

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

**Second Amendment**

THIS AMENDMENT (this "Amendment") is made as of July 1, 2015 in San Francisco, California, by and between **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 the Office of Contract Administration.

**RECITALS**

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

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

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

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

**1a. Agreement.** The term "Agreement" shall mean the Agreement dated July 1, 2010 from RFP 23-2009, dated July 31, 2009, Contract Numbers BPHM11000034, between Contractor and City, as amended by the :

First amendment dated July 1, 2014 and this Second amendment to amend the contract solicitation to a Sole Source.

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

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

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

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

2. Term of the Agreement

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

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

2. Term of the Agreement

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

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

**5. Compensation**

Compensation shall be made in monthly payments on or before the 30th day of each month for work, as set forth in Section 4 of this Agreement, that the Director of the Public Health Department, in his or her sole discretion, concludes has been performed as of the 30th day of the immediately preceding month. In no event shall the amount of this Agreement exceed **Thirty-Six Million Nine Hundred Fifty-Eight Thousand Five Hundred Twenty-Eight Dollars (\$36,958,528)**. The breakdown of costs associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein.

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

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

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

**5. Compensation**

Compensation shall be made in monthly payments on or before the 30th day of each month for work, as set forth in Section 4 of this Agreement, that the Director of the Public Health Department, in his or her sole discretion, concludes has been performed as of the 30th day of the immediately preceding month. In no event shall the amount of this Agreement exceed **Fifty-Six Million Two Hundred Thirty-Four Thousand Five Hundred Eighty-Five Dollars (\$56,234,585)**. The breakdown of costs associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein.

No charges shall be incurred under this Agreement nor shall any payments become due to Contractor until reports, services, or both, required under this Agreement are received from Contractor and approved by The Department of Public Health as being in accordance with this

Agreement. City may withhold payment to Contractor in any instance in which Contractor has failed or refused to satisfy any material obligation provided for under this Agreement.

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

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

**15. Insurance**

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

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

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

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

4) Professional liability insurance, applicable to Contractor's profession, with limits not less than \$1,000,000 each claim with respect to negligent acts, errors or omissions in connection with the Services.

5) Blanket Fidelity Bond (Commercial Blanket Bond): Limits in the amount of the Initial Payment provided for in the Agreement

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

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

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

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

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

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

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

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

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

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

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

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

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



of 12T, irrespective of the listing of obligations in this Section. Capitalized terms used in this Section and not defined in this Agreement shall have the meanings assigned to such terms in Chapter 12T.

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

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

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

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

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

g. Contractor and Subcontractors shall post the notice prepared by the Office of Labor Standards Enforcement (OLSE), available on OLSE's website, in a conspicuous place at every workplace, job site, or other location under the Contractor or Subcontractor's control at which work is being done or will be done in furtherance of the performance of this Agreement.

The notice shall be posted in English, Spanish, Chinese, and any language spoken by at least 5% of the employees at the workplace, job site, or other location at which it is posted.

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

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

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

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

**44. Health Care Accountability Ordinance.**

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

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

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

c. Contractor's failure to comply with the HCAO shall constitute a material breach of this agreement. City shall notify Contractor if such a breach has occurred. If, within 30 days

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

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

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

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

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

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

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

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

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

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

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

arises on the effective date of the agreement that causes the cumulative amount of agreements between Contractor and the City to be equal to or greater than \$75,000 in the fiscal year.

**2g. Add Appendices A-1 through A-14 dated 7/1/2015 to Agreement as amended.**

**2h. Delete Appendix B-Calculation of Charges and replace in its entirety with Appendix B-Calculation of Charges dated 7/1/2015 to Agreement as amended.**

**2i. Add CBHS Budget Documents/Appendices B-1 through B-14 dated 7/1/2015 to Agreement as amended.**

**2j. Delete Appendix D-Additional Terms and replace in its entirety with Appendix D- Additional Terms dated 7/1/2015 to Agreement as amended.**

**2k. Delete Appendix E-HIPAA Business Associate Agreement and replace in its entirety with Appendix E-HIPAA Business Associate Agreement dated 5/19/2015 to Agreement as amended.**

**3. Effective Date.** Each of the modifications set forth in Section 2 shall be effective on and after July 1, 2015.

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

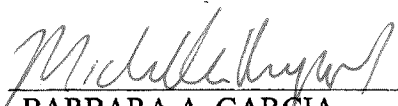
IN WITNESS WHEREOF, the parties hereto have executed this Agreement on the day first mentioned above.

CITY

CONTRACTOR


Recommended by:

**Edgewood Center for Children & Families**


  
\_\_\_\_\_  
BARBARA A. GARCIA, / 5/27/15  
MPA. / Date  
Director of Health

Approved as to Form:

DENNIS J. HERRERA  
City Attorney

By   
KATHY MURPHY / 6/15/15  
Deputy City Attorney / Date

Approved:

  
\_\_\_\_\_  
Matt Madaus / 5-21-15  
Chief Executive Officer / Date  
1801 Vicente Street  
San Francisco, California 94116

City vendor number: 06953

\_\_\_\_\_  
JACI FONG /  
Director of the Office of / Date  
Contract Administration, and  
Purchaser



**1. Identifiers:**

**Program Name:** Counseling Enriched Education Program

**Program Address:** 1801 Vicente Street

**City, State, Zip Code:** San Francisco, CA 94116

**Telephone** (415) 681-3211

**Facsimile:** (415) 661-7094

**Contractor Address:** 1801 Vicente Street

**City, State, Zip Code:** San Francisco, CA 94116

**Name of Person Completing this Narrative:** Jennifer Barry, MFT

**Telephone:** (415) 682-3145

**Program Code(s):** 8858OP

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

☐ New ☐ Renewal ☒ Modification

**3. Goal Statement:**

Edgewood Center's Non-Public School/Counseling Enriched Education Program NPS/CEEP (8858OP) is designed to provide intervention and treatment to improve functioning of youth 5-21 years of age so they may transition to a less restrictive school placement and be able to tolerate the demands of more mainstream educational and community settings. To accomplish this goal, the program will focus on the reduction of behavioral health symptoms experienced by the youth and reduction in behaviors that prevent successful integration in a typical classroom

**4. Target Population:**

Edgewood's NPS/CEEP program is designed to serve the following target populations:

- Children and adolescents ages 5-21 that have not been successful in regular school settings and can benefit from a short-term, structured milieu setting.
- Children and adolescents who have been diagnosed with serious emotional disturbance which interferes with daily functioning in the areas of family, school/work, peer relationships and/or personal care, including 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 and adolescents who are Medi-Cal beneficiaries, living in their community with families, kin, foster home or lower level group home, and authorized to be in NPS/CEEP with the approval of SFUSD through the IEP process and in coordination with SF CBHS.

**5. Modality(s)/Intervention(s):**

OP-MH Svcs, OP-Case Mgt Brokerage, OP-Crisis Intervention, OP-Medication Support

**6. Methodology:**

**A. Outreach, recruitment, promotion, and advertisement as necessary.**

The Edgewood NPS/CEEP program works collaboratively with families, SFUSD, out of county school districts and other county partners to continuously communicate about openings and coordinate best placements when this intensive level of service is required and authorized.

The appropriateness of the client for the NPS/CEEP is based on the following criteria:

- The primary diagnosis shall indicate moderate to severe psychiatric difficulty, which is not manageable within the child's home, community or public school (i.e. less restrictive settings). Children with IEPS Enter the Edgewood Center through their school district IEP process;
- The child is not physically handicapped to an extent that would restrict participation in the physical activity that is part of the program;
- The child is determined to require assessment, support and stabilization, or long-term treatment; and
- The child's problems are likely to respond to a program of psychosocial, psychiatric, and educational interventions.

Placement in the NPS/CEEP is not appropriate for children whose clinical presentation includes:

- Greater than moderate intellectual disability;
- Existence of an acute, current psychotic state requiring psychiatric hospitalization;
- Presence of active suicidal behavior;
- Physical, neurological or mental health needs better served in other specialized treatment facilities, or whose at-risk status suggests a hospital setting;
- History of significant sexual predatory behavior;
- Family refusal to engage in ongoing treatment;
- Youth who have alcohol and/or other substance use disorders better treated at a specialized substance use treatment program or specialized co-occurring disorders program.

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.

#### **B. Admission, enrollment and/or intake criteria and process where applicable**

The appropriateness of a child's enrollment in the NPS/CEEP is also based upon age, sex, and type of problem, as they relate to the existing population in the school building under consideration. Once a referral is made to Edgewood, the steps to determine eligibility and gather information typically begin within 24 hours of initial contact with the agency. An acceptance of a referral for intake evaluation is not equivalent to admission into the program. The referring agency, the family, or Edgewood may terminate the intake at any point should it become clear it would not be feasible to continue.

When a referral appears appropriate for the NPS/CEEP, a request is made to the referring agency and/or parent to forward all information that is pertinent to the services being requested including:

- Education records and individual educational plans (IEP's);
- School reports;
- Family, placement, and social history;
- Mental health treatment history;
- Psychological and psychiatric evaluation(s);
- Medical history; and,
- Discharge summaries (from hospitalizations or other placements).

The Intake Department works collaboratively with the referring agency and parents to arrange releases of information necessary to facilitate the intake process and assessment. In particular, the Intake Department collaborates with former school placements, and whenever possible, the family members, of the child by conducting extensive phone work to obtain information not contained in written reports. Especially when documents lack information on a child's status or whereabouts over a period of time, efforts must be applied to research that period. The absence of records may indicate no one was watching out for the welfare of the child who was left unprotected or otherwise neglected; obviously, tracking down information for such periods can



yield background information critical to constructing a comprehensive, rich historical understanding of the child's life experiences.

The Intake Department typically responds to referring agencies regarding acceptance or rejection of referral within a two week period, and if a referral is denied, the reasons are documented in the case record. Where appropriate, Edgewood will give information and referrals for persons it cannot serve.

Although planned placements are preferred, emergency placements will be considered under very rare circumstances. If a child is accepted in an emergency situation, documents such as treatment agreements, medication consent and immunization records are mandatory prior to admission.

### **C. Service delivery model**

NPS/CEEP 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; expressive arts and recreational therapeutic groups; medical and psychiatric treatment; and comprehensive care management. The program is based upon Individualized Educational Programs (IEPs) with an emphasis on core academic curriculum modified as needed for the individual student. The program is designed to accelerate their learning by diagnosing their specific learning needs and providing an individualized program to help them move towards grade level standards as quickly as possible.

The Non-Public School/Counseling Enriched Education program is located on Edgewood Center's Campus, 1801 Vicente Street. The program is organized into two settings of up to 60 youth, located in a different multi-room building and serving both boys and girls. The Elementary and Middle School programs operate from 9:00am-3:15pm on Monday, Tuesday, Thursday, and Friday and 9:00am-1:15pm on Wednesday. The High School operates from 8:30am-3:30pm on Monday, Tuesday, Thursday, and Friday and 8:30am-2:05pm on Wednesday.

Treatment is family-focused, strengths-based, and trauma-informed with the goal of helping youth develop the skills necessary to thrive in their relationships and natural environments (e.g., home, school, and workplace).

*Program service components:* Edgewood's services are guided by a core belief that children, youth, and families are best served and supported in the context of their unique family system, culture, and community. The agency is also committed to developing an integrated our services with local partners to ensure that children, youth, and families can become self-reliant.

*Practices/curricula used in program:* The program operates on an extended school year-round calendar, is multi-disciplinary in approach, and provides a range of services including:

#### Clinical Services

- Individual Psychotherapy
- Group Psychotherapy
- Family Psychotherapy
- Individual Rehabilitation
- Family Conferences
- Case Management
- Collateral Support
- Crisis Intervention
- Discharge Planning

#### Medical Services

- Psychiatric Care
- Medication
- Nursing Services
- Nutritional Counseling

#### Therapeutic Milieu

- Community Meetings
- Behavior/Emotional Management
- Therapeutic Arts & Recreation
- Life Skills Coaching
- Rehabilitative Groups
- Community Involvement
- Crisis Intervention

Individualized Treatment Plans of Care (POC) are developed for each child and family. These plans are developed through a multidisciplinary process that strives to put youth and families at the center of decision-making. To meet this end, the following steps are taken for each youth:

*Initial Mental Health Assessment* is completed within the first 30 days. The therapist/care manager utilizes the Child and Adolescent Needs and Strengths (CANS) to complete a full mental health assessment. The CANS is as a multi-purpose tool developed to support decision making, including level of care and service planning, to facilitate quality improvement initiatives, and to allow for the monitoring of outcomes of services. The assessment services to establish medical necessity for specialist mental health services. CANS Assessments will be completed for each client on an annual basis; the cycle will be kept in sync with the episode opening date.

*Treatment Plan of Care Development:* An initial *Treatment Plan of Care* (POC) is completed within the first 30 days. The therapist/care manager incorporates observations of the child in the milieu, information emerging from individual therapy, initial family work, collateral contacts and results of the comprehensive Child and Adolescent Needs and Strengths (CANS) assessment, to develop an integrative treatment plan. The Plan of Care is completed prior to providing mental health services. The Plan of Care is reviewed and signed by the child, parent/caregiver and legal guardian and is placed in the case record. The plan specifies the overall course of treatment that will lead to successful discharge. It serves as the guiding directive upon which all interventions are based and describes how, and by whom, all services will be provided. A number of goals are developed to address the child's and family's needs and may include areas such as mental health, school behavior functioning, psychiatric needs, and family/community involvement. These goals are linked to shorter-term objectives that are translated into concrete treatment actions in the milieu, educational program, therapies and psychiatric treatment. Every Treatment Plan of Care after will be due on an annual cycle; however, a Treatment Plan of Care can be created at any time within the year if the plan needs to be altered.

*Treatment Team Meetings:* The Treatment Team is the central component of the service planning process. Treatment Teams structurally put caregivers and families in the center of our work and create a system of collaboration among the family, service providers, and other key stakeholders. Treatment Teams include the child, her/his family, the clinician/therapist, care manager, treatment manager(s), primary child care worker(s), psychiatrist, teacher, psychiatric nurse, recreation program representative, and external persons involved with the child (e.g., Child Welfare Worker, Court Appointed Special Advocate/CASA, lawyer, etc.). The first Treatment Team Meeting occurs within the first 45 days of placement. Ongoing Treatment Team meetings occur at minimum every 12 weeks thereafter. These meetings are utilized to monitor the response of the child and family to treatment; to assess, re-define or alter short-or long-term treatment goals; to consider alternative treatment strategies; and to assess the readiness of the child and family for discharge and aftercare services.

*Internal Treatment Team Reviews:* Treatment Teams consisting of Treatment Managers and the client's therapist meet on a monthly basis to monitor progress, ensure consistency of milieu-based interventions, and amend treatment actions as needed. Behavior Support and Intervention Plans (BSIPs) developed in these meetings are shared with the child and family.

#### **D. Discharge Planning and exit criteria and process**

*Discharge Planning:* The following two criteria for discharge are expected to be met: a) Child or youth can be safely treated at an alternative level of care; b) Individualized discharge plan with appropriate and timely follow-up care is in place.

In addition to (a) and (b) above, any one or more of criteria must be met:

- Child or adolescent's documented treatment plan goals and objectives have been substantially met or a safe, continuing care program can be arranged and facilitated at an alternate level of care.
- Child or adolescent no longer meets admission criteria, or meets criteria for a less or more intensive level of care.
- Child/adolescent or family member, guardian, or custodians are competent but non-participatory in treatment or in following the program rules and regulations.
- There is non-participation by youth to such a degree that treatment at this level of care is rendered ineffective.
- Consent for treatment is withdrawn, and it is determined that the child or adolescent, parent, or guardian has the capacity to make an informed decision.
- Child or adolescent is not making progress toward treatment goals despite persistent efforts to engage her or him, and there is no reasonable expectation of progress at this level of care; nor is the level of care required to maintain the current level of function.

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) and outpatient mental health services. 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 programs staffing:**

See corresponding Appendix B Salaries and Benefits page.

#### **7. Objectives and Measurements:**

##### **A. Required Objectives**

All objectives, and descriptions of how objectives will be measured, are contained in the CBHS document entitled CBHS Performance Objectives FY 15-16. Edgewood Center for Children and Families will comply with all performance objectives with the exception of A6. Due to the severity of clients served Edgewood will be exempt from this performance objective.

##### **B. Individualized Program Objectives**

Not Applicable.

#### **8. Continuous Quality Improvement:**

Edgewood is a CBHS funded provider and will meet the Community Programs Continuous Quality Assurance and Improvement requirements as described in the FY 15-16 Declaration of Compliance.

All staff are introduced into a Continuous Quality Improvement (CQI) environment at the agency's New Hire orientation. At New Hire, CQI concepts are reviewed and staff are informed of their responsibility in the CQI process. While in orientation, opportunities for CQI participation are identified. They can include daily activities such as participating in Peer or Chart Reviews, focus groups, encouraging client/caregiver to complete research measures such as satisfaction surveys, and reporting any activity in their daily activities that could be improved upon. Staff also participates in the debriefing of incidents for the purpose of identifying training, policy or procedure needs or improvements.

Quality Improvement (QI) is a continuous process and occurs across all programs, services, and departments. Quality Assurance (QA) staff work closely with providers and supervisors around areas of documentation, HIPAA, confidentiality, special incidents, client grievances, as well as any other issues or concerns that impact the environment of continuous quality improvement. Program teams and QA staff regularly review and analyze client satisfaction results, outcome data, program productivity, critical incidents, and delivery of culturally competent services to identify areas for improvement and inform changes in agency practice. QA staff identify patterns in documentation and practice and provide timely feedback to providers and supervisors to develop a plan of correction, as needed. Corrective plans are reviewed and monitored until desired results occur. Continuous follow up is required to maintain improved levels.

CQI activities are documented in program and QA meeting minutes as well as in formal QA reports and are maintained within program site binders.

#### **9. Required Language**

A. For CBHS CYF SOC ECMHCI: Contractor will adhere to all stipulated CBHS requirements for the completion of Site Agreements for each assigned program site and/or service setting. Contractor also will comply with all stipulations of content, timelines, ensuring standards of practice, and all reporting requirements as put forth by the CBHS ECMHCI SOC Program Manager and RFP-10-2013.

B. Changes may occur to the composition of program sites during the contract year due to a variety of circumstances. Any such changes will be coordinated between the contractor and the CBHS ECMHCI SOC Program Manager and will not necessitate a modification to the Appendix-A target population table. Contractor is responsible for assigning mental health consultants to all program sites and for notifying the CBHS ECMHCI SOC Program Manager of any changes.

**Contractor:** Edgewood Center for Children and Families  
**Program:** Residentially-Based Treatment (RBT)  
**City Fiscal Year:** FY 2015-16  
**CMS#:** 6949

**Appendix A-2**  
**Contract Term:** 07/01/2015 through 06/30/2016

**1. Identifiers:**

**Program Name:** Residentially-Based Treatment (RBT)  
**Program Address:** 1801 Vicente Street  
**City, State, Zip Code:** San Francisco, CA 94116  
**Telephone:** (415) 682-3211  
**Facsimile:** (415) 664-7094

**Contractor Address:** 1801 Vicente Street  
**City, State, Zip Code:** San Francisco, CA 94116  
**Name of Person Completing this Narrative:** Lisa Gutierrez-Wang, PhD  
**Telephone:** (415) 682-3286

**Program Code:** 88584

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

**3.** ☐ New ☐ Renewal ☒ Modification

**4. Goal Statement**

The goal of Edgewood's Residentially-Based Treatment (RBT) 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.

**5. Target Population**

Edgewood's Residential-Based Treatment (RBT) program is licensed by the State of California Department of Social Services to provide twenty-four-hour-a-day, seven-day-a-week ("24/7") care for children and youth with Serious Emotional Disturbance (SED).

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

- Children and adolescents ages 6-17 that have not been successful in lower levels of care.
- Children and adolescents who have been diagnosed with Serious Emotional Disturbance (SED) which interferes with daily functioning in the areas of family, school/work, peer relationships and/or personal care, including 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.

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

OP-MH Svcs, OP-Case Mgt Brokerage, OP-Crisis Intervention, OP-Medication Support

**7. Methodology**

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

Edgewood maintains close communication with SF HSA, SF CBHS, SF Probation, and SFUSD and is represented at the weekly San Francisco Multi-Agency Service Team (MAST) meeting. Edgewood also

maintains close communication with all other school districts and social service agencies served through the Residential-Based Treatment program to communicate about openings and coordinate best placements when this intensive level of service is required and authorized.

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

*Program Eligibility Criteria:* The appropriateness of the child for the Residentially-Based Treatment is based on the following criteria:

- The primary diagnosis shall indicate moderate to severe psychiatric difficulty, which is not manageable within the child's home, community or public school (i.e. less restrictive settings);
- The child is not physically handicapped to an extent that would restrict participation in the physical activity that is part of the program;
- The child is determined to require assessment, support and stabilization, or long-term treatment; and
- The child's problems are likely to respond to a program of psychosocial, psychiatric, and educational interventions.

Placement in the Residentially-Based Treatment is not appropriate for children whose clinical presentation includes:

- Greater than moderate intellectual disability;
- Diagnosis of Autism with pervasive communication challenges;
- Existence of an acute, current psychotic state requiring psychiatric hospitalization;
- Presence of active suicidal behavior;
- Physical, neurological or mental health needs better served in other specialized treatment facilities, or whose at-risk status suggests a hospital setting;
- History of significant sexual predatory behavior;
- Family refusal to engage in ongoing treatment;
- Pregnant teens, or teens with babies; and
- Youth who have alcohol and/or other substance use disorders better treated at a specialized substance use treatment program or specialized co-occurring disorders program.

All cases are assessed individually by the Intake Committee to determine the appropriateness of Edgewood Residentially-Based Treatment as a placement option.

*Admission Process:* The appropriateness of a child's enrollment in the Residential Treatment Program is also based upon age, sex, and type of problem, as they relate to the existing population in the cottage under consideration. Fiscal responsibilities are also considered; there must be a guarantee of financial resources sufficient to compensate the cost of treatment before admission can occur. Once a referral is made to Edgewood, the steps to determine eligibility and gather information typically begin within 24 hours of initial contact with the agency.

An acceptance of a referral for intake evaluation is not equivalent to admission into the program. The referring agency, the family, or Edgewood may terminate the intake at any point should it become clear it would not be feasible to continue.

When a referral appears appropriate for residential services, a request is made to the referring agency and/or parent to forward all information that is pertinent to the services being requested including:

- Family, placement, and social history;
- Mental health treatment history;
- Psychological and psychiatric evaluation(s);
- Medical history;
- Education records and individual educational plans (IEP's);
- School reports; and,
- Discharge summaries (from hospitalizations or other placements).

The Intake Department works collaboratively with the referring agency and parents to arrange releases of information necessary to facilitate the intake process and assessment. In particular, the Intake Department collaborates with former caregivers, and whenever possible, the family members, of the child by conducting extensive phone work to obtain information not contained in written reports. Especially when documents lack information on a child's status or whereabouts over a period of time, efforts must be applied to research that period. The absence of records may indicate no one was watching out for the welfare of the child who was left unprotected or otherwise neglected; obviously, tracking down information for such periods can yield background information critical to constructing a comprehensive, rich historical understanding of the child's life experiences.

The Intake Department typically responds to referring agencies regarding acceptance or rejection of referral within a two week period, and if a referral is denied, the reasons are documented in the case record. Where appropriate, Edgewood will give information and referrals for persons it cannot serve. Since most referrals come from Department of Human Services or Mental Health, fees for services are already agreed upon in their contracts with Edgewood. In the rare case when a referral does not come through one of those agencies, the Intake Department reviews the basic fee schedule with the client/referring source, and then refers them to Edgewood's Contracts and Billing Department.

Although planned placements are preferred, emergency placements will be considered under very rare circumstances. If a child is accepted in an emergency situation, documents such as treatment agreements, medication consent and immunization records are mandatory prior to admission.

*Pre-placement Visit:* A member of the Intake Department meets with the child, family and/or referral person to help the child understand the reasons placement is being sought, as well as to describe the treatment program itself, encouraging and answering questions of all parties. The family is informed that family participation is essential to treatment, that families are made very welcome at Edgewood, and are considered to be an integral component of successful treatment. The child will tour the facility and meet with staff from the prospective cottage to which s/he may be admitted, as well as a visit the non-public school, if relevant. On occasion, because of immediacy of placement need or geographic factors, a child may be scheduled for admission without a pre-placement visit.

*Final Placement Decision Review:* After the visit, information gathered during the admission process is reviewed by the Intake Committee which includes the Medical Director, Intake Director, and Behavioral Health Directors. The Intake Committee then carefully reviews the information and discusses the child's behaviors and the capacity of the program to manage and improve such behaviors given the current client population, staff expertise and the physical environment. When indicated, additional psychological testing, psychiatric evaluation, or other necessary information is requested prior to a final decision to accept a child for placement. Once accepted for admission, a date, time, and other factors in regard to placement are determined, and the family is and/or referral agency are notified in writing.

On occasion, because of specific problems, an evaluation period with the child in residency may be required before placement is confirmed. Evaluation periods, if required, are indicated in an initial assessment report.

*Waiting List Policy:* Edgewood Center strives to provide smooth and timely access to agency program services. On rare occasions, existing circumstances result in a temporary inability of a program to serve new referrals. When a referral to Residential Treatment has been deemed appropriate, yet there is a delay in the program's ability to have the child/youth enter, the Intake Department will provide the referral source a projected entrance date and/or offer to place the child/youth on a wait list. The wait list is maintained by the Intake Department. In general, potential clients are added to the list in ascending order from the earliest date of request for service to the most recent.

**C. Describe your program's service delivery model**

Edgewood RBT services includes comprehensive mental health services to children and adolescents aged 6-17 who have been unsuccessful in their homes or lower levels of care due to severe behavioral and mental health issues. The program runs twenty-four-hour-a-day, seven-day-a-week ("24/7"). Services are provided by multidisciplinary staff and include a consistent therapeutic milieu staffed by qualified mental health professionals; individual, group and family psychotherapy; expressive arts and recreational therapeutic groups; medical and psychiatric treatment; and comprehensive care management. These therapeutic interventions and activities occur throughout the day and night, including afternoons and evenings and over the weekend. 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 Edgewood's RBT program is to meet the mental health 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:

Individualized Treatment Plans of Care (POC) are developed for each youth and family. These plans are developed through a multidisciplinary process that strives to put youth and families at the center of decision-making. To meet this end, the following steps are taken for each youth:

*Intake Screening and Initial Safety Goals:* At Intake, the Mini-Child and Adolescent Needs and Strengths (CANS) Assessment is completed, along with several screening tools. The Intake Clinician takes this information, and client/parent/legal guardian report, and identifies two initial safety-related goals that will be the focus of treatment until the comprehensive Plan of Care (POC) is developed.

*Plan of Care Development:* An initial *Plan of Care* (POC) is completed within the first 30 days. The therapist/care manager incorporates observations of the child in the milieu, information emerging from individual therapy, initial family work, collateral contacts and results of the comprehensive Child and Adolescent Needs and Strengths (CANS) assessment, to develop an integrative plan. This Plan of Care is reviewed and signed by the child, parent/caregiver and legal guardian and is placed in the case record. The plan specifies the overall course of treatment that will lead to successful discharge. It serves as the guiding directive upon which all interventions are based and describes how, and by whom, all services will be provided. A number of goals are developed to address the child's and family's needs and may include areas such as mental health, school behavior functioning, psychiatric needs, and family/community involvement. These goals are linked to shorter-term objectives that are translated into concrete treatment actions in the milieu, educational program, therapies and psychiatric treatment.



*Care Team Meetings:* The Care Team is the central component of the service planning process. Care Teams structurally put caregivers and families in the center of our work and create a system of collaboration among the family, service providers, and other key stakeholders. Care Teams include the child, her/his family, the clinician/therapist, care manager, treatment manager(s), primary child care worker(s), psychiatrist, teacher, psychiatric nurse, recreation program representative, and external persons involved with the child (e.g., Child Welfare Worker, Court Appointed Special Advocate/CASA, lawyer, etc.). The first Care Team Meeting occurs within the first 45 days of placement. Ongoing Care Team meetings occur at minimum every 12 weeks thereafter. These meetings are utilized to monitor the response of the child and family to treatment; to assess, re-define or alter short-or long-term treatment goals; to consider alternative treatment strategies; and to assess the readiness of the child and family for discharge and aftercare services.

*Internal Treatment Team Reviews:* Treatment Teams consisting of Treatment Managers and the client's therapist meet on a monthly basis to monitor progress, ensure consistency of milieu-based interventions, and amend treatment actions as needed. Behavior Support and Intervention Plans (BSIPs) developed in these meetings are shared with the child and family.

#### **D. Describe your program's exit criteria and process**

A preliminary discharge plan is generated at the time of intake. A working discharge plan is then developed in collaboration with the Care Team within 45 days of admission. 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, RBT 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.

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 services and Wraparound 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:**

See corresponding Appendix B Salaries and Benefits page.

### **8. Objectives and Measurements**

#### **A. Required Objectives**

All objectives, and descriptions of how objectives will be measured, are contained in the CBHS document entitled CBHS Performance Objectives FY 15-16. Edgewood Center for Children and Families will comply with all performance objectives with the exception of A6. Due to the severity of clients served Edgewood will be exempt from this performance objective.

**B. Individualized Program Objectives**

Not Applicable.

**9. Continuous Quality Assurance and Improvement**

Edgewood is a CBHS funded provider and will meet the Community Programs Continuous Quality Assurance and Improvement requirements as described in the FY 15-16 Declaration of Compliance.

All staff are introduced into a Continuous Quality Improvement (CQI) environment at the agency's New Hire orientation. At New Hire, CQI concepts are reviewed and staff are informed of their responsibility in the CQI process. While in orientation, opportunities for CQI participation are identified. They can include daily activities such as participating in Peer or Chart Reviews, focus groups, encouraging client/caregiver to complete research measures such as satisfaction surveys, and reporting any activity in their daily activities that could be improved upon. Staff also participates in the debriefing of incidents for the purpose of identifying training, policy or procedure needs or improvements.

Quality Improvement (QI) is a continuous process and occurs across all programs, services, and departments. Quality Assurance (QA) staff work closely with providers and supervisors around areas of documentation, HIPAA, confidentiality, special incidents, client grievances, as well as any other issues or concerns that impact the environment of continuous quality improvement. Program teams and QA staff regularly review and analyze client satisfaction results, outcome data, program productivity, critical incidents, and delivery of culturally competent services to identify areas for improvement and inform changes in agency practice. QA staff identify patterns in documentation and practice and provide timely feedback to providers and supervisors to develop a plan of correction, as needed. Corrective plans are reviewed and monitored until desired results occur. Continuous follow up is required to maintain improved levels.

CQI activities are documented in program and QA meeting minutes as well as in formal QA reports and are maintained within program site binders.

**9. Required Language**

A. For CBHS CYF SOC ECMHCI: Contractor will adhere to all stipulated CBHS requirements for the completion of Site Agreements for each assigned program site and/or service setting. Contractor also will comply with all stipulations of content, timelines, ensuring standards of practice, and all reporting requirements as put forth by the CBHS ECMHCI SOC Program Manager and RFP-10-2013.

B. Changes may occur to the composition of program sites during the contract year due to a variety of circumstances. Any such changes will be coordinated between the contractor and the CBHS ECMHCI SOC Program Manager and will not necessitate a modification to the Appendix-A target population table. Contractor is responsible for assigning mental health consultants to all program sites and for notifying the CBHS ECMHCI SOC Program Manager of any changes.

Contractor: Edgewood Center for Children and Families  
Program: School Mental Health Partnership  
City Fiscal Year: FY 2015-16  
CMS#: 6949

Appendix A-3  
Contract Term: 07/01/2015 through 06/30/2016

**1. Identifiers:**

**Program Name:** School Mental Health Partnership  
**Program Address:** #620-3801 3<sup>rd</sup> St.  
**City, State, Zip Code:** San Francisco, CA 94124  
**Telephone** (415) 681-3211  
**Facsimile:** (415) 375-7579

**Contractor Address:** 1801 Vicente Street  
**City, State, Zip Code:** San Francisco, CA 94116  
**Name of Person Completing this Narrative:** Robin Acker, MFT  
**Telephone:** (415) 682-3102

**Program Code(s):** 8858ED

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

☐ New ☐ Renewal ☒ Modification

**3. Goal Statement:**

The goal of the School Mental Health Partnership (SOAR) is to provide services in the SED Students including the SOAR classroom to assist the students to meet their educational and mental health goals. To collaborate with the SED teachers, paras, parents, caregivers, other outside providers and school admin, staff and community as a whole.

