req Masters Degree and 1-2 years experience: .41 FTE X \$54,080 per year = \$22,173 | \$22,173 | 0.41 |
| Behavior Coach; Provides one-on-one assessment of writing of behavior support plan and preventions; Min Req Bachelors degree and 2 years experience; .55 FTE X \$34,320 per year = \$18,876 | \$18,876 | 0.55 |
| Teacher Trainer: develops, plans and delivers training to teachers and the curriculum based on Classroom Management Systems to designated school staff; Min Req 3 years experience working in urban public schools, teaching credential and 1 year training experience; .32 FTE X \$55,120 per year = \$17,638 | \$17,638 | 0.32 |
| Family Resource Coordinator Provides support to families providing information on available discount or free programs and resources; Min Req High School Diploma or GED with a Bachelors preferred and 1 year experience; .59 FTE X \$35,360 per year = \$20,862 | \$20,862 | 0.59 |
| PIP Child Aide working as a staff member of a public elementary school supporting children in nondirective play; no min requirement; .33 FTE X \$26,291 per year = \$8,676 | \$8,676 | 0.33 |
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| | | |
| TOTAL SALARIES | \$99,785 | 2.39 |
| Benefits at 29% - \$99,785 X .29 = \$28,938 | \$28,938 | |
| | | |
| | | |
| TOTAL BENEFITS | \$28,938 | |

TOTAL SALARIES & BENEFITS: \$128,723 2.39

Operating Expenses

Formulas to be expressed with FTE's, square footage, or % of program within agency - not as a
Occupancy:

Rent:

Utilities:

Building Maintenance:

Total Occupancy: \$0

Materials and Supplies:

Office Supplies:

Based on previous year's experience \$41.66 per month X 12 = \$500 \$500

Printing/Reproduction:

Program/Medical Supplies:

Educational supplies based on previous year's experience \$83.33 \$1,000
per month X 12 months = \$1,000

Food for clients based on previous year's experience \$42.08 per month \$505
X 12 months = \$505

Total Materials and Supplies: \$2,005

General Operating:

Insurance:

Staff Training:

Two training courses at \$1,000 each \$2,000

Computer Supplies

Based on previous year's experience \$100 per month X 12 months = \$1,200 \$1,200

Total General Operating: \$3,200

Staff Travel (Local & Out of Town):

Based on prior year's experience

\$0

Consultants/Subcontractors:

Total Consultants/Subcontractors: \$0

TOTAL OPERATING COSTS: \$5,205

CAPITAL EXPENDITURES: (If needed - A unit valued at \$5,000 or more) \$0

TOTAL DIRECT COSTS (Salaries & Benefits plus Operating Costs): \$133,928

INDIRECT COSTS \$16,072

CONTRACT TOTAL: \$150,000

DPH 3: Salaries & Benefits Detail

Provider Number (same as line 7 on DPH 1): 8858
 Provider Name (same as line 8 on DPH 1): Edgewood - JJC

APPENDIX #: B-6, Page 1
 Document Date: 7/1/10

| POSITION TITLE | TOTAL | | GENERAL FUND & (Agency-generated) OTHER REVENUE | | GRANT #1: | | GRANT #2: | | 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: | | Proposed Transaction Term: | | Proposed Transaction Term: | | Proposed Transaction Term: | |
| | FTE | SALARIES | FTE | SALARIES | FTE | SALARIES | FTE | SALARIES | FTE | SALARIES | FTE | SALARIES |
| Program Manager | 0.61 | \$ 39,352.00 | 0.61 | 39,352 | | | | | | | | |
| Research Director | 0.07 | \$ 8,343.00 | 0.07 | 8,343 | | | | | | | | |
| Program Director | 0.23 | \$ 18,400.00 | 0.23 | 18,400 | | | | | | | | |
| Clinician | 1.50 | \$ 81,880.00 | 1.50 | 81,880 | | | | | | | | |
| Mental Health Consultant | 0.83 | \$ 41,434.00 | 0.83 | 41,434 | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| TOTALS | 3.24 | \$189,409 | 3.24 | \$189,409 | 0.00 | \$0 | 0.00 | \$0 | 0.00 | \$0 | 0.00 | \$0 |
| EMPLOYEE FRINGE BENEFITS | 29% | \$54,929 | 29% | \$54,929 | #DIV/0! | | #DIV/0! | | #DIV/0! | | #DIV/0! | |
| TOTAL SALARIES & BENEFITS | | \$244,338 | | \$244,338 | | \$0 | | \$0 | | \$0 | | \$0 |

DPH 4: Operating Expenses Detail

APPENDIX #: B-6, Page 2
Document Date: 7/1/10

Provider Number (same as line 7 on DPH 1): 8858
Provider Name (same as line 8 on DPH 1): Edgewood - JJC

Expenditure Category

Rental of Property
Utilities(Elec, Water, Gas, Phone, Scavenger)
Office Supplies, Postage
Building Maintenance Supplies and Repair
Printing and Reproduction
Insurance
Staff Training
Staff Travel-(Local & Out of Town)
Rental of Equipment
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)
Hucks
Larkin Street
OTHER
Depreciation
Food Services
Information Technology

| TOTAL | GENERAL FUND & (Agency-generated) OTHER REVENUE | GRANT #1: (grant title) | GRANT #2: (grant title) | WORK ORDER #1: (dept. name) | WORK ORDER #2: (dept. name) |
|--------------------------------|--|----------------------------|----------------------------|--------------------------------|--------------------------------|
| PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION |
| 7/1/10-6/30/11 | 7/1/10-6/30/11 | Term: _____ | Term: _____ | Term: _____ | Term: _____ |
| \$ - | | | | | |
| \$ 401 | 401 | | | | |
| \$ 360 | 360 | | | | |
| \$ - | | | | | |
| \$ - | | | | | |
| \$ 3,149 | 3,149 | | | | |
| \$ 6,000 | 6,000 | | | | |
| \$ 1,500 | 1,500 | | | | |
| \$ - | | | | | |
| \$ - | | | | | |
| \$ - | | | | | |
| \$ 69,799 | 69,799 | | | | |
| \$ 63,792 | 63,792 | | | | |
| \$ - | | | | | |
| \$ - | | | | | |
| \$ - | | | | | |
| \$ - | | | | | |
| \$ 2,000 | 2,000 | | | | |
| \$ - | | | | | |
| \$ 2,000 | 2,000 | | | | |
| \$ 4,000 | 4,000 | | | | |
| TOTAL OPERATING EXPENSE | \$153,001 | \$153,001 | \$0 | \$0 | \$0 |

CBHS BUDGET JUSTIFICATION

Provider Number: 8858

Provider Name: Edgewood - JJC

Date: 07/01/2010

Fiscal Year: 2010-2011

| Salaries and Benefits | Salaries | FTE |
|---|------------------|-------------|
| Program Manager: Assists the Program Director with all management duties including reporting requirements and treatment plan oversight; Min Req Masters Degree and 3-4 years experience; .61 FTE X \$64,511 per year = \$39,352 | \$39,352 | 0.61 |
| Research Director: Oversees all aspects of program quality of care, outcomes, fiscal admin and facility management; Min Req Doctoral level professional with 10 years experience; .07 FTE X \$119,184 per year = \$8,343 | \$8,343 | 0.07 |
| Program Director: Responsible for all aspects of the program including managing schedules, reporting requirements, treatment plans and fiscal requirement; Min Req Masters degree and 5 years experience including supervisory responsibility; .24 FTE X \$80,000 per year = \$18,400 | \$18,400 | 0.23 |
| Clinician: Co-author care plans and annual treatment plans and provides therapy sessions and helps with case management, Min Req Masters Degree and 1-2 years experience; .76 FTE X \$56,579 per year = \$43,000 | \$43,000 | 0.76 |
| Clinician: Co-author care plans and annual treatment plans and provides therapy sessions and helps with case management, Min Req Masters Degree and 1-2 years experience; .67 FTE X \$58,030 per year = \$38,880 | \$38,880 | 0.67 |
| Mental Health Consultant provides group, family and individual treatment, depending on the needs of the clients; Min Req Masters degree and 1-2 years experience; .83 FTE X \$49,920 = \$41,434 | \$41,434 | 0.83 |
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| | | |
| | | |
| | | |
| | | |
| TOTAL SALARIES | \$189,409 | 3.17 |
| Benefits at 29% - \$189,409 X .29 = \$54,929 | \$54,929 | |
| | | |
| | | |
| TOTAL BENEFITS | \$54,929 | |

TOTAL SALARIES & BENEFITS \$244,338 3.17

Operating Expenses

Formulas to be expressed with FTE's, square footage, or % of program within agency - not as a

Occupancy:Rent:

| | |
|--|---------|
| Depreciation 152.91 Sq Feet X \$ 13.08 per = \$2,000 | \$2,000 |
|--|---------|

Utilities:

| | |
|---|-------|
| Based on 152.91 Sq Feet X \$2.62 per foot = \$401 | \$401 |
|---|-------|

Building Maintenance:

| | |
|-------------------------|----------------|
| Total Occupancy: | \$2,401 |
|-------------------------|----------------|

Materials and Supplies:Office Supplies:

| | |
|--|-------|
| Desk and other supplies for program staff at \$30 per month X 12 months = \$360 | \$360 |
|--|-------|

Printing/Reproduction:Program/Medical Supplies:

| | |
|--|---------|
| Food for Clients based on previous year's experience \$166.66 per month X 12 months = \$2,000 | \$2,000 |
|--|---------|

| | |
|--------------------------------------|----------------|
| Total Materials and Supplies: | \$2,360 |
|--------------------------------------|----------------|

General Operating:Insurance:

| | |
|--|---------|
| Total annual agency cost for insurance = \$185,209. This contract represents 1.7% of total agency funding. \$185,209 X .017 = \$3,149 | \$3,149 |
|--|---------|

Staff Training:

| | |
|--|---------|
| Six training courses throughout year at \$1,000 each | \$6,000 |
|--|---------|

Computer Supplies

| | |
|---|---------|
| Based on previous year's experience \$333.33 per month X 12 months = \$4,000 | \$4,000 |
|---|---------|

| | |
|---------------------------------|-----------------|
| Total General Operating: | \$13,149 |
|---------------------------------|-----------------|

Staff Travel (Local & Out of Town):

| | |
|---|----------------|
| Based on previous year's experience 250 miles of local staff travel X 12 Months = 3,000 miles X \$.50 per mile = \$1,500 | \$1,500 |
| | \$1,500 |

Consultants/Subcontractors:

| | |
|---------------------------------|----------|
| Hucks based on firm bid | \$69,799 |
| Larkin Street based on firm bid | \$63,792 |

Total Consultants/Subcontractors: \$133,591

TOTAL OPERATING COSTS: \$153,001

CAPITAL EXPENDITURES: (If needed - A unit valued at \$5,000 or more) \$0

TOTAL DIRECT COSTS (Salaries & Benefits plus Operating Costs): \$397,339

INDIRECT COSTS \$47,681

CONTRACT TOTAL: \$445,020

DPH 3: Salaries & Benefits Detail

Provider Number (same as line 7 on DPH 1): 8858
 Provider Name (same as line 8 on DPH 1): Edgewood - Day Treatment DTI Res 88586

APPENDIX #: B-7a, Page 1
 Document Date: 7/1/10

| POSITION TITLE | TOTAL | | GENERAL FUND & (Agency-generated) OTHER REVENUE | | GRANT #1: | | GRANT #2: | | 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: | | Proposed Transaction Term: | | Proposed Transaction Term: | | Proposed Transaction Term: | |
| | FTE | SALARIES | FTE | SALARIES | FTE | SALARIES | FTE | SALARIES | FTE | SALARIES | FTE | SALARIES |
| Clinical Director | 0.20 | \$ 17,002 | 0.20 | 17,002 | | | | | | | | |
| Medical Director | 0.09 | \$ 14,851 | 0.09 | 14,851 | | | | | | | | |
| Clinical Supervision | 0.20 | \$ 15,300 | 0.20 | 15,300 | | | | | | | | |
| Treatment Managers | 0.54 | \$ 33,134 | 0.54 | 33,134 | | | | | | | | |
| Therapists/Care Managers | 0.57 | \$ 27,343 | 0.57 | 27,343 | | | | | | | | |
| Mental Health Specialists | 1.40 | \$ 55,184 | 1.40 | 55,184 | | | | | | | | |
| Intake Coordinator | 0.19 | \$ 9,291 | 0.19 | 9,291 | | | | | | | | |
| Admin Assistant | 0.30 | \$ 11,195 | 0.30 | 11,195 | | | | | | | | |
| Relief Workers | 0.19 | \$ 5,335 | 0.19 | 5,335 | | | | | | | | |
| Associate Director of Clinical Services | 0.20 | \$ 15,204 | 0.20 | 15,204 | | | | | | | | |
| Operations/Relief Coordinator | 0.32 | \$ 12,899 | 0.32 | 12,899 | | | | | | | | |
| Group Therapy Coordinator | 0.19 | \$ 10,184 | 0.19 | 10,184 | | | | | | | | |
| QA Manager | 0.08 | \$ 6,303 | 0.08 | 6,303 | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| TOTALS | 4.47 | \$233,225 | 4.47 | \$233,225 | 0.00 | \$0 | 0.00 | \$0 | 0.00 | \$0 | 0.00 | \$0 |

EMPLOYEE FRINGE BENEFITS

| | | | | | | | | | | | |
|-----|----------|-----|----------|---------|--|---------|--|---------|--|---------|--|
| 29% | \$67,635 | 29% | \$67,635 | #DIV/0! | | #DIV/0! | | #DIV/0! | | #DIV/0! | |
|-----|----------|-----|----------|---------|--|---------|--|---------|--|---------|--|

TOTAL SALARIES & BENEFITS

| | | | | | |
|-----------|-----------|-----|-----|-----|-----|
| \$300,860 | \$300,860 | \$0 | \$0 | \$0 | \$0 |
|-----------|-----------|-----|-----|-----|-----|

DPH 4: Operating Expenses Detail

APPENDIX #: B-7a, Page 2
Document Date: 7/1/10

Provider Number (same as line 7 on DPH 1): 8858
Provider Name (same as line 8 on DPH 1): Edgewood - Day Treatment DTI Res 88586

Expenditure Category

Rental of Property
Utilities(Elec, Water, Gas, Phone, Scavenger)
Office Supplies, Postage
Building Maintenance Supplies and Repair
Printing and Reproduction
Insurance
Staff Training
Staff Travel-Local & Out of Town
Rental of Equipment
CONSULTANT/SUBCONTRACTOR (Provide Names,
Dates, Hours & Amounts)
UCSF Interns

