



CONTRACT PURCHASE ORDER RELEASE  
COMMUNITY MENTAL HEALTH SYSTEM

PO NUMBER: DPHM11000275  
PO AMOUNT: \$4,280,423.00

TO: FAMILY SERVICE AGENCY OF SAN FRANCISCO  
1010 GOUGH ST  
SAN FRANCISCO CA 94109-7697

PO PRINT DATE: 12/20/2010

CONTACT: ROBERT W BENNETT, P  
PHONE : 415-474-7310  
VENDOR ID: 07426

TERMS: NET  
FOB : DEST

ISSUE DATE : 12/23/2010

BPO # : BPHM11000033 <<  
EFF. DATE : 07/01/2010  
EXP. DATE : 12/31/2015

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

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

DATE : 12/20/2010  
PHONE: \_\_\_\_\_

ORIGINAL ORDER MUST BE SIGNED TO BE VALID

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

TERMS:

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

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



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PO AMOUNT: \$4,280,423.00

ITEM	COMMODITY ID	UOM	TAX	QUANTITY	UNIT PRICE	TOTAL PRICE
1	7400-20	EA	N	1.00	2,339,932.0000	2,339,932.00
	SVC,MED/HLTH;CMH (COMMUNITY MENTAL HEALTH)					

AGREEMENT WITH FAMILY SERVICE AGENCY OF SF TO PROVIDE MENTAL HEALTH SERVICES.

7/1/10 - 12/31/10	\$ 3,412,014	(BPHM07000084)
7/1/10 - 6/30/11	4,114,657	
7/1/11 - 6/30/12	7,428,328	
7/1/12 - 6/30/13	7,329,985	
7/1/13 - 6/30/14	7,329,985	
7/1/14 - 6/30/15	7,329,985	
7/1/15 - 12/31/15	3,664,993	
CONTINGENCY	\$ 4,873,193	

TOTAL CONTRACT AMOUNT \$45,483,140

LESS ENCUMBERED AMOUNT  
RELEASED FROM BPHM07000084 (3,412,014)

BLANKET TOTAL \$42,071,126

2	7400-20	EA	N	1.00	358,750.0000	358,750.00
	SVC,MED/HLTH;CMH (COMMUNITY MENTAL HEALTH)					

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NAME/SPECS						

3	7400-20	EA	N	1.00	80,400.0000	80,400.00
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BLANKET TOTAL \$42,071,126

4	7400-20	EA	N	1.00	3,876.0000	3,876.00
SVC,MED/HLTH;CMH (COMMUNITY MENTAL HEALTH)						

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5	7400-20 SVC, MED/HLTH; CMH (COMMUNITY MENTAL HEALTH)	EA	N	1.00	8,467.0000	8,467.00
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6	7400-20 SVC, MED/HLTH; CMH (COMMUNITY MENTAL HEALTH)	EA	N	1.00	89,153.0000	89,153.00
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7	7400-20	EA	N	1.00	2,500.0000	2,500.00
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8	7400-20	EA	N	1.00	181,342.0000	181,342.00
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9	7400-20	EA	N	1.00	294,818.0000	294,818.00
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10	7400-20	EA	N	1.00	417,885.0000	417,885.00
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11	7400-20	EA	N	1.00	458,800.0000	458,800.00
SVC,MED/HLTH;CMH (COMMUNITY MENTAL HEALTH)						

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12	7400-20	EA	N	1.00	44,500.0000	44,500.00
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NAME/SPECS						

TOTAL ITEMS AMOUNT	\$4,280,423.00
SALES TAX	\$ .00
INVOICE AMOUNT	\$4,280,423.00





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PO NUMBER: DPHM11000275  
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SFX	INDEX	SUBOBJ	USERCODE	PROJECT	PRJDTL	GRANT	GRNTDTL	AMOUNT
01	HMHMCC730515	02789						2,339,932.00
02	HMHMCP751594	02789						358,750.00
03	HMHMOPMGDCAR	02789		PHMGDC	11			80,400.00
04	HMHMCP8828CH	02789						3,876.00
05	HMHMCHSRIPWO	02789						8,467.00
06	HMHMCHPFAPWO	02789						89,153.00
07	HCHPMFAMPLGR	02789				HCPM24	1100	2,500.00
08	HMHMPROP63	02789		PMHS63	1104			181,342.00
09	HMHMPROP63	02789		PMHS63	1105			294,818.00
10	HMHMPROP63	02789		PMHS63	1106			417,885.00
11	HMHMPROP63	02789		PMHS63	1110			458,800.00
12	HMHMPROP63	02789		PMHS63	1010			44,500.00
								-----
								4,280,423.00



ADPICS/FAMIS - FY 10-11  
CITY/COUNTY OF SAN FRANCISCO  
CONTRACT PURCHASE ORDER INPUT FORM

Original  
Modification-Increase  
-Decrease  
Date Change Only

X

DOCUMENT NUMBER

DPHM11000275  
BPHM11000033

DEPARTMENT 82 Mental Health & Substance Abuse

DEPARTMENT CONTROL # HM-11-6108-MH

DATE

10/21/10

PAGE

1 of 1

ORIGINAL CONTRACT NUMBER

PERIOD COVERED

7/1/2010  
6/30/2011

Complete for Contract Order type Agreements and Contracts

AMOUNT OF THIS ENCUMBRANCE \$4,114,657

TOTAL APPROVED CONTRACT \$ 45,483,140

OTHER DEPARTMENT INFORMATION OR INFO

CIVIL SERVICE RESOLUTION NO.

CMS 6974

4152-09/10 6/21/10

CONTRACTOR Family Service Agency of SF

VENDOR NO

07426

01

DELIVER TO

ADDRESS 1010 Gough Street  
San Francisco, CA 94109

FEDERAL NO

94-1156530

Phone #

(415) 474-7310

Same

SEND INVOICES IN DUPLICATE (Inter-Office)

PH&P Accounting Office  
1380 Howard St., Rm. 447  
San Francisco, CA 94103

TERMS OF PAYMENT

Monthly

RETAINAGE REQUIRED,

YES/NO:

NO

IF YES, AMOUNT OR %

INSURANCE

EXPIRATION

REQUIRED

AMOUNT

DATE

ATTACH

COMMODITY OR SERVICE CODE #

DETAILED DESCRIPTION OF SERVICES AND PRODUCTS

7400-20 (CMHS)

FY10-11 New Contract based on the award letter dated 9/27/10.

PROFSERV -- BID

Contract Term:

07/01/10-12/31/15

Original

Award:

Contingency

Approved

Contingency

Used

Encumb.

Total

Contingency

Still Avail.

Blanket

Total

10-11 Prev Enc(BPHM07000084)

\$ 3,412,014

\$ 3,412,014

10-11 This Encu.

\$ 4,114,657

\$ 4,114,657

11-12 To Be Encu.

\$ 7,428,328

12-13 To Be Encu.

\$ 7,329,985

13-14 To Be Encu.

\$ 7,329,985

14-15 To Be Encu.

\$ 7,329,985

15-16 To Be Encu.

\$ 3,664,993

Total contract

\$ 40,609,947

\$ 4,873,194

\$ -

\$ 7,526,671

\$ 4,873,194

\$ 45,483,140

SYSTEM USE

PREPARED BY (Print)

Ada Ling (Sr. Administrative Analyst)

Phone # 255-3493

Fax # 252-3088

APPROVED BY

(Signature)

(Print Name)

BOARD OR COMMISSION

MATERIALS, SUPPLIES, & SERVICES - PURCHASER  
REAL PROPERTY LEASES & RENT - DIRECTOR OF PROPERTY

CONTROLLER

Line	Document Number						Project		Grant		ADDENDUM ATTACHED	<input type="checkbox"/>
No.	Number	Suffix	Amount		Index Code	Sub-Object	User Code	Project	Project Detail	Grant		
1			\$2,339,932	00	HMHMCC730515	02789	} SK 11/17/10					
			\$358,750	00	HMHMCP751594	02789						
			(\$80,401)	00	HMHMOPMGDCAR	02789						
			\$160,801	00	HMHMOPMGDCAR	02789			PHMGDC	11		
			\$3,876	00	HMHMCP8828CH	02789	SK 11/17/10					
	DPHM11000105		(\$36,162)	00	HMHMCHCDHSWO	02789	} Jan 11/17/10					
	11000214		(\$19,060)	00	HMHMCHCDYFWO	02789						
			\$8,467	00	HMHMCHSRIPWO	02789						
			\$89,153	00	HMHMCHPFAPWO	02789						
			\$2,500	00	HCHPMFAMPLGR	02789		PMHS63	1104	HCPM24	1100	KC 11/22/10
			\$181,342	00	HMHMPROP63	02789	} 11/15/10	PMHS63	1105			
			\$294,818	00	HMHMPROP63	02789		PMHS63	1106			
			\$417,885	00	HMHMPROP63	02789		PMHS63	1110			
			\$458,800	00	HMHMPROP63	02789		PMHS63	1010			
			\$44,500	00	HMHMPROP63	02789						
			(\$110,544)	00	HMHSCCRES227	02789	HE 11/22/10					
Total:			\$4,114,657	00								

Decrease from DPHM11000105  
thru COHM11000214

Each of these  
should be moved  
one line down. CK

Exp Date:  
6/30/11





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

Agreement between the City and County of San Francisco and  
Family Service Agency of San Francisco

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

**Recitals**

WHEREAS, the Department of Public Health, Community Behavioral Health Services, ("Department") wishes to secure community based mental health services; and,

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

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

WHEREAS, approval for this Agreement was obtained when the Civil Service Commission approved Contract number PSC 4152-09/10 on June 21, 2010;

Now, THEREFORE, the parties agree as follows:

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

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

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

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

4. **Services Contractor Agrees to Perform.** The Contractor agrees to perform the services provided for in Appendix A, "Description of Services," attached hereto and incorporated by reference as though fully set forth herein.
5. **Compensation.** Compensation shall be made in monthly payments on or before the 30<sup>th</sup> day of each month for work, as set forth in Section 4 of this Agreement, that the **Director of the Department of Public Health**, in his or her sole discretion, concludes has been performed as of the 30<sup>th</sup> day of the immediately preceding month. In no event shall the amount of this Agreement exceed **Forty Five Million Four Hundred Eighty Three Thousand One Hundred Forty Dollars (\$45,483,140)**. The breakdown of costs associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. No charges shall be incurred under this Agreement nor shall any payments become due to Contractor until reports, services, or both, required under this Agreement are received from Contractor and approved by **Department of Public Health** as being in accordance with this Agreement. City may withhold payment to Contractor in any instance in which Contractor has failed or refused to satisfy any material obligation provided for under this Agreement. In no event shall City be liable for interest or late charges for any late payments.
6. **Guaranteed Maximum Costs.** The City's obligation hereunder shall not at any time exceed the amount certified by the Controller for the purpose and period stated in such certification. Except as may be provided by laws governing emergency procedures, officers and employees of the City are not authorized to request, and the City is not required to reimburse the Contractor for, Commodities or Services beyond the agreed upon contract scope unless the changed scope is authorized by amendment and approved as required by law. Officers and employees of the City are not authorized to offer or promise, nor is the City required to honor, any offered or promised additional funding in excess of the maximum amount of funding for which the contract is certified without certification of the additional amount by the Controller. The Controller is not authorized to make payments on any contract for which funds have not been certified as available in the budget or by supplemental appropriation.
7. **Payment; Invoice Format.** Invoices furnished by Contractor under this Agreement must be in a form acceptable to the Controller, and must include a unique invoice number and must conform to Appendix F. All amounts paid by City to Contractor shall be subject to audit by City. Payment shall be made by City to Contractor at the address specified in the section entitled "Notices to the Parties."
8. **.Submitting False Claims; Monetary Penalties.** Pursuant to San Francisco Administrative Code §21.35, any contractor, subcontractor or consultant who submits a false claim shall be liable to the City for the statutory penalties set forth in that section. The text of Section 21.35, along with the entire San Francisco Administrative Code is available on the web at <http://www.municode.com/Library/clientCodePage.aspx?clientID=4201>. A contractor, subcontractor or consultant will be deemed to have submitted a false claim to the City if the contractor, subcontractor or consultant: (a) knowingly presents or causes to be presented to an officer or employee of the City a false claim or request for payment or approval; (b) knowingly makes, uses, or causes to be made or used a false record or statement to get a false claim paid or approved by the City; (c) conspires to defraud the City by getting a false claim allowed or paid by the City; (d) knowingly makes, uses, or causes to be made or used a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the City; or (e) is a beneficiary of an inadvertent submission of a false claim to the City, subsequently discovers the falsity of the claim, and fails to disclose the false claim to the City within a reasonable time after discovery of the false claim.
9. **Disallowance.** If Contractor claims or receives payment from City for a service, reimbursement for which is later disallowed by the State of California or United States Government, Contractor shall promptly refund the disallowed amount to City upon City's request. At its option, City may offset the amount disallowed from any payment due or to become due to Contractor under this Agreement or any other Agreement. By executing this Agreement, Contractor certifies that Contractor is not suspended, debarred or otherwise excluded from participation in federal assistance programs. Contractor acknowledges that this certification of eligibility to receive federal funds is a material terms of the Agreement.
10. **Taxes.** Payment of any taxes, including possessory interest taxes and California sales and use taxes, levied upon or as a result of this Agreement, or the services delivered pursuant hereto, shall be the obligation of Contractor. Contractor recognizes and understands that this Agreement may create a "possessory interest" for property tax purposes. Generally, such a possessory interest is not created unless the Agreement entitles the Contractor to

possession, occupancy, or use of City property for private gain. If such a possessory interest is created, then the following shall apply:

- 1) Contractor, on behalf of itself and any permitted successors and assigns, recognizes and understands that Contractor, and any permitted successors and assigns, may be subject to real property tax assessments on the possessory interest;
- 2) Contractor, on behalf of itself and any permitted successors and assigns, recognizes and understands that the creation, extension, renewal, or assignment of this Agreement may result in a "change in ownership" for purposes of real property taxes, and therefore may result in a revaluation of any possessory interest created by this Agreement. Contractor accordingly agrees on behalf of itself and its permitted successors and assigns to report on behalf of the City to the County Assessor the information required by Revenue and Taxation Code section 480.5, as amended from time to time, and any successor provision.
- 3) Contractor, on behalf of itself and any permitted successors and assigns, recognizes and understands that other events also may cause a change of ownership of the possessory interest and result in the revaluation of the possessory interest. (see, e.g., Rev. & Tax. Code section 64, as amended from time to time). Contractor accordingly agrees on behalf of itself and its permitted successors and assigns to report any change in ownership to the County Assessor, the State Board of Equalization or other public agency as required by law.
- 4) Contractor further agrees to provide such other information as may be requested by the City to enable the City to comply with any reporting requirements for possessory interests that are imposed by applicable law.

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

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

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

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

a. **Independent Contractor.** Contractor or any agent or employee of Contractor shall be deemed at all times to be an independent contractor and is wholly responsible for the manner in which it performs the services and work requested by City under this Agreement. Contractor or any agent or employee of Contractor shall not have employee status with City, nor be entitled to participate in any plans, arrangements, or distributions by City pertaining to or in connection with any retirement, health or other benefits that City may offer its employees. Contractor or any agent or employee of Contractor is liable for the acts and omissions of itself, its employees and its agents. Contractor shall be responsible for all obligations and payments, whether imposed by federal, state or local law, including, but not limited to, FICA, income tax withholdings, unemployment compensation, insurance, and other similar responsibilities related to Contractor's performing services and work, or any agent or employee of Contractor providing same. Nothing in this Agreement shall be construed as creating an employment or agency relationship between City and Contractor or any agent or employee of Contractor. Any terms in this Agreement referring to direction from City shall be construed as providing for direction as to policy and the result of

Contractor's work only, and not as to the means by which such a result is obtained. City does not retain the right to control the means or the method by which Contractor performs work under this Agreement.

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

## 15. Insurance

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

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

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

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

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

5) Blanket Fidelity Bond (Commercial Blanket Bond) : Limits in the amount of the Initial Payment provided for in the Agreement - \$ 1,612,000.

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

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

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

c. Regarding Workers' Compensation, Contractor hereby agrees to waive subrogation which any insurer of Contractor may acquire from Contractor by virtue of the payment of any loss. Contractor agrees to obtain any

endorsement that may be necessary to effect this waiver of subrogation. The Workers' Compensation policy shall be endorsed with a waiver of subrogation in favor of the City for all work performed by the Contractor, its employees, agents and subcontractors.

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

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

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

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

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

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

#### **16. Indemnification**

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

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

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

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

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

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

8. Submitting False Claims; Monetary Penalties.  
10. Taxes  
15. Insurance  
24. Proprietary or confidential information of City  
30. Assignment

37. Drug-free workplace policy,  
53. Compliance with laws  
55. Supervision of minors  
57. Protection of private information  
58. Graffiti removal

And, item 1 of Appendix D attached to this Agreement

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

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

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

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

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

**21. Termination for Convenience**

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

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

1) Halting the performance of all services and other work under this Agreement on the date(s) and in the manner specified by City.

2) Not placing any further orders or subcontracts for materials, services, equipment or other items.

3) Terminating all existing orders and subcontracts.

4) At City's direction, assigning to City any or all of Contractor's right, title, and interest under the orders and subcontracts terminated. Upon such assignment, City shall have the right, in its sole discretion, to settle or pay any or all claims arising out of the termination of such orders and subcontracts.

5) Subject to City's approval, settling all outstanding liabilities and all claims arising out of the termination of orders and subcontracts.

6) Completing performance of any services or work that City designates to be completed prior to the date of termination specified by City.

7) Taking such action as may be necessary, or as the City may direct, for the protection and preservation of any property related to this Agreement which is in the possession of Contractor and in which City has or may acquire an interest.

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

1) The reasonable cost to Contractor, without profit, for all services and other work City directed Contractor to perform prior to the specified termination date, for which services or work City has not already tendered payment. Reasonable costs may include a reasonable allowance for actual overhead, not to exceed a total of 10% of Contractor's direct costs for services or other work. Any overhead allowance shall be separately itemized. Contractor may also recover the reasonable cost of preparing the invoice.

2) A reasonable allowance for profit on the cost of the services and other work described in the immediately preceding subsection (1), provided that Contractor can establish, to the satisfaction of City, that Contractor would have made a profit had all services and other work under this Agreement been completed, and provided further, that the profit allowed shall in no event exceed 5% of such cost.

3) The reasonable cost to Contractor of handling material or equipment returned to the vendor, delivered to the City or otherwise disposed of as directed by the City.

4) A deduction for the cost of materials to be retained by Contractor, amounts realized from the sale of materials and not otherwise recovered by or credited to City, and any other appropriate credits to City against the cost of the services or other work.

d. In no event shall City be liable for costs incurred by Contractor or any of its subcontractors after the termination date specified by City, except for those costs specifically enumerated and described in the immediately preceding subsection (c). Such non-recoverable costs include, but are not limited to, anticipated profits on this Agreement, post-termination employee salaries, post-termination administrative expenses, post-termination

overhead or unabsorbed overhead, attorneys' fees or other costs relating to the prosecution of a claim or lawsuit, prejudgment interest, or any other expense which is not reasonable or authorized under such subsection (c).

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

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

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

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

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

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

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

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



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

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

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

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

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

To CITY:	Office of Contract Management and Compliance Department of Public Health 1380 Howard Street, Room 442 San Francisco, California 94103	FAX: (415) 252-3088 e-mail: Ada.ling@sfdph.org
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And:	Hilda M. Jones, Program Manager Contract Development & Technical Assistance Department of Public Health 1380 Howard Street, 5/F San Francisco, California 94103	FAX: (415) 255-3567 e-mail: Hilda.jones@sfdph.org
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To CONTRACTOR:	1010 Gough Street San Francisco, CA 94109	FAX: (415) 563-2097 e-mail: bbennett@fsasf.org
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Any notice of default must be sent by registered mail.

**26. Ownership of Results.** Any interest of Contractor or its Subcontractors, in drawings, plans, specifications, blueprints, studies, reports, memoranda, computation sheets, computer files and media or other documents prepared by Contractor or its subcontractors in connection with services to be performed under this Agreement, shall become the property of and will be transmitted to City. However, Contractor may retain and use copies for reference and as documentation of its experience and capabilities.

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

**28. Audit and Inspection of Records**

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

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

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

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

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

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

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

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

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

**a. The LBE Ordinance.**

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

**b. Compliance and Enforcement**

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

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

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

#### 34. Nondiscrimination; Penalties

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a. Contractor agrees to comply fully with and be bound by all of the provisions of the Minimum Compensation Ordinance (MCO), as set forth in San Francisco Administrative Code Chapter 12P (Chapter 12P), including the remedies provided, and implementing guidelines and rules. The provisions of Sections 12P.5 and

12P.5.1 of Chapter 12P are incorporated herein by reference and made a part of this Agreement as though fully set forth. The text of the MCO is available on the web at [www.sfgov.org/olse/mco](http://www.sfgov.org/olse/mco). A partial listing of some of Contractor's obligations under the MCO is set forth in this Section. Contractor is required to comply with all the provisions of the MCO, irrespective of the listing of obligations in this Section.

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

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

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

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

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

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

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

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

**44. Requiring Health Benefits for Covered Employees.** Contractor agrees to comply fully with and be bound by all of the provisions of the Health Care Accountability Ordinance (HCAO), as set forth in San Francisco Administrative Code Chapter 12Q, including the remedies provided, and implementing regulations, as the same may be amended from time to time. The provisions of section 12Q.5.1 of Chapter 12Q are incorporated by reference and made a part of this Agreement as though fully set forth herein. The text of the HCAO is available on the web at

www.sfgov.org/olse. Capitalized terms used in this Section and not defined in this Agreement shall have the meanings assigned to such terms in Chapter 12Q.

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

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

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

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

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

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

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

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

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

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

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

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

m. If Contractor is exempt from the HCAO when this Agreement is executed because its amount is less than \$25,000 (\$50,000 for nonprofits), but Contractor later enters into an agreement or agreements that cause

Contractor's aggregate amount of all agreements with City to reach \$75,000, all the agreements shall be thereafter subject to the HCAO. This obligation arises on the effective date of the agreement that causes the cumulative amount of agreements between Contractor and the City to be equal to or greater than \$75,000 in the fiscal year.

#### **45. First Source Hiring Program**

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

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

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

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

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

4) Set appropriate record keeping and monitoring requirements. The First Source Hiring Administration shall develop easy-to-use forms and record keeping requirements for documenting compliance with the agreement. To the greatest extent possible, these requirements shall utilize the employer's existing record keeping systems, be nonduplicative, and facilitate a coordinated flow of information and referrals.

5) Establish guidelines for employer good faith efforts to comply with the first source hiring requirements of this Chapter. The FSHA will work with City departments to develop employer good faith effort requirements appropriate to the types of contracts and property contracts handled by each department. Employers



shall appoint a liaison for dealing with the development and implementation of the employer's agreement. In the event that the FSHA finds that the employer under a City contract or property contract has taken actions primarily for the purpose of circumventing the requirements of this Chapter, that employer shall be subject to the sanctions set forth in Section 83.10 of this Chapter.

- 6) Set the term of the requirements.
- 7) Set appropriate enforcement and sanctioning standards consistent with this Chapter.
- 8) Set forth the City's obligations to develop training programs, job applicant referrals, technical assistance, and information systems that assist the employer in complying with this Chapter.
- 9) Require the developer to include notice of the requirements of this Chapter in leases, subleases, and other occupancy contracts.

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

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

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

- 1) To be liable to the City for liquidated damages as provided in this section;
- 2) To be subject to the procedures governing enforcement of breaches of contracts based on violations of contract provisions required by this Chapter as set forth in this section;
- 3) That the contractor's commitment to comply with this Chapter is a material element of the City's consideration for this contract; that the failure of the contractor to comply with the contract provisions required by this Chapter will cause harm to the City and the public which is significant and substantial but extremely difficult to quantify; that the harm to the City includes not only the financial cost of funding public assistance programs but also the insidious but impossible to quantify harm that this community and its families suffer as a result of unemployment; and that the assessment of liquidated damages of up to \$5,000 for every notice of a new hire for an entry level position improperly withheld by the contractor from the first source hiring process, as determined by the FSHA during its first investigation of a contractor, does not exceed a fair estimate of the financial and other damages that the City suffers as a result of the contractor's failure to comply with its first source referral contractual obligations.
- 4) That the continued failure by a contractor to comply with its first source referral contractual obligations will cause further significant and substantial harm to the City and the public, and that a second assessment of liquidated damages of up to \$10,000 for each entry level position improperly withheld from the FSHA, from the time of the conclusion of the first investigation forward, does not exceed the financial and other damages that the City suffers as a result of the contractor's continued failure to comply with its first source referral contractual obligations;
- 5) That in addition to the cost of investigating alleged violations under this Section, the computation of liquidated damages for purposes of this section is based on the following data:
  - (a) The average length of stay on public assistance in San Francisco's County Adult Assistance Program is approximately 41 months at an average monthly grant of \$348 per month, totaling approximately \$14,379; and
  - (b) In 2004, the retention rate of adults placed in employment programs funded under the Workforce Investment Act for at least the first six months of employment was 84.4%. Since qualified individuals

under the First Source program face far fewer barriers to employment than their counterparts in programs funded by the Workforce Investment Act, it is reasonable to conclude that the average length of employment for an individual whom the First Source Program refers to an employer and who is hired in an entry level position is at least one year;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**58. Graffiti Removal.** Graffiti is detrimental to the health, safety and welfare of the community in that it promotes a perception in the community that the laws protecting public and private property can be disregarded with

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

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

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

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

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

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

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

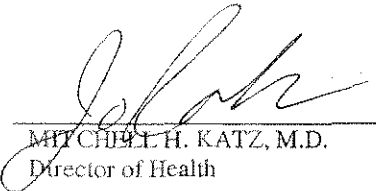
IN WITNESS WHEREOF, the parties hereto have executed this Agreement on the day first mentioned above.

CITY

CONTRACTOR

Recommended by:


Family Service Agency of San Francisco

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

10/28/10  
Date


Approved as to Form:

DENNIS J. HERRERA  
City Attorney

By:   
TERENCE HOWZELL  
Deputy City Attorney

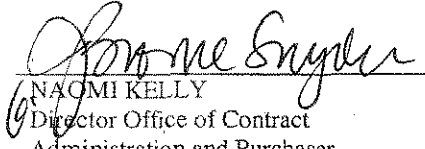
11/4/10  
Date

Approved:

  
ROBERT BENNETT  
Executive Director  
1010 Gough Street  
San Francisco, CA 94109

22 Oct 10  
Date

City vendor number: 07426

  
NAOMI KELLY  
Director Office of Contract  
Administration and Purchaser

12/15/10  
Date

Appendices

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



## Appendix A

### COMMUNITY BEHAVIORAL HEALTH SERVICES

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

A. Contract Administrator:

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

B. Reports:

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

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

C. Evaluation:

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

D. Possession of Licenses/Permits:

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

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

E. Adequate Resources:

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

F. Admission Policy:

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

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

G. San Francisco Residents Only:

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

H. Grievance Procedure:

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

I. Infection Control, Health and Safety:

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

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

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

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

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

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

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

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

J. Acknowledgment of Funding:

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



K. Client Fees and Third Party Revenue:

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

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

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

L. Billing and Information System

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

M. Patients Rights:

All applicable Patients Rights laws and procedures shall be implemented.

N. Under-Utilization Reports:

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

O. Quality Improvement:

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

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

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

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

Q. Working Trial Balance with Year-End Cost Report

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

R. Harm Reduction

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

## **2. Description of Services**

Detailed description of services are listed below and are attached hereto

- Appendix A-1 Older Adult IFSO
- Appendix A-2 Older Adult Peer-Based Wellness And Recovery Center
- Appendix A-3a Community After Care Program
- Appendix A-3b Adult Care Management (ACM)
- Appendix A-3c Adult Full Service Partnership
- Appendix A-4 Transitional –Age Youth Full Service Partnership
- Appendix A-5 Administrative Service Organization
- Appendix A-6 Full Circle Family Program (FCFP)
- Appendix A-7 FCFP /Early Periodic Screening, Diagnosis and treatment (EPSDT) Program
- Appendix A-8 Early Childhood Mental Health Initiative
- Appendix A-9 Youth Striving for Excellence – Teen Resource to Achieve Positive Practice (TRAPP)
- Appendix A-10 Prevention and Recovery in Early Intervention (PREP) Project
- Appendix A-11 Felton Institute – Training in Older Adult Behavioral Health Screening

## SUMMARY

<b>Service Provider(s):</b>	Family Service Agency Of San Francisco										
<b>Fiscal Agency:</b>	Family Service Agency Of San Francisco										
<b>Total Contract Amount:</b>	\$7,5226,671										
<b>System of Care:</b>	Community Behavioral Health Services										
<b>Provider Address:</b>	1010 Gough Street, San Francisco, CA 94109										
<b>Provider Phone:</b>	415-474-7310										
<b>Contact Person:</b>	Al Gilbert, COO/CFO & Treasurer <b>Provider Fax:</b> 415-931-3773 <b>Direct Phone #:</b> 415- 474-3169 <b>email:</b> agilbert@fsasf.org										
<b>Program Name:</b>	Older Adult IFSO										
<b>System of Care:</b>	CBHS – Older Adult										
<b>Amount Year One:</b>	\$2,938,458										
<b>Term:</b>	7.01.10 – 6.30.11										
<b>Definition and # of UOS:</b>	UOS is equivalent to 1 hour of service.										
	<table> <tr> <td>Case Management Brokerage</td><td>5,930</td></tr> <tr> <td>MH Services</td><td>6,932</td></tr> <tr> <td>Medication Support</td><td>2,755</td></tr> <tr> <td>Crisis Intervention OP</td><td>415</td></tr> <tr> <td>MH Promotion</td><td>2,008</td></tr> </table>	Case Management Brokerage	5,930	MH Services	6,932	Medication Support	2,755	Crisis Intervention OP	415	MH Promotion	2,008
Case Management Brokerage	5,930										
MH Services	6,932										
Medication Support	2,755										
Crisis Intervention OP	415										
MH Promotion	2,008										
<b>Number of UDC/NOC:</b>	605										
	<b>Total UOS</b> 18,040										
<b>Target Population:</b>	Older adults 60 and older who need specialized geriatric mental health services beyond what is available through the Adult System of Care.										
<b>Description of Service:</b>	<p>The Older Adult Intensive-Case Management/Assertive Community Treatment/Full-Service Partnerships provides:</p> <p><b>Direct Services:</b></p> <p><u>Intake and Assessment:</u> Intake occurs where best meets the client's needs; Assessment is completed using the ADEPT and other tools to measure current psychological, emotional and behavioral issues. <u>Care Plan Development:</u> Treatment plans are developed in partnership with the client. <u>Case Management/Brokerage:</u> Strength-based, recovery-oriented approach applies to all case management, based on motivational interviewing and wrap-around principles. <u>Individual and Group Therapy:</u> Evidence-based therapeutic interventions focused on symptom reduction, quality of life, and the recovery model. <u>Collateral:</u> A service activity to a significant support person in the consumer's life. <u>Crisis Intervention:</u> Emergency intervention, immediate face to face to prevent harm coming to the consumer. <u>Outcome-Guided Medication Support Services:</u> All clients needing medication management have access to an FSA psychiatrist or a nurse practitioner, who assesses, prescribes, monitors, treats, documents symptoms or side effects, and educates. <u>Evidence Based, Integrated Behavioral Health Treatment:</u> Includes substance abuse partners. <u>Peer Support and Volunteer Opportunities:</u> Is an important part of service delivery. <u>Community Integration Services:</u> Provides essential low threshold services to assist clients in transitioning to other program and natural supports in the community.</p> <p><b>Indirect Services:</b></p> <p><u>Include mental health promotion, trainings and Clinical Staff Development.</u></p>										

<b>Program Name:</b>	Older Adult Peer-Based Wellness And Recovery Center	<b>Appendix A-2</b>
<b>System of Care:</b>	CBHS – Older Adult	
<b>Amount Year:</b>	\$ 185,400	<b>Funding Source:</b> MHSA, CSS
<b>Term:</b>	7.01.10 – 6.30.11	
<b>Definition and # of UOS:</b>	UOS is equivalent to 1 hour of service. Supplemental Support – Cost Reimbursement	1.0
<b>Number of UDC/NOC:</b>	N/A	<b>Total UOS</b> 1.0
<b>Target Population:</b>	Older adults 60 and older who currently have mental health and/or substance abuse issues, who may be homeless or episodically homeless, and who may or may not have been connected to the behavioral health services before.	
<b>Description of Service:</b>	<p>In addition to outreach and assessment, the Core services include:</p> <p><u>Case Management:</u> Staff refers to appropriate services upon quest request. Peers can escort to appointments, when appropriate, either on foot or on MUNI.</p> <p><u>Treatment:</u> Staff utilizes a Harm Reduction approach coupled with Motivational Interviewing techniques to engage the individual where they are in their decision to seek out treatment services. If needed, staff or volunteers will meet individually with a client on a regular basis to build rapport and support the client in their decision to seek out appropriate treatment services. Wellness and Recovery is always promoted during the process. <u>Individual Advocacy:</u> Through the process of building group and individual supportive relationships with guests, staff and peers promote and encourage individual advocacy to guests. This is done through monthly Community meetings, as well as through encouraging guests to approach staff and/or volunteers with questions, concerns and needs they may have. By encouraging and supporting individual and group advocacy, the Peer-Based Wellness Center is helping to reduce the individual's feeling of stigma through Strength-Based empowerment. <u>Policy and Systemic Advocacy:</u> Reduction of stigma and the promotion of ideas incorporated in wellness and recovery. This contributes to a systems change in service delivery, particularly in reaching underserved and unidentified older persons in need.</p>	
<b>Program Name:</b>	Community After Care Program	<b>Appendix A-3a</b>
<b>System of Care:</b>	CBHS - Adult	
<b>Amount Year Two:</b>	\$ 453,446	<b>Founding Source:</b> General Fund
<b>Term (# of Months):</b>	7.01.10 – 6.30.11	
<b>Definition and # of UOS:</b>	UOS is equivalent to 1 hour of service. Case Management Brokerage MH Services Medication Support Crisis Intervention OP MH Promotion	2,000 95 160 33 184
<b>Number of UDC/NOC:</b>	250	<b>Total UOS</b> 2,472
<b>Target Population:</b>	Severely and persistently mentally ill residents of San Francisco County, 18 years of age and older who are living in or being referred to residential care facilities (RCF's).	
<b>Description of Service:</b>	The Community Aftercare Program provides case management, mental health services, medication support services and crisis intervention to the populations that they serve.	

<b>Program Name:</b>	Adult Care Management (ACM)	<b>Appendix A-3b</b>
<b>System of Care:</b>	CBHS - Adult	
<b>Amount Year:</b>	\$699,478	<b>Funding Source:</b> General Fund
<b>Term:</b>	7.01.10 – 6.30.11	
<b>Definition and # of UOS:</b>	UOS is equivalent to 1 hour of service.	
	Case Management Brokerage	2,900
	MH Services	464
	Medication Support	800
	Crisis Intervention OP	90
	MH Promotion	270
<b>Number of UDC/NOC:</b>	108	<b>Total UOS</b> 4,524
<b>Target Population:</b>	Persistently mentally ill San Francisco residents who are 18 and up and struggle with substance abuse problems and/or homelessness issues in addition to their mental health problems.	
<b>Description of Service:</b>	Case Management is the primary treatment modality. Case managers assist the client to access needed medical, education, social, prevocational, vocational, rehabilitative and other community related services. Case managers communicate with clients to establish their treatment goals and to coordinate their services in the greater community; including all referrals for financial, housing, vocational, psychiatric, and medical and social service needs. Case managers monitor the delivery of services to ensure quality of care and delivery of services in the greater system. Case managers monitor the progress of the client's treatment plan and adherences to the system of care provided, and make adjustments to clients care services when necessary.	

<b>Program Name:</b>	Adult Full Service Partnership	<b>Appendix A-3c</b>
<b>System of Care:</b>	CBHS - Adult	
<b>Amount Year:</b>	\$596,636	<b>Funding Source:</b> MHSA, Federal
<b>Term:</b>	7.01.10 – 6.30.11	
<b>Definition and # of UOS:</b>	UOS is equivalent to 1 hour of service.	
	Case Management Brokerage	2,806
	MH Services	608
	Medication Support	150
	Crisis Intervention OP	36
	MH Promotion	545
	Client Flexible Support	1
<b>Number of UDC/NOC:</b>	45	<b>Total UOS</b> 4,146
<b>Target Population:</b>	Adults ages 18 and older with severe mental illness and/or substance abuse problems.	
<b>Description of Service:</b>	Mental Health Services are provided in individual therapies and interventions that are designed to provide reduction of mental disability and improvement or maintenance of functioning consistent with the goals of learning, development, independent living and enhanced self-sufficiency and that are not provided as a component of adult residential services, crisis residential treatment services, crisis intervention, crisis stabilization, day rehabilitation, or day treatment intensive. Service activities include assessment, collateral and therapy. <u>Assessment</u> is provided as a clinical analysis of the history and current status of a client's mental, emotional, and behavioral disorder; including relevant cultural	

issues and history and current diagnosis. Collateral services are provided as significant support to the client and those in the client's life with the intent of improving and maintaining the mental health status. The client may or may not be present for this service activity. Therapy is provided as a therapeutic intervention that focuses primarily on symptom reduction as a means to improve functional impairments. Therapy may be delivered to an individual or to a group of clients and may include some family therapy when the client is present. Medication Support Services means those services which include prescribing, administering, dispensing and monitoring of psychiatric medications or biologicals which are necessary to alleviate the symptoms of mental illness. The services may include evaluation of the need for medication, evaluation of clinical effectiveness and side effects, the obtaining of informed consent, medication education and plan development related to the delivery of the service and/or assessment of the beneficiary. Crisis Intervention A service, lasting less than 24 hours, to or on behalf of a beneficiary for a condition which requires more timely response than a regularly scheduled. Service activities may include but are not limited to assessment, collateral and therapy.

<b>Program Name:</b>	Transitional –Age Youth Full Service Partnership	<b>Appendix A-4</b>
	(MAP)	
<b>System of Care:</b>	CBHS - Adult	
<b>Amount Year:</b>	\$417,940	<b>Funding Source:</b> MHSA, CSS
<b>Term:</b>	7.01.10 – 6.30.11	
<b>Definition and # of UOS:</b>	UOS is equivalent to 1 hour of service.	
	Case Management Brokerage	1,650
	MH Services	644
	Medication Support	88
	Crisis Intervention OP	17
	MH Promotion	412
	Client Flexible Support	1

<b>Number of UDC/NOC:</b>	30	<b>Total UOS</b>	2,812
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**Target Population:** Transition-age youth ages 16 to 25

**Description of Service:**

**Direct Services:**  
*Assessment and Plan Development:* for analysis of consumer's history and current psychological, emotional and behavioral issues. In addition to developing a treatment plan. *Case Management Brokerage:* for linking consumers to services and providing emotional support. *Individual and Group Therapy:* for providing therapeutic interventions that focus on symptom reduction. *Collateral:* a service activity to a significant support person in the consumer's life. *Individual and Group Therapy:* therapeutic interventions focused on symptom reduction. *Crisis Intervention:* emergency intervention, immediate face to face to prevent harm coming to the consumer. *Medication Support Services:* prescribing, administering, dispensing and monitoring of psychiatric medications and biological to alleviate psychiatric symptoms.

**Indirect Services:**  
 Services include *mental health promotion*, by working with "Community Clients" who are not registered to our program. *Trainings and Clinical Staff Development.*

<b>Program Name:</b>	Administrative Service Organization	<b>Appendix A-5</b>	
<b>System of Care:</b>	CBHS - Adult		
<b>Amount Year:</b>	\$191,686	<b>Funding Source:</b> General Fund and State Managed Care	
<b>Term:</b>	7.01.10 – 6.30.11		
<b>Definition and # of UOS:</b>	UOS is equivalent to 1 hour of service. Support Services – Cost Reimbursement		1
<b>Number of UDC/NOC:</b>	N/A	<b>Total UOS</b>	1
<b>Target Population:</b>	Adults, youth, women, homeless, multiply diagnosed, children and geriatric clients as defined by the San Francisco Mental Health Plan. Priority for services will be given to patients who are low income, Medi- Cal., and uninsured consumers.		
<b>Description of Service:</b>	The Program provides on-site administrative support services to the SFMHP with a focus on intake and referral of patients to the Providers Network, credential coordination, and overall clerical support to the provider systems office staff.		

<b>Program Name:</b>	Full Circle Family Program (FCFP)	<b>Appendix A-6</b>	
<b>System of Care:</b>	CBHS – CYF		
<b>Amount Year:</b>	\$302,029	<b>Funding Source:</b> General Fund and Federal Revenues	
<b>Term:</b>	7.01.10 – 6.30.11		
<b>Definition and # of UOS:</b>	UOS is equivalent to 1 hour of service. Case Management Brokerage MH Services Medication Support Crisis Intervention OP MH Promotion		87 1,184 205 10 481
<b>Number of UDC/NOC:</b>	348	<b>Total UOS</b>	1,967
<b>Target Population:</b>	Children and adolescents up to 21 years old (and their families) whose mental health problems meet - medical necessity criteria for specialty mental health services.		
<b>Description of Service:</b>	The program provides: <b>1. Direct Services</b> <u>Medication Support Services:</u> those services include prescribing, administering, dispensing and monitoring of psychiatric medications or biological which are necessary to alleviate the symptoms of mental illness. The services may include evaluation of the need for medication, evaluating of clinical effectiveness and side effects, the obtaining of informed consent, medication education and plan development related to the delivery of the service and/or assessment of the beneficiary. <u>Mental Health Services:</u> Assessment, Collateral and Therapy. <i>Assessment</i> is a service activity which may include a clinical analysis of the history and current status of a beneficiary's mental, emotional, or behavioral disorder; relevant cultural issues and history; diagnosis; and the use of testing procedures. <i>Collateral</i> a service activity to a significant support person in a beneficiary's life with the intent of improving or maintaining the mental health status of the beneficiary. The beneficiary may or may not be present for this service activity. <i>Therapy</i> a service activity, which is a therapeutic intervention that focuses primarily on the symptom reduction as a means to improve functional impairments. Therapy may be delivered to an individual or group of beneficiaries. <u>Targeted Case Management:</u> A service that assist a beneficiary to access needed medical, educational, social, prevocational, vocational, rehabilitative, other community services. The service delivery to ensure beneficiary access to service and the service delivery system; monitoring of the beneficiary's		

progress; and plan development. Crisis Intervention: An emergency service (unplanned). Crisis intervention is an immediate therapeutic response, which includes a face-to-face contact when an individual exhibits acute psychiatric symptoms to alleviate problems, which, if untreated, present an imminent threat to the individual or others.

## 2. Indirect Services

These are mental outreach and promotion activities; they include the promotion of continuous staff development in evidence-based and best practices theory as the lens for which mental health treatment is to be provided. Community Client Contact: Assisting clients and families for whom there is no open case record to achieve a more adaptive level of functioning through single contact or occasional contact. Human Service Staff Training: Enhancing or expanding the knowledge and skills of human service agency staff in meeting the needs of mental health clients. Clinical Staff Development: Enhancing and/or expanding agencies' or organizations' knowledge and skills in the mental health field for the benefit of the community-at-large or special population groups.

<b>Program Name:</b>	Full Circle Family Program /Early Periodic Screening, Diagnosis and treatment (EPSDT) Program	<b>Appendix A-7</b>
<b>System of Care:</b>	CBHS - CYF	
<b>Amount Year:</b>	\$423,225	<b>Funding Source:</b> General Fund, Federal Revenues, EPSDT
<b>Term:</b>	7.01.10 – 6.30.11	
<b>Definition and # of UOS:</b>	UOS is equivalent to 1 hour of service.	
	Case Management Brokerage	130
	MH Services	2,287
	Medication Support	160
	Crisis Intervention OP	20
<b>Number of UDC/NOC:</b>	348	<b>Total UOS</b> 2,597
<b>Target Population:</b>	Individuals <u>less than 21 years of age</u> who meet the criteria for medical necessity for specialty mental health services and who qualify for EPSDT services (i.e. full-scope Medi-Cal coverage).	
<b>Description of Service:</b>	Same as Appendix A-6	

<b>Program Name:</b>	Early Childhood Mental Health Initiative	<b>Appendix A-8</b>
<b>System of Care:</b>	CBHS - CYF	
<b>Amount Year:</b>	\$229,890	<b>Funding Source:</b> GF, HSA, DCYF
<b>Term:</b>	7.01.10 – 6.30.11	
<b>Definition and # of UOS:</b>	UOS is equivalent to 1 hour of service.	
	Outreach Svc/ Consultation Group	731
	Outreach Svc/ Consultation Individual	626
	Outreach Svc/ Class Observation	433
	Outreach Svc/ Training Group	510
	Outreach Svc/ Direct Service Group	169
	Outreach Svc/ Direct Service Individual	365
	Outreach Svc/ Linkage	147
	Outreach Svc/ Evaluation Services	6
<b>Number of UDC/NOC:</b>	450	<b>Total UOS</b> 2,987



**Target Population:** Children 0-5 and their families

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

**Program Name:** Youth Striving for Excellence – Teen Resource to Achieve Positive Practice (TRAPP) **Appendix A-9**

**System of Care:** CBHS - Adult

**Amount Year:** \$5,000 **Funding Source:** State

**Term:** 7.01.10 – 6.30.11

**Definition and # of UOS:** UOS is equivalent to 1 hour of service.  
Health Education Services – Cost Reimbursement 1

**Number of UDC/NOC:** N/A **Total UOS** 1

**Target Population:** SF High School Students

**Description of Service:** Provides classroom presentations, including question and answer periods, to approximately 250 students attending Balboa Teen Health Center and other designated SFUSD schools.

**Program Name:** Prevention and Recovery in Early Intervention (PREP) Project **Appendix A-10**

**System of Care:** CBHS – Older Adult

**Amount Year:** \$1,065,883 **Funding Source:** MHSA & Federal  
Cost Reimbursement (\$989,000) & Fee For Service (\$76,883)

**Term:** 7.01.10 – 6.30.11

**Definition and # of UOS:** UOS is equivalent to 1 hour of service.  
Case Management Brokerage 20  
MH Services 248  
Medication Support 116  
Crisis Intervention OP 10

**Number of UDC/NOC:** N/A **Total UOS** 394

**Target Population:** Youth and young adults ages 12 - 26 who have had their first major psychotic episode within the previous two years or who, on the basis of the PREP diagnostic interview, are

<b>Description of Service:</b>	<p>at high risk for having their first episode within two years.</p> <p><b>Core services include:</b> <u>Algorithm based medication management</u>. For the first phase of the project, the Medical Director, has adapted the Texas Medication Algorithm to focus specifically on medication for young adults in the early stages of psychosis. <u>Cognitive Rehabilitation</u>: PREP Team member, working with a nationally renowned brain plasticity researcher, Dr. Michael Merzenich, has developed a computer-based cognitive rehabilitation program specifically designed to address the cognitive deficits engendered by psychosis. Evidence-based individual therapy, as appropriate, based on Cognitive Behavioral therapy (CBT) for early psychosis which teaches techniques for specific symptom clusters (positive symptoms, negative symptoms, depression, skills for emotion regulation, etc). <u>Multifamily groups</u>: Provide all groups for the families of young adults suffering from psychosis, even when the primary client chooses not to participate in treatment. <u>Strength-based care management</u>: Intensive care management ensures that the broad spectrum of clients and family needs are addressed. <u>Neuropsychiatric and other advanced diagnostic services</u> is available as needed at 30% time.</p>
<b>Program Name:</b>	Felton Institute – Training in Older Adult Behavioral Health Screening <b>Appendix A-11</b>
<b>System of Care:</b>	CBHS – Older Adult
<b>Amount Year:</b>	\$17,600
<b>Term:</b>	7.01.10 – 6.30.11 <b>Funding Source: MHSA</b>
<b>Definition and # of UOS:</b>	UOS is equivalent to 1 hour of service.
	Training Development – Cost Reimbursement 1
<b>Number of UDC/NOC:</b>	N/A <b>Total UOS</b> 1
<b>Target Population:</b>	Clinicians and interns who work with the older adult population in San Francisco primary care clinics.
<b>Description of Service:</b>	The Felton Institute provides training for case workers and interns who serve older adults in the Project Impact model, addressing issues of depression, substance abuse, generalized anxiety, and social isolation. The training provides an overview of the collaborative care team, medication management, Behavioral Activation, stepped care management, Problem Solving Therapy, and SBIRT.

1. **Program Name: Older Adult Behavioral Health Integrated and Full-Service Outpatient Services**

**Program Address: 1010 Gough Street**

**City, State, Zip Code: San Francisco, CA 94109**

**Telephone: (415) 474-7310**

**Facsimile: (415) 447-9805**

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

☒ **New**

☐ **Renewal**

☐ **Modification**

3. **Goal Statement**

FSA provides a full and seamless range of behavioral health services to older adults directly addressing the highest levels of need citywide and in Catchment Area 2, Catchment Area 5, and ICM/ACT/FSP. In collaboration with the other two geriatric mental health outpatient clinics, Central City and Southeast Mission, we provide a system of care that enhances the capacity of older adult consumers, with an overall goal to assist clients to move out of specialty mental health services and into mainstream peer services and supports in the community.

4. **Target Population**

The target population is clients aged 60 and older who need specialized geriatric mental health services beyond what is available through the Adult System of Care. These clients have multiple disabilities, complex medical needs, dual diagnoses, or other specialized needs related to mental health and aging, and are best served by clinicians with geriatric mental health expertise. The population in each catchment area in this modality also has additional needs related to engagement, language, cultural awareness, stigma, social isolation, substance abuse, or cognitive deficits. Many suffer from long-term, chronic mental illness and/or substance abuse that have led to alienation from family members and friends, social skills deficits, isolation, and poverty. Many have not experienced routine medical treatment or connection to primary care. Many have a history of homelessness and/or institutionalization. FSA has long served LGBTQQ clients and continues to specialize in providing services for this under-served and under-identified older adult population. The following highlights the specific target populations in the catchment areas:

**Catchment Area 2: Western Addition/Marina/Presidio**

Many of these clients are dually diagnosed with both mental illness and substance abuse issues, and some multi-diagnosed with mental illness, substance abuse, severe medical conditions, physical frailties, and cognitive challenges. A significant number of clients are self-identified at LGBTQQ. Many suffer social isolation and lack family supports. Most require medications and may require home visits to provide services. Many require substance abuse intervention and dual-diagnosis services, related to a long history of alcohol use and other drugs. Many cannot take advantage of senior centers due to social skill deficits and symptoms related to their mental illness, and they benefit from our Day Support Center/Community Integration Services in developing these skills and receiving supportive services. The majority are in the lowest economic category. Some are homeless or at risk of homelessness.

**Catchment Area 5: Richmond and Sunset Districts**

This target population is mostly similar to the above, with additional specialized needs that reflect the diversity of older adults living in the western part of the city. This catchment area, therefore, specializes in providing linguistically and culturally appropriate services, targeting the specific needs of monolingual clients in Cantonese, Mandarin, Russian,

Tagalog, Korean, and Spanish languages, as well as other diverse populations. Similar to above, a significant number require a focused substance abuse intervention and dual-diagnosis services, but these needs are often more related to overuse and misuse of pain and sleeping medication. This catchment area will also work in close coordination with the city's Older Adult System of Care to meet the growing needs with this population across all catchment areas, such as providing psychiatric services by bilingual and bicultural Cantonese and case management in Cantonese, Mandarin, and Russian.