**4. Target Population**

Edgewood will serve clients referred by CBHS and SFUSD and meeting established CBHS criteria. Children served through this program are by definition, SED students; primarily those in the SOAR classroom but also serving those holding IEP's in the public school setting.

**5. Modality(s)/Intervention(s):**

OP Mental Health Services, OP Case Management Brokerage, OP Medication Support, OS Community Client Services

**6. Methodology:**

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

Outreach and recruitment is conducted in collaboration between program leadership, i.e. program manager and/or clinical supervisor, SFUSD Special Education including ERMHS department staff and Wellness Centers.

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

Site needs are assessed in collaboration between the on-site clinician and school staff and services are adjusted and applied accordingly (e.g. individual or group therapy, teacher collaboration, etc.). The Partnership prioritizes the needs of the school's special education students, including SOAR students, ERMHS qualified students, the special education milieu, and special education staff. Once a client is identified as appropriate for individually focused work the caregiver is contacted to initiate consent and an initial assessment.

**C. Describe your program's service delivery model**

Partnership clinicians can provide individual therapy, group therapy, family therapy, collaterals, milieu management, and school staff consultation as indicated. The partnership clinicians generally attend IEP and SST meetings, continuing to assess the level of need for each SED student. The need for a client to receive individual therapy is usually decided between school staff and clinician, and then the caregiver is approached for consent. Individualized services are generally provided onsite with family sessions arranged as indicated. At intake a thorough assessment of problems and needs is conducted utilizing the CANS tool(s), goals are formulated, and these are both reviewed and updated every six months. Appropriate referrals are made as indicated.

**D. Describe your program's exit criteria and process**

Individualized treatment goals are established in conjunction with the client, caregiver, and school team and progress is tracked throughout. Achievement of goals and the discontinuation of individualized services will be decided via collaboration with the client, caregiver, and school team. Step-down service, such as individual to group only, are generally considered.

**E. Describe your program's staffing:**

See corresponding Appendix B Salaries and Benefits page.

**7. Objectives and Measurements:**

**A. Required Objectives**

All objectives, and descriptions of how objectives will be measured, are contained in the CBHS document entitled CBHS Performance Objectives FY 15-16. Edgewood Center for Children and Families will comply with all performance objectives with the exception of A6. Due to the severity of clients served Edgewood will be exempt from this performance objective.

## **8. Continuous Quality Improvement:**

Edgewood is a CBHS funded provider and will meet the Community Programs Continuous Quality Assurance and Improvement requirements as described in the FY 15-16 Declaration of Compliance.

All staff are introduced into a Continuous Quality Improvement (CQI) environment at the agency's New Hire orientation. At New Hire, CQI concepts are reviewed and staff are informed of their responsibility in the CQI process. While in orientation, opportunities for CQI participation are identified. They can include daily activities such as participating in Peer or Chart Reviews, focus groups, encouraging client/caregiver to complete research measures such as satisfaction surveys, and reporting any activity in their daily activities that could be improved upon. Staff also participates in the debriefing of incidents for the purpose of identifying training, policy or procedure needs or improvements.

Quality Improvement (QI) is a continuous process and occurs across all programs, services, and departments. Quality Assurance (QA) staff work closely with providers and supervisors around areas of documentation, HIPAA, confidentiality, special incidents, client grievances, as well as any other issues or concerns that impact the environment of continuous quality improvement. Program teams and QA staff regularly review and analyze client satisfaction results, outcome data, program productivity, critical incidents, and delivery of culturally competent services to identify areas for improvement and inform changes in agency practice. QA staff identify patterns in documentation and practice and provide timely feedback to providers and supervisors to develop a plan of correction, as needed. Corrective plans are reviewed and monitored until desired results occur. Continuous follow up is required to maintain improved levels.

CQI activities are documented in program and QA meeting minutes as well as in formal QA reports and are maintained within program site binders.

## **9. Required Language:**

A. For CBHS CYF SOC ECMHCI: Contractor will adhere to all stipulated CBHS requirements for the completion of Site Agreements for each assigned program site and/or service setting. Contractor also will comply with all stipulations of content, timelines, ensuring standards of practice, and all reporting requirements as put forth by the CBHS ECMHCI SOC Program Manager and RFP-10-2013.

B. Changes may occur to the composition of program sites during the contract year due to a variety of circumstances. Any such changes will be coordinated between the contractor and the CBHS ECMHCI SOC Program Manager and will not necessitate a modification to the Appendix-A target population table. Contractor is responsible for assigning mental health consultants to all program sites and for notifying the CBHS ECMHCI SOC Program Manager of any changes.



**1. Identifiers:**

**Program Name:** Behavioral Health Outpatient

**Program Address:** #620-3801 3<sup>rd</sup> St.

**City, State, Zip Code:** San Francisco, CA 94124

**Telephone** (415) 681-3211

**Facsimile:** (415) 375-7579

**Contractor Address:** 1801 Vicente Street

**City, State, Zip Code:** San Francisco, CA 94116

**Name of Person Completing this Narrative:** Robin Acker, MFT

**Telephone:** (415) 682-3102

**Program Code(s):** 885814

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

☐ New ☐ Renewal ☒ Modification

**3. Goal Statement:**

The goal of the Behavioral Health Outpatient program is to seek to make outpatient mental health, case management and medication support services more accessible to San Francisco residents.

**4. Target Population:**

Edgewood will serve youth who are in need of a mental health assessment and meet medical necessity for behavioral health services as defined by SF CBHS. Specific target populations addressed by this program include:

- Youth and families ages 0-21 throughout San Francisco including transitional aged youth (TAY) ages 18-21.
- Youth and families in San Francisco's behavioral health, foster care, kinship, and juvenile justice systems.
- Youth and families who are eligible for Medi Cal for behavioral health services.
- Youth and families in which the youth has an Individualized Education Plan (IEP) with educationally related mental health services (ERMHS) approved by SFUSD.
- Youth and families with co-occurring disorders who present with multiple needs.

## **5. Modality(s)/Intervention(s):**

OP-MH Svcs, OP-Case Mgt Brokerage, OP-Crisis Intervention, OP-Medication Support

## **6. Methodology:**

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

Outreach and recruitment is generally conducted in collaboration between program leadership, i.e. program manager and/or clinical supervisor, SFUSD school staff, and DPH staff (i.e. social workers), though anyone can refer a client for services.

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

Upon receiving a referral intake coordinator (generally the program manager) will confirm Medi-cal coverage and/or ERMHS status utilizing an insurance or social security number. Once coverage is confirmed the referral is reviewed for appropriateness, e.g. age of client, needs, etc. Once coverage and needs are determined valid intake coordinator will contact the caregiver to either set up an initial meeting for assessment or relay waiting list status. If a wait is apparent intake coordinator will offer other referral options.

### **C. Describe your program's service delivery model**

Outpatient clinicians generally provide weekly services at the school, home, or other community location to children and youth 3-21 years of age. The modality will be based on a thorough assessment utilizing the CANS assessment tool and a formulation of goals. Interventions will be age and developmentally appropriate with a family (systemic) focus. Treatment progress is tracked throughout and goals are updated every six months. Collaboration with the family and school staff is consistent throughout the assessment and treatment phase. Appropriate referrals are made as indicated.

### **D. Describe your program's exit criteria and process**

Individualized treatment goals are established in conjunction with the client, caregiver, and often the school team. Achievement of goals and the discontinuation of services will be decided via collaboration with the clinician, client, and caregiver, and step-down services, such as individual to group only, are generally considered.

### **E. Describe your program's staffing:**

See corresponding Appendix B Salaries and Benefits page.

## **7. Objectives and Measurements:**

### **A. Required Objectives**

All objectives, and descriptions of how objectives will be measured, are contained in the CBHS document entitled CBHS Performance Objectives FY 15-16. Edgewood Center for Children and Families will comply with all



performance objectives with the exception of A6. Due to the severity of clients served Edgewood will be exempt from this performance objective.

**B. Individualized Program Objectives**

Not Applicable.

**8. Continuous Quality Improvement:**

All staff are introduced into a Continuous Quality Improvement (CQI) environment at the agency's New Hire orientation. At New Hire, CQI concepts are reviewed and staff is informed of their responsibility in the CQI process. While in orientation, opportunities for CQI participation are identified. They can include daily activities such as participating in Peer or Chart Reviews, focus groups, encouraging client/caregiver to complete research measures such as satisfaction surveys, and reporting any activity in their daily activities that could be improved upon. Staff also participates in the debriefing of incidents for the purpose of identifying training, policy or procedure needs or improvements.

Quality Improvement (QI) is a continuous process and occurs across all programs, services, and departments. Quality Assurance (QA) staff work closely with providers and supervisors around areas of documentation, HIPAA, confidentiality, special incidents, client grievances, as well as any other issues or concerns that impact the environment of continuous quality improvement. Program teams and QA staff regularly review and analyze client satisfaction results, outcome data, program productivity, critical incidents, and delivery of culturally competent services to identify areas for improvement and inform changes in agency practice. QA staff identify patterns in documentation and practice and provide timely feedback to providers and supervisors to develop a plan of correction, as needed. Corrective plans are reviewed and monitored until desired results occur. Continuous follow up is required to maintain improved levels.

CQI activities are documented in program and QA meeting minutes as well as in formal QA reports and are maintained within program site binders.

**9. Required Language:**

A. For CBHS CYF SOC ECMHCI: Contractor will adhere to all stipulated CBHS requirements for the completion of Site Agreements for each assigned program site and/or service setting. Contractor also will comply with all stipulations of content, timelines, ensuring standards of practice, and all reporting requirements as put forth by the CBHS ECMHCI SOC Program Manager and RFP-10-2013.

B. Changes may occur to the composition of program sites during the contract year due to a variety of circumstances. Any such changes will be coordinated between the contractor and the CBHS ECMHCI SOC Program Manager and will not necessitate a modification to the Appendix-A target population table. Contractor is responsible for assigning mental health consultants to all program sites and for notifying the CBHS ECMHCI SOC Program Manager of any changes.



**1. Identifiers:**

**Program Name:** Therapeutic Behavioral Services (TBS)

**Program Address:** 1801 Vicente Street

**City, State, Zip Code:** San Francisco, CA 94116

**Telephone** (415) 681-3211

**Facsimile:** (415) 661-7094

**Contractor Address:** 1801 Vicente Street

**City, State, Zip Code:** San Francisco, CA 94116

**Name of Person Completing this Narrative:** Robin Acker, MFT

**Telephone:** (415) 682-3102

**Program Code(s):** 885818

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

☐ New ☐ Renewal ☒ Modification

**3. 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.

**4. 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.

## **5. Modality(s)/Intervention(s):**

OP-TBS, OP-Case Mgt Brokerage

## **6. Methodology:**

### **A. Outreach, recruitment, promotion, and advertisement as necessary.**

TBS manager communicates with the leadership of treatment partners, for example Oakes Children's Center, Family Mosaic Project, Edgewood Intensive and Out Patient Services, to inform them about the service, determine needs and support any TBS referrals that are necessary. TBS manager also regularly consults with the San Francisco County TBS Coordinator to keep them up to date on openings and caseload capacity.

### **B. Admission, enrollment and/or intake criteria and process where applicable**

TBS referrals for a TBS assessment are generally made by a case manager or therapist. In order to qualify for the assessment client must have full scope Full-scope Medi-Cal, be under the age of 21 and meets medical necessity. Client must also meet TBS class and clinical criteria. Clients are referred to TBS for the following reasons; to prevent placement in a higher level of residential care, to prevent acute psychiatric hospitalization, or to enable client to successfully transition to a lower level residential placement.

### **C. Service delivery model**

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:

- Determine the driving forces behind the symptoms and behaviors;
- Examine the different environments and occasions in which the behavior occurs; and

- 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. In addition to working with the youth, the Coach also works with the caregiver to provide them with skills to communicate with youth and respond effectively to youth's challenging behavior. 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.

TBS is a 24/7 home based service and services generally last 3-6 months. TBS collaborates closely with other providers and uses CANS for the purpose of assessment.

**D. Discharge Planning and exit criteria and process**

During the assessment phase a transition plan is developed, when client meets established benchmarks or the service is deemed to be ineffective TBS will close the case after transitioning skills to longer term providers and caregivers.

**E. Program staffing (which staff will be involved in what aspects of the service development and delivery). Indicate if any staff position is not funded by DPH.**

TBS coach is responsible for assessment of services, collaborating with treatment partners and providing direct service.

**7. Objectives and Measurements:**

**A. Required Objectives**

All objectives, and descriptions of how objectives will be measured, are contained in the CBHS document entitled CBHS Performance Objectives FY 15-16.

## **8. Continuous Quality Improvement:**

Edgewood is a CBHS funded provider and will meet the Community Programs Continuous Quality Assurance and Improvement requirements as described in the FY 15-16 Declaration of Compliance.

All staff are introduced into a Continuous Quality Improvement (CQI) environment at the agency's New Hire orientation. At New Hire, CQI concepts are reviewed and staff are informed of their responsibility in the CQI process. While in orientation, opportunities for CQI participation are identified. They can include daily activities such as participating in Peer or Chart Reviews, focus groups, encouraging client/caregiver to complete research measures such as satisfaction surveys, and reporting any activity in their daily activities that could be improved upon. Staff also participates in the debriefing of incidents for the purpose of identifying training, policy or procedure needs or improvements.

Quality Improvement (QI) is a continuous process and occurs across all programs, services, and departments. Quality Assurance (QA) staff work closely with providers and supervisors around areas of documentation, HIPAA, confidentiality, special incidents, client grievances, as well as any other issues or concerns that impact the environment of continuous quality improvement. Program teams and QA staff regularly review and analyze client satisfaction results, outcome data, program productivity, critical incidents, and delivery of culturally competent services to identify areas for improvement and inform changes in agency practice. QA staff identify patterns in documentation and practice and provide timely feedback to providers and supervisors to develop a plan of correction, as needed. Corrective plans are reviewed and monitored until desired results occur. Continuous follow up is required to maintain improved levels.

CQI activities are documented in program and QA meeting minutes as well as in formal QA reports and are maintained within program site binders.

## **9. Required Language**

N/A

**Contractor: Edgewood Center for Children and Families**  
**Program: Wraparound (WRAP)**  
**City Fiscal Year: FY 2015-16**  
**CMS#: 6949**

**Appendix A-6**  
**Contract Term: 07/01/2015 through 06/30/2016**

**1. Identifiers:**

**Program Name:** Wraparound (WRAP)  
**Program Address:** 1801 Vicente Street  
**City, State, Zip Code:** San Francisco, CA 94116  
**Telephone (415)** 682-3211  
**Facsimile:** (415) 664-7094

**Contractor Address:** 1801 Vicente Street  
**City, State, Zip Code:** San Francisco, CA 94116  
**Name of Person Completing this Narrative:** Jennifer Barry, MFT  
**Telephone:** (415) 682-3145  
**Program Code(s):** 885819

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

☐ New ☐ Renewal ☒ Modification

**3. Goal Statement:**

The goal of Edgewood's Wraparound (WRAP) services program is to provide the skills and support necessary for youth to function in their communities in family and family-like environments. Wrap principles 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 SF CBHS, SF HSA, SFUSD, and SF Probation. 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(s)/Intervention(s):**

OP-MH Svcs, OP-Case Mgt Brokerage, OP-Crisis Intervention, OP-Medication Support

**6. Methodology:**

**A. Outreach, recruitment, promotion, and advertisement as necessary.**

Clients for Edgewood's Wraparound (Wrap) are identified via the weekly San Francisco County Multi-Agency Services Team (MAST) meeting. Clients/families are presented by their county case workers and/or probation officer. An Edgewood Behavioral Health Director, along with other SF agencies, are present at the MAST meetings and conduct regular outreach to Human Service Agency (HSA) supervisors to ensure appropriate clients are identified and referred.

**B. Admission, enrollment and/or intake criteria and process where applicable**

Once a client is approved for Wrap by MAST, further intake procedure is managed by an assigned Care Coordinator. The Care Coordinator gathers legal consent for services and collects additional information from the Legal Guardian. The Care Coordinator then schedules a meeting time with the client and his/her family to introduce them to Wrap services. 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 Specialist and Family Partner will often accompany the Care

Coordinator as needed. The family/caregiver is informed that participation is an integral component of the program.

Prior to day of admission:

- Acquire MAST referral packet from partnership with Seneca contact.
- The Clinical Supervisor will assign the case to a Care Coordinator, Family Specialist and Family Partner.
- Care Coordinator will establish contact with legal guardian, day of receiving MAST referral packet. Care Coordinator will schedule meeting time with legal guardian to obtain consent to begin treatment.

Day of admission:

- Care Coordinator will obtain written consent and gather emergency contact forms by the legal guardian.
- Care Coordinator develops and establishes a Coping & Safety Plan with the client/family. The plan gets forwarded to partnership at Seneca Center; they in turn utilize the plan if/when an incident occurs after working hours with Seneca Rapid Response.
- Care Coordinator will obtain all previous and pertinent assessments (i.e. psychological, substance abuse, psycho-educational, 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).
- 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.
- Development and Implementation of a safety plan and initial mental health goals.

Within 30 days of the admission:

- CANS Initial Mental Health Assessment & CANS Treatment Plan or Care are completed.
- A Family Support Team (FST) meeting including family members/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. Service delivery model**

SF Wraparound services will be provided to client and families within about a 90 mile radius of San Francisco, at the time and location that best suits their needs. The duration of SF Edgewood Wraparound services usually lasts up to 18 months. There must be a minimum of one face-to-face contact with the client and caregiver per week. However, face-to-face contact usually occurs 2-3 times per week. Services are meant to ensure that foster youth with intensive needs receive medically necessary mental health services 1) in their home, a family setting, or the most homelike setting appropriate to their needs, and 2) in order to facilitate reunification and to meet their needs for safety, permanence, and well-being.

The Engagement phase is the first phase of treatment in Wrap. Key focus areas of the Engagement phase are: introduction and explanation of services; getting consents for treatment signed by legal guardian; gaining



greater understanding from the referral worker of why the referral was made; gaining an understanding from the client/caregiver about their perspective of issues at hand; building rapport and trust; building the team by identifying and engaging with as many of the client/caregivers' natural supports as possible; meeting with the client/caregiver to complete the CANS; developing the initial treatment plan of care; beginning to address any concerns related to connectedness or permanency; completing a safety plan and addressing any immediate safety needs; convening identified team members for an initial Family Support Team meeting.

Care Coordinators, Family Specialists and Family Partner are available during regular business hours of 9:00-5:00pm. San Francisco Edgewood Wrap currently sub-contracts with Seneca Center. In regards to on-call supports to SF Wrap clients, Seneca Center's 24 Rapid Response hotline is an option utilized and included in the safety plan.

For San Francisco Wraparound client's that are deemed, Katie A clients, the following services are delivered: Assessment, Plan Development, Intensive Home Based Services, Intensive Care Coordination and Crisis Intervention. For San Francisco Wraparound client's that are not deemed, Katie A clients, the following services are delivered: Assessment, Plan Development, Collateral, Individual Rehabilitation, Case Management and Crisis Intervention.

#### **D. Discharge Planning and exit criteria and process**

A preliminary discharge plan is generated at the time of intake. A working discharge plan is then developed in collaboration with the Family Support Team within 30 days of admission. This plan is assessed on a monthly basis throughout the course of treatment to ensure that the Family Support Team members are actively discussing, altering, and amending the plan as needed.

Ideally, clients 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 services, etc. Additionally, the treatment team works diligently to 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, a graduation ceremony, transition scrapbooks chronicling the client's treatment through pictures and quotes, etc.

#### **E. Program staffing (which staff will be involved in what aspects of the service development and delivery). Indicate if any staff position is not funded by DPH.**

See corresponding Appendix B Salaries and Benefits page.

#### **7. Objectives and Measurements:**

All objectives, and descriptions of how objectives will be measured, are contained in the CBHS document entitled CBHS Performance Objectives FY15-16. Edgewood Center for Children and Families will comply with all performance objectives with the exception of A6. Due to the severity of clients served Edgewood will be exempt from this performance objective.

#### **8. Continuous Quality Improvement:**

Edgewood is a CBHS funded provider and will meet the Community Programs Continuous Quality

Assurance and Improvement requirements as described in the FY 15-16 Declaration of Compliance.

All staff are introduced into a Continuous Quality Improvement (CQI) environment at the agency's New Hire orientation. At New Hire, CQI concepts are reviewed and staff are informed of their responsibility in the CQI process. While in orientation, opportunities for CQI participation are identified. They can include daily activities such as participating in Peer or Chart Reviews, focus groups, encouraging client/caregiver to complete research measures such as satisfaction surveys, and reporting any activity in their daily activities that could be improved upon. Staff also participates in the debriefing of incidents for the purpose of identifying training, policy or procedure needs or improvements.

Quality Improvement (QI) is a continuous process and occurs across all programs, services, and departments. Quality Assurance (QA) staff work closely with providers and supervisors around areas of documentation, HIPAA, confidentiality, special incidents, client grievances, as well as any other issues or concerns that impact the environment of continuous quality improvement. Program teams and QA staff regularly review and analyze client satisfaction results, outcome data, program productivity, critical incidents, and delivery of culturally competent services to identify areas for improvement and inform changes in agency practice. QA staff identify patterns in documentation and practice and provide timely feedback to providers and supervisors to develop a plan of correction, as needed. Corrective plans are reviewed and monitored until desired results occur. Continuous follow up is required to maintain improved levels

CQI activities are documented in program and QA meeting minutes as well as in formal QA reports and are maintained within program site binders.

**9. Required Language (if applicable):**

A. For CBHS CYF SOC ECMHCI: Contractor will adhere to all stipulated CBHS requirements for the completion of Site Agreements for each assigned program site and/or service setting. Contractor also will comply with all stipulations of content, timelines, ensuring standards of practice, and all reporting requirements as put forth by the CBHS ECMHCI SOC Program Manager and RFP-10-2013.

B. Changes may occur to the composition of program sites during the contract year due to a variety of circumstances. Any such changes will be coordinated between the contractor and the CBHS ECMHCI SOC Program Manager and will not necessitate a modification to the Appendix-A target population table. Contractor is responsible for assigning mental health consultants to all program sites and for notifying the CBHS ECMHCI SOC Program Manager of any changes.

**Contractor:** Edgewood Center for Children and Families  
**Program:** Psychoeducational Assessments  
**City Fiscal Year:** FY 2015-16  
**CMS#:** 6949

**Appendix A-7**  
**Contract Term:** 07/01/2015 through 06/30/2016

**1. Identifiers:**

Program Name: Psychoeducational Assessments  
Program Address: 1801 Vicente Street  
City, State, Zip Code: San Francisco, CA 94116  
Telephone: (415) 681-3211  
Facsimile: (415) 664-7094

Contractor Address: 1801 Vicente Street  
City, State, Zip Code: San Francisco, CA 94116  
Name of Person Completing this Narrative: Lisa Gutierrez-Wang, PhD  
Telephone: (415) 682-3286

Program Code(s): N/A

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

☐ New ☐ Renewal ☒ Modification

**3. Goal Statement:**

Edgewood's psychodiagnostic and pschoeducational assessment services will enhance diagnostic evaluations and treatment recommendations, especially for children and youth presenting with complex, multi-systemic challenges. Through a more rigorous and evidence based approach, using standardized and empirically validated testing instruments including neurodevelopmental assessment tools, the team will provide referring parties with a comprehensive diagnostic formulation and stronger, more meaningful treatment recommendations, including the specific client's treatment prognosis and identification of strengths/assets that will benefit interventions. The educational assessment component will ascertain learning difficulties and identify areas for needed skills development, including whether the cause of learning challenges is psychoemotional, neurodevelopmental or due to a paucity of learning opportunities.

**4. Target Population:**

Assessment clients will be referred by CBHS, Child Crisis, HSA-Child Welfare, or by the client's parents/legal guardian.

**5. Modality(s)/Intervention(s):**

Assessment

**6. Methodology:**

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

Edgewood will work directly with CBHS and SF Child Crisis to coordinate referrals and promote the service. Outreach will also be extended to HSA (Child Welfare), SFUSD and parents/caregivers.

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

SF Child Crisis and SF HSA will have an internal system in place that determines a youth's needs. Once a child is referred, Edgewood will conduct a brief administrative intake process to enroll the youth into the Assessment service. Prior to and during the first assessment session, the youth's current strengths and difficulties, developmental and family history, academic records, health records, prior psychological testing, and other information will be gathered.

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

The service consists of three levels of assessment: A) a brief screening/assessment to clarify a straightforward referral question (2-4 hours); b) Basic psychodiagnostic evaluation (8-10 hours) to address psychological and academic functioning with recommendations; c) Comprehensive psychodiagnostic/psychoeducational evaluation (10-15 hours) – to fully assess complex, multi-systemic factors that may be impacting the client's functioning, including possible multiple diagnoses, brain injury, developmental delays, substance abuse, history of trauma, family dysfunction, medical issues, etc. All services include consultation with case managers, school personnel, outside health professionals, and feedback session with family/caregivers and written report.

**D. Describe your program's exit criteria and process**

This service is a time limited process. Clients will receive follow up evaluations as needed for adjustments to treatment planning.

**E. Program Staffing**

See corresponding Appendix B Salaries and Benefits page.

**7. Objectives and Measurements:**

All objectives, and descriptions of how objectives will be measured, are contained in the CBHS document entitled CBHS Performance Objectives FY 15-16. Edgewood Center for Children and Families will comply with all performance objectives with the exception of A6. Due to the severity of clients served Edgewood will be exempt from this performance objective.

**A. Individualized Program Objectives**

Not Applicable.

**8. Continuous Quality Improvement:**

All staff are introduced into a Continuous Quality Improvement (CQI) environment at the agency's New Hire orientation. At New Hire, CQI concepts are reviewed and staff are informed of their responsibility in the CQI process. While in orientation, opportunities for CQI participation are identified. They can include daily activities such as participating in Peer or Chart Reviews, focus groups, encouraging client/caregiver to complete research measures such as satisfaction surveys, and reporting any activity in their daily activities that could be improved upon. Staff also participates in the debriefing of incidents for the purpose of identifying training, policy or procedure needs or improvements.

Quality Improvement (QI) is a continuous process and occurs across all programs, services, and departments. Quality Assurance (QA) staff work closely with providers and supervisors around areas of documentation, HIPAA, confidentiality, special incidents, client grievances, as well as any other issues or concerns that impact the environment of continuous quality improvement. Program teams and QA staff regularly review and analyze client

**Contractor:** Edgewood Center for Children and Families  
**Program:** Psychoeducational Assessments  
**City Fiscal Year:** FY 2015-16  
**CMS#:** 6949

**Appendix A-7**  
**Contract Term:** 07/01/2015 *through* 06/30/2016

satisfaction results, outcome data, program productivity, critical incidents, and delivery of culturally competent services to identify areas for improvement and inform changes in agency practice. QA staff identify patterns in documentation and practice and provide timely feedback to providers and supervisors to develop a plan of correction, as needed. Corrective plans are reviewed and monitored until desired results occur. Continuous follow up is required to maintain improved levels.

CQI activities are documented in program and QA meeting minutes as well as in formal QA reports and are maintained within program site binders.

## **9. Required Language:**

A. For CBHS CYF SOC ECMHCI: Contractor will adhere to all stipulated CBHS requirements for the completion of Site Agreements for each assigned program site and/or service setting. Contractor also will comply with all stipulations of content, timelines, ensuring standards of practice, and all reporting requirements as put forth by the CBHS ECMHCI SOC Program Manager and RFP-10-2013.

B. Changes may occur to the composition of program sites during the contract year due to a variety of circumstances. Any such changes will be coordinated between the contractor and the CBHS ECMHCI SOC Program Manager and will not necessitate a modification to the Appendix-A target population table. Contractor is responsible for assigning mental health consultants to all program sites and for notifying the CBHS ECMHCI SOC Program Manager of any changes.



Contractor: Edgewood Center for Children and Families  
Program: Behavior Coaching  
City Fiscal Year: FY 2015-16  
CMS#: 6949

Appendix A-8  
Contract Term: 07/01/2015 through 06/30/2016

**1. Identifiers:**

**Program Name:** Behavior Coaching  
**Program Address:** 1801 Vicente Street  
**City, State, Zip Code:** San Francisco, CA 94116  
**Telephone:** (415) 682-3227  
**FAX:** (415) 375-7613

Person Completing this Narrative: Jonathan Weinstock  
Telephone: 415-682-3277  
Email Address: jonathanw@edgewood.org

**Program Code :** N/A

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

☐ New ☐ Renewal ☒ Modification

**3. Goal Statement**

Edgewood School-Based Behavioral Health Services will oversee and support effective implementation of the Behavior Coach position (ER Taylor) to provide direct services to identified (by teachers, parents/caregivers, other school staff) elementary school (grades K-5) students.

**4. Target Population**

Behavior Coaching serves students in grades K-5 who are identified as at-risk for developing more serious school adjustment problems, or are already demonstrating moderate to higher level behavior issues. The coach will work with students on an as-needed basis to support continued enrollment and greater success in the General Education population.

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

Units of Service (UOS) Description (add more rows if needed)	Units of Service (UOS)	Number of Clients (NOC)	Unduplicated Clients (UDC)
<b>Wellness Promotion</b> 1.0 FTE x 40 hrs/week x 21 weeks x 90%	756	yy	
<b>Mental Health Consultation</b> 1.0 FTE x 40 hrs/week x 21 weeks x 10%	84	yy	
<b>Total UOS Delivered</b>	840		

**Wellness Promotion**

- Behavior Coaching will help foster the social, emotional, and behavior skills important for school (and life) success, providing on-site early intervention services for K-5<sup>th</sup> grade students with moderate to higher level needs.

The coach works 40 hours/week and will serve at least 12 unduplicated students on an individual and/or small group basis over the course of the second semester of the school year, as well as provide whole class social skills support for at least three classes (approximately 60 students).

The coach will run at least three weekly social skills small groups of 2-4 students, work individually with students as needed, and provide at least monthly whole class social skills lessons (for a minimum of three classes), drawing from the below curriculum sources/approaches for all of these interventions, as appropriate:

- **Second Step**-- which offers “developmentally appropriate ways to teach core social-emotional skills such as empathy, emotion management, and problem solving” (more info at <http://www.cfchildren.org/second-step.aspx>).
- **Behavioral Response to Intervention**—supporting the school-wide and individualized interventions already in place.
- **Restorative Practices**—to resolve conflict and develop social skills.
- **Skillstreaming**-- which “employs a four-part training approach—modeling, role-playing, performance feedback, and generalization—to teach essential pro-social skills curriculum” (more info at <http://www.skillstreaming.com/>).
- **101 Ways to Teach Children Social Skills** (by Lawrence E. Shapiro, Ph.D.)
- **Solving Problems Collaboratively**-- which provides “a more compassionate and accurate way to understand kids with social, emotional, and behavioral challenges and a more productive way to help them” (more info at: <http://www.livesinthebalance.org/>).

The coach will distribute to and collect from teachers a pre and post WMS (Walker-McConnell Scale) for all students receiving individual or small group Behavior Coaching services.

### **Mental Health Consultation**

- The Behavior Coach will also provide individual support and consultation for classroom teachers whose students are receiving services-- at least two times per month, to work/follow-up on effective intervention strategies for challenging behaviors, build teacher capacity, and check-in around student needs and progress.