OTHER
Depreciation
Food Services
Children's supplies: Reinforcements and rewards
Information Technology

| TOTAL | GENERAL FUND & (Agency- generated) OTHER REVENUE | GRANT #1: (grant title) | GRANT #2: (grant title) | WORK ORDER #1: (dept. name) | WORK ORDER #2: (dept. name) |
|-------------------------|--|----------------------------|----------------------------|-----------------------------------|-----------------------------------|
| PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION |
| 7/1/10-6/30/10 | 7/1/10-6/30/10 | Term: | Term: | Term: | Term: |
| \$ - | | | | | |
| \$ 2,940 | \$ 2,940 | | | | |
| \$ 1,125 | \$ 1,125 | | | | |
| \$ 5,700 | \$ 5,700 | | | | |
| \$ - | | | | | |
| \$ 2,778 | \$ 2,778 | | | | |
| \$ 1,500 | \$ 1,500 | | | | |
| \$ 900 | \$ 900 | | | | |
| \$ - | | | | | |
| \$ - | | | | | |
| \$ 4,500 | \$ 4,500 | | | | |
| \$ - | | | | | |
| \$ - | | | | | |
| \$ - | | | | | |
| \$ - | | | | | |
| \$ - | | | | | |
| \$ 14,676 | \$ 14,676 | | | | |
| \$ 11,280 | \$ 11,280 | | | | |
| \$ - | \$ - | | | | |
| \$ 12,000 | \$ 12,000 | | | | |
| \$ - | | | | | |
| \$57,399 | \$57,399 | \$0 | \$0 | \$0 | \$0 |

TOTAL OPERATING EXPENSE

CBHS BUDGET JUSTIFICATION

Provider Number: 8858

Provider Name: Edgewood - Day Treatment DTI Res 88586

Date: 07/01/2010

Fiscal Year: 2010-2011

| Salaries and Benefits | Salaries | FTE |
|---|------------------|-------------|
| Clinical Director: Manages all agency Mental Health services including supervision and training of clinical staff, Min Req Masters Degree, a Clinical License and 2-3 years experience .2 FTE X \$85,010 per year = \$17,002 | \$17,002 | 0.20 |
| Medical Director: Manages Medical and Psychiatry for Agency, Min Req License to practice medicine: .09 FTE X \$165,006 per year = \$14,851 | \$14,851 | 0.09 |
| Clinical Supervision: Oversees Clinicians, review notes, reviews performance of Clinical workers, Masters and 2 years experience .5 FTE X \$76,500 per year = \$15,300 | \$15,300 | 0.50 |
| Treatment Manager: functions as a single point of accountability in the Residential Program for all supervisory, clinical and admin functions, Min Req MSW or Masters and 2 years experience, LCSW/MFT or similar license: .54 FTE X \$61,360 per year = \$33,134 | \$33,134 | 0.54 |
| Therapist and Care Manager: responsible for providing direct clinical and care management services, Min Req MSW or Masters and a current LCSW or MFT license .57 FTE X \$47,970 per year = \$27,343 | \$27,343 | 0.57 |
| Mental Health Specialist: responsible for providing counseling and support for clients, Min Req MA and 2 years experience: 1.4 FTE X \$39,417 per year = \$55,184 | \$55,184 | 0.46 |
| Intake Coordinator: responsible for processing and placing all new clients; Min Req Masters Degree in a Mental Health field X \$48,901 per year | \$9,291 | 0.19 |
| Admin Assistant: provides support for program, schedules and handles day to day admin tasks; Min Req High School diploma or GED .3 FTE X \$37,315 per year = \$11,195 | \$11,195 | 0.30 |
| Relief Workers: Per Diem employees who step into positions vacated due to illness or unscheduled time off; .19 FTE X \$28,080 per year = \$5,335 | \$5,335 | 0.19 |
| Associate Director of Clinical Services: provides clinical oversight and supervision to Intensive Services program; Min Req Masters Degree, clinical license and 2-3 years of experience; .2 FTE X \$76,020 per year = \$15,204 | \$15,204 | 0.20 |
| Operations/Relief Coordinator: Schedule all relief shifts and ensures proper program coverage; High School Diploma or GED .32 FTE X \$40,310 per year = \$12,899 | \$12,899 | 0.32 |
| Group Therapy Coordinator: Schedules and Facilitates group therapy sessions; Min Req MSW or Masters Degree and 2 years experience .19 FTE X \$53,600 per year = \$10,184 | \$10,184 | 0.19 |
| QA Manager: Responsible for all QA/CQI requirements, Min Req Bachelors Degree and 2 years experience; .08 FTE X \$78,790 per year = \$6,303 | \$6,303 | 0.08 |
| | | |
| TOTAL SALARIES | \$233,225 | 3.83 |

| | | |
|--|-----------------|--|
| Benefits at 29% - \$233,225 X .29 = \$67,635 | \$67,635 | |
| | | |
| | | |
| | | |
| TOTAL BENEFITS | \$67,635 | |

TOTAL SALARIES & BENEFITS **\$300,860** **3.83**

Operating Expenses

Formulas to be expressed with FTE's, square footage, or % of program within agency - not as a

Occupancy:

Rent:

Depreciation 1,122 Sq Feet X \$ 13.08 per = \$14,676 \$14,676

Utilities:

Utilities 1,122 Sq Feet X \$2.62 per = \$2,940 \$2,940

Building Maintenance:

1,122 Sq Feet X \$5.08 per = \$5,700 \$5,700

Total Occupancy: \$23,316

Materials and Supplies:

Office Supplies:

Based on previous year's experience \$93.75 per month X 12 months = \$1,125 \$1,125

Printing/Reproduction:

Program/Medical Supplies:

Food for clients estimate based on previous year's experience \$940 \$11,280
per month X 12 months = \$12,000

Total Materials and Supplies: \$12,405

General Operating:

Insurance:

Total annual agency cost for insurance = \$185,209. This contract
represents 1.5% of total agency funding. \$185,209 X .015 = \$2,778 \$2,778

Staff Training:

Three training courses throughout year X \$500 per course \$1,500

Computer Supplies:

Based on previous year's experience \$1,000 per month X 12 months = \$12,000 \$12,000

Total General Operating: \$16,278

Staff Travel (Local & Out of Town):

Based on prior year's experience 150 miles per month X 12 months X \$900

\$.50 per mile = \$900

\$900

Consultants/Subcontractors:

UCSF Interns: \$90,000 total budget for Agency for five interns = \$18,000 \$4,500

per intern X .25 FTE = \$4,500

Total Consultants/Subcontractors: \$4,500

TOTAL OPERATING COSTS: \$57,399

CAPITAL EXPENDITURES: (If needed - A unit valued at \$5,000 or more) \$0

TOTAL DIRECT COSTS (Salaries & Benefits plus Operating Costs): \$358,259

INDIRECT COSTS: \$42,983

CONTRACT TOTAL: \$401,242

DPH 3: Salaries & Benefits Detail

Provider Number (same as line 7 on DPH 1): 8858
 Provider Name (same as line 8 on DPH 1): Edgewood - Day Treatment MHS Res 88584

APPENDIX #: B-7b1, Page 1
 Document Date: 7/1/10

| POSITION TITLE | TOTAL | | GENERAL FUND & (Agency-generated) OTHER REVENUE | | GRANT #1: <u>(grant title)</u> | | GRANT #2: <u>(grant title)</u> | | WORK ORDER #1: <u>(dept. name)</u> | | WORK ORDER #2: <u>(dept. name)</u> | |
|---------------------------|--|--------------|---|----------|-----------------------------------|----------|-----------------------------------|----------|---------------------------------------|----------|---------------------------------------|----------|
| | 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 |
| Clinical Supervisor | 0.10 | \$ 6,240.00 | 0.10 | 6,240 | | | | | | | | |
| Therapist/Care Managers | 0.30 | \$ 14,100.00 | 0.30 | 14,100 | | | | | | | | |
| Group Therapy Coordinator | 0.10 | \$ 5,470.00 | 0.10 | 5,470 | | | | | | | | |
| | 0.00 | \$ | | | | | | | | | | |
| | 0.00 | \$ | | | | | | | | | | |
| | 0.00 | \$ | | | | | | | | | | |
| | 0.00 | \$ | | | | | | | | | | |
| | 0.00 | \$ | | | | | | | | | | |
| | 0.00 | \$ | | | | | | | | | | |
| | 0.00 | \$ | | | | | | | | | | |
| | 0.00 | \$ | | | | | | | | | | |
| | 0.00 | \$ | | | | | | | | | | |
| | 0.00 | \$ | | | | | | | | | | |
| | 0.00 | \$ | | | | | | | | | | |
| | 0.00 | \$ | | | | | | | | | | |
| | 0.00 | \$ | | | | | | | | | | |
| | 0.00 | \$ | | | | | | | | | | |
| | 0.00 | \$ | | | | | | | | | | |
| | 0.00 | \$ | | | | | | | | | | |
| TOTALS | 0.50 | \$25,810 | 0.50 | \$25,810 | 0.00 | \$0 | 0.00 | \$0 | 0.00 | \$0 | 0.00 | \$0 |
| EMPLOYEE FRINGE BENEFITS | 29% | \$7,485 | 29% | \$7,485 | #DIV/0! | | #DIV/0! | | #DIV/0! | | #DIV/0! | |
| TOTAL SALARIES & BENEFITS | | \$33,295 | | \$33,295 | | \$0 | | \$0 | | \$0 | | \$0 |

DPH 4: Operating Expenses Detail

APPENDIX #: B-7b1, Page 2
Document Date: 7/1/10

Provider Number (same as line 7 on DPH 1): 88584
Provider Name (same as line 8 on DPH 1): Edgewood - Day Treatment MHS Res 88584

Expenditure Category

Rental of Property
Utilities(Elec, Water, Gas, Phone, Scavenger)
Office Supplies, Postage
Building Maintenance Supplies and Repair
Printing and Reproduction
Insurance
Staff Training
Staff Travel-Local & Out of Town)
Rental of Equipment
CONSULTANT/SUBCONTRACTOR (Provide Names,
Dates, Hours & Amounts)
UCSF Interns
OTHER
Depreciation
Food Services
Information Technology

| TOTAL | GENERAL FUND & (Agency- generated) OTHER REVENUE | GRANT #1: (grant title) | GRANT #2: (grant title) | WORK ORDER #1: _____ (dept. name) | WORK ORDER #2: _____ (dept. name) |
|--------------------------------|--|----------------------------|----------------------------|---|---|
| PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION |
| 7/1/10-6/30/11 | 7/1/10-6/30/11 | Term: _____ | Term: _____ | Term: _____ | Term: _____ |
| \$ - | | | | | |
| \$ 1,150 | 1,150 | | | | |
| \$ 516 | 516 | | | | |
| \$ 2,230 | 2,230 | | | | |
| \$ - | | | | | |
| \$ - | | | | | |
| \$ - | | | | | |
| \$ 300 | 300 | | | | |
| \$ - | | | | | |
| \$ - | | | | | |
| \$ - | | | | | |
| \$ - | | | | | |
| \$ - | | | | | |
| \$ - | | | | | |
| \$ 5,242 | 5,242 | | | | |
| \$ - | | | | | |
| \$ 300 | 300 | | | | |
| \$ - | | | | | |
| \$ 750 | 750 | | | | |
| TOTAL OPERATING EXPENSE | \$10,488 | \$10,488 | \$0 | \$0 | \$0 |

DPH 3: Salaries & Benefits Detail

Provider Number (same as line 7 on DPH 1):

8858

Provider Name (same as line 8 on DPH 1):

Edgewood - Day Treatment MSS Res 88584

APPENDIX #: B-7b2, page 1

Document Date: 7/1/10

| POSITION TITLE | TOTAL | | GENERAL FUND & (Agency-generated) OTHER REVENUE | | GRANT #1: | | GRANT #2: | | 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: | | Proposed Transaction Term: | | Proposed Transaction Term: | | Proposed Transaction Term: | |
| | FTE | SALARIES | FTE | SALARIES | FTE | SALARIES | FTE | SALARIES | FTE | SALARIES | FTE | SALARIES |
| Nurses | 0.36 | \$ 23,184.00 | 0.36 | 23,184 | | | | | | | | |
| Nursing Supervisor | 0.15 | \$ 11,981.00 | 0.15 | 11,981 | | | | | | | | |
| Medical Director | 0.05 | \$ 8,250.00 | 0.05 | 8,250 | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| TOTALS | 0.56 | \$43,415 | 0.56 | \$43,415 | 0.00 | \$0 | 0.00 | \$0 | 0.00 | \$0 | 0.00 | \$0 |

EMPLOYEE FRINGE BENEFITS

| | | | | | | | | | | | |
|-----|----------|-----|----------|---------|--|---------|--|---------|--|---------|--|
| 29% | \$12,590 | 29% | \$12,590 | #DIV/0! | | #DIV/0! | | #DIV/0! | | #DIV/0! | |
|-----|----------|-----|----------|---------|--|---------|--|---------|--|---------|--|

TOTAL SALARIES & BENEFITS

| | | | | | |
|----------|----------|-----|-----|-----|-----|
| \$56,005 | \$56,005 | \$0 | \$0 | \$0 | \$0 |
|----------|----------|-----|-----|-----|-----|

DPH 4: Operating Expenses Detail

APPENDIX #: B-7b2, Page 2
Document Date: 7/1/10

Provider Number (same as line 7 on DPH 1): 8858
Provider Name (same as line 8 on DPH 1): Edgewood - Day Treatment MSS Res 88584

Expenditure Category

Rental of Property
Utilities(Elec, Water, Gas, Phone, Scavenger)
Office Supplies, Postage
Building Maintenance Supplies and Repair
Printing and Reproduction
Insurance
Staff Training
Staff Travel-(Local & Out of Town)
Rental of Equipment
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)
UCSF Interns
OTHER
Depreciation
Food Services
Medical Supplies
Information Technology

| TOTAL | GENERAL FUND & (Agency-generated) OTHER REVENUE | GRANT #1: (grant title) | GRANT #2: (grant title) | WORK ORDER #1: _____ (dept. name) | WORK ORDER #2: _____ (dept. name) |
|--------------------------------|--|----------------------------|----------------------------|---|---|
| PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION |
| 7/1/10-6/30/11 | 7/1/10-6/30/11 | Term: _____ | Term: _____ | Term: _____ | Term: _____ |
| \$ - | | | | | |
| \$ - | | | | | |
| \$ - | | | | | |
| \$ - | | | | | |
| \$ 926 | 926 | | | | |
| \$ - | | | | | |
| \$ - | | | | | |
| \$ - | | | | | |
| \$ - | | | | | |
| \$ 12,600 | 12,600 | | | | |
| \$ - | | | | | |
| \$ - | | | | | |
| \$ - | | | | | |
| \$ - | | | | | |
| \$ 500 | 500 | | | | |
| \$ 600 | 600 | | | | |
| \$ 1,620 | 1,620 | | | | |
| \$ 510 | 510 | | | | |
| TOTAL OPERATING EXPENSE | \$16,756 | \$16,756 | \$0 | \$0 | \$0 |

137-48-

Fiscal Year: 2010-2011

Utilities:

| | |
|--|---------|
| Utilities 439 Sq Feet X \$2.62 per = \$1,150 | \$1,150 |
|--|---------|

Building Maintenance:

| | |
|------------------------------------|---------|
| 439 Sq Feet X \$5.08 per = \$2,230 | \$2,230 |
|------------------------------------|---------|

| | |
|-------------------------|----------------|
| Total Occupancy: | \$9,122 |
|-------------------------|----------------|

Materials and Supplies:Office Supplies:

| | |
|--|-------|
| Based on previous year's experience \$43 per month X 12 months = \$516 | \$516 |
|--|-------|