**Special Older-Adult Intensive Case Management/Assertive Community Treatment/Full-Service Partnerships (Citywide Coverage)**

In addition to the above, this higher level of service reaches older adults across the city with severe functional impairments and very complex needs, requiring intensive case management (ICM), Assertive Community Treatment (ACT), or services provided by the Full-Service Partnerships (FSPs) in order to remain safely in the community. Many are high emergency service users, with repeat hospitalizations, have been incarcerated, or are at risk to themselves or others. Many require outreach by peers in order to agree to services. Most require wellness and recovery services to aid empowerment and overcome behavioral health challenges. Many of these clients have substantial substance abuse disorder in addition to chronic mental illness. It is not unusual for an ICM/ACT/FSP client to be homeless and unknown to the current system of care. There is also a high number with significant cognitive impairment. This is the city's most vulnerable mentally ill population with the highest need for specialized case management.

**Summary of target population:**

Target population will be seniors ages 60 and above with a moderate to severe behavioral health condition (mental ill and/or substance abuse). We will serve:

1. All individuals citywide who need either an FSP or an ICM level of service.
2. All individuals living in Catchment Areas 2 or 5.

In addition, we have historically served all monolingual Cantonese and Russian speaking clients referred to us, regardless of their place of residence. Total Numbers to be served on an annual basis:

FSP: 64 unduplicated individuals, annually  
ICM: 100 unduplicated individuals annually  
Outpatient: 1,100 unduplicated individuals

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

Modalities of Services used in the Older Adult Intensive-Case Management/Assertive Community Treatment/Full-Service Partnerships:

Direct Services:

*Intake and Assessment:* Intake will occur where best meets the client's needs; Assessment will be completed using the ADEPT and other tools to measure current psychological, emotional and behavioral issues.

*Care Plan Development:* Treatment plans will be developed in partnership with the client.

*Case Management/Brokerage:* Strength-based, recovery-oriented approach will apply to all case management, based on motivational interviewing and wrap-around principles.

*Individual and Group Therapy:* Evidence-based therapeutic interventions focused on symptom reduction, quality of life, and the recovery model.

*Collateral:* A service activity to a significant support person in the consumer's life.

*Crisis Intervention:* Emergency intervention, immediate face to face to prevent harm coming to the consumer.

*Outcome-Guided Medication Support Services:* All clients needing medication management have access to an FSA psychiatrist or a nurse practitioner, who assesses, prescribes, monitors, treats, documents symptoms or side effects, and educates.

*Evidence Based, Integrated Behavioral Health Treatment:* Will include substance abuse partners.

*Peer Support and Volunteer Opportunities:* Will be an important part of service delivery.

*Community Integration Services:* Will provide essential low threshold services to assist clients in transitioning to other program and natural supports in the community.

Indirect Services:

*Providing mental health promotion*

*Providing trainings*

*Clinical Staff Development*

Note: The FSP program can also utilize Mode 60 functions. These are either services provided to consumers who do not meet MediCal standards for reimbursement, such as, transportation, shopping, or socialization activities; in addition to in-kind services that are purchased for our consumers out of this program's flex fund budget. ICM does not have the flexible funding, or the capacity to bill under Mode 60.

## 6. Methodology

### A. Program's outreach, recruitment, promotion, and advertisement.

Outreach is conducted with all collaborative partners, including primary care clinics, substance abuse treatment providers, residential care providers, residential behavioral health providers, hospitals, homeless shelters and adult correctional system, emergency crisis services, and other partners. All levels of service conduct direct outreach to older adults in communities where service connection is needed the most and in locations where the various populations feel the safest, such as cultural centers, senior centers, religious organizations, and other formal and informal support systems. Case Aides and Peer Volunteers are an essential part of outreach, engagement, and retention because of their direct experience as clients of the treatment system. Other outreach to the most fragile and disconnected consumers may be by an FSA's Psychiatric Nurse Practitioner (PNP). Consumers otherwise distrustful of treatment services are often willing to receive health care, if it is offered in a non-institutional setting, so the PNP will be an important element of our engagement strategy. The PNP will provide health screening and first aid, dispense minor medications (such as over-the-counter painkillers and analgesics, and topical skin medications), and unless already linked, will arrange for medical treatment through our primary care partners. In addition to street outreach, referrals are accepted from multiple sources, including SF General, Project Homeless Connect, APS, senior centers, Project Open Hand, other mental health and substance abuse agencies, PES, Sheriff, SFPD, hospital emergency rooms, and family referrals.

### B. Program's admission, enrollment and/or intake criteria and process.

Intake will occur in our offices, at client homes, in hospitals, or wherever best meets a client's needs. At screening, we insure clients have a safe place to live, enough to eat, and medical care for acute conditions, before proceeding to assessment. Those who cannot be placed in housing immediately receive temporary housing while the assessment and housing placement process continues. Clinicians work with the housing placement and

stabilization process, offering clients a variety of housing resources, including through housing partners. Clients may also get assistance with food, clothing needs, and primary care examinations. Pressing health needs will be treated through our primary care partners. Many core program activities may need to be delivered in other settings, including where client live in their own homes, board and care homes, SRO hotels, the shelters, or streets. With basic health and safety assured, clients will receive comprehensive assessment using our "assessment toolkit", developed in collaboration with the Over 60 Project of UCSF. The toolkit is strength-based, comprehensive across all life domains, and designed to give care managers and consumers an understanding of the consumer's goals, aspirations, and challenges. Elements of the toolkit (available in English, Spanish, and Chinese) include:

**The ADEPT:** A strength-based assessment tool that assesses strengths and challenges in the domains of health, housing, basic needs, legal, social, family, and behavioral health.

**The Diagnostic Tree:** This comprehensive diagnostic process assesses clients for the nine most common types of mental health issues and establishes a severity baseline for each condition. This tool is very helpful in identifying major behavioral health problems that have gone undiagnosed, as well as undiagnosed and untreated secondary conditions. The tool is used to identify which EBPs would benefit and be most acceptable to the consumer.

**The WHOQOL and the CLSS:** These tools are self-administered by the client and measure quality of life and daily life skills respectively. Completed every three months, they provide a method for measuring outcomes as experienced by consumers themselves, providing a basis for service that is simultaneously outcome-driven and consumer-driven.

**Mini Mental Status Exam:** Administered annually as a test for cognitive impairment.

#### C. Program's service delivery model.

##### Overview of the Service Model:

We will provide older adults with a full and seamless range of behavioral health services, directly addressing the highest levels of need citywide, and in close partnership with the other two specialized geriatric mental health outpatient clinics, Central City and Southeast Mission. Under this modality, we will also partner closely with Curry Senior Center, in their proposal for Catchment Area 4, providing mental health outpatient services (homeless case management) and specialized substance abuse outpatient services for older adults in the North of Market/Tenderloin/South of Market neighborhoods, as well as Walden House for substance abuse treatment throughout the city and Golden Gate for Seniors residential substance abuse treatment. An important part of our services will be out close partnership with four primary care clinics: Curry Senior Center, Maxine Hall Health Center, Ocean Park Health Center, and UCSF Lakeside Senior Medical Center. With these collaborating partners, our services will be fully dual diagnosis-competent at all levels and provide a full range of evidence-based, culturally and linguistically competent, recovery-oriented services throughout the spectrum of behavioral and physical health needs. We aim to enhance the capacity of older adult consumers, so that as many as appropriate are able to move out of specialty mental health services and into mainstream, peer services, and supports in the community, including aging services. We will provide all levels of care, including 24/7 crisis assessment and intervention, through telephone and face-to-face contact with a clinician known to the client, as well as budgeted transportation services for 5150s to PES. The goal is to transition clients out of the program within 12 to 18 months, and if that is not possible, to be routinely assessed for that treatment goal, and when possible, stepped-down to a lower threshold program. Our levels of care, consistent with the levels outlined in the RFP, are:

**1. Full Service Partnerships:** The most intensive level of care, with a caseload of approximately 13-1. Services are provided by a multidisciplinary team: a psychiatrist, psychiatric nurse practitioner, mental health clinician/care managers, substance abuse counselor, and peer case aides, and the team maintains fidelity to the assertive community treatment model. In our three years of operating this Senior FSP, we have found that engagement—and

particularly re-engagement after a treatment relapse—is best accomplished through gentle persistence, personal connections with staff maintained even through a period of non-compliance, and by being willing to help clients at whatever their level of readiness. Core program activities may need to be delivered in non-office settings wherever clients may be found, and flex spending may be used for basic needs and other items to assist them to stabilize and remain engaged in the program.

**2. Intensive Case Management:** Available to clients citywide, caseloads will be approximately 20-1 and will also be provided on a multidisciplinary team model. This will be an enhancement of our current ICM program, adding core components of the MHSA programs, as well as *under one roof* on-site substance abuse outreach and education and seamless connection to substance abuse treatment by partners; enriched group therapy using evidence-based practices, and added socialization and other supports by Peer Case Aides and Peer Stipended Volunteers.

**3. Outpatient Case Management and Treatment:** We will continue to offer two outpatient treatment programs, one in Catchment 2 and one in Catchment 5 at our existing offices in these districts, with substantial innovation meeting the requirements and vision put forth in this RFP, such as the greater use of peers and partnerships. These programs will serve individuals who require fewer than four visits per month, and similarly offer integrated care management, medication management, and evidence-based mental health and substance abuse treatment.

**4. Community Integration Services:** To assist our older adult clients overcome social isolation, improve social and personal skills, and become better integrated in their communities, we offer a variety of opportunities in our day support centers, partnering senior centers and adult day health care centers, and other senior programs in the city, including connections to natural supports and peer opportunities. Group therapy is a large part of this model, as research has shown it offers additional benefits to older adults, such as mutual aid and a sense of belonging.

The following highlights the phases of care for FSP, ICM, and Outpatient levels of care, which will be essentially the same, although the frequency of contacts and the mix of needed services will vary between levels.

**Intake and Assessment:** (described above)

**Care Planning and Care Management:** At the core of all services is strength-based recovery-oriented care management. FSA has developed a rigorous approach to care management built on motivational interviewing and wrap-around principles. Each FSA team member (including peer case aides and medical staff) receives intensive training on assessment, care planning, and culturally competent service delivery, motivational interviewing, and working in a multidisciplinary team, as well as intensive training on outreach, engagement, and re-engagement. In addition, staff who work in our senior programs receive ongoing specialized training in geriatric mental health.

In the FSP/ACT/ICM programs, service contact will be available 24-7. Each client will have an assigned case manager as the primary point of contact, and together they will develop a strength-based plan of care with measurable outcome objectives. Case management will include brokerage services, as well as brief, evidence-based treatment therapy, when appropriate. Daily living support services will be offered as part of the care coordination process and may include problem solving, skills training, and assistance -- often by peers and case aides -- to help clients carry out personal hygiene and grooming tasks; perform household activities; housing supports including working with board and care operators; improving money-management skills; using available transportation; and finding and using healthcare services. Every client will be linked to primary care, either through our clinic partners or by enrolling in Healthy San Francisco. For clients resistant to primary care for a variety of reasons, FSA is working on providing primary care services onsite, with primary care partners providing satellite clinic services, but will continue to provide peer escort services to help reduce barriers to visiting primary care doctors and clinics. The goal is to establish a rapport with primary care staff so these clients will feel comfortable receiving services in their neighborhood clinic.

**Outcome-guided medication regimens:** All clients needing medication management have access to an FSA psychiatrist or a nurse practitioner, who assesses, prescribes, monitors, treats, documents symptoms or side

effects, and educates. All case managers assess and document client symptoms and behavior in response to medication. Medication policies and procedures identify all processes and safety procedures around medications. FSA is developing a medication decision support tool to assist clients to communicate clearly with their providers about medications and to guide physicians in prescribing, monitoring, and following up. FSA intends to utilize an NIMH stimulus grant to develop a computer kiosk system for clients to self-track positive benefits of drugs and potential side effects to facilitate discussion with staff.

**Evidence based, integrated behavioral health treatment:** Case managers and clients can access an extensive, organized system of treatments and supports to promote and sustain recovery. FSA will follow all requests by CBHS in this area, and in addition, through its Felton Institute, provides national-caliber faculty to train, supervise, and certify staff in a range of evidence-based treatments that span the spectrum of diagnoses of clients. In most cases, FSA has staff with diverse linguistic competencies trained in each of these approaches. These include:

**Substance Abuse:** FSA clinicians are trained in Motivational Interviewing and offer adjunct substance abuse group therapy. In addition, FSA partners with Walden and Golden Gate for Seniors to provide more extensive substance abuse outpatient and residential treatment. In collaboration, these partners will continue to develop more accessible and effective treatment strategies for clients with substance abuse issues. **Other Evidence-Based Practices.** FSA has trained staff in numerous evidence-based practices including PST for depression, PST for psychosis, CBT for Depression, CBT for Psychosis, Trauma-focused CBT, DBT, Life Review, and Multifamily Psycho-education Groups. Many treatments are available in Spanish and Cantonese.

**Peer Support and Volunteer Opportunities:** Older consumers interested and able to participate in meaningful competitive employment are assisted in that effort. For many others, making a meaningful contribution remains important and is key to maintaining robust physical and mental health throughout the lifespan. FSA offers its clients a range of volunteer opportunities both within our agency and at other partner programs throughout the community.

**Community Integration Services:** Participants in all levels of care are offered opportunities in community integration as an integral part of the recovery process. These services are designed to help higher functioning clients transition to other support systems in the community, as well as provide effective outreach and engagement for individuals who are socially isolated, need mental health services, and benefit from evidence-based and innovative group therapy. Full assessments, preventive screening, and care plans lead to appropriate transitions and treatment options. Transition and escort services, often by case aides and peer volunteers, help clients feel comfortable going to senior centers, or make appointments at primary care clinics. Other services include education and assistance for more healthy living, including smoking cessation assistance and exercise, and meaningful joint activities in the community. The Older Adult Day Support Center at 1010 Gough provides group Paratransit services, hot lunch, and a full range of low threshold services, including groups and peer-led programming.

FSA's Senior Programs participate in the CBHS Advanced Access initiative, including timely data measurement at the site and reporting of data to CBHS as required. They provide and document the initial risk assessment using the CBHS IRA form within 24-48 hours of request for service, and adhere to CBHS guidelines regarding assessment and treatment of uninsured clients. All services are ADA compliant. Clinic services are provided in the client's home, other senior sites (health clinics, Adult Day Health, senior centers, etc.), and at FSA offices.

#### D. Program's exit criteria and process.

Guidelines for discharge include CBHS definitions of medical necessity, stabilization of debilitating psychiatric symptoms, resolving of problems on plan of care and successfully linking client to alternative services for care (i.e.



PCP, Adult Day Health, etc.). Clients will be stepped-down from FSP/ICM services to less intensive services upon meeting CBHS exit criteria. Clients will be continuously assessed in their recovery process, and when appropriate, stepped down along a continuum of care that best meets their needs, through FSA's Community Integration Services, when appropriate. Also, when appropriate, clients will be discharged to other programs in the community that can best meet their current needs in recovery and allow for less dependence on mental health

E. Program's staffing - Please see Exhibit B.

## 7. Objectives and Measurements

### OUTCOME 1: IMPROVE CLIENT SYMPTOMS

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

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

The total number of acute inpatient hospital episodes used by clients in Fiscal Year 2010-11 will be reduced by at least 15% compared to the number of acute inpatient hospital episodes used by these same clients in Fiscal Year 2009-10. This is applicable only to clients opened to the program no later than July 1, 2010, and had no IMD or CTF episode during FY 2000-10. Data collected for July 2010 – June 2011 will be compared with the data collected in July 2009– June 2010.

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

Data Source:

CBHS Billing Information System - CBHS will compute.

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

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

Client Inclusion Criteria:

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

Data Source:

BIS Reason for Discharge Field.

Program Review Measurement:

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

**A.1k. Applicable to:** *Intensive Care Management (ICM) Providers of Adult and Older Adult Behavioral Health Services*

ICM providers will require that clinicians evaluate level of functioning for ALLCLIENTS by completing the Milestones of Recovery Scale (MORS).

New clients will complete the MORS at intake, every month thereafter, and at discharge. Continuing clients will complete the MORS within 90 days of the new contract year, and every month thereafter, and at discharge.

Providers must submit 75% of required MORS forms for all clients to pass this objective.

Data Source:

MORS submitted to website and summarized by Program Evaluation Unit.

Program Review Measurement:

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

<b>OUTCOME 2: Reduce Substance Use</b>
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**Objective A.2: Reduce Substance Use**

**A.2a. Applicable to: Providers of Behavioral Health Services who provide Substance Abuse Treatment Services**

During Fiscal Year 2008-09, at least 40% of discharged clients will have successfully completed treatment or will have left before completion with satisfactory progress as measured by BIS discharge codes.

Data Source:

CBHS CalOMS BIS discharge status field, codes #11, 12, 13 and 14.

Client Inclusion Criteria:

Clients discharged between July 1, 2010 and June 30, 2011

Program Review Measurement:

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

**A.2b. Applicable to: Providers of Behavioral Health Services who provide Substance Abuse Treatment Services to adults, older adults, children, youth, and families.**

Substance Abuse Outpatient Treatment Providers will show a reduction of AOD use from admission to discharge for 60% of clients who remain in the program for 60 days or longer. For Substance Abuse Residential Treatment Providers, this will be measured from admission to discharge for clients who remain in the program for 30 days or longer.

Client Inclusion Criteria:

Clients discharged between July 1 2010 and June 30, 2011.

Data Source:

CalOMS.

Program Review Measurement:

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

**A.2c. Applicable to: Providers of Behavioral Health Services who provide Substance Abuse Treatment**

**Services to adults, older adults, children, youth, and families.**

Substance Abuse Treatment Providers will show a reduction of days in jail or prison from admission to discharge for 60% of new clients admitted during Fiscal Year 2009-10, who remained in the program for 60 days or longer. For Substance Abuse Residential Providers, this objective will be measured on new clients admitted during Fiscal Year 09-10, who remained in the program for 30 days or longer.

Client Inclusion Criteria:

Clients discharged between July 1, 2010 and June 30, 2011.

Data Source:

CalOMS.

Program Review Measurement:

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

**OUTCOME 3: IMPROVE CLIENT FUNCTIONING**

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

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

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

Data Source:

BIS Living Situation Codes.

Program Review Measurement:

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

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

**Objective 1: Access to Services**

**B.1a. Applicable to: All Providers of Behavioral Health Services who provide non-24 hour Mental Health Treatment Services to Adult and Older Adults Health Programs, except 24-hour programs**

50% of uninsured active clients, with a DSM-IV diagnosis code that likely indicates disability, who are open in the program as of July 1, 2010, will have SSI linked Medi-Cal applications submitted by June 30, 2011.

Programs are also strongly encouraged to refer eligible clients to Healthy San Francisco.

Client Inclusion Criteria:

Uninsured active clients (seen by the program at least once between April 1, 2010 and June 30, 2011) with a DSM-IV diagnosis code that likely indicates disability (list of DSM-IV diagnosis codes will be provided by CBHS) and open in the program as of July 1, 2010, will be included in the calculation.

Data Source:

Program Director will show proof of SSI applications submitted for/by clients (such as copies of applications, or proof of online application submission). Provider shall email DPH SSI Program Coordinator a list containing names and Social Security numbers of clients who applied for SSI through the Agency's assistance at luciana.garcia@sfdph.org.

Program Director shall keep in files proof of SSI applications submitted for/by clients (such as copies of applications or proof of online application submission).

Program Review Measurement:

Objective will be evaluated based on the first 12-month period from July 1, 2010 to June 30, 2011. Program Director shall send their lists to SSI Program Coordinator by June 30, 2011.

**Objective 4. Collect Client Outcomes**

**B.4a. Applicable to: Providers of Behavioral Health Services who provide Substance Abuse Treatment Services**

During Fiscal Year 2008-09, 70% of closed treatment episodes will show three or more service days of treatment as measured by BIS indicating clients engaged in the treatment process.

Data Source:

CBHS Billing Information System - includes outpatient, day treatment, residential single adult and residential family, methadone detoxification and methadone maintenance and excludes residential social or residential medical detoxification. CBHS will compute.

Program Review Measurement:

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

**Objective 5. Documentation/Authorization**

**B.5a. Applicable to: All Providers of Behavioral Health Services who provide Adult and Older Adult Mental Health Outpatient Services that are not exempt from having services authorized**

At least 90% of a sample reviewed by CBHS of open, active clients (defined as those having received a billable service in a program within 90 days) will have a current authorization, and 100% will have a current plan of care. Programs with multiple non-exempt reporting units will have data from those RU's combined before computation.

Data Source:

PURQC oversight audit. A random sample generated by CBHS and proportional to program caseload but not more than 25 clients will be used for PURQC oversight.

**Objective 6. Client Satisfaction**

**B.6b. Applicable to: Providers of Behavioral Health Services who provide Children, Youth, Families, Adult**

**or Older Adult Mental Health Treatment Services (excluding crisis services, suicide prevention and conservatorship)**

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

Data Source:

Program Tracking Sheet and Program Self Report

Program Review Measurement:

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

**B.6c. Applicable to: *Providers of Behavioral Health Services who provide Substance Abuse Services***

During Fiscal Year 2010-11, 100% of unduplicated treatment clients or prevention participants in attendance at the program on the targeted satisfaction survey days will be given and encouraged to complete the Citywide Client Satisfaction Survey.

Data Source:

Program Tracking Sheet and Program Self Report

Program Review Measurement:

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

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

**Objective 1. Program Productivity**

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

During Fiscal Year 2010-11, 19,657 units of service (UOS) will be provided consisting of treatment, prevention, or ancillary services as specified in the unit of service definition for each modality and as measured by BIS and documented by counselors' case notes and program records.

Data Source:

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

Program Review Measurement:

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

**Objective 2. Access to Services**

**C.2a. Applicable to: *All Adult and Older Adult & CYF Behavioral Health Intensive Case Management Programs including SPR's***

The program will have at least 40 new client episode openings for Fiscal Year 2010-11.

(The number of targeted new client episode openings during FY 2010-11 will be individually negotiated with the Program Manager for each specific Intensive Case Management Program based on historical rate of episode openings and baseline profile of psychiatric stability of caseload.)

Client Inclusion Criteria:

All new unique client episode openings into the ICM program during FY 2009-10.

Data Source:

CBHS Billing Information System - CBHS will compute.

Program Review Measurement:

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

**Objective 4. Client Outcomes Data Collection**

**C.4d. Applicable to: *All providers of Behavioral Health Services who provide substance abuse prevention services***

During Fiscal Year 2009-10, all Substance Abuse Prevention providers will complete a common risk assessment tool for 60% of the program participants, with recurring services.

Data Source:

Program Self Report

Program Review Measurement:

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

**C.4e. Applicable to: *Providers of Behavioral Health Services who provide non-24 hour Mental Health Treatment Services for Adults and Older Adults***

For clients on atypical antipsychotics, at least 50% will have completed the documentation of the CBHS Antipsychotic Metabolic Monitoring Form or equivalent, in the clients' medical record. At a minimum, the record should include annual monitoring of weight, blood pressure, and fasting glucose (or Hemoglobin A1.C).

Client Inclusion Criteria:

Adult and Older Adult clients on any atypical antipsychotic medication (aripiprazole, clozapine, olanzapine, quetiapine, risperidone, ziprasidone) prescribed by Provider any time during July 1, 2010 to June 30, 2011.

Data Source:

Program Self Report and/or Client medical record audit. / MUIC Metabolic Monitoring Subcommittee

Program Review Measurement

Objective will be evaluated based on a 12 month period from July 1, 2010 to June 30, 2011. To meet objective, Metabolic Monitoring Form should show at minimum annual monitoring of weight, blood pressure, and fasting

glucose (or Hemoglobin A1C). Upon request, Provider to submit copies of Metabolic Monitoring Forms for randomly selected clients.

**C.4f. Applicable to: *All Substance Abuse Treatment Providers***

100% of active substance abuse treatment staff who collect CalOMS data must complete the ADP CalOMS web-based training by September 30, 2010. All new substance abuse treatment staff must complete the web-based training within 30 days of their start date.

Program Review Measurement

Staff must complete a sign-in indicating the date on which they completed the training. Sign-in Sheets will be collected from all substance abuse treatment programs after September 30, 2010, and will be compared to active staff lists generated from the INSYST billing data provider tables.

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

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

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

Data Source:

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

Program Review Measurement:

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

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

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

Data Source:

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

Program Review Measurement:

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

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

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

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

Program Review Measurement:

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

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

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

Data Source:

Program Self Report.

Program Review Measurement:

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

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

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

Data Source:

Program Self Report.

Program Review Measurement:

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

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



***abuse programs providing prevention, early intervention and treatment service in  
Fiscal Year 2010-11.***

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

Data Source:

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

**Objective 6. Cultural Competency**

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

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

Data Source:

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

Program Review Measurement:

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

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

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

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

Data Source:

Program Self Report.

Program Review Measurement:

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

**B. Other Measurable Objectives**

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

**Outcomes**

- 1) Within the first month of service, all consumers will be enrolled in a primary care home.
- 2) Within the first month of service, all consumers with acute medical conditions will have received treatment.
- 3) Within the first month of service, all consumers who are homeless and who are willing to be housed will have been placed in at least temporary housing.
- 4) Episodes of mental health hospitalization will decrease by 50% in the first year of service compared to the year prior to service entry.
- 5) Episodes of homelessness will decrease by 80% in the first year of service compared to the year prior to service entry.
- 6) 60% of clients will show an increase in quality of life by six months of service as measured by WHOQOL-BREF; 80% will show improvement the first year.
- 7) 50% of clients will show an increase in life skills over the first six months of service as measured by the CLSS; 75% will show improvement in the first year.
- 8) 75% of clients with substance abuse problems at intake will show a reduction in harmful practices, through abstinence, reduction in use, transition to a safer drug, or more sterile conditions of use.
9. 50% of clients with mental health or substance abuse problems will demonstrate statistically significant symptom remission as measured by the Diagnostic Tree.

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

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

FSA has appointed a separate division, called The Felton Institute, to roll out its training, CQI, and evaluation components for the agency at large. The Felton Institute is the seat of quality assurance and program innovations, implementing evidence-based practice, CIRCE (our on-line data collection system) and program evaluation across all divisions at FSA. CIRCE tracks all CBHS requirements per contract. We are currently collaborating with CBHS to have CIRCE integrated with the new AVATAR system.

1. Program Name: FSA Older Adult Peer-Based Wellness and Recovery Center

Program Address: 1010 Gough Street  
City, State, Zip Code: San Francisco, CA 94109  
Telephone: (415) 474-7310  
Facsimile: (415) 474-9934

2. Nature of Document (check one)

☒ New      ☐ Renewal      ☐ Modification

3. Goal Statement

FSA's Curry Drop-In Center is a Senior Peer-Based Wellness and Recovery Center that operates as a program of attraction and socialization at the Curry Senior Center at 333 Turk Street, in the Tenderloin section of the city. The Center is run in conjunction with the congregate meal program provided by Project Open Hand for breakfast and lunch, Wednesday through Sunday. The program utilizes peers and peer networks and provides group and one-to-one activities, peer support mentoring and assistance, socialization, and skill development, and a safe place to be with friends. The program links seniors with treatment, medical care, support services, and resources in the community, while providing a supportive, low-threshold, non-judgmental environment in which elders proceed at their own pace. The aim is to connect elders to the support they need.

4. Target Population

The target population is older adults 60 and older who currently have mental health and/or substance abuse issues, who may be homeless or episodically homeless, and who may or may not have been connected to the behavioral health services before. Some may have cognitive impairments, severe disabilities, chronic health conditions, or living with HIV/AIDS. Some require a focused substance abuse intervention. The Tenderloin and surrounding neighborhood in San Francisco have large numbers of isolated older adults, with severe mental illness and co-occurring disorders. The center will serve an average of 40 clients per day in FY 2010-2011. About 40% are African American, 25% Latino, 10% white, 1% Native American, and about 25% Asian/Pacific Islander. We estimate about 20% are LGBTHQQ. About one-fourth are women.

5. Modality(ies)/Interventions - Please see CRDC.

6. Methodology

A. Program outreach, recruitment, promotion, and advertisement.

Recruitment: The Senior Peer Recovery Center operated in conjunction with the Curry Senior Center. The first point of recruitment is the meal program and its attraction of regular attendees. Through regular contact with both staff and peer counselors, the program builds rapport and engages the participants in Recovery Center programming. FSA also recruits via flyers, brochures, and through direct connection with the many agencies serving elderly clients, and information passed through external peer networks. The Center works with Project Open Hand and Project Homeless Connect and conducts repeated engagement to identify potential participants.

The Center has established a non-threatening, ultra-low threshold of service free of intrusive sign-in practices. We use logs (such as peer assistance or referral logs) to track participation.

Engagement: Peer staff and their supervisor at the meal site introduce themselves and engage with the clients to establish a trusting relationship, recognizing that trust and rapport take time and require skills and sensitivity. As recommended by the focus groups, a friendly system has been developed by peer staff and volunteers that allow people to be introduced warmly when they "drop in," and a great amount of effort is made to make everyone feel welcome and comfortable. We have group activities in the meal room between breakfast and lunch that allows participants to feel that they are part of a community. Repeated attempts are made to engage clients, without imposing value judgments on those individuals who choose not to participate.

Retention: Retention is the goal only if the participant continues to gain benefit from the community, but efforts toward community integration are pursued for all participants, so that they can meet their needs and find greater fulfillment within the neighborhood community or beyond.

#### B. Program's admission, enrollment and/or intake criteria and process.

Admission: Based on low threshold engagement to bring the targeted population into a comfortable area of engagement, so that services can be offered and more easily accepted.

Outreach and Community Speakers: Staff contact community agencies and arrange outreach visits a minimum of twice a month, and community agencies are encouraged to speak at the Center from two to four times a month. Staff make appointments with community based agencies to conduct outreach up to four times per month. These efforts can lead to new guests attending the center, getting new ideas for groups, and lead to agencies sending out guest speakers to the Drop-In Center.

Assessment: Staff presents each new guest with a Welcome Packet. The packet includes the monthly activities calendar, the center rules, and a Curry Center brochure. Staff and volunteers use this time to engage, listen, and assess through an informal welcoming interview process. Staff are encouraged to "meet the client where they are" when assessing for service needs. Even if a new guest declines services, the individual knows when they have questions or are ready for services that staff are happy to meet and help them get services they need.

#### C. Program's service delivery model.

Since 2007, FSA has been providing a drop-in Senior Peer-Based Wellness and Recovery Center (Curry Drop-In Center) at the Curry Senior Center at 333 Turk Street, in the Tenderloin section of the city, in conjunction with the congregate meal program provided by Project Open Hand for breakfast and lunch. The Curry Drop-In offers programming Wednesday through Friday, from 9am-3pm, and Saturday and Sunday, from 9am-1pm. Essential to this program are the weekend hours, when little is available for troubled and isolated seniors in the Central City.

The program provides group and one-to-one activities, peer support mentoring and assistance, socialization, and skill development, as well as a safe place to be with friends. The program works to link seniors with treatment, medical care, support services, and other resources in the community, while providing a supportive, low-threshold, non-judgmental environment in which elders can proceed at their own pace. A range of volunteer, stipend, and regular employment opportunities are provided for consumers. Consumers offer ideas that are then integrated into operation by program staff. Volunteers help to set up and run the groups with constant staff over-site with most of

the activities being planned and carried out by consumers themselves, including self-help support groups. The program conducts extensive outreach to recruit participants, as well as peer counselors and other volunteers. Peer support staff carry a client case load and provide assistance with activities of daily living as well as other necessary and beneficial supports.

**Forty participants** will attend the center daily, participating in various capacities. Core services include the above descriptions of outreach and assessment, and:

Case Management: Staff will refer to appropriate services upon request. Peers can escort to appointments, when appropriate, either on foot or on MUNI.

Treatment: Staff utilizes a Harm Reduction approach coupled with Motivational Interviewing techniques to engage the individual where they are in their decision to seek out treatment services. If needed, staff or volunteers will meet individually with a client on a regular basis to build rapport and support the client in their decision to seek out appropriate treatment services. Wellness and Recovery is always promoted during the process.

Individual Advocacy: Through the process of building group and individual supportive relationships with guests, staff and peers promote and encourage individual advocacy to guests. This is done through monthly Community meetings, as well as through encouraging guests to approach staff and/or volunteers with questions, concerns and needs they may have. By encouraging and supporting individual and group advocacy, the Peer-Based Wellness Center is helping to reduce the individual's feeling of stigma through Strength-Based empowerment.

Policy and Systemic Advocacy: Reduction of stigma and the promotion of ideas incorporated in wellness and recovery. This contributes to a systems change in service delivery, particularly in reaching underserved and unidentified older persons in need.

### **A Welcoming Hub to Services**

All older adults in the city, aged 60 and older are welcomed into the Wellness and Recovery Center. Following the "Every Door is the Right Door" approach, one of the goals of this project is to encourage older adults to seek treatment for mental health or substance abuse issues, as well as be provided medical services at a primary care home. All new participants are given an orientation to the center on an individual basis, including information about activities, Curry Center rules and guidelines, and a tour of the center and the Project Open Hands meal site. If the consumer expresses a desire for case management or mental health services, they are referred to appropriate services at Family Service Agency, Curry Senior Center, or other partnering agencies. All participants who do not already have a primary care home will be connected to Curry Senior Center's medical clinic or to another appropriate primary care clinic. Participants requesting assistance with substance abuse will be connected to Curry Senior Center's substance abuse program or other partnering treatment providers. Those needing housing services will be connected to Curry Senior Center's Housing Services, or other housing services provided by partnering agencies. All participants will be offered these connections to services in a non-threatening, low-key approach; In addition, the door remains open to revisit the discussion towards connecting to services at any time. All participants are asked to sign a log sheet for attendance for safety reasons, as well as program tracking purposes, and these records are used to track unduplicated attendance each quarter.

### **The Recovery Model**

Although some view recovery from a more traditional medical definition of the absence of illness, the psych-rehabilitative recovery model definition is understood as an ongoing, individualized process for persons with mental illness to be able to live their lives as fully as possible, even while enduring the symptoms and issues involved with their illness. The Wellness and Recovery Center fully embraces this second model and seeks to assist participants in locating jobs, meaningful activities and hope in their lives.

### **Peer Volunteers**

The Peer Volunteer Program is an essential component of the center. Volunteers support the needs of the all participants of the center. The program helps the volunteers reach goals in building self-confidence, esteem, and other aspects of the Recovery Model. Monthly meetings are held with the Peer Volunteer Staff for planning and information sharing. Basic training in Motivational Interviewing is offered to give peers greater skills for assisting center participants. Peer Volunteers also help plan group activities. The Peer Volunteers solicit feedback from guests around activities they would like to see implemented at the Center and report back to staff.

### **Group Activities**

Group activities are offered for outreach, socialization, education, community integration, health and wellness. Accessible, low-key therapeutic groups begin to address mental health, co-occurring disorders and substance abuse from a Harm Reduction perspective.

### **Activities that assist with Outreach**

Peer volunteers and center participants, through focus groups, decide what activities they would like to attend at the center. So far, these have included Music Appreciation, Current Events, Cooking with a Microwave, and Educational Documentaries with Post-Film Discussion.

### **Socialization**

Participants enjoy interactive games, allowing opportunities to develop interpersonal skills, make friends, and have fun. Many of the participants do not live in housing that promotes a sense of well-being and relaxation. Following the Recovery Model, hope and joy are a goal that the center strives to promote by providing a safe, friendly, and warm environment. The games and opportunities for socialization help increase motivation for on-going attendance. Games have included various organized board games, a monthly (magnetic) dart tournament game, memory games, historical quizzes, "Do You Remember" discussions, arts and crafts, etc.

### **Education**

The center's lead peer case aide has been very active in soliciting other programs and resources in the neighborhood to come to the center and present opportunities. These guest speakers provide information about resources, health issues, and community opportunities, including:

- Curry Nursing Staff: Education about important health issues
- Tom Waddell: Education about healthy eating
- RAMS: About job opportunities in their HireAbility Program
- Hospitality House, where participants are linked to creative expression through the arts
- Office on Aging, Case Manager: To provide information about housing opportunities
- The Living Room, for socialization opportunities

### **Substance Abuse Treatment**

The center strives to provide greater access to service needs by the participants. It is the Wellness and Recovery Center's goal to create an environment that emphasizes awareness of substance abuse issues and encourages entry into treatment, but does not stigmatize or drive away those participants who are not ready to address their substance abuse problems. Education is offered about co-occurring issues (including smoking), from guest speakers and videos, which follow with open discussions and encourage individuals to accept referrals for treatment. Participants are informed and encouraged to attend AA and NA groups when they are ready to attend treatment, as well as Curry Senior Center's range of substance abuse treatment programs on-site. The Center requires sobriety among participants and asks obviously intoxicated or participants under the influence of substances to leave the premises immediately. Participants are allowed to return to the Center, however, at which

time attempts are made to provide clients with targeted outreach and follow-up with additional linkages to other services.

In 2008, the Center participants took part in a smoking cessation study with UCSF. Participants offered their input to a number of focus groups. From that study has come a recommendation for a smoking cessation program at the Center, which is currently being developed and will be implemented in 2010.

### **Other Connections**

Starting in the Fall of 2009, Canon Kip Senior Center has been coming to the Center twice a month to provide information and referral services, as part of their contract with the Department of Aging and Adult Services. Participants are provided hands-on assistance with filling out social security forms and other service applications, as well as information about a number of programs for older adults in the city. In addition, a connection to Canon Kip services is made, such as computer classes, weekend socialization opportunities, and the CHEFS program to develop skills for older adults in professional cooking.

### **Community Integration**

Community Integration of the mentally ill is viewed as a benchmark for success of community mental health. The Wellness and Recovery Center fosters community integration with opportunities to engage in activities outside the center. Outside activities have included:

- Joint BBQs at Family Service Agency's Day Support Center
- Participating in an elder abuse awareness rally at City Hall or another advocacy effort on behalf of older adults
- Performing at a city-wide, older adult talent show at the War Memorial Building
- Joining an art class at Hospitality House

Providing additional meaningful opportunities for community integration will continue to be an important goal for the Center.

### **Health and Wellness**

Many studies have shown that exercise is important for improving mental health as well as higher medical outcomes and longevity of life. The Center strives to connect all clients to primary care services, but to also provide opportunities for more healthy living, including a daily exercise program, walking, healthy eating, and relaxation methods.

### **Therapeutic Groups**

WRAP: As part of the strengths-based assessment and case planning model FSA embraces, the Center has started a group to assist participants develop a Wellness and Recovery Action Plan (WRAP). WRAP is a self-management and recovery system developed by consumers, designed to monitor uncomfortable and distressing symptoms and to reduce, modify or eliminate those symptoms by using planned responses. WRAP is an important relapse prevention and recovery tool that helps to increase the consumer's control.

### **Problem-Solving Therapy:**

Through a research grant with UCSF and the National Institutes of Mental Health, FSA clinicians are being trained and certified in Problem Solving Therapy in treating depression and psychosis in older adults. Our own experience with PST at FSA is that older adults with severe and persistent mental illnesses are able to participate actively in treatment and report improved quality of life and social engagement as a result.

### **Ongoing Training for FSA Staff, including Peer Case Aides**

All Center staff and peer case aides will take part in FSA's extensive training offered through the FSA's

Felton Institute. FSA has placed a high priority on training staff in evidence-based practices to meet the needs of their clients. In collaboration with experts at UCSF, UC Berkeley, UC San Diego, clinicians working with older adults have been trained in Strengths-Based Care Management, Problem-Solving Therapy, Motivational Interviewing, and Cognitive Behavioral Therapy. During the 2009/10 fiscal year, clients were introduced to Reminiscence Therapy and Problem Solving Therapy for Psychosis. Through the Felton Institute, FSA has been offering geriatric training for its clinicians and other older adult mental health providers. Topics include issues around delirium, depression and dementia; medical conditions and complications; substance abuse; elder abuse, cognitive impairment, and cultural diversity.

In addition, FSA has been a leader in providing services to clients with hoarding and cluttering issues through its work on the Hoarding and Cluttering Task Force, as well as support group. The Center's staff will continue to attend hoarding and cluttering conferences and trainings.

D. Program's exit criteria and process.

As described above, the goal of this program is to connect participants to whatever services can meet their needs. Please see details above.

E. Program's staffing - Please see Appendix B

## 7. Objectives and Measurements

**Short Term Outcomes are to:** Provide non-traditional hours of service (weekends) in the Tenderloin, provide introduction to community services through outreach and in-house educational programming, provide a sense of community and safety in the Tenderloin, offer access and connection to services: case management, mental health treatment, substance abuse treatment, primary care, offer greater connection to housing, a 25% reduction in homelessness, and offer elders a better perception of their quality of life, increasing in 25% of cases.

**Long Term Outcomes include:** connecting participants to on-going primary care and preventive measures, providing a safe and comfortable community center to increase the likelihood that participants will have access to appropriate services, contributing to a more stable living condition for participants, contribute to a more stable mental health an/or substance abuse condition, reduced social isolation, serving participants with evidence-based practices and a wellness/recovery model, continuing to promote "every door is the right door" model, reducing the number of high end users of services in the City (i.e., ER visits, 911 calls, Police, Fire, Paramedics, and Mobile Crisis), eliminating duplication of services, and contributing to a seamless system of care.

We will also use the DPH's process objectives as described by the state of California. In particular, these outcomes will include the following:

1. A brief semi-annual report listing major accomplishments and challenges during the report period, how the challenges were addressed, and any changes that were made to program implementation during the period.
2. Quarterly program visits by CBHS Evaluation staff will assess the quality of program implementation based on initial program plans and changes to implementation documented in semi-annual reports. Program visits may include "key informant" interviews or focus groups with staff and/or clients to gain



a fuller picture of program implementation and perceived benefits/challenges from the perspectives of different stakeholders.

3. Feedback sessions with staff to discuss fine-tuning the implementation strategy, if indicated.

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

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

FSA has appointed a separate division, called The Felton Institute, to roll out its training, CQI, and evaluation components for the agency at large. The Felton Institute is the seat of quality assurance and program innovations, implementing evidence-based practice, CIRCE (our on-line data collection system) and program evaluation across all divisions at FSA. CIRCE tracks all CBHS requirements per contract. We are currently collaborating with CBHS to have CIRCE integrated with the new AVATAR system.



1. **Program Name:** FSA Community Aftercare Program  
**Program Address:** 6221 Geary Blvd, 3rd Floor  
**City, State, Zip Code:** San Francisco, CA 94121  
**Telephone:** (415)379-1040  
**Facsimile:** (415)750-1544

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

☒ New      ☐ Renewal      ☐ Modification

**Please Note:** This document covers only the period July 1, 2010-December 31, 2010. As of January 1, 2011, this program will be integrated into the Adult IFSO.

3. **Goal Statement**

The Goal of Community Aftercare Program is to provide case management and mental health treatment services to severely and persistently mentally ill individuals in order that they can live in the community and maintain the greatest independence, stability and level of functioning possible.

4. **Target Population**

Clients served by CAP are severely and persistently mentally ill residents of San Francisco County, 18 years of age and older who are living in or being referred to residential care facilities (RCF's). Many of the RCF residents we serve have co-occurring mental health and substance abuse conditions; many also suffer a variety of medical complications due to aging, medication-related illness, and the misadventures arising from a life with persistent mental illness, which may have included homelessness. The program works with individuals with a range of service intensity needs, transitions aging clients to Geriatric/Older Adult Systems of care, and transitions clients to lower levels of care as their functional capacity improves. Referrals to the program come from the Community Placement Team, RCF operators and other service providers.

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

- A. The Community Aftercare Program provides case management, mental health services, medication support services and crisis intervention to the populations that they serve.
- B. Case Management is the primary treatment modality. Case managers assist the client to access needed medical, education, social, prevocational, vocational, rehabilitative and other community related services. Case managers communicate with clients to establish their treatment goals and to coordinate their services in the greater community; including all referrals for financial, housing, vocational, psychiatric, and medical and social service needs. Case managers monitor the delivery of services to ensure quality of care and delivery of services in the greater system. Case managers monitor the progress of the client's treatment plan and adherences to the system of care provided, and make adjustments to clients care services when necessary.
- C. "Mental Health Services" are provided in individual therapies and interventions that are designed to provide reduction of mental disability and improvement or maintenance of functioning consistent with the

goals of learning, development, independent living and enhanced self-sufficiency and that are not provided as a component of adult residential services, crisis residential treatment services, crisis intervention, crisis stabilization, day rehabilitation, or day treatment intensive. Service activities include assessment, collateral and therapy.

- D. "Assessment" is provided as a clinical analysis of the history and current status of a client's mental, emotional, and behavioral disorder; including relevant cultural issues and history and current diagnosis.
- E. "Collateral services are provided as significant support to the client and those in the client's life with the intent of improving and maintaining the mental health status. The client may or may not be present for this service activity.
- F. "Therapy" is provided as a therapeutic intervention that focuses primarily on symptom reduction as a means to improve functional impairments. Therapy may be delivered to an individual or to a group of clients and may include some family therapy when the client is present.
- G. "Medication Support Services" means those services which include prescribing, administering, dispensing and monitoring of psychiatric medications or biologicals which are necessary to alleviate the symptoms of mental illness. The services may include evaluation of the need for medication, evaluation of clinical effectiveness and side effects, the obtaining of informed consent, medication education and plan development related to the delivery of the service and/or assessment of the beneficiary.
- H. "Crisis Intervention" means a service, lasting less than 24 hours, to or on behalf of a beneficiary for a condition which requires more timely response than a regularly scheduled. Service activities may include but are not limited to assessment, collateral and therapy.

## **6. Methodology**

- A. The program accepts referrals for clients needing outpatient aftercare from other providers through the County Placement team, RCF operators, Psychiatric Emergency Services and other providers such as Community Focus. Due to our long-term service and reputation in the County, we have not needed to recruit clients, other than an occasional phone call to the County Program monitor who is automatically notified when caseloads for the program are nearing capacity for taking new referrals. No advertisement is necessary; however, community public relations is practiced by the Program Director, Division Director, and agency administration to ensure that linkage and program support keeps FSA-CAP in the minds of the other treatment providers.
- B. Clients referred to Community aftercare need to meet the criteria of adults with an Axis I mental health diagnosis and are living in or being referred to live in the community in residential care facilities. Because of limited and shrinking mental health resources, coupled with the need to immediately serve many new acute clients coming in the front door, the program consistently applies utilization review and discharge /exit criteria to alleviate increasing caseload pressure, and to prioritize services to those most in need.

Clinicians making initial assessments for appropriateness of treatment consider such factors as: risk of harm, functional status, psychiatric stability, risk of decompensation, medication compliance, progress and failure in past treatment settings, and client's overall environment to determine which clients are most in need of and can be best served through targeted case management services.

The FSA Community Aftercare Program provides culturally appropriate Mental Health Services, Case Management/Brokerage and Crisis Intervention. A primary goal of the program is the prevention of

unnecessary hospitalizations of individuals. The provision for alternative treatment is done in the community in order to promote the highest possible level of rehabilitation and independent living compatible with the individuals desired outcomes, abilities and community resources.

The FSA Community Aftercare Program works in collaboration with the CBHS Placement Team to facilitate and coordinate placement of clients into the residential care homes served by CBHS. Case management staff is expected to seize the window of opportunity for connecting with a client by meeting face-to-face with new clients while they are hospitalized. In addition, the engagement process can sometimes require a long period of time when clients that have failed to engage with more traditional treatment models.

The FSA Community Aftercare Program will adhere to CBHS guidelines regarding assessment and treatment of indigent (uninsured) clients.

- C. Upon referral to Community Aftercare Program, clients are assigned an individual case manager who is responsible to thoroughly assess the client and provide a client driven plan of care specific to the criteria outlined by CBHS. After assessment by the case managers, treatment is coordinated by case managers with a Client's RCF operator, primary care physician (PCP), psychiatrist, any family members currently involved in the client's life, and other appropriate service providers; such as public guardian, conservator, pharmacists, podiatrist, County placement team and outside day treatment or vocational service staff as specific to the clients authorization for services.

Clients are visited in their respective living environments on average once every 3 to 4 weeks, unless a critical incident requires the case managers increased involvement in the form of crisis management. Case managers work with clients to determine the client's individual level of commitment to treatment and recovery. Case managers specify this agreed upon commitment on a plan of care (POC) in the form of individual goals and interventions, which are client driven and worked on with the clients on an on-going basis. Case Managers are often responsible to translate to physicians and other people involved in the client's care their specific needs, which the client is some times unable to specify due to their mental illness.

The CAP program staff use a case management model that emphasizes engagement and outreach to clients in their natural settings. All FSA clinical staff provides Mental Health Services, case management/brokerage and crisis intervention, and each staff also functions as care managers in the reauthorization process. Persistent support and outreach is done when a client does not keep medication or case management appointments.

Upon intake clients are assessed for medical necessity, medication compliance, dual diagnosis needs, medical, financial and social assistant needs. Clients are assigned to appropriate case managers who are either bi-lingual and or culturally sensitive to the clients needs when possible. Clients are screened for dual diagnosis needs and the appropriate program, linkage, and referrals are planned for the client. The program encourages the use of a Harm Reduction model in providing services to clients. Case managers encourage abstinence but will attempt to engage the individual in treatment who are continuing to use or abuse substances. The program works with clients where they are and moves toward reducing the harmful behaviors including substance use.

Program interventions include money management through the Public Guardians Office or an institutional Payee. Financial interventions are made to support sobriety and engage the client in treatment. Shopping plans are also used to assist a client with money management.

Referrals for the dual diagnosed client may include residential dual diagnosis treatment, substance abuse services, Walden, WITS, and appropriate 12 step meetings. Clients who are stable and can engage in outside socialization activities are referred to Sunset, OMI, Oasis, or encouraged toward vocational services such as CVE, TVP, STEP, RAMS Hire ability or Peer Intern Counseling programs. Programs providing vocational services are invited to provide FSA- CAP in-service trainings to program staff on a regular basis.

Program staff is located at 6221 Geary Boulevard, 3<sup>rd</sup> Floor, in San Francisco. Office hours are Monday through Friday 8:30 – 5:00, and services are provided at client residences throughout San Francisco County and beyond. After hour support is provided from 5:00 pm to 8:30 AM evenings, weekends and holidays through a 24 hour crisis telephone pager system staffed by CAP case managers and shared with sister program FSA Adult Care Management.

Many of the clients are suffering serious medical conditions due to growing elderly and/or due to the complications that arise from long-term psychotropic medications. These clients are linked to services with primary care physicians who are affiliated with the various RCF houses, and on occasion, when a client is unable to communicate due to their mental illness, the case manager will accompany the client to appointments and make the appropriate translations and medical appointments that arise through the course of treatment. This is often done in affiliation with the RCF operators, who by licensure ship are required to get clients to their medical appointments. In addition the CAP will start using senior student nurses as interns to provide clients with support regarding education and training to deal with their medical problems like diabetes, hypertension etc.

The program delivers services in the preferred language of the consumer, use community language resources and make provisions for the trained interpreters as needed. The program attempts to hire bilingual staff when openings occur.

The FSA CAP program has implemented a Wellness and Recovery perspective into its services by emphasizing measurable client-driven treatment goals that move toward recovery. Clients are viewed holistically in terms of providing support for physical, emotional, social and spiritual well-being. The program will also begin utilizing more of time-efficient group interventions to maximize the number of clients that can be helped, which has already begun by sending clinicians to trainings on these modalities.