## **6. Methodology**

### **Direct Client Services**

- A. All Behavior Coaching services are provided on-site at the school, during school and after school program hours. Administration and the School Social Worker, Climate Facilitator, and Behavior Coach share necessary program info with the teaching staff—via Daily Bulletin, grade level meetings, information to teachers’ mailboxes, in-person conversation, staff meetings, and/or other appropriate means, as needed.
- B. The Care Team (or SAP—Student Assistance Program) is responsible for identifying appropriate students for services, with grades K-5 General Education students being eligible. Consent forms are given to parents of selected students, who are then eligible for services upon return of the signed form.
- C. Students receive services for a minimum of ten weeks, and often times for longer. The Care Team, and sometimes parent (as appropriate), will assess/review optimal duration of services, depending on



individual students' needs. For individual and small group interventions, sessions generally occur on a weekly basis for 30-45 minutes, at school. The Behavior Coach will use the information from the pre-services WMS (Walker-McConnell Scale) assessment (completed by the classroom teacher), and other relevant info, to guide intervention strategies and approaches (see section 5 above for additional details on this). The goal is to tailor the interventions to best meet the needs of each student, on an individual and group (as needed) basis. The coach will consult with the teacher to monitor student progress, discuss ongoing and new challenges, and ensure that the interventions being utilized are appropriate and effective.

- D. Students will receive services for a minimum of ten weeks and up to the full second semester, per Care Team recommendation and monitoring. The Behavior Coach will inform and work with students around ending individual and/or small group services, when this timing is known. Ideally the end date will be known at least two weeks in advance, allowing the coach ample time to "close" with the student(s).
- E. The Behavior Coach will use (and develop, as needed) appropriate curricula, resources, and activities to best support the students receiving services—on an individual, small group, and/or whole class basis.
- F. 1) Teachers and parents of students who receive services will have the opportunity—through direct connection with the Behavior Coach and/or School Social Worker-- to offer input around student needs and priority areas of focus. They will also have the opportunity to complete a year-end satisfaction survey, allowing them to share their experiences with the services and offer suggestions for improvements going forward.

**2) *Providers have the attitudes, knowledge and skills needed to understand, communicate with, and effectively serve people across cultures.***

The program (and Edgewood as an agency) is committed to hiring staff that have a sufficient level of Cultural Competence, which starts with the interviewing process. Staff is hired based in large part on their attitudes, knowledge, and skills needed to effectively serve a diverse community. This also includes language capacity, especially when working with limited or non-English speaking communities.

Staff also receives relevant training (at Edgewood, and elsewhere, as needed) as well as individual and/or group support around issues of Cultural Competence. The school also helps to educate all staff—SFUSD, Edgewood, etc.—around salient student, family, and community characteristics, backgrounds, needs, etc.

## **7. Objectives and Measurements**

**7a.** All objectives, and descriptions of how objectives will be measured, are contained in the CBHS document entitled CBHS Performance Objectives FY15-16. Edgewood Center for Children and Families will comply with all performance objectives with the exception of A6. Due to the severity of clients served Edgewood will be exempt from this performance objective.

**7b. GOAL: Support students in their ability to receive education in the least restrictive setting possible, and to work with students, teachers, and caregivers to identify student strengths and build student and staff capacity for student success.**

### **Individualized Performance Objective:**

- 1. By the end of the 2015-16 school year, 60% of students served individually and/or in small groups by Behavior Coaching will show an increase— as measured by teacher-completed pre and post-services WMS surveys -- in Teacher-Preferred, Peer- Preferred, and Classroom Adjustment Behaviors, with an average (mean) cumulative increase of 18%.

### **Individualized Performance Objective:**

- 2. By the end of the 2015-16 school year, 65% of teachers will report feeling more successful (than at the beginning of the year) in intervening effectively with challenging student behaviors, and in having

positive relationships with their most “challenging” students, as measured by Edgewood’s Client (School Staff) Satisfaction Survey.

## **8. Continuous Quality Assurance and Improvement**

Edgewood is a CBHS funded provider and will meet the Community Programs Continuous Quality Assurance and Improvement requirements as described in the FY 15-16 Declaration of Compliance.

All staff are introduced into a Continuous Quality Improvement (CQI) environment at the agency’s New Hire orientation. At New Hire, CQI concepts are reviewed and staff are informed of their responsibility in the CQI process. While in orientation, opportunities for CQI participation are identified. They can include daily activities such as participating in Peer or Chart Reviews, focus groups, encouraging client/caregiver to complete research measures such as satisfaction surveys, and reporting any activity in their daily activities that could be improved upon. Staff also participates in the debriefing of incidents for the purpose of identifying training, policy or procedure needs or improvements.

Quality Improvement (QI) is a continuous process and occurs across all programs, services, and departments. Quality Assurance (QA) staff work closely with providers and supervisors around areas of documentation, HIPAA, confidentiality, special incidents, client grievances, as well as any other issues or concerns that impact the environment of continuous quality improvement. Program teams and QA staff regularly review and analyze client satisfaction results, outcome data, program productivity, critical incidents, and delivery of culturally competent services to identify areas for improvement and inform changes in agency practice. QA staff identify patterns in documentation and practice and provide timely feedback to providers and supervisors to develop a plan of correction, as needed. Corrective plans are reviewed and monitored until desired results occur. Continuous follow up is required to maintain improved levels

CQI activities are documented in program and QA meeting minutes as well as in formal QA reports and are maintained within program site binders.

## **9. Required Language:**

A. For CBHS CYF SOC ECMHCI: Contractor will adhere to all stipulated CBHS requirements for the completion of Site Agreements for each assigned program site and/or service setting. Contractor also will comply with all stipulations of content, timelines, ensuring standards of practice, and all reporting requirements as put forth by the CBHS ECMHCI SOC Program Manager and RFP-10-2013.

B. Changes may occur to the composition of program sites during the contract year due to a variety of circumstances. Any such changes will be coordinated between the contractor and the CBHS ECMHCI SOC Program Manager and will not necessitate a modification to the Appendix-A target population table. Contractor is responsible for assigning mental health consultants to all program sites and for notifying the CBHS ECMHCI SOC Program Manager of any changes.

Contractor: Edgewood Center for Children and Families	Appendix A- 9
Program: Early Childhood Mental Health Consultation Initiative (ECMHCI) City Fiscal Year: 2015-16	<b>Contract Term: 07/01/2015 through 06/30/2016</b>
CMS#: 6949	

### 1. Identifiers:

Program Name: Early Childhood Mental Health Consultation Initiative (ECMHCI)

Program Address: 1801 Vicente Street

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

Telephone: 415 681-3211

Facsimile: 415 682-1065

Contractor Address: 1801 Vicente Street

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

Name of Person Completing this Narrative: Jenny McTackett

Telephone: 415 681-3211

Program Code(s):

(Note: CBHS providers, list the relevant program codes as they correspond to Appendix B)

### 2. Nature of Document (check one):

☐ New ☐ Renewal ☒ Modification

**3. Goal Statement:** ECMHCI seeks to improve children's readiness to enter kindergarten, to strengthen and support families, and to support continuous quality improvement of high quality early care and education programs.

**4. Target Population:** The target population is staff who care for and educate children (birth to 5 years). The children in their care fit into one or more of the following demographic categories:

- At-risk for developmental delays
- Families who participate in CalWORKs and/or are eligible to receive CalWORKS subsidized early care and education
- Families who participate in Preschool for All sites
- Who receive or are eligible to receive subsidized early care and education
- Reside in homeless or domestic violence shelters
- Whose families receive services and support at one of the Family Resource Centers that are served by the ECMHCI.
- Whose families receive substance abuse treatment and support at designated treatment facilities or programs

Site Name	# Classrooms	# of Children	# of Staff	# of Hours/week	Funding Sources	Site Type
Wu Yee Head Start Hunter's Point	4	66	11	12	DCYF	ECE
Wu Yee Head Start Southeast	2	40	7	10	HSA	ECE

Contractor:Edgewood Center for Children and Families	Appendix A- 9
Program: Early Childhood Mental Health Consultation Initiative (ECMHCI)	<b>Contract Term: 07/01/2015 through 06/30/2016</b>
City Fiscal Year: 2015-16	
CMS#: 6949	

Wu Yee Head Start Potrero Hill	2	40	7	8	HSA	ECE
CCFC Heritage Home	3	30	10	10	DCYF	ECE
CCFC John King	3	34	10	10	DCYF	ECE
CCFC Leland	4	76	12	16	DCYF	ECE
CCFC Tucker	2	36	6	10	DCYF	ECE
CCFC Mary Lane	2	20	10	10	HSA	ECE
CCFC Glide	1	8	3	10	HSA	ECE
CCFC Bertha Fleming	1	12	3	10	HSA	ECE
CCFC Marcus Garvey	2	34	7	10	HSA	ECE
CCFC Richmond	2	40	10	12	HSA	ECE
SFUSD San Miguel	5	96	16	16	HSA	
SFUSD Charles Drew	5	102	14	16	MHSA	ECE
SFUSD Leola Havard	4	36	12	16	HSA	ECE
SFUSD John McLaren	6	100	15	16	DCYF	ECE
SFUSD Bessie Carmichael	3	36	10	8	DCYF	ECE
SFUSD Raphael Weill	2	24	6	8	HSA	ECE
SFUSD Starr King	1	16	2	8	HSA	ECE
FCCQN	Up to 31	Projected 100+	Projected 31+	16	First 5 PFA	FCC
FCCQN	Up to 31	Projected 100+	Projected 31+	16	HSA	FCC
FranDelJa	5	60	15	10	First 5 PFA	ECE
Visitacion Valley FRC	N/A	N/A	12	8	First 5 SRIP	FRC

Contractor:Edgewood Center for Children and Families	Appendix A- 9
Program: Early Childhood Mental Health Consultation Initiative (ECMHCI) City Fiscal Year: 2015-16	<b>Contract Term: 07/01/2015 through 06/30/2016</b>
CMS#: 6949	

SE Families United FRC	N/A	N/A	10	8	First 5 SRIP	FRC
---------------------------	-----	-----	----	---	--------------	-----

### 5. Modality(s)/Intervention(s):

**Outreach Svcs Consultation Indiv** - Discussions with a staff member on an individual basis about a child or a group of children. Includes assisting providers and parents in completing the Ages and Stages Questionnaire (ASQ) and/or the Ages and Stages Questionnaire – Social Emotional (ASQ-SE) evidence-based developmental screening tool to obtain baseline information and whether additional supports are necessary. Other strategies include but are not limited to discussions with a staff member on an individual basis about early childhood mental health, child development in general, classroom management strategies, and supporting mental health best practices into program activities and policies. Strategies can also include collaborative work with a parent, such as offering parental guidance involving discussions about child development, concerns about developmental screenings, problem-solving together during case consultation sessions, and exploring referrals to additional supports.

**Outreach Svcs 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. This may include consultation regarding the program as a whole or the design of a particular strategy or intervention. These meetings are also a forum for team development within the provider's staff.

**Outreach Svcs Consultation Observ** - Observing a child, group of children, or entire classroom within a defined setting to inform consultation services to teachers/staff/programs/parents. The purpose of these observations is to help inform the individual and group consultation process and therefore address the behavioral and developmental needs of the children through the enhancement of their primary relationships.

**Outreach Svcs Staff Training** - Provides structured, formal, in-service trainings to a group of three or more individuals comprised of staff of early care and education programs, family resource centers, shelters, etc. to develop their capacity to address the myriad of social-emotional and mental health needs of the children in their care. Topics may include but are not limited to the social-emotional foundations of learning, behavior management techniques/promoting positive behaviors, effective communication strategies, and working with parents.

**Outreach Svcs Parent Trn/Supp Grp** - Provides didactic training on a specific topic or ongoing support to a group of parents. The format and frequency vary from one-time workshops to ongoing support groups for a consistent cohort of parents. Consultants are encouraged to learn about and pilot evidenced parenting programs such as Triple P and Incredible Years.

**Outreach Svcs Early Ref/Linkage, Consultant Train/Supv (10% Cap)** - When the consultant's involvement with parents and child reveals a need for longer-term help and/or adjunct services, the consultant is optimally situated to assist the family in securing appropriate services. When necessary, the consultant will refer children and families for community services such as multi-disciplinary assessment; special education; occupational, speech, and physical therapy; family resource center services; or individual child or parent-child mental health services. The consultant's established relationship with the family increases the likelihood that the family will trust the recommendation and therefore pursue the referral. The consultant ensures the family's engagement with needed services by remaining involved with the family throughout the process. Once services are in place, the

Contractor:Edgewood Center for Children and Families	Appendix A- 9
Program: Early Childhood Mental Health Consultation Initiative (ECMHCI) City Fiscal Year: 2015-16	<b>Contract Term: 07/01/2015 through 06/30/2016</b>
CMS#: 6949	

consultant can, with the parent's permission, act as a liaison between the new service provider and the early care and education staff; relaying information that enhances the staff's ongoing understanding and work with the particular child. Covers the trainings offered to early childhood mental health consultants as a whole or through individual contractors, which includes the trainings provided by the ECMHCI Training Institute and other required trainings. Also covers supervision of consultants both individually and in groups.

**Outreach Svcs Evaluation (5% Cap)** - Activities conducted to assess the progress of any agency towards meeting the stated goals and objectives for the Early Childhood Mental Health Consultation Initiative. Can also include time spent complying with the CBHS-initiated evaluation efforts.

**Outreach Svcs Systems Work (5% Cap)** - Participating on other coordination efforts/teams to expand the capacity of providers who work with young children and their parents to prevent, recognize, and manage the mental health and behavioral issues in children 0 – 5, enhance the development of inclusive practices in early care and education sites, and continuous quality improvement. This includes being a participating member of the Transdisciplinary teams that are part of the Center for Inclusive Early Education, coaching and consultant collaborative meetings, SF Quality Partnership meetings, etc.

**Outreach Svcs Early Interv Indiv** - Activities directed to a specific child, parent, or caregiver that are not considered to be planned mental health services. Decisions about whether this level of care is needed must be decided during consultation sessions where parental consent is obtained. Activities include, but are not limited to: conducting developmental and/or social-emotional screening; individual child interventions, such as 1:1 support or shadowing in the classroom for a child struggling with behavioral or social difficulties who is at risk for expulsion; meeting with a parent/caregiver to discuss specific concerns they may have about their child's development, and/or helping them explore and implement new and specific parenting practices that would improve their child's social-emotional and behavioral functioning.

**Outreach Svcs Early Interv Group (15% Cap)** - Conducting playgroups/socialization groups involving at least three children. These groups are designed to help children learn social skills such as getting along with others, making friends, handling and expressing frustrations, understanding and modulating feelings, developing reciprocity and compromise with peers, and learning cooperation with peers and adults. The groups occur on site and are led by the mental health consultant, and in some instances can be co-facilitated by a member of the site staff.

\*Early intervention services do not require a mental health diagnosis of the child. However, the client chart must include a client plan that is informed by a completed Ages and Stages Questionnaire (ASQ) or Ages and Stages Questionnaire – Social Emotional (ASQ-SE). If not already performed, and early intervention services are indicated, then the mental health consultant must ensure the ASQ is completed prior to the onset of services. In their assessment, the mental health consultant may also use the ASQ-SE as a follow-up to the ASQ to further inform the development of interventions. The client plan must reflect the needs identified by the screenings and must include goals and interventions that will help support the child's ability to remain in their current care setting.

**Outreach Svcs MH Services Indv/Family** - Provided for a subset of the most at-risk children for whom the indirect involvement of consultation and lower intensity early intervention services are not sufficient to address behavioral concerns. Targeted therapeutic interventions are employed by consultants that focus primarily on symptom reduction as a means to improve functional impairments that a child may be experiencing due to diagnosable mental health concerns. Therapy may be delivered to an individual or group of children and may

Contractor:Edgewood Center for Children and Families	Appendix A- 9
Program: Early Childhood Mental Health Consultation Initiative (ECMHCI) City Fiscal Year: 2015-16	<b>Contract Term: 07/01/2015 through 06/30/2016</b>
CMS#: 6949	

include family therapy at which the child is present. Decisions about whether this level of care is needed must be decided during consultation sessions where parental consent is obtained. A mental health diagnosis of the child is required, and client charts must include a client treatment plan that is informed by a completed CANS Assessment and may also include the results of developmental or social-emotional screenings. The client plan must include goals and interventions that will help support the child's ability to remain in the current care setting.

**Outreach Svcs MH Services Group (5% Cap)** - Provided for a subset of the most at-risk children for whom the indirect involvement of consultation and lower intensity early intervention services are not sufficient to address behavioral concerns. Targeted therapeutic interventions are employed by consultants that focus primarily on symptom reduction as a means to improve functional impairments that a child may be experiencing due to diagnosable mental health concerns. Therapy may be delivered to an individual or group of children and may include family therapy at which the child is present. Decisions about whether this level of care is needed must be decided during consultation sessions where parental consent is obtained. A mental health diagnosis of the child is required, and client charts must include a client treatment plan that is informed by a completed CANS Assessment and may also include the results of developmental or social-emotional screenings. The client plan must include goals and interventions that will help support the child's ability to remain in the current care setting.

## 6. Methodology:

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

Outreach is targeted at all children, families and staff at all contracted 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 sites listed above. 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

Edgewood will provide the following services:

- Program Consultation: MHC will conduct consultation groups monthly to develop staff capacity to design and implement developmentally appropriate services;
- Case Consultation: MHC will conduct as needed, within program consultation meetings or in individual consultation with staff; and
- Direct Services: MHC will be to provide 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.

Contractor: Edgewood Center for Children and Families	Appendix A- 9
Program: Early Childhood Mental Health Consultation Initiative (ECMHCI) City Fiscal Year: 2015-16	<b>Contract Term: 07/01/2015 through 06/30/2016</b>
CMS#: 6949	

Edgewood Center will adhere to all stipulated CBHS requirements for the completion of Site Agreements for each assigned site and family child care home. Compliance with all stipulations of content and time for completion of these documents as outlined below will be honored.

All ECMHCI contractors are required to establish a Site Agreement with each respective site served (child care, shelter, permanent supportive housing, family resource centers, etc at the beginning of each fiscal or academic year, whichever is most appropriate. Each Site Agreement document should include the following information:

- Site information to which the Site Agreement applies
- The term of the Site Agreement
- Number of on-site consultation hours per week
- Agreed upon services that the consultant will provide
- Agreed upon client/site roles and responsibilities
- Agreed upon day and time for regular group consultation meeting
- Schedule of planned review of Site Agreement document
- Signature lines for Consultant, Site Director/Manager, Contractor Program Director

NOTE: Once the Site Agreement is completed and signed by all parties, a copy of the document will be sent to the ECMHCI Program Director at CBHS. The Site Agreement must be received by CBHS no later than November 15, 2011.

### 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. In other words, the Standards of Practice do not apply to those settings.

### 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.

Activity	Small Child Care Center 12-24 children	Medium Child Care Center 25-50 children	Large Child Care Center > 50 children
<b>Program Observation</b>	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
<b>Meeting with Director</b>	Monthly 1 hour per month	Monthly 1 to 2 hours per month	Monthly 2 to 3 hours per month



Contractor:Edgewood Center for Children and Families	Appendix A- 9
Program: Early Childhood Mental Health Consultation Initiative (ECMHCI) City Fiscal Year: 2015-16	<b>Contract Term: 07/01/2015 through 06/30/2016</b>
CMS#: 6949	

<b>Activity</b>	<b>Small Child Care Center 12-24 children</b>	<b>Medium Child Care Center 25-50 children</b>	<b>Large Child Care Center &gt; 50 children</b>
<b>Meeting with Staff</b>	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
<b>Trainings</b>	As needed and as stipulated in the MOU between the site and the service providing agency	As needed and as stipulated in the MOU between the site and the service providing agency	As needed and as stipulated in the MOU 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.

<b>Activity</b>	<b>Small Child Care Center 12-24 children</b>	<b>Medium Child Care Center 25-50 children</b>	<b>Large Child Care Center &gt; 50 children</b>
<b>Child Observation</b>	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
<b>Meeting with Director</b>	Once per month per child who is the focus of case consultation.	Same as for small center	Same as for small center
<b>Meeting with Staff</b>	Once per month per child for duration of case consultation.	Same as for small center.	Same as for small center.
<b>Meeting with Parents</b>	3 to 5 times per child	Same as for small center.	Same as for small center.
<b>Referral and Linkage</b>	As needed	Same as for small center	Same as for small center
<b>Systems Work</b>	As needed	Same as for small center	Same as for small center
<b>Parent Training</b>	2-3 times/year	Same as for small center	Same as for small center

Contractor: Edgewood Center for Children and Families	Appendix A- 9
Program: Early Childhood Mental Health Consultation Initiative (ECMHCI) City Fiscal Year: 2015-16	<b>Contract Term: 07/01/2015 through 06/30/2016</b>
CMS#: 6949	

Activity	Small Child Care Center 12-24 children	Medium Child Care Center 25-50 children	Large Child Care Center > 50 children
and Support Groups			

- 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 HIPAA regulations pertaining to the provisions of services and the maintenance of records.
- All direct treatment providers adhere to SFCBHS documentation standards, and all clinicians are credentialed in CANS and Avatar.

#### **D. Describe your program's exit criteria and process**

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:**

See corresponding Appendix B Salaries and Benefits page.

### **7. Objectives and Measurements:**

All objectives, and descriptions of how objectives will be measured, are contained in the CBHS document entitled CBHS Performance Objectives FY 15-16.

*DATA SOURCE: Early Childhood Mental Health Consultation Initiative provider and parent surveys to be administered by CBHS during the third quarter of FY 2015-2016 and will be used in the Program Monitoring Report for FY 2015-2016.*

### **8. Continuous Quality Improvement:**

Edgewood is a CBHS funded provider and will meet the Community Programs Continuous Quality Assurance and Improvement requirements as described in the FY 15-16 Declaration of Compliance.

Contractor:Edgewood Center for Children and Families	Appendix A- 9
Program: Early Childhood Mental Health Consultation Initiative (ECMHCI) City Fiscal Year: 2015-16	<b>Contract Term: 07/01/2015 through 06/30/2016</b>
CMS#: 6949	

All staff are introduced into a Continuous Quality Improvement (CQI) environment at the agency's New Hire orientation. At New Hire, CQI concepts are reviewed and staff are informed of their responsibility in the CQI process. While in orientation, opportunities for CQI participation are identified. They can include daily activities such as participating in Peer or Chart Reviews, focus groups, encouraging client/caregiver to complete research measures such as satisfaction surveys, and reporting any activity in their daily activities that could be improved upon. Staff also participates in the debriefing of incidents for the purpose of identifying training, policy or procedure needs or improvements.

Quality Improvement (QI) is a continuous process and occurs across all programs, services, and departments. Quality Assurance (QA) staff work closely with providers and supervisors around areas of documentation, HIPAA, confidentiality, special incidents, client grievances, as well as any other issues or concerns that impact the environment of continuous quality improvement. Program teams and QA staff regularly review and analyze client satisfaction results, outcome data, program productivity, critical incidents, and delivery of culturally competent services to identify areas for improvement and inform changes in agency practice. QA staff identify patterns in documentation and practice and provide timely feedback to providers and supervisors to develop a plan of correction, as needed. Corrective plans are reviewed and monitored until desired results occur. Continuous follow up is required to maintain improved levels

CQI activities are documented in program and QA meeting minutes as well as in formal QA reports and are maintained within program site binders.

#### **9. Required Language (if applicable):**

A. For CBHS CYF SOC ECMHCI: Contractor will adhere to all stipulated CBHS requirements for the completion of Site Agreements for each assigned program site and/or service setting. Contractor also will comply with all stipulations of content, timelines, ensuring standards of practice, and all reporting requirements as put forth by the CBHS ECMHCI SOC Program Manager and RFP-10-2013.

B. Changes may occur to the composition of program sites during the contract year due to a variety of circumstances. Any such changes will be coordinated between the contractor and the CBHS ECMHCI SOC Program Manager and will not necessitate a modification to the Appendix-A target population table. Contractor is responsible for assigning mental health consultants to all program sites and for notifying the CBHS ECMHCI SOC Program Manager of any changes



1. **Identifiers:**

**Program Name:** School-Based Behavioral Health Services  
**Program Address:** 1801 Vicente Street  
**City, State, Zip Code:** San Francisco, CA 94116  
**Telephone:** (415) 682-3227  
**Facsimile:** (415) 375-7613  
**Program Code:** Not Applicable

**Person Completing this Narrative:** Jonathan Weinstock  
**Telephone:** 415-682-3277 **FAX:** 415-375-7613  
**Email Address:** jonathanw@edgewood.org

2. **Nature of Document:**

☐ New ☐ Renewal ☒ Modification

3. **Goal Statement:**

Edgewood's School-Based Behavioral Health Services at Dr. Charles R. Drew College Preparatory Academy (Charles Drew) will 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.

4. **Target Population:**

1. The target population is the Charles Drew staff, students, and their families.
2. The school is in the 94124 zip code, which is where the majority of the students and their families live.

5. **Modality(s)/Intervention(s):**

Units of Service (UOS) Description	Units of Service (UOS)	Number of Clients (NOC)	Unduplicated Clients (UDC)
<b>Outreach and Engagement</b> .5 FTE x 40 hrs/week x 28 weeks x 85%	476	50	
<b>Service Linkage</b> .5 FTE x 40 hrs/week x 28 weeks x 15%	84	15	
<b>Wellness Promotion</b> 1.5 FTE x 40 hrs/week x 40 weeks x 90%	2,160	95	
<b>Mental Health Consultation (Training and Coaching)</b> .7 FTE x 40 hrs/week x 40 weeks x 85%	952	15	
<b>Total UOS Delivered</b>	3672		

**Wellness Promotion**

- Behavior Coaching will help foster the social, emotional, and behavior skills important for school (and life) success, providing on-site early intervention services for K-5<sup>th</sup> grade students with moderate to higher-level needs.

The coach works 40 hours/week and will serve at least 18 unduplicated students on an individual and/or small group basis over the course of the school year, as well as provide whole class social skills support for at least three classes (approximately 60 students).

The coach will run at least four weekly social skills small groups of 2-8 students, work with at least five students on a weekly individual basis, and provide at least monthly whole class social skills lessons (for a minimum of three classes), drawing from the below curriculum sources, as appropriate.

The coach will also work at the whole class-- leading social skills lessons on and individual levels, also using the following curriculum/approaches,

- **Second Step**-- which offers “developmentally appropriate ways to teach core social-emotional skills such as empathy, emotion management, and problem solving” (more info at <http://www.cfchildren.org/second-step.aspx>).
- **Skillstreaming**-- which “employs a four-part training approach—modeling, role-playing, performance feedback, and generalization—to teach essential pro-social skills curriculum” (more info at <http://www.skillstreaming.com/>).
- **101 Ways to Teach Children Social Skills** (by Lawrence E. Shapiro, Ph.D.)
- **Collaborative Problem Solving**-- which provides “a more compassionate and accurate way to understand kids with social, emotional, and behavioral challenges and a more productive way to help them” (more info at: <http://www.livesinthebalance.org/>).

The coach will distribute to and collect from teachers a pre and post WMS (Walker-McConnell Scale) for all students receiving individual or small group Behavior Coaching services.

- PIP will support K-3 students with more mild to moderate school-adjustment issues, who might not otherwise receive mental/behavioral health support services.

The PIP Child Aide works 20 hours/week and will serve at least 24 unduplicated students on an individual basis, providing up to 16 weekly 30-minute child-centered (nondirective) play sessions (in the PIP playroom at school) for identified (by teachers, administration, the aide, and/or the school Care Team) students.

The aide will distribute to and collect from teachers a pre and post WMS (Walker-McConnell Scale) for all students receiving PIP services.

### Outreach and Engagement & Service Linkage

The Family Advocate (formerly Parent Educator) works with Charles Drew’s Parent Liaison to ensure participation by families in support services, to connect the school community with available resources, and to provide the resources available through Edgewood’s Family Engagement Program.

The Family Advocate works 20 hours/week, and will serve at least 50 unduplicated families (with children at the school) over the course of the school year.

The Family Advocate: Holds regular ‘office hours’—a minimum of 8 hours/week-- in the Family/Caregiver Room, which supports casual contact and relationship-building as part of the school community; participates in the city’s existing family-support networks trainings on a monthly basis in order to have current information about available resources; works to ensure that parents receive the support they need to strengthen their families by providing parent education and hosting monthly parent meetings— Parents as Partners (the school’s parent organization that meets once a month to plan activities and fundraisers for the school) and an academic and behavior support group; coordinates with other community agencies (i.e. The Exploratorium) to come to the school for family engagement activities at least twice yearly; provides monthly school newsletter outreach information for other CBOs (i.e. Bayview YMCA, the Asthma Clinic, Urban ED, etc.); and, accompanies parents to parent-teacher meetings, SSTs, and other meetings/activities, as needed.

### **Mental Health Consultation (Training and Coaching )**

- The School Climate Consultant works closely with Charles Drew's administration team to build the capacity of teachers to address behavioral issues that arise in the classroom, and help to foster an overall positive (safe, respectful, supportive of students and teachers, and conducive to high-level teaching and learning) school climate.

The consultant works 28 hours/week, and will serve the 14 classroom teachers on an individual (observation and coaching) and/or group basis (training and facilitation) over the course of the school year.

The primary focus will be on supporting teachers' implementation of PBIS (Positive Behavioral Interventions and Supports) and Behavioral Response to Intervention (RTI)—“Based on a problem-solving model, the RTI approach considers environmental factors as they might apply to an individual student's difficulty, and provides services/intervention as soon as the student demonstrates a need.”

(<https://www.pbis.org/school/rti>)

In particular, the consultant will be providing staff and school-wide support for the “universal” or “primary level” interventions that apply to all students, and are aimed at prevention and early intervention—before behaviors escalate and become more problematic.

The consultant will work individually with teachers in need of more individualized support-- through classroom observations, feedback/coaching, and modeling (as needed). In addition, the consultant will support overall teacher wellness and a positive classroom and overall school climate.

- The Behavior Coach will also provide individual support and consultation for at least 7 classroom teachers at least two times per month, to work/follow-up on effective intervention strategies for challenging behaviors and check-in around and social skills needs and progress.

### **6. Methodology:**

#### *Service Delivery*

- A. Since the school itself is considered the client of these services, Charles Drew and Edgewood partner directly in providing all services at the school. Key decision-making partners include the Principal, School Social Worker (formerly known as the LSP—Learning Support Professional), IRF (Instructional Reform Facilitator), Care Team (SAP—Student Assistance Program), Parent Liaison and School Leadership Team (comprised of top administration, teachers, and support staff). Edgewood staff work directly with these partners in identifying and engaging participants, coordinating services, community outreach, ensuring families' access to services (including individual support outside the classroom), and activity design. The Family Advocate meets regularly with Parents as Partners, the primary parent group of the school, to identify fundraising priorities for identified needs and programming. The school community works with the School Climate Consultant to identify staff teaching (and behavior intervention) needs and determine optimal ways to implement CHAMPS (a positive and proactive approach to classroom and behavior management) principles school-wide. All Edgewood activities are assessed for participant feedback either through specific activity (i.e. staff and parent trainings) evaluation or Client Satisfaction Surveys, and this feedback helps guide and improve the work.

MHSA Vision Components lie at the heart of all Edgewood's services in schools. Understanding the need to build *resilience*-- by increasing the capacity to succeed in school through direct support for students, their families and their teachers, our intention is to empower our clients by providing them with the tools they

need to make *positive and supportive choices* for themselves. We actively seek to engage/employ individuals who have a *deep understanding of the community culture* of the school and its environment. By providing both individual and family services at the school site, we aim to offer a *seamless* experience of resource acquisition for families, staff and students.