Printing/Reproduction:Program/Medical Supplies:

| | |
|--|---------|
| Medical Supplies based on previous year's experience \$135 per month | \$1,620 |
|--|---------|

| | |
|-----------------------|--|
| X 12 months = \$1,620 | |
|-----------------------|--|

| | |
|--|-------|
| Food for clients; \$75 X 12 months = \$900 | \$900 |
|--|-------|

| | |
|--------------------------------------|----------------|
| Total Materials and Supplies: | \$3,036 |
|--------------------------------------|----------------|

General Operating:Insurance:

| | |
|--|-------|
| Total annual agency cost for insurance = \$185,209. This contract represents 0.05% of total agency funding: \$185,209 X .005 = \$926 | \$926 |
|--|-------|

Staff Training:Computer Supplies

| | |
|---|---------|
| Based on previous year's experience \$105 per month X 12 months = \$1,260 | \$1,260 |
|---|---------|

| | |
|---------------------------------|----------------|
| Total General Operating: | \$2,186 |
|---------------------------------|----------------|

Staff Travel (Local & Out of Town):

| | |
|---|-------|
| Based on prior year's experience 50 miles per month X 12 months X | \$300 |
|---|-------|

| | |
|------------------------|--|
| \$.50 per mile = \$300 | |
|------------------------|--|

| |
|--------------|
| \$300 |
|--------------|

Consultants/Subcontractors:

| | |
|--|----------|
| UCSF Interns: \$90,000 total budget for Agency for five interns = \$18,000 | \$12,600 |
| per intern X .7 FTE = \$12,600 | |

| | |
|-----------------------------------|----------|
| Total Consultants/Subcontractors: | \$12,600 |
|-----------------------------------|----------|

| | |
|------------------------|----------|
| TOTAL OPERATING COSTS: | \$27,244 |
|------------------------|----------|

| | |
|--|-----|
| CAPITAL EXPENDITURES: (If needed - A unit valued at \$5,000 or more) | \$0 |
|--|-----|

| | |
|--|-----------|
| TOTAL DIRECT COSTS (Salaries & Benefits plus Operating Costs): | \$116,544 |
|--|-----------|

| | |
|-----------------|----------|
| INDIRECT COSTS: | \$13,657 |
|-----------------|----------|

| | |
|-----------------|-----------|
| CONTRACT TOTAL: | \$130,201 |
|-----------------|-----------|

DPH 3: Salaries & Benefits Detail

Provider Number (same as line 7 on DPH 1): 6858
 Provider Name (same as line 8 on DPH 1): Edgewood - Res Supplement

APPENDIX #: B-7c, Page 1
 Document Date: 7/1/10

| POSITION TITLE | TOTAL | | GENERAL FUND & (Agency-generated) OTHER REVENUE | | GRANT #1: (grant title) | | GRANT #2: (grant title) | | WORK ORDER #1: (dept. name) | | WORK ORDER #2: (dept. name) | |
|---------------------------|--|--------------|---|----------|--------------------------------|----------|--------------------------------|----------|------------------------------------|----------|------------------------------------|----------|
| | 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 |
| Nurses | 0.65 | \$ 42,047.20 | 0.65 | 42,047 | | | | | | | | |
| Intensive Manager | 0.08 | \$ 4,928.00 | 0.08 | 4,928 | | | | | | | | |
| Upnight Childcare Workers | 1.00 | \$ 36,000.00 | 1.00 | 36,000 | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| TOTALS | 1.73 | \$82,975 | 1.73 | \$82,975 | 0.00 | \$0 | 0.00 | \$0 | 0.00 | \$0 | 0.00 | \$0 |

EMPLOYEE FRINGE BENEFITS

29% \$24,063 29% \$24,063 #DIV/0! #DIV/0! #DIV/0! #DIV/0!

TOTAL SALARIES & BENEFITS

\$107,038 \$107,038 \$0 \$0 \$0 \$0

DPH 4: Operating Expenses Detail

APPENDIX #: B-7c, Page 2
Document Date: 7/1/10

Provider Number (same as line 7 on DPH 1): 8858
Provider Name (same as line 8 on DPH 1): Edgewood - Res Supplement

| Expenditure Category | TOTAL | GENERAL FUND & (Agency- generated) OTHER REVENUE | GRANT #1: (grant title) | GRANT #2: (grant title) | WORK ORDER #1: (dept. name) | WORK ORDER #2: (dept. name) |
|---|-------------------------|--|----------------------------|----------------------------|--------------------------------|--------------------------------|
| PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION |
| 7/1/10-6/30/11 | 7/1/10-6/30/11 | Term: | Term: | Term: | Term: | Term: |
| Rental of Property | \$ - | | | | | |
| Utilities(Elec, Water, Gas, Phone, Scavenger) | \$ 1,346.00 | 1,346 | | | | |
| Office Supplies, Postage | \$ 108.00 | 108 | | | | |
| Building Maintenance Supplies and Repair | \$ 2,611.00 | 2,611 | | | | |
| Printing and Reproduction | \$ - | | | | | |
| Insurance | \$ 926.00 | 926 | | | | |
| Staff Training | \$ - | | | | | |
| Staff Travel-(Local & Out of Town) | \$ - | | | | | |
| Rental of Equipment | \$ - | | | | | |
| CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts) | \$ - | | | | | |
| | \$ - | | | | | |
| | \$ - | | | | | |
| | \$ - | | | | | |
| | \$ - | | | | | |
| | \$ - | | | | | |
| OTHER | \$ - | | | | | |
| | \$ - | | | | | |
| Depreciation | \$ 6,723.00 | 6,723 | | | | |
| | \$ - | | | | | |
| | \$ - | | | | | |
| | \$ - | | | | | |
| TOTAL OPERATING EXPENSE | \$11,714 | \$11,714 | \$0 | \$0 | \$0 | \$0 |

CBHS BUDGET JUSTIFICATION

Provider Number: 8858

Provider Name: Edgewood - Res Supplement

Date: 07/01/2010

Fiscal Year: 2010-2011

| Salaries and Benefits | Salaries | FTE |
|--|-----------------|-------------|
| Nurse: Provides direct patient care, Min Req Valid Calif License as an RN, BSN preferred with 3 to 5 years experience. 65 FTE X \$64,688 per year = \$42,047 | \$42,047 | 0.65 |
| Intensive Manager: Oversees all Intensive Services Programs; Min Rq MSW or Masters in Psych, 2 experience working with children; .08 FTE X \$61,596 per year = \$4,928 | \$4,928 | 0.08 |
| Upnight Childcare Workers: oversees and ensures consistant care of clients through the late night and early morning hours, Min Req Bachelors Degree preferrably in a behavioral science 1 FTE X \$36,000 per year = \$36,000 | \$36,000 | 1.00 |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| TOTAL SALARIES | \$82,975 | 1.73 |
| Benefits at 29% - \$233,225 X .29 = \$67,635 | \$24,063 | |
| | | |
| | | |
| | | |
| TOTAL BENEFITS | \$24,063 | |

TOTAL SALARIES & BENEFITS \$107,038 1.73

Operating Expenses

Formulas to be expressed with FTE's, square footage, or % of program within agency - not as a

Occupancy:

Rent:

| | |
|--|---------|
| Depreciation 514 Sq Feet X \$ 13.08 per. = \$6,723 | \$6,723 |
|--|---------|

Utilities:

| | |
|--|---------|
| Utilities 514 Sq Feet X \$2.62 per = \$1,346 | \$1,346 |
|--|---------|

Building Maintenance:

| | |
|------------------------------------|---------|
| 514 Sq Feet X \$5.08 per = \$2,611 | \$2,611 |
|------------------------------------|---------|

| | |
|------------------|----------|
| Total Occupancy: | \$10,680 |
|------------------|----------|

Materials and Supplies:

Office Supplies:

| | |
|---|-------|
| Based on previous year's experience \$9 per month X 12 months = \$108 | \$108 |
|---|-------|

Printing/Reproduction:

Program/Medical Supplies:

| | |
|-------------------------------|-------|
| Total Materials and Supplies: | \$108 |
|-------------------------------|-------|

General Operating:

Insurance:

| | |
|---|-------|
| Total annual agency cost for insurance = \$185,209. This contract represents 0.5% of total agency funding. \$185,209 X .005 = \$926 | \$926 |
|---|-------|

Staff Training:

Three training courses throughout year X \$500 per course

Computer Supplies

| | |
|--------------------------|-------|
| Total General Operating: | \$926 |
|--------------------------|-------|

Staff Travel (Local & Out of Town):

| |
|-----|
| \$0 |
|-----|

Consultants/Subcontractors:

| | |
|-----------------------------------|-----|
| Total Consultants/Subcontractors: | \$0 |
|-----------------------------------|-----|

| | |
|------------------------|----------|
| TOTAL OPERATING COSTS: | \$11,714 |
|------------------------|----------|

CAPITAL EXPENDITURES: *(If needed - A unit valued at \$5,000 or more)*

\$0

TOTAL DIRECT COSTS (Salaries & Benefits plus Operating Costs): **\$118,752**

INDIRECT COSTS:

\$14,248

CONTRACT TOTAL: **\$133,000**

DPH 3: Salaries & Benefits Detail

Provider Number (same as line 7 on DPH 1): 8858
 Provider Name (same as line 8 on DPH 1): Edgewood - School MH Partnership 8858ED

APPENDIX #: B-8a, Page 1
 Document Date: 7/1/10

| POSITION TITLE | TOTAL | | GENERAL FUND & (Agency-generated) OTHER REVENUE | | GRANT #1: (grant title) | | GRANT #2: (grant title) | | WORK ORDER #1: (dept. name) | | WORK ORDER #2: (dept. name) | |
|-------------------|--|--------------|---|----------|-------------------------------|----------|-------------------------------|----------|--------------------------------|----------|--------------------------------|----------|
| | 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 |
| Clinical Director | 0.15 | \$ 12,003.00 | 0.15 | 12,003 | | | | | | | | |
| Clinician | 1.60 | \$ 76,800.00 | 1.60 | 76,800 | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| TOTALS | 1.75 | \$88,803 | 1.75 | \$88,803 | 0.00 | \$0 | 0.00 | \$0 | 0.00 | \$0 | 0.00 | \$0 |

EMPLOYEE FRINGE BENEFITS 29% \$25,753 29% \$25,753 #DIV/0! #DIV/0! #DIV/0! #DIV/0!

TOTAL SALARIES & BENEFITS \$114,556 \$114,556 \$0 \$0 \$0 \$0

DPH 4: Operating Expenses Detail

APPENDIX #: B-8a, Page 2
Document Date: 7/1/10

Provider Number (same as line 7 on DPH 1): 8858
Provider Name (same as line 8 on DPH 1): Edgewood - School MH Partnership 8858ED

Expenditure Category

Rental of Property
Utilities(Elec, Water, Gas, Phone, Scavenger)
Office Supplies, Postage
Building Maintenance Supplies and Repair
Printing and Reproduction
Insurance
Staff Training
Staff Travel-(Local & Out of Town)
Rental of Equipment
CONSULTANT/SUBCONTRACTOR (Provide Names,
Dates, Hours & Amounts)

UCSF Interns

OTHER

Depreciation
Educational Supplies
Food Services
Information Technology

| TOTAL | GENERAL FUND & (Agency- generated) OTHER REVENUE | GRANT #1: (grant title) | GRANT #2: (grant title) | WORK ORDER #1: (dept. name) | WORK ORDER #2: (dept. name) |
|--------------------------------|--|----------------------------|----------------------------|--------------------------------|--------------------------------|
| PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION |
| 7/1/10-6/30/11 | 7/1/10-6/30/11 | Term: _____ | Term: _____ | Term: _____ | Term: _____ |
| \$ - | | | | | |
| \$ 700 | 700 | | | | |
| \$ 300 | 300 | | | | |
| \$ 1,356 | 1,356 | | | | |
| \$ - | | | | | |
| \$ 1,111 | 1,111 | | | | |
| \$ - | | | | | |
| \$ 900 | 900 | | | | |
| \$ - | | | | | |
| \$ - | | | | | |
| \$ - | | | | | |
| \$ - | | | | | |
| \$ - | | | | | |
| \$ - | | | | | |
| \$ - | | | | | |
| \$ 3,492 | 3,492 | | | | |
| \$ 500 | 500 | | | | |
| \$ 700 | 700 | | | | |
| \$ 2,468 | 2,468 | | | | |
| TOTAL OPERATING EXPENSE | \$11,527 | \$11,527 | \$0 | \$0 | \$0 |

DPH 3: Salaries & Benefits Detail

Provider Number (same as line 7 on DPH 1):

8858

Provider Name (same as line 8 on DPH 1):

Edgewood - School MH Partnership 8858ED

APPENDIX #: B-8b, Page 1

Document Date: 7/1/10

| POSITION TITLE | TOTAL | | GENERAL FUND & (Agency-generated) OTHER REVENUE | | GRANT #1: | | GRANT #2: | | 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: | | Proposed Transaction Term: | | Proposed Transaction Term: | | Proposed Transaction Term: | |
| | FTE | SALARIES | FTE | SALARIES | FTE | SALARIES | FTE | SALARIES | FTE | SALARIES | FTE | SALARIES |
| Research Director | 0.03 | \$ 3,576.00 | 0.03 | 3,576 | | | | | | | | |
| Clinician | 0.40 | \$ 19,200.00 | 0.40 | 19,200 | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| TOTALS | 0.43 | \$22,776 | 0.43 | \$22,776 | 0.00 | \$0 | 0.00 | \$0 | 0.00 | \$0 | 0.00 | \$0 |

EMPLOYEE FRINGE BENEFITS

29%

\$6,605

29%

\$6,605

#DIV/0!

#DIV/0!

#DIV/0!

#DIV/0!