- D. The FSA –CAP program consistently applies utilization review and discharge/ exit criteria to alleviate increasing caseload pressure, and to prioritize services to those most in need. Clinicians will consider factors such as; risk of harm, functional status, psychiatric stability/ risk of decompensation, medication compliance, progress and status of Care Plan objectives and the clients ability to utilize services at the system's next lower level of care.

FSA Program staff shall notify the care manager and conservator (if conserved) of proposed discharge plans or services termination prior to the actual discharge, in order to allow for collaborative problem solving and or disposition planning.

To ensure continuity of care for clients moving out of residential care, FSA CAP case managers provide services to clients living in other settings other than RCF's for an interim period of time to allow the client to make the appropriate connections to on going support staff in their new modality of care.

- E. The FSA – CAP program serves a minimum of 160 clients with 4.0 FTE case managers who carry a caseload of 43 clients for FTE. In addition we have an office manager and a peer case aide who provide

data entry and critical office support to the entire staff. The case management staff is primarily masters- and doctoral-level social workers and psychologists, who are dedicated to the well being and treatment of the severely mentally ill. The Program Director and Clinical Director provide supervision to staff, interns, and peers. They will also provide the training for the new staff. All staff is included in weekly staff meetings, which include case conferences with our Division Director. All staff is provided on-going clinical supervision and has a supervisor on hand should questions arise.

FSA CAP may utilize the services of student interns and peers to augment the regular staff services provided to our clients. Interns and peers will be provided with supervision by the clinical staff and will be recruited with the criteria of having the necessary education, training, experience and skills to competently provide services for the severely and persistently mentally ill individuals that constitute the program's caseload. In addition to school requirements, the interns will not be assigned to clients requiring more complex care management. Peers will be used in case management activities and support services according to their capacities.

## 7. Objectives and Measurements

### A. Outcome Objectives

#### OUTCOME 1: IMPROVE CLIENT SYMPTOMS

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

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

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

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

Data Source:

Avatar - CBHS will compute.

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

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

Client Inclusion Criteria:

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

Data Source:

Avatar - CBHS will compute.

Program Review Measurement:

Objective will be evaluated based on a 6-month period from July 1, 2010 to December 30, 2010.

#### OUTCOME 2: Reduce Substance Use - N/A

**OUTCOME 3: IMPROVE CLIENT FUNCTIONING**

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

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

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

Data Source:

Avatar

Program Review Measurement:

Objective will be evaluated based on a 6-month period from July 1, 2010 to December 30, 2010.

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

**Objective 1: Access to Services**

B.1a. Applicable to: ***All Providers of Behavioral Health Services who provide non-24 hour Mental Health Treatment Services to Adult and Older Adults Health Programs, except 24-hour programs***

25% of uninsured active clients, with a DSM-IV diagnosis code that likely indicates disability, who are open in the program as of July 1, 2010, will have SSI linked Medi-Cal applications submitted by June December 30, 2010.

Programs are also strongly encouraged to refer eligible clients to Healthy San Francisco.

Client Inclusion Criteria:

Uninsured active clients (seen by the program at least once between July 1, 2010 and December 30, 2010) with a DSM-IV diagnosis code that likely indicates disability (list of DSM-IV diagnosis codes will be provided by CBHS) and open in the program as of July 1, 2010, will be included in the calculation.

Data Source:

Program Director will show proof of SSI applications submitted for/by clients (such as copies of applications, or proof of online application submission). Provider shall email DPH SSI Program Coordinator a list containing names and Social Security numbers of clients who applied for SSI through the Agency's assistance at luciana.garcia@sfdph.org.

Program Director shall keep in files proof of SSI applications submitted for/by clients (such as copies of applications or proof of online application submission).

Program Review Measurement:

Objective will be evaluated based on a 6-month period from July 1, 2010 to December 30, 2010.

**Objective 4. Collect Client Outcomes for Substance Abuse - N/A**

**Objective 5. Documentation/Authorization**

B.5a. Applicable to: ***All Providers of Behavioral Health Services who provide Adult and Older Adult Mental Health Outpatient Services that are not exempt from having services authorized***

At least 90% of a sample reviewed by CBHS of open, active clients (defined as those having received a billable service in a program within 90 days) will have a current authorization, and 100% will have a current plan of care. Programs with multiple non-exempt reporting units will have data from those RU's combined before computation.

Data Source:



PURQC oversight audit. A random sample generated by CBHS and proportional to program caseload but not more than 25 clients will be used for PURQC oversight.

**Objective 6. Client Satisfaction**

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

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

Data Source:

Program Tracking Sheet and Program Self Report

Program Review Measurement:

Objective will be evaluated based on the survey administration closest to the 6-month period from July 1, 2010 to December 31, 2010.

- B.6c. Applicable to: ***Providers of Behavioral Health Services who provide Substance Abuse Services***

During Fiscal Year 2009-10, 100% of unduplicated treatment clients or prevention participants in attendance at the program on the targeted satisfaction survey days will be given and encouraged to complete the Citywide Client Satisfaction Survey.

Data Source:

Program Tracking Sheet and Program Self Report

Program Review Measurement:

Objective will be evaluated based on a 6-month period from July 1, 2010 to December 30, 2010.

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

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

**Objective 1. Program Productivity**

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

During the period July 1, 2010 – December 31, 2010, 2,112 units of service (UOS) will be provided consisting of treatment, prevention, or ancillary services as specified in the unit of service definition for each modality and as measured by Avatar and documented by counselors' case notes and program records.

Data Source:

Avatar

Program Review Measurement:

Objective will be evaluated quarterly during the 6-month period from July 1, 2010 to December 31, 2010.

**Objective 2. Access to Services**

**C.2a. Applicable to: *All Adult and Older Adult & CYF Behavioral Health Intensive Case Management Programs including SPR's***

(The number of targeted new client episode openings during FY 2009-10 will be individually negotiated with the Program Manager for each specific Intensive Case Management Program based on historical rate of episode openings and baseline profile of psychiatric stability of caseload.)

Client Inclusion Criteria:

No new episode openings will take place during this period, as the program is ramping down.

Data Source:

CBHS Avatar System

Program Review Measurement:

Objective will be evaluated quarterly.

**Objective 4. Client Outcomes Data Collection**

**C.4e. Applicable to: *Providers of Behavioral Health Services who provide non-24 hour Mental Health Treatment Services for Adults and Older Adults***

For clients on atypical antipsychotics, at least 50% will have completed the documentation of the CBHS Antipsychotic Metabolic Monitoring Form or equivalent, in the clients' medical record. At a minimum, the record should include annual monitoring of weight, blood pressure, and fasting glucose (or Hemoglobin A1C).

Client Inclusion Criteria:

Adult and Older Adult clients on any atypical antipsychotic medication (aripiprazole, clozapine, olanzapine, quetiapine, risperidone, and ziprasidone) prescribed by Provider any time during July 1, 2010 to December 31, 2010.

Data Source:

Program Self Report.

Program Review Measurement:

To meet objective, Metabolic Monitoring Form should show at minimum annual monitoring of weight, blood pressure, and fasting glucose (or Hemoglobin A1C). Upon request, Provider to submit copies of Metabolic Monitoring Forms for randomly selected clients.

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

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

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

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

Data Source:

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

Program Review Measurement:

Objective will be evaluated based on a 12-month period from July 1, 2009 to June 30, 2010.

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

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

Data Source:

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

Program Review Measurement:

Objective will be evaluated quarterly during the 6-month period from July 1, 2010 to December 31, 2010. Only the summaries from the two first quarterly meetings held by March 2010 will be included in the program review.

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

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

Data Source:

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

Program Review Measurement:

Objective will be evaluated quarterly during the 6-month period from July 1, 2010 to December 31, 2010. Only the summaries from the two first quarterly meetings held by March 2009 will be included in the program review.

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

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

Data Source:

Program Self Report.

Program Review Measurement:

Objective will be evaluated quarterly during the 6-month period from July 1, 2010 to December 31, 2010. Only the summaries from the two first quarterly meetings to be held by December 2009 and March 2010 will be included in the program review.

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

During Fiscal Year 2009-10, each program will participate in one Primary Care partnership activity. The Primary Care Partner for this activity must be the DPH Oriented Primary Care Clinic located in closest proximity to the program, or most appropriate for the program population. Primary care program which cannot be Primary Care Partner for this purpose, include primary care program which are part of the same overall agency as the Behavioral Health Program. Optimal activities will be designed to promote cooperative planning and response to natural disaster or emergency events, neighborhood health fairs to increase joint referrals, or mutual open house events to promote cross-staff education and program awareness.

Data Source:

Program Self Report.

Program Review Measurement:

Objective will be evaluated quarterly during the 6-month period from July 1, 2010 to December 31, 2010. Only the summaries from the two first quarterly meetings held by March 2009 will be included in the program review.

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

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

Data Source:

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

**Objective 6. Cultural Competency**

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

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

Data Source:

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

Program Review Measurement:

Objective will be evaluated quarterly during the 6-month period from July 1, 2010 to December 31, 2010.

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

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

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

Data Source:

Program Self Report.

Program Review Measurement:

Objective will be evaluated quarterly during the 6-month period from July 1, 2010 to December 31, 2010. Only the summaries from the two first quarterly meetings held by March 2010 will be included in the program review.

1. Program Name: FSA Adult Care Management (ACM)

Program Address: 1010 Gough Street

City, State, Zip Code: San Francisco, CA 94109

Telephone: (415) 474-7310

Facsimile: (415) 931-3773

2. Nature of Document (check one)

☒ New      ☐ Renewal      ☐ Modification

3. Goal Statement

The goal of **Adult Care Management (ACM)** is to support persistent mentally ill individuals and individuals with co-occurring disorders to live in the community and to maintain the greatest independence, stability, and level of functioning possible. The program will provide intensive case management to individuals in the community. Every attempt will be made to ensure continuity of care and to develop a community support system for these individuals by connecting them with appropriate resources, community health and mental health, development and implementation of their plans to achieve their desired outcomes.

4. Target Population

The target population consists of persistently mentally ill adults and those adults who struggle with substance abuse problems in addition to their mental health problems. The target population is also residents of San Francisco, who are age 18 and up who are experiencing persistent mental illness, which could be accompanied by a substance abuse and homelessness issues. We serve both men and women of any sexual orientation, and when possible we provide monolingual client's language specific case management. Currently, services can be provided in Spanish, Tagalog and English. The program will use criteria established by Community Behavioral Health Services (CBHS) in accepting individuals for services. Services will be provided to clients at the office and in the community as needed.

5. Modality(ies)/Interventions

Mental Health, Case Management Brokerage, Crisis Intervention, Group Therapy, Medication Support and Outreach Services will be provided to clients. The exact number of minutes used by staff providing a reimbursable service shall be reported and billed.

**Mental Health Services.**

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

**Assessment:**

"Assessment" means a service activity which may include a clinical analysis of the history and current status of a beneficiary's mental, emotional, or behavioral disorder; relevant cultural issues and history procedures.

**Collateral:**

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

**Therapy:**

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

**Targeted Case Management:**

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

**Crisis Intervention:**

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

**Medication Support Services:**

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

**Outreach Services/Consultation Services**

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

**6. Methodology**

**A. Program's recruitment, promotion, and advertisement**

Program will accept referrals from hospitals and other agencies of clients who meet the CBHS criteria for Intensive Case Management. Program will notify Program Monitor when caseloads for the program are nearing capacity to take new referrals.

**B. Program's admission, enrollment and/or intake criteria.**

The admission criteria to the ACM program is consistent with CBHS' admission criteria for intensive case management programs. All referrals the ACM program are approved by Sidney Lam of CBHS. Once an approved referral is sent to the ACM office the case is assigned to the most appropriate case manager with an opening in their caseload. A transitional meeting between the referring case manager, the ACM case manager and the client is then held. During this meeting the ACM staff person introduces the client to the ACM program, by describing the services provided. In addition the grievance procedure and clients' rights are reviewed. The client is then asked to review and sign consent for mental health services, as well as the HIPAA consent form. Identifying information is also gathered from the client at this time. Depending on the individual client's attention span, the remainder of the intake procedure can either continue or resume at the next scheduled appointment.

**C. Program's service delivery model.**

The FSA ACM Program provides culturally appropriate Mental Health Services, Case Management/Brokerage and Crisis Intervention and care management in accordance with the provision of the Rehabilitation Model and Access/Reauthorization. Services are designed to promote the highest possible level of rehabilitation and independent living. It is the goal of ACM to assist our clients with living in the community, as independently as possible. To achieve this we hope to prevent hospitalizations whenever possible. Case Managers work with their clients to create a Plan of Care, which utilizes the clients' strengths, focuses on achieving the clients' desired outcomes and utilizes the community available resources. All FSA clinical staff in this program will provide Mental Health Services, Case Management/Brokerage, and Crisis Intervention. Medical staff, psychiatrist and nurse practitioner, provide Medication Support Services. Clinical staff will function in the role of care managers and reauthorization of services.

The ACM Program provides intensive case management services to adults living in the community. These services include providing individuals in the program an ongoing clinical relationship with their case manager and the case management team. The case manager will follow individuals over time and throughout the community. This continuity of care greatly improves the ability of clients to access needed services and to maintain stability in the community. The development of a trusting therapeutic relationship with a case manager is of utmost importance in motivating clients to follow through with treatment and link to the necessary services. Frequency of contact with clients will depend on their individual needs. At the beginning and at times of crisis, client may be seen daily by the treatment team. Clients are seen at the program site and in the community.

In addition ACM will attempt to provide a "community" which our clients will hopefully feel that they can be a member of. We hope to do this by providing a welcoming environment, running groups, e.g., DBT and a dual diagnosis group and providing community celebrations/meals at the holiday time and during the summer.

The average length of stay in the program is between two and three years. Clients are generally seen weekly. Clients in crisis or going through a transition period are seen more frequently; clients who are achieving a degree of stability are seen less frequently. This is done to prepare the clients for the next lower level of care, where clients will receive services monthly rather than weekly.

Hours of operation are from 8:30 a.m. to 5:00 p.m. Monday through Friday. An after hours dedicated emergency number is provided to clients and other providers that work with clients. This number is answered by staff from the Suicide Prevention Agency who will page the FSA staff on duty when the situation so requires. The FSA staff on duty will respond to page and will contact the calling person when deemed necessary.

Specific intensive case management services provided to individuals include:

1. Applying for and maintaining entitlements.
2. Engagement with clients who have not connected with services
3. Linkage to medical services
4. Assistance to access and maintain housing
5. Money management and liaison with representative payees.
6. Outreach: the majority of client contacts are in the field
7. Linkage and coordination with psychiatrists and medical staff
8. Resource development
9. Building collaborative relationships with service providers and community resources
10. Placement planning and referrals for clients in transition between programs, housing, and levels of care.
11. Providing supporting and problem solving focused therapy, including DBT
12. Providing basic individual and group substance abuse treatment.

Clients are screened at intake for special dual diagnosis needs. An attempt is made to assign clients with special dual diagnosis needs to staff with dual diagnosis experience, training, and skills. At intake, a client's dual diagnosis needs are assessed and the appropriate program, linkage and referrals are planned with the client. The program encourages the use of a Harm Reduction approach in providing services to clients. Case managers will encourage abstinence but will attempt to engage individuals in treatment who are continuing to use or abuse substances. Program interventions may include: 1) money management (through Public Guardians Office or other representative payee) to support sobriety and to engage the client in treatment. Additional uses of money management may include meal plans at local restaurants to ensure that food is available and to reduce money for buying drugs or alcohol. Shopping plans are also used to assist clients with money management; 2) individual therapy with case manager to review triggers and coping skills; and 3) group therapy. Referrals may include residential dual diagnosis treatment, substance abuse services, the Redwood Center, Walden House, WITS, the New Life Center and appropriate 12 step meetings. The program uses a harm reduction model to work with the client where they are and move towards reducing the harmful behaviors including substance abuse.

The program encourages staff to receive ongoing training in dual disorder treatment. Staff members attending trainings are requested to present information at in-service training for program staff and be available to provide ongoing consultation to the clinical staff. FSA is committed to provide trainings to all staff in the effort of making each FSA program welcoming and capable of providing services to the dually diagnosed population of clients.

#### **D. Program's exit criteria and process**

Clients will be discharged to a case management program at a lower level of care when they meet the following criteria:

1. Client entitlements are in place.
2. Client crises (such as housing, financial or payee services) are resolved.
3. Client has had no more than one ADU or PES episode, and/or hospitalization during the last 12 months.
4. Over a six-month period client has demonstrated stability by participating in services as scheduled, keeping appointments, and maintaining medication compliance.



5. Client requires less than 72 hours of outpatient services on an annual basis.

#### E. Program's staffing.

ACM will have 5.50 FTEs of case management time. The case manager caseload for a FTE is 20 clients. The total caseload for the program will be 110 clients. The case managers provide individual treatment both in the office and outreach to the community (including symptom management and substance abuse treatment), and case management brokerage (including linkage to housing, benefits, necessary services and money management). Case managers also co-facilitate ACM therapy group. ACM has a part time psychiatrist and part-time nurse practitioner who conducts evaluations, prescribes and disburses medication. Additionally, the medical staff provides consolation to the staff. ACM's Program Director's function is to: 1) provide clinical supervision to the staff, 2) act as the primary OD for walk in emergencies, 3) facilitate group supervision, 4) perform quality management function, including chart reviews and compliance with CBHS and Medical regulations, and 5) facilitates treatment group. ACM also has two part time support staff who's function is to: 1) receive and announce clients and visitors, 2) input medical billing, 3) answer the phones, 4) assure forms and supplies are on hand, and 5) responsible for office organization.

ACM may utilize the services of student interns, peers and volunteers to augment the regular staff services provided to our clients. Interns, peers and volunteers will be provided with supervision by the clinical staff and will be recruited with the criteria of having the necessary education, training, experience and skills to competently provide services for the severely and persistently mentally ill individuals that constitute the program's caseload. In addition to school requirements, the interns will not be assigned to clients requiring more complex care management. Peers and volunteers will be used in case management activities according to their capacities.

#### ACM

- Division Director (0.27 FTE) – responsible for program compliance
- Program Director (.50 FTE) – responsible for program supervision and outcomes and (.50 FTE) – provide mental health services and linkage
- Mental Health Case Manager (4.0 FTE) – provide mental health services and linkage
- Graduate Student Intern (.50 FTE) - provide mental health services and linkage
- Peer Professional Case Aides (1.0 FTE) – responsible to outreach, engagement, accompaniment and activity supervision
- Psychiatric Nurse Practitioners (0.25 FTE) – medication support
- Psychiatrist (0.20 FTE) – medication support and supervision of nurse practitioner
- Support Staff (.66 FTE) – everything else

### 7. PERFORMANCE/OUTCOME OBJECTIVES

#### Outcome A: Improve Client Symptoms

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

The total number of acute inpatient hospital episodes used by clients in Fiscal Year 2010-11 will be reduced by at least 15% compared to the number of acute inpatient hospital episodes used by these same clients in Fiscal Year 2009-10. This is applicable only to clients opened to the program no later than December 31,

2010, and had no IMD or CTF episode during FY 2009-10. Data collected for July 2010 – June 2011 will be compared with the data collected in July 2009– June 2010.

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

Data Source:

CBHS Billing Information System - CBHS will compute.

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

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

Client Inclusion Criteria:

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

Data Source:

BIS Reason for Discharge Field.

Program Review Measurement:

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

- A.1k.**    Applicable to:       Intensive Care Management (ICM) Providers of Adult and Older Adult Behavioral Health Services

ICM providers will require that clinicians evaluate level of functioning for ALL NEW CLIENTS by completing the Milestones of Recovery Scale (MORS) for all clients.

For all ICM providers, these ratings will be completed at intake, every month thereafter, and at discharge.

For clients who receive ICM services through other providers, it will be the responsibility of the ICM services provider to complete the MORS at intake and every month thereafter, and at discharge.

Providers must submit 75% of required MORS forms for all new clients to pass this objective.

Data Source:

MORS submitted to website and summarized by Program Evaluation Unit.

Program Review Measurement:

Objective will be evaluated on based on a 3-month period from March 1, 2011 to June 30, 2011.

<b>OUTCOME 3: IMPROVE CLIENT FUNCTIONING</b>
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**Objective A.3: Increase Stable Living Environment**

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

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

Data Source:  
BIS Living Situation Codes.

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

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

**Objective 1: Access to Services**

B.1a. Applicable to: **All Providers of Behavioral Health Services who provide non-24 hour Mental Health Treatment Services to Adult and Older Adults Health Programs, except 24-hour programs**

50% of uninsured active clients, with a DSM-IV diagnosis code that likely indicates disability, who are open in the program as of July 1, 2010, will have SSI linked Medi-Cal applications submitted by June 30, 2011.

Programs are also strongly encouraged to refer eligible clients to Healthy San Francisco.

Client Inclusion Criteria:  
Uninsured active clients (seen by the program at least once between April 1, 2010 and June 30, 2011) with a DSM-IV diagnosis code that likely indicates disability (list of DSM-IV diagnosis codes will be provided by CBHS) and open in the program as of July 1, 2010., will be included in the calculation.

Data Source:  
Program Director will show proof of SSI applications submitted for/by clients (such as copies of applications, or proof of online application submission). Provider shall email DPH SSI Program Coordinator a list containing names and Social Security numbers of clients who applied for SSI through the Agency's assistance at luciana.garcia@sfdph.org.

Program Director shall keep in files proof of SSI applications submitted for/by clients (such as copies of applications or proof of online application submission).

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

**Objective 5: Documentation and Authorization**

- B.5a. Applicable to: **All Providers of Behavioral Health Services who provide Adult and Older Adult Mental Health Outpatient Services that are not exempt from having services authorized**

At least 90% of a sample reviewed by CBHS of open, active clients (defined as those having received a billable service in a program within 90 days) will have a current authorization, and 100% will have a current plan of care. Programs with multiple non-exempt reporting units will have data from those RU's combined before computation.

Data Source:

PURQC oversight audit. A random sample generated by CBHS and proportional to program caseload but not more than 25 clients will be used for PURQC oversight.

**Objective 6: Client Satisfaction**

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

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

Data Source:

Program Tracking Sheet and Program Self Report

Program Review Measurement:

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

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

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

**Objective 1. Program Productivity**

- C.1a. Applicable to: **All Adult and Older Adult & CYF Behavioral Health Intensive Case Management Programs including SPR's**

During Fiscal Year 2010-11, 5,160 units of service (UOS) hours will be provided consisting of treatment, prevention, or ancillary services as specified in the unit of service definition for each modality and as measured by BIS and documented by counselors' case notes and program records.

Data Source:

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

Program Review Measurement:

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

**Objective 2. Access to Services**

**C.2a. Applicable to: All Adult and Older Adult & CYF Behavioral Health Intensive Case Management Programs including SPR's**

Adult Care Management will have at least 22 new client episode openings (or 20% new clients) for Fiscal Year 2009-10. (The number of targeted new client episode openings during FY 2010-11 will be individually negotiated with the Program Manager for each specific Intensive Case Management Program based on historical rate of episode openings and baseline profile of psychiatric stability of caseload.)

Client Inclusion Criteria:

All new unique client episode openings into the ICM program during FY 2010-11.

Data Source:

CBHS Billing Information System - CBHS will compute.

Program Review Measurement:

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

**Objective 5. Integration Activities**

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

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

Data Source:

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

Program Review Measurement:

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

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

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

Data Source:

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

Program Review Measurement:

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

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

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

Data Source:

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

Program Review Measurement:

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

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

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

Data Source:  
Program Self Report.

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

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

During Fiscal Year 2010 -11, each program will participate in one Primary Care partnership activity with the Department of Public Health or Public Health Consortium Clinic located in closest proximity to their program. Optimal activities will be designed to promote cooperative planning and response to natural disaster or emergency events, neighborhood health fairs to increase joint referrals, or mutual open house events to promote cross-staff education and program awareness.

Data Source:  
Program Self Report.

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

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

Providers will have all program service staff including physicians, counselors, social workers, and outreach workers each complete a self assessment of integration practices using the CODECAT.

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

## **Objective 6. Cultural Competency**

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

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

Data Source:

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

Program Review Measurement:

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

Designated Contact:

Jason Hashimoto, Director, EEO/Cultural Competency Programs, DPH.

**Objective 8. Program and Service Innovation & Best Practices**

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

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

Data Source:

Program Self Report.

Program Review Measurement:

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



1. **Program Name:** FSA Adult Full Service Partnership  
**Program Address:** 1010 Gough Street  
**City, State, Zip Code:** San Francisco, CA 94109  
**Telephone:** (415) 474-7310  
**Facsimile:** (415) 474-9934

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

☒ New      ☐ Renewal      ☐ Modification

3. **Goal Statement**

Our primary goals are to encourage these people in becoming independent and productive members of their community; that they have the supports and resources to achieve successful outcomes and stability in independent living; that they have meaningful opportunities to improve their well-being and quality of life; that they be empowered with a sense of purpose and self-determination to achieve their potential, that they understand and have the resources to address their mental health issues, and that they have the skills and understanding to remain clean and sober.

4. **Target Population**

The target population is adults ages 18 and older with severe mental illness and/or substance abuse problems. Many will have HIV/AIDS; some may be homeless. We treat all genders and sexual orientations and work with family members, significant others, and support persons. FSA's Adult Full Service Partnership (FSP-A) will provide an integrated recovery and treatment approach for approximately 40 vulnerable adult San Franciscans living with serious mental illness or dual diagnosis. This represents an increase in the number of consumers this program will serve over last year. We will achieve this higher census by ramping up gradually over the course of this fiscal year.

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

**Modalities of Services** used in the Adult Care Management and Adult FSP are:

**Direct Services:**

Assessment and Plan Development: for analysis of consumer's history and current psychological, emotional and behavioral issues. In addition to developing a treatment plan.

Case Management Brokerage: for linking consumers to services and providing emotional support.

Individual and Group Therapy: for providing therapeutic interventions that focus on symptom reduction.

Collateral: a service activity to a significant support person in the consumer's life.

Individual and Group Therapy: therapeutic interventions focused on symptom reduction.

Crisis Intervention: emergency intervention, immediate face to face to prevent harm coming to the consumer.

Medication Support Services: prescribing, administering, dispensing and monitoring of psychiatric medications and biological to alleviate psychiatric symptoms.

**Indirect Services:**

Providing mental health promotion

Working with "Community Clients" who are not registered to our program.

Giving trainings.

Clinical Staff Development, receiving training.

The FSP program can also utilize **Mode 60** functions. These are either services provided to consumers that do not meet Medical standards for reimbursement, such as, transportation, shopping, or socialization activities; in addition to in-kind services that are purchased for our consumers out of this program's flex fund budget.

## 6. Methodology

### A. Program's outreach, recruitment, promotion, and advertisement.

**Outreach and Engagement:** Once a client has been identified by CBHS and referred to the FSP-A, the Consumer Services Team (CST) will be responsible for outreach, screening and assessment. Members of the CST will conduct street outreach to homeless encampments, parks, homeless shelters and food programs, and other service locations. Engagement with clients will include careful, systematic attempts to engage the most difficult and wary consumers, involving multiple contacts and a willingness to serve consumers on whatever level they are willing to receive assistance.

Primary responsibility for outreach will reside with the CST's two consumer-professional Outreach Worker. These will be Outreach Workers with direct experience as clients of the treatment system. Based upon national research that shows that the most effective outreach to the target population is by addressing immediate needs, the Case Aides will be able to offer food, clothing, temporary shelter, and other amenities (snacks, razors, personal hygiene supplies). A second key to the Initiative's outreach to the most fragile and disconnected consumers will be the CST's Psychiatric Nurse Practitioner. Because consumers who are otherwise distrustful of treatment services are often willing to receive health care if it is offered in a non-institutional setting, the PNP will be an important element of our engagement strategy. The PNP will provide health screening and first aid, dispense minor medications (such as over-the-counter painkillers and analgesics, and topical skin medications), prescribe psychotropic medications with supervision of the psychiatrist, and arrange for medical treatment through the Tom Waddell Health Center. With this beginning, it is hoped that a bond may be formed with the CST that will make the consumer more open to accepting assistance. In addition to street outreach, referrals will be accepted from multiple sources, including SF General, Project Homeless Connect, other homeless programs, other mental health and substance abuse agencies, PES, Sheriff, SFPD, hospital emergency rooms, and self and family referrals. All referrals will need to be authorized by CBHS.

**Intake and Assessment:** Once an individual has been identified as an FSP-A client, the first focus of the CST will be the consumer's basic needs for shelter, food, clothing, and medical care. Consumers who cannot be placed immediately into housing will receive temporary housing while the assessment and housing placement process goes on. Our CST will actively cooperate with the housing placement and stabilization process to offer a variety of housing resources. We will immediately assist the consumer with food, clothing needs, and a health checkup. Any pressing health needs will be immediately treated through the Tom Waddell Health Center. Within one week after a client enters the program, the Team will work with an Eligibility Worker from the Department of Human Services to initiate an application for food stamps, general assistance, and MediCal. The Team will continue to collaborate to obtain permanent consumer benefits, including SSL.

### B. Program's admission, enrollment and/or intake criteria and process where applicable.

Once a client is identified as an FSP-A client, we will provide a welcoming "Every Door is the Right Door" approach. The first focus of the CST will be the consumer's basic needs for shelter, food, clothing, and medical

care. Consumers who cannot be placed immediately into housing will receive temporary housing while the assessment and housing placement process goes on. The client will be assisted with immediate food and clothing needs, and provided a health checkup. Any pressing health needs will receive immediate treatment through the Tom Waddell Health Center. For participants leaving an institution—jail, hospital, treatment center, or prison—they will be there for them prior to the discharge process and ensure on the day they leave the institution that they have transportation, food, and a place to live, which could include temporary shelter.

Within one week after a client enters the program, the Team will work with an Eligibility Worker from Human Services to initiate an application for food stamps, general assistance, and MediCal. The Team will continue to collaborate to obtain permanent benefits for the consumer, including SSI. All referrals will need to be authorized by CBHS.

### **C. Program's service delivery model.**

Family Service Agency of San Francisco's Adult Full Service Partnership will provide an integrated recovery and treatment approach for vulnerable San Franciscans, between the ages of 18 and 59. FSA will serve 34 client slots utilizing an AB34 model of intensive service provision. A staff team will work with consumers 24/7 to provide a comprehensive array of recovery-oriented services and supports. Services will include housing and basic needs assistance (utilizing a housing first/harm reduction model), strength-based individualized care planning and care management, physical health care, benefits assistance, vocational rehabilitation, employment services, peer support, and integrated mental health and substance abuse treatment services.

Actual levels of client service will be determined by the client's needs and desires, with service intensity being extremely high in the beginning and reduced as the client is stabilized. At a minimum, clients will receive one weekly contact from the team. Additional services will be purchased through flexible funding or as part of the in-kind services each partner brings to this program.

The FSP-A will have physical health care, mental health treatment, medication management, substance abuse treatment, employment assistance, post-employment support, benefits assistance and advocacy, and peer support integrated into a single service team—the Consumer Services Team (CST). We understand that housing will be provided through the San Francisco Housing Authority. We plan to work closely with the Housing Authority, property management and the on sight support staff.

The FSP-A Team will have a substantial pool of flexible funding to purchase specialized services and supports, including support services for HIV+ individuals, for victims of violence and sexual exploitation, for LGBT clients, and for developmentally or physically disabled clients.

**Care Coordination:** Each participant will be assigned a primary Care Coordinator who coordinates and monitors the activities of the team and has primary responsibility to work with the participant in developing his/her own individual treatment plan, to ensure immediate changes are made in treatment plans as participants' needs change, and to advocate for participant rights and preferences. All care planning will be done using the Individualized and Tailored Care model. The Care Coordinator is also the first staff person called on when the client is in crisis and is the primary support person and educator to the participant's family. Members of the treatment team share these tasks with the Care Coordinator and are responsible to perform the tasks when the Care Coordinator is not working. As part of the strengths-based assessment and case planning model, we will help the consumer to develop a Wellness and Recovery Action Plan.

**Crisis Assessment and Intervention:** Crisis assessment and intervention is provided 24 hours per day, seven

days per week. These services include telephone and face-to-face contact. During normal working hours, an available FSP-A team member responds. After hours and on weekends, an FSP-A team member is on call and carries the team's crisis phone. This number is available to emergency service providers. During nights and weekends, the on-call staff assesses the situation and provides whatever intervention is clinically indicated.

**Mental Health Treatment: Dual-Diagnosis:** The FSP-A Team will be prepared to identify and address a range of substance abuse issues and multiple mental health disorders, ranging from moderate depression to schizophrenia. We will provide a particular focus on post-traumatic stress, behavioral and conduct disorders, and family issues, which we anticipate will be virtually universal in this population. Treatment for mental illness will include

- Ongoing assessment of the participant's mental illness symptoms and his/her response to treatment;
- Education of the participant regarding his/her illness and the effects and side effects of prescribed medications, where appropriate;
- Symptom-management efforts directed to help each participant identify the symptoms and occurrence patterns of his/her mental illness and develop methods (internal, behavioral, or adaptive) to help lessen their effects; and
- Psychological support to participants, both on a planned and as-needed basis, to help them accomplish their personal goals and to cope with the stresses of day-to-day living.

**Substance Abuse Treatment:** The FSP-A will provide both one-to-one and group substance abuse treatment, integrated with mental health treatment. The FSP-A team will provide substance abuse treatment in stages throughout the service period, depending on the participant's level of readiness for treatment. Staff will be trained in Treatment planning appropriate to the stage of recovery our partner is in. Participants will also be referred to and encouraged to participate in NA and AA.

**Medication Prescription, Administration, Monitoring, and Documentation:** The AFSP psychiatric nurse practitioners will assess each participant's mental illness and prescribe appropriate medication; regularly review and document the participant's symptoms as well as his or her response to prescribed medication treatment; educate the participant regarding his/her mental illness on the effects and side effects of medication prescribed to regulate it; and monitor, treat, and document any medication side effects. All FSP-A team members assess and document the participant's symptoms and behavior in response to medication and monitor for medication side effects. The AFSP team program also has medication policies and procedures that identify processes to: record physician orders; order medication; arrange for all participant medications to be organized by the team and integrated into participants' weekly schedules and daily staff assignment schedules; and provide security for medications.

**Employment Services:** The employment/community integration specialist on the team works at finding community sites for our consumers to work at. Sites we have placed our consumers in over the past few years have been: Subways, AMC 1000, Open Hand and Glide. Our consumers have also volunteer at numerous FSA sites, e.g., the Older Adult Day Support Center, and Adult Care Management providing assistance with filing and office based work. We've tried to encourage consumers to help support each other, e.g., one consumer was accompanying another wheelchair bound consumer to the swimming pool for water physical therapy. This was met with mixed success and as a program we decided to discontinue the idea of having consumers within the same "intensive" program become that involved in each other's physical/emotional treatment.

FSA created FSA Works as a pre-vocation "program". Consumers are paid a stipend of \$10/hour and can work up to 4 hours/week. The work opportunities for FSA Works are mostly in house filing and organizing. Consumers are also able to get paid for any volunteer work they would like to pursue. Consumers can be part of FSA Works for 6 months at a time. At the end of the 6-month period that stipend would go to the next consumer on the program's waitlist. During that 6-month period consumers are encouraged to continue to look for work opportunities in the community. If they have not found one, consumers can then be placed on the bottom of the waitlist, and can take the next opening when their turn comes. As you can imagine these stipends are quite popular. There are seven stipend positions available to this program.

**Activities of Daily Living:** Services to support activities of daily living in community-based settings include individualized assessment, problem solving, side-by-side assistance and support, skill training, ongoing supervision (e.g. prompts, assignments, monitoring, encouragement), and environmental adaptations to assist participants to gain or use the skills required to: carry out personal hygiene and grooming tasks; perform household activities, including house cleaning, cooking, grocery shopping, and laundry; housing support including finding a roommate, landlord negotiations, cleaning, furnishing and decorating, procuring necessities (such as telephone, furnishings, linens); develop or improve money-management skills; use available transportation; and find and use healthcare services.

**Social, Interpersonal Relationship, and Leisure-Time Skill Training:** Services to support social, interpersonal relationship, and leisure-time skill training; side-by-side support and coaching; and organizing individual and group social and recreational activities. In addition, there will be monthly community meetings and cookouts for our partners to participate in.

**Education, Support and Consultation to Participants' Families and Other Major Supports:** With participant agreement or consent, services to participants' families and other major supports will include education about the participant's illness and the role of the family in the therapeutic process; intervention to resolve conflict; and ongoing, face-to-face, and telephone communication and collaboration between the FSP-A team, the family, and other major supports.

**Wraparound Services:** The program will provide the client a comprehensive range of service. These services include but are not limited to: supportive and cognitive therapies, case management brokerage (e.g., linkage to services such as housing, benefits and medical care), substance abuse treatment, medication services, vocational and pre-vocational assistance. Any services, supports, or products needed to complete the Care Plan and not readily available through the service constellation will be acquired through flexible funding.

**Gender-Related and Sexual Orientation Issues:** The FSP-A and its program partners will offer gender-specific programming for women, especially gender-focused trauma treatment, as well as special programming for LGBT clients. We will work with New Leaf to provide consultation and assistance to our clients through flexible funding, as well as referring LGBT clients to New Leaf and other appropriate services.

**Aftercare:** A-FSP will offer aftercare services to help clients remain stable and to facilitate ongoing connection to supportive services. FSA will continue providing services to mental health consumers as long as they meet criteria for medical necessity. A-FSP will assist clients in identifying and connecting with ongoing supportive services, such as AA and NA. Many of the consumers who will graduate from this program will continue to need some mental health support. The majority of these consumers will be transferred and served at a local mental health clinic and/or wellness centers

Hours of operation: FSA opens at 8:30 AM for staff and 9:00 AM for client care. Although, the building is only open Monday through Friday the FSPs have weekend programming, which are usually activities such as, movies and attending baseball games. Both ACM and the Adult FSP are open to deal with consumer emergencies 24 hours a day, 7 days per week. Consumers can reach an on-call clinician by calling an emergency phone number.

Location: most services are provided at the FSA building at 1010 Gough Street, San Francisco. FSA's partnering programs are located through out the city and consumer may be receiving services at their sites in addition.

Average Length of Stay: There is a range of length of stay depending on the individual needs of the consumer. The FSPs have only been around for about four years and there are some consumers that have been with us since the beginning, but the average length of stay here appears to be 2-3 years.

Strategies for service delivery: Our theory of change is that with the appropriate treatment and support our consumers' quality of life will improve. Additionally, as our consumers' lives improve so do the lives of each member of the larger community.

The service: thoughtful engagement, strength-based assessment and treatment planning, wrap around case management, mental health and substance abuse treatment, vocational support, individual and system wide advocacy on behalf of our consumers, all provided through a recovery oriented, harm reduction approach.

The short term outcomes: with the type of service listed above our consumers should experience an increase in social, psychological and behavioral skills, a decrease in loneliness, and increased sense of purpose and belonging, an increase degree of insight, and an increased openness to services.

The impact on the larger community/city: a decrease in homelessness, a decrease in days spent in the hospital and in detox, a decrease in the use of ER rooms and PES, an increase in the number of employed persons, an increase in the tax revenue for the city, a decreased in the illegal drugs purchased on the streets, a decreased burden on the legal system, a decrease in suicide attempts and health complications related to living on the streets.

#### **D. Program's exit criteria and process.**

As our consumers improve and require less support they could transfer to the level of our FSP program. These consumers are generally seen weekly, at a variety of settings. Over a 6-month period these consumers would work with the staff to increasingly attend meetings at our clinic. Skills that might be necessary to be reviewed might be how to use and tolerate using public transportation, how to use an organizer and appointment book to keep track of when and where appointment are, and developing an understanding for the importance of these appointments. This is an important skill for being successful at the next lower level of care.

As our consumers continue to improve and require even less support they could be transferred, at first to an outpatient clinic and then later serviced through a Wellness Center. Recovery is not a straight shot to a healthy lifestyle. Consumers would be able to transition up and back between levels of care as required by the level of functionality. Clinicians will also have to pay attention to working with consumers to prepare them for less support at the next lower level of care, in anticipation of transfers.

We will follow guidelines as established by DPH. Typical guidelines for discharge include CBHS definitions of medical necessity, stabilization of debilitating psychiatric symptoms, resolving of problems on plan of care and successfully linking client to alternative services for care.

**E Program's staffing.**

Adult FSP

- Division Director (0.11 FTE) – responsible for program compliance
- Program Director (0.48 FTE) – responsible for program supervision and outcomes
- Mental Health Case Manager (2.0 FTE) – provide mental health services and linkage
- Peer Professional Case Aides (1.4 FTE) – responsible to outreach, engagement, accompaniment and activity supervision
- Psychiatric Nurse Practitioners (0.22 FTE) – medication support
- Psychiatrist (0.03 FTE) – supervision of nurse practitioner
- Support Staff (.50 FTE) – everything else

All positions are funded by this grant.

**7. PERFORMANCE/OUTCOME OBJECTIVES**

**A. OUTCOME OBJECTIVES**

**A. OUTCOME 1: IMPROVE CLIENT SYMPTOMS**

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

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

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

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

Data Source:

CBHS Billing Information System - CBHS will compute.

BIS Reason for Discharge Field.

Program Review Measurement:

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

- A.1k. Applicable to:** Intensive Care Management (ICM) Providers of Adult and Older Adult Behavioral Health Services

ICM providers will require that clinicians evaluate level of functioning for ALLCLIENTS by completing the Milestones of Recovery Scale (MORS).

New clients will complete the MORS at intake, every month thereafter, and at discharge. Continuing clients will complete the MORS within 90 days of the new contract year, and every month thereafter, and at discharge.

Providers must submit 75% of required MORS forms for all clients to pass this objective.

Data Source:

MORS submitted to website and summarized by Program Evaluation Unit.

Program Review Measurement:

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

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

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

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

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

Data Source:

BIS Living Situation Codes.

Program Review Measurement:

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

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

##### **Objective 1: Access to Services**

**B.1a. Applicable to: All Providers of Behavioral Health Services who provide non-24 hour Mental Health Treatment Services to Adult and Older Adults Health Programs, except 24-hour programs**

50% of uninsured active clients, with a DSM-IV diagnosis code that likely indicates disability, who are open in the program as of July 1, 2010, will have SSI linked Medi-Cal applications submitted by June 30, 2011.

Programs are also strongly encouraged to refer eligible clients to Healthy San Francisco.



Client Inclusion Criteria:

Uninsured active clients (seen by the program at least once between April 1, 2010 and June 30, 2010) with a DSM-IV diagnosis code that likely indicates disability (list of DSM-IV diagnosis codes will be provided by CBHS) and open in the program as of July 1, 2010, will be included in the calculation.

Data Source:

Program Director will show proof of SSI applications submitted for/by clients (such as copies of applications, or proof of online application submission). Provider shall email DPH SSI Program Coordinator a list containing names and Social Security numbers of clients who applied for SSI through the Agency's assistance at luciana.garcia@sfdph.org.

Program Director shall keep in files proof of SSI applications submitted for/by clients (such as copies of applications or proof of online application submission).

Program Review Measurement:

Objective will be evaluated based on the first 12-month period from July 1, 2010 to June 30, 2011. Program Director shall send their lists to SSI Program Coordinator by June 30, 2011.

**Objective 5. Documentation/Authorization**

**B.5a. Applicable to: All Providers of Behavioral Health Services who provide Adult and Older Adult Mental Health Outpatient Services that are not exempt from having services authorized**

At least 90% of a sample reviewed by CBHS of open, active clients (defined as those having received a billable service in a program within 90 days) will have a current authorization, and 100% will have a current plan of care. Programs with multiple non-exempt reporting units will have data from those RU's combined before computation.

Data Source:

PURQC oversight audit. A random sample generated by CBHS and proportional to program caseload but not more than 25 clients will be used for PURQC oversight.

**Objective 6. Client Satisfaction**

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

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

Data Source:

Program Tracking Sheet and Program Self Report

Program Review Measurement:

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

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

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

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

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

During Fiscal Year 2010-11, AFSP=3,678 units of service (UOS) will be provided consisting of treatment, prevention, or ancillary services as specified in the unit of service definition for each modality and as measured by BIS and documented by counselors' case notes and program records.

##### Date Source:

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

##### Program Review Measurement:

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

### **Objective 2. Access to Services**

#### **C.2a. Applicable to: All Adult and Older Adult & CYF Behavioral Health Intensive Case Management Programs including SPR's**

Adult FSP will have at least 7 new client episode openings (or 20% new clients) for Fiscal Year 2010-11.(The number of targeted new client episode openings during FY 2010-11 will be individually negotiated with the Program Manager for each specific Intensive Case Management Program based on historical rate of episode openings and baseline profile of psychiatric stability of caseload.)

##### Client Inclusion Criteria:

All new unique client episode openings into the ICM program during FY 2010-11.

##### Data Source:

CBHS Billing Information System - CBHS will compute.

##### Program Review Measurement:

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

#### Objective 4. Client Outcomes Data Collection

**C.4e. Applicable to: Providers of Behavioral Health Services who provide non-24 hour Mental Health Treatment Services for Adults and Older Adults**

For clients on atypical antipsychotics, at least 50% will have completed the documentation of the CBHS Antipsychotic Metabolic Monitoring Form or equivalent, in the clients' medical record. At a minimum, the record should include annual monitoring of weight, blood pressure, and fasting glucose (or Hemoglobin A1.C).

Client Inclusion Criteria:

Adult and Older Adult clients on any atypical antipsychotic medication (aripiprazole, clozapine, olanzapine, quetiapine, risperidone, ziprasidone) prescribed by Provider any time during July 1, 2010 to June 30, 2011.

Data Source :

Program Self Report and/or Client medical record audit./ MUIC Metabolic Monitoring Subcommittee

Program Review Measurement

Objective will be evaluated based on a 12 month period from July 1, 2010 to June 30, 2011. To meet objective, Metabolic Monitoring Form should show at minimum annual monitoring of weight, blood pressure, and fasting glucose (or Hemoglobin A1.C). Upon request, Provider to submit copies of Metabolic Monitoring Forms for randomly selected clients.

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

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

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

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

Data Source:

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

Program Review Measurement:

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

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

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

**Data Source:**

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

**Program Review Measurement:**

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

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

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

**Data Source:**

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

**Program Review Measurement:**

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

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

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

**Data Source:**

Program Self Report.

**Program Review Measurement:**

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

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

During Fiscal Year 2009-10, each program will participate in one Primary Care partnership activity. The Primary Care Partner for this activity must be the DPH Oriented Primary Care Clinic located in closest proximity to the program, or most appropriate for the program population. Primary care program which cannot be Primary Care Partner for this purpose, include primary care program which are part of the same overall agency as the Behavioral Health Program. Optimal activities will be designed to promote cooperative planning and response to natural disaster or emergency events, neighborhood health fairs to increase joint referrals, or mutual open house events to promote cross-staff education and program awareness.

Data Source:

Program Self Report.

Program Review Measurement:

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

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

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

Data Source:

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

**Objective 6. Cultural Competency**

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

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

Data Source:

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

Program Review Measurement:

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

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

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

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

Data Source:  
Program Self Report.

Program Review Measurement:

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

1. Program Name: TAY Full Service Partnership (MAP)

2. Program Address: 1010 Gough Street  
City, State, Zip Code: San Francisco, CA 94109  
Telephone: (415) 474-7310  
Facsimile: (415) 931-3773

3. Nature of Document (check one)

☒ New      ☐ Renewal      ☐ Modification

4. Goal Statement

The aim for the TAY Full Services Partnership-MHSA is to improve the quality of life of the consumers we work with, by assisting them with improving their abilities to manage their mental health and substance use difficulties, as well as assisting our consumers with pursuing the fulfillment of their dreams. We believe that our TAY consumers have some special needs of their own, such as developing life skills, interpersonal skills and have geared some programming around these needs. We believe in supporting our consumers in their mission to complete their education, become job ready and then get and maintain employment. We also believe in supporting our consumers with following whatever creative path they might choose for themselves. Recovery takes many different forms, as does treatment. We believe in pursuing effective treatments, studying and evaluating them and broadening the field's knowledge base around how to most effectively help one human being to another.

5. Target Population

Approximately 30 transition-age youth ages 16 to 25 will receive specialized and targeted assistance to help them make the transition to adulthood. This represents an increase in the number of consumers this program will serve over last year. We will achieve this higher census by ramping up gradually over the course of this fiscal year. (Over the course of the year we plan to work with 40 unduplicated consumers in this program). Our primary goals are that these young adults with severe mental illness be prepared to participate in becoming independent and productive members of their community; that they have the supports and resources to achieve successful outcomes and stability in independent living; that they have meaningful opportunities to improve their well-being and quality of life; that they be empowered with a sense of purpose and self-determination to achieve their potential, that they understand and have the resources to address their mental health issues, and that they have the skills and understanding to work toward being clean and sober.

TAY FSP will serve 30 consumers at a time. Last year our Adult FSP served 52 consumers. Both programs serve a similar demographic base of consumers. That is 35% African-America; 40% Caucasian, 15% Latino; 7% Asian, and 3% other. Both programs will provide services citywide.

6. Modality(ies)/Interventions

Modalities of Services used in the Adult Care Management and Adult FSP are:

**Direct Services:**

*Assessment and Plan Development:* for analysis of consumer's history and current psychological, emotional and behavioral issues. In addition to developing a treatment plan.

*Case Management Brokerage:* for linking consumers to services and providing emotional support.

*Individual and Group Therapy:* for providing therapeutic interventions that focus on symptom reduction.

*Collateral:* a service activity to a significant support person in the consumer's life.

*Individual and Group Therapy:* therapeutic interventions focused on symptom reduction.

*Crisis Intervention:* emergency intervention, immediate face to face to prevent harm coming to he consumer.

*Medication Support Services:* prescribing, administering, dispensing and monitoring of psychiatric medications and biological to alleviate psychiatric symptoms.

**Indirect Services:**

*Providing mental health promotion*

*Working with "Community Clients" who are not registered to our program.*

*Giving trainings.*

*Clinical Staff Development, receiving training.*

The FSP program can also utilize **Mode 60** functions. These are either services provided to consumers that do not meet Medical standards for reimbursement, such as, transportation, shopping, or socialization activities; in addition to in-kind services that are purchased for our consumers out of this program's flex fund budget.

## **7. Methodology**

### **A. Program outreach, recruitment, promotion, and advertisement.**

Consumers are referred to these two programs by most of the programs in the CBHS system, including but not limited to: the psychiatric hospitals, jail psych., SPR and ACT teams as their consumer reach a new level in their recovery, the outpatient clinics and other case management programs as their consumer may face some type of decompensation in their mental health and recovery and need a higher level of support. All referrals are authorized through CBHS. The program directors keep a wait list for admissions to these programs.

### **B. Program's admission, enrollment and/or intake criteria.**

Once a consumer is placed on the wait list they are contacted and informed about when to schedule their intake for. A phone screening is done, and consumers (in addition to their referents) are informed about helpful community resources. In the situations where services are need immediately, either linkage to the appropriate service is made or the consumer might be prioritized on the wait list.

Once the client is referred for program participation by CBHS, enrollment will include careful, systematic, persistent attempts to engage the most difficult and wary consumers, involving multiple contacts and a willingness to serve consumers on whatever level they are willing to receive assistance. Upon agreeing to participate in the program, the first focus of the Team will be the consumer's basic needs for shelter, food, clothing, and medical care. Consumers who cannot be placed immediately into housing will receive temporary housing while the assessment and housing placement process goes on. The consumer will be assisted with immediate food and clothing needs, and provided a health checkup. Any pressing health needs will receive immediate treatment through Maxine Hall or the Tom Waddell Health Center. For



participants leaving an institution-jail, juvenile hall, or treatment center, we will be there for them prior to the discharge process and ensure on the day they leave the institution that they have transportation, food, and a place to live.