- B. Students are identified for PIP and Behavior Coaching services through the school Care Team by teacher and/or parent referral. Consent forms are given to parents of selected students, who are then eligible for services upon completion of this form.  
All teachers and families are able to utilize School Climate Consultation and Family Advocate services, respectively. Parents are able to attend all offered workshops and trainings, as well as receive individual support, as desired.
- C. All services operate during school hours. Family Advocacy services are also available during some evening and occasional weekend hours (for special events and workshops/trainings). Services are delivered on-site at the school, with Parent Education services provided in the community, if needed.  
(Additional services details are included in the previous section.)
- D. All services are available for clients--students, families/parents, teachers-- for the entire school year. For Behavior Coaching, most students receive services for the duration of the school year (once identified for services), unless the SAP team, in conjunction with the teacher and/or parent, decides the goals of the service have been reached. In this case, the Behavior Coach will have a certain number of ending sessions with the student to prepare him/her. For PIP, most students receive one cycle--12 weeks-- of sessions, and are informed about this time-frame at the start of services and reminded as the end of the service approaches. Most students have shown the desired improvement at this point. In some cases, students may receive a second cycle—an additional 12 weeks—based on SAP team and teacher and/or parent input. For School Climate Consultation, services are available for teachers as long as they want them. If a teacher no longer desires services, the consultant and teacher (and sometimes school principal) will discuss this and end accordingly. For Family Advocacy, parents will continue with services for as long as they want, and can inform the Family Advocate at any time when they no longer wish to receive services.
- E. There are four positions—all grant-funded-- at the school this year— a 40 hour/week Behavior Coach, a 28 hour/week School Climate Consultant, and the Family Advocate and PIP Child Aide, each at 20 hours/week.  
The Behavior Coach works with identified students with moderate to higher-level social, emotional, behavioral needs on an individual, small group, and class-wide basis, depending on student and classroom needs. The PIP Child Aide works with identified students with mild to moderate social, emotional, behavioral needs on a one-on-one basis using the modality of non-directive (or child-centered) play. The School Climate Consultant works with the school administration to determine best ways to support teachers (and other school staff) on an individual and group basis. And, the Family Advocate, in collaboration with the school Parent Liaison, works with parents on an individual and small group basis.  
The School Climate Consultant, Behavior Coach and Family Advocate will be available to attend weekly Care Team meetings to help determine possible services and interventions for referred students (and their families).

### *Systems Transformation*

The core of Edgewood's team-based activities at Charles Drew is relationships. Edgewood's intensive presence at the school facilitates both the immediacy of available services and the receptivity of the community to access those services. The Family Advocate 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 providing translation services if/as needed) and/or understanding their culture, being available and visible during times when



parents are typically at the school, and attending meetings that parents already attend (PTA, open houses, other school events, etc.). Parents who participate in services are encouraged to complete training/workshop evaluations as well as a year-end Client Satisfaction Survey. And, see the Outreach and Engagement section above, for additional information on this topic.

In addition, all Edgewood staff are introduced to school staff by the Principal at the beginning of the year and included in the school's regular activities (PD's, Care Team meetings, School Site Council, parent/family events) in order to build strong relationships in its work with the school staff. Staff is made aware of the range of services provided and best ways to access these services.

***Providers have the attitudes, knowledge and skills needed to understand, communicate with, and effectively serve people across cultures.***

The program (and Edgewood as an agency) is committed to hiring staff that have a sufficient level of Cultural Competence, which starts with the interviewing process. Staff are hired to work in the positions at Drew based in large part on their attitudes, knowledge, and skills needed to effectively serve a diverse community.

Staff also receives relevant training (at Edgewood, and elsewhere, as needed) as well as individual and/or group support around issues of Cultural Competence. The school also helps to educate all staff—school and Edgewood—around salient student, family, and community characteristics, backgrounds, needs, etc.

## **7. Objectives and Measurements:**

**7a.** All objectives, and descriptions of how objectives will be measured, are contained in the CBHS document entitled CBHS Performance Objectives FY15-16. Edgewood Center for Children and Families will comply with all performance objectives with the exception of A6. Due to the severity of clients served Edgewood will be exempt from this performance objective.

### **7b. Individualized Program Objectives**

#### **Satisfaction Objective:**

By the end of the 2015-16 school year, 35 unduplicated parents/caregivers with children (at the school) will report increased self-efficacy with respect to identifying, connecting with, and/or obtaining needed services/activities, as demonstrated through Edgewood's Year-end Client Satisfaction Survey.

**MHSA Goal 6:** Improved capacity among parents and other caregivers (teachers, program staff) to provide appropriate responses to children's behavior.

#### **Individualized Performance Objectives:**

1. By the end of the 2015-16 school year, 70% of teachers will report feeling a positive, healthy, and effective classroom and overall school climate in which to support all of their students, as measured by Edgewood's Client (School Staff) Satisfaction Survey.
2. By the end of the 2015-16 school year, 75% of parents who participate in parent events (including parent meetings/family activities, parent education trainings, and/or Principal Chats) will report feeling more capable of taking action to create health and wellness in their lives, as measured by meeting evaluations and Edgewood's Year-end Client Satisfaction Survey.

**MHSA Goal 10:** Increased problem-solving capacity and responsibility and accountability for one's wellness.

#### **Individualized Performance Objectives:**

1. By the end of the 2015-16 school year, 60% of students served individually and/or in small groups by Behavior Coaching will show an increase— as measured by teacher-completed pre and post-services WMS surveys -- in Teacher-Preferred, Peer- Preferred, and Classroom Adjustment Behaviors, with an average (mean) cumulative increase of 18%.
2. By the end of the 2015-16 school year, 70% of students participating in PIP will show an increase—as measured by teacher-completed pre and post-services WMS surveys-- in Teacher-Preferred, Peer-Preferred, and Classroom Adjustment Behaviors, with an average (mean) cumulative increase of 20%.

#### **8. Continuous Quality Improvement:**

Edgewood is a CBHS funded provider and will meet the Community Programs Continuous Quality Assurance and Improvement requirements as described in the FY 15-16 Declaration of Compliance.

All staff are introduced into a Continuous Quality Improvement (CQI) environment at the agency's New Hire orientation. At New Hire, CQI concepts are reviewed and staff are informed of their responsibility in the CQI process. While in orientation, opportunities for CQI participation are identified. They can include daily activities such as participating in Peer or Chart Reviews, focus groups, encouraging client/caregiver to complete research measures such as satisfaction surveys, and reporting any activity in their daily activities that could be improved upon. Staff also participates in the debriefing of incidents for the purpose of identifying training, policy or procedure needs or improvements.

Quality Improvement (QI) is a continuous process and occurs across all programs, services, and departments. Quality Assurance (QA) staff work closely with providers and supervisors around areas of documentation, HIPAA, confidentiality, special incidents, client grievances, as well as any other issues or concerns that impact the environment of continuous quality improvement. Program teams and QA staff regularly review and analyze client satisfaction results, outcome data, program productivity, critical incidents, and delivery of culturally competent services to identify areas for improvement and inform changes in agency practice. QA staff identify patterns in documentation and practice and provide timely feedback to providers and supervisors to develop a plan of correction, as needed. Corrective plans are reviewed and monitored until desired results occur. Continuous follow up is required to maintain improved levels.

CQI activities are documented in program and QA meeting minutes as well as in formal QA reports and are maintained within program site binders.

#### **9. Required Language:**

A. For CBHS CYF SOC ECMHCI: Contractor will adhere to all stipulated CBHS requirements for the completion of Site Agreements for each assigned program site and/or service setting. Contractor also will comply with all stipulations of content, timelines, ensuring standards of practice, and all reporting requirements as put forth by the CBHS ECMHCI SOC Program Manager and RFP-10-2013.

B. Changes may occur to the composition of program sites during the contract year due to a variety of circumstances. Any such changes will be coordinated between the contractor and the CBHS ECMHCI SOC Program Manager and will not necessitate a modification to the Appendix-A target population table. Contractor is responsible for assigning mental health consultants to all program sites and for notifying the CBHS ECMHCI SOC Program Manager of any changes.

**1. Identifiers:**

**Program Name:** Youth Agency Mental Health Consultation (YAMHC)

**Program Address:** 1801 Vicente Street

**City, State, Zip Code:** San Francisco, CA 94116

**Telephone:** (415) 682-3211

**Facsimile:** (415) 664-7094

**Program Code(s):** N/A

Contractor Address: 1801 Vicente Street

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

Name of Person Completing this Narrative: Londa Overbeck, LCSW

Telephone: (415) 682-3269

Email Address: LondaO@Edgewood.org

**2. Nature of Document:**

☐ New ☐ Renewal ☒ Modification

**3. Goal Statement:**

Youth Agency Mental Health Consultation (YAMHC) will improve the lives of in and at-risk youth by providing direct service (crisis intervention and short-term therapy) and facilitating a sustainable change process within the systems through which youth receive services.

**4. Target Population:**

Mid and low level consultation will be provided to at least 14 agencies throughout San Francisco who serve low income, in and at-risk youth (ages 12-24 years of age) and have 2 or less FTE masters level therapists on staff. The terminology "in and at-risk youth" will be used throughout this document to refer to youth who are in or at risk of mental illness as a result of one of more of the following:

I.Exposure to Trauma/Crisis

II.Exposure to street or familial violence

III.Involvement in foster care/child protective services

IV.Substance abuse

Through our consultative efforts we are attempting to mitigate the effects of the above circumstances on one's mental health, as well as prevent the youth from failing in school, being involved in the juvenile justice system, and or continued engagement in violence and substance abuse.

The target agencies have limited access to mental health resources and may include but are not limited to community centers, violence prevention programs, juvenile justice programs, afterschool programs, and cultural centers. The staff and youth from these agencies represent a diverse spectrum of cultural backgrounds including male, female, inter-generational, LGBTQ, Latino, African-American, Caucasian, and Asian. A subset of the staff we work with live within the communities they serve and

have transitioned from a client to staff role within the agency where we provide consultation. While this service will be offered citywide, a few zip codes to target include 94110, 94114, 94103, 94124, and 94134.

Intensive level consultation will serve staff, youth, and families at Huckleberry Youth Program's CARC and Larkin Street Youth Services. For the direct service component, 150 youth and 25 of their families will participate.

Huckleberry Youth Program's CARC provides an alternative to 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 94124, Visitation Valley 94134, Excelsior 94112, and the Mission 94110—all of which are CBHS-priority, high-need neighborhoods. CARC serves youth from a diverse spectrum of cultural backgrounds including male, female, African-American, Latino, Asian-American, Caucasian, and multi-racial. The majority of the youth served identify as heterosexual, although some youth identify as lesbian, gay, or bisexual.

Larkin Street Youth Services serves youth ages 12 through 24 who are homeless or at imminent risk of homelessness and represent diverse ethnicities, genders, and sexual orientations in the Tenderloin, 94102. Short-term therapy is available to any youth in Larkin Street Youth Services who meet one of these criteria:

- Client is in crisis and is not currently in therapy.
- Client is in the process of waiting for a long-term therapist and needs immediate attention.
- Client is severely mentally ill and highly resistant to therapy.
- Client is not making progress with their treatment plan and staff would like me to meet with them and make recommendations.

**5. Modality(s)/Intervention(s)** (See instruction on the use of this table):

Units of Service (UOS) Description (add more rows if needed)	Units of Service (UOS)	Number of Clients (NOC)	Unduplicated Clients (UDC)
{mental health consultation} {UOS measurement} 1.75 FTE Edgewood + .33FTE Larkin + .175FTE Huckleberry x 40 hours/week x 48 weeks x 87% LOE	168	6 organizations	
{training and coaching} {UOS measurement} .25FTE Edgewood + .33FTE Larkin B x36 trainings/year x 48 weeks x 87%		36 trainings	
{individual therapeutic services} {UOS measurement} .33FTE Larkin + .55FTE Huckleberry x {UOS measurement}/week x 48 weeks x 87%		150 youth 25 families	
Total UOS Delivered	xxx		
Total UDC Served			zz

**Mental Services Health Consultation Services** (MHSA Activity Category)

This model includes three tiers of intervention.

1. Low Level – monthly trainings (8+ organizations)
2. Mid Level (4+ organizations) – the number of organizations depends upon the level of intensity necessary.
3. Intensive Level (2 organizations)

#### **Low Level Mental Health Consultation:**

Edgewood will provide biannual trainings to the target population. Additional information is included under Training and Coaching category below.

#### **Mid Level Mental Health Consultation:**

Edgewood will provide Mental Health Consultation to 4+ agencies, serving approximately at least 40 staff/year, with MHC working 8 hours/week/agency. The MHC will work as a team on each project. The maximum duration of consultation will be 6 months. Staff, other organizational stakeholders, and experts will be involved in the consultation. The consultation model consists of a process of intake, assessment, intervention, and transition and includes these 4 phases:

1. Hear You Out: Consultant(s) will listen to and learn from multiple voices (through focus groups, interviews, observation and surveys) to get a clear picture of your challenges.
2. Connect The Dots: Consultant(s) will share compiled, anonymous stories with community stakeholders, find themes and insights, redefine the challenge, and come up with solutions
3. Try It Out: Consultant(s) and community stakeholders will try out the solutions, see how it works, makes changes, and try again
4. Make It Happen: Consultant (s) and community stakeholders will implement the best solutions

#### **Intensive Level Mental Health Consultation:**

Huckleberry Youth Program's CARC will provide .73FTE MHC and Larkin Street Youth Services will each provide 1FTE MHC to deliver on-site consultation to staff and direct services to youth and families 5 days per week. The MHC will provide services to clients for a period ranging from one day and 1 year depending on the need. MHC at Larkin Street Youth Services provides .33FTE direct service to youth, .33FTE consultation to staff, .33FTE training to staff. The MHC at Huckleberry Youth Program's CARC will provide 22 hours/week of direct service to youth and 7 hours/week of consultation to staff.

The MHCs will also participate in the following activities:

- Individual/group consultation for staff
- Participation in Monthly Learning Circles
- Administration of assessments and outcome measures
- Outreach: Collaborate with EDGEWOOD to provide outreach to various groups (e.g., Juvenile Justice Providers Association, Youth Justice Initiative), and agencies who do not have masters level clinical staff.

Additionally, the MHC at Larkin Street Youth Services will provide:

- Agency assessment, intervention planning, technical assistance, observation, and coaching
- Training for staff

### **Monthly Learning Circle for MHCs:**

YAMHC MHCs (from Edgewood, Huckleberry Youth Program's CARC, and Larkin Street Youth Services) and MHCs from Edgewood's Early Childhood Mental Health Consultation Program meet monthly for 1 hour to collaboratively support and train MHCs. The Learning Circle is 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.

### **Training and Coaching** (MHSA Activity Category)

Trainings will be facilitated by expert trainers in the field as well as by Mental Health Consultants. Topics will be determined by needs identified by agencies participating in consultation. At least 38 trainings/year will reach at least 8 agencies, specifically targeting the following populations:

2. Edgewood will provide 2 trainings/year that are open to staff who serve in and at-risk youth at agencies in San Francisco.
3. Edgewood will provide at least 4 trainings/year to agencies participating in mid-level consultation. Customized trainings will be offered to agency staff, targeting identified goals on an as needed basis. When training needs are shared across agencies participating in consultation, trainings will be offered to these agencies to both build staff capacity and encourage inter-agency collaboration.
1. Larkin Street Youth Services will utilize a .33FTE MHC to facilitate 30 trainings/year for Larkin Street Youth Services staff. Some training topics include Rapport & Relationship Building, Motivational Interviewing, Racism, Active Listening, New Program Staff Training, Strength Based Treatment Planning, Conflict Resolution, and Youth Leadership.

Coaching will be provided by MHCs in the following ways:

1. Provide individual and group support to assist staff in implementing training content into practice.
2. Provide 1 hour, biweekly leadership coaching to primary contact person for mid-level consultation, typically the Program Director. Employee coaching is available to other staff on an as needed basis.

### **Individual Therapeutic Services** (MHSA Activity Category)

Clinicians/Mental Health Consultants from Huckleberry Youth Program's CARC and Larkin Street Youth Services will provide face to face assessment, crisis intervention, and short-term therapy to 150 youth. Of these 150 youth, 85 youth will work with MHC from Larkin Street Youth Services and 65 youth, along with 25 of their families, will work with MHC from Huckleberry Youth Program's CARC. Direct services will be provided by MHC from Larkin Street Youth Services .33 FTE and by MHC from Huckleberry Youth Program's CARC 22 hours/week.

## **6. Methodology:**

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

Edgewood, Huckleberry and Larkin will partner to provide outreach to various groups (e.g., Juvenile Justice Providers Association, Youth Justice Initiative), and SF agencies who serve in and at-risk youth and do not have masters level clinical staff.

Additionally, Edgewood's team will continue to engage in the following strategies to generate referrals for mid-level consultation:

- Inviting all SF agencies serving the target population to biannual trainings (Low Level Consultation) and recruiting them for the Mid-Level consultation at the trainings.
- Collaborating with trainers
- Receiving referrals from agencies who have participated in mid-level consultation
- Collaborating with funders
- Developing and distributing marketing materials to eligible agencies, including a brochure and webpage link: [www.edgewood.org/whatwedo/training/yamhc.html](http://www.edgewood.org/whatwedo/training/yamhc.html).
- Pitching program to eligible agencies who contact Edgewood's Training Department to seek out trainings.
- Advertising program on Facebook, Linked In, and Edgewood's website.

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

**Mid and Low Level Mental Health Consultation:**

These services will be provided to agencies throughout San Francisco who serve low income, in and at-risk youth (ages 12-24 years of age) and have 2 or less FTE masters level therapists on staff.

**Intensive Level Mental Health Consultation:**

Larkin Street offers a full continuum of services to homeless and at-risk youth, including drop-in services, shelters, transitional living programs, education and employment services and others. Youth in need of mental health services gain entry to these services through self-referral, case manager referral, or our collaborative case conferences which are cross functional teams that help direct client service. Upon referral, an intake is prepared by the Mental Health Consultant and all services are recorded in our CMIS.

Youth are brought into the Community Assessment and Resource Center (CARC) by SFPD at the point of arrest. Youth are assessed by case managers who often refer youth to mental health services for issues of crisis intervention, family conflict, mental health and trauma related symptoms. Youth are able to receive on-site free mental health services at any point in their engagement with CARC. Youth and their families are encouraged to take advantage of family counseling when appropriate. In addition, other youth are referred to the CARC therapist and interns through the Counseling Program's referral process.

At Huckleberry Youth Programs all youth between ages 11-21 and their families in San Francisco are eligible for services and are referred from a variety of sources including other Huckleberry programs, community partners, and other providers. The first contact occurs in a couple of ways:

- *An outside referral source/parent or client makes a request for counseling by calling our hotline (415.621.2929). The caller speaks to a residential counselor who gathers*

*demographic information, information about level of risk and presenting problems. This referral is given to the Clinical Director. If the case is assigned immediately the therapist makes first contact within 24 hours. If the case cannot be immediately assigned, the clinical director contacts clients to address issues, offer resources and share the plan.*

- ***A need for counseling is identified within another Huckleberry program such as the shelter, health center or juvenile justice program. The client is then connected directly with the on-site therapist for immediate triage.***

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

**Low Level Mental Health Consultation:**

Edgewood will provide biannual trainings to San Francisco agencies who serve at-risk youth. Each training takes place at Edgewood and ranges in duration from 3-8 hours.

**Mid Level Mental Health Consultation:**

Edgewood will provide Mental Health Consultation at the organizational client's facility. The consultants work with each agency for up to 6 months and are available from 9a.m.-5p.m. The consultation model consists of a process of intake, assessment, intervention, and transition and includes these 4 phases:

1. Hear You Out: Consultant(s) will listen to and learn from multiple voices (through focus groups, interviews, observation and surveys) to get a clear picture of your challenges.
2. Connect The Dots: Consultant(s) will share compiled, anonymous stories with community stakeholders, find themes and insights, redefine the challenge, and come up with solutions
3. Try It Out: Consultant(s) and community stakeholders will try out the solutions, see how it works, makes changes, and try again
4. Make It Happen: Consultant (s) and community stakeholders will implement the best solutions

**Intensive Level Mental Health Consultation:**

Huckleberry's Community Assessment and Resource Center (CARC) is a collaboration between SF Police Department, SF Juvenile Probation, SF Sheriff's Department, Huckleberry Youth Programs, Community Youth Center, and Instituto Familiar de la Raza. CARC serves as the front end of the juvenile justice system providing community based alternatives to incarceration.

The service delivery model includes a number of phases of treatment including: 1) assessment, 2) plan development, 3) therapy/collateral work, 4) case management, and 5) discharge planning. Services are offered from 9am to 8pm, and clients are seen primarily at CARC but also at school, or home as necessary. Clinicians conduct a CANS assessment and develop a plan of care within the first 60 calendar days. The CANS is both an assessment and an outcome tool, which enables clinicians to identify areas that need to be the focus of treatment. Every content area in the CANS with a score of two or higher is then addressed accordingly in the treatment plan. At the completion of the initial CANS/POC, always prior to the 90 day requirement, clinicians present cases for



PURQC review and are assigned a level of intensity (low, medium or high) based on the level of impairment and treatment plan. PURCQs are reviewed annually.

Treatment services are provided according to the client's individualized treatment plan. After hours, clients are referred to Child Crisis or Mobile Crisis/PES or other 24-hour crisis lines depending on the specific need.

Therapists use a strengths-based, trauma informed, multi-systems approach (e.g., Systems Theory, Psychodynamic, CBT, Bowenian, Strategic Structural, Solution focused) that recognizes the importance of engagement and trust building and the clinician's role as a tool to help the client, family and guardian recognize and build upon what they do well. Working from a strengths-based perspective that incorporates the client's social/cultural experiences into the treatment provided (e.g., race/ethnicity, immigration/relocation status, gender, sexual orientation, socioeconomic status, disability, age), allows the clinician to provide holistic, comprehensive services. By offering a stable, supportive environment for clients, the clinician is able to assist them as they strive to improve their mental health, thereby helping clients restore or improve functioning.

Family therapy is provided with youth and their significant support members in a private office setting. Family therapy is provided to support growth and development of the youth and provide appropriate resources and/or referrals to family members. We provide additional support and prevention services to parents via our six week skills building support group for parents of adolescents called **Parent's Turn**.

Case management services are provided by CARC staff with support from the mental health team.

Larkin Street offers a full continuum of services. We have 24/7 services including crisis intervention and a 1-800 crisis hotline. Some of our services (drop-in, education and employment) are generally available on a 9-5 basis, while our shelters and transitional living programs operate around the clock. We have 13 locations in the city at which we offer services and the length of stay varies according to funding restrictions, from 90 days at our emergency underage shelter to 2 years at our transitional living programs and longer at our permanent housing programs. We offer a fully integrated model of behavioral health, housing and education and employment. Our service delivery model adopts a co-occurring disorders approach with Cognitive Behavioral Therapy.

#### **D. Describe your program's exit criteria and process, e.g. successful completion.**

For agencies participating in mid-level consultation, MHC can provide consultation for up to 6 months. The duration of service will be informed by the scope of work, collaborative participation, and other factors. In the beginning of the consultation, a point person is identified as responsible for overseeing that gains are maintained after the consultation ends. Throughout the consultation, organizational systems and staff capacity are developed to ensure that changes are sustained beyond the duration of consultation. Concrete plans to continue to addressing goals after the consultation ends will be developed collaboratively with staff before termination. Agencies that complete Mid-Level consultation will be offered an optional check-in meeting 3-6 months following termination

to evaluate an adapt sustainability plans as needed. Additionally, they 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.**

At **Larkin Street Youth Services** the budgeted staff include:

Clinical Director: oversees Therapist/Mental Health Consultant, provides case conferencing and case file review, responsible for program's day to day operations and planning, develops annual staff training curriculum with input from Mental Health Consultant

Therapist/Mental Health Consultant: provides direct services to youth in the form of individual and group therapy/counseling, coordinates and delivers training curriculum to staff

Chief of Programs: oversees Clinical Director, is responsible for all program planning and integration throughout the agency.

At **CARC** the budgeted staff include:

Clinical Director: supervises MHC/ therapist to review client caseloads and progress notes. She also schedules regular trainings on issues pertaining to working with at risk and systems-involved youth and their families and ensures that the therapists are trained in administering the CANS assessment and are familiar with reporting requirements.

Program Director manages the day to day operations, coordinating with the MHC, creating reports and interacting with agency partners.

Mental Health Consultant/Therapist is available for providing consults with case managers, assisting with crisis situations on-site with both youth and parents, and maintaining a caseload of individual and/or family counseling clients.

Director of Research and Evaluation is responsible for maintaining our database and generating reports to measure arrests, client demographic and referral information. Additionally she monitors the interaction with government agency data systems including AVATAR and CMS.

**F. MENTAL HEALTH SERVICES ACT PROGRAMS – Additional Required Service**

**Description:**

**1. One of the primary MHSA tenets is consumer participation engagement. Programs must identify how participants and/or families are engaged in the development, implementation and/or evaluation of programs. This can include peer-employees, advisory committees, etc.**

**Low-Level: Edgewood**

The site-specific trainings are developed in response to needs identified by staff during the consultation process. For all trainings, participants complete an evaluation of the training event.

### **Mid-Level Consultation: Edgewood**

Participation of organization staff and other stakeholders is an essential component to effective consultation. The mid-level model approaches consultation with agencies as a collaborative partnership. Directors and/or staff identify agency-specific goals and the consultant facilitates a process through which the goals are achieved. During the intake, the YAMHC Program Manager clearly outlines expectations for staff and other stakeholder participation. When first meeting program staff, the MHC explains and demonstrates this collaborative process, which aids in staff engagement.

Each of the four phases of the mid-level consultation model is structured to support and ensure participation. After the Hear You Out phase, the MHC develops a document that reflects themes, quotations, and insights shared by multiple stakeholders. Next, the MHC strategizes with staff to collaboratively develop, adjust in response to feedback, and implement solutions. Given that the consultation is time limited, the MHC takes steps to ensure that changes are sustained after termination. During the early stages of the project, select staff are designated to take on leadership roles throughout the consultation and are responsible for sustaining change after the consultation ends.

### **Intensive-Level: Larkin Street Youth Services**

At the beginning of intensive consultation work at Larkin Street Youth Services, MHC met with the Chief of Programs, all 22 of the Program Directors and Program Managers, and direct service staff individually and in groups to assess agency, program, staff, and youth needs. The MHC then developed a service plan for each program, based on the data collected from all of these meetings. Verbal feedback from staff both informed the selection of training topics and the overall consultation process. Additionally, a training evaluation is administered at the end of each training. Direct service is strength and harm reduction based, thus all interventions and treatment plans are collaboratively created with the clients.

### **Intensive-Level Consultation: Huckleberry Youth Programs**

Youth attending therapy are engaged in a collaborative treatment planning process. They participate in both establishing goals and assessing progress toward goals. The MHC provides consultation to case managers in a collaborative manner. The consultation is often focused on improving assessment and treatment planning with youth. The MHC and case manager maintain an ongoing dialogue regarding progress towards goals and impact of interventions.

## **2. Describe how the program ensures that staff has the attitudes, knowledge and skills needed to understand, communicate with, and effectively serve people across cultures.**

**Larkin Street Youth Services** maintains a broad emphasis on cultural competency throughout the organization. The staff is racially and culturally diverse, represents various sexual orientations, and

receives ongoing training in issues related diversity and cultural competency to ensure effective and responsive service delivery. Positive, youth-focused messages are reinforced continuously through the physical environment, the composition of the staff, services (e.g., we strive to have at least one Spanish-speaking staff member at every program site) and referrals to culturally appropriate services off-site in order to strengthen self-esteem and identity.

Cultural competency is bolstered through an extensive staff training program. All direct service staff are required to take Larkin Street's Core Curriculum, which includes trainings on Creating a Welcoming Environment, Cultural Humility, and other clinical topics with cultural components. Supplemental trainings are also available to all staff, including sessions on Racism, Gangs, Relationship and Rapport Building, and other topics which include cultural components.

Cultural competency at Larkin Street is enhanced by the use of peer staff. Peer staff act as advocates and counselors, as well as providing valuable guidance from the consumer point of view for other program staff. Peer staff share life experiences similar to the client population in terms of experiences of homelessness, being in the TAY age range, being behavioral health consumers, having past or current criminal justice system involvement (including probation or time in custody), and/or experiencing recovery from substance abuse.

**Huckleberry's Community Assessment and Referral Center (CARC)** hires a diverse staff from the communities and cultures that we serve. More than half speak Spanish and we also have Mandarin and Cantonese speakers. Staff are hired with the familiarity of the issues faced by our clients. Youth are assigned to case managers with attention given to gender, culture and language. Weekly client review serves to ensure that case managers benefit from the breadth of experience from fellow workers and managers to better serve our youth.

Program specific trainings are held regularly and are focused on keeping staff current with best practices in working with systems involved and other high risk youth. Recent topics include working with trauma exposed youth, gender identity issues, bullying, substance abuse and cross-cultural sensitivity training. In addition to program specific trainings, HYP offers more generic topics such as emergency preparedness and working with undocumented youth during all agency meetings.

Our management team ensures that staff are well-suited and well-trained to effectively work with the diverse populations we serve. Our Juvenile Justice Programs Director has been at CARC since 1999 and has extensive experience working with diverse populations, in both residential and community-based organizations. CARC Program Director, was formerly the director of Walden House's Adolescent Program, and has familiarity with the complex issues facing juvenile justice involved youth. HYP's Clinical Director has been providing youth and family counseling in San Francisco for fifteen years and specializes in adolescent mental health, parent education and therapist training.

## **7. Objectives and Measurements:**

### **7A. CBHS Standard Objectives**

All objectives, and descriptions of how objectives will be measured, are contained in the CBHS document entitled CBHS Performance Objectives FY15-16. Edgewood Center for Children and Families will comply with all performance objectives with the exception of A6. Due to the severity of clients served Edgewood will be exempt from this performance objective.

## **7B. Individualized Program Objectives**

### **Satisfaction Objective:**

- I. By June 30, 2015 at least 75% of respondents at agencies participating in Mid-Level Consultation will report a 4 or 5 on a 5-point scale on each item of the satisfaction survey as evidenced by satisfaction surveys administered at end of consultation.

**MHSA Goal 1:** Improved capacity among parents and other caregivers (teachers, program staff) to provide appropriate responses to children's behavior.

### **Individualized Performance Objectives:**

- J. By June 30, 2015, at least 14 agencies serving in and at-risk youth will participate in the Consultation Program ( including low, mid, and intensive levels), as evidenced by subcontracts with Larkin Street Youth Services and Huckleberry Youth Program's CARC, MOU contracts, and training sign-in sheets.
- K. By June 30, 2015 at least 90% of respondents at trainings shall rate the overall usefulness of the training as 3 or higher on a 5-point scale as documented by Edgewood's Course Evaluation Tool.
- L. By June 30, 2015, at least 90% of respondents shall rate the improvement of job related skills as 3 or higher on a 5-point scale as documented by Edgewood's Course Evaluation Tool.
- M. By June 30, 2015, at least 75% of participants in the Learning Circle will report a 7, 8, 9, or 10 on a 10- point scale on each item of the self-efficacy survey as evidenced by the self-efficacy survey administered on an annual basis.

**MHSA Goal 2:** Increased access to and utilization of behavioral health services (clinical, cultural-based healing, peer-led and other recovery oriented services).

### **Individualized Performance Objectives:**

- N. By June 30, 2015, the Mental Health Consultant at Huckleberry Youth Program's CARC and Larkin Street Youth Services will provide individual and/or group therapeutic services to 150 youth and 25 of their families, as measured by intake form data and individual case files.

**MHSA Goal 3:** Increased ability to manage symptoms and/or achieve desired quality-of-life goals as set by program participants.

- O. By June 30, 2015, 70% of the youth provided with at least 3 sessions of individual therapeutic services by Larkin Street's Mental Health Consultant will show improved functioning, as measured by a mini-mental health status and Global Assessment of Functioning at intake and at discharge or every 6 months.

- P. By June 30, 2015, 70% of the youth provided with at least 3 sessions of individual therapeutic services by Huckleberry Youth Program, CARC's Mental Health Consultant will show improved functioning, as measured by Global Assessment of Functioning at intake and at discharge or every 6 months.

## **8. Continuous Quality Improvement:**

Edgewood is a CBHS funded provider and will meet the Community Programs Continuous Quality Assurance and Improvement requirements as described in the FY 15-16 Declaration of Compliance.

## **9. Required Language:**

A. For CBHS CYF SOC ECMHCI: Contractor will adhere to all stipulated CBHS requirements for the completion of Site Agreements for each assigned program site and/or service setting. Contractor also will comply with all stipulations of content, timelines, ensuring standards of practice, and all reporting requirements as put forth by the CBHS ECMHCI SOC Program Manager and RFP-10-2013.

B. Changes may occur to the composition of program sites during the contract year due to a variety of circumstances. Any such changes will be coordinated between the contractor and the CBHS ECMHCI SOC Program Manager and will not necessitate a modification to the Appendix-A target population table. Contractor is responsible for assigning mental health consultants to all program sites and for notifying the CBHS ECMHCI SOC Program Manager of any changes.