TOTAL SALARIES & BENEFITS

\$29,381

\$29,381

\$0

\$0

\$0

\$0

DPH 4: Operating Expenses Detail

APPENDIX #: B-8b, Page 2
Document Date: 7/1/10

Provider Number (same as line 7 on DPH 1): 8858
Provider Name (same as line 8 on DPH 1): Edgewood - School MH Partnership 8858ED

Expenditure Category

Rental of Property
Utilities(Elec, Water, Gas, Phone, Scavenger)
Office Supplies, Postage
Building Maintenance Supplies and Repair
Printing and Reproduction
Insurance
Staff Training
Staff Travel-(Local & Out of Town)
Rental of Equipment
CONSULTANT/SUBCONTRACTOR (Provide Names,
Dates, Hours & Amounts)

OTHER

Depreciation
Educational Supplies
Food Services
Information Technology

| TOTAL | GENERAL FUND & (Agency- generated) OTHER REVENUE | GRANT #1: (grant title) | GRANT #2: (grant title) | WORK ORDER #1: _____ (dept. name) | WORK ORDER #2: _____ (dept. name) |
|--------------------------------|--|----------------------------|----------------------------|---|---|
| PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION |
| 7/1/10-6/30/11 | 7/1/10-6/30/11 | Term: _____ | Term: _____ | Term: _____ | Term: _____ |
| \$ - | | | | | |
| \$ - | | | | | |
| \$ - | | | | | |
| \$ - | | | | | |
| \$ - | | | | | |
| \$ - | | | | | |
| \$ - | | | | | |
| \$ 600 | 600 | | | | |
| \$ - | | | | | |
| \$ - | | | | | |
| \$ - | | | | | |
| \$ - | | | | | |
| \$ - | | | | | |
| \$ - | | | | | |
| \$ - | | | | | |
| \$ - | | | | | |
| \$ - | | | | | |
| \$ - | | | | | |
| \$ 640 | 640 | | | | |
| \$ 500 | 500 | | | | |
| \$ 400 | 400 | | | | |
| TOTAL OPERATING EXPENSE | \$2,140 | \$2,140 | \$0 | \$0 | \$0 |

CBHS BUDGET JUSTIFICATION

Provider Number: 8858

Provider Name: Edgewood- School MH Partnership 8858ED

Date: 07/01/2010

Fiscal Year: 2010-2011

Salaries and Benefits

Salaries

FTE

[illegible]

| | | |
|----------------|-----------|------|
| TOTAL SALARIES | \$111,579 | 2.18 |
|----------------|-----------|------|

| | | |
|--|----------|--|
| Benefits at 29% - \$111,579 X .29 = \$32,358 | \$32,358 | |
| | | |
| | | |
| | | |

| | |
|-----------------------|-----------------|
| TOTAL BENEFITS | \$32,358 |
|-----------------------|-----------------|

| | | |
|--------------------------------------|------------------|-------------|
| TOTAL SALARIES & BENEFITS | \$143,937 | 2.18 |
|--------------------------------------|------------------|-------------|

Operating Expenses

Formulas to be expressed with FTE's, square footage, or %-of program within agency - not as a

Occupancy:

Rent:

| | |
|---|---------|
| Depreciation 267 Sq Feet X \$ 13.08 per = \$3,492 | \$3,492 |
|---|---------|

Utilities:

| | |
|--|-------|
| Utilities 267 Sq Feet X \$2.62 per = \$700 | \$700 |
|--|-------|

Building Maintenance:

| | |
|------------------------------------|---------|
| 267 Sq Feet X \$5.08 per = \$1,356 | \$1,356 |
|------------------------------------|---------|

| | |
|------------------|---------|
| Total Occupancy: | \$5,548 |
|------------------|---------|

Materials and Supplies:Office Supplies:

| | |
|--|-------|
| Based on previous year's experience \$50 per month X 12 months = \$300 | \$300 |
|--|-------|

Printing/Reproduction:Program/Medical Supplies:

| | |
|--|---------|
| Educational Supplies based on past experience \$95 per month X 12 months = \$1,140 | \$1,140 |
|--|---------|

| | |
|---|---------|
| Food for clients; \$100 X 12 months = \$1,200 | \$1,200 |
|---|---------|

| | |
|-------------------------------|---------|
| Total Materials and Supplies: | \$2,640 |
|-------------------------------|---------|

General Operating:Insurance:

| | |
|---|---------|
| Total annual agency cost for insurance = \$185,209. This contract represents 0.6% of total agency funding. \$185,209 X .006 = \$1,111 | \$1,111 |
|---|---------|

Staff Training:Computer Supplies

| | |
|---|---------|
| Based on previous year's experience \$239 per month X 12 months = \$2,868 | \$2,868 |
|---|---------|

| | |
|--------------------------|---------|
| Total General Operating: | \$3,979 |
|--------------------------|---------|

Staff Travel (Local & Out of Town):

| | |
|---|---------|
| Based on prior year's experience 250 miles per month X 12 months X \$.50 per mile = \$1,500 | \$1,500 |
|---|---------|

| |
|---------|
| \$1,500 |
|---------|

Consultants/Subcontractors:

Total Consultants/Subcontractors: \$0

TOTAL OPERATING COSTS: \$13,667

CAPITAL EXPENDITURES: (If needed - A unit valued at \$5,000 or more) \$0

TOTAL DIRECT COSTS (Salaries & Benefits plus Operating Costs): \$157,604

INDIRECT COSTS: \$18,916

CONTRACT TOTAL: \$176,520

DPH 3: Salaries & Benefits Detail

Provider Number (same as line 7 on DPH 1): 8858
 Provider Name (same as line 8 on DPH 1): Edgewood - TBS 885818

APPENDIX #: B-9, Page 1
 Document Date: 7/1/10

| POSITION TITLE | TOTAL | | GENERAL FUND & (Agency-generated) OTHER REVENUE | | GRANT #1: (grant title) | | GRANT #2: (grant title) | | WORK ORDER #1: (dept. name) | | WORK ORDER #2: (dept. name) | |
|----------------------------|--|------------|---|-----------|--------------------------------|----------|--------------------------------|----------|------------------------------------|----------|------------------------------------|----------|
| | 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 |
| Research Director | 0.10 | \$ 11,918 | 0.10 | 11,918 | | | | | | | | |
| Senior Clinician | 0.28 | \$ 32,092 | 0.28 | 32,092 | | | | | | | | |
| Regional Clinical Director | 0.18 | \$ 17,552 | 0.18 | 17,552 | | | | | | | | |
| Clinical Director | 0.25 | \$ 20,005 | 0.25 | 20,005 | | | | | | | | |
| TBS Manager | 1.00 | \$ 48,464 | 1.00 | 48,464 | | | | | | | | |
| Research Associate | 0.10 | \$ 5,701 | 0.10 | 5,701 | | | | | | | | |
| TBS Coach | 4.50 | \$ 168,480 | 4.50 | 168,480 | | | | | | | | |
| Sr. TBS Behavioral Coach | 0.50 | \$ 20,401 | 0.50 | 20,401 | | | | | | | | |
| Administrative Coordinator | 0.30 | \$ 10,608 | 0.30 | 10,608 | | | | | | | | |
| Clinician | 1.00 | \$ 50,472 | 1.00 | 50,472 | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| TOTALS | 8.21 | \$385,693 | 8.21 | \$385,693 | 0.00 | \$0 | 0.00 | \$0 | 0.00 | \$0 | 0.00 | \$0 |

EMPLOYEE FRINGE BENEFITS

29% \$111,851 29% \$111,851 #DIV/0! #DIV/0! #DIV/0! #DIV/0!

TOTAL SALARIES & BENEFITS

\$497,544 \$497,544 \$0 \$0 \$0 \$0

DPH 4: Operating Expenses Detail

APPENDIX #: B-9, page 2
Document Date: 7/1/10

Provider Number (same as line 7 on DPH 1): 8858
Provider Name (same as line 8 on DPH 1): Edgewood - TBS 885818

Expenditure Category

Rental of Property
Utilities(Elec, Water, Gas, Phone, Scavenger)
Office Supplies, Postage
Building Maintenance Supplies and Repair
Printing and Reproduction
Insurance
Staff Training
Staff Travel-(Local & Out of Town)
Rental of Equipment
CONSULTANT/SUBCONTRACTOR (Provide Names,
Dates, Hours & Amounts)
UCSF Interns
OTHER
Depreciation
Client Incentives
Food Services
Information Technology

TOTAL OPERATING EXPENSE

| TOTAL | GENERAL FUND & (Agency- generated) OTHER REVENUE | GRANT #1: (grant title) | GRANT #2: (grant title) | WORK ORDER #1: (dept. name) | WORK ORDER #2: (dept. name) |
|-------------------------|--|----------------------------|----------------------------|-----------------------------------|-----------------------------------|
| PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION |
| 7/1/10-6/30/11 | 7/1/10-6/30/11 | Term: | Term: | Term: | Term: |
| \$ - | | | | | |
| \$ 4,360 | 4,360 | | | | |
| \$ 1,200 | 1,200 | | | | |
| \$ 9,887 | 9,887 | | | | |
| \$ - | | | | | |
| \$ 4,445 | 4,445 | | | | |
| \$ 5,000 | 5,000 | | | | |
| \$ 3,600 | 3,600 | | | | |
| \$ - | | | | | |
| \$ - | | | | | |
| \$ - | | | | | |
| \$ - | | | | | |
| \$ - | | | | | |
| \$ - | | | | | |
| \$ - | | | | | |
| \$ 21,765 | 21,765 | | | | |
| \$ 3,000 | 3,000 | | | | |
| \$ 4,800 | 4,800 | | | | |
| \$ 12,000 | 12,000 | | | | |
| \$70,057 | \$70,057 | \$0 | \$0 | \$0 | \$0 |

CBHS BUDGET JUSTIFICATION

Provider Number: 8858

Provider Name: Edgewood - TBS 885818

Date: 07/01/2010

Fiscal Year: 2010-2011

| Salaries and Benefits | Salaries | FTE |
|--|------------------|-------------|
| Research Director: Oversees all aspects of program quality of care, outcomes, fiscal admin and facility management; Min Req Doctoral level professional with 10 years experience; .1 FTE X \$119,184 per year = \$11,918 | \$11,918 | 0.10 |
| Senior Clinician: Responsible for developing, coordinating, implementing and monitoring all aspects of program behavioral plans; Min Req MSW Masters Degree and MFT or LCSW license and 3 years experience; .5 FTE X \$64,184 per year = \$32,092 | \$32,092 | 0.28 |
| Regional Program Director: Manages all aspects of a regions Mental Health operations including supervisory, planning, reporting and budgetary responsibility; Min Req Masters Degree and 5 years experience; .16 FTE X \$97,512.50 X 6 months = \$17,552 | \$17,552 | 0.18 |
| Clinical Director: Manages all agency Mental Health services including supervision and training of clinical staff, Min Req Masters Degree, a Clinical License and 2-3 years experience; .25 FTE X \$80,018 = \$20,005 | \$20,005 | 0.25 |
| TBS Manager: Provides supervision to TBS coaches and reviews all documents for accuracy; Min Req BA degree and 1 year experience that includes supervision; 1 FTE X \$48,464 per year = \$48,464 | \$48,464 | 1.00 |
| Research Associate: Designs assessment materials, evaluates all service report results; Min Req Doctoral degree; .1 FTE X \$57,013 per year = \$5,701 | \$5,701 | 0.10 |
| TBS Coach: Provides one-on-one support and services to clients, monitors progress and ensures treatment goals are met; Min Req BA and 1 year experience; 4.5 FTE X \$37,440 per year = \$168,480 | \$168,480 | 4.50 |
| Sr. TBS Behavior Coach: Provides support for more acute cases, mentors TBS coaches; Min Req BA degree and 5 years experience; .5 FTE X \$40,802 per year = \$20,401 | \$20,401 | 0.50 |
| Administrative Coordinator: Provides support for program, schedule and handles day to day admin tasks; Min Req High School Diploma or GED; .3 FTE X \$35,360 per year = \$10,608 | \$10,608 | 0.30 |
| Clinician: Co-author care plans and annual treatment plans and provides therapy sessions and helps with case management, Min Req Masters Degree and 1-2 years experience: 1 FTE X \$50,472 per year = \$50,472 | \$50,472 | 1.00 |
| | | |
| | | |
| | | |
| | | |
| TOTAL SALARIES | \$385,693 | 8.21 |
| Benefits at 29% - \$385,693 X .29 = \$111,851 | \$111,851 | |
| | | |
| | | |
| TOTAL BENEFITS | \$111,851 | |

| | | |
|--------------------------------------|------------------|-------------|
| TOTAL SALARIES & BENEFITS | \$497,544 | 8.21 |
|--------------------------------------|------------------|-------------|

Operating Expenses

Formulas to be expressed with FTE's, square footage, or % of program within agency - not as a
Occupancy:

Rent:

| | |
|--|----------|
| Depreciation 1,664 Sq Feet X \$ 13.08 per = \$21,765 | \$21,765 |
|--|----------|

Utilities:

| | |
|--|---------|
| Utilities 1,664 Sq Feet X \$2.62 per = \$4,360 | \$4,360 |
|--|---------|

Building Maintenance:

| | |
|---|---------|
| Additional vehicle registration and maintenance | \$1,434 |
|---|---------|

| | |
|--------------------------------------|---------|
| 1,664 Sq Feet X \$5.08 per = \$8,453 | \$8,453 |
|--------------------------------------|---------|

| | |
|-------------------------|-----------------|
| Total Occupancy: | \$36,012 |
|-------------------------|-----------------|

Materials and Supplies:

Office Supplies:

| | |
|---|---------|
| Based on previous year's experience \$100 per month X 12 months = \$1,200 | \$1,200 |
|---|---------|

Printing/Reproduction:

Program/Medical Supplies:

| | |
|--|---------|
| Client Incentives based on past experience \$250 per month X 12 months = \$3,000 | \$3,000 |
|--|---------|

| | |
|---|---------|
| Food for clients; \$400 X 12 months = \$4,800 | \$4,800 |
|---|---------|

| | |
|--------------------------------------|----------------|
| Total Materials and Supplies: | \$9,000 |
|--------------------------------------|----------------|

General Operating:

Insurance:

| | |
|---|---------|
| Total annual agency cost for insurance = \$185,209. This contract represents 2.4% of total agency funding. \$185,209 X .024 = \$4,445 | \$4,445 |
|---|---------|

Staff Training:

| | |
|---|---------|
| 10 trainings throughout year X \$500 per training = \$5,000 | \$5,000 |
|---|---------|

Computer Supplies

| | |
|--|----------|
| Based on previous year's experience \$1,000 per month X 12 months = \$12,000 | \$12,000 |
|--|----------|

Total General Operating: \$21,445

Staff Travel (Local & Out of Town):

| | |
|--|----------------|
| Based on prior year's experience 600 miles per month X 12 months X | \$3,600 |
| \$.50 per mile = \$3,600 | |
| | <u>\$3,600</u> |

Consultants/Subcontractors:

Total Consultants/Subcontractors: \$0

TOTAL OPERATING COSTS: \$70,057

CAPITAL EXPENDITURES: (If needed - A unit valued at \$5,000 or more) \$0

TOTAL DIRECT COSTS (Salaries & Benefits plus Operating Costs): \$567,601

INDIRECT COSTS: \$68,113

CONTRACT TOTAL: \$635,714

DPH 3: Salaries & Benefits Detail

Provider Number (same as line 7 on DPH 1): 8858
 Provider Name (same as line 8 on DPH 1): Edgewood - FMP Wrap

APPENDIX #: B-10, Page 1
 Document Date: 7/1/10

| POSITION TITLE | TOTAL | | GENERAL FUND & (Agency-generated) OTHER REVENUE | | GRANT #1: (grant title) | | GRANT #2: (grant title) | | WORK ORDER #1: (dept. name) | | WORK ORDER #2: (dept. name) | |
|---------------------------|---|--------------|---|----------|----------------------------------|----------|----------------------------------|----------|----------------------------------|----------|----------------------------------|----------|
| | 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 |
| TBS Coach | 0.38 | \$ 14,227.00 | 0.38 | 14,227 | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| TOTALS | 0.38 | \$14,227 | 0.38 | \$14,227 | 0.00 | \$0 | 0.00 | \$0 | 0.00 | \$0 | 0.00 | \$0 |
| EMPLOYEE FRINGE BENEFITS | 29% | \$4,126 | 29% | \$4,126 | #DIV/0! | | #DIV/0! | | #DIV/0! | | #DIV/0! | |
| TOTAL SALARIES & BENEFITS | | \$18,353 | | \$18,353 | | \$0 | | \$0 | | \$0 | | \$0 |