Within one week after a client enters the program, the Team will work with an Eligibility Worker from the Department of Human Services to initiate an application for food stamps, general assistance, and MediCal. The Team will continue to collaborate to obtain permanent benefits for the consumer, including SSI.

The following flow chart illustrates the comprehensive and integrated nature of this collaborative program:

During the first two weeks, the Team will complete a multidisciplinary strengths-based assessment and will work with the client to develop an individualized services plan. Elements will include:

<ul style="list-style-type: none"><li>• Physical Health</li><li>• Mental Health</li><li>• Substance Abuse</li></ul>	<ul style="list-style-type: none"><li>• Education</li><li>• Employment</li><li>• Family/Social supports</li></ul>	<ul style="list-style-type: none"><li>• Life Skills</li><li>• Finances</li></ul>
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### C. Program's service delivery model.

**Care Coordination:** Each participant will be assigned a primary Care Coordinator who coordinates and monitors the activities of the team and has primary responsibility to work with the participant in developing his/her own individual treatment plan, to ensure immediate changes are made in treatment plans as participants' needs change, and to advocate for participant rights and preferences. The treatment team is comprised of personnel who are capable of providing mental health treatment, medication management, treatment for dually diagnosed issues, employment assistance, post-employment support, benefits assistance and advocacy, and peer support integrated into a single service team. The Care Coordinator is also the first staff person called on when the client is in crisis and is the primary support person to both the consumer and their families. Members of the treatment team share these tasks with the Care Coordinator and are responsible to perform the tasks when the Care Coordinator is not working. As part of the strengths-based assessment and case-planning model, we will help the consumer to develop a Wellness and Recovery Action Plan (WRAP).

**Crisis Assessment and Intervention:** Crisis assessment and intervention is provided 24 hours per day, seven days per week. These services include telephone and face-to-face contact. During normal working hours, an available team member responds. After hours and on weekends, a team member is on call and carries the team's emergency cell phone. This number is available to emergency service providers, as well as our consumers. During nights and weekends, the on-call staff assesses the situation and provides whatever intervention is clinically indicated.

**Mental Health Treatment:** Dual-Diagnosis: The TFSP Teams will be prepared to identify and address a range of substance abuse issues and multiple mental health disorders, ranging from moderate depression to schizophrenia. We will provide an additional focus on post-traumatic stress. Treatment for mental illness will include 1) Ongoing assessment of the participant's mental illness symptoms and his/her response to treatment; 2) Education of the consumer regarding his/her illness and the effects and side effects of prescribed medications, where appropriate; 3) Symptom-management efforts directed to help each participant identify the symptoms and occurrence patterns of his/her mental illness and develop methods (internal, behavioral, or adaptive) to help lessen their effects; and 4) Psychological support to participants, both on a planned and as-needed basis, to help them accomplish their personal goals and to cope with the stresses of day-to-day living.

**Dually Diagnosed and Substance Abuse Treatment:** The TFSP teams will provide dually diagnosed treatment in stages throughout the service period, depending on the participant's level of readiness for treatment. All dually diagnosed treatment phases include individual interventions (group interventions will also be available) to assist participants to identify substance use, effects, and patterns; recognize the relationship between substance use and mental illness and psychotropic medications; develop motivation for decreasing substance use; develop coping skills and alternatives to minimize substance use; and achieve abstinence and stability. Consumers will also be referred to and encouraged to participate in NA and AA. When our consumers are in need of substance abuse treatment they will be referred to our substance abuse partner, Walden House. Walden House has a vast array of services for both our Adult consumers and because of our long-standing relationship through the integration process there is an easy of referring and working with each other's consumers.

**Medication Prescription, Administration, Monitoring, and Documentation:** The team psychiatrist and psychiatric nurse practitioners will assess each participant's mental illness and prescribe appropriate medication; regularly review and document the participant's symptoms as well as his or her response to prescribed medication treatment; educate the consumer regarding his/her mental illness and the effects and side effects of medication prescribed to regulate it; and monitor, treat, and document any medication side effects. All service team members assess and document the consumer's symptoms and behavior in response to medication and monitor for medication side effects. Both programs have medication policies and procedures that identify processes to: record physician orders; order medication; arrange for all participant medications to be organized by the team and integrated into participants' weekly schedules and daily staff assignment schedules; and provide security for medications.

**Employment Services:** The employment/community integration specialist on the team works at finding community sites for our consumers to work at. Sites we have placed our consumers in over the past few years have been: Subways, AMC 1000, Open Hand and Glide. Our consumers have also volunteer at numerous FSA sites, e.g., the Older Adult Day Support Center, and Adult Care Management providing assistance with filing and office based work. We've tried to encourage consumers to help support each other, e.g., one consumer was accompanying another wheelchair bound consumer to the swimming pool for water physical therapy. This was met with mixed success and as a program we decided to discontinue the idea of having consumers within the same "intensive" program become that involved in each other's physical/emotional treatment.

FSA created FSA Works as a pre-vocation "program". Consumers are paid a stipend of \$10/hour and can work up to 4 hours/week. The work opportunities for FSA Works are mostly in house filing and organizing. Consumers are also able to get paid for any volunteer work they would like to pursue. Consumers can be part of FSA Works for 6 months at a time. At the end of the 6-month period that stipend would go to the next consumer on the program's waitlist. During that 6-month period consumers are encouraged to continue to look for work opportunities in the community. If they have not found one, consumers can then be placed on the bottom of the waitlist, and can take the next opening when their turn comes. As you can imagine these stipends are quite popular. There are seven stipend positions available to this program.

**Activities of Daily Living:** Our TAY population is going through the developmental task of separating from their care givers and learning to be independent. Services to support activities of daily living in community-based settings include individualized assessment, problem solving, side-by-side assistance and support, skill training, ongoing supervision (e.g. prompts, assignments, monitoring, encouragement), and environmental adaptations to assist participants to gain or use the skills required to: carry out personal hygiene and grooming tasks; perform household activities, including house cleaning,

cooking, grocery shopping, and laundry; housing support including finding a roommate, landlord negotiations, cleaning, furnishing and decorating, procuring necessities (such as telephone, furnishings, linens); develop or improve money management skills; use available transportation; and find and use healthcare services, as well as educational support.

**Social, Interpersonal Relationship, and Leisure-Time Skill Training:** Services to support social, interpersonal relationship, and leisure-time skill training; side-by-side support and coaching; and organizing individual and group social and recreational activities. There are clearly a number of special needs that our TAY consumers have. In regards to interpersonal relationships our TAY consumers are dealing with a great deal of rejection from family, school and their peer group(s). There are numerous groups and activities for our consumers to practice their interpersonal and leisure time skills. Our TFSP program provides weekly groups such as, Art Group, Movie Group and Gardening Group. For the gardening group we have secured a public garden spot on Page St and Laguna St, and the consumers have really enjoyed the gardening and the produce they have produced. Other activities we have done are: urban hikes (around town), Muir Woods visits (monthly), weekend outings to the movies and baseball games. Regarding showcasing our consumers talents, we have had our first talent show and will soon be putting on our second. We have had consumers perform slam poetry at open mike nights at cafes around town and others perform in rock bands at Yerba Buena and other youth oriented venues A DBT group was started two years ago. This group currently accepts consumers from any of FSA's adult and older adult mental health programs. News Letter Group has been recently established. Prior to the onset of this group one consumer ran and wrote the FSP newsletter, now we have a staff of TAY FSP, Adult FSP and ACM consumers writing for the newsletter. The newsletter will highlight the stories of a couple of our consumers each month. There will also be investigative articles about what is going on in our consumers' world and the larger mental health system, in addition to reviews of movies, TV shows, as well as live and recorded music. Our Art Group is contributing artwork for the newsletter.

**Family Strengthening:** TFSP will provide intensive family treatment services for participants. A partnering FSP program is providing extensive Functional Family Therapy (an evidence based practice that has been developed for youth and young adults in the juvenile and criminal justice system). training this year. As part of our continuum of care this services would be available to our consumers' families, as long as a child in the family was exhibiting behaviors related to the ongoing family stress. The actual approach will depend on the age of the participant, the nature of the family structure, and the extent to which families can be engaged in the recovery process. One of the strengths of FFT is that it emphasizes the responsibility of the therapist to find ways to engage the family and provides the therapist with tools to accomplish this. Secondly, it is a highly strengths-based, asset-oriented approach that is non-judgmental about family functioning or composition and helps the family to understand and value their own culture, background, and worth as a family. The programs will help clients reconnect with children, parents, and other family members, if possible, or assist with the process of adjustment when reconnection is not possible. As a means to try to achieve this goal FSA has established a Family Support and Education group. This group has been running for about 6 months and we are still working hard to increase the number of families attending. We have had a consistent two families attend each month. This is not meant to be a family therapy group, but rather group for families to receive information about mental health issues and a place to tell their stories and get support from each other.

**Wraparound Services:** The program partners will constellate around the client a comprehensive range of services, many of which are provided to this program with substantial or complete in-kind matching funding. Any services, supports, or products needed to complete the Plan of Care and not readily available through the service constellation will be acquired through flexible funding, for FSP consumers.

**Gender-Related and Sexual Orientation Issues:** The TFSP and its program partners will offer gender-specific programming for women, especially gender-focused trauma treatment, as well as special programming for LGBT clients. Many female clients may be suffering parenting-related grief and loss concerning the loss of parenting rights for and relationships with their children. We will work with New Leaf to provide consultation and assistance to our clients through flexible funding, as well as referring LGBT clients to New Leaf and other appropriate services. Over the past few years we have worked with several youth with gender-related issues. A number of these consumers have chosen to receive services from FSA, instead of New Leaf. We have also worked with the LGBT Community Center, who has provided some volunteer opportunities for our consumers. Our partnership with Oasis and Hospitality House provide self help centers for our consumers to receive and provide support

**Aftercare:** TFSP will offer aftercare services to help clients remain stable and to facilitate ongoing connection to supportive services. FSA will continue providing services to mental health consumers as long as they meet criteria for medical necessity. TFSP will assist clients in identifying and connecting with ongoing supportive services, such as AA and NA. Many of the consumers who will graduate from this program will continue to need some mental health support. The majority of these consumers will be transferred and served at a local mental health clinic. As part of this RFP process FSA will be establishing an Adult Wellness Center (with Oasis) for consumer to graduate to when they no longer require clinic based level of service.

**Hours of operation:** FSA opens at 8:30 AM for staff and 9:00 AM for client care. Although, the building is only open Monday through Friday the FSPs have weekend programming, which are usually activities such as, movies and attending baseball games. Both ACM and the Adult FSP are open to deal with consumer emergencies 24 hours a day, 7 days per week. Consumers can reach an on-call clinician by calling an emergency phone number.

**Location:** most services are provided at the FSA building at 1010 Gough Street, San Francisco. FSA's partnering programs are located through out the city and consumer may be receiving services at their sites in addition.

**Average Length of Stay:** There is a range of length of stay depending on the individual needs of the consumer. The FSPs have only been around for about four years and there are some consumers that have been with us since the beginning, but the average length of stay here appears to be 2-3 years.

**Strategies for service delivery:** Our theory of change is that with the appropriate treatment and support our consumers' quality of life will improve. Additionally, as our consumers' lives improve so do the lives of each member of the larger community.

**The service:** thoughtful engagement, strength-based assessment and treatment planning, wrap around case management, mental health and substance abuse treatment, vocational support, individual and system wide advocacy on behalf of our consumers, all provided through a recovery oriented, harm reduction approach.

**The short term outcomes:** with the type of service listed above our consumers should experience an increase in social, psychological and behavioral skills, a decrease in loneliness, and increased sense of purpose and belonging, an increase degree of insight, and an increased openness to services.

**The impact on the larger community/city:** a decrease in homelessness, a decrease in days spent in the hospital and in detox, a decrease in the use of ER rooms and PES, an increase in the number of employed persons, an increase in the tax revenue for the city, a decreased in the illegal drugs purchased on the streets, a decreased burden on the legal system, a decrease in suicide attempts and health complications related to living on the streets.

**D. Program's exit criteria and process.**

As our consumers improve and require less support they could transfer to the level of our Intensive Case Management program. These consumers are generally seen weekly, at a variety of settings. Over a 6-month period these consumers would work with the staff to increasingly attend meetings at our clinic. Skills that might be necessary to be reviewed might be how to use and tolerate using public transportation, how to use an organizer and appointment book to keep track of when and where appointments are, and developing an understanding for the importance of these appointments. This is an important skill for being successful at the next lower level of care.

As our consumers continue to improve and require even less support they would be transferred to the outpatient clinic. Here's were we were we will collaborate with Westside to utilize their outpatient clinic. Here consumers could receive services every other week and see their psychiatrist or nurse practitioner monthly, for up to 20 sessions per year.

As consumers continue through their recovery and continue to need even less support and case management, they could be serviced through a Wellness Center established through a collaboration with Oasis and/or partnering self help centers, such as Oasis and Hospitality House's drop-in centers.

As we all know, recovery is not a straight shot to a healthy lifestyle. Consumers would be able to transition up and back between levels of care as required by the level of functionality. Clinicians will also have to pay attention to working with consumers to prepare them for less support at the next lower level of care, in anticipation of transfers.

**E. Program's staffing.**

**TAY FSP**

- Division Director (0.11 FTE) – responsible for program compliance
- Program Director (0.48 FTE) – responsible for program supervision and outcomes
- Mental Health Case Manager (2.0 FTE) – provide mental health services and linkage
- Peer Professional Case Aides (1.4 FTE) – responsible to outreach, engagement, accompaniment and activity supervision
- Psychiatric Nurse Practitioners (0.22 FTE) – medication support
- Psychiatrist (0.03 FTE) – supervision of nurse practitioner
- Support Staff (.50 FTE) – everything else

All positions are funded by this grant.

**8. Objectives and Measurements**

**A. PERFORMANCE/OUTCOME OBJECTIVES**

**OUTCOME 1: IMPROVE CLIENT SYMPTOMS**

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

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

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

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

Data Source:

CBHS Billing Information System - CBHS will compute.

BIS Reason for Discharge Field.

Program Review Measurement:

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

A.1k. Applicable to: Intensive Care Management (ICM) Providers of Adult and Older Adult Behavioral Health Services

ICM providers will require that clinicians evaluate level of functioning for ALLCLIENTS by completing the Milestones of Recovery Scale (MORS).

New clients will complete the MORS at intake, every month thereafter, and at discharge. Continuing clients will complete the MORS within 90 days of the new contract year, and every month thereafter, and at discharge.

Providers must submit 75% of required MORS forms for all clients to pass this objective.

Data Source:

MORS submitted to website and summarized by Program Evaluation Unit.

Program Review Measurement:

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

OUTCOME 3: IMPROVE CLIENT FUNCTIONING
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Objective A.3: Increase Stable Living Environment

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

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

Data Source:

BIS Living Situation Codes.

Program Review Measurement:

Objective will be evaluated based on a 12-month period from July 1, 2009 to June 30, 2010.

B. OTHER MEASURABLE OBJECTIVES/PROCESS OBJECTIVES

Objective 1: Access to Services

- B.1a. Applicable to: All Providers of Behavioral Health Services who provide non-24 hour Mental Health Treatment Services to Adult and Older Adults Health Programs, except 24-hour programs

50% of uninsured active clients, with a DSM-IV diagnosis code that likely indicates disability, who are open in the program as of July 1, 2010, will have SSI linked Medi-Cal applications submitted by June 30, 2011.

Programs are also strongly encouraged to refer eligible clients to Healthy San Francisco.

Client Inclusion Criteria:

Uninsured active clients (seen by the program at least once between April 1, 2010 and June 30, 2011) with a DSM-IV diagnosis code that likely indicates disability (list of DSM-IV diagnosis codes will be provided by CBHS) and open in the program as of July 1, 2010., will be included in the calculation.

Data Source:

Program Director will show proof of SSI applications submitted for/by clients (such as copies of applications, or proof of online application submission). Provider shall email DPH SSI Program Coordinator a list containing names and Social Security numbers of clients who applied for SSI through the Agency's assistance at luciana.garcia@sfdph.org.

Program Director shall keep in files proof of SSI applications submitted for/by clients (such as copies of applications or proof of online application submission).

Program Review Measurement:

Objective will be evaluated based on the first 12-month period from July 1, 2010 to June 30, 2011. Program Director shall send their lists to SSI Program Coordinator by June 30, 2011.

Objective 5. Documentation/Authorization

- B.5a. Applicable to: All Providers of Behavioral Health Services who provide Adult and Older Adult Mental Health Outpatient Services that are not exempt from having services authorized

At least 90% of a sample reviewed by CBHS of open, active clients (defined as those having received a billable service in a program within 90 days) will have a current authorization, and 100% will have a current plan of care. Programs with multiple non-exempt reporting units will have data from those RU's combined before computation.

Data Source:

PURQC oversight audit. A random sample generated by CBHS and proportional to program caseload but not more than 25 clients will be used for PURQC oversight.

Objective 6. Client Satisfaction

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

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

Data Source:

Program Tracking Sheet and Program Self Report

Program Review Measurement:

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

## 9. CONTINUOUS QUALITY IMPROVEMENT, PROGRAM PRODUCTIVITY AND SERVICE ACCESS

### Objective 1. Program Productivity

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

During Fiscal Year 2009-10, TFSP=2,884 units of service (UOS) will be provided consisting of treatment, prevention, or ancillary services as specified in the unit of service definition for each modality and as measured by BIS and documented by counselors' case notes and program records.

Date Source:

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

Program Review Measurement:

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

### Objective 2. Access to Services

- C.2a. Applicable to: All Adult and Older Adult & CYF Behavioral Health Intensive Case Management Programs including SPR's

TAY FSP will have at least 5 new client episode openings (or 20% new clients) for Fiscal Year 2010-11. (The number of targeted new client episode openings during FY 2010-11 will be individually negotiated with the Program Manager for each specific Intensive Case Management Program based on historical rate of episode openings and baseline profile of psychiatric stability of caseload.)

Client Inclusion Criteria:

All new unique client episode openings into the ICM program during FY 2010-11.

Data Source:

CBHS Billing Information System - CBHS will compute.

Program Review Measurement:

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

### Objective 4. Client Outcomes Data Collection

- C.4e. Applicable to: Providers of Behavioral Health Services who provide non-24 hour Mental Health Treatment Services for Adults and Older Adults



For clients on atypical antipsychotics, at least 50% will have completed the documentation of the CBHS Antipsychotic Metabolic Monitoring Form or equivalent, in the clients' medical record. At a minimum, the record should include annual monitoring of weight, blood pressure, and fasting glucose (or Hemoglobin A1C).

Client Inclusion Criteria:

Adult and Older Adult clients on any atypical antipsychotic medication (aripiprazole, clozapine, olanzapine, quetiapine, risperidone, ziprasidone) prescribed by Provider any time during July 1, 2010 to June 30, 2011.

Data Source :

Program Self Report and/or Client medical record audit./ MUIC Metabolic Monitoring Subcommittee

Program Review Measurement

Objective will be evaluated based on a 12 month period from July 1, 2010 to June 30, 2011. To meet objective, Metabolic Monitoring Form should show at minimum annual monitoring of weight, blood pressure, and fasting glucose (or Hemoglobin A1C). Upon request, Provider to submit copies of Metabolic Monitoring Forms for randomly selected clients.

Objective 5. Integration Activities \*\*

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

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

Data Source:

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

Program Review Measurement:

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

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

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

Data Source:

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

Program Review Measurement:

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

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

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

Data Source:

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

Program Review Measurement:

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

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

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

Data Source:

Program Self Report.

Program Review Measurement:

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

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

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

Data Source:

Program Self Report.

Program Review Measurement:

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

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

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

Data Source:

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

Objective 6. Cultural Competency

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

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

Data Source:

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

Program Review Measurement:

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

Objective 8: Program and Service Innovation & Best Practice

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

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

Data Source:

Program Self Report.

Program Review Measurement:

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



1. **Program Name: Family Service Agency (FSA) - Administrative Service Organization**

Program Address: 1010 Gough Street

City, State, Zip Code: San Francisco, CA 94109

Telephone: (415) 474-7310

Facsimile: (415) 474-9934

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

☒ New

☐ Renewal

☐ Modification

3. **Goal Statement**

The primary goal of this program is to provide on-site cost-efficient, high quality mental health administrative services to the SFMHP staff serving a low income, culturally diverse, Medi-Cal or uninsured population with mental health needs in San Francisco. The services of this program will promote higher satisfaction with treatment.

4. **Target Population**

The target population includes consumers in need of mental health services. This severe need population includes adults, youth, women, homeless, multiply diagnosed, children and geriatric clients as defined by the San Francisco Mental Health Plan. Priority for services will be given to patients who are low income, Medi-Cal, and uninsured consumers.

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

The Program provides on site administrative support services to the SFMHP with a focus on intake and referral of patients to the Providers Network, credential coordination, and overall clerical support to the provider systems office staff.

6. **Methodology**

**Administration**

The administrative offices for the program are located in the Family Service Agency of San Francisco at 1010 Gough Street, San Francisco, California, 94109. The general duties of FSA staff will be hiring, supervision and administrative responsibilities. The FSA Adult Division Director oversees this contract and reports to the Executive Director.

**Intake and Referral Coordinator**

This position is responsible for receiving referrals of clients who have been authorized for care and matching these clients with certified preferred providers. This position requires familiarity and understanding of the referral needs of psychiatric clients and with the SFMHP Provider Network. The

position requires matching clients and their specialty mental health needs to the skills, availability of locations, accessibility, and clinical knowledge of the preferred providers in the SFMHP in order to affect a good clinical match for quality mental health care. This position works closely with SFMHP Provider Relations, Central Access Team and Provider Systems to assure effective and rapid placement of clients in treatment with providers who have openings in their practice and relevant clinical skills. The position requires a minimum of one year experience performing the above, knowledge of computer programs inclusive of Microsoft Word, Excel, and a data base program such as Access, knowledge of clinical psychiatric terminology and excellent telephone skills. This position requires the ability to work with multidisciplinary personnel, both internally and externally, establishing and maintaining "customer-focused" relationships.

#### **Credential Coordinator**

This position is responsible for assisting in tracking, verifying and entering provider credentials in accordance with National Credential Quality Association (NCQA) standards in accordance with all SFMHP credential requirements by the SFMHP. This includes querying various institutions, facilities, licensing boards and insurance companies to primary source verify the credentials of providers. This involves data entry into the SFMHP's credentialing software and provider tracking software, mass mailings, and frequent contact with providers, and continuous updating of provider electronic and paper files. Minimum requirements to fill this position include familiarity with NCQA credentialing and re-credentialing standards, knowledge, experience and use of credentialing software, understanding of managed care certification and re-certification procedures. This position also requires excellent communication skills, both verbal and written, excellent telephone skills, high level of accuracy and timeliness in follow-ups, and the ability to handle multiple tasks. This position requires computer skills and specifically data entry

#### **Administrative Assistant**

This position provides clerical support to the Provider System's office staff. This includes answering telephones, filing, word processing, research, problem solving with providers and data entry. The position requires knowledge of basic computer programs and data entry, telephone skills, ability to work with multidisciplinary personnel, both internally and externally, establishing and maintaining "customer-focused" relationships. This position requires extensive telephone work with providers, excellent verbal skills is essential.

## **7. Objectives and Measurements**

### **A. Performance/Outcome Objectives**

- a) FSA will participate in satisfaction measures as requested by SFMHP,
- b) FSA will incorporate cultural competency goals and objectives as identified by the SFMHP. collateral information when available, and documented in the counselor's case notes and program records.

## **B. Other Measurable objectives**

- a) FSA and the administrative service staff will continue to be trained in system-wide changes, i.e. outpatient consolidation of Short Doyle/Medi-Cal with Fee-For-Service and implementation of managed care in San Francisco City/County.
- b) FSA will notify SFMHP when staffing capacity issues arise or other implementation obstacles arise so that appropriate problem solving strategies can be jointly developed and implemented by SFMHP and FSA.
- c) A copy of the FSA Policy and Procedures Manual will be provided to the SFMHP.
- d) Patients in the target population will participate and provide feedback by utilization of the SFMHP satisfaction survey as implemented by the SFMHP.

## **Outcome Objectives**

- a) FSA will participate in satisfaction measures as requested by SFMHP,
- b) FSA will incorporate cultural competency goals and objectives as identified by the SFMHP.

## **8. Continuous Quality Improvement**

The quality assurance mechanism for the program at FSA first involves the FSA Adult Division Director, who oversees all aspects of this program. FSA's Senior Management Team oversees agency planning, policy development, and the ethical conduct of all staff. This committee reviews monthly utilization of services as projected in the contracts. The Division Director, along with this committee is responsible for establishing and maintaining overall contractual guidelines for the program along with other mental health contracts. The FSA Senior Management Team reviews the practice patterns in the respective contractual programs using the following standards: quality of services, patient satisfaction, and treatment outcomes. The Senior Management Team meets monthly and is composed of the Executive Director of FSA and the Division Directors of FSA responsible for the mental health contracts. Changes or additions to program policy, protocol, and procedures are distributed to staff via written information, orientations and training.

Adult Division Director will meet monthly with the Program Monitor to receive feedback on the performance of the contract and implement any needed correction.

Staff is encouraged to attend related training offered by the SFMHP, their professional associations and other sources.

Family Service Agency Administrative Service Organization adheres to all CBHS CQI recommendations and complies with Health Commission, Local, State, and Federal Policies and requirements such as Harm Reduction, Health Insurance Portability and Accountability Act (HIPAA), Cultural Competency and Client Satisfaction.





1. **FSA Full Circle Family Program (FCFP)**  
1010 Gough Street  
San Francisco, CA 94109  
Telephone: (415) 474-7310 Ext 453  
Facsimile: (415) 673-2488

2. **Nature of Document**

☒ New      ☐ Renewal      ☐ Modification

3. **Goal Statement**

The overall goals of the Full Circle Family Program (FCFP) are to assist minors in the Tenderloin, South of Market, Western Addition, Mission, Bayview-Hunters Point and Visitacion Valley areas of San Francisco with their presenting problems (which could include, but are not limited to: child neglect and abuse situations; acting out at school and/or at home, issues of depression, and low self-esteem; additionally there are issues of trauma and lack of safety at the community level due to issues of violence and premature death that are rampant in their community) and maintain them within the community. Outpatient mental health services and assistance in accessing supportive services are provided with cultural appropriateness and sensitivity. Early identification and treatment of these multi problem families (families dealing with issues related to symptoms of mental health and substance abuse, marital discord, as well as, abuse and neglect problems) will be provided through collaboration and consultation with community-based agencies. Clinical services offered include: individual, group and family therapy; diagnostic evaluation; consultation, case management, information and referral. They will be provided at our clinic and participating schools. FCFP also has a child psychiatrist who provides medication evaluation/management for our clients as needed

4. **Target Population**

Our target population includes children and adolescents up to 21 years old (and their families) whose mental health problems meet - medical necessity criteria for specialty mental health services. Members of our target population are San Francisco residents who reside, for the most part, in Tenderloin, Western Addition, or South of Market, Mission, Bayview-Hunters Point and Visitacion Valley neighborhoods. Clients have Medi-Cal, AB 3632, Healthy Families, Healthy Kids, or no insurance. Only clients who have private insurance as their primary payer source are not eligible; these applicants are referred back to their health provider for services.

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

These include **B. Mental Health Billable Services:**

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

evaluation of the need for medication, evaluating of clinical effectiveness and side effects, the obtaining of informed consent, medication education and plan development related to the delivery of the service and/or assessment of the beneficiary.

- Mental Health Services: Assessment, Collateral and Therapy
  - “Mental Health Services” means those individual or group therapies and interventions that are designed to provide reduction of mental disability and improvement or maintenance of functioning consistent with the goals of learning, development, independent living and enhanced self-sufficiency and that are not provide as a component of adult residential services, crisis residential treatment services, crisis intervention, crisis stabilization, day rehabilitation or day treatment intensive Service activities may include are not limited to assessment, plan development, therapy, rehabilitation and collateral.
    - Assessment: “Assessment” means a service activity which may include a clinical analysis of the history and current status of a beneficiary’s mental, emotional, or behavioral disorder; relevant cultural issues and history; diagnosis; and the use of testing procedures.
    - Collateral: “Collateral” means a service activity to a significant support person in a beneficiary’s life with the intent of improving or maintaining the mental health status of the beneficiary. The beneficiary may or may not be present for this service activity.
    - Therapy: “Therapy” means a service activity, which is a therapeutic intervention that focuses primarily on the symptom reduction as a means to improve functional impairments. Therapy may be delivered to an individual or group of beneficiaries.
- Targeted Case Management
  - “Targeted Case Management” means services that assist a beneficiary to access needed medical, educational, social, prevocational, vocational, rehabilitative, other community services. The service delivery to ensure beneficiary access to service and the service delivery system; monitoring of the beneficiary’s progress; and plan development.
- Crisis Intervention
  - Crisis intervention is an emergency service (unplanned). Crisis intervention is an immediate therapeutic response, which includes a face-to-face contact when an individual exhibits acute psychiatric symptoms to alleviate problems, which, if untreated, present an imminent threat to the individual or others.
- Indirect
  - These are mental outreach and promotion activities; they include the promotion of continuous staff development in evidence-based and best practices theory as the lens for which mental health treatment is to be provided. The objective of the methodology is:

- MH Promotion: Providing education and/or consultation to clients and communities regarding mental health service programs in order to prevent the onset of mental health problems.
- Community Client Contact: Assisting clients and families for whom there is no open case record to achieve a more adaptive level of functioning through single contact or occasional contact.
- Human Service Staff Training: Enhancing or expanding the knowledge and skills of human service agency staff in meeting the needs of mental health clients.
- Clinical Staff Development: Enhancing and/or expanding agencies' or organizations' knowledge and skills in the mental health field for the benefit of the community-at-large or special population groups.

## 6. Methodology

A. Outreach is conducted through consistent networking (e.g., regular Provider meetings) and site visits to various schools, community based organizations. Recruitment will also be conducted internally, within the Children, Youth and Family Services Division, for those participants who will be pregnant and parenting and/or adjudicated during this new contract year. Additionally, staff routinely utilize health fairs and other such events for outreach, recruitment, and promotion and advertisement purposes.

B. Eligibility for FCFP program's admission, enrollment and/or intake criteria is predicated on whether the potential participant is age 4-21, an SF resident, and meets medical necessity for specialty mental health services.

The intake process is initiated when a parent, youth, family friend, or agency worker calls FCFP for a brief phone screening to determine eligibility. An intake session is scheduled within 24-48 hours to assess client presenting problems, needs, resources, priorities, and so forth, to determine disposition. The program will provide timely measurement of data at the site and reporting of data to CBHS as required and which may be changed periodically with prior notice from CBHS.

C. FCFP provides individual, group and family therapy, including play therapy, and sand tray therapy. During the 09-10 year, staff will be trained in Functional Family Therapy, and a focus on Family Systems assessment and interventions will begin to predominate. Case management and medication support services will be provided as well (e.g. targeted case management program, AB3632 Unit, Human Services Agency). Regular hours of operation are nine to five, Monday through Friday; services are provided at main clinic site, and local schools; home visits are conducted as needed. Services are additionally provided on-site and in the community, as warranted, outside of these hours, but generally between 8 am and 9 pm. Typical service protocol includes weekly family-based therapy including child therapy, regular parent meetings, collateral contacts and interventions and medication appointments as appropriate. Length of stay is dependent on client needs and progress towards meeting the plan of care goals. Service improvement efforts over this fiscal year will include staff

training and implementation in evidence-based practices (ex. Functional Family Therapy) targeted toward adolescents with behavioral disorders.

D. Discharge criteria include client/family attainment of plan of care goals, mutual agreement to discontinue services, or lack of participation which precludes progress. Clinicians discuss discharge with the family as well as with the FCFP clinical supervisor as part of the treatment plan. The CANS will be utilized as a measurement tool to examine and inform treatment decisions. If the case status is to change (i.e., step-down, transfer, referral, or closure) the clinician consults with the program director. The FCFP Provider will enter an appropriate code for "Reason for Discharge" in the BIS Insyst database when a client case is closed in the BIS Insyst.

NOTE: the FCFP Program Utilization Review Quality Committee (PURQC) reviews all cases at the 3-month and one year anniversary dates for status updates including continuance of services.

E. Clinical services are provided by licensed and license-eligible registered MFT, MSW (and deemed equivalent or greater) clinicians on-site at 1010 Gough Street and at collaborating schools throughout the target area. Therapists collaborate closely with all various site staff, parents and teachers. Case Management may be provided by experienced BA in Psychology, Social Work (or related field) staff. In addition, a licensed staff Psychiatrist provides ongoing medication assessment and support.

## 7. Objectives and Measurements

### A. PERFORMANCE/OUTCOME OBJECTIVES

#### OUTCOME 1: IMPROVE CLIENT SYMPTOMS

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

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

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

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

Data Source:

CBHS Billing Information System - CBHS will compute.

**A.1e. Applicable to:** Providers of Behavioral Health Services who provide mental health treatment services to

children, youth, families, adults and older adults except 24 hour programs

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

Client Inclusion Criteria:

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

Data Source:

BIS Reason for Discharge Field.

Program Review Measurement:

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

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

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

Data Source:

CANS Certificates of completion with a passing score.

Program Review Measurement:

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

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

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

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

Data Source:

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

Program Review Measurement:

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

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

CYF agency representatives attend regularly scheduled SuperUser calls.

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

Date Source:

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

Program Review Measurement:

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

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

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

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

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

Data Source:

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

Program Review and Measurement:

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

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

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

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

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

Data Source:

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

Program Review and Measurement:

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

<b>OUTCOME 2: <u>Reduce Substance Use</u></b>
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n/a

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

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

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

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

Data Source:

BIS Living Situation Codes.

Program Review Measurement:

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

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

##### **Objective 1: Access to Services**

n/a

##### **Objective 2. Reliance on Institutions**

n/a

##### **Objective 3. Quality of Care**

n/a

##### **Objective 4. Collect Client Outcomes**

n/a

##### **Objective 5. Documentation/Authorization**

n/a

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

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

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

Data Source:

Program Tracking Sheet and Program Self Report

Program Review Measurement:

Objective will be evaluated based on the survey administration closest to the 12-month period from July 1, 2009 to June 30, 2010.

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

**Objective 1. Program Productivity**

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

During Fiscal Year 2010-11, 1,966 outpatient units of service (UOS) will be provided consisting of treatment, prevention, or ancillary services as specified in the unit of service definition for each modality and as measured by BIS and documented by counselors' case notes and program records.

Date Source:

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

Program Review Measurement:

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

**Objective 2. Access to Services**

n/a

**Objective 3. Quality of Care**

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



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

Data Source:

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

Program Review Measurement:

Objective will be evaluated quarterly during the 12 month period from July 1, 2010 to June 30, 2011.

Only the minute from the first three quarterly meetings will be included in the program review.

**Objective 4. Client Outcomes Data Collection**

n/a

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

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

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

Data Source:

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

Program Review Measurement:

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

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

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

Data Source:

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

Program Review Measurement:

Objective will be evaluated quarterly during the 12-month period from July 1, 2010 to June 30, 2011.

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

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

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

Data Source:

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

Program Review Measurement:

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

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

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

Data Source:

Program Self Report.

Program Review Measurement:

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

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

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

Data Source:

Program Self Report.

Program Review Measurement:

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

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

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

Data Source:

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

**Objective 6. Cultural Competency**

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

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

Data Source:

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

Program Review Measurement:

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

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

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

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

Data Source:

Program Tracking Sheet and Self Report.

Program Review Measurement:

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

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

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

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

Data Source:

Program Self Report.

Program Review Measurement:

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

1. FSA Full Circle Family Program (FCFP)/EPSDT  
1010 Gough Street  
San Francisco, CA 94109  
Telephone: (415) 474-7310 - Ext. 453  
Facsimile: (415) 673-2488

2. Nature of Document

☒ New      ☐ Renewal      ☐ Modification

3. Goal Statement

The program seeks to make outpatient mental health services more accessible to San Francisco residents by targeting EPSDT eligible residents who are not currently served by the San Francisco community mental health system.

4. Target Population

The San Francisco Community Behavioral Health Services, Child, Youth and Family System of Care (SFCBHS CYF SOC) has identified specific gaps in the current system of care. There is an identified need for programs serving individuals less than 21 years of age who meet the criteria for medical necessity for specialty mental health services and who qualify for EPSDT services (i.e. full-scope Medi-Cal coverage). This need is especially pronounced regarding the following target populations:

- HSAS foster care children
- Dually diagnosed, i.e., have both mental illness and substance abuse
- Gay/Lesbian identified
- Children and adolescents who have serious emotional problems but not currently at risk for out-of-home placement
- Homeless children/youth
- Specialized outpatient therapy groups open to clients from all parts of the City
- Other underserved populations

All San Francisco residents under the age of 21 who are eligible to receive the full scope of Medi-Cal service and meet medical necessity criteria for specialty mental health services, but who are not currently enrolled as clients in San Francisco County's outpatient mental health system, are eligible for EPSDT (full-scope Medi-Cal) services.

Full Circle Family Program focuses on serving the above named target populations of greatest need. Participation requires that the identified client is age 4-21, an SF resident, has full-scope Medi-Cal insurance coverage and meets medical necessity for specialty mental health services. As regards the "other underserved populations," Full Circle Family Program has a focus on addressing the mental health needs of pregnant and parenting teens, further explained below.

With this 09-10 contract, we will continue our project to serve adolescents who are either or both pregnant and parenting teens, through our collaboration with Teenage Pregnancy and Parenting Project (TAPP). Services will be provided in accordance with the contract deliverables delineated herein. Such services will address the needs of at-risk/high-risk adolescents as described below:

### Teenage Pregnancy and Parenting Project (TAPP)

TAPP serves adolescents from all neighborhoods throughout the city. Although rates are declining, the U.S. still has the highest rates of teen pregnancy, birth, and abortion in the western industrialized world. The target population consists of pregnant and parenting adolescents (w/children) who have experienced a wide variety of mental health related problems including:

- Single Parent Households: A majority of these teens come from single parent households with low employment rates disproportionate to the larger San Francisco community; nearly all TAPP clients are economically disadvantaged.
- Dysfunctional Homes and Current/Past Abuse: Many come from homes with social, behavioral, and psychodynamic challenges. Teen pregnancy is strongly linked to sexual abuse and such sexual abuse often occurs in conjunction with other problems in the family, including domestic violence, physical abuse and neglect and parental substance abuse.
- School Drop-Out and/or Difficulty with Retention in School: A comparison of adolescent parents to those who delay childbearing (until the age of 20 or 21) found that adolescent parents are less likely to complete high school and more likely to end up on welfare.
- Children with Health Problems: Children of teen mothers are at increased risk of low birth weight and the attending health problems.
- Children at Risk of Abuse and Neglect: Children of teen parents are twice as likely to be abused and neglected.
- Children not School Ready: Children born to teens enter kindergarten with lower levels of school readiness than children of mothers in their 20's. Girls born to teen mothers are more likely to become teen mothers themselves and sons of teen mothers are more likely to end up in jail.

Given the above, routine screening and interventions will be provided as appropriate.

### 5. Modality(ies)/Interventions

#### These include B. Mental Health Billable Services:

- Medication Support Services:
  - "Medication Support Services" means those services which include prescribing, administering, dispensing and monitoring of psychiatric medications or biologicals which are necessary to alleviate the symptoms of mental illness. The services may include evaluation of the need for medication, evaluating of clinical effectiveness and side effects, the obtaining of informed consent, medication education and plan development related to the delivery of the service and/or assessment of the beneficiary.
- Mental Health Services: Assessment, Collateral and Therapy
  - "Mental Health Services" means those individual or group therapies and interventions that are designed to provide reduction of mental disability and improvement or maintenance of functioning consistent with the goals of learning, development, independent living and enhanced self-sufficiency and that are not provide as a component of adult residential services, crisis residential treatment services, crisis intervention, crisis stabilization, day rehabilitation or day treatment intensive. Service activities may include are not limited to assessment, plan development, therapy, rehabilitation and collateral.

- Assessment: "Assessment" means a service activity which may include a clinical analysis of the history and current status of a beneficiary's mental, emotional, or behavioral disorder; relevant cultural issues and history; diagnosis; and the use of testing procedures.
- Collateral: "Collateral" means a service activity to a significant support person in a beneficiary's life with the intent of improving or maintaining the mental health status of the beneficiary. The beneficiary may or may not be present for this service activity.
- Therapy: "Therapy" means a service activity, which is a therapeutic intervention that focuses primarily on the symptom reduction as a means to improve functional impairments. Therapy may be delivered to an individual or group of beneficiaries.
- Targeted Case Management
  - "Targeted Case Management" means services that assist a beneficiary to access needed medical, educational, social, prevocational, vocational, rehabilitative, other community services. The service delivery to ensure beneficiary access to service and the service delivery system; monitoring of the beneficiary's progress; and plan development.
- Crisis Intervention
  - Crisis intervention is an emergency service (unplanned). Crisis intervention is an immediate therapeutic response, which includes a face-to-face contact when an individual exhibits acute psychiatric symptoms to alleviate problems, which, if untreated, present an imminent threat to the individual or others.
- Indirect
  - These are mental outreach and promotion activities; they include the promotion of continuous staff development in evidence-based and best practices theory as the lens for which mental health treatment is to be provided. The objective of the methodology is:
    - MH Promotion: Providing education and/or consultation to clients and communities regarding mental health service programs in order to prevent the onset of mental health problems.
    - Community Client Contact: Assisting clients and families for whom there is no open case record to achieve a more adaptive level of functioning through single contact or occasional contact.
    - Human Service Staff Training: Enhancing or expanding the knowledge and skills of human service agency staff in meeting the needs of mental health clients.
    - Clinical Staff Development: Enhancing and/or expanding agencies' or organizations' knowledge and skills in the mental health field for the benefit of the community-at-large or special population groups.

## 6. Methodology

A. Outreach is conducted through consistent networking (e.g., regular Provider meetings) and site visits to various schools, community based organizations. Recruitment will also be conducted internally, within the Children, Youth and Family Division, for those participants who will be pregnant and parenting and/or adjudicated during this new contract year. Additionally, staff routinely utilizes health fairs and other such events for outreach, recruitment, and promotion and advertisement purposes.

B. Eligibility for FCFP program's admission, enrollment and/or intake criteria is predicated on whether the potential participant is age 4-21, an SF resident, and meets medical necessity for specialty mental health services. This contract serves only children with full-scope Medi-Cal.

The intake process is initiated when a parent, youth, family friend, or agency worker calls FCFP for a brief phone screening to determine eligibility. An intake session is scheduled within 24-48 hours to assess client presenting problems, needs, resources, priorities, and so forth, to determine disposition. The program will provide timely measurement of data at the site and reporting of data to CBHS as required and which may be changed periodically with prior notice from CBHS.

C. FCFP provides individual, group and family therapy, including play therapy, and sand tray therapy. During the 10-11 year, staff will be trained in Functional Family Therapy, and a focus on Family Systems assessment and interventions will begin to predominate. Case management and medication support services will be provided as well (e.g. targeted case management program, AB3632 Unit, Human Services Agency). Regular hours of operation are nine to five, Monday through Friday; services are provided at main clinic site, and local schools; home visits are conducted as needed. Services are additionally provided on-site and in the community, as warranted, outside of these hours, but generally between 8 am and 9 pm. Typical service protocol includes weekly family-based therapy including child therapy, regular parent meetings, collateral contacts and interventions and medication appointments as appropriate. Length of stay is dependent on client needs and progress towards meeting the plan of care goals. Service improvement efforts over this fiscal year will include staff training and implementation in evidence-based practices (ex. Functional Family Therapy) targeted toward adolescents with behavioral disorders.

D. Discharge criteria include client/family attainment of plan of care goals, mutual agreement to discontinue services, or lack of participation which precludes progress. Clinicians discuss discharge with the family as well as with the FCFP clinical supervisor as part of the treatment plan. If the case status is to change (i.e., step-down, transfer, referral, or closure) the clinician consults with the program director. The FCFP Provider will enter an appropriate code for "Reason for Discharge" in the BIS Insyst database when a client case is closed in the BIS Insyst.

NOTE: the FCFP Program Utilization Review Quality Committee (PURQC) reviews all cases at the 3-month and one year anniversary dates for status updates including continuance of services. At two years & beyond, the PURQC paperwork is reviewed by the FCFP PURQC Committee and then forwarded to the CYF Central PURQC Committee for authorization for continuous services.

E. Clinical services are provided by licensed and license-eligible registered MFT, MSW (and deemed equivalent or greater) clinicians on-site at 1010 Gough Street and at collaborating schools throughout the target area. Therapists collaborate closely with all various site staff, parents and teachers. Case Management may be provided by experienced BA in Psychology, Social Work (or related field) staff. In addition, a licensed staff Psychiatrist provides ongoing medication assessment and support.

## **7. Objectives and Measurements**

### **A. PERFORMANCE/OUTCOME OBJECTIVES**

<b>OUTCOME 1: IMPROVE CLIENT SYMPTOMS</b>
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**Objective A.1: Reduce Psychiatric Symptoms**



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

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

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

Data Source:

CBHS Billing Information System - CBHS will compute.

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

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

Client Inclusion Criteria:

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

Data Source:

BIS Reason for Discharge Field.

Program Review Measurement:

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

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

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

Data Source:

CANS Certificates of completion with a passing score.

Program Review Measurement:

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

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

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

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

Data Source:

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

Program Review Measurement:

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

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

CYF agency representatives attend regularly scheduled SuperUser calls.

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

Data Source:

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

Program Review Measurement:

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

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

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

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

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

Data Source:

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

Program Review and Measurement:

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

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

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

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

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

Data Source:

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

Program Review and Measurement:

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

**OUTCOME 2: Reduce Substance Use**

n/a

**OUTCOME 3: IMPROVE CLIENT FUNCTIONING**

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

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

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

Data Source:

BIS Living Situation Codes.

Program Review Measurement:

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

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

**Objective 1: Access to Services**

n/a

**Objective 2. Reliance on Institutions**

n/a

**Objective 3. Quality of Care**

n/a

**Objective 4. Collect Client Outcomes**

n/a

**Objective 5. Documentation/Authorization**

n/a

**Objective 6. Client Satisfaction**

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

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

**Data Source:**

Program Tracking Sheet and Program Self Report

**Program Review Measurement:**

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

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

**Objective 1. Program Productivity**

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

During Fiscal Year 2010-11, 2,549 outpatient units of service (UOS) will be provided consisting of treatment, prevention, or ancillary services as specified in the unit of service definition for each modality and as measured by BIS and documented by counselors' case notes and program records.

**Date Source:**

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

**Program Review Measurement:**

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

**Objective 2. Access to Services**

n/a

**Objective 3. Quality of Care**

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

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

**Data Source:**

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

**Program Review Measurement:**

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

**Objective 4. Client Outcomes Data Collection**

n/a

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

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

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

**Data Source:**

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

**Program Review Measurement:**

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

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

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

**Data Source:**

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

**Program Review Measurement:**

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

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

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

**Data Source:**

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

Program Review Measurement:

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

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

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

Data Source:

Program Self Report.

Program Review Measurement:

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

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

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

Data Source:

Program Self Report.

Program Review Measurement:

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

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

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

Data Source:

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

### **Objective 6. Cultural Competency**

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

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

**Data Source:**

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

**Program Review Measurement:**

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

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

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

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

**Data Source:**

Program Tracking Sheet and Self Report.

**Program Review Measurement:**

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

### **Objective 8: Program and Service innovation & Best Practice**

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

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

**Data Source:**

Program Self Report.

**Program Review Measurement:**

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





1. Program Name: Early Childhood Mental Health  
Program Address: 1010 Gough Street  
City, State, Zip Code: San Francisco, CA 94109  
Telephone: (415) 474-7310  
Facsimile: (415) 931-3773

2. Nature of Document

☒ New ☐ Renewal ☐ Modification

3. Goal Statement

The program goals are:

- (1) To increase the emotional and social well-being of the young child
- (2) Enhance childcare staff/family daycare providers training and efficacy in dealing with children and their parents.
- (3) Assist in improving child care center practices to respond more effectively to children's developmental and mental health need
- (4) Improve families' well-being and capability to deal with life problems thus improving the children's prognosis in overcoming behavioral and emotional problems.
- (5) To provide early childhood mental health consultation in a Family Resource Center utilizing the principles of family support in addressing the multifaceted needs of families

4. Target Population:

Subsection (1) HAS/DCYF Funding Source:

Services will be provided to children 0-5 and their families in the eight sites listed below:

Site Name	Classrooms	Children Served	Staff Served	Hours Per Week	Consultant
Family Developmental Center	7.0	136.0	30.0	8.0	R.Johnson
Lee Woodward Counseling Center	1.0	5.0	3.0	4.0	C.McBride
McLaren Children's Center	1.0	25	7.0	3.0	R. Johnson
John Muir Preschool	1.0	12.0	2.0	4.0	C. McBride
Nihonmachi Little Friends – Bush St.	1.0	48.0	9.0	5.0	C. McBride
Nihonmachi Little Friends – Sutter St.	1.0	36.0	7.0	4.0	C.McBride
San Miguel Children's Center	4.0	96.0	25.0	6.0	C. McBride
YMCA Stonestown Preschool	2.0	35.0	5.0	4.0	C.McBride

**Subsection (2) First Five Enhancements Funding Source:**

Services will be provided to children 0-5 and their families in the two sites listed below:

Site Name	Classrooms	Children Served	Staff Served	Hours Per Week	Consultant
John McLaren Preschool For All	1.0	24	3.0	4.0	R. Johnson
SFUSD Redding Preschool For All	1.0	30	3.0	4.0	C. McBride

**Subsection (3) First Five Youth Family Resource Center Funding Source:**

Services will be provided to children 0-5 years old and their parents/caregivers as listed below:

Site Name	Classrooms	Children Served	Staff Served	Hours Per Week	Consultant
Young Family Resource Center – TAPP Program	1.0	TBA	TBA	4.0	R. Johnson

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

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

- Site information to which the SA applies
- The term of the SA
- 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 SA document
- Signature lines for Consultant, Site Director/Manager, Contractor Program Director

Once the SA is completed and signed by all parties, a copy of the document will be sent to the ECMHCI Program Director, Rhea H. Bailey, at CBHS. The SA must be received by CBHS no later than November 15th of each year.

Standards of Practice (SOP) – The ECMH Program will establish Site Agreements (SA) with each respective site served at the beginning of each fiscal or academic year, whichever is most appropriate as mandated in the contract.

The Program Director will be responsible for implementing and monitoring compliance with the directives.

### Modalities

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

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

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

### Program Consultation

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

**Frequency of Activities**

	<b>Children's Programs w/in Shelters</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>Activity</b>				
<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 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 hour per month	Monthly 1 to 2 hours per month	Monthly 2 to 3 hours per month
<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 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	Same as small center	Same as small center

### Case Consultation

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

### Frequency of Activities

	Children's Programs w/in Shelters	Small Center 12-24 children	Medium Center 25-50 children	Large Center > 50 children
<b>Activity</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.	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 Director with</b>	Once per month per child who is the focus of case consultation.	Once per month per child who is the focus of case consultation.	Same as for small center	Same as for small center
<b>Meeting with Staff</b>	Once per month per child for duration of case consultation.	Once per month per child for duration of case consultation.	Same as for small center.	Same as for small center.
<b>Meeting Parents with</b>	3 to 5 times per child	3 to 5 times per child	Same as for small center.	Same as for small center.