**Contractor:** Edgewood Center for Children and Families

**Appendix A-12 through A-12c**

**Program:** Crisis, Triage and Assessment Center (CTAC)

**Contract Term:** 07/01/2015 *through* 06/30/2016

**City Fiscal Year:** FY 2015-16

**CMS#:** 6949

**1. Identifiers:**

**Program Name:** Crisis, Triage and Assessment Center (CTAC)

**Program Address:** 1801 Vicente Street

**City, State, Zip Code:** San Francisco, CA 94116

**Telephone** (415) 681-3211

**Facsimile:** (415) 664-7094

**Contractor Address:** 1801 Vicente Street

**City, State, Zip Code:** San Francisco, CA 94116

**Name of Person Completing this Narrative:** Jill Anderson, Psy.D

**Telephone:** (415) 682-3164

**Program Code(s):** 8858H1, 8858H2, 8858CS

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

☐ New ☐ Renewal ☒ Modification

**3. Goal Statement**

Edgewood's Crisis, Triage and Assessment Center includes a continuum of care including Crisis Stabilization, Hospital Diversion and Partial Hospitalization. The program offers an intensive 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.

**4. Target Population**

Edgewood will serve clients referred by Community Behavioral Health Services (CBHS) on an as needed and emergency basis. Referrals will include children between the ages of 6 and 17 that are clinically appropriate for crisis stabilization and acute intensive treatment in a residential unlocked non-hospital setting.

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

OP-MH Svcs, OP-Case Mgt Brokerage, OP-Crisis Intervention, OP-Medication Support, 24-Hr Residential Other, Program Development

**6. Methodology**

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

Edgewood conducts outreach to local county departments, private insurance companies, police, emergency rooms and mental health practitioners to inform them of our current continuum of crisis services (i.e. Crisis Stabilization, Hospital Diversion, and the Partial Hospitalization Program, etc.). Youth experiencing an acute psychiatric crisis will be referred on an emergency basis for evaluation. The Crisis Stabilization Unit accepts admissions 24/7. Admissions into Hospital Diversion and Partial Hospitalization are planned. Interested parties contact the Edgewood Intake Department to learn more about the services; this team, led by the Intake Director, helps navigate them through the authorization and enrollment process. The program employs a multi-disciplinary crisis stabilization, assessment and triage team made up of psychiatrists, nurses, clinicians, crisis stabilization counselors and residential counselors.

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

Youth are admitted to the Crisis Stabilization Unit on an emergency basis. Referrals are made by Child Crisis. Admissions occur 24/7. Youth must be able to Walk, Eat, Talk and Toilet independently in order to meet admission criteria. Youth experiencing a medical emergency will be redirected to the nearest emergency room.

The screening/referral/intake procedure for Hospital Diversion and Partial Hospitalization are managed by the Edgewood Intake Director. The Intake Team 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. 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 psychiatric hospitalization or locked facility.
- 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 Director responds to all requests for admission within one business day. 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 Director and includes the Medical Director, Behavioral Health Directors and Educational Director.

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



Edgewood's Crisis, Triage and Assessment Programs are specially created for children and adolescents between the ages of 6 and 17. The programs operates 24/7. The program is designed to assess and stabilize a broad range of youth and family challenges including high-risk behavioral and emotional issues resulting in aggressive and/or self-harming behavior. In addition to a short-term stabilization service, Edgewood also offers diagnostic assessment and psychotropic medication evaluation and management, allowing youth to receive acute care outside the confines and cost of a locked inpatient unit. Youth and families are discharged from Edgewood's crisis programs with a thorough and collaborative safety and treatment plan that concretely addresses safety concerns, referral needs and redeems hope and quality of life.

The Edgewood multidisciplinary team takes a strength-based approach with families and other involved professionals to promote safety, assess and teach skills and to develop a realistic treatment plan so that youth can return to their families. Unlike locked inpatient programs, youth at Edgewood have an opportunity to practice skills within a broad community on our six acre campus. Our residential cottages are spacious and strive to feel more like a home away from home than an institution. Program staff include: licensed clinicians, psychiatrists, nursing staff, mental health counselors, crisis counselors, family partner, educational staff, recreational and expressive arts therapists, and psycho-educational instructors.

Discharge planning begins at the time of the initial assessment. Youth are evaluated by a nurse and clinician at admission. Youth admitted to the Crisis Stabilization Unit will be assessed and discharged within 24 hours to the appropriate level of care (hospital diversion, community program or inpatient unit). For youth admitted into the Hospital Diversion or Partial Hospitalization programs, the intake clinician completes an initial assessment and preliminary treatment plan. The assigned clinician then works with the client, family and psychiatrist to solidify treatment goals within the first two days. Individual therapy sessions are provided 2-4 times a week based on clinical need. Family sessions are provided 1-2 times per week as indicated. Typically, youth discharge within 1-2 weeks from hospital diversion and partial hospitalization program.

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

A preliminary discharge plan is developed after initial assessment is completed within youth's first 1-2 hours in the program. The clinician and psychiatrist collaborate with the client and family to revise it as needed during the course of treatment. Youth are discharged when they have been stabilized and an appropriate aftercare service has been put into place. It is best when the family, county worker and Edgewood staff all agree on the discharge plan. 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), child crisis case management, outpatient mental health services and wraparound care.

**D. 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.**

See corresponding Appendix B Salaries and Benefits page.

## **7. Objectives and Measurements**

All objectives, and descriptions of how objectives will be measured, are contained in the CBHS document entitled "Performance Objectives FY 15-16." Edgewood Center for Children and Families will comply with all performance objectives with the exception of A6. Due to the severity of clients served Edgewood will be exempt from this performance objective.

## **8. Continuous Quality Improvement:**

Edgewood is a CBHS funded provider and will meet the Community Programs Continuous Quality Assurance and Improvement requirements as described in the FY 15-16 Declaration of Compliance.

All staff are introduced into a Continuous Quality Improvement (CQI) environment at the agency's New Hire orientation. At New Hire, CQI concepts are reviewed and staff are informed of their responsibility in the CQI process. While in orientation, opportunities for CQI participation are identified. They can include daily activities such as participating in Peer or Chart Reviews, focus groups, encouraging client/caregiver to complete research measures such as satisfaction surveys, and reporting any activity in their daily activities that could be improved upon. Staff also participates in the debriefing of incidents for the purpose of identifying training, policy or procedure needs or improvements.

Quality Improvement (QI) is a continuous process and occurs across all programs, services, and departments. Quality Assurance (QA) staff work closely with providers and supervisors around areas of documentation, HIPAA, confidentiality, special incidents, client grievances, as well as any other issues or concerns that impact the environment of continuous quality improvement. Program teams and QA staff regularly review and analyze client satisfaction results, outcome data, program productivity, critical incidents, and delivery of culturally competent services to identify areas for improvement and inform changes in agency practice. QA staff identify patterns in documentation and practice and provide timely feedback to providers and supervisors to develop a plan of correction, as needed. Corrective plans are reviewed and monitored until desired results occur. Continuous follow up is required to maintain improved levels

CQI activities are documented in program and QA meeting minutes as well as in formal QA reports and are maintained within program site binders.

## **9. Required Language:**

A. For CBHS CYF SOC ECMHCI: Contractor will adhere to all stipulated CBHS requirements for the completion of Site Agreements for each assigned program site and/or service setting. Contractor also will comply with all stipulations of content, timelines, ensuring standards of practice, and all reporting requirements as put forth by the CBHS ECMHCI SOC Program Manager and RFP-10-2013.

**Contractor:** Edgewood Center for Children and Families

**Appendix A-12 through A-12c**

**Program:** Crisis, Triage and Assessment Center (CTAC)

**Contract Term:** 07/01/2015 *through* 06/30/2016

**City Fiscal Year:** FY 2015-16

**CMS#:** 6949

B. Changes may occur to the composition of program sites during the contract year due to a variety of circumstances. Any such changes will be coordinated between the contractor and the CBHS ECMHCI SOC Program Manager and will not necessitate a modification to the Appendix-A target population table. Contractor is responsible for assigning mental health consultants to all program sites and for notifying the CBHS ECMHCI SOC Program Manager of any changes.



**Contractor:** Edgewood Center for Children and Families  
**Program:** Residential-Based Services (RBS)/Family  
Connections Program (FCP)  
**City Fiscal Year:** FY 2015-16  
**CMS#:** 6949

**Appendix A-13**  
**Contract Term:** 07/01/2015 through 06/30/2016

**1. Identifiers:**

**Program Name:** Residential-Based Services (RBS)/Family Connections Program (FCP)  
**Program Address:** 1801 Vicente Street  
**City, State, Zip Code:** San Francisco, CA 94116  
**Telephone:** (415) 681-3211  
**Facsimile:** (415) 664-7094

**Contractor Address:** 1801 Vicente Street  
**City, State, Zip Code:** San Francisco, CA 94116  
**Name of Person Completing this Narrative:** Lisa Gutierrez-Wang, PhD  
**Telephone:** (415) 682-3286

**Program Code:** 8858FC

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

☐ New ☐ Renewal ☒ Modification

**3. Goal Statement**

The goal of Edgewood's Residentially-Based Services (RBS)/Family Connections Program (FCP) is to provide intervention and treatment to improve functioning of Seriously Emotionally Disturbed (SED) children and adolescents so they are able to ultimately connect or reconnect with family, school and community following placement.

**4. Target Population**

Edgewood's Residentially-Based Services (RBS)/Family Connections Program (FCP) provides behavioral health services under a statewide pilot demonstration project for foster care youth (AB1453 of the Welfare and Institutions Code). The target population for this specific program includes:

- Dependent children referred by SF HSA who are ages 6 through 17
- Currently referred to or placed in an RCL level 12 or higher group home.
- Placement due to child's inability to be managed at home because of serious emotional disturbance, destructive or dangerous behavior.
- Family/caregiver desires child/adolescent to return to home if appropriate treatment, skills and supports can be implemented to support success.
- Most likely cannot accomplish a sustainable permanency plan within the next 6 months unless intensive work is done to resolve difficulties in attachment and to address challenges presented by the child or youth's persistent pattern of dangerous or disruptive behaviors.

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

OP-MH Svcs, OP-Case Mgt Brokerage, OP-Crisis Intervention, OP-Medication Support

**6. Methodology**

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

Clients for Edgewood's Residentially-Based Services (RBS)/Family Connections Program (FCP) are identified via the weekly San Francisco County Multi-Agency Services Team (MAST) meeting. Clients/families are presented by their county case workers. RBS/FCP Directors, along with the RBS/FCP Project Coordinator, are present at the MAST meetings and conduct regular outreach to Human Service Agency (HSA) supervisors to ensure appropriate clients are identified and referred.

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

Once a client/family is approved for FCP by MAST, further screening/referral/intake procedure is managed by the Edgewood Intake Director. The Intake Director collects additional information from the Case Worker and schedules for the prospective client and his/her family to visit the campus. 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 Director as needed. The family/caregiver is informed that participation is an integral component of the program.

Clinical exclusion criteria include:

- Greater than moderate intellectual disability;
- Diagnosis of Autism with pervasive communication challenges;
- Existence of an acute, current psychotic state requiring psychiatric hospitalization;
- Presence of active suicidal behavior;
- Physical, neurological or mental health needs better served in other specialized treatment facilities, or whose at-risk status suggests a hospital setting;
- History of significant sexual predatory behavior;
- Family refusal to engage in ongoing treatment;
- Pregnant teens, or teens with babies(at time of entering Residential component) ; and
- Youth who have alcohol and/or other substance use disorders better treated at a specialized substance use treatment program or specialized co-occurring disorders program.

*Admission Process:* The appropriateness of a child's enrollment is also based upon age, sex, and type of problem, as they relate to the existing population in the cottage under consideration.

An acceptance of a referral for intake evaluation is not equivalent to admission into the program. The referring agency, the family, or Edgewood may terminate the intake at any point should it become clear it would not be feasible to continue.

When a referral appears appropriate, a request is made to the referring agency and/or parent to forward all information that is pertinent to the services being requested including:

- Family, placement, and social history;
- Mental health treatment history;
- Psychological and psychiatric evaluation(s);

- Medical history;
- Education records and individual educational plans (IEP's);
- School reports; and,
- Discharge summaries (from hospitalizations or other placements).

The Intake Department works collaboratively with the referring agency and parents to arrange releases of information necessary to facilitate the intake process and assessment. In particular, the Intake Department collaborates with former caregivers, and whenever possible, the family members, of the child by conducting extensive phone work to obtain information not contained in written reports. Especially when documents lack information on a child's status or whereabouts over a period of time, efforts must be applied to research that period. The absence of records may indicate no one was watching out for the welfare of the child who was left unprotected or otherwise neglected; obviously, tracking down information for such periods can yield background information critical to constructing a comprehensive, rich historical understanding of the child's life experiences.

The Intake Department typically responds to referring agencies regarding acceptance or rejection of referral within a two week period, and if a referral is denied, the reasons are documented in the case record. Where appropriate, Edgewood will give information and referrals for persons it cannot serve.

*Pre-placement Visit:* A member of the Intake Department meets with the child, family and/or referral person to help the child understand the reasons placement is being sought, as well as to describe the treatment program itself, encouraging and answering questions of all parties. The family is informed that family participation is essential to treatment, that families are made very welcome at Edgewood, and are considered to be an integral component of successful treatment. The child will tour the facility and meet with staff from the prospective cottage to which s/he may be admitted, as well as a visit the non-public school, if relevant. On occasion, because of immediacy of placement need or geographic factors, a child may be scheduled for admission without a pre-placement visit.

*Final Placement Decision Review:* After the visit, information gathered during the admission process is reviewed by the Intake Committee which includes the Medical Director, Intake Director, and Behavioral Health Directors. The Intake Committee then carefully reviews the information and discusses the child's behaviors and the capacity of the program to manage and improve such behaviors given the current client population, staff expertise and the physical environment. When indicated, additional psychological testing, psychiatric evaluation, or other necessary information is requested prior to a final decision to accept a child for placement. Once accepted for admission, a date, time, and other factors in regard to placement are determined, and the family is and/or referral agency are notified in writing.

*Waiting List Policy:* Edgewood Center strives to provide smooth and timely access to agency program services. On rare occasions, existing circumstances result in a temporary inability of a program to serve new referrals. When a referral to Edgewood's Residentially-Based Services (RBS)/Family Connections Program (FCP) has been deemed appropriate, yet there is a delay in the program's ability to have the child/youth enter, the Intake Department will provide the referral source a projected entrance date and/or offer to place the child/youth on a wait list. The wait list is maintained by the Intake Department. In general, potential clients are added to the list in ascending order from the earliest date of request for service to the most recent.

**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, residential bed capacity, etc.**

Edgewood's Residentially-Based Services (RBS)/Family Connections Program (FCP) includes parallel community-based services while the youth is still in residency. These services help the youth, family members and other significant persons in the youth's social ecology prepare for successful integration back to the home. The expected average residential length of stay for participants in this program is 5-7 months, with a total average expected enrollment in the program of two years.

Services are provided by multidisciplinary staff that include Clinical Care Coordinators, Family Specialists, and Family Partners, and include a consistent therapeutic milieu staffed by qualified mental health professionals; individual and family psychotherapy; 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 Edgewood programs are 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:

Individualized Treatment Plans of Care (POC) are developed for each youth and family. These plans are developed through a multidisciplinary process that strives to put youth and families at the center of decision-making.

*Intake Screening and Initial Safety Goals:* At Intake, the Mini-Child and Adolescent Needs and Strengths (CANS) Assessment is completed, along with several screening tools. The Intake Clinician takes this information, and client/parent/legal guardian report, and identifies two initial safety-related goals that will be the focus of treatment until the comprehensive Plan of Care (POC) is developed.

*Plan of Care Development:* An initial *Plan of Care* (POC) is completed within the first 30 days. The therapist/care manager incorporates observations of the child in the milieu, information emerging from individual therapy, initial family work, collateral contacts and results of the comprehensive Child and Adolescent Needs and Strengths (CANS) assessment, to develop an integrative plan. This Plan of Care is reviewed and signed by the child, parent/caregiver and legal guardian and is placed in the case record. The plan specifies the overall course of treatment that will lead to successful discharge. It serves as the guiding directive upon which all interventions are based and describes how, and by whom, all services will be provided. A number of goals are developed to address the child's and family's needs and may include areas such as mental health, school behavior functioning, psychiatric needs, and family/community involvement. These goals are linked to shorter-term objectives that are translated into concrete treatment actions in the milieu, educational program, therapies and psychiatric treatment.

*Family Support Team Meetings:* The Family Support Team is the central component of the service planning process. Family Support Teams structurally put caregivers and families in the center of



our work and create a system of collaboration among the family, service providers, and other key stakeholders. Teams include the child, her/his family, the clinician/therapist, care manager, treatment manager(s), primary child care worker(s), psychiatrist, teacher, psychiatric nurse, recreation program representative, and external persons involved with the child (e.g., Child Welfare Worker, Court Appointed Special Advocate/CASA, lawyer, etc.). The first Family Support Team Meeting occurs within the first 45 days of placement. Ongoing meetings occur monthly thereafter. These meetings are utilized to monitor the response of the child and family to treatment; to assess, re-define or alter short-or long-term treatment goals; to consider alternative treatment strategies; and to assess the readiness of the child and family for discharge and aftercare 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 preliminary discharge plan is generated at the time of intake. A working discharge plan is then developed in collaboration with the Family Support Team within 30 days of admission. This plan is assessed on a monthly basis throughout the course of treatment to ensure that the Family Support Team members are actively discussing, altering, and amending the plan as needed.

For the FCP program, the first planned transition is from the residential component of the program to a community setting with the family/foster caregiver. The youth continue to receive community-based treatment and care management. If necessary, they can also return to residential placement for a short "crisis stabilization" period, and then transition back home when clinically appropriate.

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 services and Wraparound care. Additionally, the treatment team works diligently to 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, a graduation ceremony, transition scrapbooks chronicling the client's treatment through pictures and quotes, etc.

**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.**

See corresponding Appendix B Salaries and Benefits page.

**7. Objectives and Measurements**

**A. Required Objectives**

All objectives, and descriptions of how objectives will be measured, are contained in the CBHS document entitled CBHS Performance Objectives FY 15-16. Edgewood Center for Children and Families will comply with all performance objectives with the exception of A6. Due to the severity of clients served Edgewood will be exempt from this performance objective.

**B. Individualized Program Objectives**

As part of the Pilot project Voluntary Agreement, RBS/FCP conducts a yearly Program Review and Self-Evaluation that is submitted to the county for review.

## **8. Continuous Quality Assurance and Improvement**

Edgewood is a CBHS funded provider and will meet the Community Programs Continuous Quality Assurance and Improvement requirements as described in the FY 15-16 Declaration of Compliance.

All staff are introduced into a Continuous Quality Improvement (CQI) environment at the agency's New Hire orientation. At New Hire, CQI concepts are reviewed and staff are informed of their responsibility in the CQI process. While in orientation, opportunities for CQI participation are identified. They can include daily activities such as participating in Peer or Chart Reviews, focus groups, encouraging client/caregiver to complete research measures such as satisfaction surveys, and reporting any activity in their daily activities that could be improved upon. Staff also participates in the debriefing of incidents for the purpose of identifying training, policy or procedure needs or improvements.

Quality Improvement (QI) is a continuous process and occurs across all programs, services, and departments. Quality Assurance (QA) staff work closely with providers and supervisors around areas of documentation, HIPAA, confidentiality, special incidents, client grievances, as well as any other issues or concerns that impact the environment of continuous quality improvement. Program teams and QA staff regularly review and analyze client satisfaction results, outcome data, program productivity, critical incidents, and delivery of culturally competent services to identify areas for improvement and inform changes in agency practice. QA staff identify patterns in documentation and practice and provide timely feedback to providers and supervisors to develop a plan of correction, as needed. Corrective plans are reviewed and monitored until desired results occur. Continuous follow up is required to maintain improved levels

CQI activities are documented in program and QA meeting minutes as well as in formal QA reports and are maintained within program site binders.

## **9. Required Language:**

A. For CBHS CYF SOC ECMHCI: Contractor will adhere to all stipulated CBHS requirements for the completion of Site Agreements for each assigned program site and/or service setting. Contractor also will comply with all stipulations of content, timelines, ensuring standards of practice, and all reporting requirements as put forth by the CBHS ECMHCI SOC Program Manager and RFP-10-2013.

B. Changes may occur to the composition of program sites during the contract year due to a variety of circumstances. Any such changes will be coordinated between the contractor and the CBHS ECMHCI SOC Program Manager and will not necessitate a modification to the Appendix-A target population table. Contractor is responsible for assigning mental health consultants to all program sites and for notifying the CBHS ECMHCI SOC Program Manager of any changes.

**Contractor:** Edgewood Center for Children and Families  
**Program:** William's Cottage Renovation  
**City Fiscal Year:** FY 2015-16  
**CMS#:** 6949

**Appendix A-14**  
**Contract Term:** 07/01/2015 *through* 06/30/2016

**1. Identifiers:**

**Program Name:** William's Cottage Renovation  
**Program Address:** 1801 Vicente Street  
**City, State, Zip Code:** San Francisco, CA 94116  
**Telephone** (415) 681-3211  
**Facsimile:** (415) 664-7094

**Contractor Address:** 1801 Vicente Street  
**City, State, Zip Code:** San Francisco, CA 94116  
**Name of Person Completing this Narrative:** Jill Anderson, Psy.D  
**Telephone:** (415) 682-3164

**Program Code(s):** N/A

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

☐ New ☐ Renewal ☒ Modification

**3. Goal Statement**

To improve the physical environment and access to 23 hour services for youth including crisis intervention and child protective services.

**4. Target Population**

Youth including infants through age 17 living in San Francisco experiencing a psychiatric crisis or traumatic event requiring immediate intervention up to and including 23 hour stabilization or removal from the current living situation.

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

Construction

## **6. Methodology**

Renovation of the Williams building will include enhancements specific to improving quality of care for SF youth experiencing a current crisis. Construction will commence on January 5th, 2015 and will be in process for approximately 120 days.

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

N/A

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

N/A

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

N/A

**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.**

N/A

## **7. Objectives and Measurements**

N/A

## **8. Continuous Quality Improvement**

N/A

## **9. Required Language**

N/A

**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 (15<sup>th</sup>) calendar day of each month, based upon the number of units of service that were delivered in the preceding month. All deliverables associated with the SERVICES defined in Appendix A times the unit rate as shown in the appendices cited in this paragraph shall be reported on the invoice(s) each month. All charges incurred under this Agreement shall be due and payable only after SERVICES have been rendered and in no case in advance of such SERVICES.

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

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

B. Final Closing Invoice

(1) Fee For Service Reimbursement:

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

(2) Cost Reimbursement:

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

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

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

Data Collection Form), and within each fiscal year, the CITY agrees to make an initial payment to CONTRACTOR not to exceed twenty-five per cent (25%) of the General Fund 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: Counseling Enriched Education Program
  - 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: Psychoeducational Assessments
  - Appendix B-8: Behavior Coaching
  - 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 through B-12c: Crisis, Triage and Assessment Center (CTAC)
  - Appendix B-13: Residential-Based Services (RBS)/Family Connections Program (FCP)
  - Appendix B-14: William's Cottage Renovation

## B. COMPENSATION

Compensation shall be made in monthly payments on or before the 30<sup>th</sup> day after the DIRECTOR, in his or her sole discretion, has approved the invoice submitted by CONTRACTOR. The breakdown of costs and sources of revenue associated with this Agreement appears in Appendix B, Cost Reporting/Data Collection (CR/DC) and Program Budget, attached hereto and incorporated by reference as though fully set forth herein. The maximum dollar obligation of the CITY under the terms of this Agreement shall not exceed **Fifty-Six Million Two Hundred Thirty-Four Thousand Five Hundred Eighty-Five Dollars (\$56,234,585)** for the period of **July 1, 2010 through December 31, 2017**.

CONTRACTOR understands that, of this maximum dollar obligation, **\$2,108,528** 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 (BPHM07000089)	\$1,973,760
July 1, 2010 through June 30, 2011	\$2,867,287
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	\$9,290,521
July 1, 2015 through June 30, 2016	\$9,290,521
July 1, 2016 through June 30, 2017	\$8,449,664
July 1, 2017 through December 31, 2017	<u>\$4,476,142</u>
Sub. Total July 1, 2010 through December 31, 2017	\$54,126,057
Contingency Available	<u>\$2,108,528</u>
Total of July 1, 2010 through December 31, 2017	\$56,234,585

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

(4) CONTRACTOR further understands that, **\$1,973,760** of the period from July 1, 2010 through December 31, 2010 in the Contract Number BPHM07000089 is included with this Agreement. Upon execution of this Agreement, all the terms under this Agreement will supersede the Contract Number BPHM07000089 for the Fiscal Year 2010-11.

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

D. No costs or charges shall be incurred under this Agreement nor shall any payments become due to CONTRACTOR until reports, SERVICES, or both, required under this Agreement are received from CONTRACTOR and approved by the DIRECTOR as being in accordance with this Agreement. CITY may

withhold payment to CONTRACTOR in any instance in which CONTRACTOR has failed or refused to satisfy any material obligation provided for under this Agreement.

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

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



## DPH 1: Department of Public Health Contract Budget Summary

DMH Legal Entity Number (MH): 00273					Prepared By/Phone #: Melek Totah / 415 682 3222			Fiscal Year: 2015-2016	
DMH Legal Entity Name (MH)/Contractor Name (SA): Edgewood Center for Children and Families					Document Date: 7/1/2015			Appendix B: Summary, Page1	
Contract Appendix Number:	B-1	B-2	B-3	B-4	B-5	B-6	B-7	B-8	B-9
Appendix A/Program Name:	Counseling Enriched Education Program	Residentially-Based Treatment	School MH Partnership	Behavioral Health OP	TBS	Wraparound	Psycho Educational Assessments	Behavior Coaching	ECMHCI
Provider Number:	8858	8858	8858	8858	8858	8858	8858	8858	8858
Program Code (formerly Reporting Unit):	8858OP	88584	8858ED	885814	885818	885819	NA	NA	NA
FUNDING TERM:	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16
<b>FUNDING USES</b>									
Salaries & Employee Benefits:	397,476	484,834	105,612	466,313	525,344	553,645	11,144	34,441	471,095
Operating Expenses:	129,803	158,331	34,490	152,282	171,560	180,803	3,639	11,247	153,844
Capital Expenses:	-	-	-	-	-	-	-	-	-
Subtotal Direct Expenses:	527,279	643,165	140,102	618,595	696,904	734,448	14,783	45,688	624,939
Indirect Expenses:	79,092	96,475	21,015	92,789	104,536	110,167	2,217	6,853	93,741
Indirect %:	0.15	0.15	0.15	0.15	0.15	0.15	0.15	0.15	0.15
<b>TOTAL FUNDING USES</b>	<b>606,371</b>	<b>739,640</b>	<b>161,117</b>	<b>711,384</b>	<b>801,440</b>	<b>844,615</b>	<b>17,000</b>	<b>52,541</b>	<b>718,680</b>
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>									
MH FED - SDMC Regular FFP (50%)	290,906	326,055	58,190	338,602	386,760	420,017	-	-	-
MH STATE - EPSDT State Match	240,827	284,449	52,371	297,967	352,084	401,997	-	-	-
MH STATE - Family Mosaic Capitated Medi-Cal	20,000	-	-	-	-	-	-	-	-
MH WORK ORDER - Human Services Agency (matched)	-	-	-	-	-	17,824	-	-	-
MH WORK ORDER - Human Services Agency	-	-	-	-	-	-	-	-	341,625
MH WORK ORDER - Human Services Agency	-	-	-	-	-	-	-	-	-
MH WORK ORDER - Dept. Children, Youth & Families	-	-	-	-	-	-	-	-	214,970
MH WORK ORDER - First Five (SF Children & Family Commission)	-	-	-	-	-	-	-	-	42,066
MH WORK ORDER - First Five (SF Children & Family Commission)	-	-	-	-	-	-	-	-	85,262
MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care	-	-	-	-	-	-	17,000	-	-
MH STATE - MHSA - Prop 63 PEI	-	-	-	-	-	-	-	52,541	31,620
MH Realignment	34,944	-	-	-	-	-	-	-	-
MH COUNTY - General Fund (matched)	15,135	41,606	5,819	40,635	34,676	196	-	-	-
MH COUNTY - General Fund (unmatched)	4,559	87,530	44,737	34,180	27,920	4,314	-	-	-
MH Triage Grant	-	-	-	-	-	-	-	-	-
MH COUNTY - General Fund WO CODB	-	-	-	-	-	267	-	-	3,137
<b>TOTAL CBHS MENTAL HEALTH FUNDING SOURCES</b>	<b>606,371</b>	<b>739,640</b>	<b>161,117</b>	<b>711,384</b>	<b>801,440</b>	<b>844,615</b>	<b>17,000</b>	<b>52,541</b>	<b>718,680</b>
<b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>									
<b>TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES</b>									
<b>TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>TOTAL DPH FUNDING SOURCES</b>	<b>606,371</b>	<b>739,640</b>	<b>161,117</b>	<b>711,384</b>	<b>801,440</b>	<b>844,615</b>	<b>17,000</b>	<b>52,541</b>	<b>718,680</b>
<b>NON-DPH FUNDING SOURCES</b>									
<b>TOTAL NON-DPH FUNDING SOURCES</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>	<b>606,371</b>	<b>739,640</b>	<b>161,117</b>	<b>711,384</b>	<b>801,440</b>	<b>844,615</b>	<b>17,000</b>	<b>52,541</b>	<b>718,680</b>

CBHS BUDGET DOCUMENTS

DPH 1: Department of Public Health Contract Budget Summary

DMH Legal Entity Number (MH):		Prepared By/Phone #: Melek Totah / 415 682 3222							Fiscal Year: 2015-2016	
DMH Legal Entity Name (MH)/Contractor Name (SA): Edgewood Center for Children and F		Document Date: 7/1/2015							Appendix B: Summary, Page 2	
Contract Appendix Number:	B-10	B-11	B-12	B-12a	B-12b	B-12c	B-12d	B-13	B-14	
Appendix A/Program Name:	School-Based Behavioral Health Services	YAMHC	CTAC (Hospital Diversion)	CTAC (Hospital Diversion)	CTAC (CSU)	CTAC (CSU)	CTAC (MCT)	FCP (RBS)	William's Cottage Renovation	
Provider Number:	8858	8858	8858	8858	NA	8858	NA	8858	8858	
Program Code (formerly Reporting Unit):	NA	NA	8858H2	8858H1	CR	8858CS	CR	8858FC	NA	
FUNDING TERM:	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/14-6/30/15	7/1/15-6/30/16	7/1/14-6/30/15	TOTAL
<b>FUNDING USES</b>										
Salaries & Employee Benefits:	103,323	133,411	181,246	286,658	1,480,767	154,368	237,126	274,655	40,000	5,941,458
Operating Expenses:	33,742	254,939	59,189	93,613	12,500	50,411	21,939	89,693	-	1,612,025
Capital Expenses:	-	-	-	-	-	-	-	-	610,000	610,000
Subtotal Direct Expenses:	137,065	388,350	240,435	380,271	1,493,267	204,779	259,065	364,348	650,000	8,163,483
Indirect Expenses:	20,559	58,253	36,065	57,041	224,006	30,717	38,860	54,652	-	1,127,038
Indirect %:	0.15	0.15	0.15	0.15	0.15	0.15	0.15	0.15	-	0.14
<b>TOTAL FUNDING USES</b>	<b>157,624</b>	<b>446,603</b>	<b>276,500</b>	<b>437,312</b>	<b>1,717,273</b>	<b>235,496</b>	<b>297,925</b>	<b>419,000</b>	<b>650,000</b>	<b>9,290,521</b>
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>										
MH FED - SDMC Regular FFP (50%)	-	-	138,250	-	-	117,748	-	209,500	-	2,286,028
MH STATE - EPSDT State Match	-	-	138,250	-	-	117,748	-	188,550	-	2,074,243
MH STATE - Family Mosaic Capitated Medi-Cal	-	-	-	-	-	-	-	-	-	20,000
MH WORK ORDER - Human Services Agency (matched)	-	-	-	-	-	-	-	-	-	17,824
MH WORK ORDER - Human Services Agency	-	-	-	-	-	-	-	-	-	341,625
MH WORK ORDER - Human Services Agency	-	-	-	-	-	-	-	-	650,000	650,000
MH WORK ORDER - Dept. Children, Youth & Families	-	-	-	-	-	-	-	-	-	214,970
MH WORK ORDER - First Five (SF Children & Family Commission)	-	-	-	-	-	-	-	-	-	42,066
MH WORK ORDER - First Five (SF Children & Family Commission)	-	-	-	-	-	-	-	-	-	85,262
MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care	-	-	-	-	-	-	-	-	-	17,000
MH STATE - MHSA - Prop 63 PEI	157,624	446,603	-	-	-	-	-	-	-	688,388
MH Realignment	-	-	-	-	-	-	-	5,883	-	40,827
MH COUNTY - General Fund (matched)	-	-	-	-	-	-	-	15,067	-	153,134
MH COUNTY - General Fund (unmatched)	-	-	-	437,312	435,850	-	-	-	-	1,076,402
MH Triage Grant	-	-	-	-	1,281,423	-	297,925	-	-	1,579,348
MH COUNTY - General Fund WO CODB	-	-	-	-	-	-	-	-	-	3,404
<b>TOTAL CBHS MENTAL HEALTH FUNDING SOURCES</b>	<b>157,624</b>	<b>446,603</b>	<b>276,500</b>	<b>437,312</b>	<b>1,717,273</b>	<b>235,496</b>	<b>297,925</b>	<b>419,000</b>	<b>650,000</b>	<b>9,290,521</b>
<b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>										
<b>TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES</b>										
<b>OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES</b>										
<b>TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES</b>										
<b>TOTAL DPH FUNDING SOURCES</b>	<b>157,624</b>	<b>446,603</b>	<b>276,500</b>	<b>437,312</b>	<b>1,717,273</b>	<b>235,496</b>	<b>297,925</b>	<b>419,000</b>	<b>650,000</b>	<b>9,290,521</b>
<b>NON-DPH FUNDING SOURCES</b>										
<b>TOTAL NON-DPH FUNDING SOURCES</b>										
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>	<b>157,624</b>	<b>446,603</b>	<b>276,500</b>	<b>437,312</b>	<b>1,717,273</b>	<b>235,496</b>	<b>297,925</b>	<b>419,000</b>	<b>650,000</b>	<b>9,290,521</b>