DPH 4: Operating Expenses Detail

APPENDIX #: B-10, Page 2
Document Date: 7/1/10

| | |
|---|---------------------|
| Provider Number (same as line 7 on DPH 1): | 8858 |
| Provider Name (same as line 8 on DPH 1): | Edgewood - FMP Wrap |

| TOTAL | GENERAL FUND & (Agency-generated) OTHER REVENUE | GRANT #1: <u> </u> (grant title) | GRANT #2: <u> </u> (grant title) | WORK ORDER #1: <u> </u> (dept. name) | WORK ORDER #2: <u> </u> (dept. name) |
|---|--|---|---|---|---|
| | | | | | |
| PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION |
| 7/1/10-6/30/11 | 7/1/10-6/30/11 | Term: <u> </u> | Term: <u> </u> | Term: <u> </u> | Term: <u> </u> |
| Expenditure Category | | | | | |
| Rental of Property | \$ - | | | | |
| Utilities(Elec, Water, Gas, Phone, Scavenger) | \$ 445 | 445 | | | |
| Office Supplies, Postage | \$ - | | | | |
| Building Maintenance Supplies and Repair | \$ 864 | 864 | | | |
| Printing and Reproduction | \$ - | | | | |
| Insurance | \$ - | | | | |
| Staff Training | \$ - | | | | |
| Staff Travel-(Local & Out of Town) | \$ - | | | | |
| Rental of Equipment | \$ - | | | | |
| CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts) | \$ - | | | | |
| | \$ - | | | | |
| | \$ - | | | | |
| | \$ - | | | | |
| | \$ - | | | | |
| | \$ - | | | | |
| OTHER | \$ - | | | | |
| | \$ - | | | | |
| Depreciation | \$ 2,224 | 2,224 | | | |
| | \$ - | | | | |
| | \$ - | | | | |
| Information Technology | \$ - | | | | |
| TOTAL OPERATING EXPENSE | \$3,533 | \$3,533 | \$0 | \$0 | \$0 |

CBHS BUDGET JUSTIFICATION

Provider Number: 8858**Provider Name: Edgewood - FMP Wrap**

Date: 07/01/2010

Fiscal Year: 2010-2011

Salaries and Benefits

Salaries

FTE

| | | |
|---|-----------------|-------------|
| TBS Coach: Provides one-on-one support and services to clients, monitors progress and ensures treatment goals are met; Min Req BA and 1 year experience; .38 FTE X \$37,440 per year = \$14,227 | \$14,227 | 0.38 |
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| | | |
| TOTAL SALARIES | \$14,227 | 0.38 |

| | | |
|--|----------------|--|
| Benefits at 29% - \$14,227 X .29 = \$4,126 | \$4,126 | |
| | | |
| | | |
| | | |
| TOTAL BENEFITS | \$4,126 | |

| | | |
|--------------------------------------|-----------------|-------------|
| TOTAL SALARIES & BENEFITS | \$18,353 | 0.38 |
|--------------------------------------|-----------------|-------------|

Operating Expenses

Formulas to be expressed with FTE's, square footage, or % of program within agency - not as a

Occupancy:

Rent:

| | |
|---|---------|
| Depreciation 170 Sq Feet X \$ 13.08 per = \$2,224 | \$2,224 |
|---|---------|

Utilities:

| | |
|--|-------|
| Utilities 170 Sq Feet X \$2.62 per = \$445 | \$445 |
|--|-------|

Building Maintenance:

| | |
|----------------------------------|-------|
| 170 Sq Feet X \$5.08 per = \$864 | \$864 |
|----------------------------------|-------|

Total Occupancy: \$3,533

Materials and Supplies:

Office Supplies:

Printing/Reproduction:

Program/Medical Supplies:

Total Materials and Supplies: \$0

General Operating:

Insurance:

Staff Training:

Computer Supplies

Total General Operating: \$0

Staff Travel (Local & Out of Town):

\$0

Consultants/Subcontractors:

Total Consultants/Subcontractors: \$0

TOTAL OPERATING COSTS: \$3,533

CAPITAL EXPENDITURES: (If needed - A unit valued at \$5,000 or more) \$0

TOTAL DIRECT COSTS (Salaries & Benefits plus Operating Costs): \$21,886

INDIRECT COSTS: \$2,608

CONTRACT TOTAL: \$24,494

DPH 3: Salaries & Benefits Detail

Provider Number (same as line 7 on DPH 1): 8558
 Provider Name (same as line 8 on DPH 1): Edgewood - SB 163 Wrap EPSDT

APPENDIX #: B-11, Page 1
 Document Date: 7/1/10

| POSITION TITLE | TOTAL | | GENERAL FUND & (Agency-generated) OTHER REVENUE | | GRANT #1: (grant title) | | GRANT #2: (grant title) | | WORK ORDER #1: (dept. name) | | WORK ORDER #2: (dept. name) | |
|------------------------|--|--------------|---|-----------|-------------------------------|----------|-------------------------------|----------|--------------------------------|----------|--------------------------------|----------|
| | 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 |
| Program Director | 0.45 | \$ 37,440.00 | 0.45 | 37,440 | | | | | | | | |
| Care Coordinator | 0.70 | \$ 37,888.00 | 0.70 | 37,888 | | | | | | | | |
| Family Partner | 0.34 | \$ 14,102.00 | 0.34 | 14,102 | | | | | | | | |
| Family Specialist | 1.25 | \$ 40,014.00 | 1.25 | 40,014 | | | | | | | | |
| Relief Staff | 0.23 | \$ 6,458.00 | 0.23 | 6,458 | | | | | | | | |
| Administrative Support | 0.22 | \$ 6,864.00 | 0.22 | 6,864 | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| | 0.00 | \$ - | | | | | | | | | | |
| TOTALS | 3.19 | \$142,766 | 3.19 | \$142,766 | 0.00 | \$0 | 0.00 | \$0 | 0.00 | \$0 | 0.00 | \$0 |

EMPLOYEE FRINGE BENEFITS

| | | | | | | | | | | | |
|-----|----------|-----|----------|---------|--|---------|--|---------|--|---------|--|
| 29% | \$41,402 | 29% | \$41,402 | #DIV/0! | | #DIV/0! | | #DIV/0! | | #DIV/0! | |
|-----|----------|-----|----------|---------|--|---------|--|---------|--|---------|--|

TOTAL SALARIES & BENEFITS

| | | | | | |
|-----------|-----------|-----|-----|-----|-----|
| \$184,168 | \$184,168 | \$0 | \$0 | \$0 | \$0 |
|-----------|-----------|-----|-----|-----|-----|

DPH 4: Operating Expenses Detail

APPENDIX #: B-11, Page 2
Document Date: 7/1/10

| | |
|---|------------------------------|
| Provider Number (same as line 7 on DPH 1): | 8858 |
| Provider Name (same as line 8 on DPH 1): | Edgewood - SB 163 Wrap EPSDT |

| Expenditure Category | TOTAL | GENERAL FUND & (Agency-generated) OTHER REVENUE | GRANT #1: (grant title) | GRANT #2: (grant title) | WORK ORDER #1: (dept. name) | WORK ORDER #2: (dept. name) |
|---|-------------------------|---|----------------------------|----------------------------|-----------------------------------|-----------------------------------|
| | PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION |
| | 7/1/10-6/30/11 | 7/1/10-6/30/11 | Term: _____ | Term: _____ | Term: _____ | Term: _____ |
| Rental of Property | \$ - | | | | | |
| Utilities(Elec, Water, Gas, Phone, Scavenger) | \$ 1,800 | 1,800 | | | | |
| Office Supplies, Postage | \$ - | | | | | |
| Building Maintenance Supplies and Repair | \$ 3,590 | 3,590 | | | | |
| Printing and Reproduction | \$ - | | | | | |
| Insurance | \$ 1,604 | 1,604 | | | | |
| Staff Training | \$ - | | | | | |
| Staff Travel-(Local & Out of Town) | \$ - | | | | | |
| Rental of Equipment | \$ - | | | | | |
| CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts) | \$ - | | | | | |
| | \$ - | | | | | |
| | \$ - | | | | | |
| | \$ - | | | | | |
| | \$ - | | | | | |
| | \$ - | | | | | |
| OTHER | \$ - | | | | | |
| | \$ - | | | | | |
| Depreciation | \$ 8,986 | 8,986 | | | | |
| Client Services | \$ 744 | 744 | | | | |
| | \$ - | | | | | |
| | \$ - | | | | | |
| TOTAL OPERATING EXPENSE | \$16,724 | \$16,724 | \$0 | \$0 | \$0 | \$0 |

CBHS BUDGET JUSTIFICATION

Provider Number: 8858

Provider Name: Edgewood - SB 163 Wrap EPSDT

Date: 07/01/201

Fiscal Year: 2010-2011

| Salaries and Benefits | Salaries | FTE |
|---|------------------|-------------|
| Program Director: Responsible for all aspects of the program including managing schedules, reporting requirements, treatment plans and fiscal requirement; Min Req Masters degree and 5 years experience including supervisory responsibility; .45 FTE X \$83,200 per year = \$37,440 | \$37,440 | 0.45 |
| Care Coordinator: Coordinates treatment plans; Min Req Masters Degree and eligibility for an MFT/LCSW license; .7 FTE X \$54,125 per year = \$37,888 | \$37,888 | 0.70 |
| Family Partner: Serves as a model companion to families with an understanding of the treatment process; Min Req BA preferred but High School diploma with 5 years experience acceptable; .34 FTE X \$41,476 per year = \$14,102 | \$14,102 | 0.34 |
| Family Specialist: Provides support to families with an understanding of treatment plans; Min Req BA preferred with 2 years experience; 1.25 FTE X \$32,011 average annual salary = \$40,014 | \$40,014 | 1.25 |
| Relief Staff: Per Diem employees who step into positions vacated due to illness or unscheduled time off; Min Req High School diploma or GED; .23 FTE X \$28,080 per year = \$6,458 | \$6,458 | 0.23 |
| Administrative Support: Provides support for program, schedule and handles day to day admin tasks; Min Req High School Diploma or GED .22 FTE X \$31,200 per year = \$6,864 | \$6,864 | 0.22 |
| | | |
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| | | |
| | | |
| TOTAL SALARIES | \$142,766 | 3.19 |

| | | |
|--|-----------------|--|
| Benefits at 29% - \$142,766 X .29 = \$41,402 | \$41,402 | |
| | | |
| | | |
| | | |
| TOTAL BENEFITS | \$41,402 | |

| | | |
|---------------------------|-----------|-----|
| TOTAL SALARIES & BENEFITS | \$184,168 | \$3 |
|---------------------------|-----------|-----|

Operating Expenses

Formulas to be expressed with FTE's, square footage, or % of program within agency - not as a Occupancy:

Rent:

Depreciation 687 Sq Feet X \$ 13.08 per = \$8,986 \$8,986

Utilities:

Utilities 687 Sq Feet X \$2.62 per = \$1,800 \$1,800

Building Maintenance:

687 Sq Feet X \$5.08 per = \$3,590 \$3,590

Total Occupancy: \$14,376

Materials and Supplies:

Office Supplies:

Printing/Reproduction:

Program/Medical Supplies:

Client Services based on past experience \$62 per month X 12 months = \$744 \$744

Total Materials and Supplies: \$744

General Operating:

Insurance:

Total annual agency cost for insurance = \$185,209. This contract represents .866% of total agency funding. \$185,209 X .00866 = \$1,597 \$1,604

Staff Training:

Computer Supplies

Total General Operating: \$1,604

Staff Travel (Local & Out of Town):

Based on prior year's experience

\$0

Consultants/Subcontractors:

Total Consultants/Subcontractors: \$0

TOTAL OPERATING COSTS: \$16,724

CAPITAL EXPENDITURES: *(If needed - A unit valued at \$5,000 or more)* \$0

| | |
|--|-----------|
| TOTAL DIRECT COSTS (Salaries & Benefits plus Operating Costs): | \$200,892 |
|--|-----------|

INDIRECT COSTS: \$24,108

| | |
|-----------------|-----------|
| CONTRACT TOTAL: | \$225,000 |
|-----------------|-----------|

SALARIES & BENEFITS

| Position Title | FTE | Salaries |
|---|------|------------|
| Executive Office (Es) | | |
| Executive Officer; Provides overall leadership and support for programs. Assists in our fund raising which provides additional that could potentially be used to enhance our mental health services without impacting our contracts. | 0.10 | \$ 23,000 |
| Financial Officer; Provides financial oversight and guidance to agency. Manages the Accounting and Financial Operations, reviews and approves all contracts and helps provide insight in the budget and planning process. | 0.15 | \$ 26,175 |
| Director of Programs and Strategies; Provides leadership and oversight programs including meeting attendance, financial guidance, program direction guidance and management of program needs. | 0.20 | \$ 31,340 |
| Executive Admin; Helps facilitate high level program meetings, works with government officials, provides an interface between program heads and the Executive office. | 0.10 | \$ 6,300 |
| Information Management (Es) | | |
| Director of Information Management; Manages all contracts and works with government officials to ensure proper documentation and act status. Oversees the billing and budget process to help the agency meet our program goals. | 0.20 | \$ 19,000 |
| Controller; Manages all aspects of our accounting process. Provides financial backup for reports and ensures our cost reports are accurate and complete. | 0.20 | \$ 20,900 |
| Budget Analyst; Manages day to day aspect of our budgeting reporting functions. Works with program heads to ensure that all is adhered to. | 0.20 | \$ 17,000 |
| Contracting Manager; Works under the Controller to ensure our contracting practices are complete and accurate. | 0.10 | \$ 6,900 |
| Contracts Manager; Manages day to day operations of our contracts including the facilitation of approval, proper records management and acts as an additional interface to government agencies. | 0.20 | \$ 12,000 |
| Payroll Specialist; Ensures our personnel are properly compensated. Helps ensure timesheet and payroll expenses are properly documented. | 0.10 | \$ 5,200 |
| Billing Specialist; Provides day to day support of our billing process including the generation of invoices and provides support when additional billing information is needed. | 0.20 | \$ 6,900 |
| Accounts Payable Specialist; Ensures our vendors are properly paid. Helps ensure our cost reporting is complete and accurate by acting as a first line of approval for the categorization of expenses. | 0.10 | \$ 4,400 |
| Administrative Assistant; Provides support for the CFO including scheduling of meetings and signing of critical documents. | 0.10 | \$ 5,500 |
| Human Resources (Es) | | |
| Director of Human Resources; Manages all aspects of the agency's Human Resources function including oversight of our hiring practices, salary structure and compliance with government rules and regulations. | 0.20 | \$ 20,200 |
| HR Generalist (2 at .2 FTE); Provides support with day to day HR issues. Manages the new hire process, provides oversight on HR issues. Manages our HR data system. | 0.40 | \$ 21,200 |
| HR Coordinator; Provides support to the HR staff, schedules interviews, helps process paperwork, assists with general HR administrative duties. | 0.10 | \$ 3,850 |
| HR Assistant; Provides administrative support including the filing of paperwork, records maintenance, records keeping and other general HR duties. | 0.10 | \$ 3,640 |
| Facilities Management (Es) | | |
| Director of Facilities Management; Manages all aspects of the agency's facilities including scheduling of capital projects and large maintenance operations. Manages facilities budgets and ensures optimum pricing and performance from our contractors. | 0.15 | \$ 12,875 |
| Facilities Administrative Manager; Manages administrative staff including scheduling of duties, timesheet review and approval and performance evaluations. | 0.20 | \$ 11,040 |
| Facilities Technician II, Groundskeeper; Responsible for maintaining grounds including small repairs and cleanup. | 0.20 | \$ 6,856 |
| Facilities Technician I; Provides assistance to visitors, answers agency main line, directs calls and provides occasional administrative support. | 0.20 | \$ 7,000 |
| Facilities Technician III (2 at .25 FTE); Responsible for repairs of facilities, including cottages and buildings. Works with contractors on large facilities issues such as plumbing and electrical. | 0.40 | \$ 18,640 |
| Facilities Maintenance Coordinator; Helps in identifying maintenance issues, scheduling repairs, oversight of repairs and occasionally assists or handles repairs directly. | 0.20 | \$ 8,736 |
| Director of Food Services; Responsible for the purchasing, operation oversight, kitchen personnel scheduling and the overall management of our cafeteria. | 0.15 | \$ 11,441 |
| Cafeteria Chef; Prepares meals for our clients. | 0.20 | \$ 9,400 |
| Cafeteria Assistant; Assists in the preparation of meals for clients. | 0.20 | \$ 7,800 |
| Cafeteria Kitchen Assistant; Provides support to kitchen staff, serves meals, sets up and helps maintain the cleanliness of our kitchen facilities. | 0.20 | \$ 6,100 |
| EMPLOYEE FRINGE BENEFITS | | \$ 99,530 |
| TOTAL SALARIES & BENEFITS | | \$ 429,432 |

OPERATING COSTS

| Expenditure Category | Amount |
|---|-----------|
| Contract Services; Contracted maintenance of San Francisco facilities | \$ 42,350 |
| Food Services; meals for clients, primarily lunch and dinner | \$ 35,860 |
| | |
| | |
| TOTAL OPERATING COSTS | \$ 78,210 |

AL INDIRECT COSTS \$ 507,642

Salaries & Benefits + Operating Costs

Appendix C
Insurance Waiver

RESERVED

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**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 on CONTRACTOR'S work, which may include review by members of target communities.