- Direct treatment services occur within the child care center and/or shelter as allowed by the established MOU and are provided as needed to specific children and family members. All services to children are contingent upon written consent from parents or legal guardians.
- Provided by mental health consultants who are licensed or license-eligible.
- All direct treatment service providers, consultants, receive ongoing clinical supervision.

- Assessments for direct treatment service eligibility can include screenings for special needs, domestic violence in the family, possible referral for special education screenings, and alcohol or other substance use in the family.
- All direct treatment providers follow federal HIPPA regulations pertaining to the provisions of services and the maintenance of records.

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

- **Outreach and Linkage:** Providing activities related to program development, staff supervision, staff development/training and other administrative functions.
- **Evaluation Activities:** Providing activities related to conducting evaluation of Project or High Quality Child Care Mental Health Consultation initiative.

## 2. Methodology

Inherent within the ECMH Program are the core values of Family Service Agency of San Francisco. The services provided are welcoming family-oriented, strength-based, team implemented, culturally relevant, recovery oriented and advancing in the field. More specifically, the ECMH Program integrates delivery of consultation, training and , when pertinent, direct service into a seamless system of services that reflects CBHS mandates while remaining sensitive to community attitudes and with cultural values.

The service delivery is based upon the integration of a model of relationship focused consultation (Mental Health Consultation in Child Care, Kadija Johnston/Charles Brinamen) and one that focuses on promoting social-emotional development, providing support for children's appropriate behavior and preventing challenging behaviors (Teaching Pyramid). The services consist of 80% consultation and 20% direct services and are provided at the sites. Services are delivered as determined, agreed upon and scheduled in the Site Agreements.

The activities provided include the modalities of consultation, training, direct service, if pertinent, outreach, linkage and evaluation. Generally, the activities are as follows:

Consultation: Classroom management staff support around communication, psycho education, strategies for behavioral interventions with children, team meetings, classroom intervention

Class/Child Observation: Observation, assessment using ASQ, Desired Results

Training: Parent education, staff training re: psycho educational issues, implementation of the Teaching Pyramid

Direct Service: Conflict-resolution skill building, classroom interventions

Outreach, Linkage, Referral: Collaboration, linkages to resources

Services are conducted by licensed and/or license-eligible staff. All staff is required to read Mental Health Consultation in Childcare and be informed of the Teaching Pyramid model. The model for supervision focuses on reinforcing the concepts of consultation and its implementation at the Sites. Supervision occurs weekly, both individually and in group. Direct feedback and guidance is provided, interaction is encouraged and training is ongoing

### **3. Objectives and Measurements**

#### **A. Performance/Outcome Objectives**

1. Understanding emotional and development needs  
A minimum of 75% of staff at each site receiving consultation services will report that meeting with a consultant increased their understanding of a child's emotional and developmental needs, helping them to more effectively respond to the child's behavior.
2. Communication with parents  
A minimum of 75% of staff at each site receiving consultation services will report that consultation helped them learn to communicate more effectively with parents of children where there were concerns about the child's behavior.
3. Response to children's behavior.  
A minimum of 75% of staff at each site receiving consultation services will report that the consultant helped them to respond more effectively to children's behavior.
4. Overall satisfaction  
Of those staff who received consultation and responded to the survey, a minimum of 75% will report that they are satisfied with the services they've received from the consultant.
5. Responsiveness to Needs  
Of those parents who themselves or their children received direct services from the early childhood mental health consultant, a minimum of 75% will report that the consultant was attentive and responsive to their needs.
6. Linkage to Resources  
Of those parents who themselves or their children received direct services from the early childhood mental health consultant, a minimum of 75% will report that consultant assisted them in linking to needed resources.
7. Understanding of Child's Behavior

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

8. (Improvement of Child's Behavior

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

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

**B. CBHS Compliance Objectives**

D.4b. Applicable to: All Early Childhood Mental Health Consultation Initiative Contractors

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

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

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

C.6a. Applicable to: All Early Childhood Mental Health Consultation Initiative Contractors

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

Data source: Surveys distributed and submitted to CBHS.

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

**C. CBHS Privacy Objectives**

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

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

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



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

3. A Privacy Notice that meets the requirements of the FEDERAL Privacy Rule (HIPAA) written and provided to all patients/clients in their threshold language. If the document is not available in the patient's/client's relevant language, verbal translation is provided.

Required Documentation: Program has evidence in patients'/clients' charts or electronic files that they were "notified" in their relevant language either in writing or verbally.

A summary of the Privacy Notice is posted and visible in registration and common areas of treatment facility.

Requirement Documentation: Program has the DPH Summary of Privacy Notice posted in the appropriate threshold languages in patient/client common areas.

4. Each disclosure of a patient's/client's health information for purposes other than treatment, payment or operations is documented.

Required Documentation: Program has a HIPAA complaint log form that is used by all relevant staff.

5. Authorization for disclosure of patient's/client's health information is obtained prior to release to providers outside the DPH Safety Net, including early childhood mental health consultants.

Requirement Documentation: Program has evidence that HIPAA-compliant "Authorization to Release Protected Health Information" forms are used.

#### Start-up and Process Objectives:

Entering a new site, consultation services to the Young Family Resource Center

- 1) A consideration of the site's philosophy, its organizational structure roles and relationships and staff perceptions will be maintained.  
The consultant will assume the consultative stance including mutuality of endeavor.
- 2) The needs of the site will be assessed.  
The consultant will develop a trusting relationship, wondering instead of knowing and create a context for site staff to identify areas of need.
- 3) The services provided will be in accordance with the Principles of Family Support as defined by Family Support America.  
The consultant will be knowledgeable and adhere to the principles of Family Support.

## **9. Continuous Quality Improvement**

All CQI Sections should include the following HIPAA language verbatim; the language has not changed since FY05-06:

"With the implementation of HIPAA requirements, a DPH Privacy Policy was developed and contractors were trained during FY 03-04. Effective July 1, 2004, contractors were subject to audits to determine their compliance with the DPH Privacy Policy using the six compliance standards listed below. Audit findings and corrective actions (if any) identified in FY 04-05 (July 1, 2004 – June 30, 2005) will be considered informational, to establish a baseline for the following year. Beginning FY 05-06 (July 1, 2005 – June 30, 2006), findings of compliance or non-compliance and corrective actions (if any) will be integrated into the contractor's monitoring report. (The following items should be incorporated in the contract narrative.)

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

As Measured by: Evidence that the policy and procedures that abides by the rules outlined in the DPH Privacy Policy have been adopted, approved and implemented.

**Item #2: All staff who handle patient health information are trained (including new hires) and annually updated in the program's privacy/confidentiality policies and procedures.**

As Measured by: Documentation exists showing individuals were trained.

**Item #3: A Privacy Notice that meets the requirements of the Federal Privacy Rule (HIPAA) is written and provided to all patients/clients served in their threshold and other languages. If document is not available in the patient's/client's relevant language, verbal translation is provided.**

As Measured by: Evidence in patient's/client's chart or electronic file that patient was "noticed." (Examples in English, Cantonese, Vietnamese, Tagalog, Spanish, and Russian will be provided.)

**Item #4: A Summary of the above Privacy Notice is posted and visible in registration and common areas of treatment facility.**

As Measured by: Presence and visibility of posting in said areas. (Examples in English, Cantonese, Vietnamese, Tagalog, Spanish, and Russian will be provided.)

**Item #5: Each disclosure of a patient's/client's health information for purposes other than treatment, payment, or operations is documented.**

As Measured by: Documentation exists.

**Item #6: Authorization for disclosure of a patient's/client's health information is obtained prior to release (1) to providers outside the DPH Safety Net or (2) from a substance abuse program.**

As Measured by: An authorization form that meets the requirements of the Federal Privacy Rule (HIPAA) is signed and in patient's/client's chart/file."

Contractor: Family Service Agency of San Francisco  
Program: Teen Resourced To Achieve Positive Practices (T-RAPP)  
City Fiscal Year: 2010-2011

Appendix: A-9  
Contract Term: July 01, 2010 to June 30, 2011

1. Program Name: FSA Teen Resourced to Achieve Positive Practices (T-RAPP)  
Program Address: 1010 Gough Street, San Francisco, CA 94109  
Telephone: (415) 474-7310  
Facsimile: (415) 931-3773

2. Nature of Document

☒ New      ☐ Renewal      ☐ Modification

3. School-Based Community Challenge Grant (CCG) Services

During Fiscal Year 2010-2011, the Contractor's Teen Resources to Achieve Positive Practices (T-RAPP) program will support the Health Education Department at Balboa High Teen Health Center and at various designated San Francisco Unified School District (SFUSD) middle and high school sites utilizing of teen parent peer educators to provide health informational presentations and relate projects.

Data Source:

The Coordinator of the San Francisco Department of Health Services (SFDPH) Primary Care Youth Programs will work with the designated Contractor T-RAPP Program Manager to develop procedures for the implementation of the health education sessions and related activities on behalf of the SDDPH CCG program (known as the "Community Link Program"). The Contractor will provide classroom presentations, including question and answer periods, to approximately 250 students attending Balboa Teen Health Center and other designated SFUSD schools. The Coordinator of the San Francisco Department of Health Services (SFDPH) Primary Care Youth Programs will report out to staff at the end of the contract period regarding completion status for this objective.

Designated Contact: Coordinator, SFDPH Primary Care Youth Programs.



1. **Program Name: MHSA Prevention and Recovery in Early Psychosis**  
**Program Address: 1010 Gough, San Francisco**  
**City, State, and Zip Code: San Francisco, CA 94109**  
**Telephone: (415) 474-7310**  
**Facsimile: (415) 931-0972**

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

☒ New      ☐ Renewal      ☐ Modification

3. **Goal Statement**

Three of San Francisco's leading mental health organizations, FSA, UCSF and MHA collaborate with the goal of diagnosing psychosis early and intervening vigorously with the aim of stably remitting the disease and allowing the client to resume a happy, stable, and productive life.

4. **Target Population**

The target population for the PREP Program will be youth and young adults ages 12 - 26 who have had their first major psychotic episode within the previous two years or who, on the basis of the PREP diagnostic interview, are at high risk for having their first episode within two years. Based upon our past experience, we expect that the largest share of clients will be between the ages of 16 and 24.

PREP will operate citywide. Due to the nature of psychosis—which strikes without regard to income or socioeconomic status—we expect a distribution of cases that approximates the demographic distribution of youth and young adults in San Francisco, but with a somewhat greater proportion of low-income youth and families. The table below provides an estimate of ethnic distribution

White	30%	African American	20%	Asian	25%
Latino	20%	Native American	2%	Multiracial	3%

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

PREP will continue to provide a comprehensive, systemic approach to this problem. The PREP Program will provide the best in evidence-based treatment and support for youth and families. Although each intervention has been research tested in one or more locations, this will be the first center in the United States where this treatment array has been offered as an integrated package. We believe that by intervening early with a comprehensive treatment package, we can make dramatic progress in remitting or preventing the disease. Core services will include:

Algorithm based medication management. For the first phase of this project, Dr. Demian Rose, our Medical Director, has adapted the Texas Medication Algorithm to focus specifically on medication for young adults in the early stages of psychosis.

Cognitive Rehabilitation: PREP Team member, Dr. Sophia Vinogradov, working with nationally renowned brain plasticity researcher, Dr. Michael Merzenich, has developed a computer-based cognitive rehabilitation program specifically designed to address the cognitive deficits engendered by psychosis. Evidence-based individual therapy, as appropriate, based on Cognitive Behavioral therapy (CBT) for early psychosis which teaches techniques for specific symptom clusters (positive symptoms, negative symptoms, depression, skills for emotion regulation, etc).

Multifamily groups: We will provide all groups for the families of young adults suffering from psychosis, even when the primary client chooses not to participate in treatment.

Strength-based care management: Intensive care management will ensure that the broad spectrum of clients and family needs are addressed.

Neuropsychiatric and other advanced diagnostic services will be available as needed at 30% time.

## **6. Methodology.**

### **A. Program's outreach, recruitment, promotion, and advertisement.**

Under the lead of the Mental Health Association, PREP will outreach across all of SF's diverse communities to provide outreach and education on the PREP program, behavioral health, stigma, wellness, and signs of early psychosis. The goal of outreach will be to create awareness, reduce stigma, and recognize signs of early psychosis and to educate about the PREP program. Extensive outreach will continue to be conducted across San Francisco in settings where youth and their families typically spend time (e.g., neighborhood centers, schools, churches, after-school organized sports activities, libraries and shopping centers). Outreach methods will also include social media venues such as Twitter, Facebook, YouTube, Google Video and other online methods. Special efforts will be taken to engage and reach out to traditionally underserved population groups through our partnerships with Sojourner Truth and Larkin Street – reaching out to those who would not typically receive or who would experience a delay in services due to such factors as limited access, stigma, poverty, and cultural and linguistic barriers.

Individuals receive a telephone screening. Those who are clearly not appropriate for, or in need of, early psychosis services will be assisted to locate needed services. Those who are appropriate for assessment will receive an appointment within seven working days of first contact. PREP will provide a comprehensive diagnostic assessment for each youth referred. The diagnostic approach will be based upon the SIPS (Structured Interview for Prodromal Symptoms) and the Structured Interview for DSM-IV (SCID) but will be extended by a strength-based care management assessment, and will assess for such frequent collateral issues as depression, trauma, substance abuse, and affective dysregulation. The assessment will be provided at whatever location is most convenient and comfortable for the youth and family to encourage service engagement.

## **B. Program's service delivery model.**

Care Management and Treatment: The PREP Program will provide the best in evidence-based treatment and support for youth and families. We have carefully designed this treatment array and selected the particular treatments because each has a strong evidence base for promoting positive outcomes for people suffering from early psychosis. Collectively, they address the spectrum of impacts caused by psychosis. Core services will include:

Algorithm-Based Medication Management.

Cognitive Rehabilitation:

Evidence-Based Individual Therapy,

Multifamily Groups

Strength-Based Care Management:

Neuropsychological Assessments

Each client is served based on their individual need and willingness to participate, however the Multifamily group is a one-year commitment. The other services will be provided at whatever location is most convenient and comfortable for the youth and family to encourage service engagement. The length of stay is based on outcome data that is shared continuously with the client and their families, with a maximum of up to two years for prodromal clients/families and up to two years for recent-onset clients /families.

## **C. Program's exit criteria and process.**

PREP clients include the primary client and their families – and there are different exit criteria based on the service modalities employed in the treatment. When families are involved in the multi-family group therapy, there is a pre-agreement that the families stay in treatment for a full year and the primary client is assessed on-going during and after care at the end of the group's duration. These groups are closed, meaning that family's travel together through the course of treatment, thus educating one another on lessons learned in the process. Not all PREP clients participate in the multi-family group therapy – therefore other services provided are offered intensively, often weekly with client centered treatment plans which are reviewed during the course of treatment and measured against an array of baseline measure taken during the assessment using the SIPS (Structured Interview for Prodromal Symptoms) or QSANS and QSAPS. Treatment ideally aims to integrate clients to a functioning status, either working or in school, and transitions from the program to other forms of care, or back to the community – complete with a contingency plan. All discharge planning will be collaborated upon between FSA staff and clients together with their families' total participation whenever possible. Discharge is often determined by intervention outcomes – which are assessed from a client, family can clinician perspective using established measures that are currently being used to evaluate the impact of early psychosis and other services at FSA.

## **D. Program's staffing.**

Felton Institute Director: PREP sits under the Felton Institute at FSA. Felton Institute Director is also adjunct faculty for the UCSF CARTA Project.

Medical Director and Psychiatrist: Will serve as 25% time Medical Director and psychiatrist on the PREP Project.

UCSF Site CBT Trainer: Will be responsible for CBT Supervision and overall operations assessment aspects of this project.

Mental Health Association of San Francisco. Will guide and over see the community outreach portion of this proposal.

Clinical Director of PREP at FSA will be the overall Project Coordinator, Program Director and Clinical supervisor at FSA

Full-time Therapist at FSA, will run MFGT and provide care management when needed

Half-time Therapist at FSA, will run MFGT and provide care management when needed

Medication support at FSA under the supervision of the medical director.

Outreach Worker at Larkin Street; Liaison for PREP-Larkin Street Clients

Part Time Therapist at Sojourner Truth and care manager, especially for kids coming from the Foster Care system; will run MFG

Neuro-psychologist on contract as needed.

A Employment/Education Specialist - half time to support clients returning to work and school and a full time bi-lingual (Cantonese or Spanish) Therapist/Care Manager who will also be able to run groups, will be hired.

## **7. Objectives and Measurements**

FSA will comply with all applicable DPH Standardized Appendix a, fiscal year 2010 – 2011 Performance Objective, including the following:

Objective 1: Provide 2,000 hours of treatment services annually.

- Staffing: Staff from FSA, Sojourner Truth and Larkin Street will be involved in delivering treatment services.
- Data collection tools: At all agencies, service hours are entered directly into the electronic record system (CIRCE) by service providers.
- Data: Service provision data is recorded in terms of hours of type of service provided.
- Frequency: Data collection will ongoing. Data will be summarized and discussed monthly.
- Data reporting: data is pulled from CIRCE and reviewed by the Executive committee monthly, reported to CBHS annually.



Objective 2: Consumers will show clinically and statistically meaningful reductions in mental health symptoms and increases in functioning, quality of life, engagement in services and satisfaction with services from baseline to 12 months, as measured from consumer and clinician perspectives using standardized measures.

- Staffing: Clinicians and consumers will provide outcome ratings. PREP support staff will insure that outcome ratings are completed on schedule.
- Data collection tools: Clinicians will rate consumers' symptoms, functioning and engagement in services using several standardized measures:
  1. Quick Scale for the Assessment of Negative Symptoms (QSANS)--  
Negative symptoms of psychosis
  2. Quick Scale for the Assessment of Positive Symptoms (QSAPS)--  
Negative symptoms of psychosis
  3. Global Functioning Scale: Role--  
Overall role functioning
  4. Global Functioning Scale: Social--  
Overall social functioning
  5. Working Alliance Inventory (WAI)--  
Quality of consumer-clinician working relationship from clinician's perspective

Objective 3: Consumers will rate their own quality of life, symptoms, engagement in and satisfaction with services using several standardized measures:

- a) WHOQOL-Bref-- Quality of Life
  - b) Patient Health Questionnaire Depression Scale (PHQ9)--Depression symptoms
  - c) Patient Health Questionnaire Anxiety Scale-- Anxiety symptoms
  - d) Working Alliance Inventory (WAI)--Quality of consumer-clinician working relationship from consumer's perspective
- Data: All of the above measures provide quantitative scores at the item and scale level.
  - Frequency: Outcome data will be collected quarterly, regardless of consumer's participation in services.
  - Data reporting: PREP support staff will receive completed outcome evaluations and enter them into an electronic database. The evaluator, will compile and analyze the data. Results will be

presented to the Research and Evaluation Committee, and the PREP executive Committee to guide service planning and delivery.

Objective 4: Participants in Multifamily Groups will achieve practically and statistically meaningful reductions in familial criticism and improvements in family functioning, as well as increases in knowledge about psychosis from baseline to 12 months, as measured by established self-report and clinician interview measures.

- Staffing: Consumer and family participants in the multifamily groups will provide self-report ratings using standardized measures, as described below. Clinicians leading the multifamily groups, with the assistance of PREP support staff, will insure that ratings are completed on schedule.
- Data collection tools:
  1. The self-report Knowledge about Schizophrenia Questionnaire (KASQ) will be used to assess consumer and family member knowledge about psychosis and schizophrenia.
  2. The interview-based Structured Assessment of Insight (SAI-E) will be used to assess consumers' social problem solving skills and the self-report Expressed Emotion scale will be used to assess familial warmth and criticism from the consumer perspective.
  3. The self-report Family Questionnaire and Caregivers Experience Scale will be used to assess caregiver burden from the family member perspective. Family members will also complete the Expressed Emotion scale to assess their levels of warmth and criticism towards the consumer.
- Data: All of the above measures provide quantitative scores at the item and scale level.
- Frequency: Data collection is linked to the structure of the Multifamily Group treatment. Knowledge about psychosis is assessed prior to the start of the treatment and at the conclusion of the 12 month treatment. All other outcomes are measured at the start of treatment and 6 and 12 months later.
- Data reporting: PREP support staff will receive completed outcome evaluations and enter them into an electronic database. The evaluator, will compile and analyze the data. Results will be presented to the Research and Evaluation Committee and the PREP executive committee to guide service planning and delivery.

#### **Other Objectives and Measurements**

#### **Training Objectives for Early Psychosis**

Objective 1. Trainees will show statistically and practically significant increases in core clinical and scientific knowledge about early psychosis from baseline to the end of training, and on each individual training module, as measured by a standardized multiple choice knowledge test.

- Staff: UCSF and select staff from partner agencies and outside trainers will provide the training. Program assistant will administer and collect the knowledge surveys from trainees anonymously. All PREP staff at FSA, Sojourner Truth, Larkin Street and MHA who provides direct or indirect services will complete the training.

- Data Collection Tools: A multiple choice knowledge test is used to assess trainee knowledge. Data is collected and entered by the program assistants or by trainees as they complete the web-based version.
- Data: Performance is calculated as total number and percentage of questions correct. Data is analyzed by the evaluator and staff on the Research & Evaluation Committee.
- Frequency: Data is collected pre- and post- training for each trainee. Data is analyzed after each round of training.
- Data Reporting: Data is reported to the PREP Research, Training and Executive committees after each round of training, and to CBHS annually.

Objective 2. Trainees will show high levels of satisfaction with Early Psychosis training on the Satisfaction Survey.

- Staff: All trainees will complete Satisfaction surveys.
- Data Collection Tools: A standardized satisfaction survey is administered as a paper-and-pencil measure or a web-based survey at the end of each training module.
- Data: Satisfaction is rated on a scale of 1 to 5. Data is collected and entered by the program assistant or by trainees as they complete the web-based version. Data is analyzed by Dr. Shumway and staff on the Research & Evaluation Committee.
- Frequency: Data is collected following each training session and analyzed immediately so that multi-session trainings can be optimized during delivery.
- Data Reporting: Data is reported to the PREP Research, Training and Executive committees after each round of training, and to CBHS annually.

Objective 3. Trainees will demonstrate increased knowledge of the principles of cognitive-behavioral therapy for early psychosis (CBTp) as assessed by a standardized survey of knowledge and confidence administered following training and will demonstrate clinical competence in cognitive-behavioral therapy for early psychosis (CBTp) by demonstrating appropriate use of CBT techniques by 6 months as assessed by a standardized rating of competence completed by the supervisor.

- Staff: UCSF and FSA staff will provide the CBT training. All PREP staff that provides CBTp will complete the training. Trainees complete the knowledge and confidence survey and CBTp supervisor completes the supervisor ratings based on evaluation of videotapes of 25% of clinician's sessions.
- Data Collection Tools: The knowledge and confidence survey and the supervisor ratings are standardized paper-and-pencil measures.
- Data: Program assistant will enter checklist data. Data is analyzed by Dr. Shumway and staff on the Research & Evaluation Committee.

- Frequency: Trainees will submit at least 1 recorded client session to the supervisor for evaluation every four weeks for the first 6 months. Data is analyzed quarterly.
- Data Reporting: Data is reported to the PREP Research, Training and Executive committees after each round of analysis and to CBHS annually.

Objective 4. Trainees will demonstrate increased knowledge of evidence-based medication management medication management for early psychosis as measured by a multiple choice knowledge test and will demonstrate clinical competence by demonstrating adherence to the evidence-based PREP Antipsychotic Medication Algorithm, assessed by review of client records by the supervisor.

- Staff: The PREP medical Director will provide the medication management training. All PREP staff that provides medication services will complete the training and complete the self-report knowledge test. Medical Director assesses algorithm adherence.
- Data Collection Tools: The knowledge test is a self-report multiple-choice survey. Trainees enter information about algorithm use in chart notes.
- Data: The knowledge test is completed before and after training and is entered by a program assistant. Data on algorithm adherence is recorded by the Medical Director upon review of chart notes, and is entered by the program assistant. Data is analyzed by Dr. Shumway and staff on the Research & Evaluation Committee.
- Frequency: Knowledge test data are analyzed following training. Algorithm adherence is assessed by the Medical Director at least quarterly and data is analyzed quarterly.
- Data Reporting: Data is reported to the PREP Research, Training and Executive committees after each round of analysis and to CBHS annually.

Objective 5. Trainees will demonstrate clinical competence in diagnostic assessment of psychosis and risk for psychosis by achieving at least .80 agreements with expert raters on standardized interview measures.

- Staff: UCSF and FSA staff will provide the training and supervision of diagnostic assessment. All clinicians conducting diagnostic assessments will complete the training. The Assessment supervisor collects clinician symptom ratings and diagnoses. Program assistant will enter rating data.
- Data Collection Tools: Trainees provide symptom ratings and diagnoses on the interview measure at the end of each interview.
- Data: Inter-rater reliability is measured as agreement with expert ratings (intra-class correlation). Data is analyzed by the evaluator and staff on the Research & Evaluation Committee.
- Frequency: Data is collected and analyzed at the end of each training round.
- Data Reporting: Data is reported to the PREP Research, Training and Executive committees after each round of analysis and to CBHS annually.

Objective 6. Trainees will demonstrate clinical competence in multifamily group (MFG) therapy for early psychosis by demonstrating adherence to the MFG model as assessed by the PIER Program in monthly phone supervision.

- Staff: PIER program staff provides the training. All clinicians serving as co-leaders in MFG will attend the training. Supervisor checklists are completed by PIER staff and shared with the PREP research committee.
- Data Collection Tools: Supervisor checklists for MFG are rated based on videotaped sessions and monthly phone supervision.
- Data: Adherence to MFG model is rated as number of intervention elements conducted appropriately per session. Data is analyzed by the evaluator and staff on the Research & Evaluation Committee.
- Frequency: Supervisor checklists are completed monthly shared with PREP and analyzed quarterly.
- Data Reporting: Data is reported to the PREP Research, Training and Executive committees after each round of analysis and to CBHS annually.

### **Outreach Objectives**

Objective 1: Provide 2,000 hours of outreach and education services about early psychosis to a diverse array of stakeholders, including health and mental health care providers, schools, community organizations and at-risk youth.

- Staffing: Staff from all PREP partners will be involved in conducting outreach and will keep detailed records of outreach activities. The evaluator, Dr. Shumway, will monitor data collection.
- Data collection tools: All partners will use standardized outreach activity logs to record outreach activities to individuals and groups. When possible, for example in large group presentations, we will collect data from individuals using paper-and-pencil surveys.
- Data: Outreach activity logs will enumerate of type and length of contacts as well as the number and type of stakeholders involved. Paper-and-pencil surveys be based on surveys used successfully in FSA Felton Institute trainings and will be tailored to the presentation context to measure participant demographics, knowledge gained, and satisfaction with the presentation, as appropriate to the target population. Logs of calls to the PREP referral line will include information on caller zip code, race/ethnicity of individuals referred for service, and information on referral source and route.
- Frequency: Data collection will ongoing in the context of outreach activities. Data will be summarized and discussed [quarterly].
- Data reporting: The evaluator, Dr. Shumway, will compile and analyze the data. Results will be presented to the PREP Outreach Committee to guide implementation and planning of outreach activities.

Objective 2: Revise and distribute printed informational materials targeted to varied stakeholder groups, including at-risk youth, community members and service providers.

- Staffing: PREP staff will develop a series of new materials. All PREP partners will be involved in distributing materials and will keep records of distribution using standardized logs, led by the Mental Health Association of San Francisco. The evaluator, Dr. Shumway, will monitor data collection.
- Data collection tools: All partners will use standardized logs to record distribution of printed materials.
- Data: Printed material distribution logs will enumerate the date of distribution, the number of copies distributed and the target populations(s) to whom materials were distributed.
- Frequency: Data collection will be ongoing in the context of outreach activities. Data will be summarized and discussed [quarterly].
- Data reporting: The evaluator, will compile and analyze the data. Results will be presented to the PREP Outreach Committee to guide development and distribution of printed materials.

Objective 3: Increase community awareness of early psychosis and its treatment through a public education campaign using the PREP web site, social media, and traditional media outlets.

- Staffing: Staff from [x] and [y] will be involved in delivering aspects of the public education campaign. Automated monitoring is in place for web-based aspects of the campaign. Partner agencies will keep standardized logs of traditional media outreach efforts. The evaluator, will monitor data collection.
- Data collection tools: Detailed monitoring of activity on the PREP web-site ([www.prepwellness.org](http://www.prepwellness.org)) is conducted using the Google Analytics software. Automated tools are also in place to monitor social media activity on Facebook, Twitter and YouTube. Partners will use standardized logs to record traditional media outreach efforts.
- Data: Data on traffic on the PREP website will include numbers of total visitors, unique visitors, new visitors, hits per page, hits per content area, bounce rates by page and content area. Data on activity on the PREP Facebook page will include 150 + numbers of posts. ]. Data on Twitter activity will include 100 + numbers of tweets, [retweets] and followers. Data on videos posted on YouTube will include information pertinent to magnetizing youth with early psychosis concerns.
- Frequency: Data collection will be ongoing. Data will be aggregated by the week or month to examine change over time and response to particular outreach efforts and summarized and discussed quarterly.
- Data reporting: The evaluator, will compile and analyze the data. Results will be presented to the PREP Outreach Committee to guide implementation and planning of the public education campaign.

## 8. Continuous Quality Improvement

FSA will collaborate with CBHS and MHSA staff to develop and implement an evaluation plan. FSA will assign staff to participate in collaborative program development, planning and training efforts as requested by CHS or MHSA. Any evaluation components will be designed to be used for continuous quality improvement. Frequent, regular analysis and review of data collected from both trainees and supervisors will be used to insure and improve the quality and effectiveness of training activities.

FSA will collect and report quarterly on the number of individuals served through funded activities.

HIPAA Compliance: FSA will integrate DPH Privacy Policy in its governing policies and procedures regarding patient privacy and confidentiality. The Executive Director will ensure that the applicable policy and procedures as outlines in the DPH Privacy Policy have been adopted, approved and implemented.

Electronic Record keeping and Data Collection Requirements: FSA will provide evidence of sufficient computing resources for staff to support direct real time data entry and documentation in current billing and interim clinical applications and in the new Billing Information System (BIS) that provide for work flow management, data collecting and documentation.





**1. Program Name: MHSA Felton Institute Trainings in Older Adult Behavioral Health Screening**

**Program Address: 1010 Gough, San Francisco**

**City, State, and Zip Code: San Francisco, CA 94109**

**Telephone: (415) 474-7310**

**Facsimile: (415) 931-0972**

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

☒ New      ☐ Renewal      ☐ Modification

**3. Goal Statement**

The Older Adult Screening training in Partnership with the Over 60 Project (Dr. Patricia Areán) and the Felton Institute will provide training for case workers and interns who serve older adults in the Project Impact model, addressing issues of depression, substance abuse, generalized anxiety, and social isolation. The training will provide an overview of the collaborative care team, medication management, Behavioral Activation, stepped care management, Problem Solving Therapy, and SBIRT.

**4. Target Population**

Our target training population for the Older Adult training is a cadre of dedicated and enthusiastic clinical staff at IOA for the Project Impact model, within the care provider community. The target population for the Older Adult Behavioral Health Screening and Response are all clinicians and interns who work with the older adult population in San Francisco primary care clinics.

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

For the Older Adult Behavioral Health Screening and Response Project the training elements are:

1. A one-hour introductory training for staff of clinics and senior centers, to introduce the IMPACT model and discuss what staff might expect from its implementation in their site.
2. All care managers and interns will receive a three-day course in Collaborative Care, including training in use of the PHQ-9, GAD-7, CAGE, and PIRS, suicide risk assessment, working with a collaborative care team, medication management, Behavioral Activation, SBIRT, PST and stepped care management. Drs. Arean, Satterfield and Unutzer, experts in the IMPACT model, will lead the workshop.
3. All permanent care managers and selected interns will be trained in Problem Solving Therapy, an EBP that is particularly appropriate for brief depression-focused therapy with Seniors, and Screening, Brief Intervention and Referral to Treatment for substance abuse (SBIRT), a substance abuse model that was designed for primary care medicine and ineffective in the treatment and prevention of substance abuse /dependence in older adults .

**6. Methodology**

Each module will include the following four assessments:

1. Prior experience survey. Prior to the start of each training module, trainees will complete a brief survey about

their prior experience with the module's content area. This information will allow trainers to tailor their presentations to match trainees' existing knowledge and expertise.

2. Ongoing evaluation. During each module, trainees will be anonymously surveyed about how the training is going, whether specific topics should be covered in more or less detail, and whether review of previously presented topics would be useful.
3. Knowledge and competency assessment. At the end of each module, trainees will complete a knowledge and competency assessment. Trainees who demonstrate mastery of less than 80% of the content will meet individually with the trainer to discuss problematic areas and will complete the assessment again.
4. Module evaluation. At the end of each module, trainees will complete an anonymous evaluation of the training provided in the module.

Trainee checklist. As part of ongoing supervision, trainees will complete a structured checklist for selected clients, indicating the extent to which they used and understood specific intervention components.

Supervisors checklist. As part of ongoing supervision, supervisors will rate trainees performance with selected clients, indicating the extent to which trainees used and understood specific intervention components.

Supervision survey. Trainees will complete monthly anonymous surveys of supervision content and quality so that supervision can be modified to meet trainees' changing needs.

Data collection is on going, with evaluations completed at the end of each module. Trainees enter data directly using web-based survey tools, making data readily available for immediate analysis.

Felton Institute's staff of 2.7 FTE and contracted faculty come from a variety of backgrounds and with a variety of training experiences, including federally funded research, graduate medical education, program administration, community and university clinics, family practice centers, and substance abuse treatment centers. Together, they have decades of experience living and working in the diverse landscape of San Francisco

Melissa Moore, Ph.D. – Felton Institute Director: Dr. Moore will oversee the content and collaborations of these trainings with faculty and University partners

Teri Hedman, BA – Felton Institute Research and Program Manager: Ms. Hedman will coordinate the details and logistics of all FI trainings

Stephan Georgiou, Felton Institute Program Coordinator: Mr. Georgiou began as an intern and was recently hired to assist in program coordinator.

Web-based survey tools will be used to collect structured evaluation and quality improvement data. All evaluation and assessment tools will be based on tools that have been used successfully in prior Felton Institute training activities. An online discussion board will be available so that trainees can ask questions and exchange information with the trainers and each other between sessions.

## **7. Performance/Outcome Objectives**

FSA will comply with all applicable DPH Standardized Appendix a, fiscal year 2010-11 Performance Objective, including the following:

Training Outcomes for the Older Adult Behavioral Health Screening and Response Project are:

1. All clinic and center staff will become familiar with the basics of the model, its rationale, and the benefit for their clients, and their role in the program's implementation.
2. Care managers/interns will become proficient in providing the elements of the IMPACT model.
3. All permanent care managers and a selection of interns will become certified providers in the practice of Problem Solving Therapy and SBIRT.

In the end, by completion of the Trainings, all care workers and interns who have completed the curriculum and returned to their workplace under the coaching component of this training project will demonstrate competency in the various training elements as measured by CQI client and supervisor evaluations. The certification process in PST and SBIRT ensures that the care managers are providing these services to and above standard expectations.

## **8. Continuous Quality Improvement**

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

FSA will collaborate with CBHS and MHSA staff to develop and implement an evaluation plan. FSA will assign staff to participate in collaborative program development, planning and training efforts as requested by CHS or MHSA.

All of the evaluation components described above are designed to be used for continuous quality improvement. Frequent, regular analysis and review of data collected from both trainees and supervisors will be used to insure and improve the quality and effectiveness of training activities.

FSA will collect and report quarterly on the number of individuals served through funded activities.

**HIPAA Compliance:** FSA will integrate DPH Privacy Policy in its governing policies and procedures regarding patient privacy and confidentiality. The Executive Director will ensure that the applicable policy and procedures as outlined in the DPH Privacy Policy have been adopted, approved and implemented.

**Electronic Record keeping and Data Collection Requirements:** FSA will provide evidence of sufficient computing resources for staff to support direct real time data entry and documentation in current billing and interim clinical applications and in the new Billing Information System (BIS) that provide for work flow management, data collecting and documentation.



## Appendix B Calculation of Charges

### I. Method of Payment

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

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

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

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

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

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

### B. Final Closing Invoice

#### (1) Fee For Service Reimbursement:

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

#### (2) Cost Reimbursement:

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

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

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

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

## 2. Program Budgets and Final Invoice

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

Budget Summary

CRDC B1 – B11

Appendix B-1 Older Adult IFSO

Appendix B-2 Older Adult Peer-Based Wellness And Recovery Center

Appendix B-3a Community After Care Program

Appendix B-3b Adult Care Management (ACM)

Appendix B-3c Adult Full Service Partnership

Appendix B-4 Transitional –Age Youth Full Service Partnership

Appendix B-5 Administrative Service Organization

Appendix B-6 Full Circle Family Program (FCFP)

Appendix B-7 FCFP /Early Periodic Screening, Diagnosis and treatment (EPSDT) Program

Appendix B-8 Early Childhood Mental Health Initiative

Appendix B-9 Youth Striving for Excellence – Teen Resource to Achieve Positive Practice (TRAPP)

Appendix B-10 Prevention and Recovery in Early Intervention (PREP) Project

Appendix B-11 Felton Institute – Training in Older Adult Behavioral Health Screening

## 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 **Forty Five Million Four Hundred Eighty Three Thousand One Hundred Forty Dollars (\$45,483,140)** for the period of **July 1, 2010 through December 31, 2015**.

CONTRACTOR understands that, of this maximum dollar obligation, **\$4,873,193** is included as a contingency amount and is neither to be used in Appendix B. Budget, or available to CONTRACTOR without a modification to this Agreement executed in the same manner as this Agreement or a revision to Appendix B. Budget, which has been approved by the Director of Health. CONTRACTOR further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable CITY and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by the Controller. CONTRACTOR agrees to fully comply with these laws, regulations, and policies/procedures.

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

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

July 1, 2010 through December 31, 2010	\$3,412,014 (BPHM07000084)
July 1, 2010 through June 30, 2011	\$4,114,657
July 1, 2011 through June 30, 2012	\$7,428,328
July 1, 2012 through June 30, 2013	\$7,329,985
July 1, 2013 through June 30, 2014	\$7,329,985
July 1, 2014 through June 30, 2015	\$7,329,985
July 1, 2015 through December 31, 2015	<u>\$3,664,993</u>
<b>Total of July 1, 2010 through December 31, 2015</b>	<b>\$40,609,947</b>

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

(4) CONTRACTOR further understands that, \$3,412,014 of the period from July 1, 2010 through December 31, 2010 in the Contract Number BPHM07000084 is included with this Agreement. Upon execution of this Agreement, all the terms under this Agreement will supersede the Contract Number BPHM07000084 for the Fiscal Year 2010-11.

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

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

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

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





# DPH 1: Department of Public Health Contract Budget Summary

CONTRACT TYPE - This contract is: <b>Renewal</b>					Page: <b>1</b>	
If modification, Effective Date of Mod:		# of Mod:		VENDOR ID (DPH USE ONLY):		
LEGAL ENTITY NUMBER: 00337				Date: 9/24/2010		
LEGAL ENTITY/CONTRACTOR NAME: Family Service Agency of San Francisco						
APPENDIX NUMBER	B-1a	B-1b	B-1c		B-2	
PROVIDER NUMBER	3822	3822	8990		3822	
PROVIDER NAME:	Family Serice	Family Serice	Geriatric Svcs West		Family Serice	
REPORTING UNIT NUMBER:	38223	3822G3	89903			
PROGRAM NAME:	Geriatric Gough OP / ICM / Community Integration	Older Adult FSP	Geriatric West		Senior Drop-In Center	TOTAL
CBHS FUNDING TERM:	7/1/10 - 6/30/11	7/1/10 - 6/30/11	7/1/10 - 6/30/11		7/1/10 - 6/30/11	
<b>FUNDING USES:</b>						
SALARIES & EMPLOYEE BENEFITS	781,904	528,416	628,465		102,516	2,041,301
OPERATING EXPENSE	294,843	164,771	225,224		63,018	747,856
CAPITAL OUTLAY (COST \$5,000 AND OVER)						0
SUBTOTAL DIRECT COSTS	1,076,747	693,187	853,689		165,534	2,789,157
INDIRECT COST AMOUNT	129,209	83,183	102,443		19,866	334,701
INDIRECT %	12%	12%	12%		12%	
TOTAL FUNDING USES:	1,205,956	776,370	956,132		185,400	3,123,858
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>						
<b>FEDERAL REVENUES - click below</b>						
SDMC Regular FFP (50%)	444,034	102,289	352,620			898,943
ARRA SDMC FFP (11.59)	102,928	23,711	81,738			208,377
<b>STATE REVENUES - click below</b>						
MHSA		650,370			185,400	835,770
EPSDT State Match						-
<b>GRANTS - click below</b>						
State Office of Family Planning						-
<b>PRIOR YEAR ROLL OVER - click below</b>						
MHSA						-
<b>WORK ORDERS - click below</b>						
Dept of Children, Youth & Families						-
HSA (Human Svcs Agency)						-
First Five (SF Children & Family Commission) - PFA						-
First Five (SF Children & Family Commission) - FRC						-
<b>3RD PARTY PAYOR REVENUES - click below</b>						
MediCare	18,740		13,330			32,070
State M-Managed Care						-
Family Mosaic Capitated Medi-Cal						-
REALIGNMENT FUNDS	248,993		197,732			446,725
COUNTY GENERAL FUND	391,261		310,712			701,973
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	1,205,956	776,370	956,132		185,400	3,123,858
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES:</b>						
<b>FEDERAL REVENUES - click below</b>						
<b>STATE REVENUES - click below</b>						
<b>GRANTS/PROJECTS - click below</b>						
Please enter other funding source here if not in pull down						
<b>WORK ORDERS - click below</b>						
Please enter other funding source here if not in pull down						
<b>3RD PARTY PAYOR REVENUES - click below</b>						
Please enter other funding source here if not in pull down						
<b>COUNTY GENERAL FUND</b>						
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	-	-	-		-	-
TOTAL DPH REVENUES	1,205,956	776,370	956,132		185,400	3,123,858
<b>NON-DPH REVENUES - click below</b>						
TOTAL NON-DPH REVENUES	0	0	0		0	0
TOTAL REVENUES (DPH AND NON-DPH)	1,205,956	776,370	956,132		185,400	3,123,858
Prepared by/Phone #: Michael Gaston 415-474-7310 x 487						

# DPH 1: Department of Public Health Contract Budget Summary

CONTRACT TYPE - This contract is: <b>Renewal</b>						Page: <b>2</b>
If modification, Effective Date of Mod.:		# of Mod:		VENDOR ID (DPH USE ONLY):		
LEGAL ENTITY NUMBER: 00337						Date: 9/24/2010
LEGAL ENTITY/CONTRACTOR NAME: Family Service Agency of San Francisco						
APPENDIX NUMBER	B-3a	B-3b	B-3c	B-4	B-5	
PROVIDER NUMBER	8977	3822	3822	3822	3822	
PROVIDER NAME:	Comm. Aftercare	Family Service	Family Service	Family Service	Family Service	
REPORTING UNIT NUMBER:	8977OP	3822OP	3822A3	3822T3		
PROGRAM NAME:	Community Aftercare	Adult Care Management	Adult FSP	Transitional Age Youth (TAY) FSP	POPS ASO	TOTAL
CBHS FUNDING TERM:	7/1/10 - 6/30/11	7/1/10 - 6/30/11	7/1/10 - 6/30/11	7/1/10 - 6/30/11	7/1/10 - 6/30/11	
<b>FUNDING USES:</b>						
SALARIES & EMPLOYEE BENEFITS	356,378	489,028	342,234	257,313	168,005	1,611,958
OPERATING EXPENSE	49,486	135,506	190,477	115,848	3,143	494,459
CAPITAL OUTLAY (COST \$5,000 AND OVER)						0
SUBTOTAL DIRECT COSTS	404,863	624,534	532,711	373,161	171,148	2,106,417
INDIRECT COST AMOUNT	48,583	74,944	63,925	44,779	20,538	252,769
INDIRECT %	12%	12%	12%	12%	12%	
TOTAL FUNDING USES:	453,446	699,478	596,636	417,940	191,686	2,359,186
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>						
<b>FEDERAL REVENUES - click below</b>						
SDMC Regular FFP (50%)	198,008	277,850	60,886	44,857		581,601
ARRA SDMC FFP (11.59)	45,896	64,406	14,114	10,398		134,814
<b>STATE REVENUES - click below</b>						
MHSA			521,636	362,685		884,321
EPSDT State Match						-
<b>GRANTS - click below</b>						
State Office of Family Planning						-
<b>PRIOR YEAR ROLL OVER - click below</b>						
MHSA						-
<b>WORK ORDERS - click below</b>						
Dept of Children, Youth & Families						-
HSA (Human Svcs Agency)						-
First Five (SF Children & Family Commission) - PFA						-
First Five (SF Children & Family Commission) - FRC						-
<b>3RD PARTY PAYOR REVENUES - click below</b>						
MediCare						-
State M-Managed Care					160,801	160,801
Family Mosaic Capitated Medi-Cal						-
REALIGNMENT FUNDS	102,461	146,700				249,161
COUNTY GENERAL FUND	107,081	210,522			30,885	348,488
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	453,446	699,478	596,636	417,940	191,686	2,359,186
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES:</b>						
<b>FEDERAL REVENUES - click below</b>						
<b>STATE REVENUES - click below</b>						
<b>GRANTS/PROJECTS - click below</b>						
Please enter other funding source here if not in pull down						
<b>WORK ORDERS - click below</b>						
Please enter other funding source here if not in pull down						
<b>3RD PARTY PAYOR REVENUES - click below</b>						
Please enter other funding source here if not in pull down						
<b>COUNTY GENERAL FUND</b>						
<b>TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>						
TOTAL DPH REVENUES	453,446	699,478	596,636	417,940	191,686	2,359,186
<b>NON-DPH REVENUES - click below</b>						
TOTAL NON-DPH REVENUES	0	0	0	0	0	0
<b>TOTAL REVENUES (DPH AND NON-DPH)</b>						
	453,446	699,478	596,636	417,940	191,686	2,359,186

# DPH 1: Department of Public Health Contract Budget Summary

CONTRACT TYPE - This contract is: <b>Renewal</b>						Page: <b>3</b>
If modification, Effective Date of Mod.:		# of Mod:		VENDOR ID (DPH-USE ONLY):		
LEGAL ENTITY NUMBER: 00337						Date: 9/24/2010
LEGAL ENTITY/CONTRACTOR NAME: Family Service Agency of San Francisco						
APPENDIX NUMBER	B-6	B-7	B-8a	B-8b	B-8c	TOTAL
PROVIDER NUMBER	3822	3822	3822	3822	3822	
PROVIDER NAME:	Family Service	Family Service	Family Service	Family Service	Family Service	
REPORTING UNIT NUMBER:	382201	382203				
PROGRAM NAME:	Full Circle Family Program OP	Full Circle Family Program EPSDT	Early Childhood MH HSA/DCYF	Early Childhood MH SFCFC - PFA	Early Childhood MH SFCFC - FRC	
CBHS FUNDING TERM:	7/1/10 - 6/30/11	7/1/10 - 6/30/11	7/1/10 - 6/30/11	7/1/10 - 6/30/11	7/1/10 - 6/30/11	
<b>FUNDING USES:</b>						
SALARIES & EMPLOYEE BENEFITS	191,032	271,638	79,609	77,050	12,510	631,840
OPERATING EXPENSE	78,636	106,242	16,984	16,437	2,669	220,968
CAPITAL OUTLAY (COST \$5,000 AND OVER)						0
SUBTOTAL DIRECT COSTS	269,668	377,880	96,594	93,487	15,179	852,808
INDIRECT COST AMOUNT	32,361	45,345	11,591	11,218	1,821	102,336
INDIRECT %	12%	12%	12%	12%	12%	
TOTAL FUNDING USES:	302,029	423,225	108,185	104,705	17,000	955,144
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>						
<b>FEDERAL REVENUES - click below</b>						
SDMC Regular FFP (50%)	75,800	211,610				287,410
ARRA SDMC FFP (11.59)	17,568	49,052				66,620
<b>STATE REVENUES - click below</b>						
MHSA						
EPSDT State Match		141,402				141,402
<b>GRANTS - click below</b>						
State Office of Family Planning						
<b>PRIOR YEAR ROLL OVER - click below</b>						
MHSA						
<b>WORK ORDERS - click below</b>						
Dept of Children, Youth & Families			45,090			45,090
HSA (Human Svcs Agency)			63,095			63,095
First Five (SF Children & Family Commission) - PFA				104,705		104,705
First Five (SF Children & Family Commission) - FRC					17,000	17,000
<b>3RD PARTY PAYOR REVENUES - click below</b>						
MediCare						
State M-Managed Care						
Family Mosaic Capitated Medi-Cal	7,753					7,753
REALIGNMENT FUNDS	80,450					80,450
COUNTY GENERAL FUND	120,458	21,161				141,619
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	302,029	423,225	108,185	104,705	17,000	955,144
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>						
<b>FEDERAL REVENUES - click below</b>						
<b>STATE REVENUES - click below</b>						
<b>GRANTS/PROJECTS - click below</b>						
Please enter other funding source here if not in pull down						
<b>WORK ORDERS - click below</b>						
Please enter other funding source here if not in pull down						
<b>3RD PARTY PAYOR REVENUES - click below</b>						
Please enter other funding source here if not in pull down						
<b>COUNTY GENERAL FUND</b>						
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES						
TOTAL DPH REVENUES	302,029	423,225	108,185	104,705	17,000	955,144
<b>NON-DPH REVENUES - click below</b>						
TOTAL NON-DPH REVENUES	0	0	0	0	0	0
TOTAL REVENUES (DPH AND NON-DPH)	302,029	423,225	108,185	104,705	17,000	955,144