## DPH 6: Contract-Wide Indirect Detail

Page 1 of 1

Contractor Name Edgewood Center for Children and Families

Document Date: 7/1/2015

## 1. SALARIES &amp; BENEFITS

Position Title		
CEO	0.47	103,342.00
CFO	0.32	86,118.00
Director of IT	0.32	67,714.00
IT Administrator	0.32	38,596.00
Administrative Assistant	0.32	20,472.00
HR Director	0.32	49,659.00
HR Generalist	0.32	25,088.00
IT Operations Manager	0.32	38,596.00
HR Assistant	0.32	20,071.00
Controller	0.32	43,421.00
Finance Analyst	0.32	33,772.00
AP Associate	0.32	22,710.00
Payroll Accountant	0.32	24,807.00
Accounting Manager	0.32	31,000.00
Collections Clerk	0.32	22,513.00
Billing Specialist	0.32	28,380.00
Software Engineer	0.32	38,596.00
IT Help Desk	0.32	78,890.00
0	0.00	-
0	0.00	-
0	0.00	-
0	0.00	-
0	0.00	-
0	0.00	-
0	0.00	-
EMPLOYEE FRINGE BENEFITS	30.0%	232,124.00
<b>TOTAL SALARIES &amp; BENEFITS</b>		<b>1,005,869.00</b>

## 2. OPERATING COSTS

Expenditure Category	Amount
Accounting/Audit Fees	36,786.00
Insurance	27,061.00
Bank/Payroll Fees	36,787.00
Software Fees/Expense	20,535.00
0	-
0	-
<b>TOTAL OPERATING COSTS</b>	<b>121,169.00</b>

## TOTAL INDIRECT COSTS

1,127,038.00



**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-1, page 1

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/2015

Provider Number: 8858

Fiscal Year: 2015-2016

	Counseling Enriched Education Program	Counseling Enriched Education Program	Counseling Enriched Education Program	Counseling Enriched Education Program		
Program Name:	8858OP	8858OP	8858OP	8858OP		
Program Code (formerly Reporting Unit):	8858OP	8858OP	8858OP	8858OP		
Mode/SFC (MH) or Modality (SA)	15/10-57, 59	15/01-09	15/70-79	15/60-69		
	OP-Case Mgt	OP-Crisis	OP-Intervention	OP-Medication Support		
Service Description:	OP-MH Svcs	Brokerage	Intervention	Support		<b>TOTAL</b>
<b>FUNDING TERM:</b>	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16		
<b>FUNDING USES</b>						
Salaries & Employee Benefits:	258,359	7,950	11,924	119,243	-	397,476
Operating Expenses:	84,372	2,596	3,894	38,941	-	129,803
Capital Expenses (greater than \$5,000):	-	-	-	-	-	-
<b>Subtotal Direct Expenses:</b>	<b>342,731</b>	<b>10,546</b>	<b>15,818</b>	<b>158,184</b>	-	<b>527,279</b>
Indirect Expenses:	51,409	1,582	2,373	23,728	-	79,092
<b>TOTAL FUNDING USES:</b>	<b>394,140</b>	<b>12,128</b>	<b>18,191</b>	<b>181,912</b>	-	<b>606,371</b>
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>	<b>Index Code/Project Detail/CFDA#:</b>					
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	189,089	5,818	8,727	87,272	290,906
MH STATE - EPSDT State Match	HMHMCP751594	156,537	4,817	7,225	72,248	240,827
MH STATE - Family Mosaic Capitated Medi-Cal	HMHMCP8828CH	13,000	400	600	6,000	20,000
MH WORK ORDER - Human Services Agency (matched)	HMHMCHMTCHWO	-	-	-	-	-
MH WORK ORDER - Human Services Agency	HMHMCHCDHSWO	-	-	-	-	-
MH WORK ORDER - Human Services Agency	HMHMCHPBEDWO	-	-	-	-	-
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	HMHMSB163ACP/PMH163	-	-	-	-	-
MH STATE - MHSA - Prop 63 PEI	HMHMPROP63/PMHS63-1510	-	-	-	-	-
MH Realignment	HMHMCP751594	22,714	699	1,048	10,483	34,944
MH COUNTY - General Fund (matched)	HMHMCP751594	9,837	303	454	4,541	15,135
MH COUNTY - General Fund (unmatched)	HMHMCP751594	2,963	91	137	1,368	4,559
MH Triage Grant	HMHMCHGRANTS/HMCH06-1500	-	-	-	-	-
MH COUNTY - General Fund WO CODB	HMHMCP751594	-	-	-	-	-
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>		<b>394,140</b>	<b>12,128</b>	<b>18,191</b>	<b>181,912</b>	<b>606,371</b>
<b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>	<b>Index Code/Project Detail/CFDA#:</b>					
<b>TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES</b>		-	-	-	-	-
<b>OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES</b>	<b>Index Code/Project Detail/CFDA#:</b>					
<b>TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES</b>		-	-	-	-	-
<b>TOTAL DPH FUNDING SOURCES</b>		<b>394,140</b>	<b>12,128</b>	<b>18,191</b>	<b>181,912</b>	<b>606,371</b>
<b>NON-DPH FUNDING SOURCES</b>						
<b>TOTAL NON-DPH FUNDING SOURCES</b>		-	-	-	-	-
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>		<b>394,140</b>	<b>12,128</b>	<b>18,191</b>	<b>181,912</b>	<b>606,371</b>
<b>CBHS UNITS OF SERVICE AND UNIT COST</b>						
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:	151,011	6,004	4,688	37,741	-	
Unit Type:	Staff Minute	Staff Minute	Staff Minute	Staff Minute	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	<b>Total UDC:</b>
Unduplicated Clients (UDC):	30	10	10	28	0	30

Appendix #: B-1, page 2Document Date: 7/1/15

<b>Employee Fringe Benefits:</b>	30%	\$	91,725.00	30%	\$87,109	30%	\$4,616	#DIV/0!	\$0	#DIV/0!	\$0	#DIV/0!	\$0
----------------------------------	-----	----	-----------	-----	----------	-----	---------	---------	-----	---------	-----	---------	-----

**TOTAL SALARIES & BENEFITS**

**\$397,476**

**\$377,475**

**\$20,001**

**\$0**

\$0

\$0

0

## DPH 4: Operating Expenses Detail

Provider Number: 8858

Appendix #: B-1, page 3

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/15

Expenditure Category	TOTAL	General Fund				
	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16
Occupancy (Based on Square Feet used)	\$ 2,238.00	2,238	0	0	0	0
Utilities(Elec, Water, Gas, Phone, Scavenger)	\$ -	0	0	0	0	0
Office Supplies, Postage	\$ 334.00	334	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 FY15 contract 506 hrs @\$40	\$ 20,243.00	20,243	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
Food	\$ 38,281.00	38,281	0	0	0	0
Computer Supplies	\$ 22,278.00	22,278	0	0	0	0
Client Incentives	\$ 14,118.00	14,118	0	0	0	0
Purchased Direct Expense ( QA )	\$ 8,879.00	8,879	0	0	0	0
Purchased Direct Expense (Program Admin)	\$ 17,756.00	17,756	0	0	0	0
Purchased Direct Expense (General Research)	\$ 5,676.00	5,676	0	0	0	0
<b>TOTAL OPERATING EXPENSE</b>	<b>\$129,803</b>	<b>\$129,803</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
	\$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-2, page 1

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/2015

Provider Number: 8858

Fiscal Year: 2015-2016

	Residentially- Based Treatment	Residentially- Based Treatment	Residentially- Based Treatment	Residentially- Based Treatment		
Program Name:						
Program Code (formerly Reporting Unit):	88584	88584	88584	88584		
Mode/SFC (MH) or Modality (SA)	15/10-57, 59	15/01-09 OP-Case Mgt Brokerage	15/70-79 OP-Crisis Intervention	15/60-69 OP-Medication Support		
Service Description:	OP-MH Svcs					<b>TOTAL</b>
<b>FUNDING TERM:</b>	<b>7/1/15-6/30/16</b>	<b>7/1/15-6/30/16</b>	<b>7/1/15-6/30/16</b>	<b>7/1/15-6/30/16</b>		
<b>FUNDING USES</b>						
Salaries & Employee Benefits:	412,109	3,879	9,212	59,634	-	<b>484,834</b>
Operating Expenses:	134,581	1,267	3,008	19,475	-	<b>158,331</b>
Capital Expenses (greater than \$5,000):	-	-	-	-	-	-
<b>Subtotal Direct Expenses:</b>	<b>546,690</b>	<b>5,146</b>	<b>12,220</b>	<b>79,109</b>	-	<b>643,165</b>
Indirect Expenses:	82,004	772	1,833	11,866	-	<b>96,475</b>
<b>TOTAL FUNDING USES:</b>	<b>628,694</b>	<b>5,918</b>	<b>14,053</b>	<b>90,975</b>	-	<b>739,640</b>
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>	<b>Index Code/Project Detail/CFDA#:</b>					
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	277,147	2,608	6,195	40,105	-
MH STATE - EPSDT State Match	HMHMCP751594	241,781	2,276	5,405	34,987	-
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	HMHMCHPBEDWO	-	-	-	-	-
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	HMHMSB163ACP/PMH163	-	-	-	-	-
MH STATE - MHSA - Prop 63 PEI	HMHMPROP63/PMHS63-1510	-	-	-	-	-
MH Realignment	HMHMCP751594	-	-	-	-	-
MH COUNTY - General Fund (matched)	HMHMCP751594	35,365	334	790	5,117	-
MH COUNTY - General Fund (unmatched)	HMHMCP751594	74,401	700	1,663	10,766	-
MH Triage Grant	HMHMCHGRANTS/HMCH06-1500	-	-	-	-	-
MH COUNTY - General Fund WO CODB	HMHMCP751594	-	-	-	-	-
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>		<b>628,694</b>	<b>5,918</b>	<b>14,053</b>	<b>90,975</b>	-
<b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>	<b>Index Code/Project Detail/CFDA#:</b>					
<b>TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES</b>		-	-	-	-	-
<b>OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES</b>	<b>Index Code/Project Detail/CFDA#:</b>					
<b>TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES</b>		-	-	-	-	-
<b>TOTAL DPH FUNDING SOURCES</b>		<b>628,694</b>	<b>5,918</b>	<b>14,053</b>	<b>90,975</b>	-
<b>NON-DPH FUNDING SOURCES</b>						
<b>TOTAL NON-DPH FUNDING SOURCES</b>		-	-	-	-	-
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>		<b>628,694</b>	<b>5,918</b>	<b>14,053</b>	<b>90,975</b>	-
<b>CBHS UNITS OF SERVICE AND UNIT COST</b>						
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:	240,879	2,930	3,622	18,874	-	
Unit Type:	Staff Minute	Staff Minute	Staff Minute	Staff Minute	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	<b>Total UDC:</b>
Unduplicated Clients (UDC):	50	50	50	50	0	50



### DPH 3: Salaries & Benefits Detail

Provider Number: 8858

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/15Appendix #: B-2, page 2

	TOTAL		General Fund HMHMCP751594									
Position Title	Term: FTE	7/1/15-6/30/16 Salaries	Term: FTE	7/1/15-6/30/16 Salaries	Term: FTE	7/1/15-6/30/16 Salaries	Term: FTE	7/1/15-6/30/16 Salaries	Term: FTE	7/1/15-6/30/16 Salaries	Term: FTE	7/1/15-6/30/16 Salaries
Nurses	1.02	\$ 69,368.00	1.02	69,368	0.00	0	0.00	0	0.00	0	0.00	0
Clinical Supervision	0.51	\$ 36,300.00	0.51	36,300	0.00	0	0.00	0	0.00	0	0.00	0
Therapist & Care Manager	0.51	\$ 28,015.00	0.51	28,015	0.00	0	0.00	0	0.00	0	0.00	0
QA Manager	0.15	\$ 8,993.00	0.15	8,993	0.00	0	0.00	0	0.00	0	0.00	0
Nursing Supervisor	0.15	\$ 13,770.00	0.15	13,770	0.00	0	0.00	0	0.00	0	0.00	0
Care Coordinator	0.93	\$ 46,739.00	0.93	46,739	0.00	0	0.00	0	0.00	0	0.00	0
Family Specialist	4.59	\$ 161,683.00	4.59	161,683	0.00	0	0.00	0	0.00	0	0.00	0
Intake Director	0.08	\$ 8,081.00	0.08	8,081	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:	7.94	\$372,949	7.94	\$372,949	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0

<b>Employee Fringe Benefits:</b>	30%	\$	111,885.00	30%	\$111,885	#DIV/0!	\$0	#DIV/0!	\$0	#DIV/0!	\$0	#DIV/0!	\$0	#DIV/0!
----------------------------------	-----	----	------------	-----	-----------	---------	-----	---------	-----	---------	-----	---------	-----	---------

**TOTAL SALARIES & BENEFITS**

**\$484,834**

**\$484,834**

\$0

**\$0**

**\$0**

\$0

0

## DPH 4: Operating Expenses Detail

Provider Number: 8858

Appendix #: B-2, page 3

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/15

Expenditure Category	TOTAL	General Fund HMHMCP751594				
	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16
Occupancy (Based on Square Feet used)	\$ 14,651.00	14,651	0	0	0	0
Utilities(Elec, Water, Gas, Phone, Scavenger)	\$ 13,111.00	13,111	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 FY15 contract 841 hrs @\$40	\$ 33,652.00	33,652	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
Food	\$ 34,677.00	34,677	0	0	0	0
Computer Supplies	\$ 20,181.00	20,181	0	0	0	0
Client Incentives	\$ 12,789.00	12,789	0	0	0	0
Purchased Direct Expense ( QA )	\$ 7,867.00	7,867	0	0	0	0
Purchased Direct Expense (Program Admin)	\$ 18,356.00	18,356	0	0	0	0
Purchased Direct Expense (General Research)	\$ 3,047.00	3,047	0	0	0	0
<b>TOTAL OPERATING EXPENSE</b>	<b>\$158,331</b>	<b>\$158,331</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
	\$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  
 Provider Name: Edgewood Center for Children and Families  
 Provider Number: 8858

Contract Appendix #: B-3, page 1  
 Document Date: 7/1/2015  
 Fiscal Year: 2015-2016

Program Name:	School MH Partnership	School MH Partnership	School MH Partnership	School MH Partnership		
Program Code (formerly Reporting Unit):	8858ED	8858ED	8858ED	8858ED		
Mode/SFC (MH) or Modality (SA)	15/10-57, 59	15/01-09	15/60-69	45/20-29		
Service Description:	OP-MH Svcs	OP-Case Mgt Brokerage	OP-Medication Support	OS-Cmnty Client Svcs		TOTAL
FUNDING TERM:	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16		
<b>FUNDING USES</b>						
Salaries & Employee Benefits:	69,862	2,141	4,284	29,325	-	105,612
Operating Expenses:	22,815	699	1,399	9,577	-	34,490
Capital Expenses (greater than \$5,000):	-	-	-	-	-	-
<b>Subtotal Direct Expenses:</b>	<b>92,677</b>	<b>2,840</b>	<b>5,683</b>	<b>38,902</b>	-	<b>140,102</b>
Indirect Expenses:	13,903	426	851	5,835	-	21,015
<b>TOTAL FUNDING USES:</b>	<b>106,580</b>	<b>3,266</b>	<b>6,534</b>	<b>44,737</b>	-	<b>161,117</b>
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>	<b>Index Code/Project Detail/CFDA#:</b>					
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	53,290	1,633	3,267	-	58,190
MH STATE - EPSDT State Match	HMHMCP751594	47,961	1,470	2,940	-	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 WORK ORDER - Human Services Agency	HMHMCHPBEDWO	-	-	-	-	-
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	HMHMSB163ACP/PMH163	-	-	-	-	-
MH STATE - MHSA - Prop 63 PEI	HMHMPROP63/PMHS63-1510	-	-	-	-	-
MH Realignment	HMHMCP751594	-	-	-	-	-
MH COUNTY - General Fund (matched)	HMHMCP751594	5,329	163	327	-	5,819
MH COUNTY - General Fund (unmatched)	HMHMCP751594	-	-	-	44,737	44,737
MH Triage Grant	HMHMCHGRANTS/HMCH06-1500	-	-	-	-	-
MH COUNTY - General Fund WO CODB	HMHMCP751594	-	-	-	-	-
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>		<b>106,580</b>	<b>3,266</b>	<b>6,534</b>	<b>44,737</b>	<b>161,117</b>
<b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>	<b>Index Code/Project Detail/CFDA#:</b>					
<b>TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES</b>		-	-	-	-	-
<b>OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES</b>	<b>Index Code/Project Detail/CFDA#:</b>					
<b>TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES</b>		-	-	-	-	-
<b>TOTAL DPH FUNDING SOURCES</b>		<b>106,580</b>	<b>3,266</b>	<b>6,534</b>	<b>44,737</b>	<b>161,117</b>
<b>NON-DPH FUNDING SOURCES</b>						
<b>TOTAL NON-DPH FUNDING SOURCES</b>		-	-	-	-	-
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>		<b>106,580</b>	<b>3,266</b>	<b>6,534</b>	<b>44,737</b>	<b>161,117</b>
<b>CBHS UNITS OF SERVICE AND UNIT COST</b>						
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:	63,820	3,024	1,567	658	-	
Unit Type:	Staff Minute	Staff Minute	Staff Minute	Staff Hour	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	2	1	4	68	-	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	2	1	4	68	-	
Published Rate (Medi-Cal Providers Only):	2	1	4	-	-	Total UDC:
Unduplicated Clients (UDC):	30	20	4	28 Classrooms	-	30

### DPH 3: Salaries & Benefits Detail

Provider Number: 8858

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/15Appendix #: B-3, page 2

	TOTAL		General Fund HMHMCP751594									
Position Title	Term: FTE	7/1/15-6/30/16 Salaries	Term: FTE	7/1/15-6/30/16 Salaries	Term: FTE	7/1/15-6/30/16 Salaries	Term: FTE	7/1/15-6/30/16 Salaries	Term: FTE	7/1/15-6/30/16 Salaries	Term: FTE	7/1/15-6/30/16 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

<b>Employee Fringe Benefits:</b>	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
---------------------------	-----------	-----------	-----	-----	-----	-----

## DPH 4: Operating Expenses Detail

Provider Number: 8858

Appendix #: B-3, page 3

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/15

Expenditure Category	TOTAL	General Fund HMMCP751594				
	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16
Occupancy (Based on Square Feet used)	\$ 15,677.00	15,677	0	0	0	0
Utilities(Elec, Water, Gas, Phone, Scavenger)	\$ -	0	0	0	0	0
Office Supplies, Postage	\$ 733.00	733	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)	\$ 2,937.00	2,937	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
0	\$ -	0	0	0	0	0
Other:		0	0	0	0	0
Food	\$ 1,028.00	1,028	0	0	0	0
Telecommunication	\$ 1,762.00	1,762	0	0	0	0
Educational Supplies	\$ 1,468.00	1,468	0	0	0	0
Purchased Direct Expense ( QA )	\$ 2,937.00	2,937	0	0	0	0
Purchased Direct Expense (Program Admin)	\$ 6,459.00	6,459	0	0	0	0
Purchased Direct Expense (General Research)	\$ 1,489.00	1,489	0	0	0	0
<b>TOTAL OPERATING EXPENSE</b>	<b>\$34,490</b>	<b>\$34,490</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
	\$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:	7/1/2015
Provider Number:	8858	Fiscal Year:	2015-2016

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)	15/10-57, 59	15/01-09	15/70-79	15/60-69		
Service Description:	OP-MH Svcs	OP-Case mgt Brokerage	OP-Crisis Intervention	OP-Medication Support		TOTAL
FUNDING TERM:	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16		
<b>FUNDING USES</b>						
Salaries & Employee Benefits:	442,997	20,984	1,166	1,166	-	466,313
Operating Expenses:	144,667	6,853	381	381	-	152,282
Capital Expenses (greater than \$5,000):	-	-	-	-	-	-
<b>Subtotal Direct Expenses:</b>	<b>587,664</b>	<b>27,837</b>	<b>1,547</b>	<b>1,547</b>	-	<b>618,595</b>
Indirect Expenses:	88,149	4,176	232	232	-	92,789
<b>TOTAL FUNDING USES:</b>	<b>675,813</b>	<b>32,013</b>	<b>1,779</b>	<b>1,779</b>	-	<b>711,384</b>
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>	<b>Index Code/Project Detail/CFDA#:</b>					
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	321,671	15,237	847	847	338,602
MH STATE - EPSDT State Match	HMHMCP751594	283,068	13,409	745	745	297,967
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	HMHMCHPBEDWO	-	-	-	-	-
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	HMHMSB163ACP/PMH163	-	-	-	-	-
MH STATE - MHSA - Prop 63 PEI	HMHMPROP63/PMHS63-1510	-	-	-	-	-
MH Realignment	HMHMCP751594	-	-	-	-	-
MH COUNTY - General Fund (matched)	HMHMCP751594	38,602	1,829	102	102	40,635
MH COUNTY - General Fund (unmatched)	HMHMCP751594	32,472	1,538	85	85	34,180
MH Triage Grant	HMHMCHGRANTS/HMCH06-1500	-	-	-	-	-
MH COUNTY - General Fund WO CODB	HMHMCP751594	-	-	-	-	-
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>		<b>675,813</b>	<b>32,013</b>	<b>1,779</b>	<b>1,779</b>	<b>711,384</b>
<b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>	<b>Index Code/Project Detail/CFDA#:</b>					
<b>TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES</b>		-	-	-	-	-
<b>OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES</b>	<b>Index Code/Project Detail/CFDA#:</b>					
<b>TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES</b>		-	-	-	-	-
<b>TOTAL DPH FUNDING SOURCES</b>		<b>675,813</b>	<b>32,013</b>	<b>1,779</b>	<b>1,779</b>	<b>711,384</b>
<b>NON-DPH FUNDING SOURCES</b>						
<b>TOTAL NON-DPH FUNDING SOURCES</b>		-	-	-	-	-
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>		<b>675,813</b>	<b>32,013</b>	<b>1,779</b>	<b>1,779</b>	<b>711,384</b>
<b>CBHS UNITS OF SERVICE AND UNIT COST</b>						
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:	258,932	15,848	459	369	-	
Unit Type:	Staff Minute	Staff Minute	Staff Minute	Staff Minute	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

Appendix #: B-4, page 2Document Date: 7/1/15

<b>Employee Fringe Benefits:</b>	30%	\$	107,611.00	30%	\$107,611	#DIV/0!	\$0	#DIV/0!	\$0	#DIV/0!	\$0	#DIV/0!	\$0
----------------------------------	-----	----	------------	-----	-----------	---------	-----	---------	-----	---------	-----	---------	-----

\$0

## DPH 4: Operating Expenses Detail

Provider Number: 8858

Appendix #: B-4, page 3

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/15

Expenditure Category	TOTAL	General Fund HMHMCP751594				
	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16
Occupancy (Based on Square Feet used)	\$ 69,204.00	69,204	0	0	0	0
Utilities(Elec, Water, Gas, Phone, Scavenger)	\$ -	0	0	0	0	0
Office Supplies, Postage	\$ 3,140.00	3,140	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	\$ 15,144.00	15,144	0	0	0	0
Staff Travel-(Local & Out of Town)	\$ 8,308.00	8,308	0	0	0	0
Rental of Equipment	\$ -	0	0	0	0	0
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amount)	\$ -	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
0	\$ -	0	0	0	0	0
Other:	\$ -	0	0	0	0	0
Purchased Direct Expense ( QA )	\$ 11,992.00	11,992	0	0	0	0
Purchased Direct Expense (Program Admin)	\$ 22,486.00	22,486	0	0	0	0
Purchased Direct Expense (General Research)	\$ 4,614.00	4,614	0	0	0	0
Computer Supplies	\$ 5,192.00	5,192	0	0	0	0
Client Incentives/Supplies	\$ 8,740.00	8,740	0	0	0	0
Food	\$ 3,462.00	3,462	0	0	0	0
Depreciation	\$ -	0	0	0	0	0
<b>TOTAL OPERATING EXPENSE</b>	<b>\$152,282</b>	<b>\$152,282</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
	\$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  
 Provider Name: Edgewood Center for Children and Families  
 Provider Number: 8858

Contract Appendix #: B-5, page 1  
 Document Date: 7/1/2015  
 Fiscal Year: 2015-2016

Program Name:	TBS	TBS				
Program Code (formerly Reporting Unit):	885818	885818				
Mode/SFC (MH) or Modality (SA)	15/58	15/01-09				
Service Description:	OP-TBS	OP-Case Mgt Brokerage				
<b>FUNDING TERM:</b>	<b>7/1/15-6/30/16</b>	<b>7/1/15-6/30/16</b>	<b>7/1/15-6/30/16</b>	<b>7/1/15-6/30/16</b>	<b>7/1/15-6/30/16</b>	<b>TOTAL</b>
<b>FUNDING USES</b>						
Salaries & Employee Benefits:	520,091	5,253	-	-	-	525,344
Operating Expenses:	169,844	1,716	-	-	-	171,560
Capital Expenses (greater than \$5,000):	-	-	-	-	-	-
<b>Subtotal Direct Expenses:</b>	<b>689,935</b>	<b>6,969</b>	-	-	-	<b>696,904</b>
Indirect Expenses:	103,491	1,045	-	-	-	104,536
<b>TOTAL FUNDING USES:</b>	<b>793,426</b>	<b>8,014</b>	-	-	-	<b>801,440</b>
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>	<b>Index Code/Project Detail/CFDA#:</b>					
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	382,893	3,867	-	-	386,760
MH STATE - EPSDT State Match	HMHMCP751594	348,563	3,521	-	-	352,084
MH STATE - Family Mosaic Capitated Medi-Cal	HMHMCP8828CH	-	-	-	-	-
MH WORK ORDER - Human Services Agency (matched)	HMHMCHMTCHWO	-	-	-	-	-
MH WORK ORDER - Human Services Agency	HMHMCHCDHSWO	-	-	-	-	-
MH WORK ORDER - Human Services Agency	HMHMCHPBEDWO	-	-	-	-	-
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	HMHMSB163ACP/PMH163	-	-	-	-	-
MH STATE - MHSA - Prop 63 PEI	HMHMPROP63/PMHS63-1510	-	-	-	-	-
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 Triage Grant	HMHMCHGRANTS/HMCH06-1500	-	-	-	-	-
MH COUNTY - General Fund WO CODB	HMHMCP751594	-	-	-	-	-
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>		<b>793,426</b>	<b>8,014</b>	-	-	<b>801,440</b>
<b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>	<b>Index Code/Project Detail/CFDA#:</b>					
<b>TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES</b>		-	-	-	-	-
<b>OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES</b>	<b>Index Code/Project Detail/CFDA#:</b>					
<b>TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES</b>		-	-	-	-	-
<b>TOTAL DPH FUNDING SOURCES</b>		<b>793,426</b>	<b>8,014</b>	-	-	<b>801,440</b>
<b>NON-DPH FUNDING SOURCES</b>						
<b>TOTAL NON-DPH FUNDING SOURCES</b>		-	-	-	-	-
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>		<b>793,426</b>	<b>8,014</b>	-	-	<b>801,440</b>
<b>CBHS UNITS OF SERVICE AND UNIT COST</b>						
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:	303,995	3,967	-	-	-	
Unit Type:	Staff Minute	Staff Minute	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	<b>Total UDC:</b>
Unduplicated Clients (UDC):	45	45	0	0	0	45

Appendix #: B-5, page 2

Document Date: 7/1/15

5/29/2015 10:22 AM

## DPH 4: Operating Expenses Detail

Provider Number: 8858

Appendix #: B-5, page 3

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/15

Expenditure Category	TOTAL	General Fund HMHMCP751594				
	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16
Occupancy (Based on Square Feet used)	\$ 91,875	91,875	0	0	0	0
Utilities(Elec, Water, Gas, Phone, Scavenger)	\$ -	0	0	0	0	0
Office Supplies, Postage	\$ 2,323	2,323	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	\$ 10,228	10,228	0	0	0	0
Staff Travel-Local & Out of Town)	\$ 10,766	10,766	0	0	0	0
Rental of Equipment	\$ -	0	0	0	0	0
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amount)	\$ -	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
0	\$ -	0	0	0	0	0
Other:	\$ -	0	0	0	0	0
Purchased Direct Expense ( QA )	\$ 9,969	9,969	0	0	0	0
Purchased Direct Expense (Program Admin)	\$ 19,938	19,938	0	0	0	0
Purchased Direct Expense (General Research)	\$ 2,536	2,536	0	0	0	0
Client Incentives	\$ 5,981	5,981	0	0	0	0
Food	\$ 3,988	3,988	0	0	0	0
Telecommunications	\$ 7,975	7,975	0	0	0	0
Computer Supplies	\$ 5,981	5,981	0	0	0	0
<b>TOTAL OPERATING EXPENSE</b>	<b>\$171,560</b>	<b>\$171,560</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