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

CMS# 6949

P-500 (5-10)

Edgewood Center for Children & Families
July 1, 2010

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

Appendix F
PAGE A

Control Number

Contractor: Edgewood Center for Children and Families

Address: 1801 Vicente St., San Francisco, CA 94116

Tel No.: (415) 682-3108

Fax No.: (415) 681-1065

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

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: M01 JL 0

CL Blanket No.: BPHM TBD

CL PO No.: POHM TBD

Fund Source: GF, ARRA, SDMC FFP, EDSOT State Match

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 (Wk Day) | 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-3a Day Treatment Intensive RUM #8585 | | | | | | | | | | | | | | |
| 10/ 85 - 85 Day Tx Intensive Full Day | 5,000 | | | | \$ 202.43 | \$ - | 0.0000 | | 0.00% | | 5,000.0000 | | \$ 1,012,150.00 | \$ 1,012,150.00 |
| B-7a Day Treatment Intensive Res RUM #8586 | | | | | | | | | | | | | | |
| 10/ 85 - 89 Day Tx Intensive Full Day | 1,982 | | | | \$ 202.43 | \$ - | 0.0000 | | 0.00% | | 1,982.0000 | | 401,216.26 | 401,216.26 |
| B-3b1 Day Tx Mental Health RUM #8580P | | | | | | | | | | | | | | |
| 15-10 to 18 Mental Health Family Therapy | | | | | \$ 2.61 | \$ - | 0.0000 | | #DIV/0! | | 0.0000 | | | |
| 05/ 10 - 59 MH Svcs | 11,161 | | | | \$ 2.61 | \$ - | 0.0000 | | 0.00% | | 11,161.0000 | | 29,130.21 | |
| 15/ 70 - 78 Crisis Intervention-OP | 890 | | | | \$ 3.88 | \$ - | 0.0000 | | 0.00% | | 890.0000 | | 3,453.20 | |
| 15/ 60 - 69 Medication Support | 25,922 | | | | \$ 4.82 | \$ - | 0.0000 | | 0.00% | | 25,922.0000 | | 124,944.04 | 157,527.45 |
| B-1c2 Day Tx Medication Support Svcs (Day) (8580P) | | | | | | | | | | | | | | |
| 16-60 to 89 Medication Support Services | | | | | \$ 4.82 | \$ - | 0.0000 | | #DIV/0! | | 0.0000 | | | |
| B-7c Res Supplemental | | | | | | | | | | | | | | |
| 60/ 78 Other Non-Medical Client Support Exp | 1,478 | | | | \$ 80.00 | \$ - | 0.0000 | | 0.00% | | 1,478.0000 | | 133,020.00 | 133,020.00 |
| B-7b1 Res OP RUM #8584 | | | | | | | | | | | | | | |
| 05/ 10 - 59 MH Svcs | 17,133 | | | | \$ 2.61 | \$ - | 0.0000 | | 0.00% | | 17,133.0000 | | 44,717.13 | |
| 15/ 70 - 78 Crisis Intervention-OP | 1,070 | | | | \$ 3.88 | \$ - | 0.0000 | | 0.00% | | 1,070.0000 | | 4,151.60 | |
| 15/ 60 - 69 Medication Support | 16,873 | | | | \$ 4.82 | \$ - | 0.0000 | | 0.00% | | 16,873.0000 | | 81,327.86 | 130,196.59 |
| Day Treatment Medication Support (Res) (85804) | | | | | | | | | | | | | | |
| to 89 Medication Support Services (1 unit = 1 minute) | | | | | \$ 4.82 | \$ - | 0.0000 | | #DIV/0! | | 0.0000 | | | |
| PIP & Mental Health Consultation | | | | | | | | | | | | | | |
| PIP Play Sessions & Consultation (1 Unit=1/2 Hr) | | | | | \$ 32.73 | \$ - | 0.0000 | | #DIV/0! | | 0.0000 | | | |
| B-1a EPSDT - Kinship RUM #85813 | | | | | | | | | | | | | | |
| 15/ 10 - 59 MH Svcs | 92,419 | | | | \$ 2.61 | \$ - | 0.0000 | | 0.00% | | 92,419.0000 | | 241,213.59 | |
| 15/ 70 - 79 Crisis Intervention-OP | 755 | | | | \$ 3.88 | \$ - | 0.0000 | | 0.00% | | 755.0000 | | 2,929.40 | |
| 15/ 01 - 09 Case Mgt Brokerage | 4,351 | | | | \$ 2.02 | \$ - | 0.0000 | | 0.00% | | 4,351.0000 | | 8,789.02 | |
| 15/ 60 - 69 Medication Support | 4,559 | | | | \$ 4.82 | \$ - | 0.0000 | | 0.00% | | 4,559.0000 | | 21,974.38 | 274,906.39 |
| B-1b EPSDT - School Based RUM #85814 | | | | | | | | | | | | | | |
| 15/ 10 - 59 MH Svcs | 142,250 | | | | \$ 2.61 | \$ - | 0.0000 | | 0.00% | | 142,250.0000 | | 371,272.50 | |
| 15/ 70 - 79 Crisis Intervention-OP | 852 | | | | \$ 3.88 | \$ - | 0.0000 | | 0.00% | | 852.0000 | | 3,305.76 | |
| 15/ 01 - 09 Case Mgt Brokerage | 4,813 | | | | \$ 2.02 | \$ - | 0.0000 | | 0.00% | | 4,813.0000 | | 9,824.26 | |
| 15/ 60 - 69 Medication Support | 4,118 | | | | \$ 4.82 | \$ - | 0.0000 | | 0.00% | | 4,118.0000 | | 19,848.76 | 404,351.28 |
| B-9 EPSDT TBS RUM #85816 | | | | | | | | | | | | | | |
| 15/ 58 TBS | 241,387 | | | | \$ 2.61 | \$ - | 0.0000 | | 0.00% | | 241,387.0000 | | 630,020.07 | |
| 15/ 01 - 09 Case Mgt Brokerage | 2,818 | | | | \$ 2.02 | \$ - | 0.0000 | | 0.00% | | 2,818.0000 | | 5,682.36 | 635,712.43 |
| B-1c AB3632 RUM #85815 | | | | | | | | | | | | | | |
| 15/ 10 - 59 MH Svcs | 56,207 | | | | \$ 2.61 | \$ - | 0.0000 | | 0.00% | | 56,207.0000 | | 146,700.27 | |
| 15/ 70 - 79 Crisis Intervention-OP | 864 | | | | \$ 3.88 | \$ - | 0.0000 | | 0.00% | | 864.0000 | | 3,352.32 | |
| 15/ 01 - 09 Case Mgt Brokerage | 1,659 | | | | \$ 2.02 | \$ - | 0.0000 | | 0.00% | | 1,659.0000 | | 3,351.18 | |
| 15/ 60 - 69 Medication Support | 869 | | | | \$ 4.82 | \$ - | 0.0000 | | 0.00% | | 869.0000 | | 4,188.68 | 157,592.35 |
| TOTAL | 639,530 | | 0.0000 | | | | 0.0000 | | 0.00% | | 639,530.0000 | | \$ 3,306,672.75 | |

SUBTOTAL AMOUNT DUE \$ -
Less: Initial Payment Recovery
(For OPB 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 _____

Appendix F
PAGE A

INVOICE NUMBER: M02 JL 0

Ct. Blanket No.: BPHM TBD

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|------------------|-----|
| Ct. PO No.: POHM | TBD |
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Fund Source: ARRA, SDMC Regular FFP, EPSDT State Match

Invoice Period: July 2010

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| Final Invoice: | (Check if Yes) |
|----------------|----------------|

ACE Control Number:

Induplicated Counts for AIDS Use Only.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.

Title: _____

DPH Authorization for Payment

Authorized Signatory

Date _____

Appendix F
PAGE A

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| INVOICE NUMBER: | M03 | JL | 0 |
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CL Blanket No.: BPHM TBD

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| Cl. PO No.: POHM | TBD. |
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Fund Source: MHSA.- Prop 63

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| Invoice Period : | July 2010 |
|------------------|-----------|

Final Invoice: ☐ (Check if Yes)

ACE Control Number: [REDACTED]

| Unduplicated Counts for AIDS Use Only | | | | | | | | | | | | | |
|--|--|------------------|---------|-----------------------|---------|-----------|------------|-------------------|---------|------------|--------|------------------------|---------|
| DELIVERABLES | | Total Contracted | | Delivered THIS PERIOD | | Unit Rate | AMOUNT DUE | Delivered to Date | | % of TOTAL | | Remaining Deliverables | |
| Program Name/Rept. Unit Modality/Mode # - Svc-Func (M/H Only) | | UOS | CLIENTS | UOS | CLIENTS | | | UOS | CLIENTS | UOS | CLIENT | UOS | CLIENTS |
| B-4a PIP | | 1,528 | | | | \$ 32.73 | \$ | 0.000 | | 0.00% | | 1,528.000 | |
| PIP Play Sessions | | | | | | | | | | | | | |
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| | | 1,528 | | 0.000 | | | | 0.000 | | 0.00% | | 1,528.000 | |

\$ 50,011.44

NET REIMBURSEMENT

NOTES:

Signature: _____

Date: _____

Title: _____

DPH Authorization for Payment

Authorized Signatory

Date _____

Appendix F
PAGE A

INVOICE NUMBER: MO6 JL 0

Ct. Blanket No.: BPHM. TBD

Ct. PO No.: POHM TBD

Fund Source: MHSA - Prop 63

Invoice Period : July 2010

| | | |
|----------------|--|----------------|
| Final Invoice: | | (Check if Yes) |
|----------------|--|----------------|

ACE Control Number: [REDACTED]

*Unduplicated Counts for AIDS Use Only.

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.

Title:

DPH Authorization for Payment

Authorized Signatory

Date

Appendix F
PAGE A

— 100 —

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| INVOICE NUMBER: | M07 JL 0 |
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CL Blanket No.: BPHM TBD

User Co

Fund Source: HSA Work Order

Invoice Period : July 2010

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| Final Invoice: | (Check if Yes) |
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ACE Control Number: [REDACTED]

| | | |
|-------------|--|-----------|
| \$ 7,047.00 | | |
| 14,370.17 | | 21,417.17 |
| 9,998.91 | | |
| 1,248.38 | | 11,247.29 |

NET REIMBURSEMENT[illegible]

Date: _____

Title: _____

DPH Authorization for Payment

Authorized Signatory

Date

Appendix F
PAGE A

| | | | |
|-----------------------|--------------|----------------|---|
| INVOICE NUMBER: | M08 | 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: | | | |

PHP Division: Community Behavioral Health Services

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

"Unduplicated Counts for AIDS Use Only."

| DELIVERABLES | | Total Contracted | | Delivered THIS PERIOD | | Unit Rate | AMOUNT DUE | Delivered to Date | | % of TOTAL | Remaining Deliverables | |
|---|-----|------------------|--------|-----------------------|-----------|-----------|------------|-------------------|-------|------------|------------------------|---------|
| Program Name/Reptg. Unit Modality/Mode # - Svc Func (MH Only) | UOS | CLIENTS | UOS | CLIENTS | | | UOS | CLIENTS | UOS | CLIENTS | UOS | CLIENTS |
| B-10 FMP - Wrap | | | | | | | | | | | | |
| 45/ 20 - 29 Crmnty Client Svcs | 8 | | | | \$ 156.60 | \$ - | 0.0000 | | 0.00% | | 8.0000 | |
| 45/ 20 - 29 Crmnty Client Svcs | 5 | | | | \$ 624.79 | \$ - | 0.0000 | | 0.00% | | 5.0000 | |
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| | 13 | | 0.0000 | | | | 0.0000 | | 0.00% | | 13.0000 | |
| SUBTOTAL AMOUNT DUE | | | | | | \$ - | NOTES: | | | | | |
| Less: Initial Payment Recovery | | | | | | | | | | | | |
| (For DPH Use) Other Adjustments | | | | | | | | | | | | |
| NET REIMBURSEMENT | | | | | | \$ - | | | | | | |

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

Signature: _____ Date: _____

Title: _____

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

DPH Authorization for Payment

Authorized Signatory

Date

Appendix F
PAGE A

| | |
|-----------------|-----------|
| INVOICE NUMBER: | M11. JL 0 |
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Ct. Blanket No.: BPHM TBD

CL PO No.: POHM TBD

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| Fund Source: | MHSA - Prop 63 |
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Invoice Period : July 2010

Final Invoice: ☐ (Check if Yes)

ACE Control Number: [REDACTED]

Unduplicated Counts for AIDS Use Only.

| DELIVERABLES | | Total Contracted | | Delivered THIS PERIOD | | Unit Rate | AMOUNT DUE | Delivered to Date | | % of TOTAL | | Remaining Deliverables | |
|---|---------------------------------------|------------------|---------|-----------------------|---------|-----------|------------|-------------------|---------|------------|--------|------------------------|---------|
| Program Name/Reptg. Unit | Modality/Mode # - Svc Func (M/H Only) | UCS | CLIENTS | UCS | CLIENTS | | | UCS | CLIENTS | UCS | CLIENT | UCS | CLIENTS |
| B-5 School Based Centers - Drew RU# MHSA PEI Drew | | | | | | | | | | | | | |
| 45/ 10 - 19 Mental Health Promotion | | 811 | | | | \$ 27.72 | \$ | 0.000 | | 0.00% | | 811.000 | |
| 1 - 19 Community Client Services | | 4,600 | | | | \$ 27.72 | \$ | 0.000 | | 0.00% | | 4,600.000 | |
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Signature: _____ Date: _____

Title: _____

DPH Authorization for Payment

Authorized Signatory

Date

Appendix F
PAGE A

| | |
|-----------------------|----------------------------------|
| INVOICE NUMBER: | M-12 JL 0 |
| Cl. Blanket No.: BPHM | TBD |
| Cl. PO No.: POHM | TBD |
| Fund Source: | Family Mosaic Capitated Medi-Cal |
| Invoice Period: | July 2010 |
| Final Invoice: | (Check if Yes) |
| ACE Control Number: | |

PHP Division: Community Behavioral Health Services

\$ 11,698.36

NOTES:

DPH Authorization for Payment

Authorized Signatory

Date

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

Appendix F
PAGE A

Control Number

Contractor: Edgewood Center for Children and Families

Address: 1801 Vicente St., San Francisco, CA 94116

Tel No.: (415) 682-3108

Fax No.: (415) 681-1065

Contract Term: 07/01/2010 - 12/31/2010

PHP Division: Community Behavioral Health Services

INVOICE NUMBER:

Ct. Blanket No.: BPHM

User Cd.