Prepared by/Phone #: Michael Gaston 415-474-7310 x 487

# DPH 1: Department of Public Health Contract Budget Summary

CONTRACT TYPE - This contract is: <b>Renewal</b>					Page: <b>4</b>	
If modification, Effective Date of Mod.:		# of Mod:		VENDOR ID (DPH USE ONLY):		
LEGAL ENTITY NUMBER: 00337					Date: 9/24/2010	
LEGAL ENTITY/CONTRACTOR NAME: Family Service Agency of San Francisco						
APPENDIX NUMBER	B-9	B-10a	B-10b	B-11		
PROVIDER NUMBER	3822	3822	3822	3822		
PROVIDER NAME:	Family Serice	Family Serice	Family Serice	Family Serice		
REPORTING UNIT NUMBER:		382214	382214			
PROGRAM NAME:	Youth Striving For Excellence	Early Psychosis (PREP) Cost Reimbursement	Early Psychosis (PREP) Fee For Service	Training OA Behavioral Health Screening	Page TOTAL	Contract TOTAL
CBHS FUNDING TERM:	7/1/10 - 6/30/11	7/1/10 - 6/30/11	7/1/10 - 6/30/11	7/1/10 - 6/30/11		
<b>FUNDING USES:</b>						
SALARIES & EMPLOYEE BENEFITS	0	328,545	78,572	4,219	411,336	4,696,435
OPERATING EXPENSE	4,465	511,692	32,872	11,495	560,524	2,023,807
CAPITAL OUTLAY (COST \$5,000 AND OVER)						
SUBTOTAL DIRECT COSTS	4,465	840,237	111,444	15,714	971,860	6,720,242
INDIRECT COST AMOUNT	535	100,829	13,373	1,886	116,623	806,429
INDIRECT %	12%	12%	12%	12%	0	
TOTAL FUNDING USES:	5,000	941,066	124,817	17,600	1,088,483	7,526,671
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>						
<b>FEDERAL REVENUES - click below</b>						
SDMC Regular FFP (50%)			62,415		62,415	1,830,369
ARRA SDMC FFP (11.59)			14,468		14,468	424,279
<b>STATE REVENUES - click below</b>						
MHSA		852,066	47,934	17,600	917,600	2,637,691
EPSDT State Match						141,402
<b>GRANTS - click below</b>						
State Office of Family Planning	5,000				5,000	5,000
<b>PRIOR YEAR ROLL OVER - click below</b>						
MHSA		89,000			89,000	89,000
<b>WORK ORDERS - click below</b>						
Dept of Children, Youth & Families						45,080
HSA (Human Svcs Agency)						63,095
First Five (SF Children & Family Commission) - PFA						104,705
First Five (SF Children & Family Commission) - FRC						17,000
<b>3RD PARTY PAYOR REVENUES - click below</b>						
MediCare						32,070
State M-Managed Care						160,801
Family Mosaic Capitated Medi-Cal						7,753
REALIGNMENT FUNDS						776,336
COUNTY GENERAL FUND						1,192,080
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	5,000	941,066	124,817	17,600	1,088,483	7,526,671
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES:</b>						
<b>FEDERAL REVENUES - click below</b>						
<b>STATE REVENUES - click below</b>						
<b>GRANTS/PROJECTS - click below</b>						
Please enter other funding source here if not in pull down						
<b>WORK ORDERS - click below</b>						
Please enter other funding source here if not in pull down						
<b>3RD PARTY PAYOR REVENUES - click below</b>						
Please enter other funding source here if not in pull down						
<b>COUNTY GENERAL FUND</b>						
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES						
TOTAL DPH REVENUES	5,000	941,066	124,817	17,600	1,088,483	7,526,671
<b>NON-DPH REVENUES - click below</b>						
TOTAL NON-DPH REVENUES	0	0	0	0		
TOTAL REVENUES (DPH AND NON-DPH)	5,000	941,066	124,817	17,600	1,088,483	7,526,671

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

FISCAL YEAR:	2010-11					APPENDIX #: B-1a
LEGAL ENTITY NAME:	Family Service Agency of San Francisco					PROVIDER #: 3822
PROVIDER NAME:	Family Service Agency Opt. Svcs of SF					Page: 1
REPORTING UNIT NAME:	Geriatric Gough OP / ICM / Community Integration					Date: 9/24/2010
REPORTING UNIT:	38223	38223	38223	38223	38223	
MODE OF SVCS / SERVICE FUNCTION CODE	15/01-09	15/10-58	15/60-69	15/70-79	45/10-19	
SERVICE DESCRIPTION	Case Mgt Brokerage	MH Svcs	Medication Support	Crisis Intervention-OP	MH Promotion	TOTAL
CBHS FUNDING TERM:	2010 - 2011	2010 - 2011	2010 - 2011	2010 - 2011	2010 - 2011	
FUNDING USES:						
SALARIES & EMPLOYEE BENEFITS	119,948	326,641	272,258	27,099	35,957	781,904
OPERATING EXPENSE	45,230	123,171	102,664	10,219	13,559	294,843
CAPITAL OUTLAY (COST \$5,000 AND OVER)						
SUBTOTAL DIRECT COSTS	165,179	449,812	374,923	37,318	49,516	1,076,747
INDIRECT COST AMOUNT	19,821	53,977	44,991	4,478	5,942	129,209
TOTAL FUNDING USES:	185,000	503,789	419,913	41,796	55,458	1,205,956
CBHS MENTAL HEALTH FUNDING SOURCES:						
FEDERAL REVENUES - click below						
SDMC Regular FFP (50%)	71,401	194,437	162,065	16,131	-	444,034
ARRA SDMC FFP (11.59)	16,551	45,071	37,567	3,739	-	102,928
STATE REVENUES - click below						
MHSA						-
EPSDT State Match						-
GRANTS - click below	CFDA #:					
State Office of Family Planning						-
PRIOR YEAR ROLL OVER - click below						
MHSA						-
WORK ORDERS - click below						
Dept of Children, Youth & Families						-
HSA (Human Svcs Agency)						-
First Five (SF Children & Family Commission) PFA						-
First Five (SF Children & Family Commission) FRC						-
3RD PARTY PAYOR REVENUES - click below						
MediCare	3,013	8,206	6,840	681	-	18,740
State M-Managed Care						-
Family Mosaic Capitated Medi-Cal						-
REALIGNMENT FUNDS	38,197	104,017	86,699	8,630	11,450	248,993
COUNTY GENERAL FUND	55,838	152,058	126,742	12,615	44,008	391,261
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	185,000	503,789	419,913	41,796	55,458	1,205,956
CBHS SUBSTANCE ABUSE FUNDING SOURCES:						
FEDERAL REVENUES - click below						
STATE REVENUES - click below						
GRANTS/PROJECTS - click below	CFDA #:					
WORK ORDERS - click below						
3RD PARTY PAYOR REVENUES - click below						
COUNTY GENERAL FUND						
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES						
TOTAL DPH REVENUES	185,000	503,789	419,913	41,796	55,458	1,205,956
NON-DPH REVENUES - click below						
TOTAL NON-DPH REVENUES						
TOTAL REVENUES (DPH AND NON-DPH)	185,000	503,789	419,913	41,796	55,458	1,205,956
CBHS UNITS OF SVCS/TIME AND UNIT COST:						
UNITS OF SERVICE <sup>1</sup>						
UNITS OF TIME <sup>2</sup>	92,039.82	193,764.94	87,300.02	10,800.00	585.00	
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	2.01	2.60	4.81	3.87	94.80	0.00
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	2.01	2.60	4.81	3.87	94.80	0.00
PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY)	2.43	3.13	5.78	4.65	113.91	
UNDULICATED CLIENTS	335	335	335	335	335	

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

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

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

FISCAL YEAR:	2010-11						APPENIDX #: B-1b
LEGAL ENTITY NAME:	Family Service Agency of San Francisco						PROVIDER #: 3822
PROVIDER NAME:	Family Service Agency Opt. Svcs of SF						Page: 2
REPORTING UNIT NAME:	Older Adult FSP						Date: 9/24/2010
REPORTING UNIT:	3822G3	3822G3	3822G3	3822G3	3822G3	3822G3	
MODE OF SVCS / SERVICE FUNCTION CODE	15/01-09	15/10-59	15/60-69	15/70-79	45/10-19	60/72	
SERVICE DESCRIPTION	Case Mgt Brokerage	MH Svcs	Medication Support	Crisis Intervention-OP	MH Promotion	CS-Client Flexible Support Exp	TOTAL
CBHS FUNDING TERM:	2010 - 2011	2010 - 2011	2010 - 2011	2010 - 2011	2010 - 2011	2010 - 2011	
FUNDING USES:							
SALARIES & EMPLOYEE BENEFITS	258,265	95,560	65,476	13,433	54,845	40,837	528,416
OPERATING EXPENSE	80,532	29,797	20,417	4,189	17,102	12,734	164,771
CAPITAL OUTLAY (COST \$5,000 AND OVER)							
SUBTOTAL DIRECT COSTS	338,797	125,357	85,893	17,622	71,946	53,571	693,187
INDIRECT COST AMOUNT	40,656	15,043	10,307	2,115	8,634	6,429	83,183
TOTAL FUNDING USES:	379,453	140,400	96,200	19,737	80,580	60,000	776,370
CBHS MENTAL HEALTH FUNDING SOURCES							
FEDERAL REVENUES - click below							
SDMC Regular FFP (50%)	61,048	22,588	15,477	3,175			102,289
ARRA SDMC FFP (11.59)	14,151	5,236	3,588	736			23,711
STATE REVENUES - click below							
MHSA	304,254	112,576	77,135	15,826	80,580	60,000	650,370
EPSDT State Match							
GRANTS - click below							
CFDA #:							
State Office of Family Planning							
PRIOR YEAR ROLL OVER - click below							
MHSA							
WORK ORDERS - click below							
Dept of Children, Youth & Families							
HSA (Human Svcs Agency)							
First Five (SF Children & Family Commission) PFA							
First Five (SF Children & Family Commission) FRC							
3RD PARTY PAYOR REVENUES - click below							
MediCare							
State M-Managed Care							
Family Mosaic Capitated Medi-Cal							
REALIGNMENT FUNDS							
COUNTY GENERAL FUND							
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	379,453	140,400	96,200	19,737	80,580	60,000	776,370
CBHS SUBSTANCE ABUSE FUNDING SOURCES:							
FEDERAL REVENUES - click below							
STATE REVENUES - click below							
GRANTS/PROJECTS - click below							
CFDA #:							
WORK ORDERS - click below							
3RD PARTY PAYOR REVENUES - click below							
COUNTY GENERAL FUND							
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES							
TOTAL DPH REVENUES	379,453	140,400	96,200	19,737	80,580	60,000	776,370
NON-DPH REVENUES - click below							
TOTAL NON-DPH REVENUES							
TOTAL REVENUES (DPH AND NON-DPH)	379,453	140,400	96,200	19,737	80,580	60,000	776,370
CBHS UNITS OF SVCS/TIME AND UNIT COST:							
UNITS OF SERVICE <sup>1</sup>						60,000.00	
UNITS OF TIME <sup>2</sup>	188,782.59	54,000.00	20,000.00	5,100.00	850.00		
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	2.01	2.60	4.81	3.87	94.80	1.00	
COST PER UNIT--DPH RATE (DPH REVENUES ONLY)	2.01	2.60	4.81	3.87	94.80	1.00	
PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY)	2.43	3.13	5.78	4.65	113.91	N/A	
UNDULICATED CLIENTS	50	50	50	50	50	50	

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

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

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

FISCAL YEAR:	2010-11					APPENDIX #: B-1c
LEGAL ENTITY NAME:	Family Service Agency of San Francisco					PROVIDER #: 8990
PROVIDER NAME:	Geriatrics Services West					Page: 3
REPORTING UNIT NAME:	Gersitrics West					Date: 9/24/2010
REPORTING UNIT:	89903	89903	89903	89903	89903	
MODE OF SVCS / SERVICE FUNCTION CODE:	15/01-09	15/10-59	15/60-69	15/70-79	45/10-19	
SERVICE DESCRIPTION:	Case Mgt Brokerage	MH Svcs	Medication Support	Crisis Intervention-OP	MH Promotion	TOTAL
CBHS FUNDING TERM:	2010 - 2011	2010 - 2011	2010 - 2011	2010 - 2011	2010 - 2011	
FUNDING USES:						
SALARIES & EMPLOYEE BENEFITS	99,088	287,406	183,373	22,894	35,705	628,465
OPERATING EXPENSE	35,510	102,998	65,716	8,204	12,795	225,224
CAPITAL OUTLAY (COST \$5,000 AND OVER)						-
SUBTOTAL DIRECT COSTS	134,598	390,403	249,089	31,098	48,500	853,689
INDIRECT COST AMOUNT	16,152	46,848	29,891	3,732	5,820	102,443
TOTAL FUNDING USES:	150,750	437,252	278,980	34,830	54,320	956,132
CBHS MENTAL HEALTH FUNDING SOURCES:						
FEDERAL REVENUES - click below						
SDMC Regular FFP (50%)	58,945	170,971	109,085	13,619	-	352,620
ARRA SDMC FFP (11.59)	13,664	39,691	25,286	3,157	-	81,738
STATE REVENUES - click below						
MHSA						-
EPSTD State Match						
GRANTS - click below CFDA #:						
State Office of Family Planning						-
PRIOR YEAR ROLL OVER - click below						
MHSA						-
WORK ORDERS - click below						
Dept of Children, Youth & Families						-
HSA (Human Svcs Agency)						-
First Five (SF Children & Family Commission) PFA						-
First Five (SF Children & Family Commission) FRC						-
3RD PARTY PAYOR REVENUES - click below						
MediCare	2,228	6,463	4,124	515	-	13,330
State M-Managed Care						-
Family Mosaic Capitated Medi-Cal						-
REALIGNMENT FUNDS	31,176	90,425	57,694	7,203	11,234	197,732
COUNTY GENERAL FUND	44,737	129,761	82,791	10,336	43,086	310,712
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	150,750	437,252	278,980	34,830	54,320	956,132
CBHS SUBSTANCE ABUSE FUNDING SOURCES:						
FEDERAL REVENUES - click below						
STATE REVENUES - click below						
GRANTS/PROJECTS - click below CFDA #:						
WORK ORDERS - click below						
3RD PARTY PAYOR REVENUES - click below						
COUNTY GENERAL FUND						-
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES						
TOTAL DPH REVENUES	150,750	437,252	278,980	34,830	54,320	956,132
NON-DPH REVENUES - click below						
TOTAL NON-DPH REVENUES						
TOTAL REVENUES (DPH AND NON-DPH)	150,750	437,252	278,980	34,830	54,320	956,132
CBHS UNITS OF SVCS/TIME AND UNIT COST:						
UNITS OF SERVICE <sup>1</sup>						
UNITS OF TIME <sup>2</sup>	75,000.00	168,173.85	58,000.00	9,000.00	573.00	
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	2.01	2.60	4.81	3.87	94.80	0.00
COST PER UNIT--DPH RATE (DPH REVENUES ONLY)	2.01	2.60	4.81	3.87	94.80	0.00
PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY)	2.43	3.13	5.78	4.65	113.91	
UNDUPLICATED CLIENTS	220	220	220	220	220	

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

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



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

FISCAL YEAR:		2010-11		APPENDIX #: B-2	
LEGAL ENTITY NAME:		Family Service Agency of San Francisco		PROVIDER #: 3822	
PROVIDER NAME:		Family Service Agency Opt. Svcs of SF		Page: 4	
REPORTING UNIT NAME:		Senior Drop-In Center - Cost Reimbursement		Date: 9/24/2010	
REPORTING UNIT:		3822SD			
MODE OF SVCS / SERVICE FUNCTION CODE					
SERVICE DESCRIPTION		Supplemental Support		TOTAL	
CBHS FUNDING TERM:		2010 - 2011			
FUNDING USES:					
SALARIES & EMPLOYEE BENEFITS		102,516		102,516	
OPERATING EXPENSE		63,018		63,018	
CAPITAL OUTLAY (COST \$5,000 AND OVER)					
SUBTOTAL DIRECT COSTS		165,534		165,534	
INDIRECT COST AMOUNT		19,866		19,866	
TOTAL FUNDING USES:		185,400		185,400	
CBHS MENTAL HEALTH FUNDING SOURCES					
FEDERAL REVENUES - click below					
SDMC Regular FFP (60%)					
ARRA SDMC FFP (11.59)					
STATE REVENUES - click below					
MHSA		185,400		185,400	
EPSDT State Match					
GRANTS - click below		CFDA #:			
State Office of Family Planning					
PRIOR YEAR ROLL OVER - click below					
MHSA					
WORK ORDERS - click below					
Dept of Children, Youth & Families					
HSA (Human Svcs Agency)					
First Five (SF Children & Family Commission) PFA					
First Five (SF Children & Family Commission) FRC					
3RD PARTY PAYOR REVENUES - click below					
MediCare					
State M-Managed Care					
Family Mosaic Capitated Medi-Cal					
REALIGNMENT FUNDS					
COUNTY GENERAL FUND					
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		185,400		185,400	
CBHS SUBSTANCE ABUSE FUNDING SOURCES:					
FEDERAL REVENUES - click below					
STATE REVENUES - click below					
GRANTS/PROJECTS - click below		CFDA #:			
WORK ORDERS - click below					
3RD PARTY PAYOR REVENUES - click below					
COUNTY GENERAL FUND					
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES					
TOTAL DPH REVENUES		185,400		185,400	
NON-DPH REVENUES - click below					
TOTAL NON-DPH REVENUES					
TOTAL REVENUES (DPH AND NON-DPH)		185,400		185,400	
CBHS UNITS OF SVCS/TIME AND UNIT COST:					
UNITS OF SERVICE <sup>1</sup>					
UNITS OF TIME <sup>2</sup>					
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)		CR			
COST PER UNIT--DPH RATE (DPH REVENUES ONLY)		CR			
PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY)					
UNDUPLICATED CLIENTS		N/A			

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

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



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

FISCAL YEAR:	2010-11					APPENDIX #: B-3a
LEGAL ENTITY NAME:	Family Service Agency of San Francisco					PROVIDER #: 8977
PROVIDER NAME:	Community Aftercare Program - FSA					Page: 5
REPORTING UNIT NAME:	Community Aftercare					Date: 9/24/2010
REPORTING UNIT:	8977OP	8977OP	8977OP	8977OP	8977OP	
MODE OF SVCS / SERVICE FUNCTION CODE	15/01-09	15/10-59	15/60-69	15/70-79	45/10-19	
SERVICE DESCRIPTION	Case Mgt Brokerage	MH Svcs	Medication Support	Crisis Intervention-OP	MH Promotion	TOTAL
CBHS FUNDING TERM:	2010 - 2011	2010 - 2011	2010 - 2011	2010 - 2011	2010 - 2011	
FUNDING USES:						
SALARIES & EMPLOYEE BENEFITS	189,035	110,343	36,189	6,066	13,745	355,378
OPERATING EXPENSE	26,322	15,365	5,039	845	1,914	49,485
CAPITAL OUTLAY (COST \$5,000 AND OVER)						-
SUBTOTAL DIRECT COSTS	215,358	125,707	41,228	6,911	15,659	404,863
INDIRECT COST AMOUNT	25,843	15,085	4,947	829	1,879	48,583
TOTAL FUNDING USES:	241,200	140,792	46,176	7,740	17,538	453,446
CBHS MENTAL HEALTH FUNDING SOURCES						
FEDERAL REVENUES - click below						
SDMC Regular FFP (50%)	109,563	63,954	20,975	3,516		198,008
ARRA SDMC FFP (11.59)	25,396	14,824	4,862	815		45,896
STATE REVENUES - click below						
MHSA						-
EPSDT State Match						-
GRANTS - click below	CFDA #:					
State Office of Family Planning						-
PRIOR YEAR ROLL OVER - click below						
MHSA						-
WORK ORDERS - click below						
Dept of Children, Youth & Families						-
HSA (Human Svcs Agency)						-
First Five (SF Children & Family Commission) PFA						-
First Five (SF Children & Family Commission) FRC						-
3RD PARTY PAYOR REVENUES - click below						
MediCare						-
State M-Managed Care						-
Family Mosaic Capitated Medi-Cal						-
REALIGNMENT FUNDS	54,502	31,813	10,434	1,749	3,963	102,461
COUNTY GENERAL FUND	51,739	30,201	9,905	1,660	13,575	107,081
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	241,200	140,792	46,176	7,740	17,538	453,446
CBHS SUBSTANCE ABUSE FUNDING SOURCES:						
FEDERAL REVENUES - click below						
STATE REVENUES - click below						
GRANTS/PROJECTS - click below	CFDA #:					
WORK ORDERS - click below						
3RD PARTY PAYOR REVENUES - click below						
COUNTY GENERAL FUND						-
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES						
TOTAL DPH REVENUES	241,200	140,792	46,176	7,740	17,538	453,446
NON-DPH REVENUES - click below						
TOTAL NON-DPH REVENUES						
TOTAL REVENUES (DPH AND NON-DPH)	241,200	140,792	46,176	7,740	17,538	453,446
CBHS UNITS OF SVCS/TIME AND UNIT COST:						
UNITS OF SERVICE <sup>1</sup>						
UNITS OF TIME <sup>2</sup>	120,000.08	54,150.81	9,599.97	2,000.00	185.00	
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	2.01	2.60	4.81	3.87	94.80	0.00
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	2.01	2.60	4.81	3.87	94.80	0.00
PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY)	2.43	3.13	5.78	4.65	113.91	
UNDUPLICATED CLIENTS	250	250	250	250	250	

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

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

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

FISCAL YEAR: 2010-11		APPENDIX #: B-3b					
LEGAL ENTITY NAME: Family Service Agency of San Francisco		PROVIDER #: 3822					
PROVIDER NAME: Family Service Agency Opt. Svcs of SF		Page: 6					
REPORTING UNIT NAME: Adult Care Management		Date: 9/24/2010					
REPORTING UNIT:	3822OP	3822OP	3822OP	3822OP	3822OP		
MODE OF SVCS / SERVICE FUNCTION CODE	15/01-09	15/10-59	15/60-69	15/70-79	45/10-19		
SERVICE DESCRIPTION	Case Mgt Brokerage	MH Svcs	Medication Support	Crisis Intervention-OP	MH Promotion		TOTAL
<b>CBHS FUNDING TERM:</b>	2010 - 2011	2010 - 2011	2010 - 2011	2010 - 2011	2010 - 2011		
<b>FUNDING USES:</b>							
SALARIES & EMPLOYEE BENEFITS	244,515	50,592	161,416	14,610	17,895		489,028
OPERATING EXPENSE	67,753	14,019	44,727	4,048	4,959		135,506
CAPITAL OUTLAY (COST \$5,000 AND OVER)							-
<b>SUBTOTAL DIRECT COSTS</b>	<b>312,268</b>	<b>64,611</b>	<b>206,143</b>	<b>18,659</b>	<b>22,854</b>		<b>624,534</b>
INDIRECT COST AMOUNT	37,472	7,753	24,737	2,239	2,742		74,944
<b>TOTAL FUNDING USES:</b>	<b>349,740</b>	<b>72,364</b>	<b>230,880</b>	<b>20,898</b>	<b>25,596</b>		<b>699,478</b>
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>							
<b>FEDERAL REVENUES - click below</b>							
SDMC Regular FFP (50%)	144,202	29,837	95,195	8,617			277,850
ARRA SDMC FFP (11.59)	33,426	6,916	22,066	1,997			64,406
<b>STATE REVENUES - click below</b>							
MHSA							-
EPSDT State Match							-
<b>GRANTS - click below</b>							
CFDA #:							
State Office of Family Planning							-
<b>PRIOR YEAR ROLL OVER - click below</b>							
MHSA							-
<b>WORK ORDERS - click below</b>							
Dept of Children, Youth & Families							-
HSA (Human Svcs Agency)							-
First Five (SF Children & Family Commission) PFA							-
First Five (SF Children & Family Commission) FRC							-
<b>3RD PARTY PAYOR REVENUES - click below</b>							
MediCare							-
State M-Managed Care							-
Family Mosaic Capitated Medi-Cal							-
REALIGNMENT FUNDS	73,350	15,177	48,422	4,383	5,368		146,700
COUNTY GENERAL FUND	98,761	20,434	65,197	5,901	20,228		210,522
<b>TOTAL CBHS MENTAL HEALTH FUNDING SOURCES</b>	<b>349,740</b>	<b>72,364</b>	<b>230,880</b>	<b>20,898</b>	<b>25,596</b>		<b>699,478</b>
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES:</b>							
<b>FEDERAL REVENUES - click below</b>							
<b>STATE REVENUES - click below</b>							
<b>GRANTS/PROJECTS - click below</b>							
CFDA #:							
<b>WORK ORDERS - click below</b>							
<b>3RD PARTY PAYOR REVENUES - click below</b>							
<b>COUNTY GENERAL FUND</b>							
<b>TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>							
<b>TOTAL DPH REVENUES</b>	<b>349,740</b>	<b>72,364</b>	<b>230,880</b>	<b>20,898</b>	<b>25,596</b>		<b>699,478</b>
<b>NON-DPH REVENUES - click below</b>							
<b>TOTAL NON-DPH REVENUES</b>							
<b>TOTAL REVENUES (DPH AND NON-DPH)</b>	<b>349,740</b>	<b>72,364</b>	<b>230,880</b>	<b>20,898</b>	<b>25,596</b>		<b>699,478</b>
<b>CBHS UNITS OF SVCS/TIME AND UNIT COST:</b>							
UNITS OF SERVICE <sup>1</sup>							
UNITS OF TIME <sup>2</sup>	173,999.95	27,832.30	47,999.99	5,400.00	270.00		
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	2.01	2.60	4.81	3.87	94.80	0.00	
COST PER UNIT--DPH RATE (DPH REVENUES ONLY)	2.01	2.60	4.81	3.87	94.80	0.00	
PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY)	2.43	3.13	5.78	4.65	113.91		
UNDULICATED CLIENTS	108	108	108	108	108		

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

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

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

FISCAL YEAR:	2010-11						APPENDIX #: B-3c
LEGAL ENTITY NAME:	Family Service Agency of San Francisco						PROVIDER #: 3822
PROVIDER NAME:	Family Service Agency Opt. Svcs of SF						Page: 7
REPORTING UNIT NAME:	Adult FSP						Date: 9/24/2010
REPORTING UNIT:	3822A3	3822A3	3822A3	3822A3	3822A3	3822A3	
MODE OF SVCS / SERVICE FUNCTION CODE	15/01-09	15/10-59	15/60-69	15/70-79	45/10-19	60/72	
SERVICE DESCRIPTION	Case Mgt Brokerage	MH Svcs	Medication Support	Crisis Intervention-OP	MH Promotion	CS-Client Flexible Support Exp	TOTAL
CBHS FUNDING TERM:	2010 - 2011	2010 - 2011	2010 - 2011	2010 - 2011	2010 - 2011	2010 - 2011	
FUNDING USES:							
SALARIES & EMPLOYEE BENEFITS	194,120	54,435	24,831	4,795	29,636	34,416	342,234
OPERATING EXPENSE	108,041	30,297	13,820	2,669	16,494	19,155	190,477
CAPITAL OUTLAY (COST \$5,000 AND OVER)							-
SUBTOTAL DIRECT COSTS	302,162	84,732	38,652	7,464	46,130	53,571	532,711
INDIRECT COST AMOUNT	36,259	10,168	4,638	896	5,536	6,429	63,925
TOTAL FUNDING USES:	338,421	94,900	43,290	8,359	51,666	60,000	596,636
CBHS MENTAL HEALTH FUNDING SOURCES							
FEDERAL REVENUES - click below							
SDMC Regular FFP (50%)	42,487	11,914	5,435	1,049			60,886
ARRA SDMC FFP (11.59)	9,849	2,762	1,260	243			14,114
STATE REVENUES - click below							
MHSA	286,084	80,224	36,595	7,066	51,666	60,000	521,636
EPSDT State Match							
GRANTS - click below							
CFDA #:							
State Office of Family Planning							
PRIOR YEAR ROLL OVER - click below							
MHSA							
WORK ORDERS - click below							
Dept of Children, Youth & Families							
HSA (Human Svcs Agency)							
First Five (SF Children & Family Commission) PFA							
First Five (SF Children & Family Commission) FRC							
3RD PARTY PAYOR REVENUES - click below							
MediCare							
State M-Managed Care							
Family Mosaic Capitated Medi-Cal							
REALIGNMENT FUNDS							
COUNTY GENERAL FUND							
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	338,421	94,900	43,290	8,359	51,666	60,000	596,636
CBHS SUBSTANCE ABUSE FUNDING SOURCES:							
FEDERAL REVENUES - click below							
STATE REVENUES - click below							
GRANTS/PROJECTS - click below							
CFDA #:							
WORK ORDERS - click below							
3RD PARTY PAYOR REVENUES - click below							
COUNTY GENERAL FUND							
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES							
TOTAL DPH REVENUES	338,421	94,900	43,290	8,359	51,666	60,000	596,636
NON-DPH REVENUES - click below							
TOTAL NON-DPH REVENUES							
TOTAL REVENUES (DPH AND NON-DPH)	338,421	94,900	43,290	8,359	51,666	60,000	596,636
CBHS UNITS OF SVCS/TIME AND UNIT COST:							
UNITS OF SERVICE <sup>1</sup>						60,000	
UNITS OF TIME <sup>2</sup>	168,368.56	36,500.00	9,000.00	2,160.00	545.00		
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	2.01	2.60	4.81	3.87	94.80	1.00	
COST PER UNIT--DPH RATE (DPH REVENUES ONLY)	2.01	2.60	4.81	3.87	94.80	1.00	
PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY)	2.43	3.13	5.78	4.65	113.91	N/A	
UNDUPLICATED CLIENTS	45	45	45	45	45	45	

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

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

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

FISCAL YEAR:		2010-11						APPENDIX #: B-4
LEGAL ENTITY NAME:		Family Service Agency of San Francisco						PROVIDER #: 3822
PROVIDER NAME:		Family Service Agency Opt. Svcs of SF						Page: 8
REPORTING UNIT NAME:		Transitional Age Youth (TAY) FSP						Date: 9/24/2010
REPORTING UNIT:		3822T3	3822T3	3822T3	3822T3	3822T3	3822T3	
MODE OF SVCS / SERVICE FUNCTION CODE		15/01-09	15/10-59	15/60-69	15/70-79	45/10-19	60/72	
SERVICE DESCRIPTION		Case Mgt Brokerage	MH Svcs	Medication Support	Crisis Intervention-OP	MH Promotion	CS-Client Flexible Support Exp	TOTAL
CBHS FUNDING TERM:		2010 - 2011	2010 - 2011	2010 - 2011	2010 - 2011	2010 - 2011	2010 - 2011	
FUNDING USES:								
SALARIES & EMPLOYEE BENEFITS		122,512	61,892	15,695	2,383	24,047	30,783	257,313
OPERATING EXPENSE		55,158	27,865	7,066	1,073	10,826	13,859	115,848
CAPITAL OUTLAY (COST \$5,000 AND OVER)								-
SUBTOTAL DIRECT COSTS		177,670	89,757	22,762	3,456	34,873	44,643	373,161
INDIRECT COST AMOUNT		21,320	10,771	2,731	415	4,185	5,357	44,779
TOTAL FUNDING USES:		198,990	100,528	25,493	3,871	39,058	50,000	417,940
CBHS MENTAL HEALTH FUNDING SOURCES								
FEDERAL REVENUES - click below								
SDMC Regular FFP (50%)		27,141	13,711	3,477	528			44,857
ARRA SDMC FFP (11.59)		6,291	3,178	806	123			10,398
STATE REVENUES - click below								
MHSA		165,558	83,639	21,210	3,220	39,058	50,000	362,685
EPSDT State Match								
GRANTS - click below CFDA #:								
State Office of Family Planning								-
PRIOR YEAR ROLL OVER - click below								
MHSA								-
WORK ORDERS - click below								
Dept of Children, Youth & Families								-
HSA (Human Svcs Agency)								-
First Five (SF Children & Family Commission) PFA								-
First Five (SF Children & Family Commission) FRC								-
3RD PARTY PAYOR REVENUES - click below								
MediCare								-
State M-Managed Care								-
Family Mosaic Capitated Medi-Cal								-
REALIGNMENT FUNDS								
COUNTY GENERAL FUND								-
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		198,990	100,528	25,493	3,871	39,058	50,000	417,940
CBHS SUBSTANCE ABUSE FUNDING SOURCES:								
FEDERAL REVENUES - click below								
STATE REVENUES - click below								
GRANTS/PROJECTS - click below CFDA #:								
WORK ORDERS - click below								
3RD PARTY PAYOR REVENUES - click below								
COUNTY GENERAL FUND								
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES								-
TOTAL DPH REVENUES		198,990	100,528	25,493	3,871	39,058	50,000	417,940
NON-DPH REVENUES - click below								
TOTAL NON-DPH REVENUES								
TOTAL REVENUES (DPH AND NON-DPH)		198,990	100,528	25,493	3,871	39,058	50,000	417,940
CBHS UNITS OF SVCS/TIME AND UNIT COST:								
UNITS OF SERVICE <sup>1</sup>							50,000	
UNITS OF TIME <sup>2</sup>		99,000.00	38,664.62	5,300.00	1,000.26	412.00		
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)		2.01	2.60	4.81	3.87	94.80	1.00	
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)		2.01	2.60	4.81	3.87	94.80	1.00	
PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY)		2.43	3.13	5.78	4.65	113.91	N/A	
UNDUPLICATED CLIENTS		30	30	30	30	30	30	

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

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

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

FISCAL YEAR:		2010-11		APPENDIX #: 6-5	
LEGAL ENTITY NAME:		Family Service Agency of San Francisco		PROVIDER #: 3822	
PROVIDER NAME:		Family Service Agency Opt. Svcs of SF		Page: 9	
REPORTING UNIT NAME:		POPS / ASO - Cost Reimbursement		Date: 9/24/2010	
REPORTING UNIT:		N/A			
MODE OF SVCS / SERVICE FUNCTION CODE					
SERVICE DESCRIPTION:		Support Services		TOTAL	
CBHS FUNDING TERM:		2010 -2011			
FUNDING USES:					
SALARIES & EMPLOYEE BENEFITS		168,005		168,005	
OPERATING EXPENSE		3,143		3,143	
CAPITAL OUTLAY (COST \$5,000 AND OVER)					
SUBTOTAL DIRECT COSTS		171,148		171,148	
INDIRECT COST AMOUNT		20,538		20,538	
TOTAL FUNDING USES:		191,686		191,686	
CBHS MENTAL HEALTH FUNDING SOURCES					
FEDERAL REVENUES - click below					
SDMC Regular FFP (50%)					
ARRA SDMC FFP (11.59)					
STATE REVENUES - click below					
MHSA					
EPSDT State Match					
GRANTS - click below		CFDA #:			
State Office of Family Planning					
PRIOR YEAR ROLL OVER - click below					
MHSA					
WORK ORDERS - click below					
Dept of Children, Youth & Families					
HSA (Human Svcs Agency)					
First Five (SF Children & Family Commission)		PFA			
First Five (SF Children & Family Commission)		FRC			
3RD PARTY PAYOR REVENUES - click below					
MediCare					
State M-Managed Care		160,801		160,801	
Family Mosaic Capitated Medi-Cal					
REALIGNMENT FUNDS					
COUNTY GENERAL FUND		30,885		30,885	
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		191,686		191,686	
CBHS SUBSTANCE ABUSE FUNDING SOURCES:					
FEDERAL REVENUES - click below					
STATE REVENUES - click below					
GRANTS/PROJECTS - click below		CFDA #:			
WORK ORDERS - click below					
3RD PARTY PAYOR REVENUES - click below					
COUNTY GENERAL FUND					
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES					
TOTAL DPH REVENUES		191,686		191,686	
NON-DPH REVENUES - click below					
TOTAL NON-DPH REVENUES					
TOTAL REVENUES (DPH AND NON-DPH)		191,686		191,686	
CBHS UNITS OF SVCS/TIME AND UNIT COST:					
UNITS OF SERVICE <sup>1</sup>					
UNITS OF TIME <sup>2</sup>					
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)		CR			
COST PER UNIT--DPH RATE (DPH REVENUES ONLY)		CR			
PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY)					
UNDULICATED CLIENTS		N/A			

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

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

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

FISCAL YEAR: 2010-11		APPENDIX #: B-6					
LEGAL ENTITY NAME: Family Service Agency of San Francisco		PROVIDER #: 3822					
PROVIDER NAME: Family Service Agency Opt. Svcs of SF		Page: 10					
REPORTING UNIT NAME: Full Circle Family Program - OP		Date: 9/24/2010					
REPORTING UNIT:	382201	382201	382201	382201	382201		
MODE OF SVCS / SERVICE FUNCTION CODE	15/01-09	15/10-59	15/60-69	15/70-79	45/10-19		
SERVICE DESCRIPTION	Case Mgt Brokerage	MH Svcs	Medication Support	Crisis Intervention- OP	MH Promotion		TOTAL
CBHS FUNDING TERM:	2010 - 2011	2010 - 2011	2010 - 2011	2010 - 2011	2010 - 2011		
<b>FUNDING USES:</b>							
SALARIES & EMPLOYEE BENEFITS	6,654	116,795	37,343	1,423	28,817		191,032
OPERATING EXPENSE	2,739	48,077	15,372	586	11,862		78,636
CAPITAL OUTLAY (COST \$5,000 AND OVER)							-
SUBTOTAL DIRECT COSTS	9,394	164,873	52,714	2,009	40,678		269,668
INDIRECT COST AMOUNT	1,127	19,785	6,326	241	4,881		32,361
TOTAL FUNDING USES:	10,521	184,658	59,040	2,250	45,560		302,029
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>							
FEDERAL REVENUES - click below							
SDMC Regular FFP (50%)	2,480	50,620	22,140	560			75,800
ARRA SDMC FFP (11.59)	575	11,733	5,131	130			17,569
STATE REVENUES - click below							
MHSA							-
EPSDT State Match							-
GRANTS - click below	CFDA #:						-
State Office of Family Planning							-
PRIOR YEAR ROLL OVER - click below							
MHSA							-
WORK ORDERS - click below							
Dept of Children, Youth & Families							-
HSA (Human Svcs Agency)							-
First Five (SF Children & Family Commission)	PFA						-
First Five (SF Children & Family Commission)	FRC						-
3RD PARTY PAYOR REVENUES - click below							
MediCare							-
State M-Managed Care							-
Family Mosaic Captated Medi-Cal							-
REALIGNMENT FUNDS	1,904	38,879	17,003	430	22,234		80,450
COUNTY GENERAL FUND	5,562	83,426	14,766	1,130	23,326		128,210
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	10,521	184,658	59,040	2,250	45,560		302,029
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES:</b>							
FEDERAL REVENUES - click below							
STATE REVENUES - click below							
GRANTS/PROJECTS - click below	CFDA #:						-
WORK ORDERS - click below							
3RD PARTY PAYOR REVENUES - click below							
COUNTY GENERAL FUND							-
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	-	-	-	-	-		-
TOTAL DPH REVENUES	10,521	184,658	59,040	2,250	45,560		302,029
NON-DPH REVENUES - click below							
TOTAL NON-DPH REVENUES							-
TOTAL REVENUES (DPH AND NON-DPH)	10,521	184,658	59,040	2,250	45,560		302,029
<b>CBHS UNITS OF SVCS/TIME AND UNIT COST:</b>							
UNITS OF SERVICE <sup>1</sup>					480.59		
UNITS OF TIME <sup>2</sup>	5,234.33	71,022.31	12,274.43	581.40			
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	2.01	2.60	4.81	3.87	94.80		
COST PER UNIT--DPH RATE (DPH REVENUES ONLY)	2.01	2.60	4.81	3.87	94.80		
PUBLISHED RATE (MEDICAL PROVIDERS ONLY)	2.43	3.13	5.78	4.65	113.91		
UNDUPLICATED CLIENTS	348	348	348	348	348		

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

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

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

FISCAL YEAR:		2010-11				APPENDIX #: B-7	
LEGAL ENTITY NAME:		Family Service Agency of San Francisco				PROVIDER #: 3822	
PROVIDER NAME:		Family Service Agency Opt. Svcs of SF				Page: 11	
REPORTING UNIT NAME:		Full Circle Family Program - EPSDT				Date: 9/24/2010	
REPORTING UNIT:	382203	382203	382203	382203			
MODE OF SVCS / SERVICE FUNCTION CODE	15/01-09	15/10-59	15/60-69	15/70-79			
SERVICE DESCRIPTION	Case Mgt Brokerage	MH Svcs	Medication Support	Crisis Intervention-OP		TOTAL	
CBHS FUNDING TERM:	7/1/10 - 6/30/11	7/1/10 - 6/30/11	7/1/10 - 6/30/11	7/1/10 - 6/30/11			
<b>FUNDING USES:</b>							
SALARIES & EMPLOYEE BENEFITS	10,063	228,958	29,637	2,981		271,638	
OPERATING EXPENSE	3,936	89,549	11,592	1,166		106,242	
CAPITAL OUTLAY (COST \$5,000 AND OVER)						-	
SUBTOTAL DIRECT COSTS	13,998	318,507	41,229	4,146		377,880	
INDIRECT COST AMOUNT	1,680	38,221	4,947	498		45,346	
TOTAL FUNDING USES:	15,678	356,727	46,176	4,644		423,225	
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>							
FEDERAL REVENUES - click below							
SDMC Regular FFP (50%)	7,839	178,361	23,088	2,322		211,610	
ARRA SDMC FFP (11.59)	1,817	41,345	5,352	538		49,052	
STATE REVENUES - click below							
MHSA						-	
EPSDT State Match	5,238	119,185	15,427	1,552		141,402	
GRANTS - click below	CFDA #:						
State Office of Family Planning							
PRIOR YEAR ROLL OVER - click below							
MHSA							
WORK ORDERS - click below							
Dept of Children, Youth & Families							
HSA (Human Svcs Agency)							
First Five (SF Children & Family Commission)	PFA					-	
First Five (SF Children & Family Commission)	FRC					-	
3RD PARTY PAYOR REVENUES - click below							
MediCare							
State M-Managed Care							
Family Mosaic Capitated Medi-Cal							
REALIGNMENT FUNDS							
COUNTY GENERAL FUND	784	17,836	2,309	232		21,161	
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	15,678	356,727	46,176	4,644		423,225	
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES:</b>							
FEDERAL REVENUES - click below							
STATE REVENUES - click below							
GRANTS/PROJECTS - click below	CFDA #:						
WORK ORDERS - click below							
3RD PARTY PAYOR REVENUES - click below							
COUNTY GENERAL FUND							
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES							
TOTAL DPH REVENUES	15,678	356,727	46,176	4,644		423,225	
NON-DPH REVENUES - click below							
TOTAL NON-DPH REVENUES							
TOTAL REVENUES (DPH AND NON-DPH)	15,678	356,727	46,176	4,644		423,225	
<b>CBHS UNITS OF SVCS/TIME AND UNIT COST:</b>							
UNITS OF SERVICE <sup>1</sup>							
UNITS OF TIME <sup>2</sup>	7,800	137,203	9,600	1,200			
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	2.01	2.60	4.81	3.87			
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	2.01	2.60	4.81	3.87			
PUBLISHED RATE (MEDICAL PROVIDERS ONLY)	2.43	3.13	5.78	4.65			
UNDUPLICATED CLIENTS	348	348	348	348			

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

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



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

FISCAL YEAR: 2010-11		APPENDIX #: B-8a							
LEGAL ENTITY NAME: Family Service Agency of San Francisco		PROVIDER #: 3822							
PROVIDER NAME: Family Service Agency Opt. Svcs of SF		Page: 12							
REPORTING UNIT NAME: EARLYCHILDHOOD MENTAL HEALTH - Dept of Children, Youth & Families		Date: 9/24/2010							
REPORTING UNIT:	3822	3822	3822	3822	3822	3822	3822	3822	
MODE OF SVCS / SERVICE FUNCTION CODE	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	
SERVICE DESCRIPTION	Outreach Svc/ Consultation Grp	Outreach Svc/ Consultation Indv	Outreach Svc/ Class Observ	Outreach Svc/ Training Grp	Outreach Svc/ Direct Svc Grp	Outreach Svc/ Direct Svc Indv	Outreach Svc/ Linkage	Outreach Svc/ Eval Services	TOTAL
<b>CBHS FUNDING TERM:</b>	2010 - 2011	2010 - 2011	2010 - 2011	2010 - 2011	2010 - 2011	2010 - 2011	2010 - 2011	2010 - 2011	
<b>FUNDING USES:</b>									
SALARIES & EMPLOYEE BENEFITS	7,984	6,653	4,490	5,781	2,617	3,985	1,631	39	33,180
OPERATING EXPENSE	1,703	1,419	958	1,233	558	850	348	8	7,079
CAPITAL OUTLAY (COST \$5,000 AND OVER)									0
SUBTOTAL DIRECT COSTS	9,688	8,072	5,448	7,014	3,175	4,836	1,979	47	40,259
INDIRECT COST AMOUNT	1,163	969	654	842	381	580	237	6	4,831
TOTAL FUNDING USES:	10,850	9,041	6,102	7,856	3,556	5,416	2,216	53	45,090
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>									
<b>FEDERAL REVENUES - click below</b>									
SDMC Regular FFP (50%)									
ARRA SDMC FFP (11.59)									
<b>STATE REVENUES - click below</b>									
MHSA									
EPSDT State Match									
<b>GRANTS - click below</b> CFDA #:									
State Office of Family Planning									
<b>PRIOR YEAR ROLL OVER - click below</b>									
MHSA									
<b>WORK ORDERS - click below</b>									
Dept of Children, Youth & Families	10850	9,041	6,102	7,856	3,556	5,416	2,216	53	45,090
HSA (Human Svcs Agency)									
First Five (SF Children & Family Commission) PFA									
First Five (SF Children & Family Commission) FRC									
<b>3RD PARTY PAYOR REVENUES - click below</b>									
MediCare									
State M-Managed Care									
Family Mosaic Capitated Medi-Cal									
<b>REALIGNMENT FUNDS</b>									
<b>COUNTY GENERAL FUND</b>									
<b>TOTAL CBHS MENTAL HEALTH FUNDING SOURCES</b>	10,850	9,041	6,102	7,856	3,556	5,416	2,216	53	45,090
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES:</b>									
<b>FEDERAL REVENUES - click below</b>									
<b>STATE REVENUES - click below</b>									
<b>GRANTS/PROJECTS - click below</b> CFDA #:									
<b>WORK ORDERS - click below</b>									
<b>3RD PARTY PAYOR REVENUES - click below</b>									
<b>COUNTY GENERAL FUND</b>									
<b>TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>									
<b>TOTAL DPH REVENUES</b>	10,850	9,041	6,102	7,856	3,556	5,416	2,216	53	45,090
<b>NON-DPH REVENUES - click below</b>									
<b>TOTAL NON-DPH REVENUES</b>	0	0	0	0	0	0	0	0	0
<b>TOTAL REVENUES (DPH AND NON-DPH)</b>	10,850	9,041	6,102	7,856	3,556	5,416	2,216	53	45,090
<b>CBHS UNITS OF SVCS/TIME AND UNIT COST:</b>									
UNITS OF SERVICE <sup>1</sup>									
UNITS OF TIME <sup>2</sup>	144.67	120.55	81.36	104.75	32.33	72.21	29.55	0.71	
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	75.00	75.00	75.00	75.00	110.00	75.00	75.00	75.00	
COST PER UNIT--DPH RATE (DPH REVENUES ONLY)	75.00	75.00	75.00	75.00	110.00	75.00	75.00	75.00	
PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY)									
UNDUPLICATED CLIENTS	88	88	88	88	88	88	88	88	

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

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



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

FISCAL YEAR:		2010-11							APPENDIX #: B-8a	
LEGAL ENTITY NAME:		Family Service Agency of San Francisco							PROVIDER #: 3822	
PROVIDER NAME:		Family Service Agency Opt. Svcs of SF							Page: 13	
REPORTING UNIT NAME:		EARLYCHILDHOOD MENTAL HEALTH - Human Services Agency							Date: 9/24/2010	
REPORTING UNIT:		3822	3822	3822	3822	3822	3822	3822	3822	
MODE OF SVCS / SERVICE FUNCTION CODE		45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	
SERVICE DESCRIPTION:		Outreach Svc/ Consultation Grp	Outreach Svc/ Consultation Indv	Outreach Svc/ Class Observ	Outreach Svc/ Training Grp	Outreach Svc/ Direct Svc Grp	Outreach Svc/ Direct Svc Indv	Outreach Svc/ Linkage	Outreach Svc/ Eval Services	TOTAL
CBHS FUNDING TERM:		2010 - 2011	2010 - 2011	2010 - 2011	2010 - 2011	2010 - 2011	2010 - 2011	2010 - 2011	2010 - 2011	
FUNDING USES:										
SALARIES & EMPLOYEE BENEFITS		11,196	9,227	7,593	6,876	3,651	5,598	2,215	74	46,429
OPERATING EXPENSE		2,389	1,969	1,620	1,467	779	1,194	473	16	9,906
CAPITAL OUTLAY (COST \$5,000 AND OVER)										
SUBTOTAL DIRECT COSTS		13,585	11,196	9,213	8,343	4,429	6,792	2,688	89	56,335
INDIRECT COST AMOUNT		1,630	1,343	1,106	1,001	532	815	323	11	6,760
TOTAL FUNDING USES:		15,215	12,539	10,319	9,344	4,961	7,607	3,010	100	63,095
CBHS MENTAL HEALTH FUNDING SOURCES										
FEDERAL REVENUES - click below										
SDMC Regular FFP (50%)										
ARRA SDMC FFP (11.59)										
STATE REVENUES - click below										
MHSA										
EPSDT State Match										
GRANTS - click below		CFDA #:								
State Office of Family Planning										
PRIOR YEAR ROLL OVER - click below										
MHSA										
WORK ORDERS - click below										
Dept of Children, Youth & Families										
HSA (Human Svcs Agency)		15,215	12,539	10,319	9,344	4,961	7,607	3,010	100	63,095
First Five (SF Children & Family Commission) PFA										
First Five (SF Children & Family Commission) FRC										
3RD PARTY PAYOR REVENUES - click below										
MediCare										
State M-Managed Care										
Family Mosaic Capitated Medi-Cal										
REALIGNMENT FUNDS										
COUNTY GENERAL FUND										
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		15,215	12,539	10,319	9,344	4,961	7,607	3,010	100	63,095
CBHS SUBSTANCE ABUSE FUNDING SOURCES:										
FEDERAL REVENUES - click below										
STATE REVENUES - click below										
GRANTS/PROJECTS - click below		CFDA #:								
WORK ORDERS - click below										
3RD PARTY PAYOR REVENUES - click below										
COUNTY GENERAL FUND										
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-	-	-	-	-	-
TOTAL DPH REVENUES		15,215	12,539	10,319	9,344	4,961	7,607	3,010	100	63,095
NON-DPH REVENUES - click below										
TOTAL NON-DPH REVENUES		-	-	-	-	-	-	-	-	-
TOTAL REVENUES (DPH AND NON-DPH)		15,215	12,539	10,319	9,344	4,961	7,607	3,010	100	63,095
CBHS UNITS OF SVCS/TIME AND UNIT COST:										
UNITS OF SERVICE <sup>1</sup>										
UNITS OF TIME <sup>2</sup>		202.87	167.19	137.59	124.59	45.10	101.43	40.13	1.33	
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)		75.00	75.00	75.00	75.00	110.00	75.00	75.00	75.00	
COST PER UNIT--DPH RATE (DPH REVENUES ONLY)		75.00	75.00	75.00	75.00	110.00	75.00	75.00	75.00	
PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY)										
UNDULICATED CLIENTS		124	124	124	124	124	124	124	124	