\$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: 7/1/2015	
Provider Number: 8858					Fiscal Year: 2015-2016	
Program Name:	Wraparound	Wraparound	Wraparound	Wraparound		
Program Code (formerly Reporting Unit):	885819	885819	885819	885819		
Mode/SFC (MH) or Modality (SA)	15/10-57, 59	15/01-09	15/70-79	15/60-69		
Service Description:	OP-MH Svcs	OP-Case Mgt Brokerage	OP-Crisis Intervention	OP-Medication Support		
<b>FUNDING TERM:</b>	<b>7/1/15-6/30/16</b>	<b>7/1/15-6/30/16</b>	<b>7/1/15-6/30/16</b>	<b>7/1/15-6/30/16</b>		<b>TOTAL</b>
<b>FUNDING USES</b>						
Salaries & Employee Benefits:	221,458	276,823	27,682	27,682	-	553,645
Operating Expenses:	72,321	90,402	9,040	9,040	-	180,803
Capital Expenses (greater than \$5,000):	-	-	-	-	-	-
<b>Subtotal Direct Expenses:</b>	<b>293,779</b>	<b>367,225</b>	<b>36,722</b>	<b>36,722</b>	-	<b>734,448</b>
Indirect Expenses:	44,067	55,083	5,509	5,508	-	110,167
<b>TOTAL FUNDING USES:</b>	<b>337,846</b>	<b>422,308</b>	<b>42,231</b>	<b>42,230</b>	-	<b>844,615</b>
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>						
	<b>Index Code/Project Detail/CFDA#:</b>					
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	168,006	210,009	21,001	21,001	420,017
MH STATE - EPSDT State Match	HMHMCP751594	160,799	200,998	20,100	20,100	401,997
MH STATE - Family Mosaic Capitated Medi-Cal	HMHMCP8828CH	-	-	-	-	-
MH WORK ORDER - Human Services Agency (matched)	HMHMCHMTCHWO	7,130	8,912	891	891	17,824
MH WORK ORDER - Human Services Agency	HMHMCHCDHSWO	-	-	-	-	-
MH WORK ORDER - Human Services Agency	HMHMCHPBEDWO	-	-	-	-	-
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)	HMHMCHFPAPWO	-	-	-	-	-
MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care	HMHMSB163ACP/PMH163	-	-	-	-	-
MH STATE - MHSA - Prop 63 PEI	HMHMPPROP63/PMHS63-1510	-	-	-	-	-
MH Realignment	HMHMCP751594	-	-	-	-	-
MH COUNTY - General Fund (matched)	HMHMCP751594	78	98	10	10	196
MH COUNTY - General Fund (unmatched)	HMHMCP751594	1,726	2,157	216	215	4,314
MH Triage Grant	HMHMCHGRANTS/HMCH06-1500	-	-	-	-	-
MH COUNTY - General Fund WO CODB	HMHMCP751594	107	134	13	13	267
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>		<b>337,846</b>	<b>422,308</b>	<b>42,231</b>	<b>42,230</b>	<b>844,615</b>
<b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>						
	<b>Index Code/Project Detail/CFDA#:</b>					
<b>TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES</b>		-	-	-	-	-
<b>OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES</b>						
	<b>Index Code/Project Detail/CFDA#:</b>					
<b>TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES</b>		-	-	-	-	-
<b>TOTAL DPH FUNDING SOURCES</b>		<b>337,846</b>	<b>422,308</b>	<b>42,231</b>	<b>42,230</b>	<b>844,615</b>
<b>NON-DPH FUNDING SOURCES</b>						
<b>TOTAL NON-DPH FUNDING SOURCES</b>		-	-	-	-	-
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>		<b>337,846</b>	<b>422,308</b>	<b>42,231</b>	<b>42,230</b>	<b>844,615</b>
<b>CBHS UNITS OF SERVICE AND UNIT COST</b>						
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:	129,443	209,063	10,884	8,761	-	-
Unit Type:	Staff Minute	Staff Minute	Staff Minute	Staff Minute	0	0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	2.61	2.02	3.88	4.82	0.00	0.00
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	2.61	2.02	3.88	4.82	0.00	0.00
Published Rate (Medi-Cal Providers Only):	2.61	2.02	3.88	4.82	0.00	0.00
Unduplicated Clients (UDC):	15	15	15	15	0	0
						<b>Total UDC:</b>
						15



## DPH 4: Operating Expenses Detail

Provider Number: 8858

Appendix #: B-6, page 3

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/15

Expenditure Category	TOTAL	General Fund HMHMCP751594				
	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16
Occupancy (Based on Square Feet used)	\$ 72,731.00	72,731	0	0	0	0
Utilities(Elec, Water, Gas, Phone, Scavenger)	\$ -	0	0	0	0	0
Office Supplies, Postage	\$ 3,866.00	3,866	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)	\$ 51,558.00	51,558	0	0	0	0
Rental of Equipment	\$ -	0	0	0	0	0
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amount)	\$ -	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
0	\$ -	0	0	0	0	0
0	\$ -	0	0	0	0	0
Other:	\$ -	0	0	0	0	0
Purchased Direct Expense ( QA )	\$ 12,086.00	12,086	0	0	0	0
Purchased Direct Expense (Program Admin)	\$ 31,423.00	31,423	0	0	0	0
Purchased Direct Expense (General Research)	\$ 6,991.00	6,991	0	0	0	0
Food	\$ 2,148.00	2,148	0	0	0	0
0	\$ -	0	0	0	0	0
0	\$ -	0	0	0	0	0
0	\$ -	0	0	0	0	0
<b>TOTAL OPERATING EXPENSE</b>	<b>\$180,803</b>	<b>\$180,803</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
	\$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  
 Provider Name: Edgewood Center for Children and Families  
 Provider Number: 8858

Contract Appendix #: B-7, page 1  
 Document Date: 7/1/2015  
 Fiscal Year: 2015-2016

Program Name:	Psycho Educational Assessments					
Program Code (formerly Reporting Unit):	NA					
Mode/SFC (MH) or Modality (SA)	45/20-29					
Service Description:	Assessment					
FUNDING TERM:	7/1/15-6/30/16					TOTAL
<b>FUNDING USES</b>						
Salaries & Employee Benefits:	11,144	-	-	-	-	11,144
Operating Expenses:	3,639	-	-	-	-	3,639
Capital Expenses (greater than \$5,000):		-	-	-	-	-
Subtotal Direct Expenses:	14,783	-	-	-	-	14,783
Indirect Expenses:	2,217	-	-	-	-	2,217
TOTAL FUNDING USES:	17,000	-	-	-	-	17,000
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>	<b>Index Code/Project Detail/CFDA#:</b>					
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	HMHMCHPBEDWO	-	-	-	-	-
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	HMHMSB163ACP/PMH163	17,000	-	-	-	17,000
MH STATE - MHSA - Prop 63 PEI	HMHMPROP63/PMHS63-1510	-	-	-	-	-
MH Realignment	HMHMCP751594	-	-	-	-	-
MH COUNTY - General Fund (matched)	HMHMCP751594	-	-	-	-	-
MH COUNTY - General Fund (unmatched)	HMHMCP751594	-	-	-	-	-
MH Triage Grant	HMHMCHGRANTS/HMCH06-1500	-	-	-	-	-
MH COUNTY - General Fund WO CODB	HMHMCP751594	-	-	-	-	-
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		17,000	-	-	-	17,000
<b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>	<b>Index Code/Project Detail/CFDA#:</b>					
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-	-
<b>OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES</b>	<b>Index Code/Project Detail/CFDA#:</b>					
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES		-	-	-	-	-
TOTAL DPH FUNDING SOURCES		17,000	-	-	-	17,000
<b>NON-DPH FUNDING SOURCES</b>						
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		17,000	-	-	-	17,000
<b>CBHS UNITS OF SERVICE AND UNIT COST</b>						
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:	Staff Hour	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

Appendix #: B-7, page 2Document Date: 7/1/15



## DPH 4: Operating Expenses Detail

Provider Number: 8858

Appendix #: B-7, page 3

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/15

Expenditure Category	TOTAL	SB 163 HMHNSB163ACP				
	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16
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 & Amount)	\$ -	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
0	\$ -	0	0	0	0	0
0	\$ -	0	0	0	0	0
Other:	\$ -	0	0	0	0	0
Purchased Direct Expense ( QA )	\$ 637.00	637	0	0	0	0
Purchased Direct Expense (Program Admin)	\$ 1,402.00	1,402	0	0	0	0
Purchased Direct Expense (General Research)	\$ 326.00	326	0	0	0	0
Education Supplies	\$ 1,274.00	1,274	0	0	0	0
0	\$ -	0	0	0	0	0
0	\$ -	0	0	0	0	0
0	\$ -	0	0	0	0	0
<b>TOTAL OPERATING EXPENSE</b>	<b>\$3,639</b>	<b>\$3,639</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
	\$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-8, page 1	
Provider Name: Edgewood Center for Children and Families					Document Date: 7/1/2015	
Provider Number: 8858					Fiscal Year: 2015-2016	
Program Name:	Behavior Coaching					
Program Code (formerly Reporting Unit):	NA					
Mode/SFC (MH) or Modality (SA)	45/20-29					
Service Description:	US-Community Client Svcs					
FUNDING TERM:	7/1/15-6/30/16					TOTAL
<b>FUNDING USES</b>						
Salaries & Employee Benefits:	34,441	-	-	-	-	34,441
Operating Expenses:	11,247	-	-	-	-	11,247
Capital Expenses (greater than \$5,000):	-	-	-	-	-	-
Subtotal Direct Expenses:	45,688	-	-	-	-	45,688
Indirect Expenses:	6,853	-	-	-	-	6,853
TOTAL FUNDING USES:	52,541	-	-	-	-	52,541
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>	<b>Index Code/Project Detail/CFDA#:</b>	-	-	-	-	-
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	HMHMCHPBEDWO	-	-	-	-	-
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	HMHMSB163ACP/PMH163	-	-	-	-	-
MH STATE - MHSA - Prop 63 PEI	HMHMPROP63/PMHS63-1510	52,541	-	-	-	52,541
MH Realignment	HMHMCP751594	-	-	-	-	-
MH COUNTY - General Fund (matched)	HMHMCP751594	-	-	-	-	-
MH COUNTY - General Fund (unmatched)	HMHMCP751594	-	-	-	-	-
MH Triage Grant	HMHMCHGRANTS/HMCH06-1500	-	-	-	-	-
MH COUNTY - General Fund WO CODB	HMHMCP751594	-	-	-	-	-
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		52,541	-	-	-	52,541
<b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>	<b>Index Code/Project Detail/CFDA#:</b>					
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-	-
<b>OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES</b>	<b>Index Code/Project Detail/CFDA#:</b>					
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES		-	-	-	-	-
TOTAL DPH FUNDING SOURCES		52,541	-	-	-	52,541
<b>NON-DPH FUNDING SOURCES</b>						
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		52,541	-	-	-	52,541
<b>CBHS UNITS OF SERVICE AND UNIT COST</b>						
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:	1,605	-	-	-	-	-
Unit Type:	Staff Hour	0	0	0	0	0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	32.73	0.00	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	0.00
Published Rate (Medi-Cal Providers Only):	32.73	0.00	0.00	0.00	0.00	0.00
Unduplicated Clients (UDC):	352	0	0	0	0	352
<b>Total UDC:</b>						



## DPH 4: Operating Expenses Detail

Provider Number: 8858

Appendix #: B-8, page 3

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/15

Expenditure Category	TOTAL		MHSA Prop 63 HMHMPROP63			
	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16
Occupancy (Based on Square Feet used)	\$ 3,045.00	0	3,045	0	0	0
Utilities(Elec, Water, Gas, Phone, Scavenger)	\$ -	0	0	0	0	0
Office Supplies, Postage	\$ 281.00	0	281	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 & Amount)	\$ -	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
0	\$ -	0	0	0	0	0
Other:	\$ -	0	0	0	0	0
0	\$ -	0	0	0	0	0
Depreciation	\$ 1,991.00	0	1,991	0	0	0
Telecommunications	\$ 2,249.00	0	2,249	0	0	0
Purchased Direct Expense ( QA )	\$ 920.00	0	920	0	0	0
Purchased Direct Expense (Program Admin)	\$ 2,209.00	0	2,209	0	0	0
Purchased Direct Expense (General Research)	\$ 552.00	0	552	0	0	0
<b>TOTAL OPERATING EXPENSE</b>	<b>\$11,247</b>	<b>\$0</b>	<b>\$11,247</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
	\$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:	7/1/2015
Provider Number: 8858						Fiscal Year:	2015-2016
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 Tm/Supp Grp	Outreach Svcs Early Ref/Linkage	Outreach Svcs Consultant Train/Supv (10% Cap)
FUNDING TERM:	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16
<b>FUNDING USES</b>							
Salaries & Employee Benefits:	60,037	71,985	110,483	14,889	14,094	28,709	45,209
Operating Expenses:	19,606	23,508	36,080	4,862	4,603	9,376	14,764
Capital Expenses (greater than \$5,000):	-	-	-	-	-	-	-
Subtotal Direct Expenses:	79,643	95,493	146,563	19,751	18,697	38,085	59,973
Indirect Expenses:	11,947	14,324	21,984	2,963	2,804	5,713	8,996
TOTAL FUNDING USES:	91,590	109,817	168,547	22,714	21,501	43,798	68,969
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>							
Index Code/Project Detail/CFDA#:	-	-	-	-	-	-	-
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	37,055	46,393	96,344	11,117	13,340	22,233
MH WORK ORDER - Human Services Agency	HMHMCHPBEDWO	-	-	-	-	-	-
MH WORK ORDER - Dept. Children, Youth & Families	HMHMCHDCYFWO	33,359	22,239	48,778	3,336	4,670	12,084
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHSRIPWO	6,614	6,074	8,638	1,552	1,350	1,755
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHPFAPWO	7,397	28,108	7,397	5,918	1,479	5,918
MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care	HMMSB163ACP/PMH163	-	-	-	-	-	-
MH STATE - MHA - Prop 63 PEI	HMHMPROP63/PMHS63-1510	6,678	6,678	6,678	742	594	1,632
MH Realignment	HMHMCP751594	-	-	-	-	-	-
MH COUNTY - General Fund (matched)	HMHMCP751594	-	-	-	-	-	-
MH COUNTY - General Fund (unmatched)	HMHMCP751594	-	-	-	-	-	-
MH Triage Grant	HMHMCHGRANTS/HMCH06-1500	-	-	-	-	-	-
MH COUNTY - General Fund WO CODB	HMHMCP751594	487	325	712	49	68	176
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		91,590	109,817	168,547	22,714	21,501	43,798
<b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>							
Index Code/Project Detail/CFDA#:	-	-	-	-	-	-	-
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-	-	-
<b>OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES</b>							
Index Code/Project Detail/CFDA#:	-	-	-	-	-	-	-
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES		-	-	-	-	-	-
TOTAL DPH FUNDING SOURCES		91,590	109,817	168,547	22,714	21,501	43,798
<b>NON-DPH FUNDING SOURCES</b>							
Index Code/Project Detail/CFDA#:	-	-	-	-	-	-	-
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		91,590	109,817	168,547	22,714	21,501	43,798
<b>CBHS UNITS OF SERVICE AND UNIT COST</b>							
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:	1,221	1,464	2,247	303	287	584	920
Unit Type:	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour
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: 7/1/2015
Provider Number: 8858 continued						Fiscal Year: 2015-2016
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:	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16
<b>FUNDING USES</b>						
Salaries & Employee Benefits:	23,100	23,432	35,630	32,577	4,439	6,511
Operating Expenses:	7,543	7,652	11,635	10,639	1,450	2,126
Capital Expenses (greater than \$5,000):	-	-	-	-	-	-
Subtotal Direct Expenses:	30,643	31,084	47,265	43,216	5,889	8,637
Indirect Expenses:	4,597	4,662	7,090	6,482	883	1,296
TOTAL FUNDING USES:	35,240	35,746	54,355	49,698	6,772	9,933
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>						
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	17,045	10,005	29,644	15,217	3,705
MH WORK ORDER - Human Services Agency	HMHMCHPBEDWO	-	-	-	-	-
MH WORK ORDER - Dept. Children, Youth & Families	HMHMCHDCYFWO	10,897	20,757	13,344	21,093	1,484
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHSRIPWO	1,957	1,350	3,104	3,959	675
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHPFAPWO	3,698	2,589	6,287	6,509	740
MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care	HMHMSB163ACP/PMH163	-	-	-	-	-
MH STATE - MHSA - Prop 63 PEI	HMHMPROP63/PMHS63-1510	1,484	742	1,781	2,612	148
MH Realignment	HMHMCP751594	-	-	-	-	-
MH COUNTY - General Fund (matched)	HMHMCP751594	-	-	-	-	-
MH COUNTY - General Fund (unmatched)	HMHMCP751594	-	-	-	-	-
MH Triage Grant	HMHMCHGRANTS/HMCH06-1500	-	-	-	-	-
MH COUNTY - General Fund WO CODB	HMHMCP751594	159	303	195	308	20
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		35,240	35,746	54,355	49,698	6,772
<b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>						
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-	-
<b>OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES</b>						
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES		-	-	-	-	-
TOTAL DPH FUNDING SOURCES		35,240	35,746	54,355	49,698	6,772
<b>NON-DPH FUNDING SOURCES</b>						
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		35,240	35,746	54,355	49,698	6,772
<b>CBHS UNITS OF SERVICE AND UNIT COST</b>						
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:	470	477	725	452	90	90
Unit Type:	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour
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

Appendix #: B-9, page 2

<b>Employee Fringe Benefits:</b>	30%	\$	108,714.00	30%	\$4,783	30%	\$51,677	30%	\$32,993	30%	\$19,261	#DIV/0!	\$0
----------------------------------	-----	----	------------	-----	---------	-----	----------	-----	----------	-----	----------	---------	-----





## DPH 4: Operating Expenses Detail

Provider Number: 8858

Appendix #: B-9, page 3

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/15

Expenditure Category	TOTAL	MHSA Prop 63 HMHMPROP63	Work Order #1 HSA HMHMCHCDHSWO	Work Order #2 DCYF HMHMCHDCYFWO General Fund HMHMCP751594	Workorder #3 SFCFC HMHMCHSRIPW HMHMCHPFAPWO	
	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16
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	\$ 5,745.00	350	3,442	1,447	506	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	\$ 12,464.00	700	6,883	3,617	1,264	0
Staff Travel-(Local & Out of Town)	\$ 1,873.00	105	1,033	482	253	0
Rental of Equipment	\$ -	0	0	0	0	0
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amount)	\$ -	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
0	\$ -	0	0	0	0	0
Other:		0	0	0	0	0
Educational Supplies	\$ 7,616.00	455	4,474	1,929	758	0
Computer Purchase	\$ 25,608.00	1,576	15,488	6,269	2,275	0
Telecommunications	\$ 3,746.00	210	2,065	965	506	0
Purchased Direct Expense ( QA )	\$ 24,198.00	1,011	9,936	7,827	5,424	0
Purchased Direct Expense (Program Admin)	\$ 58,075.00	2,426	23,847	18,785	13,017	0
Purchased Direct Expense (General Research)	\$ 14,519.00	607	5,962	4,696	3,254	0
<b>TOTAL OPERATING EXPENSE</b>	<b>\$153,844</b>	<b>\$7,440</b>	<b>\$73,130</b>	<b>\$46,017</b>	<b>\$27,257</b>	<b>\$0</b>
	\$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-10, page 1	
Provider Name: Edgewood Center for Children and Families				Document Date: 7/1/2015	
Provider Number: 8858				Fiscal Year: 2015-2016	
Program Name:	School-Based Behavioral Health Services	School-Based Behavioral Health Services			
Program Code (formerly Reporting Unit):	NA	NA			
Mode/SFC (MH) or Modality (SA)	45/10-19	45/20-29			
Service Description:	OS-MH Promotion	OS-Community Client Svcs			
FUNDING TERM:	7/1/15-6/30/16	7/1/15-6/30/16			TOTAL
<b>FUNDING USES</b>					
Salaries & Employee Benefits:	775	102,548	-	-	103,323
Operating Expenses:	253	33,489	-	-	33,742
Capital Expenses (greater than \$5,000):	-	-	-	-	-
Subtotal Direct Expenses:	1,028	136,037	-	-	137,065
Indirect Expenses:	154	20,405	-	-	20,559
TOTAL FUNDING USES:	1,182	156,442	-	-	157,624
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>					
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	HMHMCHPBEDWO	-	-	-	-
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	HMHMSB163ACP/PMH163	-	-	-	-
MH STATE - MHSA - Prop 63 PEI	HMHMCP63/PMHS63-1510	1,182	156,442	-	157,624
MH Realignment	HMHMCP751594	-	-	-	-
MH COUNTY - General Fund (matched)	HMHMCP751594	-	-	-	-
MH COUNTY - General Fund (unmatched)	HMHMCP751594	-	-	-	-
MH Triage Grant	HMHMCHGRANTS/HMCH06-1500	-	-	-	-
MH COUNTY - General Fund WO CODB	HMHMCP751594	-	-	-	-
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		1,182	156,442	-	157,624
<b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>					
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-
<b>OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES</b>					
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES		-	-	-	-
TOTAL DPH FUNDING SOURCES		1,182	156,442	-	157,624
<b>NON-DPH FUNDING SOURCES</b>					
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		1,182	156,442	-	157,624
<b>CBHS UNITS OF SERVICE AND UNIT COST</b>					
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:	43	5,644	-	-	-
Unit Type:	Staff Hour	Staff Hour	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
Unduplicated Clients (UDC):	269	269	0	0	269

Appendix #: B-10, page 2

Document Date: 7/1/15

TOTAL SALARIES & BENEFITS	\$103,323	\$0	\$103,323	\$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: 7/1/15

Expenditure Category	TOTAL		Prop 63 PEI HMHMPROP63			
	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16
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	\$ 3,177.00	0	3,177	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	\$ 2,650.00	0	2,650	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 & Amount)	\$ -	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
0	\$ -	0	0	0	0	0
Other:		0	0	0	0	0
Client Supplies and Food	\$ 6,891.00	0	6,891	0	0	0
0	\$ -	0	0	0	0	0
0	\$ -	0	0	0	0	0
Purchased Direct Expense ( QA )	\$ 6,242.00	0	6,242	0	0	0
Purchased Direct Expense (Program Admin)	\$ 11,443.00	0	11,443	0	0	0
Purchased Direct Expense (General Research)	\$ 3,339.00	0	3,339	0	0	0
<b>TOTAL OPERATING EXPENSE</b>	<b>\$33,742</b>	<b>\$0</b>	<b>\$33,742</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
	\$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:	7/1/2015
Provider Number: 8858					Fiscal Year:	2015-2016
Program Name:		YAMHC				
Program Code (formerly Reporting Unit):		NA				
Mode/SFC (MH) or Modality (SA)		45/10-19				
Service Description:		Cost Reimburse				
FUNDING TERM:		7/1/15-6/30/16				TOTAL
<b>FUNDING USES</b>						
Salaries & Employee Benefits:		133,411	-	-	-	133,411
Operating Expenses:		254,939	-	-	-	254,939
Capital Expenses (greater than \$5,000):		-	-	-	-	-
Subtotal Direct Expenses:		388,350	-	-	-	388,350
Indirect Expenses:		58,253	-	-	-	58,253
TOTAL FUNDING USES:		446,603	-	-	-	446,603
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>		<b>Index Code/Project Detail/CFDA#:</b>				
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	HMHMCHPBEDWO	-	-	-	-	-
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	HMHMSB163ACP/PMH163	-	-	-	-	-
MH STATE - MHSA - Prop 63 PEI	HMHMPROP63/PMHS63-1510	446,603	-	-	-	446,603
MH Realignment	HMHMCP751594	-	-	-	-	-
MH COUNTY - General Fund (matched)	HMHMCP751594	-	-	-	-	-
MH COUNTY - General Fund (unmatched)	HMHMCP751594	-	-	-	-	-
MH Triage Grant	HMHMCHGRANTS/HMCH06-1500	-	-	-	-	-
MH COUNTY - General Fund WO CODB	HMHMCP751594	-	-	-	-	-
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		446,603	-	-	-	446,603
<b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>		<b>Index Code/Project Detail/CFDA#:</b>				
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-	-
<b>OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES</b>		<b>Index Code/Project Detail/CFDA#:</b>				
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES		-	-	-	-	-
TOTAL DPH FUNDING SOURCES		446,603	-	-	-	446,603
<b>NON-DPH FUNDING SOURCES</b>						
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		446,603	-	-	-	446,603
<b>CBHS UNITS OF SERVICE AND UNIT COST</b>						
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:		5,485	-	-	-	-
Unit Type:		Staff Hour	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):		81.42	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

Appendix #: B-11, page 2

TOTAL SALARIES & BENEFITS	\$133,411	\$133,411	\$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: 7/1/15

Expenditure Category	TOTAL	Prop 63 PEI HMHMPRROP63				
	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16
<b>FY2014 Budget</b>						
Occupancy (Based on Square Feet used)	\$ 2,332.00	2,332	0	0	0	0
Utilities(Elec, Water, Gas, Phone, Scavenger)	\$ 2,332.00	2,332	0	0	0	0
Office Supplies, Postage	\$ 933.00	933	0	0	0	0
Building Maintenance Supplies and Repair	\$ -	0	0	0	0	0
Printing and Reproduction	\$ -	0	0	0	0	0
Mileage reimbursement	\$ 700.00	700	0	0	0	0
Staff Training	\$ 9,913.00	9,913	0	0	0	0
computer supplies	\$ 2,799.00	2,799	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 2015 contract	\$ 100,583.00	100,583	0	0	0	0
Huckleberry Youth Programs FY2015 contract	\$ 100,584.00	100,584	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	\$ 700.00	700	0	0	0	0
Telecommunication	\$ 1,399.00	1,399	0	0	0	0
Purchased Direct Expense ( QA )	\$ 11,662.00	11,662	0	0	0	0
Purchased Direct Expense (Program Admin)	\$ 17,493.00	17,493	0	0	0	0
Purchased Direct Expense (General Research)	\$ 3,509.00	3,509	0	0	0	0
<b>TOTAL OPERATING EXPENSE</b>	<b>\$254,939</b>	<b>\$254,939</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

**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-12, page 1		
Provider Name: Edgewood Center for Children and Families					Document Date: 7/1/2015		
Provider Number: 8858					Fiscal Year: 2015-2016		
Program Name:	CTAC (Hospital Diversion)	CTAC (Hospital Diversion)	CTAC (Hospital Diversion)	CTAC (Hospital Diversion)			
Program Code (formerly Reporting Unit):	8858H2	8858H2	8858H2	8858H2			
Mode/SFC (MH) or Modality (SA)	15/10-57, 59	15/01-09	15/70-79	15/60-69			
Service Description:	OP-MH Svcs	OP-Case Mgt Brokerage	OP-Crisis Intervention	OP-Medication Support			<b>TOTAL</b>
<b>FUNDING TERM:</b>	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	
<b>FUNDING USES</b>							
Salaries & Employee Benefits:	117,810	3,625	5,437	54,374	-	-	181,246
Operating Expenses:	38,472	1,184	1,776	17,757	-	-	59,189
Capital Expenses (greater than \$5,000):	-	-	-	-	-	-	-
<b>Subtotal Direct Expenses:</b>	<b>156,282</b>	<b>4,809</b>	<b>7,213</b>	<b>72,131</b>	-	-	<b>240,435</b>
Indirect Expenses:	23,442	721	1,083	10,819	-	-	36,065
<b>TOTAL FUNDING USES:</b>	<b>179,724</b>	<b>5,530</b>	<b>8,296</b>	<b>82,950</b>	-	-	<b>276,500</b>
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>	<b>Index Code/Project Detail/CFDA#:</b>	-	-	-	-	-	-
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	89,862	2,765	4,148	41,475	-	138,250
MH STATE - EPSDT State Match	HMHMCP751594	89,862	2,765	4,148	41,475	-	138,250
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	HMHMCHPBDWO	-	-	-	-	-	-
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	HMHMSB163ACP/PMH163	-	-	-	-	-	-
MH STATE - MHSA - Prop 63 PEI	HMHMPROP63/PMHS63-1510	-	-	-	-	-	-
MH Realignment	HMHMCP751594	-	-	-	-	-	-
MH COUNTY - General Fund (matched)	HMHMCP751594	-	-	-	-	-	-
MH COUNTY - General Fund (unmatched)	HMHMCP751594	-	-	-	-	-	-
MH Triage Grant	HMHMCHGRANTS/HMCH06-1500	-	-	-	-	-	-
MH COUNTY - General Fund WO CODB	HMHMCP751594	-	-	-	-	-	-
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>		<b>179,724</b>	<b>5,530</b>	<b>8,296</b>	<b>82,950</b>	-	<b>276,500</b>
<b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>	<b>Index Code/Project Detail/CFDA#:</b>						
<b>TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES</b>		-	-	-	-	-	-
<b>OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES</b>	<b>Index Code/Project Detail/CFDA#:</b>						
<b>TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES</b>		-	-	-	-	-	-
<b>TOTAL DPH FUNDING SOURCES</b>		<b>179,724</b>	<b>5,530</b>	<b>8,296</b>	<b>82,950</b>	-	<b>276,500</b>
<b>NON-DPH FUNDING SOURCES</b>							
<b>TOTAL NON-DPH FUNDING SOURCES</b>		-	-	-	-	-	-
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>		<b>179,724</b>	<b>5,530</b>	<b>8,296</b>	<b>82,950</b>	-	<b>276,500</b>
<b>CBHS UNITS OF SERVICE AND UNIT COST</b>							
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:	68,860	2,738	2,138	17,210	-	-	
Unit Type:	Staff Minute	Staff Minute	Staff Minute	Staff Minute	0	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)	2.61	2.02	3.88	4.82	0.00	0.00	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	2.61	2.02	3.88	4.82	0.00	0.00	
Published Rate (Medi-Cal Providers Only):	2.61	2.02	3.88	4.82	0.00	0.00	<b>Total UDC:</b>
Unduplicated Clients (UDC):	20	20	20	20	0	0	20



Appendix #: B-12, page 2

\$0

## DPH 4: Operating Expenses Detail

Provider Number: 8858

Appendix #: B-12, page 3

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/15

Expenditure Category	TOTAL	General Fund HMHMCP751594				
	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16
Occupancy (Based on Square Feet used)	\$ 21,359.00	21,359	0	0	0	0
Utilities(Elec, Water, Gas, Phone, Scavenger)	\$ -	0	0	0	0	0
Office Supplies, Postage	\$ 452.00	452	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 & Ar	\$ -	0	0	0	0	0
UCSF Resident Services Agreement FY2015 267 hours @\$40	\$ 10,679.00	10,679	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
Depreciation	\$ -	0	0	0	0	0
Purchased Direct Expense ( QA )	\$ 4,272.00	4,272	0	0	0	0
Purchased Direct Expense (Program Admin)	\$ 7,476.00	7,476				
Purchased Direct Expense (General Research)	\$ 1,869.00	1,869	0	0	0	0
Food	\$ 5,874.00	5,874	0	0	0	0
Laundry and Kitchen Expense	\$ 4,005.00	4,005	0	0	0	0
Client Incentives	\$ 3,203.00	3,203	0	0	0	0
<b>TOTAL OPERATING EXPENSE</b>	<b>\$59,189</b>	<b>\$59,189</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
	\$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-12a, page 1

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/2015

Provider Number: 8858

Fiscal Year: 2013-2014

Program Name:	CTAC (Hospital Diversion)	CTAC (Hospital Diversion)	CTAC (Partial HD)			
Program Code (formerly Reporting Unit):	8858H1	8858H1	8858H1			
Mode/SFC (MH) or Modality (SA)	05/60-64	05/60-64	05/60-64			
Service Description:	24-Hr Residential Other	24-Hr Residential Other	24-Hr Residential Other			<b>TOTAL</b>
FUNDING TERM:	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	
<b>FUNDING USES</b>						
Salaries & Employee Benefits:	107,462	153,391	25,805	-	-	<b>286,658</b>
Operating Expenses:	35,094	50,092	8,427	-	-	<b>93,613</b>
Capital Expenses (greater than \$5,000):	-	-	-	-	-	-
<b>Subtotal Direct Expenses:</b>	<b>142,556</b>	<b>203,483</b>	<b>34,232</b>	-	-	<b>380,271</b>
Indirect Expenses:	21,384	30,523	5,134	-	-	<b>57,041</b>
<b>TOTAL FUNDING USES:</b>	<b>163,940</b>	<b>234,006</b>	<b>39,366</b>	-	-	<b>437,312</b>
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>	<b>Index Code/Project Detail/CFDA#:</b>					
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	HMHMCHPBEDWO	-	-	-	-	-
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	HMHMSB163ACP/PMH163	-	-	-	-	-
MH STATE - MHSA - Prop 63 PEI	HMHMPROP63/PMHS63-1510	-	-	-	-	-
MH Realignment	HMHMCP751594	-	-	-	-	-
MH COUNTY - General Fund (matched)	HMHMCP751594	-	-	-	-	-
MH COUNTY - General Fund (unmatched)	HMHMCP751594	163,940	234,006	39,366	-	<b>437,312</b>
MH Triage Grant	HMHMCHGRANTS/HMCH06-1500	-	-	-	-	-
MH COUNTY - General Fund WO CODB	HMHMCP751594	-	-	-	-	-
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>		<b>163,940</b>	<b>234,006</b>	<b>39,366</b>	-	<b>437,312</b>
<b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>	<b>Index Code/Project Detail/CFDA#:</b>					
<b>TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES</b>		-	-	-	-	-
<b>OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES</b>	<b>Index Code/Project Detail/CFDA#:</b>					
<b>TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES</b>		-	-	-	-	-
<b>TOTAL DPH FUNDING SOURCES</b>		<b>163,940</b>	<b>234,006</b>	<b>39,366</b>	-	<b>437,312</b>
<b>NON-DPH FUNDING SOURCES</b>						
<b>TOTAL NON-DPH FUNDING SOURCES</b>		-	-	-	-	-
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>		<b>163,940</b>	<b>234,006</b>	<b>39,366</b>	-	<b>437,312</b>
<b>CBHS UNITS OF SERVICE AND UNIT COST</b>						
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			
Units of Service:	273	250	98	-	-	
Unit Type:	Client Day	Empty bed day	Client Day	Client Day	Client Day	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	600.00	935.00	400.00	0.00	0.00	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	600.00	935.00	400.00	0.00	0.00	
Published Rate (Medi-Cal Providers Only):	1,285.00	0.00	0.00	0.00	0.00	<b>Total UDC:</b>
Unduplicated Clients (UDC):	20	2	10	0	0	30