Ct. PO No.: POHM

Fund Source:

Invoice Period:

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-2a ECMH | | | | | | | | | | | | |
| 45/ 10 - 19 Start Up | | | | | | | #DIV/0! | #DIV/0! | | | #DIV/0! | #DIV/0! |

Unduplicated Counts for AIDS Use Only.

| Description | BUDGET | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE |
|----------------------------------|---------------------|----------------------|------------------|--------------|---------------------|
| Total Salary | \$ 32,733.00 | \$ - | \$ - | 0.00% | \$ 32,733.00 |
| Fringe Benefits | \$ 9,493.00 | \$ - | \$ - | 0.00% | \$ 9,493.00 |
| Total Personnel Expenses | \$ 42,226.00 | \$ - | \$ - | 0.00% | \$ 42,226.00 |
| Operating Expenses | | | | | |
| Occupancy | \$ - | \$ - | \$ - | 0.00% | \$ - |
| Materials and Supplies | \$ 97.00 | \$ - | \$ - | 0.00% | \$ 97.00 |
| General Operating | \$ - | \$ - | \$ - | 0.00% | \$ - |
| Staff Travel | \$ - | \$ - | \$ - | 0.00% | \$ - |
| Consultant/Subcontractor | \$ - | \$ - | \$ - | 0.00% | \$ - |
| Other: Depreciation | \$ 483.00 | \$ - | \$ - | 0.00% | \$ 483.00 |
| Educational Supplies | \$ 581.00 | \$ - | \$ - | 0.00% | \$ 581.00 |
| Food Services | \$ 32.00 | \$ - | \$ - | 0.00% | \$ 32.00 |
| Information Technology | \$ 1,129.00 | \$ - | \$ - | 0.00% | \$ 1,129.00 |
| Total Operating Expenses | \$ 2,322.00 | \$ - | \$ - | 0.00% | \$ 2,322.00 |
| Capital Expenditures | \$ - | \$ - | \$ - | 0.00% | \$ - |
| TOTAL DIRECT EXPENSES | \$ 44,548.00 | \$ - | \$ - | 0.00% | \$ 44,548.00 |
| Indirect Expenses | \$ 5,346.00 | \$ - | \$ - | 0.00% | \$ 5,346.00 |
| TOTAL EXPENSES | \$ 49,894.00 | \$ - | \$ - | 0.00% | \$ 49,894.00 |
| Less: Initial Payment Recovery | | | | | |
| Other Adjustments (DPH use only) | | | | | |
| REIMBURSEMENT | | \$ - | | | |

NOTES:

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

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Phone: _____

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

Contractor: Edgewood Center for Children and Families

Address: 1801 Vicente St., San Francisco, CA 94116

Tel No.: (415) 682-3108

Fax No.: (415) 681-1065

Contract Term: 07/01/2010 - 12/31/2010

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: M14 JL 0

Ct. Blanket No.: BPHM TBD

User Cd

Ct. PO No.: POHM TBD

Fund Source: SFCFC Work Order - FRC

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-2a ECMH | | | | | | | | | | | | |
| 45/ 10 - 19 Start Up | | | | | | | #DIV/0! | #DIV/0! | - | - | #DIV/0! | #DIV/0! |

Unduplicated Counts for AIDS Use Only.

| Description | BUDGET | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE |
|---|---------------------|----------------------|------------------|--------------|---------------------|
| Total Salary | \$ 11,867.00 | \$ - | \$ - | 0.00% | \$ 11,867.00 |
| Fringe Benefits | \$ 3,441.00 | \$ - | \$ - | 0.00% | \$ 3,441.00 |
| Total Personnel Expenses | \$ 15,308.00 | \$ - | \$ - | 0.00% | \$ 15,308.00 |
| Operating Expenses | | | | | |
| Occupancy | \$ - | \$ - | \$ - | 0.00% | \$ - |
| Materials and Supplies | \$ 35.00 | \$ - | \$ - | 0.00% | \$ 35.00 |
| General Operating | \$ - | \$ - | \$ - | 0.00% | \$ - |
| Staff Travel | \$ - | \$ - | \$ - | 0.00% | \$ - |
| Consultant/Subcontractor | \$ - | \$ - | \$ - | 0.00% | \$ - |
| Other: Depreciation | \$ 175.00 | \$ - | \$ - | 0.00% | \$ 175.00 |
| Educational Supplies | \$ 211.00 | \$ - | \$ - | 0.00% | \$ 211.00 |
| Food Services | \$ 12.00 | \$ - | \$ - | 0.00% | \$ 12.00 |
| Information Technology | \$ 409.00 | \$ - | \$ - | 0.00% | \$ 409.00 |
| Total Operating Expenses | \$ 842.00 | \$ - | \$ - | 0.00% | \$ 842.00 |
| Capital Expenditures | \$ - | \$ - | \$ - | 0.00% | \$ - |
| TOTAL DIRECT EXPENSES | \$ 16,150.00 | \$ - | \$ - | 0.00% | \$ 16,150.00 |
| Indirect Expenses | \$ 1,938.00 | \$ - | \$ - | 0.00% | \$ 1,938.00 |
| TOTAL EXPENSES | \$ 18,088.00 | \$ - | \$ - | 0.00% | \$ 18,088.00 |
| Less: Initial Payment Recovery | | | | | |
| Other Adjustments (DPH use only) | | | | | |
| REIMBURSEMENT | | \$ - | | | |

NOTES:

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

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Phone: _____

Send to: 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

Contractor: Edgewood Center for Children and Families

Address: 1801 Vicente St., San Francisco, CA 94116

Tel No.: (415) 682-3108

Fax No.: (415) 681-1065

Contract Term: 07/01/2010 - 12/31/2010

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: M15 JL 0

Ct. Blanket No.: BPHM TBD

Ct. PO No.: POHM TBD

Fund Source: HSA Work Order - HQCC

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-2a ECMH | | | | | | | | | | | | |
| 45/ 10 - 19 Start Up | | | | | | | #DIV/0! | #DIV/0! | | | #DIV/0! | #DIV/0! |

Unduplicated Counts for AIDS Use Only.

| Description | BUDGET | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE |
|----------------------------------|---------------------|----------------------|------------------|--------------|---------------------|
| Total Salary | \$ 56,857.00 | \$ - | \$ - | 0.00% | \$ 56,857.00 |
| Fringe Benefits | \$ 16,489.00 | \$ - | \$ - | 0.00% | \$ 16,489.00 |
| Total Personnel Expenses | \$ 73,346.00 | \$ - | \$ - | 0.00% | \$ 73,346.00 |
| Operating Expenses | | | | | |
| Occupancy | \$ - | \$ - | \$ - | 0.00% | \$ - |
| Materials and Supplies | \$ 168.00 | \$ - | \$ - | 0.00% | \$ 168.00 |
| General Operating | \$ - | \$ - | \$ - | 0.00% | \$ - |
| Staff Travel | \$ - | \$ - | \$ - | 0.00% | \$ - |
| Consultant/Subcontractor | \$ - | \$ - | \$ - | 0.00% | \$ - |
| Other: Depreciation | \$ 839.00 | \$ - | \$ - | 0.00% | \$ 839.00 |
| Educational Supplies | \$ 1,009.00 | \$ - | \$ - | 0.00% | \$ 1,009.00 |
| Food Services | \$ 56.00 | \$ - | \$ - | 0.00% | \$ 56.00 |
| Information Technology | \$ 1,961.00 | \$ - | \$ - | 0.00% | \$ 1,961.00 |
| Total Operating Expenses | \$ 4,033.00 | \$ - | \$ - | 0.00% | \$ 4,033.00 |
| Capital Expenditures | \$ - | \$ - | \$ - | 0.00% | \$ - |
| TOTAL DIRECT EXPENSES | \$ 77,379.00 | \$ - | \$ - | 0.00% | \$ 77,379.00 |
| Indirect Expenses | \$ 9,285.00 | \$ - | \$ - | 0.00% | \$ 9,285.00 |
| TOTAL EXPENSES | \$ 86,664.00 | \$ - | \$ - | 0.00% | \$ 86,664.00 |
| Less: Initial Payment Recovery | | | | | |
| Other Adjustments (DPH use only) | | | | | |
| REIMBURSEMENT | | \$ - | | | |

NOTES:

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

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Phone: _____

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**

Appendix F
PAGE A

Control Number

Contractor: Edgewood Center for Children and Families

Address: 1801 Vicente St., San Francisco, CA 94116

Tel No.: (415) 682-3108

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

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: M16 JL 0

Cl. Blanket No.: BPHM TBD

Cl. PO No.: POHM TBD User Cd TBD

Fund Source: DCYF Work Order-HQCC

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 (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 |
| B-2b ECMH RU# ECMH | | | | | | | | | | | |
| 45/ 10 - 19 Individual | 87 | | | | \$ 75.00 | \$ - | 0.000 | | 0.00% | 87.000 | \$ 6,525.00 |
| 45/ 10 - 19 Group | 58 | | | | \$ 75.00 | \$ - | 0.000 | | 0.00% | 58.000 | 4,350.00 |
| 45/ 10 - 19 Observation | 126 | | | | \$ 75.00 | \$ - | 0.000 | | 0.00% | 126.000 | 9,450.00 |
| 45/ 10 - 19 Training | 19 | | | | \$ 75.00 | \$ - | 0.000 | | 0.00% | 19.000 | 1,425.00 |
| 45/ 10 - 19 Direct/ Individual | 257 | | | | \$ 75.00 | \$ - | 0.000 | | 0.00% | 257.000 | 19,275.00 |
| 45/ 10 - 19 Direct/ Group | 132 | | | | \$ 110.00 | \$ - | 0.000 | | 0.00% | 132.000 | 14,520.00 |
| 45/ 10 - 19 Outreach | 124 | | | | \$ 75.00 | \$ - | 0.000 | | 0.00% | 124.000 | 9,300.00 |
| 45/ 10 - 19 Evaluation | 17 | | | | \$ 75.00 | \$ - | 0.000 | | 0.00% | 17.000 | 1,275.00 |
| | 820 | | 0.000 | | | | 0.000 | | 0.00% | 820.000 | \$ 66,120.00 |

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

NOTES:

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

INVOICE NUMBER: M17 JL 0

Cl. Blanket No.: BPHM TBD

CL PO No.: POHM TBD User Cd

Fund Source: SFCFC Work Order-FRC

Invoice Period: July 2010

Final Invoice: (Check if Yes)

ACE Control Number:

Contractor: Edgewood Center for Children and Families

Address: 1801 Vicente St., San Francisco, CA 94116

Tel No.: (415) 682-3108

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

PHP Division: Community Behavioral Health Services

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

*Unduplicated Counts for AIDS Use Only

| DELIVERABLES Program Name/Reptg. Unit Modality/Mode #: Svc Func (Mnt 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-2b ECMH RU# ECMH | | | | | | | | | | | | | |
| 45/ 10 - 19 Individual | 31 | | | | \$ 75.00 | \$ | 0.000 | | 0.00% | | 31.000 | | \$ 2,325.00 |
| 19 Group | 21 | | | | \$ 75.00 | \$ | 0.000 | | 0.00% | | 21.000 | | 1,575.00 |
| 19 Observation | 46 | | | | \$ 75.00 | \$ | 0.000 | | 0.00% | | 46.000 | | 3,450.00 |
| 45/ 10 - 19 Training | 7 | | | | \$ 75.00 | \$ | 0.000 | | 0.00% | | 7.000 | | 525.00 |
| 45/ 10 - 19 Direct/ Individual | 93 | | | | \$ 75.00 | \$ | 0.000 | | 0.00% | | 93.000 | | 6,975.00 |
| 45/ 10 - 19 Direct/ Group | 48 | | | | \$ 110.00 | \$ | 0.000 | | 0.00% | | 48.000 | | 5,280.00 |
| 45/ 10 - 19 Outreach | 45 | | | | \$ 75.00 | \$ | 0.000 | | 0.00% | | 45.000 | | 3,375.00 |
| 45/ 10 - 19 Evaluation | 6 | | | | \$ 75.00 | \$ | 0.000 | | 0.00% | | 6.000 | | 450.00 |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | 297 | | 0.000 | | | | 0.000 | | 0.00% | | 297.000 | | \$ 23,955.00 |

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

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those 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: Edgewood Center for Children and Families

Address: 1801 Vicente St., San Francisco, CA 94116

Phone No.: (415) 682-3108

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

PH Division: Community Behavioral Health Services

INVOICE NUMBER: M18 JL 0

Cl. Blanket No.: BPHM TBD

Cl. PO No.: POHM TBD User Cd TBD

Fund Source: HSA Work Order-HQCC

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 (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 | CLIENT | UOS | CLIENTS |
| 3-2b ECMH RU# ECMH | | | | | | | | | | | | |
| IS/ 10-19 Individual | 146 | | | | \$ 75.00 | \$ - | 0.000 | | 0.00% | | 146.000 | |
| IS/ 10-19 Group | 97 | | | | \$ 75.00 | \$ - | 0.000 | | 0.00% | | 97.000 | |
| IS/ 10-19 Observation | 211 | | | | \$ 75.00 | \$ - | 0.000 | | 0.00% | | 211.000 | |
| IS/ 10-19 Training | 33 | | | | \$ 75.00 | \$ - | 0.000 | | 0.00% | | 33.000 | |
| IS/ 10-19 Direct/ Individual | 433 | | | | \$ 75.00 | \$ - | 0.000 | | 0.00% | | 433.000 | |
| IS/ 10-19 Direct/ Group | 222 | | | | \$ 110.00 | \$ - | 0.000 | | 0.00% | | 222.000 | |
| IS/ 10-19 Outreach | 209 | | | | \$ 75.00 | \$ - | 0.000 | | 0.00% | | 209.000 | |
| IS/ 10-19 Evaluation | 29 | | | | \$ 75.00 | \$ - | 0.000 | | 0.00% | | 29.000 | |
| | 1,380 | | 0.000 | | | | 0.000 | | 0.00% | | 1,380.000 | |
| | | | | | | | | | | | | \$ 111,270.00 |

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

NOTES:

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

Appendix.F.
PAGE A

INVOICE NUMBER: M19 JL 0

Ct. Blanket No.: BPHM TBD

User Co

| | | |
|------------------|-----|-----|
| Ct. PO No.: POHM | TBD | TBD |
|------------------|-----|-----|

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

Invoice Period : July 2010

| | |
|----------------|----------------|
| Final Invoice: | (Check if Yes) |
|----------------|----------------|

ACE Control Number: [REDACTED]

*Unduplicated Counts for AIDS Use Only

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.