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

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

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

FISCAL YEAR:		2010-11							APPENDIX #: B-8b	
LEGAL ENTITY NAME:		Family Service Agency of San Francisco							PROVIDER #: 3822	
PROVIDER NAME:		Family Service Agency Opt. Svcs of SF							Page: 14	
REPORTING UNIT NAME:		EARLYCHILDHOOD MENTAL HEALTH - Preschool For All							Date: 9/24/2010	
REPORTING UNIT:		3822	3822	3822	3822	3822	3822	3822	3822	
MODE OF SVCS / SERVICE FUNCTION CODE		45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	
SERVICE DESCRIPTION		Outreach Svc/ Consultation Grp	Outreach Svc/ Consultation Indv	Outreach Svc/ Class Observ	Outreach Svc/ Training Grp	Outreach Svc/ Direct Svc Grp	Outreach Svc/ Direct Svc Indv	Outreach Svc/ Linkage	Outreach Svc/ Eval Services	TOTAL
CBHS FUNDING TERM:		2010 - 2011	2010 - 2011	2010 - 2011	2010 - 2011	2010 - 2011	2010 - 2011	2010 - 2011	2010 - 2011	
FUNDING USES:										
SALARIES & EMPLOYEE BENEFITS		18,255	16,228	9,878	13,387	6,329	9,128	3,700	146	77,050
OPERATING EXPENSE		3,894	3,462	2,107	2,856	1,350	1,947	789	31	16,437
CAPITAL OUTLAY (COST \$5,000 AND OVER)										-
SUBTOTAL DIRECT COSTS		22,149	19,689	11,986	16,243	7,679	11,075	4,489	177	93,487
INDIRECT COST AMOUNT		2,658	2,363	1,438	1,949	921	1,329	539	21	11,218
TOTAL FUNDING USES:		24,807	22,052	13,424	18,192	8,600	12,404	5,028	198	104,705
CBHS MENTAL HEALTH FUNDING SOURCES										
FEDERAL REVENUES - click below										
SDMC Regular FFP (50%)										
ARRA SDMC FFP (11.59)										
STATE REVENUES - click below										
MHSA										
EPSDT State Match										
GRANTS - click below CFDA #:										
State Office of Family Planning										
PRIOR YEAR ROLL OVER - click below										
MHSA										
WORK ORDERS - click below										
Dept of Children, Youth & Families										
HSA (Human Svcs Agency)										
First Five (SF Children & Family Commission) PFA		24,807	22,052	13,424	18,192	8,600	12,404	5,028	198	104,705
First Five (SF Children & Family Commission) FRC										-
3RD PARTY PAYOR REVENUES - click below										
MediCare										
State M-Managed Care										
Family Mosaic Capitated Medi-Cal										
REALIGNMENT FUNDS										
COUNTY GENERAL FUND										
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		24,807	22,052	13,424	18,192	8,600	12,404	5,028	198	104,705
CBHS SUBSTANCE ABUSE FUNDING SOURCES:										
FEDERAL REVENUES - click below										
STATE REVENUES - click below										
GRANTS/PROJECTS - click below CFDA #:										
WORK ORDERS - click below										
3RD PARTY PAYOR REVENUES - click below										
COUNTY GENERAL FUND										
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-	-	-	-	-	-
TOTAL DPH REVENUES		24,807	22,052	13,424	18,192	8,600	12,404	5,028	198	104,705
NON-DPH REVENUES - click below										
TOTAL NON-DPH REVENUES										
TOTAL REVENUES (DPH AND NON-DPH)		24,807	22,052	13,424	18,192	8,600	12,404	5,028	198	104,705
CBHS UNITS OF SVCS/TIME AND UNIT COST:										
UNITS OF SERVICE <sup>1</sup>										
UNITS OF TIME <sup>2</sup>		330.76	294.03	178.99	242.56	78.18	165.39	67.04	2.64	
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)		75.00	75.00	75.00	75.00	110.00	75.00	75.00	75.00	
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)		75.00	75.00	75.00	75.00	110.00	75.00	75.00	75.00	
PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY)										
UNDUPLICATED CLIENTS		205	205	205	205	205	205	205	205	205

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

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

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

FISCAL YEAR:		2010-11								APPENDIX #: B-8c	
LEGAL ENTITY NAME:		Family Service Agency of San Francisco								PROVIDER #: 3822	
PROVIDER NAME:		Family Service Agency Opt. Svcs of SF								Page: 15	
REPORTING UNIT NAME:		EARLYCHILDHOOD MENTAL HEALTH - Family Resource Center								Date: 9/24/2010	
REPORTING UNIT:		3822	3822	3822	3822	3822	3822	3822	3822		
MODE OF SVCS / SERVICE FUNCTION CODE		45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19		
SERVICE DESCRIPTION		Outreach Svc/ Consultation Grp	Outreach Svc/ Consultation Indv	Outreach Svc / Class Observ	Outreach Svc / Training Grp	Outreach Svc / Direct Svc Grp	Outreach Svc / Direct Svc Indv	Outreach Svc / Linkage	Outreach Svc / Eval Services	TOTAL	
CBHS FUNDING TERM:		2010-2011	2010-2011	2010-2011	2010-2011	2010-2011	2010-2011	2010-2011	2010-2011		
FUNDING USES:											
SALARIES & EMPLOYEE BENEFITS		2,921	2,434	1,910	2,130	1,071	1,424	573	49	12,510	
OPERATING EXPENSE		623	519	407	454	228	304	122	10	2,669	
CAPITAL OUTLAY (COST \$5,000 AND OVER)											
SUBTOTAL DIRECT COSTS		3,544	2,954	2,317	2,584	1,299	1,728	695	59	15,179	
INDIRECT COST AMOUNT		425	354	278	310	156	207	83	7	1,821	
TOTAL FUNDING USES:		3,969	3,308	2,595	2,894	1,455	1,935	778	66	17,000	
CBHS MENTAL HEALTH FUNDING SOURCES											
FEDERAL REVENUES - click below											
SDMC Regular FFP (50%)											
ARRA SDMC FFP (11.59)											
STATE REVENUES - click below											
MHSA											
EPSDT State Match											
GRANTS - click below CFDA #:											
State Office of Family Planning											
PRIOR YEAR ROLL OVER - click below											
MHSA											
WORK ORDERS - click below											
Dept of Children, Youth & Families											
HSA (Human Svcs Agency)											
First Five (SF Children & Family Commission) PFA											
First Five (SF Children & Family Commission) FRC											
3RD PARTY PAYOR REVENUES - click below											
MediCare											
State M-Managed Care											
Family Mosaic Capitated Medi-Cal											
REALIGNMENT FUNDS											
COUNTY GENERAL FUND											
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		3,969	3,308	2,595	2,894	1,455	1,935	778	66	17,000	
CBHS SUBSTANCE ABUSE FUNDING SOURCES:											
FEDERAL REVENUES - click below											
STATE REVENUES - click below											
GRANTS/PROJECTS - click below CFDA #:											
WORK ORDERS - click below											
3RD PARTY PAYOR REVENUES - click below											
COUNTY GENERAL FUND											
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-	-	-	-	-	-	
TOTAL DPH REVENUES		3,969	3,308	2,595	2,894	1,455	1,935	778	66	17,000	
NON-DPH REVENUES - click below											
TOTAL NON-DPH REVENUES		-	-	-	-	-	-	-	-	-	
TOTAL REVENUES (DPH AND NON-DPH)		3,969	3,308	2,595	2,894	1,455	1,935	778	66	17,000	
CBHS UNITS OF SVCS/TIME AND UNIT COST:											
UNITS OF SERVICE <sup>1</sup>											
UNITS OF TIME <sup>2</sup>		52.92	44.11	34.60	38.59	13.23	25.80	10.37	0.88		
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)		75.00	75.00	75.00	75.00	110.00	75.00	75.00	75.00		
COST PER UNIT--DPH RATE (DPH REVENUES ONLY)		75.00	75.00	75.00	75.00	110.00	75.00	75.00	75.00		
PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY)											
UNDUPLICATED CLIENTS		33	33	33	33	33	33	33	33		

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

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

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

FISCAL YEAR: 2010-11		APPENDIX #: B-9					
LEGAL ENTITY NAME: Family Service Agency of San Francisco		PROVIDER #: 3822					
PROVIDER NAME: Family Service Agency Opt. Svcs of SF		Page: 16					
REPORTING UNIT NAME: Youth Striving For Excellence - Cost Reimbursement		Date: 9/24/2010					
REPORTING UNIT:	382214						
MODE OF SVCS / SERVICE FUNCTION CODE							
SERVICE DESCRIPTION	Health Education Services						TOTAL
CBHS FUNDING TERM:	7/1/10 - 6/30/11						
FUNDING USES:							
SALARIES & EMPLOYEE BENEFITS	-						-
OPERATING EXPENSE	4,465						4,465
CAPITAL OUTLAY (COST \$5,000 AND OVER)	-						-
SUBTOTAL DIRECT COSTS	4,465						4,465
INDIRECT COST AMOUNT	535						535
TOTAL FUNDING USES:	5,000						5,000
CBHS MENTAL HEALTH FUNDING SOURCES							
FEDERAL REVENUES - click below							
SDMC Regular FFP (50%)							-
ARRA SDMC FFP (11.59)							-
STATE REVENUES - click below							
MHSA							-
EPSDT State Match							-
GRANTS - click below	CFDA #:						-
State Office of Family Planning	5,000						5,000
PRIOR YEAR ROLL OVER - click below							
MHSA							-
WORK ORDERS - click below							
Dept of Children, Youth & Families							-
HSA (Human Svcs Agency)							-
First Five (SF Children & Family Commission)	PFA						-
First Five (SF Children & Family Commission)	FRC						-
3RD PARTY PAYOR REVENUES - click below							
MediCare							-
State M-Managed Care							-
Family Mosaic Capitated Medi-Cal							-
REALIGNMENT FUNDS							
COUNTY GENERAL FUND							-
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	5,000						5,000
CBHS SUBSTANCE ABUSE FUNDING SOURCES:							
FEDERAL REVENUES - click below							
STATE REVENUES - click below							
GRANTS/PROJECTS - click below	CFDA #:						-
WORK ORDERS - click below							
3RD PARTY PAYOR REVENUES - click below							-
COUNTY GENERAL FUND							-
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	-						-
TOTAL DPH REVENUES	5,000						5,000
NON-DPH REVENUES - click below							
TOTAL NON-DPH REVENUES	-						-
TOTAL REVENUES (DPH AND NON-DPH)	5,000						5,000
CBHS UNITS OF SVCS/TIME AND UNIT COST:							
UNITS OF SERVICE <sup>1</sup>							
UNITS OF TIME <sup>2</sup>							
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	CR						
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	CR						
PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY)							
UNDULICATED CLIENTS	N/A						

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

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

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

FISCAL YEAR:		2010-11		APPENDIX #: B-10a	
LEGAL ENTITY NAME:		Family Service Agency of San Francisco		PROVIDER #: 3822	
PROVIDER NAME:		Family Service Agency Opt. Svcs of SF		Page: 17	
REPORTING UNIT NAME:		Prevention & Recovery In Early Psychosis (PREP) - Cost Reimbursement		Date: 9/24/2010	
REPORTING UNIT:		382214			
MODE OF SVCS / SERVICE FUNCTION CODE					
SERVICE DESCRIPTION		Early Intervention		TOTAL	
CBHS FUNDING TERM:		2010 - 2011			
<b>FUNDING USES:</b>					
SALARIES & EMPLOYEE BENEFITS		328,545		328,545	
OPERATING EXPENSE		511,692		511,692	
CAPITAL OUTLAY (COST \$5,000 AND OVER)					
SUBTOTAL DIRECT COSTS		840,237		840,237	
INDIRECT COST AMOUNT		100,828		100,828	
TOTAL FUNDING USES:		941,066		941,066	
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>					
FEDERAL REVENUES - click below					
SDMC Regular FFP (50%)					
ARRA SDMC FFP (11.59)					
STATE REVENUES - click below					
MHSA		852,066		852,066	
EPSDT State Match					
GRANTS - click below		CFDA #:			
State Office of Family Planning					
PRIOR YEAR ROLL OVER - click below					
MHSA		89,000		89,000	
WORK ORDERS - click below					
Dept of Children, Youth & Families					
HSA (Human Svcs Agency)					
First Five (SF Children & Family Commission)		PFA			
First Five (SF Children & Family Commission)		FRC			
3RD PARTY PAYOR REVENUES - click below					
MediCare					
State M-Managed Care					
Family Mosaic Capitated Medi-Cal					
REALIGNMENT FUNDS					
COUNTY GENERAL FUND					
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		941,066		941,066	
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES:</b>					
FEDERAL REVENUES - click below					
STATE REVENUES - click below					
GRANTS/PROJECTS - click below		CFDA #:			
WORK ORDERS - click below					
3RD PARTY PAYOR REVENUES - click below					
COUNTY GENERAL FUND					
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES					
TOTAL DPH REVENUES		941,066		941,066	
NON-DPH REVENUES - click below					
TOTAL NON-DPH REVENUES					
TOTAL REVENUES (DPH AND NON-DPH)		941,066		941,066	
<b>CBHS UNITS OF SVCS/TIME AND UNIT COST:</b>					
UNITS OF SERVICE <sup>1</sup>					
UNITS OF TIME <sup>2</sup>					
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)		CR			
COST PER UNIT--DPH RATE (DPH REVENUES ONLY)		CR			
PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY)					
UNDUPLICATED CLIENTS		N/A			

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

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

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

FISCAL YEAR:		2010-11					APPENDIX #: B-10b	
LEGAL ENTITY NAME:		Family Service Agency of San Francisco					PROVIDER #: 3822	
PROVIDER NAME:		Family Service Agency Opt. Svcs of SF					Page: 18	
REPORTING UNIT NAME:		Prevention & Recovery in Early Psychosis (PREP) - Fee For Service					Date: 9/24/2010	
REPORTING UNIT:		382214	382214	382214	382214	382214		
MODE OF SVCS / SERVICE FUNCTION CODE		15/01-09	15/10-59	15/60-69	15/70-79	45/10-19		
SERVICE DESCRIPTION		Case Mgt Brokerage	MH Svcs	Medication Support	Crisis Intervention-OP	MH Promotion		TOTAL
CBHS FUNDING TERM:		2010 - 2011	2010 - 2011	2010 - 2011	2010 - 2011	2010 - 2011		
FUNDING USES:								
SALARIES & EMPLOYEE BENEFITS		2,335	37,495	32,317	2,247	4,177		78,572
OPERATING EXPENSE		977	15,687	13,520	940	1,748		32,872
CAPITAL OUTLAY (COST \$5,000 AND OVER)								-
SUBTOTAL DIRECT COSTS		3,313	53,182	45,838	3,187	5,925		111,444
INDIRECT COST AMOUNT		398	6,382	5,501	382	711		13,373
TOTAL FUNDING USES:		3,710	59,564	51,338	3,569	6,636		124,817
CBHS MENTAL HEALTH FUNDING SOURCES								
FEDERAL REVENUES - click below								
SDMC Regular FFP (50%)		2,412	38,750	33,399	2,322	-		76,883
ARRA SDMC FFP (11.59)								-
STATE REVENUES - click below								
MHSA		1,298	20,814	17,939	1,247	6,636		47,934
EPSDT State Match								-
GRANTS - click below CFDA #:								
State Office of Family Planning								-
PRIOR YEAR ROLL OVER - click below								
MHSA								-
WORK ORDERS - click below								
Dept of Children, Youth & Families								-
HSA (Human Svcs Agency)								-
First Five (SF Children & Family Commission) PFA								-
First Five (SF Children & Family Commission) FRC								-
3RD PARTY PAYOR REVENUES - click below								
MediCare								-
State M-Managed Care								-
Family Mosaic Capitated Medi-Cal								-
REALIGNMENT FUNDS								
COUNTY GENERAL FUND								-
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		3,710	59,564	51,338	3,569	6,636		124,817
CBHS SUBSTANCE ABUSE FUNDING SOURCES:								
FEDERAL REVENUES - click below								
								-
STATE REVENUES - click below								
								-
GRANTS/PROJECTS - click below CFDA #:								
								-
WORK ORDERS - click below								
								-
3RD PARTY PAYOR REVENUES - click below								
								-
COUNTY GENERAL FUND								
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-	-		-
TOTAL DPH REVENUES		3,710	59,564	51,338	3,569	6,636		124,817
NON-DPH REVENUES - click below								
								-
TOTAL NON-DPH REVENUES								
TOTAL REVENUES (DPH AND NON-DPH)		3,710	59,564	51,338	3,569	6,636		124,817
CBHS UNITS OF SVCS/TIME AND UNIT COST:								
UNITS OF SERVICE <sup>1</sup>						70		
UNITS OF TIME <sup>2</sup>		1,846	22,909	10,673	922			
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)		2.01	2.60	4.81	3.87	94.80		
COST PER UNIT--DPH RATE (DPH REVENUES ONLY)		2.01	2.60	4.81	3.87	94.80		
PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY)		2.43	3.13	5.78	4.65	113.91		
UNDULICATED CLIENTS		150	150	150	150	150		

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

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



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

FISCAL YEAR:		2010-11				APPENDIX #: B-11	
LEGAL ENTITY NAME:		Family Service Agency of San Francisco				PROVIDER #: 3822	
PROVIDER NAME:		Family Service Agency Opt. Svcs of SF				Page: 19	
REPORTING UNIT NAME:		Older Adult Behavioral Health Screening / Training - Cost Reimbursement				Date: 9/24/2010	
REPORTING UNIT:		N/A					
MODE OF SVCS / SERVICE FUNCTION CODE							
SERVICE DESCRIPTION		Training Development				TOTAL	
CBHS FUNDING TERM:		2010-2011					
FUNDING USES:							
SALARIES & EMPLOYEE BENEFITS		4,219				4,219	
OPERATING EXPENSE		11,495				11,495	
CAPITAL OUTLAY (COST \$5,000 AND OVER)							
SUBTOTAL DIRECT COSTS		15,714				15,714	
INDIRECT COST AMOUNT		1,886				1,886	
TOTAL FUNDING USES:		17,600				17,600	
CBHS MENTAL HEALTH FUNDING SOURCES:							
FEDERAL REVENUES - click below							
SDMC Regular FFP (50%)							
ARRA SDMC FFP (11.59)							
STATE REVENUES - click below							
MHSA		17,600				17,600	
EPSDT State Match							
GRANTS - click below		CFDA #:					
State Office of Family Planning							
PRIOR YEAR ROLL OVER - click below							
MHSA							
WORK ORDERS - click below							
Dept of Children, Youth & Families							
HSA (Human Svcs Agency)							
First Five (SF Children & Family Commission)		PFA					
First Five (SF Children & Family Commission)		FRC					
3RD PARTY PAYOR REVENUES - click below							
MediCare							
State M-Managed Care							
Family Mosaic Capitated Medi-Cal							
REALIGNMENT FUNDS							
COUNTY GENERAL FUND							
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		17,600				17,600	
CBHS SUBSTANCE ABUSE FUNDING SOURCES:							
FEDERAL REVENUES - click below							
STATE REVENUES - click below							
GRANTS/PROJECTS - click below		CFDA #:					
WORK ORDERS - click below							
3RD PARTY PAYOR REVENUES - click below							
COUNTY GENERAL FUND							
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES							
TOTAL DPH REVENUES		17,600				17,600	
NON-DPH REVENUES - click below							
TOTAL NON-DPH REVENUES							
TOTAL REVENUES (DPH AND NON-DPH)		17,600				17,600	
CBHS UNITS OF SVCS/TIME AND UNIT COST:							
UNITS OF SERVICE <sup>1</sup>							
UNITS OF TIME <sup>2</sup>							
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)		CR					
COST PER UNIT--DPH RATE (DPH REVENUES ONLY)		CR					
PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY)							
UNDUPLICATED CLIENTS		N/A					

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

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





DPH 3: Salaries & Benefits Detail

APPENDIX #: B-1a  
Document Date: 9/24/10

Provider Number (same as line 8 on DPH 1): 3822  
Provider Name (same as line 9 on DPH 1): Family Service Agency Opt. Srvs of SF  
Provider Name (same as line 11 on DPH 1): Geriatric Gough OP / ICM / Community Integration

POSITION TITLE	TOTAL		GENERAL FUND & (Agency-generated) OTHER REVENUE		GRANT #1: (grant title)		GRANT #2: (grant title)		WORK ORDER #1: (dept. name)		WORK ORDER #2: (dept. name)	
	Proposed Transaction Term: 7/01/10 - 6/30/11		Proposed Transaction Term: 7/01/10 - 6/30/11		Proposed Transaction Term:		Proposed Transaction Term:		Proposed Transaction Term:		Proposed Transaction Term:	
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
Program Director	0.49	\$ 31,124	0.49	31,124								
Program Director	1.00	\$ 65,000	1.00	65,000								
Clinical Director	0.34	\$ 24,421	0.34	24,421								
Staff Psychiatrist	0.47	\$ 72,333	0.47	72,333								
Clinician	3.00	\$ 130,000	3.00	130,000								
Clinician	1.42	\$ 69,695	1.42	69,695								
Clinician	0.00	\$ -	-	0								
Clinician	0.00	\$ -	-	0								
Case Aide	0.33	\$ 10,667	0.33	10,667								
Case Aide	0.60	\$ 21,412	0.60	21,412								
Intake / Avatar Coordinator	0.17	\$ 5,900	0.17	5,900								
Office Manager	0.84	\$ 33,496	0.84	33,496								
Program Monitor / Analyst	0.10	\$ 3,800	0.10	3,800								
Community Integration Specialist	0.27	\$ 18,970	0.27	18,970								
Director Senior Services Division	0.47	\$ 42,068	0.47	42,068								
Geriatric, Psychiatric Nurse Practitioner	0.65	\$ 72,578	0.65	72,578								
	0.00	\$ -										
TOTALS	10.15	\$601,464	10.15	\$601,464	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0

EMPLOYEE FRINGE BENEFITS

30%	\$180,439	30%	\$180,439	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	
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TOTAL SALARIES & BENEFITS

\$781,904	\$781,904	\$0	\$0	\$0	\$0
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# DPH 4: Operating Expenses Detail

APPENDIX #: B-1a  
Document Date: 9/24/10

Provider Number (same as line 8 on DPH 1):

3822

Provider Name (same as line 9 on DPH 1):

Family Service Agency Opt. Svcs of SF

Program Name (same as line 11 on DPH 1):

Geriatric Gough OP / ICM / Community Integration

Expenditure Category
Rental of Property (Utilities, Security, Maintenance, Mgmt)
Communications (landline, mobile, fax, internet)
Office Supplies, Postage
Building Maintenance Supplies and Repair
Printing and Reproduction
Insurance
Staff Training
Staff Travel-(Local & Out of Town)
Rental of Equipment
Repair / Maintenance Equipment
CONSULTANT / SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)
Contractual Services for Food - Project Open Hand
Contractual Services for Client transportation - SF Paratransit
Medical Doctor @ \$100.00 / hr
Nurse Practitioner @ \$75.00 / hr Miller
OTHER
Misc. / Program Related Expenses
Subscriptions / Publications
Client Related Expenses
Volunteer Stipends
Flexible Funds
Meeting Cost
Stipends: Consumer Advisory Board

TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	GRANT #1: (grant title)	GRANT #2: (grant title)	WORK ORDER #1: (dept. name)	WORK ORDER #2: (dept. name)
PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION
Term: 7/01/10 - 6/30/11	Term: 7/01/10 - 6/30/11	Term: _____	Term: _____	Term: _____	Term: _____
\$ 112,633	112,633				
\$ 17,040	17,040				
\$ 5,040	5,040				
\$ -	0				
\$ 2,200	2,200				
\$ 19,272	19,272				
\$ 8,700	8,700				
\$ 16,980	16,980				
\$ 20,520	20,520				
\$ 2,484	2,484				
\$ -	0				
\$ 4,800	4,800				
\$ 9,600	9,600				
\$ 12,000	12,000				
\$ 50,000	50,000				
\$ -	0				
\$ -	0				
\$ 9,234	9,234				
\$ 480	480				
\$ 360	360				
\$ 3,500	3,500				
\$ -	0				
\$ -	0				
\$ -	0				
<b>TOTAL OPERATING EXPENSE</b>	<b>\$294,843</b>	<b>\$294,843</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

**BUDGET JUSTIFICATION**

Geriatric Gough OP/ICM/Community Integration

Family Service Agency of San Francisco

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

**Salaries and Benefits**Program Director

Provides overall management and direction to the social service or mental health program in the Agency including management of staff, developing/controlling the budget, developing and implementing policies and procedures, participating in obtaining funds and grants, coordinating and integrating programs with others in the organization. Provides direct supervision to case managers, and overall supervision, clinical supervision and case assignments to staff. Reviews and ensures charting compliance and documentation standards. Acts as Agency representative of program to the community. Recruits, hires and trains program staff. Reports to Division Director and directly manages program staff.

Annual Salary \$ 63,518 x .49 FTE = \$31,124

Staff Psychiatrist

Under the administrative supervision of the Program Director, provides psychiatric evaluation, psychiatric medication management, differential diagnosing, prescribes psychiatric medication and assists in directing treatment planning within a multi-disciplinary treatment team, for treatment of older adults with psychiatric disabilities or co-occurring mental health and substance abuse concerns. Services are at times provided in home setting.

Annual Salary \$ 153,900 x .47 FTE = \$72,333

Clinical Director

Provides weekly individual and group clinical supervision to program clinical workers and interns to discuss evaluation of client needs and treatment plans. Discusses counseling and mental health service approaches and proper charting procedures. Enhances and oversees training programs for program staff and interns. Establishes and maintains clinical culture in collaboration with Division and Program Directors in accordance with program goals.

Annual Salary \$ 71,826 x .34 FTE = \$24,421

Division Director

Directs delivery of programs in accordance with the Agency's goals and objectives. Works with program staff and clients to articulate and implement strategic vision for Divisional Services. Designs, establishes and oversees reporting systems. Researches evidence based practices (EBP), implements necessary training, procedures and supervision to provide Agency clients with high-quality EBP treatment approaches. May write or participate in writing of grant applications when needed. Ensures program activities comply with contracts. Ensures maintenance of adequate and accurate clinical records. Supervises program and staff either directly or through intermediary supervisors. Acts as liaison with government agencies, the community and the public relative to funding, contracts and delivery of services. Actively participates in interpreting and furthering the community's understanding of the Agency's services, advocating for clients' needs and the Agency's understanding of our changing community. Participates as a member of the senior management team in the development and implementation of organization-wide policies and programs that will contribute to its overall success. Reports to the COO.

Annual Salary \$ 90,000 x .47 FTE = \$42,068

## BUDGET JUSTIFICATION

Appendix B-1a

Geriatric Gough OP/ICM/Community Integration

Family Service Agency of San Francisco

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

### Psychiatric Nurse Practitioner

Exercises medical responsibilities for psychiatric evaluation, medication assessment and medication monitoring. Performs crisis intervention, supportive counseling and other direct mental health services, including case management, as needed. Orders diagnostic tests, communicates medical issues with Primary Health Care provider. Maintains client caseload and clinical records in accordance with mandated standards. Consults and provides on-going education to non-medical staff in psychopharmacology and medical aspects of patient care.

Annual Salary \$ 111,658 x .65 FTE = \$72,578

### Clinician / Case Managers

Evaluates needs of clients and develops treatment plan in coordination with others for individuals with mental, emotional, or substance abuse problems. May also assist with family, parenting, and marital problems; suicide; stress management; problems with self-esteem and assisting clients in applying for and obtaining other social services while providing a safe and supportive environment for agency's clientele and adhering to laws regarding confidentiality and reporting requirements. Activities may include individual and group therapy, crisis intervention, case management, client advocacy, prevention, and education. Maintains accurate detailed observation and progress records for later electronic billing data entry.

Annual Salary \$ 45,180 x 4.42 FTE = \$199,695

### Peer Case Aides

Provides outreach and engagement to challenging senior populations (typically homeless). Performs key counseling and case management duties and assists in crisis intervention. Assists clients in communication and when necessary on behalf of the client to primary care doctors, pharmacists and county related care providers. Assists clients in accessing eligible benefits and housing. Provides transportation assistance to clients for getting to/from respective appointments in the field. Maintains client contact sheets and progress notes; follow a wellness model of care, practicing a harm reduction treatment model. May assist case managers with developing, organizing, and conducting programs to support client treatment plans relevant to substance abuse, human relationships, rehabilitation, or adult daycare. Networks with collateral agencies to inform them of the drop-in center services. Meets with supervisors and/or program managers regularly; performs related duties as assigned. Maintains accurate detailed observation and progress records for later electronic billing data entry. Additional duties as needed.

Annual Salary \$ 34,495 x .93 FTE = \$32,079

### Program Monitor

Monitors and analysis unit production for the program. Liason with the fiscal department in reconciling units earned with units produced. Assist in managing the budget.

Annual Salary \$ 38,000 x .10 FTE = \$3,800

**BUDGET JUSTIFICATION**

Appendix B-1a

Geriatric Gough OP/ICM/Community Integration

Family Service Agency of San Francisco

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

Assistant Program Director

Assist the Program Director in the overall management and direction to the social service or mental health program in the Agency including management of staff, developing/controlling the budget, developing and implementing policies and procedures, participating in obtaining funds and grants, coordinating and integrating programs with others in the organization. Assist in reviewing and ensuring charting compliance and documentation standards.

Annual Salary \$ 65,000 x 1.00 FTE = \$65,000

Office Manager / Admin Assistant

Provides direct supervision to the Agency's office services including mail pick up and distribution; records maintenance; copy/print services; reception; office maintenance and cleaning services; communications/telephones and similar. Communicate with clients, employees, and other individuals to answer questions, disseminate or explain information, and address complaints. Answer telephones, direct calls, and take messages. Compile, copy, sort, and file records of office activities, business transactions, and other activities. Operate office machines, such as photocopiers and scanners, facsimile machines, voice mail systems, and personal computers. Compute, record, and proof read data and other information, such as records or reports. Maintain and update filing, mailing, and database systems, either manually or using a computer. Open, sort, and route incoming mail, answer correspondence, and prepare outgoing mail. Review files, records, and other documents to obtain information to respond to requests.

Annual Salary \$ 40,000 x .84 FTE = \$33,496

Community Integration Specialist

Provides outreach and recruitment for the participation of older adults in group work, within a formal & informal setting such as senior centers and other locations. Provide successful outreach strategies targeted at specific communities for client integration.

Annual Salary \$ 70,000 x .27 FTE = \$18,970

Intake Coordinator

Coordinates intake and referral of new clients, ensuring referrals are accompanied by adequate authorization from the San Francisco Mental Health Plan (SFMHP). Works collaboratively with SFMHP onsite staff. Completes transfer of clients when requested by client or provider. Assists in gathering and reporting of data for required reports/updates. Partners with program team to process clinical charts. Answers general program information/referral calls.

Annual Salary \$ 35,000 x .17 FTE = \$5,900

**Total Salaries****\$601,464****Total Benefits**

30% of Total Salaries

**\$180,440**

*FSA's fringe benefits rate of 30% includes the following: payroll taxes (FICA at 7.65% and SUI at 3.60%), workers comp at 2.25%, and health/dental/vision coverage @ 16.5%.*

**TOTAL SALARIES & BENEFITS****\$781,904**

**BUDGET JUSTIFICATION**

Geriatric Gough OP/ICM/Community Integration

Family Service Agency of San Francisco

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

**OPERATING EXPENSES**

<b>OCCUPANCY</b>	
<b>Rent:</b>	
Square footage used by the program at a fully loaded lease rate of \$2.60 per square foot (3,610 sq ft x \$2.60 x 12 mos). Rate includes rent, water, garbage, security, janitorial, maintenance and repairs, pest control and facility management.	\$ 112,633
<b>Communications:</b>	
Service costs related to landlines, mobile phones, fax lines and internet accessibilities. (2.12% of total salary cost)	\$ 17,040
<b>Total Occupancy:</b>	<b>\$ 129,673</b>
<b>MATERIALS &amp; SUPPLIES</b>	
<b>Office Supplies:</b>	
Based on current expenses for general office supplies including pens, paper, medical chart supplies, and postage expenses for client communication, proportionate to program utilization. Supplies = (\$39.41 per staff x 10.15 staff x 12) and Postage = (\$20 per qtr x 12)	\$ 5,040
<b>Printing/Reproduction:</b>	
Off site printing expenses for program literature and informational materials.	\$ 2,200
<b>Total Materials and Supplies:</b>	<b>\$ 7,240</b>
<b>GENERAL OPERATING:</b>	
<b>Insurance:</b>	
Professional and general liability cost to insure FSA service providers. Much larger share of clinical and medical staff. (2.46% of total salary cost)	\$ 19,272
<b>Staff Training:</b>	
Trainings, workshops and related expenses for employee development and increased quality of service delivery to clients. (\$870 per staff x 10 staff)	\$ 8,700
<b>Rental of Equipment:</b>	
Allocated lease costs associated with printer, fax machine, telephone equipment (PBX system and phones) (2.62% of total salary cost)	\$ 20,520
<b>Maintenance of Equipment:</b>	
Maintenance costs associated with leased equipment: printer, fax machine, telephone equipment (PBX system and phones) (0.32% of total salary cost)	\$ 2,484
<b>Subscriptions:</b>	
Renewal costs related to professional journals and publications to enhance professional knowledge and service delivery ( \$240 x 2)	\$ 480
<b>Meeting Costs:</b>	
	\$ -
<b>Total General Operating:</b>	<b>\$ 51,456</b>
<b>OTHER:</b>	
<b>Miscellaneous:</b>	
Program related expenses not reflected in other expense lines. (\$27.56 cost per client x 335 unduplicated clients)	\$ 9,234
<b>Client Related:</b>	
Costs spent directly on behalf of clients (\$90 / quarter x 4)	\$ 360

**BUDGET JUSTIFICATION**

Geriatric Gough OP/ICM/Community Integration

Family Service Agency of San Francisco

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

Appendix B-1a

<u>Volunteer Stipends:</u>	
Stipends paid to volunteers supporting program services (\$70 per volunteer x 50 volunteers over 12 months)	\$ 3,500
<u>Flexible Funds:</u>	\$ -
<u>Stipend Advisory Board:</u>	\$ -
<b>Total Other Operating:</b>	<b>\$ 13,094</b>
<u>Staff Travel (Local &amp; Out of Town):</u>	
Mileage (\$0.50 reimbursement rate x 8 staff x 140 miles/mo x 12 mos) + Parking space (\$110 cost x 8 staff x 12 mos) + Reimbursement (5 staff x \$11.00 expense x 12 mos)	\$ 16,980
<b>Total Staff Travel:</b>	<b>\$ 16,980</b>
<u>Consultants/Subcontractors:</u>	
Food services from Project Open Hand - (\$5 per meal x 80 meals per month x 12 mos)	\$ 4,800
Client Transportation by SF Paratransit (\$5 per client x 40 clients per week x 4 weeks x 12 mos)	\$ 9,600
Medical Doctor - TBD @ \$100/hour (\$100 per hr x 2.5 hrs per week x 4 weeks x 12 mos)	\$ 12,000
Nurse Practitioner - Hannah Miller @ \$75/hour (\$75 per hr x 15 hrs per week x 44.44 weeks)	\$ 50,000
<b>Total Consultants/Subcontractors:</b>	<b>\$ 76,400</b>
<b>TOTAL OPERATING COSTS:</b>	<b>\$ 294,843</b>
<b>CAPITAL EXPENDITURES:</b> (If needed - A unit valued at \$5,000 or more)	\$ -
<b>TOTAL DIRECT COSTS (Salaries &amp; Benefits plus Operating Costs):</b>	<b>\$ 1,076,747</b>
<u>Indirect Expenses</u>	
Administrative costs associated with the delivery of services. Includes salaries and benefits for	\$ 129,210
<b>Total Indirects:</b>	<b>\$ 129,210</b>
<b>PROGRAM TOTAL:</b>	<b>\$ 1,205,957</b>





## DPH 3: Salaries &amp; Benefits Detail

 APPENDIX #: B-1b  
 Document Date: 9/24/10

 Provider Number (same as line 8 on DPH 1): 3822  
 Provider Name (same as line 9 on DPH 1): Family Service Agency Opt. Svcs of SF  
 Provider Name (same as line 11 on DPH 1): Older Adult FSP (MHSA)

POSITION TITLE	TOTAL		GENERAL FUND & (Agency-generated) OTHER REVENUE		GRANT #1: (grant title)		GRANT #2: (grant title)		WORK ORDER #1: SFCFC - PFA (PROP 10)		WORK ORDER #2: (dept. name)	
	Proposed Transaction Term: 7/01/10 - 6/30/11		Proposed Transaction Term: _____		Proposed Transaction Term: _____		Proposed Transaction Term: _____		Proposed Transaction Term: 7/01/10 - 6/30/11		Proposed Transaction Term: _____	
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
Peer Case Aides	1.89	\$ 61,289	1.89	61,289								
Lead Peer Case Aide	0.75	\$ 28,840	0.75	28,840								
Clinical / Case Manager	3.00	\$ 134,300	3.00	134,300								
Director Clinical Supervision	0.17	\$ 12,219	0.17	12,219								
Geriatric, Psychiatric Nurse Practitioner	0.51	\$ 65,484	0.51	65,484								
Intake / Avatar Coordinator	0.83	\$ 29,100	0.83	29,100								
Program Monitor / Analyst	0.05	\$ 1,916	0.05	1,916								
Program Director	0.86	\$ 53,071	0.86	53,071								
Admin Support	0.16	\$ 6,504	0.16	6,504								
Division Director	0.07	\$ 6,447	0.07	6,447								
Community Integration Specialist	0.10	\$ 6,930	0.10	6,930								
On-Call Stipend	0.00	\$ 8,000	-	8,000								
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
TOTALS	8.40	\$414,100	8.40	\$414,100	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0

EMPLOYEE FRINGE BENEFITS

28% \$114,316 28% \$114,316 #DIV/0! #DIV/0! #DIV/0! \$0 #DIV/0!

TOTAL SALARIES &amp; BENEFITS

\$528,416

\$528,416

\$0

\$0

\$0

\$0

# DPH 4: Operating Expenses Detail

APPENDIX #: B-1b  
Document Date: 9/24/10

Provider Number (same as line 8 on DPH 1):

3822

Provider Name (same as line 9 on DPH 1):

Family Service Agency Opt. Svcs of SF

Program Name (same as line 11 on DPH 1):

Older Adult FSP (MHSA)

Expenditure Category	TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	GRANT #1: (grant title)	GRANT #2: (grant title)	WORK ORDER #1: (dept. name)	WORK ORDER #2: (dept. name)
PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION
Term: 7/01/10 - 6/30/11	Term: 7/01/10 - 6/30/11	Term: _____	Term: _____	Term: _____	Term: _____	Term: _____
Rental of Property (Utilities, Security, Maintenance, Mgmt)	\$ 81,355	81,355				
Communications (landline, mobile, fax, internet)	\$ 3,200	3,200				
Office Supplies, Postage	\$ 1,672	1,672				
Building Maintenance Supplies and Repair	\$ -					
Printing and Reproduction	\$ 660	660				
Insurance	\$ 2,400	2,400				
Staff Training	\$ 6,000	6,000				
Staff Travel-(Local & Out of Town)	\$ 10,440	10,440				
Rental of Equipment	\$ 2,136	2,136				
Repair / Maintenance Equipment	\$ 1,128	1,128				
CONSULTANT / SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)	\$ -					
Medical Doctor @ \$100.00 / hr	\$ 4,800	4,800				
Contractual Services for Food - Project Open Hand	\$ 2,280	2,280				
	\$ -					
	\$ -					
	\$ -					
OTHER	\$ -					
Misc. / Program Related Expenses	\$ 5,700	5,700				
Subscriptions / Publications	\$ -					
Client Related Expenses	\$ 600	600				
Volunteer Stipends	\$ -					
Flexible Funds	\$ 42,400	42,400				
Meeting Cost	\$ -					
Stipends: Consumer Advisory Board	\$ -					
<b>TOTAL OPERATING EXPENSE</b>	<b>\$164,771</b>	<b>\$164,771</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

**BUDGET JUSTIFICATION**

Older Adult FSP (MHSA)

Family Service Agency of San Francisco

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

Appendix B-1b

**Salaries and Benefits**Program Director

Provides overall management and direction to the social service or mental health program in the Agency including management of staff, developing/controlling the budget, developing and implementing policies and procedures, participating in obtaining funds and grants, coordinating and integrating programs with others in the organization. Provides direct supervision to case managers, and overall supervision, clinical supervision and case assignments to staff. Reviews and ensures charting compliance and documentation standards. Acts as Agency representative of program to the community. Recruits, hires and trains program staff. Reports to Division Director and directly manages program staff.

Annual Salary \$ 61,710 x .86 FTE = \$53,071

Clinical Director

Provides weekly individual and group clinical supervision to program clinical workers and interns to discuss evaluation of client needs and treatment plans. Discusses counseling and mental health service approaches and proper charting procedures. Enhances and oversees training programs for program staff and interns. Establishes and maintains clinical culture in collaboration with Division and Program Directors in accordance with program goals.

Annual Salary \$ 71,826 x .17 FTE = \$12,219

Division Director

Directs delivery of programs in accordance with the Agency's goals and objectives. Works with program staff and clients to articulate and implement strategic vision for Divisional Services. Designs, establishes and oversees reporting systems. Researches evidence based practices (EBP), implements necessary training, procedures and supervision to provide Agency clients with high-quality EBP treatment approaches. May write or participate in writing of grant applications when needed. Ensures program activities comply with contracts. Ensures maintenance of adequate and accurate clinical records. Supervises program and staff either directly or through intermediary supervisors. Acts as liaison with government agencies, the community and the public relative to funding, contracts and delivery of services. Actively participates in interpreting and furthering the community's understanding of the Agency's services, advocating for clients' needs and the Agency's understanding of our changing community. Participates as a member of the senior management team in the development and implementation of organization-wide policies and programs that will contribute to its overall success. Reports to the COO.

Annual Salary \$ 90,000 x .0716 FTE = \$6,447

**BUDGET JUSTIFICATION**

Older Adult FSP (MHSA)

Family Service Agency of San Francisco

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

Lead Peer Case Aide

Supervises the Peer Case Aides. Provides outreach and engagement to challenging senior populations (typically homeless). Performs key counseling and case management duties and assists in crisis intervention. Assists clients in communication and when necessary on behalf of the client to primary care doctors, pharmacists and county related care providers. Assists clients in accessing eligible benefits and housing. Provides transportation assistance to clients for getting to/from respective appointments in the field. Maintains client contact sheets and progress notes; follow a wellness model of care, practicing a harm reduction treatment model. May assist case managers with developing, organizing, and conducting programs to support client treatment plans relevant to substance abuse, human relationships, rehabilitation, or adult daycare. Networks with collateral agencies to inform them of the drop-in center services. Meets with supervisors and/or program managers regularly; performs related duties as assigned. Maintains accurate detailed observation and progress records for later electronic billing data entry. Additional duties as needed.

Annual Salary \$ 38,453 x .75 FTE = \$28,840

Clinician / Case Managers

Evaluates needs of clients and develops treatment plan in coordination with others for individuals with mental, emotional, or substance abuse problems. May also assist with family, parenting, and marital problems; suicide; stress management; problems with self-esteem and assisting clients in applying for and obtaining other social services while providing a safe and supportive environment for agency's clientele and adhering to laws regarding confidentiality and reporting requirements. Activities may include individual and group therapy, crisis intervention, case management, client advocacy, prevention, and education. Maintains accurate detailed observation and progress records for later electronic billing data entry.

Annual Salary \$ 44,767 x 3.00 FTE = \$134,300

Peer Case Aides

Provides outreach and engagement to challenging senior populations (typically homeless). Performs key counseling and case management duties and assists in crisis intervention. Assists clients in communication and when necessary on behalf of the client to primary care doctors, pharmacists and county related care providers. Assists clients in accessing eligible benefits and housing. Provides transportation assistance to clients for getting to/from respective appointments in the field. Maintains client contact sheets and progress notes; follow a wellness model of care, practicing a harm reduction treatment model. May assist case managers with developing, organizing, and conducting programs to support client treatment plans relevant to substance abuse, human relationships, rehabilitation, or adult daycare. Networks with collateral agencies to inform them of the drop-in center services. Meets with supervisors and/or program managers regularly; performs related duties as assigned. Maintains accurate detailed observation and progress records for later electronic billing data entry.

Annual Salary \$ 32,428 x 1.89FTE = \$61,289

Program Monitor

Monitors and analysis unit production for the program. Liason with the fiscal department in reconciling units earned with units produced. Assist in managing the budget.

Annual Salary \$ 38,000 x .05 FTE = \$1,916

**BUDGET JUSTIFICATION**

Older Adult FSP (MHSA)

Family Service Agency of San Francisco

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

Psychiatric Nurse Practitioner

Exercises medical responsibilities for psychiatric evaluation, medication assessment and medication monitoring. Performs crisis intervention, supportive counseling and other direct mental health services, including case management, as needed. Orders diagnostic tests, communicates medical issues with Primary Health Care provider. Maintains client caseload and clinical records in accordance with mandated standards. Consults and provides on-going education to non-medical staff in psychopharmacology and medical aspects of patient care.

Annual Salary \$ 128,400 x .51 FTE = \$65,484

Office Manager / Admin Assistant

Provides direct supervision to the Agency's office services including mail pick up and distribution; records maintenance; copy/print services; reception; office maintenance and cleaning services; communications/telephones and similar. Communicate with clients, employees, and other individuals to answer questions, disseminate or explain information, and address complaints. Answer telephones, direct calls, and take messages. Compile, copy, sort, and file records of office activities, business transactions, and other activities. Operate office machines, such as photocopiers and scanners, facsimile machines, voice mail systems, and personal computers. Compute, record, and proof read data and other information, such as records or reports. Maintain and update filing, mailing, and database systems, either manually or using a computer. Open, sort, and route incoming mail, answer correspondence, and prepare outgoing mail. Review files, records, and other documents to obtain information to respond to requests.

Annual Salary \$ 40,000 x .16 FTE = \$6,504

Community Integration Specialist

Provides outreach and recruitment for the participation of older adults in group work, within a formal & informal setting such as senior centers and other locations. Provide successful outreach strategies targeted at specific communities for client integration.

Annual Salary \$ 70,000 x .10 FTE = \$6,930

Intake Coordinator

Coordinates intake and referral of new clients, ensuring referrals are accompanied by adequate authorization from the San Francisco Mental Health Plan (SFMHP). Works collaboratively with SFMHP onsite staff. Completes transfer of clients when requested by client or provider. Assists in gathering and reporting of data for required reports/updates. Partners with program team to process clinical charts. Answers general program information/referral calls.

Annual Salary \$ 35,000 x .83 FTE = \$29,100

On-Call Stipends

Additional weekly pay for 24 hour on-call staff that carry the pager for client emergency access.

Weekly stipend \$ 154 x 52 weeks = \$8,000

**Total Salaries****\$414,100**

## Total Benefits

30% of

## Total Salaries

**\$114,316**

FSA's fringe benefits rate of 30% includes the following: payroll taxes (FICA at 7.65% and SUI at 3.60%), workers comp at 2.25%, and health/dental/vision coverage @ 16.5%.

**TOTAL SALARIES & BENEFITS****\$528,416****OPERATING EXPENSES****OCCUPANCY****Rent:**

Square footage used by the program at a fully loaded lease rate of \$2.60 per square foot (2,608 sq ft x \$2.60 x 12 mos). Rate includes rent, water, garbage, security, janitorial, maintenance and repairs, pest control and facility management.

**\$ 81,355**

**BUDGET JUSTIFICATION**

Older Adult FSP (MHSA)

Family Service Agency of San Francisco

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

Appendix B-1b

<b><u>Communications:</u></b>	
Service costs related to landlines, mobile phones, fax lines and internet accessibilities. (0.61% of total salary cost)	\$ 3,200
<b>Total Occupancy:</b>	<b>\$ 84,555</b>
<b><u>MATERIALS &amp; SUPPLIES</u></b>	
<b><u>Office Supplies:</u></b>	
Based on current expenses for general office supplies including pens, paper, medical chart supplies, and postage expenses for client communication, proportionate to program utilization. Supplies = (\$15.87 per staff x 8.4 staff x 12) and Postage = (\$18 per qtr x 4)	\$ 1,672
<b><u>Printing/Reproduction:</u></b>	
Off site printing expenses for program literature and informational materials.	\$ 660
<b>Total Materials and Supplies:</b>	<b>\$ 2,332</b>
<b><u>GENERAL OPERATING:</u></b>	
<b><u>Insurance:</u></b>	
Professional and general liability cost to insure FSA service providers. (0.45% of total salary cost)	\$ 2,400
<b><u>Staff Training:</u></b>	
Trainings, workshops and related expenses for employee development and increased quality of service delivery to clients. (\$750 per staff x 8 staff)	\$ 6,000
<b><u>Rental of Equipment:</u></b>	
Allocated lease costs associated with printer, fax machine, telephone equipment (PBX system and phones) (3.88 % of total salary cost)	\$ 2,136
<b><u>Maintenance of Equipment:</u></b>	
Maintenance costs associated with leased equipment: printer, fax machine, telephone equipment (PBX system and phones) (0.21% of total salary cost)	\$ 1,128
<b><u>Subscriptions:</u></b>	
	\$ -
<b><u>Meeting Costs:</u></b>	
	\$ -
<b>Total General Operating:</b>	<b>\$ 11,664</b>
<b><u>OTHER:</u></b>	
<b><u>Miscellaneous:</u></b>	
Program related expenses not reflected in other expense lines. (\$114.00 cost per client x 50 unduplicated clients)	\$ 5,700
<b><u>Client Related:</u></b>	
Costs spent directly on behalf of clients (\$150 / quarter x 4)	\$ 600
<b><u>Volunteer Stipends:</u></b>	
	\$ -
<b><u>Flexible Funds:</u></b>	
Cost of providing supports to clients, family members, and their caregivers including cash payments, vouchers, goods, services, items necessary for daily living (such as food, clothing, hygiene, etc.), travel, transportation, respite services for caregivers, and other supports. (\$70.67 expenditures per client x 50 clients per mo x 12 mos)	\$ 42,400
<b><u>Stipend Advisory Board:</u></b>	
	\$ -
<b>Total Other Operating:</b>	<b>\$ 48,700</b>

**BUDGET JUSTIFICATION**

Older Adult FSP (MHSA)

Family Service Agency of San Francisco

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

Appendix B-1b

<b>Staff Travel (Local &amp; Out of Town):</b>	
Local travel required for work including mileage, parking space and parking reimbursement. Mileage (\$0.50 reimbursement rate x 6 staff x 50 miles/mo x 12 mos) + Parking space (\$110 cost x 8 staff x 12 mos) + Reimbursement (6 staff x \$10.00 expense x 12 mos)	\$ 10,440
<b>Total Staff Travel:</b>	<b>\$ 10,440</b>
<b>Consultants/Subcontractors:</b>	
Food services from Project Open Hand - (\$5 per meal x 38 meals per month x 12 mos)	\$ 2,280
Medical Director - TBD @ \$100/hour (\$100 per hr x 1.0 hrs per week x 4 weeks x 12 mos)	\$ 4,800
<b>Total Consultants/Subcontractors:</b>	<b>\$ 7,080</b>
<b>TOTAL OPERATING COSTS:</b>	<b>\$ 164,771</b>
<b>CAPITAL EXPENDITURES:</b> (If needed - A unit valued at \$5,000 or more)	\$ -
<b>TOTAL DIRECT COSTS (Salaries &amp; Benefits plus Operating Costs):</b>	<b>\$ 693,187</b>
<b>Indirect Expenses</b>	
Administrative costs associated with the delivery of services. Includes salaries and benefits for executive, personnel, payroll and IT management. Calculated at 12% of total direct costs.	\$ 83,183
<b>Total Indirects:</b>	<b>\$ 83,183</b>
<b>PROGRAM TOTAL:</b>	<b>\$ 776,370</b>





DPH 3: Salaries & Benefits Detail

APPENDIX #: B-1c  
Document Date: 9/24/10

Provider Number (same as line 8 on DPH 1): 8990  
Provider Name (same as line 9 on DPH 1): Geriatric Services West  
Provider Name (same as line 11 on DPH 1): Geriatric West

POSITION TITLE	TOTAL		GENERAL FUND & (Agency-generated) OTHER REVENUE		GRANT #1:  (grant title)		GRANT #2:  (grant title)		WORK ORDER #1: HSA HMHM CHCDHSWO		WORK ORDER #2: DCYF HMHM CHDCYFWO	
	Proposed Transaction Term: 7/01/10 - 6/30/11		Proposed Transaction Term: _____		Proposed Transaction Term: _____		Proposed Transaction Term: _____		Proposed Transaction Term: 7/01/10 - 6/30/11		Proposed Transaction Term: 7/01/10 - 6/30/11	
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
Program Director	0.65	\$ 41,555	0.65	41,555								
Staff Psychiatrist	0.10	\$ 12,597	0.10	12,597								
Clinical Supervisor	0.78	\$ 42,940	0.78	42,940								
Clinician	5.01	\$ 229,283	5.01	229,283								
Case Aide	0.40	\$ 14,215	0.40	14,215								
Geriatric, Psychiatric Nurse Practitioner	0.35	\$ 45,094	0.35	45,094								
Program & Special Projects Coordinator	0.60	\$ 27,600	0.60	27,600								
Office Manager	1.00	\$ 37,250	1.00	37,250								
Community Integration Specialist	0.20	\$ 14,000	0.20	14,000								
Program Monitor / Analyst	0.05	\$ 1,900	0.05	1,900								
Director Senior Services Division	0.19	\$ 17,000	0.19	17,000								
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
TOTALS	9.33	\$483,435	9.33	\$483,435	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0

EMPLOYEE FRINGE BENEFITS 30% \$145,030 30% \$145,030 #DIV/0! #DIV/0! #DIV/0! \$0 #DIV/0! \$0

TOTAL SALARIES & BENEFITS \$628,465 \$628,465 \$0 \$0 \$0 \$0

# DPH 4: Operating Expenses Detail

APPENDIX #: B-1c  
 Document Date: 9/24/10

Provider Number (same as line 8 on DPH 1):  
 Provider Name (same as line 9 on DPH 1):  
 Program Name (same as line 11 on DPH 1):

8990  
 Geriatric Services West  
 Geriatric West

Expenditure Category
Rental of Property (Utilities, Security, Maintenance, Mgmt)
Communications (landline, mobile, fax, internet)
Office Supplies, Postage
Building Maintenance Supplies and Repair
Printing and Reproduction
Insurance
Staff Training
Staff Travel-(Local & Out of Town)
Rental of Equipment
Repair / Maintenance Equipment
CONSULTANT / SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)
Medical Doctor @ \$100.00 / hr
Geriatric, Psychiatric Nurse Practitioner @ \$75.00 / hr
OTHER
Misc. / Program Related Expenses
Subscriptions / Publications
Client Related Expenses
Volunteer Stipends
Flexible Funds
Meeting Cost
Stipends: Consumer Advisory Board

TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	GRANT #1: (grant title)	GRANT #2: (grant title)	WORK ORDER #1: (dept. name)	WORK ORDER #2: (dept. name)
PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION
Term: 7/01/10 - 6/30/11	Term: 7/01/10 - 6/30/11	Term: _____	Term: _____	Term: _____	Term: _____
\$ 114,200	114,200				
\$ 19,476	19,476				
\$ 1,800	1,800				
\$ -					
\$ 600	600				
\$ 9,060	9,060				
\$ 1,800	1,800				
\$ 5,400	5,400				
\$ 8,376	8,376				
\$ 4,512	4,512				
\$ -					
\$ 4,500	4,500				
\$ 54,000	54,000				
\$ -					
\$ -					
\$ -					
\$ -					
\$ 900	900				
\$ 120	120				
\$ 480	480				
\$ -					
\$ -					
\$ -					
\$ -					
<b>TOTAL OPERATING EXPENSE</b>	<b>\$225,224</b>	<b>\$225,224</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

**BUDGET JUSTIFICATION**

Appendix B-1c

Geriatric West

Family Service Agency of San Francisco

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

**Salaries and Benefits**Program Director

Provides overall management and direction to the social service or mental health program in the Agency including management of staff, developing/controlling the budget, developing and implementing policies and procedures, participating in obtaining funds and grants, coordinating and integrating programs with others in the organization. Provides direct supervision to case managers, and overall supervision, clinical supervision and case assignments to staff. Reviews and ensures charting compliance and documentation standards. Acts as Agency representative of program to the community. Recruits, hires and trains program staff. Reports to Division Director and directly manages program staff.