### DPH 3: Salaries & Benefits Detail

Provider Number: 8858

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/2015

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

<b>Employee Fringe Benefits:</b>	30%	\$	66,151.00	30%	\$66,151	#DIV/0!	\$0	#DIV/0!	\$0	#DIV/0!	\$0	#DIV/0!	\$0	#DIV/0!	\$0
----------------------------------	-----	----	-----------	-----	----------	---------	-----	---------	-----	---------	-----	---------	-----	---------	-----

**TOTAL SALARIES & BENEFITS**

**\$286,658**

**\$286,658**

\$0

**\$0**

**\$0**

\$0

0

## DPH 4: Operating Expenses Detail

Provider Number: 8858

Appendix #: B-12a, page 3

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/15

Expenditure Category	TOTAL	General Fund HMHMCP751594				
	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16
Occupancy (Based on Square Feet used)	\$ 33,781.00	33,781	0	0	0	0
Utilities(Elec, Water, Gas, Phone, Scavenger)	\$ -	0	0	0	0	0
Office Supplies, Postage	\$ 715.00	715	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 & Amount)	\$ -	0	0	0	0	0
UCSF Resident Services Agreement FY2015 422 hours @\$40	\$ 16,891.00	16,891	0	0	0	0
Evaluator	\$ -	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 ( QA )	\$ 6,756.00	6,756	0	0	0	0
Purchased Direct Expense (Program Admin)	\$ 10,134.00	10,134	0	0	0	0
Purchased Direct Expense (General Research)	\$ 4,645.00	4,645	0	0	0	0
Food	\$ 9,290.00	9,290	0	0	0	0
Laundry and Kitchen Expense	\$ 6,334.00	6,334	0	0	0	0
Client Incentives	\$ 5,067.00	5,067	0	0	0	0
0	\$ -	0	0	0	0	0
<b>TOTAL OPERATING EXPENSE</b>	<b>\$93,613</b>	<b>\$93,613</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
	\$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-12b, page 1
Provider Name: Edgewood Center for Children and Families					Document Date: 7/1/2015
Provider Number: 8858					Fiscal Year: 2014-2015
Program Name:	CTAC	CTAC	CTAC		
Program Code (formerly Reporting Unit):	NA	NA	NA		
Mode/SFC (MH) or Modality (SA)	05/60-64	05/60-64	05/60-64		
Service Description:	Program Development	Program Development	Assessment		
<b>FUNDING TERM:</b>	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16
<b>FUNDING USES</b>					<b>TOTAL</b>
Salaries & Employee Benefits:	378,986	1,064,281	37,500	-	1,480,767
Operating Expenses:	-	-	12,500	-	12,500
Capital Expenses (greater than \$5,000):	-	-	-	-	-
<b>Subtotal Direct Expenses:</b>	<b>378,986</b>	<b>1,064,281</b>	<b>50,000</b>	<b>-</b>	<b>1,493,267</b>
Indirect Expenses:	56,864	159,642	7,500	-	224,006
<b>TOTAL FUNDING USES:</b>	<b>435,850</b>	<b>1,223,923</b>	<b>57,500</b>	<b>-</b>	<b>1,717,273</b>
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>	<b>Index Code/Project Detail/CFDA#:</b>				
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	HMHMCHPBEDWO	-	-	-	-
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	HMHMSB163ACP/PMH163	-	-	-	-
MH STATE - MHSA - Prop 63 PEI	HMHMPROP63/PMHS63-1510	-	-	-	-
MH Realignment	HMHMCP751594	-	-	-	-
MH COUNTY - General Fund (matched)	HMHMCP751594	-	-	-	-
MH COUNTY - General Fund (unmatched)	HMHMCP751594	435,850	-	-	435,850
MH Triage Grant	HMHMCHGRANTS/HMCH06-1500	-	1,223,923	57,500	1,281,423
MH COUNTY - General Fund WO CODB	HMHMCP751594	-	-	-	-
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>		<b>435,850</b>	<b>1,223,923</b>	<b>57,500</b>	<b>1,717,273</b>
<b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>	<b>Index Code/Project Detail/CFDA#:</b>				
<b>TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES</b>		-	-	-	-
<b>OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES</b>	<b>Index Code/Project Detail/CFDA#:</b>				
<b>TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES</b>		-	-	-	-
<b>TOTAL DPH FUNDING SOURCES</b>		<b>435,850</b>	<b>1,223,923</b>	<b>57,500</b>	<b>1,717,273</b>
<b>NON-DPH FUNDING SOURCES</b>					
<b>TOTAL NON-DPH FUNDING SOURCES</b>		-	-	-	-
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>		<b>435,850</b>	<b>1,223,923</b>	<b>57,500</b>	<b>1,717,273</b>
<b>CBHS UNITS OF SERVICE AND UNIT COST</b>					
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:	8,717	24,478	1,150	-	-
Unit Type:	Staff Hour	Staff Hour	Staff Hour	0	0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	50.00	50.00	50.00	0.00	0.00
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	50.00	50.00	50.00	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	0	0
					<b>Total UDC:</b>
					200



## DPH 4: Operating Expenses Detail

Provider Number: 8858

Appendix #: B-12b, page 3

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/15

Expenditure Category	TOTAL	General Fund HMMCP751594	HMMCHGRANTS/HM CH06-1500			
	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16
Occupancy	\$ -	0	0	0	0	0
Utilities(Elec, Water, Gas, Phone, Scavenger)	\$ -	0	0	0	0	0
Operating Supplies	\$ 5,000.00	0	0	5,000	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
Non capital equipment purchases	\$ 7,500.00	0	0	7,500	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
0	\$ -	0	0	0	0	0
Food	\$ -	0	0	0	0	0
Laundry and Kitchen Expense	\$ -	0	0	0	0	0
Client Incentives	\$ -	0	0	0	0	0
0	\$ -	0	0	0	0	0
<b>TOTAL OPERATING EXPENSE</b>	<b>\$12,500</b>	<b>\$0</b>	<b>\$0</b>	<b>\$12,500</b>	<b>\$0</b>	<b>\$0</b>



## 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-12c, page 1			
Provider Name: Edgewood Center for Children and Families				Document Date: 5/19/2015			
Provider Number: 8858				Fiscal Year: 2014-2015			
Program Name:	CTAC (CSU)	CTAC (CSU)					
Program Code (formerly Reporting Unit):	8858CS	8858CS					
Mode/SFC (MH) or Modality (SA)	10/25-29	15/01-09					
Service Description:	DS-Crisis Stab Urgent Care	OP-Case Mgt Brokerage					TOTAL
FUNDING TERM:	7/1/14-6/30/15	7/1/14-6/30/15					
<b>FUNDING USES</b>							
Salaries & Employee Benefits:	146,650	7,718	-	-	-	-	154,368
Operating Expenses:	47,890	2,521	-	-	-	-	50,411
Capital Expenses (greater than \$5,000):	-	-	-	-	-	-	-
Subtotal Direct Expenses:	194,540	10,239	-	-	-	-	204,779
Indirect Expenses:	29,182	1,535	-	-	-	-	30,717
TOTAL FUNDING USES:	223,722	11,774	-	-	-	-	235,496
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>							
Index Code/Project Detail/CFDA#:	-	-	-	-	-	-	-
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	111,861	5,887	-	-	-	117,748
MH STATE - EPSDT State Match	HMHMCP751594	111,861	5,887	-	-	-	117,748
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	HMHMCHPBEDWO	-	-	-	-	-	-
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)	HMHMCHFPAPWO	-	-	-	-	-	-
MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care	HMHMSB163ACP/PMH163	-	-	-	-	-	-
MH STATE - MHSA - Prop 63 PEI	HMHMPROP63/PMHS63-1510	-	-	-	-	-	-
MH Realignment	HMHMCP751594	-	-	-	-	-	-
MH COUNTY - General Fund (matched)	HMHMCP751594	-	-	-	-	-	-
MH COUNTY - General Fund (unmatched)	HMHMCP751594	-	-	-	-	-	-
MH Triage Grant	HMHMCHGRANTS/HMCH08-1500	-	-	-	-	-	-
MH COUNTY - General Fund WO CODB	HMHMCP751594	-	-	-	-	-	-
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		223,722	11,774	-	-	-	235,496
<b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>							
Index Code/Project Detail/CFDA#:	-	-	-	-	-	-	-
<b>TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>							
	-	-	-	-	-	-	-
<b>OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES</b>							
Index Code/Project Detail/CFDA#:	-	-	-	-	-	-	-
<b>TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES</b>							
	-	-	-	-	-	-	-
<b>TOTAL DPH FUNDING SOURCES</b>							
	223,722	11,774	-	-	-	-	235,496
<b>NON-DPH FUNDING SOURCES</b>							
<b>TOTAL NON-DPH FUNDING SOURCES</b>							
	-	-	-	-	-	-	-
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>							
	223,722	11,774	-	-	-	-	235,496
<b>CBHS UNITS OF SERVICE AND UNIT COST</b>							
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:	2,355	5,829	-	-	-	-	
Unit Type:	Client Hour	Staff Minute	0	0	0	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	95.00	2.02	0.00	0.00	0.00	0.00	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	95.00	2.02	0.00	0.00	0.00	0.00	
Published Rate (Medi-Cal Providers Only):	95.00	2.02	0.00	0.00	0.00	0.00	
Unduplicated Clients (UDC):	120	120	0	0	0	0	Total UDC: 120

### DPH 3: Salaries & Benefits Detail

Provider Number: 8858

Provider Name: Edgewood Center for Children and Families

Document Date: 5/19/15Appendix #: B-12c, page 2[illegible][illegible]

TOTAL SALARIES & BENEFITS	\$154,368	\$154,368	\$0	\$0	\$0	\$0
---------------------------	-----------	-----------	-----	-----	-----	-----

## DPH 4: Operating Expenses Detail

Provider Number: 8858

Appendix #: B-12c, page 3

Provider Name: Edgewood Center for Children and Families

Document Date: 5/19/15

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)	\$ 18,190.0	18,190	0	0	0	0
Utilities(Elec, Water, Gas, Phone, Scavenger)	\$ -	0	0	0	0	0
Office Supplies, Postage	\$ 385.0	385	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 & Ar	\$ -	0	0	0	0	0
UCSF Resident Services Agreement FY2015 227 hours @ \$40	\$ 9,096.0	9,096	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
Depreciation	\$ -	0	0	0	0	0
Purchased Direct Expense ( QA )	\$ 2,729.0	2,729	0	0	0	0
Purchased Direct Expense (Program Admin)	\$ 7,276.0	7,276	0	0	0	0
Purchased Direct Expense (General Research)	\$ 1,592.0	1,592	0	0	0	0
Food	\$ 5,003.0	5,003	0	0	0	0
Laundry and Kitchen Expense	\$ 3,411.0	3,411	0	0	0	0
Client Incentives	\$ 2,729.0	2,729	0	0	0	0
0	\$ -	0	0	0	0	0
<b>TOTAL OPERATING EXPENSE</b>	<b>\$50,411</b>	<b>\$50,411</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## 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-12d, page 1	
Provider Name: Edgewood Center for Children and Families				Document Date: 7/1/2015	
Provider Number: 8858				Fiscal Year: 2014-2015	
Program Name:			CTAC		
Program Code (formerly Reporting Unit):			NA		
Mode/SFC (MH) or Modality (SA)			05/60-64		
Service Description:			Mobile Crisis Unit		TOTAL
FUNDING TERM:	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16
<b>FUNDING USES</b>					
Salaries & Employee Benefits:	-	-	237,126	-	237,126
Operating Expenses:	-	-	21,939	-	21,939
Capital Expenses (greater than \$5,000):	-	-	-	-	-
Subtotal Direct Expenses:	-	-	259,065	-	259,065
Indirect Expenses:	-	-	38,860	-	38,860
TOTAL FUNDING USES:	-	-	297,925	-	297,925
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>					
Index Code/Project Detail/CFDA#:					
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	HMHMCHPBEDWO	-	-	-	-
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	HMHMSB163ACP/PMH163	-	-	-	-
MH STATE - MHSA - Prop 63 PEI	HMHMPROP63/PMHS63-1510	-	-	-	-
MH Realignment	HMHMCP751594	-	-	-	-
MH COUNTY - General Fund (matched)	HMHMCP751594	-	-	-	-
MH COUNTY - General Fund (unmatched)	HMHMCP751594	-	-	-	-
MH Triage Grant	HMHMCHGRANTS/HMCH06-1500	-	297,925	-	297,925
MH COUNTY - General Fund WO CODB	HMHMCP751594	-	-	-	-
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		-	297,925	-	297,925
<b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>					
Index Code/Project Detail/CFDA#:					
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-
<b>OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES</b>					
Index Code/Project Detail/CFDA#:					
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES		-	-	-	-
TOTAL DPH FUNDING SOURCES		-	297,925	-	297,925
<b>NON-DPH FUNDING SOURCES</b>					
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		-	297,925	-	297,925
<b>CBHS UNITS OF SERVICE AND UNIT COST</b>					
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	0	0
Units of Service:	-	-	5,959	-	-
Unit Type:	Staff Hour	Staff Hour	Staff Hour	0	0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	50.00	50.00	50.00	0.00	0.00
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	50.00	50.00	50.00	0.00	0.00
Published Rate (Medi-Cal Providers Only):	50.00	50.00	50.00	0.00	0.00
Unduplicated Clients (UDC):	0	0	200	0	200

Appendix #: B-12d, page 2

**\$0**

## DPH 4: Operating Expenses Detail

Provider Number: 8858

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/15

Appendix #: B-12d, page 3

Expenditure Category	TOTAL	General Fund HMHMCP751594	HMHMCHGRANTS/HM CH06-1500			
	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16
Occupancy	\$ -	0	0	0	0	0
Utilities(Elec, Water, Gas, Phone, Scavenger)	\$ -	0	0	0	0	0
Operating Supplies	\$ -	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 & Amount)	\$ -	0	0	0	0	0
Evaluator (name TBD) 146 hours @ \$150/hr	\$ 21,939.00	0	21,939	0	0	0
Non capital equipment	\$ -	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
0	\$ -	0	0	0	0	0
Food	\$ -	0	0	0	0	0
Laundry and Kitchen Expense	\$ -	0	0	0	0	0
Client Incentives	\$ -	0	0	0	0	0
0	\$ -	0	0	0	0	0
<b>TOTAL OPERATING EXPENSE</b>	<b>\$21,939</b>	<b>\$0</b>	<b>\$21,939</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

**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-13	
Provider Name: Edgewood Center for Children and Families					Document Date: 7/1/2015	
Provider Number: 8858					Fiscal Year: 2015-2016	
Program Name:	FCP (RBS)	FCP (RBS)	FCP (RBS)	FCP (RBS)		
Program Code (formerly Reporting Unit):	8858FC	8858FC	8858FC	8858FC		
Mode/SFC (MH) or Modality (SA)	15/10-57, 59	15/01-09	15/70-79	15/60-69		
Service Description:	OP-MH Svcs	OP-Case Mgt Brokerage	OP-Crisis Intervention	OP-Medication Support		
FUNDING TERM:	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16
<b>TOTAL</b>						
<b>FUNDING USES</b>						
Salaries & Employee Benefits:	137,328	54,930	27,466	54,931	-	274,655
Operating Expenses:	44,846	17,939	8,969	17,939	-	89,693
Capital Expenses (greater than \$5,000):	-	-	-	-	-	-
Subtotal Direct Expenses:	182,174	72,869	36,435	72,870	-	364,348
Indirect Expenses:	27,326	10,931	5,465	10,930	-	54,652
TOTAL FUNDING USES:	209,500	83,800	41,900	83,800	-	419,000
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>						
Index Code/Project Detail/CFDA#:						
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	104,750	41,900	20,950	41,900	209,500
MH STATE - EPSDT State Match	HMHMCP751594	94,275	37,710	18,855	37,710	188,550
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	HMHMCHPBEDWO	-	-	-	-	-
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	HMHMSB163ACP/PMH163	-	-	-	-	-
MH STATE - MHSA - Prop 63 PEI	HMHMPROP63/PMHS63-1510	-	-	-	-	-
MH Realignment	HMHMCP751594	2,941	1,177	588	1,177	5,883
MH COUNTY - General Fund (matched)	HMHMCP751594	7,534	3,013	1,507	3,013	15,067
MH COUNTY - General Fund (unmatched)	HMHMCP751594	-	-	-	-	-
MH Triage Grant	HMHMCHGRANTS/HMCH06-1500	-	-	-	-	-
MH COUNTY - General Fund WO CODB	HMHMCP751594	-	-	-	-	-
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		209,500	83,800	41,900	83,800	419,000
<b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>						
Index Code/Project Detail/CFDA#:						
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-	-
<b>OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES</b>						
Index Code/Project Detail/CFDA#:						
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES		-	-	-	-	-
TOTAL DPH FUNDING SOURCES		209,500	83,800	41,900	83,800	419,000
<b>NON-DPH FUNDING SOURCES</b>						
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		209,500	83,800	41,900	83,800	419,000
<b>CBHS UNITS OF SERVICE AND UNIT COST</b>						
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:	80,268	41,485	10,799	17,386	-	-
Unit Type:	Staff Minute	Staff Minute	Staff Minute	Staff Minute	0	0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	2.61	2.02	3.88	4.82	0.00	0.00
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	2.61	2.02	3.88	4.82	0.00	0.00
Published Rate (Medi-Cal Providers Only):	2.61	2.02	3.88	4.82	0.00	0.00
Unduplicated Clients (UDC):	20	20	20	20	0	0
Total UDC:						20

Appendix #: B-2b, page 2Document Date: 7/1/15

61804  
32342  
24960  
8012  
12266  
41643  
144054  
7200

TOTAL SALARIES & BENEFITS	\$274,655	\$274,655	\$0	\$0	\$0	\$0
---------------------------	-----------	-----------	-----	-----	-----	-----

5/29/2015 10:22 AM



## DPH 4: Operating Expenses Detail

Provider Number: 8858

Appendix #: B-2b, page 3

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/15

Expenditure Category	TOTAL	General Fund HMHMCP751594				
	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16
Occupancy (Based on Square Feet used)	\$ 8,547.00	8,547	0	0	0	0
Utilities(Elec, Water, Gas, Phone, Scavenger)	\$ 6,119.00	6,119	0	0	0	0
Office Supplies, Postage	\$ -	0	0	0	0	0
Building Maintenance Supplies and Repair	\$ 9,178.00	9,178	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	\$ 3,824.00	3,824	0	0	0	0
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Ar	\$ -	0	0	0	0	0
UCSF Resident Services Agreement FY2015 490 hours @ \$40	\$ 19,631.00	19,631	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	0
Food	\$ 16,827.00	16,827	0	0	0	0
Computer Supplies	\$ -	0	0	0	0	0
Purchased Direct Expense ( QA )	\$ 1,530.00	1,530	0	0	0	0
Purchased Direct Expense (Program Admin)	\$ 6,119.00	6,119	0	0	0	0
Purchased Direct Expense (General Research)	\$ 880.00	880	0	0	0	0
Food	\$ -	0	0	0	0	0
Laundry and Kitchen Expense	\$ 17,038.00	17,038	0	0	0	0
<b>TOTAL OPERATING EXPENSE</b>	<b>\$89,693</b>	<b>\$89,693</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
	\$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-14
Provider Name: Edgewood Center for Children and Families							Document Date:	5/19/2015
Provider Number: 8858							Fiscal Year:	2014-2015
Program Name:		Williams						
Program Code (formerly Reporting Unit):		N/A						
Mode/SFC (MH) or Modality (SA)		N/A						
Service Description:		Renovation						
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	TOTAL
<b>FUNDING USES</b>								
Salaries & Employee Benefits:		40,000						40,000
Operating Expenses:		-						-
Capital Expenses (greater than \$5,000):		610,000						610,000
Subtotal Direct Expenses:		650,000	-	-	-	-	-	650,000
Indirect Expenses:		-	-	-	-	-	-	-
TOTAL FUNDING USES:		650,000	-	-	-	-	-	650,000
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>		Index Code/Project Detail/CFDA#:						
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		HMHMCHPBEDWO	650,000	-	-	-	-	650,000
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		HMHMSB163ACP/PMH163	-	-	-	-	-	-
MH STATE - MHSA - Prop 63 PEI		HMHMPROP63/PMHS63-1510	-	-	-	-	-	-
MH Realignment		HMHMCP751594	-	-	-	-	-	-
MH COUNTY - General Fund (matched)		HMHMCP751594	-	-	-	-	-	-
MH COUNTY - General Fund (unmatched)		HMHMCP751594	-	-	-	-	-	-
MH Triage Grant		HMHMCHGRANTS/HMCH06-1500	-	-	-	-	-	-
MH COUNTY - General Fund WO CODB		HMHMCP751594	-	-	-	-	-	-
TOTAL BHS MENTAL HEALTH FUNDING SOURCES			650,000	-	-	-	-	650,000
<b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>		Index Code/Project Detail/CFDA#:						
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES			-	-	-	-	-	-
<b>OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES</b>		Index Code/Project Detail/CFDA#:						
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES			-	-	-	-	-	-
TOTAL DPH FUNDING SOURCES			650,000	-	-	-	-	650,000
<b>NON-DPH FUNDING SOURCES</b>								
TOTAL NON-DPH FUNDING SOURCES			-	-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)			650,000	-	-	-	-	650,000
<b>CBHS UNITS OF SERVICE AND UNIT COST</b>								
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	CR	
Units of Service:		13,000	0	0	0	0	0	
Unit Type:		Staff Hour	-	-	-	-	-	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		50.00	-	-	-	-	-	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):		50.00	-	-	-	-	-	
Published Rate (Medi-Cal Providers Only):		0.00	-	-	-	-	-	
Unduplicated Clients (UDC):		13000	0	0	0	0	0	Total UDC: 0

### DPH 3: Salaries & Benefits Detail

Provider Number: 8858

Provider Name: Edgewood Center for Children and Families

Document Date: 5/19/15Appendix #: B-14, page 2

	TOTAL		HSA Workorder HMMCHPBEDWO									
	Term:	7/1/15-6/30/16	Term:	7/1/15-6/30/16	Term:	7/1/15-6/30/16	Term:	7/1/15-6/30/16	Term:	7/1/15-6/30/16	Term:	7/1/15-6/30/16
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
0	0.00	\$ -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Facilities Manager/Supervision	0.35	\$ 30,769	0.35	30769.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0	0.00	\$ -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0	0.00	\$ -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0	0.00	\$ -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0	0.00	\$ -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0	0.00	\$ -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0	0.00	\$ -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0	0.00	\$ -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0	0.00	\$ -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0	0.00	\$ -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0	0.00	\$ -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0	0.00	\$ -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0	0.00	\$ -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0	0.00	\$ -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0	0.00	\$ -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0	0.00	\$ -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0	0.00	\$ -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0	0.00	\$ -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0	0.00	\$ -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0	0.00	\$ -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0	0.00	\$ -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0	0.00	\$ -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0	0.00	\$ -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0	0.00	\$ -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0	0.00	\$ -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0	0.00	\$ -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0	0.00	\$ -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0	0.00	\$ -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0	0.00	\$ -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0	0.00	\$ -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0	0.00	\$ -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0	0.00	\$ -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0	0.00	\$ -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0	0.00	\$ -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0	0.00	\$ -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0	0.00	\$ -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0	0.00	\$ -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0	0.00	\$ -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0	0.00	\$ -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0	0.00	\$ -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0	0.00	\$ -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0	0.00	\$ -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0	0.00	\$ -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0	0.00	\$ -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0	0.00	\$ -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0	0.00	\$ -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0	0.00	\$ -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0	0.00	\$ -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0	0.00	\$ -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0	0.00	\$ -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0	0.00	\$ -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0	0.00	\$ -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0	0.00	\$ -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0	0.00	\$ -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0	0.00	\$ -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0	0.00	\$ -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0	0.00	\$ -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0	0.00	\$ -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0	0.00	\$ -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0	0.00	\$ -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0	0.00	\$ -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0	0.00	\$ -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0	0.00	\$ -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0	0.00	\$ -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0	0.00	\$ -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0	0.00	\$ -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		

<b>Employee Fringe Benefits:</b>	30%	\$	9,231.00	30%	\$9,231	#DIV/0!	\$0	#DIV/0!	\$0	#DIV/0!	\$0	#DIV/0!	\$0	#DIV/0!
----------------------------------	-----	----	----------	-----	---------	---------	-----	---------	-----	---------	-----	---------	-----	---------

**TOTAL SALARIES & BENEFITS**

**\$40,000**

**\$40,000**

**\$0**

**\$0**

**\$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: 7/1/15

Expenditure Category	TOTAL					
	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
0	\$ -	0	0	0	0	0
Other:		0	0	0	0	0
0	\$ -	0	0	0	0	0
Food	\$ -	0	0	0	0	0
Computer Supplies	\$ -	0	0	0	0	0
Purchased Direct Expense ( QA )	\$ -	0	0	0	0	0
Purchased Direct Expense (Program Admin)	\$ -	0	0	0	0	0
Purchased Direct Expense (General Research)	\$ -	0	0	0	0	0
<b>TOTAL OPERATING EXPENSE</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## DPH 5: Capital Expenses Detail

Provider Number: 8858

Appendix #: B-14, page 4

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/15

## 1. Equipment

Item Description	Quantity	Serial #/VIN #	Funding Source [General Fund, Grant (List Title), or Work Order (List Dept.)]	Purchase Cost Each	Total Cost
Appliances--built in Kitchen	1	tbd	HMHMCHDCYFWO	10,500	10,500
Reception Desk-built in	1	tbd	HMHMCHDCYFWO	10,500	10,500
Furniture client rooms	6	tbd	HMHMCHDCYFWO	3,000	18,000
Furniture Offices	4	tbd	HMHMCHDCYFWO	2,500	10,000
Office equipment	4	tbd	HMHMCHDCYFWO	1,500	6,000
0	0	0	0	0	-
0	0	0	0	0	-
0	0	0	0	0	-

Total Equipment Cost

\$55,000

## 2. Remodeling

Architect fees	1	tbd	HMHMCHDCYFWO	80,000	80,000
Construction including basement	1	tbd	HMHMCHDCYFWO	385,182	385,182
Dry Rot repair	1	tbd	HMHMCHDCYFWO	15,000	15,000
Contractor Fees	1	tbd	HMHMCHDCYFWO	62,818	62,818
Permits and Fees	1	tbd	HMHMCHDCYFWO	12,000	12,000
0	0	0	0	0	0

Total Remodeling Cost

\$555,000

Total Capital Expenditure  
(Equipment plus Remodeling Cost)

\$610,000



**Appendix D  
Additional Terms**

**1. PROTECTED HEALTH INFORMATION AND BAA**

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

The parties acknowledge that CONTRACTOR is one of the following:

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

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

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

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

**The Business Associate Agreement is not required.**

**2. THIRD PARTY BENEFICIARIES**

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







**Appendix E**  
San Francisco Department of Public Health  
Business Associate Agreement

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

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

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

## RECITALS

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

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

### 1. Definitions.

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



**Appendix E**  
San Francisco Department of Public Health  
Business Associate Agreement

17921 and 45 C.F.R. Section 164.402], as well as California Civil Code Sections 1798.29 and 1798.82.

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



**Appendix E**  
San Francisco Department of Public Health  
Business Associate Agreement

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

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

**2. Obligations of Business Associate.**

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



**Appendix E**  
**San Francisco Department of Public Health**  
**Business Associate Agreement**

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

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



**Appendix E**  
**San Francisco Department of Public Health**  
**Business Associate Agreement**

(iv) a brief statement of purpose of the disclosure that reasonably informs the individual of the basis for the disclosure, or a copy of the individual's authorization, or a copy of the written request for disclosure [45 C.F.R. 164.528(b)(2)]. If an individual or an individual's representative submits a request for an accounting directly to BA or its agents or subcontractors, BA shall forward the request to CE in writing within five (5) calendar days.

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



**Appendix E**  
**San Francisco Department of Public Health**  
**Business Associate Agreement**

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

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

**3. Termination.**

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



**Appendix E**  
San Francisco Department of Public Health  
Business Associate Agreement

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

**4. Amendment to Comply with Law.**

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

**5. Reimbursement for Fines or Penalties.**

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

**Attachments (links)**

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



**Appendix E**  
San Francisco Department of Public Health  
Business Associate Agreement

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





EDGECEEN-01

SONI01

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/6/2015

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).

<b>PRODUCER License # 0H81923</b> G2 Insurance Services, LLC 140 New Montgomery, 21st Floor San Francisco, CA 94105	<b>CONTACT NAME:</b>	
	<b>PHONE (A/C, No, Ext):</b> (415) 426-6600	<b>FAX (A/C, No):</b> (415) 426-6601
	<b>E-MAIL ADDRESS:</b>	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A : Nonprofits' Insurance Alliance of California (NIAC)</b>	
	<b>INSURER B : Philadelphia Indemnity Insurance Company</b>	
<b>INSURED</b>  Edgewood Center for Children and Families 1801 Vicente Street San Francisco, CA 94116	<b>NAJC #</b>	
	<b>18058</b>	
	<b>INSURER C :</b>	
	<b>INSURER D :</b>	
	<b>INSURER E :</b>	
	<b>INSURER F :</b>	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	X	201505523NPO	07/01/2015	07/01/2016	EACH OCCURRENCE \$ 1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
						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
						Prof. Liability \$ 1,000,000
						COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
						BODILY INJURY (Per person) \$
						BODILY INJURY (Per accident) \$
PROPERTY DAMAGE (Per accident) \$						
						\$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	X	201505523NPO	07/01/2015	07/01/2016	EACH OCCURRENCE \$ 10,000,000
						AGGREGATE \$ 10,000,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		201505523UMBPO	07/01/2015	07/01/2016	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
						E.L. EACH ACCIDENT \$
						E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$
B	Employee Theft		PHPK1358802	07/01/2015	07/01/2016	Ded. \$10,000 1,200,000

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

The City and County of San Francisco, DPH, CSAS, their officers, agents, and employees are named as additional insured as respects General Liability as required by written contract. 30 days cancellation applies.

## 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

© 1988-2014 ACORD CORPORATION. All rights reserved.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/18/2014

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).

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

## COVERAGES

CERTIFICATE NUMBER: 1237478143

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b> <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"/> PROJECT <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 \$ \$
	<b>AUTOMOBILE LIABILITY</b> <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) \$ \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE  DEDUCTIBLE RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A	0150340711	1/1/2015	1/1/2016	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER 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)

This document serves as Evidence of Workers' Compensation only. Employer is a qualified self-insurer thru Quality Comp Inc. per the attached certificate.

## CERTIFICATE HOLDER

## CANCELLATION

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

AUTHORIZED REPRESENTATIVE

*Paul H. Jeter*