Date: _____

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. 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.

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.

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. 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

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.

Appendix I

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 providers outside the DPH Safety Net or (2) from a substance abuse program.

As Measured by: An authorization form that meets the requirements of the Federal Privacy Rule (HIPAA) is signed and in patient's/client's chart/file



CERTIFICATE OF LIABILITY INSURANCE

OP ID AS

DATE (MM/DD/YYYY)

06/08/10

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

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

| PRODUCER CAL Insurance & Associates Inc License #0241094 2311 Taraval Street San Francisco CA 94116-2253 Phone: 415-661-6500 Fax: 415-661-2254 | CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: EDGEW-2 | | | | | | | | | | | | | | |
|--|---|-------------------------------|--------|---|-------|---------------------------------------|--|-------------------------------|-------|------------|--|------------|--|------------|--|
| INSURED Edgewood Center for Children 1801 Vicente Street San Francisco CA 94116 | <table border="1"><thead><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A: State Compensation Ins. Fund</td><td>35076</td></tr><tr><td>INSURER B: Philadelphia Insurance Co.</td><td></td></tr><tr><td>INSURER C: Hartford Insurance</td><td>22357</td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></tbody></table> | INSURER(S) AFFORDING COVERAGE | NAIC # | INSURER A: State Compensation Ins. Fund | 35076 | INSURER B: Philadelphia Insurance Co. | | INSURER C: Hartford Insurance | 22357 | INSURER D: | | INSURER E: | | INSURER F: | |
| INSURER(S) AFFORDING COVERAGE | NAIC # | | | | | | | | | | | | | | |
| INSURER A: State Compensation Ins. Fund | 35076 | | | | | | | | | | | | | | |
| INSURER B: Philadelphia Insurance Co. | | | | | | | | | | | | | | | |
| INSURER C: Hartford Insurance | 22357 | | | | | | | | | | | | | | |
| INSURER D: | | | | | | | | | | | | | | | |
| INSURER E: | | | | | | | | | | | | | | | |
| INSURER F: | | | | | | | | | | | | | | | |

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

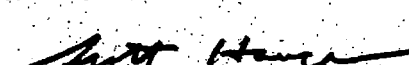
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE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

| INSR LTR | TYPE OF INSURANCE | ADDL INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|-----------|------------|-------------------------------|-------------------------|-------------------------|---|
| B | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> IMPROPER <input checked="" type="checkbox"/> PROFESSIONAL LIAB GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | X | PHPK440353 SS INCLUDED | 07/01/10 | 07/01/11 | EACH OCCURRENCE \$ 1000000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300000 MED EXP (Any one person) \$ 10000 PERSONAL & ADV INJURY \$ 1000000 GENERAL AGGREGATE \$ 2000000 PRODUCTS - COMP/OP AGG \$ 2000000 |
| | 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 | | | PHPK440353 | 07/01/10 | 07/01/11 | COMBINED SINGLE LIMIT (Ea accident) \$ 1000000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$ |
| B | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10000 | | | PHUB277549 | 07/01/10 | 07/01/11 | EACH OCCURRENCE \$ 10000000 AGGREGATE \$ 10000000 \$ \$ |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | Y/N N/A | 636-1370-10 | 07/01/10 | 07/01/11 | <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 | Crime 1,000,000 | | | 57FA0228815-10 | 07/01/10 | 07/01/11 | * 10,000,000 |
| B | DOEP W/EPLI* | | | PHSD433531 | 07/01/10 | 07/01/11 | RETENTION 50,000 |

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

* 10 DAY CANCELLATION NOTICE MAY BE ISSUED FOR NON PAYMENT OF PREMIUM
THE CITY AND COUNTY OF SAN FRANCISCO, DPH, CSAS, THEIR OFFICERS, AGENTS, AND EMPLOYEES ARE NAMED ADDITIONAL INSURED PER ATTACHED CG2026

CERTIFICATE HOLDER**CANCELLATION**

| | |
|---|---|
| CITY & COUNTY OF SAN FRANCISCO DPH, CSAS ATTN: CHARLES CALABRIS 1380 HOWARD STREET 4TH FL SAN FRANCISCO CA 94103 | CCSAFRA SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE  |
|---|---|

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POLICY NO. PHPK440353

COMMERCIAL GENERAL LIABILITY

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 Person or Organization: THE CITY AND COUNTY OF SAN FRANCISCO, DPH, CSAS, THEIR OFFICERS, AGENTS, AND EMPLOYEES

(If no entry appears above, the information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule as an insured but only with respect to liability arising out of your operations or premises owned by or rented to you.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

RECOMMENDED:



Mitchell Katz, M.D.
Director of Health

APPROVED:



Mark Morewitz, Secretary to the
Health Commission



City and County of San Francisco

Tails
Resolution

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

File Number: 100927

Date Passed: December 07, 2010

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

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

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

December 07, 2010 Board of Supervisors - ADOPTED

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

File No. 100927

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

Angela Calvillo
Clerk of the Board

Mayor Gavin Newsom

December 8, 2010

Date Approved

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

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

| |
|--|
| Contractor Information <i>(Please print clearly.)</i> |
| Name of contractor: Edgewood Center for Children and Families |
| <i>Please list the names of (1) members of the contractor's board of directors; (2) the contractor's chief executive officer, chief financial officer and chief operating officer; (3) any person who has an ownership of 20 percent or more in the contractor; (4) any subcontractor listed in the bid or contract; and (5) any political committee sponsored or controlled by the contractor. Use additional pages as necessary.</i> |
| 1. Please see list of members of Board of Directors attached. |
| 2. CEO <u>Matt Madaus</u> , CFO <u>Vince Forte</u> , COO <u>N/A</u> |
| 3. Persons with more than 20% ownership: N/A |
| 4. Subcontractors listed in contract: N/A |
| 5. Political committees sponsored or controlled by contractor: N/A |
| Contractor address: 1801 Vicente Street, San Francisco, CA 94116 |
| Date that contract was approved: |
| Amount of contract: |
| Describe the nature of the contract that was approved: Mental health services for children, youth, and families |
| Comments: |

This contract was approved by (check applicable):

☐ the City elective officer(s) identified on this form

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

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

Print Name of Board

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

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

Date Signed

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

Date Signed

Item 8
File 14-0743

Department:
Department of Public Health

EXECUTIVE SUMMARY

Legislative Objectives

The proposed resolution would approve an amendment to the contract between the Department of Public Health (DPH) and Edgewood Center for Children and Families (Edgewood Center) to provide mental health services for children, youth and families. The resolution would increase the total contract amount by \$8,974,194 from \$29,109,089 to \$38,083,283.

Key Points

- On December 1, 2010, based on a competitive selection process, the Board of Supervisors authorized DPH to enter into a contract with Edgewood Center to provide mental health services for children, youth and families. The original contract amount was not-to-exceed \$29,109,089, with a five and one-half year term retroactive from July 1, 2010 to December 31, 2015.
- The proposed amendment to the contract would increase the contract not-to-exceed amount to \$38,083,283. The increased contract amount is due to an expanded scope of work. The contract term is unchanged.

Fiscal Impact

- The contract not-to-exceed amount would increase by \$8,974,194 or 31 percent from \$29,109,089 to \$38,083,283 for the 18 months from July 1, 2014 through December 31, 2015. Actual and budgeted expenditures over the five and one-half year term of the contract from July 1, 2010 through December 31, 2015 are \$36,958,528, including a 12 percent contingency, or \$1,124,755 less than the contract not-to-exceed amount of \$38,083,283. Therefore, the Budget and Legislative Analyst recommends reducing the contract not-to-exceed amount by \$1,124,755 from the requested \$38,083,283 to the recommended \$36,958,528, based on the contract budget and actual expenditures to date.

Recommendations

- Amend the proposed legislation to reduce the contract not-to-exceed amount by \$1,124,755 from the requested \$38,083,283 to the recommended \$36,958,528.
- Approve the resolution as amended.

MANDATE STATEMENT

In accordance with Charter Section 9.118, (a) any contract for \$10,000,000 or more, or that extends for longer than ten years, or (b) such contract with an amendment of more than \$500,000, is subject to Board of Supervisors approval.

BACKGROUND

On December 1, 2010, based on a competitive selection process, the Board of Supervisors authorized the Department of Public Health (DPH) to enter into contract with Edgewood Center for Children and Families to provide mental health services for children, youth and families. The original contract amount was not-to-exceed \$29,109,089, with a five and one-half year term from July 1, 2010 to December 31, 2015. The scope of work under the contract included implementation of the following programs:

- Behavioral Health Outpatient Kinship Early Periodic Screening, Diagnosis and Treatment (EPSDT)

Makes outpatient mental health, case management and medication support services more accessible to San Francisco residents by targeting EPSDT-eligible residents throughout San Francisco communities. Services include: 1) case management, 2) crisis intervention, 3) medication support services, and 4) mental health services.

- Early Childhood Mental Health Initiative

Builds capacity of parents, caregivers and early childhood providers to understand child development within a mental health perspective. Services include: 1) individual consultation, 2) group consultation, 3) class/child observation, 4) training/parent support group, 5) individual direct services, and 6) group direct services.

- Community-Based Day Treatment

Provides intervention and treatment to improve functioning of Seriously Emotionally Disturbed children and adolescents. Services include: 1) intensive day treatment, 2) day rehabilitation, 3) mental health services, and 4) crisis intervention.

- Primary Intervention Program

Designed to identify young children who are at risk of developing serious school adjustment problems. Activities include outreach and consulting services to 1) provide interventions to cope with stressful life situations, 2) enhance agencies' mental health knowledge in relation to the community and special population groups.

- School-Based Well Being

Capacity building services for teachers, families and children of Charles Drew College Preparatory Academy to deal with behavioral issues that may impede academic and social

progress. Direct services include: 1) mental health consultations, 2) access to family resource center, 3) teacher training, 4) behavior coaching, and 5) primary intervention programs.

- **Juvenile Justice Mental Health Consultation & Training Program**

Provides capacity building services to mental health service providers which increase the providers' ability to assess and meet behavioral health needs of at-risk and system-involved youth. Services include: 1) mental health consultation services, 2) direct services to youth and families, and 3) learning circle.

- **Residentially-Based Day Treatment**

Provides intervention and treatment to improve functioning of Seriously Emotionally Disturbed children and adolescents and transitions these populations to a lower level of care. Services include: 1) day treatment intensive therapy, 2) day rehabilitation, 3) mediation support services, 4) mental health services, and 5) crisis intervention.

- **School Mental Health Partnership**

Provides services in the Serious Emotional Disturbances classroom to assist students in meeting their educational and mental health goals. Services include: 1) crisis intervention, 2) mental health services, 3) medication support services, 4) indirect services including consultations to teachers, school staff and parents.

- **Therapeutic Behavioral Services**

Reduces severity, intensity and frequency of target behaviors that jeopardize a child's ability to step down and remain in a lower level of care. This program provides one-on-one, short-term interventions for children, youth and Transition-Aged Youth up to 21 years of age.

- **Family Mosaic Wrap Around Services**

Provides individualized contracts between a behavior coach, a youth and his or her family with the intent of: 1) developing strategies to improve patterns of communication, 2) increase parenting skills, 3) decreasing the child's disruptive or dangerous behaviors, and 4) increasing healthy participation from all family members.

- **Wrap Around Services**

Provides skills and support necessary for youth to function in their communities in family and family-like environments. Services include: 1) case management, 2) crisis intervention, 3) medication support services, and 4) mental health services.

Expenditures under the current contract

According to Ms. Anne Okubo, Deputy Financial Officer at DPH, total expenditures for this contract are \$21,494,454 from July 1, 2010 through June 30, 2014. These expenditures are summarized in Table 1 below.

Table 1: Contract Expenditures through June 30, 2014

| Year | Expenditures |
|--------------|---------------------|
| FY 2010-11 | \$4,729,271 |
| FY 2011-12 | 4,539,490 |
| FY 2012-13 | 5,498,960 |
| FY 2013-14 | 6,726,733 |
| Total | \$21,494,454 |

Source: DPH

DETAILS OF PROPOSED LEGISLATION

The proposed resolution would approve an amendment to the existing contract between DPH and Edgewood Center for Children and Families to provide mental health services for children, youth and families. The resolution would increase the total contract amount by \$8,974,194 from \$29,109,089 to \$38,083,283.

According to Ms. Okubo, the increase in the DPH contract with Edgewood Center is due to expanded services. The Department's FY 2014-15 budget, approved by the Board of Supervisors, included additional funds to increase behavioral health and other health services provided by community based organizations.

The scope of work to be performed by Edgewood Center under the proposed contract amendment would include the addition of the following programs:

- Educational Assessments

The educational assessment component will ascertain learning difficulties and identify areas for needed skills development, including whether the cause of learning difficulties is emotional, neurodevelopmental or due to a lack of learning opportunities.

- Youth Agency Mental Health Consultation (YAMHC)

Provides services to at-risk youth, including crisis intervention and short-term therapy.

- Hospital Diversion Program

Offers an intensive 24/7 service for behavioral health crisis stabilization, assessment and acute intervention. The purpose of this intensive level of care is to avoid psychiatric hospitalization as well as to provide a step-down from inpatient hospitalization to further stabilize symptoms and continue skills development and family/caregiver support.

- Crisis Triage

Provides a crisis stabilization, assessment and triage center that addresses the needs of children, youth and families experiencing a psychiatric emergency by appropriately evaluating mental status, intervening as necessary and triaging care to the most appropriate and least restrictive level of care. An additional goal is to reduce unnecessary use of adult hospital emergency departments for this category of care.

FISCAL IMPACTS

The proposed resolution would increase the contract not-to-exceed amount to \$38,083,283 from \$29,109,089, for an increase of \$8,974,194 or 31 percent.

The Budget and Legislative Analyst recommends reducing the contract not-to-exceed amount by \$1,124,755 from the requested \$38,083,283 to the recommended \$36,958,528, based on the contract budget submitted by DPH, as shown in Table 2 below.

Table 2: Budget and Legislative Analyst's Recommendations

| | Total |
|---|----------------------|
| Actual expenditures through June 30, 2014 | \$21,494,454 |
| FY 2014-15 budget | 9,204,806 |
| FY 2015-16 budget (July to December) | 4,602,403 |
| 12% contingency | 1,656,865 |
| Total actual and budgeted expenditures | \$36,958,528 |
| Requested contract amount | 38,083,283 |
| Recommended reduction | (\$1,124,755) |

RECOMMENDATIONS

1. Amend the proposed legislation to reduce the contract not-to-exceed amount by \$1,124,755 from the requested \$38,083,283 to the recommended \$36,958,528.
2. Approve the proposed resolution as amended.