Annual Salary \$ 63,931 x .65 FTE = \$41,555

Staff Psychiatrist

Under the administrative supervision of the Program Director, provides psychiatric evaluation, psychiatric medication management, differential diagnosing, prescribes psychiatric medication and assists in directing treatment planning within a multi-disciplinary treatment team, for treatment of older adults with psychiatric disabilities or co-occurring mental health and substance abuse concerns. Services are at times provided in home setting.

Annual Salary \$ 125,970 x .10 FTE = \$12,597

Clinical Supervisor

Provides weekly individual and group clinical supervision to program clinical workers and interns to discuss evaluation of client needs and treatment plans. Discusses counseling and mental health service approaches and proper charting procedures. Enhances and oversees training programs for program staff and interns. Establishes and maintains clinical culture in collaboration with Division and Program Directors in accordance with program goals.

Annual Salary \$ 55,051 x .78 FTE = \$42,940

**BUDGET JUSTIFICATION**

Geriatric West

Family Service Agency of San Francisco

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

Division Director

Directs delivery of programs in accordance with the Agency's goals and objectives. Works with program staff and clients to articulate and implement strategic vision for Divisional Services. Designs, establishes and oversees reporting systems. Researches evidence based practices (EBP), implements necessary training, procedures and supervision to provide Agency clients with high-quality EBP treatment approaches. May write or participate in writing of grant applications when needed. Ensures program activities comply with contracts. Ensures maintenance of adequate and accurate clinical records. Supervises program and staff either directly or through intermediary supervisors. Acts as liaison with government agencies, the community and the public relative to funding, contracts and delivery of services. Actively participates in interpreting and furthering the community's understanding of the Agency's services, advocating for clients' needs and the Agency's understanding of our changing community. Participates as a member of the senior management team in the development and implementation of organization-wide policies and programs that will contribute to its overall success. Reports to the COO.

Annual Salary \$ 90,000 x .19 FTE = \$17,000

Psychiatric Nurse Practitioner

Exercises medical responsibilities for psychiatric evaluation, medication assessment and medication monitoring. Performs crisis intervention, supportive counseling and other direct mental health services, including case management, as needed. Orders diagnostic tests, communicates medical issues with Primary Health Care provider. Maintains client caseload and clinical records in accordance with mandated standards. Consults and provides on-going education to non-medical staff in psychopharmacology and medical aspects of patient care.

Annual Salary \$ 128,840 x .35 FTE = \$45,094

Clinician / Case Managers

Evaluates needs of clients and develops treatment plan in coordination with others for individuals with mental, emotional, or substance abuse problems. May also assist with family, parenting, and marital problems; suicide; stress management; problems with self-esteem and assisting clients in applying for and obtaining other social services while providing a safe and supportive environment for agency's clientele and adhering to laws regarding confidentiality and reporting requirements. Activities may include individual and group therapy, crisis intervention, case management, client advocacy, prevention, and education. Maintains accurate detailed observation and progress records for later electronic billing data entry.

Annual Salary \$ 45,765 x 5.01 FTE = \$229,284

**BUDGET JUSTIFICATION**

Appendix B-1c

Geriatric West

Family Service Agency of San Francisco

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

Peer Case Aides

Provides outreach and engagement to challenging senior populations (typically homeless). Performs key counseling and case management duties and assists in crisis intervention. Assists clients in communication and when necessary on behalf of the client to primary care doctors, pharmacists and county related care providers. Assists clients in accessing eligible benefits and housing. Provides transportation assistance to clients for getting to/from respective appointments in the field. Maintains client contact sheets and progress notes; follow a wellness model of care, practicing a harm reduction treatment model. May assist case managers with developing, organizing, and conducting programs to support client treatment plans relevant to substance abuse, human relationships, rehabilitation, or adult daycare. Networks with collateral agencies to inform them of the drop-in center services. Meets with supervisors and/or program managers regularly; performs related duties as assigned. Maintains accurate detailed observation and progress records for later electronic billing data entry. Additional duties as needed.

Annual Salary \$ 35,537.50 x .40 FTE = \$14,215

Program Monitor

Monitors and analysis unit production for the program. Liason with the fiscal department in reconciling units earned with units produced. Assist in managing the budget.

Annual Salary \$ 38,000 x .05 FTE = \$1,900

Program & Special Projects Coordinator

Responsible for constant and continuous overview of chart health on CIRCE. Writing memos to program directors on care managers and providers who are out of compliance. Following up at the monthly QA meeting with reports on chart health – general issues. Communicating consistent problems to Director of QA with documentation on number of times contacted. Oversee the Internal Audit team of FSA with volunteer members on a quarterly basis. Making reports on the internal audits for each team which is audited two times a year.

Annual Salary \$ 46,000 x .60 FTE = \$27,600

Office Manager

Provides direct supervision to the Agency's office services including mail pick up and distribution; records maintenance; copy/print services; reception; office maintenance and cleaning services; communications/telephones and similar. Communicate with clients, employees, and other individuals to answer questions, disseminate or explain information, and address complaints. Answer telephones, direct calls, and take messages. Compile, copy, sort, and file records of office activities, business transactions, and other activities. Operate office machines, such as photocopiers and scanners, facsimile machines, voice mail systems, and personal computers. Compute, record, and proof read data and other information, such as records or reports. Maintain and update filing, mailing, and database systems, either manually or using a computer. Open, sort, and route incoming mail, answer correspondence, and prepare outgoing mail. Review files, records, and other documents to obtain information to respond to requests.

Annual Salary \$ 37,250 x 1.00 FTE = \$37,250

# BUDGET JUSTIFICATION

Appendix B-1c

Geriatric West

Family Service Agency of San Francisco

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

## Community Integration Specialist

Provides outreach and recruitment for the participation of older adults in group work, within a formal & informal setting such as senior centers and other locations. Provide successful outreach strategies targeted at specific communities for client integration.

Annual Salary \$ 70,000 x .20 FTE = \$14,000

**Total Salaries** **\$483,435**

Total Benefits 30% of Total **\$145,030**  
*FSA's fringe benefits rate of 30% includes the following: payroll taxes (FICA at 7.65% and SUI at 3.60%), workers comp at 2.25%, and health/dental/vision coverage @ 16.5%.*

**TOTAL SALARIES & BENEFITS** **\$628,465**

## OPERATING EXPENSES

<b>OCCUPANCY</b>	
<b>Rent:</b>	
Square footage used by the program at a fully loaded lease rate of \$2.60 per square foot (3,660 sq	\$ 114,200
<b>Communications:</b>	
Service costs related to landlines, mobile phones, fax lines and internet accessibilities. (3.10% of total salary cost)	\$ 19,476
<b>Total Occupancy:</b>	<b>\$ 133,676</b>
<b>MATERIALS &amp; SUPPLIES</b>	
<b>Office Supplies:</b>	
Based on current expenses for general office supplies including pens, paper, medical chart supplies, and postage expenses for client communication, proportionate to program utilization.	\$ 1,800
<b>Printing/Reproduction:</b>	
Off site printing expenses for program literature and informational materials.	\$ 600
<b>Total Materials and Supplies:</b>	<b>\$ 2,400</b>
<b>GENERAL OPERATING:</b>	
<b>Insurance:</b>	
Professional and general liability cost to insure FSA service providers. (1.44% of total salary cost)	\$ 9,060
<b>Staff Training:</b>	
Trainings, workshops and related expenses for employee development and increased quality of service delivery to clients. (\$200 per staff x 9 staff)	\$ 1,800
<b>Rental of Equipment:</b>	
Allocated lease costs associated with printer, fax machine, telephone equipment (PBX system and phones) (1.33 % of total salary cost)	\$ 8,376
<b>Maintenance of Equipment:</b>	
Maintenance costs associated with leased equipment: printer, fax machine, telephone equipment (PBX system and phones) (0.72% of total salary cost)	\$ 4,512
<b>Subscriptions:</b>	
Renewal costs related to professional journals and publications to enhance professional knowledge and service delivery ( \$120 x 1)	\$ 120
<b>Meeting Costs:</b>	
	\$ -
<b>Total General Operating:</b>	<b>\$ 23,868</b>

## BUDGET JUSTIFICATION

Appendix B-1c

Geriatric West

Family Service Agency of San Francisco

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

<b>OTHER:</b>	
<u>Miscellaneous:</u>	
Program related expenses not reflected in other expense lines. (\$4.50 cost per client x 200 unduplicated clients)	\$ 900
<u>Client Related:</u>	
Costs spent directly on behalf of clients (\$120 / quarter x 4)	\$ 480
<u>Volunteer Stipends:</u>	\$ -
<u>Flexible Funds:</u>	\$ -
<u>Stipend Advisory Board:</u>	\$ -
<b>Total Other Operating:</b>	<b>\$ 1,380</b>
<u>Staff Travel (Local &amp; Out of Town):</u>	
Local travel required for work including public transportation, mileage, parking etc. Mileage (\$0.50 reimbursement rate x 4.0 staff x 50 miles/mo x 12 mos) + Parking (\$50 reimbursement x 4.0 staff x 12 mos) + Public Transportation (\$75 cost x 2.0 staff x 12 mos)	\$ 5,400
<b>Total Staff Travel:</b>	<b>\$ 5,400</b>
<u>Consultants/Subcontractors:</u>	
Medical Doctor - TBD @ \$100/hour (\$100 per hr x 3.75 hrs per month x 12 mos)	\$ 4,500
Geriatric Psychiatric Nurse Practitioner - TBD @ \$75/hour (\$75 per hr x 15 hrs per week x 48	\$ 54,000
<b>Total Consultants/Subcontractors:</b>	<b>\$ 58,500</b>
<b>TOTAL OPERATING COSTS:</b>	<b>\$ 225,224</b>
<b>CAPITAL EXPENDITURES: (If needed - A unit valued at \$5,000 or more)</b>	<b>\$ -</b>
<b>TOTAL DIRECT COSTS (Salaries &amp; Benefits plus Operating Costs):</b>	<b>\$ 853,689</b>
<u>Indirect Expenses</u>	
Administrative costs associated with the delivery of services. Includes salaries and benefits for executive, personnel, payroll and IT management. Calculated at 12% of total direct costs.	\$ 102,443
<b>Total Indirects:</b>	<b>\$ 102,443</b>
<b>PROGRAM TOTAL:</b>	<b>\$ 956,132</b>





DPH 3: Salaries & Benefits Detail

APPENDIX #: B-2  
Document Date: 9/24/10

Provider Number (same as line 8 on DPH 1): 3822  
Provider Name (same as line 9 on DPH 1): Family Service Agency Opt. Svcs of SF  
Provider Name (same as line 11 on DPH 1): Senior Drop-In Center

POSITION TITLE	TOTAL		GENERAL FUND & (Agency-generated) OTHER REVENUE		GRANT #1: (grant title)		GRANT #2: (grant title)		WORK ORDER #1: (dept. name)		WORK ORDER #2: (dept. name)	
	Proposed Transaction Term: 7/01/10 - 6/30/11		Proposed Transaction Term: 7/01/10 - 6/30/11		Proposed Transaction Term: _____		Proposed Transaction Term: _____		Proposed Transaction Term: _____		Proposed Transaction Term: _____	
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
Peer Case Aide	0.36	10,848	0.36	10,848								
Senior Peer Case Aide & Peer Trainer	0.25	9,360	0.25	9,360								
Lead Peer Case Aide	0.65	20,832	0.65	20,832								
On-Call Peer Case Aide	0.27	7,950	0.27	7,950								
Program Monitor / Analyst	0.04	1,520	0.04	1,520								
Program Director	0.43	30,100	0.43	30,100								
Division Director	0.05	5,032	0.05	5,032								
	0.00	-										
	0.00	-										
	0.00	-										
	0.00	-										
	0.00	-										
	0.00	-										
	0.00	-										
	0.00	-										
	0.00	-										
	0.00	-										
	0.00	-										
TOTALS	2.04	\$85,642	2.04	\$85,642	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0

EMPLOYEE FRINGE BENEFITS

20%	\$16,874	20%	\$ 16,874	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	
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TOTAL SALARIES & BENEFITS

\$102,516	\$102,516	\$0	\$0	\$0	\$0
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# DPH 4: Operating Expenses Detail

APPENDIX #: B-2  
Document Date: 9/24/10

Provider Number (same as line 8 on DPH 1):

3822

Provider Name (same as line 9 on DPH 1):

Family Service Agency Opt. Svcs of SF

Program Name (same as line 11 on DPH 1):

Senior Drop-In Center

Expenditure Category
Rental of Property (Utilities, Security, Maintenance, Mgmt)
Communications (landline, mobile, fax, internet)
Office Supplies, Postage
Building Maintenance Supplies and Repair
Printing and Reproduction
Insurance
Staff Training
Staff Travel-(Local & Out of Town)
Rental of Equipment
Repair / Maintenance Equipment
CONSULTANT / SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)
Curry Senior Center - Subcontractor
OTHER
Misc. / Program Related Expenses
Subscriptions / Publications
Client Related
Volunteer Stipends

TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	GRANT #1:  (grant title)	GRANT #2:  (grant title)	WORK ORDER #1:  (dept. name)	WORK ORDER #2:  (dept. name)
PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION
Term: 7/01/10 - 6/30/11	Term: 7/01/10 - 6/30/11	Term: _____	Term: _____	Term: _____	Term: _____
\$ -					
\$ 1,020	1,020				
\$ 288	288				
\$ -					
\$ 660	660				
\$ 720	720				
\$ 400	400				
\$ 2,160	2,160				
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
\$ 1,250	1,250				
\$ 120	120				
\$ -					
\$ 9,000	9,000				
\$ -					
\$ -					
\$ -					
<b>TOTAL OPERATING EXPENSE</b>	<b>\$63,018</b>	<b>\$63,018</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

**BUDGET JUSTIFICATION**

Appendix B-2

Senior Drop-In Center

Family Service Agency of San Francisco

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

**Salaries and Benefits**

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Program Director

Provides overall management and direction to the social service or mental health program in the Agency including management of staff, developing/controlling the budget, developing and implementing policies and procedures, participating in obtaining funds and grants, coordinating and integrating programs with others in the organization. Provides direct supervision to case managers, and overall supervision, clinical supervision and case assignments to staff. Reviews and ensures charting compliance and documentation standards. Acts as Agency representative of program to the community. Recruits, hires and trains program staff. Reports to Division Director and directly manages program staff.

Annual Salary \$ 70,000 x .43 FTE = \$30,100

Division Director

Directs delivery of programs in accordance with the Agency's goals and objectives. Works with program staff and clients to articulate and implement strategic vision for Divisional Services. Designs, establishes and oversees reporting systems. Researches evidence based practices (EBP), implements necessary training, procedures and supervision to provide Agency clients with high-quality EBP treatment approaches. May write or participate in writing of grant applications when needed. Ensures program activities comply with contracts. Ensures maintenance of adequate and accurate clinical records. Supervises program and staff either directly or through intermediary supervisors. Acts as liaison with government agencies, the community and the public relative to funding, contracts and delivery of services. Actively participates in interpreting and furthering the community's understanding of the Agency's services, advocating for clients' needs and the Agency's understanding of our changing community. Participates as a member of the senior management team in the development and implementation of organization-wide policies and programs that will contribute to its overall success. Reports to the CCO.

Annual Salary \$ 90,000 x .056 FTE = \$5,032

Lead Peer Case Aide

Supervises the Peer Case Aides. Provides outreach and engagement to challenging senior populations (typically homeless). Performs key counseling and case management duties and assists in crisis intervention. Assists clients in communication and when necessary on behalf of the client to primary care doctors, pharmacists and county related care providers. Assists clients in accessing eligible benefits and housing. Provides transportation assistance to clients for getting to/from respective appointments in the field. Maintains client contact sheets and progress notes; follow a wellness model of care, practicing a harm reduction treatment model. May assist case managers with developing, organizing, and conducting programs to support client treatment plans relevant to substance abuse, human relationships, rehabilitation, or adult daycare. Networks with collateral agencies to inform them of the drop-in center services. Meets with supervisors and/or program managers regularly; performs related duties as assigned. Maintains accurate detailed observation and progress records for later electronic billing data entry.

Annual Salary \$ 32,050 x .65 FTE = \$20,832

**BUDGET JUSTIFICATION**

Senior Drop-In Center

Family Service Agency of San Francisco

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

Appendix B-2

Peer Case Aides

Provides outreach and engagement to challenging senior populations (typically homeless). Performs key counseling and case management duties and assists in crisis intervention. Assists clients in communication and when necessary on behalf of the client to primary care doctors, pharmacists and county related care providers. Assists clients in accessing eligible benefits and housing. Provides transportation assistance to clients for getting to/from respective appointments in the field. Maintains client contact sheets and progress notes; follow a wellness model of care, practicing a harm reduction treatment model. May assist case managers with developing, organizing, and conducting programs to support client treatment plans relevant to substance abuse, human relationships, rehabilitation, or adult daycare. Networks with collateral agencies to inform them of the drop-in center services. Meets with supervisors and/or program managers regularly; performs related duties as assigned. Maintains accurate detailed observation and progress records for later electronic billing data entry.

Annual Salary \$ 30,133 x .36 FTE = \$10,848

On-Call Peer Case Aides

On-Call staff that provides outreach and engagement to challenging senior populations (typically homeless). Performs key counseling and case management duties and assists in crisis intervention. Assists clients in communication and when necessary on behalf of the client to primary care doctors, pharmacists and county related care providers. Assists clients in accessing eligible benefits and housing. Provides transportation assistance to clients for getting to/from respective appointments in the field. Maintains client contact sheets and progress notes; follow a wellness model of care, practicing a harm reduction treatment model. May assist case managers with developing, organizing, and conducting programs to support client treatment plans relevant to substance abuse, human relationships, rehabilitation, or adult daycare. Networks with collateral agencies to inform them of the drop-in center services. Meets with supervisors and/or program managers regularly; performs related duties as assigned. Maintains accurate detailed observation and progress records for later electronic billing data entry.

Annual Salary \$ 29,445 x .27FTE \$7,950

Program Monitor

Monitors and analysis unit production for the program. Liason with the fiscal department in reconciling units earned with units produced. Assist in managing the budget.

Annual Salary \$ 38,000 x .04 FTE = \$1,520

**BUDGET JUSTIFICATION**

Senior Drop-In Center  
 Family Service Agency of San Francisco  
 Contract Term: 7/1/10 - 6/30/11

Senior Peer Case Aide & Peer Trainer

Senior level Peer Case Aide that provides the training and support to other Peer Case Aides. Also, provides outreach and engagement to challenging senior populations (typically homeless). Performs key counseling and case management duties and assists in crisis intervention. Assists clients in communication and when necessary on behalf of the client to primary care doctors, pharmacists and county related care providers. Assists clients in accessing eligible benefits and housing. Provides transportation assistance to clients for getting to/from respective appointments in the field. Maintains client contact sheets and progress notes; follow a wellness model of care, practicing a harm reduction treatment model. May assist case managers with developing, organizing, and conducting programs to support client treatment plans relevant to substance abuse, human relationships, rehabilitation, or adult daycare. Networks with collateral agencies to inform them of the drop-in center services. Meets with supervisors and/or program managers regularly; performs related duties as assigned. Maintains accurate detailed observation and progress records.

Annual Salary \$ 37,440 x .25 FTE = \$9,360

**Total Salaries****\$85,642**

## Total Benefits

30% of Total

## Salaries

**\$16,874**

FSA's fringe benefits rate of 30% includes the following: payroll taxes (FICA at 7.65% and SUI at 3.60%), workers comp at 2.25%, and health/dental/vision coverage @ 16.5%.

**TOTAL SALARIES & BENEFITS****\$102,516****OPERATING EXPENSES**

<b>OCCUPANCY</b>	
<u>Rent:</u>	
Services provided at Curry Senior Center. See subcontractor section below.	\$ -
<u>Communications:</u>	
Service costs related to landlines, mobile phones, fax lines and internet accessibilities. (0.99% of total salary cost)	\$ 1,020
<b>Total Occupancy:</b>	<b>\$ 1,020</b>
<b>MATERIALS &amp; SUPPLIES</b>	
<u>Office Supplies:</u>	
Based on current expenses for general office supplies including pens, paper, medical chart supplies, and postage expenses for client communication, proportionate to program utilization. Supplies = (\$12.00 per staff x 2 staff x 12)	\$ 288
<u>Printing/Reproduction:</u>	
Off site printing expenses for program literature and informational materials.	\$ 660
<b>Total Materials and Supplies:</b>	<b>\$ 948</b>
<b>GENERAL OPERATING:</b>	
<u>Insurance:</u>	
Professional and general liability cost to insure FSA service providers. (0.70% of total salary cost)	\$ 720
<u>Staff Training:</u>	
Trainings, workshops and related expenses for employee development and increased quality of service delivery to clients. (\$200 per staff x 2 staff)	\$ 400
<u>Rental of Equipment:</u>	\$ -
<u>Maintenance of Equipment:</u>	\$ -
<u>Subscriptions:</u>	
Renewal costs related to professional journals and publications to enhance professional knowledge and service delivery ( \$120 x 1)	\$ 120

**BUDGET JUSTIFICATION**

Senior Drop-In Center

Family Service Agency of San Francisco

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

Appendix B-2

<u>Meeting Costs:</u>	\$ -
<b>Total General Operating:</b>	<b>\$ 1,240</b>
<b>OTHER:</b>	
<u>Miscellaneous:</u>	
Program related expenses not reflected in other expense lines. (\$25.00 cost per client x 50 unduplicated clients)	\$ 1,250
<u>Client Related:</u>	\$ -
<u>Volunteer Stipends:</u>	
Stipends paid to volunteers supporting program services (\$75 per volunteer x 10 volunteers over 12 months)	\$ 9,000
<u>Flexible Funds:</u>	\$ -
<u>Stipend Advisory Board:</u>	\$ -
<b>Total Other Operating:</b>	<b>\$ 10,250</b>
<u>Staff Travel (Local &amp; Out of Town):</u>	
(\$0.50 reimbursement rate x 2.0 staff x 60 miles/mo x 12 mos) + Parking (\$120 month x 1.0 staff x 12 mos)	\$ 2,160
<b>Total Staff Travel:</b>	<b>\$ 2,160</b>
<u>Consultants/Subcontractors:</u>	
Subcontract with Curry Senior Center - See subcontract agreement for details. Cost includes occupancy for service delivery at 333 Turk Street in the Tenderloin district and staffing.	\$ 47,400
<b>Total Consultants/Subcontractors:</b>	<b>\$ 47,400</b>
<b>TOTAL OPERATING COSTS:</b>	<b>\$ 63,018</b>
<b>CAPITAL EXPENDITURES: (If needed - A unit valued at \$5,000 or more)</b>	<b>\$ -</b>
<b>TOTAL DIRECT COSTS (Salaries &amp; Benefits plus Operating Costs):</b>	<b>\$ 165,534</b>
<u>Indirect Expenses</u>	
Administrative costs associated with the delivery of services. Includes salaries and benefits for executive, personnel, payroll and IT management. Calculated at 12% of total direct costs.	\$ 19,866
<b>Total Indirects:</b>	<b>\$ 19,866</b>
<b>PROGRAM TOTAL:</b>	<b>\$ 185,400</b>

DPH 3: Salaries & Benefits Detail

Provider Number (same as line 8 on DPH 1): 8977  
 Provider Name (same as line 9 on DPH 1): Community Aftercare Program - FSA  
 Provider Name (same as line 11 on DPH 1): Community Aftercare

APPENDIX #: B-3a  
 Document Date: 9/24/10

POSITION TITLE	TOTAL		GENERAL FUND & (Agency-generated) OTHER REVENUE		GRANT #1:  (grant title)		GRANT #2:  (grant title)		WORK ORDER #1:  (dept. name)		WORK ORDER #2:  (dept. name)	
	Proposed Transaction Term: 7/01/10 - 6/30/11		Proposed Transaction Term: 7/01/10 - 12/31/10		Proposed Transaction Term: 1/01/11 - 6/30/11		Proposed Transaction Term:		Proposed Transaction Term:		Proposed Transaction Term:	
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
Case Managers	1.80	\$ 68,951	1.80	\$ 68,951								
Clinical Director	0.55	\$ 30,303	0.55	\$ 30,303								
Psychiatrist	0.13	\$ 26,000	0.13	\$ 26,000								
Medical Director	0.11	\$ 13,504	0.11	\$ 13,504								
Clerical Assistant	0.58	\$ 12,833	0.58	\$ 12,833								
Office Manager	0.60	\$ 31,200	0.60	\$ 31,200								
Program Monitor / Analyst	0.05	\$ 1,900	0.05	\$ 1,900								
Program Director	0.53	\$ 31,800	0.53	\$ 31,800								
Division Director	0.21	\$ 18,677	0.21	\$ 18,677								
On-Call Stipend	0.00	\$ 4,200	0.00	\$ 4,200								
Ombudsman Specialist	0.35	\$ 14,000	0.35	\$ 14,000								
Psychiatric Nurse Practioner	0.20	\$ 20,000	0.2	\$ 20,000								
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
TOTALS	5.11	\$273,368	5.11	\$273,368	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0

EMPLOYEE FRINGE BENEFITS

30%	\$82,010	30%	\$82,010	#DIV/0!	\$0	#DIV/0!		#DIV/0!		#DIV/0!	
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TOTAL SALARIES & BENEFITS

\$355,378	\$355,378	\$0	\$0	\$0	\$0
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APPENDIX #: B-3a  
Document Date: 9/24/10

8977

Community Aftercare Program - FSA

## Community Aftercare

TOTAL OPERATING EXPENSE	\$49,485	\$49,485	\$0	\$0	\$0	\$0
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**BUDGET JUSTIFICATION**

Appendix B-3a

Community Aftercare

Family Service Agency of San Francisco

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

**Salaries and Benefits**Program Director

Provides overall management and direction to the social service or mental health program in the Agency including management of staff, developing/controlling the budget, developing and implementing policies and procedures, participating in obtaining funds and grants, coordinating and integrating programs with others in the organization. Provides direct supervision to case managers, and overall supervision, clinical supervision and case assignments to staff. Reviews and ensures charting compliance and documentation standards. Acts as Agency representative of program to the community. Recruits, hires and trains program staff. Reports to Division Director and directly manages program staff.

Annual Salary \$ 60,000 x .53 FTE = \$31,800

Staff Psychiatrist

Under the administrative supervision of the Program Director, provides psychiatric evaluation, psychiatric medication management, differential diagnosing, prescribes psychiatric medication and assists in directing treatment planning within a multi-disciplinary treatment team, for treatment of older adults with psychiatric disabilities or co-occurring mental health and substance abuse concerns. Services are at times provided in home setting.

Annual Salary \$ 200,000 x .13 FTE = \$26,000

Clinical Director

Provides weekly individual and group clinical supervision to program clinical workers and interns to discuss evaluation of client needs and treatment plans. Discusses counseling and mental health service approaches and proper charting procedures. Enhances and oversees training programs for program staff and interns. Establishes and maintains clinical culture in collaboration with Division and Program Directors in accordance with program goals.

Annual Salary \$ 55,096 x .55 FTE = \$30,303

Division Director

Directs delivery of programs in accordance with the Agency's goals and objectives. Works with program staff and clients to articulate and implement strategic vision for Divisional Services. Designs, establishes and oversees reporting systems. Researches evidence based practices (EBP), implements necessary training, procedures and supervision to provide Agency clients with high-quality EBP treatment approaches. May write or participate in writing of grant applications when needed. Ensures program activities comply with contracts. Ensures maintenance of adequate and accurate clinical records. Supervises program and staff either directly or through intermediary supervisors. Acts as liaison with government agencies, the community and the public relative to funding, contracts and delivery of services. Actively participates in interpreting and furthering the community's understanding of the Agency's services, advocating for clients' needs and the Agency's understanding of our changing community. Participates as a member of the senior management team in the development and implementation of organization-wide policies and programs that will contribute to its overall success. Reports to the COO.

Annual Salary \$ 90,000 x .21 FTE = \$18,677

**BUDGET JUSTIFICATION**

Community Aftercare  
Family Service Agency of San Francisco  
Contract Term: 7/1/10 - 6/30/11

Psychiatric Nurse Practitioner

Exercises medical responsibilities for psychiatric evaluation, medication assessment and medication monitoring. Performs crisis intervention, supportive counseling and other direct mental health services, including case management, as needed. Orders diagnostic tests, communicates medical issues with Primary Health Care provider. Maintains client caseload and clinical records in accordance with mandated standards. Consults and provides on-going education to non-medical staff in psychopharmacology and medical aspects of patient care.

Annual Salary \$ 100,000 x .20 FTE = \$20,000

Clinician / Case Managers

Evaluates needs of clients and develops treatment plan in coordination with others for individuals with mental, emotional, or substance abuse problems. May also assist with family, parenting, and marital problems; suicide; stress management; problems with self-esteem and assisting clients in applying for and obtaining other social services while providing a safe and supportive environment for agency's clientele and adhering to laws regarding confidentiality and reporting requirements. Activities may include individual and group therapy, crisis intervention, case management, client advocacy, prevention, and education. Maintains accurate detailed observation and progress records for later electronic billing data entry.

Annual Salary \$ 38,306 x 1.80 FTE = \$68,951

Medical Director

Provides leadership and oversight to the Agency's medical and health services programs; provides direction, consultation and support to medical practitioners; oversees the quality assurance program; ensures compliance with medical risk management and health care related regulations and policies; develops and implements in-service training programs for clinical programs and service; develops policies and protocols to ensure quality client/patient services and care; may provide direct patient care (e.g. conduct physical examination, determine course of treatment, provide appropriate treatment, document patient files). Position requires State of California licensure as a Medical Doctor.

Annual Salary \$ 122,764 x .11 FTE = \$13,504

Program Monitor

Monitors and analysis unit production for the program. Liason with the fiscal department in reconciling units earned with units produced. Assist in managing the budget.

Annual Salary \$ 38,000 x .05 FTE = \$1,900

Ombudsman Specialist

Provides facilitation and conflict resolution through dialogue to residents of Residential Care Facilities, Distinct Part Skilled Nursing Facilities, and Free Standing Skilled Nursing Facilities. Assists Program Director with Elder Abuse and long term care neglect cases. Serves as liaison for transfer to and from other levels of care with placement workers to ensure continuity of care. Provide support to assigned Assisted Living Facility outreach volunteers. Files complaints on assigned facilities with other agencies as appropriate and maintains case files for all clients within jurisdiction. Completes and submits monthly reports in a timely manner. Attends Elder Abuse Prevention Consortium MDT meetings and triage abuse investigations with APS, State of California and Community Care Licensing Division.

Annual Salary \$ 40,000 x .35 FTE = \$14,000

**BUDGET JUSTIFICATION**

Community Aftercare  
 Family Service Agency of San Francisco  
 Contract Term: 7/1/10 - 6/30/11

Office Manager / Admin Assistant

Provides direct supervision to the Agency's office services including mail pick up and distribution; records maintenance; copy/print services; reception; office maintenance and cleaning services; communications/telephones and similar. Communicate with clients, employees, and other individuals to answer questions, disseminate or explain information, and address complaints. Answer telephones, direct calls, and take messages. Compile, copy, sort, and file records of office activities, business transactions, and other activities. Operate office machines, such as photocopiers and scanners, facsimile machines, voice mail systems, and personal computers. Compute, record, and proof read data and other information, such as records or reports. Maintain and update filing, mailing, and database systems, either manually or using a computer. Open, sort, and route incoming mail, answer correspondence, and prepare outgoing mail. Review files, records, and other documents to obtain information to respond to requests.

Annual Salary \$ 52,000 x .60 FTE = \$31,200

Clerical Assistant

Under direct supervision, provides a variety of administrative and clerical support to managers and/or other staff. Duties may include researching/compiling information, coordinating activities between divisions and/or outside services. Maintains data; generates and formats reports and other documents using a full range of computer software skills including spreadsheets, word processing, desktop publishing, database management, presentation software, etc. May assume responsibility for special projects relating to division functions.

Annual Salary \$ 22,125 x .58 FTE = \$12,833

On-Call Stipends

Additional weekly pay for 24 hour on-call staff that carry the pager for client emergency access.

Weekly stipend \$ 80 x 52 weeks = \$4,200

**Total Salaries** **\$273,368**

Total Benefits 30% of  
 Total Salaries **\$82,010**

*FSA's fringe benefits rate of 30% includes the following: payroll taxes (FICA at 7.65% and SUI at 3.60%), workers comp at 2.25%, and health/dental/vision coverage @ 16.5%.*

**TOTAL SALARIES & BENEFITS** **\$355,378**

**OPERATING EXPENSES**

<b>OCCUPANCY</b>	
<u>Rent:</u> Square footage used by the program at a fully loaded lease rate of \$2.60 per square foot (942 sq ft x \$2.60 x 12 mos). Rate includes rent, water, garbage, security, janitorial, maintenance and repairs, pest control and facility management.	\$ 29,400
<u>Communications:</u> Service costs related to landlines, mobile phones, fax lines and internet accessibilities. (1.31% of total salary cost)	\$ 4,650
<b>Total Occupancy:</b>	<b>\$ 34,050</b>
<b>MATERIALS &amp; SUPPLIES</b>	
<u>Office Supplies:</u> Based on current expenses for general office supplies including pens, paper, medical chart supplies, and postage expenses for client communication, proportionate to program utilization. Supplies = (\$21.25 per staff x 5.0 staff x 12) and Postage = (\$35 per qtr x 4)	\$ 1,415
<u>Printing/Reproduction:</u> Off site printing expenses for program literature and informational materials.	\$ 300
<b>Total Materials and Supplies:</b>	<b>\$ 1,715</b>
<b>GENERAL OPERATING:</b>	
<u>Insurance:</u> Professional and general liability cost to insure FSA service providers. (0.70% of total salary cost)	\$ 2,500

<u>Staff Training:</u>	\$ -
<u>Rental of Equipment:</u> Allocated lease costs associated with printer, fax machine, telephone equipment (PBX system and phones) (0.65 % of total salary cost)	\$ 2,300
<u>Maintenance of Equipment:</u> Maintenance costs associated with leased equipment: printer, fax machine, telephone equipment (PBX system and phones) (0.19% of total salary cost)	\$ 660
<u>Subscriptions:</u>	\$ -
<u>Meeting Costs:</u>	\$ -
<b>Total General Operating:</b>	<b>\$ 5,460</b>
<b>OTHER:</b>	
<u>Miscellaneous:</u> Program related expenses not reflected in other expense lines. (\$4.00 cost per client x 250 unduplicated clients)	\$ 1,000
<u>Client Related:</u> Costs spent directly on behalf of clients (\$270 / quarter x 4)	\$ 1,080
<u>Volunteer Stipends:</u>	\$ -
<u>Flexible Funds:</u>	\$ -
<u>Stipend Advisory Board:</u>	\$ -
<b>Total Other Operating:</b>	<b>\$ 2,080</b>
<u>Staff Travel (Local &amp; Out of Town):</u> Local travel required for work including mileage, parking space and parking reimbursement. Mileage (\$0.50 reimbursement rate x 4 staff x 30 miles/mo x 12 mos) + Parking space (\$110 cost x 4 staff x 12 mos) + Parking reimbursement (\$10.00 expense x 18 occurrences)	\$ 6,180
<b>Total Staff Travel:</b>	<b>\$ 6,180</b>
<u>Consultants/Subcontractors:</u>	\$ -
	\$ -
<b>Total Consultants/Subcontractors:</b>	<b>\$ -</b>
<b>TOTAL OPERATING COSTS:</b>	<b>\$ 49,485</b>
<b>CAPITAL EXPENDITURES: (If needed - A unit valued at \$5,000 or more)</b>	<b>\$ -</b>
<b>TOTAL DIRECT COSTS (Salaries &amp; Benefits plus Operating Costs):</b>	<b>\$ 404,863</b>
<u>Indirect Expenses</u> Administrative costs associated with the delivery of services. Includes salaries and benefits for executive, personnel, payroll and IT management. Calculated at 12% of total direct costs.	\$ 48,583
<b>Total Indirects:</b>	<b>\$ 48,583</b>
<b>PROGRAM TOTAL:</b>	<b>\$ 453,446</b>

**DPH 3: Salaries & Benefits Detail**

Provider Number (same as line 8 on DPH 1): 3822  
 Provider Name (same as line 9 on DPH 1): Family Service Agency Opt. Svcs of SF  
 Provider Name (same as line 11 on DPH 1): Adult Care Management

APPENDIX #: B-3b  
 Document Date: 9/24/10

POSITION TITLE	TOTAL		GENERAL FUND & (Agency-generated) OTHER REVENUE		GRANT #1:  (grant title)		GRANT #2:  (grant title)		WORK ORDER #1:  (dept. name)		WORK ORDER #2:  (dept. name)	
	Proposed Transaction Term: 7/01/10 - 6/30/11		Proposed Transaction Term: 7/01/10 - 6/30/11		Proposed Transaction Term: _____		Proposed Transaction Term: _____		Proposed Transaction Term: _____		Proposed Transaction Term: _____	
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
Peer Outreach Worker	0.75	\$ 22,500	0.75	22,500								
Psychiatric Nurse Practitioner	0.50	\$ 50,000	0.50	50,000								
Clinical Case Managers	4.00	\$ 153,420	4.00	153,420								
Receptionist	0.05	\$ 1,680	0.05	1,680								
Program Monitor / Analyst	0.05	\$ 1,900	0.05	1,900								
Administrative Supervisor	0.66	\$ 26,370	0.66	26,370								
Assistant Program Director	1.00	\$ 47,000	1.00	47,000								
Program Director	0.63	\$ 44,055	0.63	44,055								
Division Director	0.25	\$ 21,250	0.25	21,250								
On-Call Stipend	0.00	\$ 8,000		8,000								
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
<b>TOTALS</b>	<b>7.89</b>	<b>\$376,175</b>	<b>7.89</b>	<b>\$376,175</b>	<b>0.00</b>	<b>\$0</b>	<b>0.00</b>	<b>\$0</b>	<b>0.00</b>	<b>\$0</b>	<b>0.00</b>	<b>\$0</b>

EMPLOYEE FRINGE BENEFITS

30%	\$112,853	30%	\$112,853	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	
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**TOTAL SALARIES & BENEFITS**

**\$489,028**

**\$489,028**

**\$0**

**\$0**

**\$0**

**\$0**

#### DPH 4: Operating Expenses Detail

APPENDIX #: B-3b  
Document Date: 9/24/10

**Provider Number (same as line 8 on DPH 1):**

3822

**Provider Name (same as line 9 on DPH 1):**

Family Service Agency Opt. Srvs of SF

Program Name (same as line 11 on DPH 1):

Adult Care Management

	TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	GRANT #1: <u>(grant title)</u>	GRANT #2: <u>(grant title)</u>	WORK ORDER #1: <u>(dept. name)</u>	WORK ORDER #2: <u>(dept. name)</u>
	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION
	Term: 7/01/10 - 6/30/11	Term: 7/01/10 - 6/30/11	Term: _____	Term: _____	Term: _____	Term: _____
<b>Expenditure Category</b>						
Rental of Property (Utilities, Security, Maintenance, Mgmt)	\$ 54,570	54,570				
Communications (landline, mobile, fax, internet)	\$ 12,000	12,000				
Office Supplies, Postage	\$ 1,600	1,600				
Building Maintenance Supplies and Repair	\$ -					
Printing and Reproduction	\$ 240	240				
Insurance	\$ 9,960	9,960				
Staff Training	\$ 2,400	2,400				
Staff Travel-Local & Out of Town)	\$ 11,160	11,160				
Rental of Equipment	\$ 6,057	6,057				
Repair / Maintenance Equipment	\$ 1,069	1,069				
CONSULTANT / SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)	\$ -					
Nurse Practitioner @ \$75 /hr	\$ 5,850	5,850				
Interim Program Director @ \$45 /hr	\$ 6,885	6,885				
Medical Doctor @ \$100 /hr	\$ 18,000	18,000				
	\$ -					
	\$ -					
OTHER	\$ -					
Misc. / Program Related Expenses	\$ 1,465	1,465				
Subscriptions / Publications	\$ 650	650				
Client Related	\$ 3,600	3,600				
Volunteer Stipends	\$ -					
Flexible Funds	\$ -					
Meeting Cost	\$ -					
Stipends: Consumer Advisory Board	\$ -					
<b>TOTAL OPERATING EXPENSE</b>	<b>\$135,506</b>	<b>\$135,506</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

**BUDGET JUSTIFICATION**

Adult Care Management  
Family Service Agency of San Francisco  
Contract Term: 7/1/10 - 6/30/11

Appendix B-3b

**Salaries and Benefits**Program Director

Provides overall management and direction to the social service or mental health program in the Agency including management of staff, developing/controlling the budget, developing and implementing policies and procedures, participating in obtaining funds and grants, coordinating and integrating programs with others in the organization. Provides direct supervision to case managers, and overall supervision, clinical supervision and case assignments to staff. Reviews and ensures charting compliance and documentation standards. Acts as Agency representative of program to the community. Recruits, hires and trains program staff. Reports to Division Director and directly manages program staff.

Annual Salary \$ 70,000 x .63 FTE = \$44,055

Division Director

Directs delivery of programs in accordance with the Agency's goals and objectives. Works with program staff and clients to articulate and implement strategic vision for Divisional Services. Designs, establishes and oversees reporting systems. Researches evidence based practices (EBP), implements necessary training, procedures and supervision to provide Agency clients with high-quality EBP treatment approaches. May write or participate in writing of grant applications when needed. Ensures program activities comply with contracts. Ensures maintenance of adequate and accurate clinical records. Supervises program and staff either directly or through intermediary supervisors. Acts as liaison with government agencies, the community and the public relative to funding, contracts and delivery of services. Actively participates in interpreting and furthering the community's understanding of the Agency's services, advocating for clients' needs and the Agency's understanding of our changing community. Participates as a member of the senior management team in the development and implementation of organization-wide policies and programs that will contribute to its overall success. Reports to the COO.

Annual Salary \$ 90,000 x .24 FTE = \$21,250

Assistant Program Director

Assist the Program Director in the overall management and direction to the social service or mental health program in the Agency including management of staff, developing/controlling the budget, developing and implementing policies and procedures, participating in obtaining funds and grants, coordinating and integrating programs with others in the organization. Assist in reviewing and ensuring charting compliance and documentation standards.

Annual Salary \$ 47,000 x 1.00 FTE = \$47,000

**BUDGET JUSTIFICATION**

Appendix B-3b

Adult Care Management

Family Service Agency of San Francisco

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

Psychiatric Nurse Practitioner

Exercises medical responsibilities for psychiatric evaluation, medication assessment and medication monitoring. Performs crisis intervention, supportive counseling and other direct mental health services, including case management, as needed. Orders diagnostic tests, communicates medical issues with Primary Health Care provider. Maintains client caseload and clinical records in accordance with mandated standards. Consults and provides on-going education to non-medical staff in psychopharmacology and medical aspects of patient care.

Annual Salary \$ 100,000 x .50 FTE = \$50,000

Clinician / Case Managers

Evaluates needs of clients and develops treatment plan in coordination with others for individuals with mental, emotional, or substance abuse problems. May also assist with family, parenting, and marital problems; suicide; stress management; problems with self-esteem and assisting clients in applying for and obtaining other social services while providing a safe and supportive environment for agency's clientele and adhering to laws regarding confidentiality and reporting requirements. Activities may include individual and group therapy, crisis intervention, case management, client advocacy, prevention, and education. Maintains accurate detailed observation and progress records for later electronic billing data entry.

Annual Salary \$ 38,355 x 4.00 FTE = \$153,420

Administrative Supervisor

Provides direct supervision to the Agency's office services including mail pick up and distribution; records maintenance; copy/print services; reception; office maintenance and cleaning services; communications/telephones and similar. Communicate with clients, employees, and other individuals to answer questions, disseminate or explain information, and address complaints. Answer telephones, direct calls, and take messages. Compile, copy, sort, and file records of office activities, business transactions, and other activities. Operate office machines, such as photocopiers and scanners, facsimile machines, voice mail systems, and personal computers. Compute, record, and proofread data and other information, such as records or reports. Maintain and update filing, mailing, and database systems, either manually or using a computer. Open, sort, and route incoming mail, answer correspondence, and prepare outgoing mail. Review files, records, and other documents to obtain information to respond to requests.

Annual Salary \$ 40,000 x .66 FTE = \$26,370

Program Monitor

Monitors and analysis unit production for the program. Liason with the fiscal department in reconciling units earned with units produced. Assist in managing the budget.

Annual Salary \$ 38,000 x .05 FTE = \$1,900

Peer Outreach Worker

Provides outreach and engagement to challenging adult, and transitional-age youth populations. Assists clients in communication and when necessary on behalf of the client to primary care doctors, pharmacists and county related care providers. Assists clients in accessing eligible benefits and housing. Provides transportation assistance to clients for getting to/from respective appointments in the field. Maintains client contact sheets and progress notes; follow a wellness model of care, practicing a harm reduction treatment model. May assist case managers with developing, organizing, and conducting programs to support client treatment plans relevant to substance abuse, human relationships, rehabilitation, and mental health treatment. Networks with collateral agencies. Meets with supervisors and/or program managers regularly; performs related duties as assigned. Maintains accurate detailed observation and progress records for later electronic billing data entry.

Annual Salary \$ 30,000 x .75 FTE = \$22,500



**BUDGET JUSTIFICATION**

Adult Care Management

Family Service Agency of San Francisco

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

Appendix B-3b

Receptionist

Under direct supervision, provides a variety of administrative and clerical support to managers and/or other staff. Open, sort, and route incoming mail, answer correspondence, and prepare outgoing mail. Answer telephones, direct calls, and take messages. Generates and formats reports and other documents using a full range of computer software skills including spreadsheets, word processing, desktop publishing, etc. May assume responsibility for special projects relating to other division functions.

Annual Salary \$ 33,600 x .05 FTE = \$1,680

On-Call Stipends

Additional weekly pay for 24 hour on-call staff that carry the pager for client emergency access.

Weekly stipend \$ 154 x 52 weeks = \$8,000

**Total Salaries****\$376,175**

Total Benefits

30% of

Total Salaries

**\$112,853**

FSA's fringe benefits rate of 30% includes the following: payroll taxes (FICA at 7.65% and SUI at 3.60%), workers comp at 2.25%, and health/dental/vision coverage @ 16.5%.

**TOTAL SALARIES & BENEFITS****\$489,028****OPERATING EXPENSES**

<b>OCCUPANCY</b>	
<u>Rent:</u>	
Square footage used by the program at a fully loaded lease rate of \$2.60 per square foot (1,749 sq ft x \$2.60 x 12 mos). Rate includes rent, water, garbage, security, janitorial, maintenance and repairs, pest control and facility management.	\$ 54,570
<u>Communications:</u>	
Service costs related to landlines, mobile phones, fax lines and internet accessibilities. (2.45% of total salary cost)	\$ 12,000
<b>Total Occupancy:</b>	<b>\$ 66,570</b>
<b>MATERIALS &amp; SUPPLIES</b>	
<u>Office Supplies:</u>	
Based on current expenses for general office supplies including pens, paper, medical chart supplies, and postage expenses for client communication, proportionate to program utilization. Supplies = (\$14.58 per staff x 8 staff x 12) and Postage = (\$50 per qtr x 4)	\$ 1,600
<u>Printing/Reproduction:</u>	
Off site printing expenses for program literature and informational materials.	\$ 240
<b>Total Materials and Supplies:</b>	<b>\$ 1,840</b>
<b>GENERAL OPERATING:</b>	
<u>Insurance:</u>	
Professional and general liability cost to insure FSA service providers. (2.04% of total salary cost)	\$ 9,960
<u>Staff Training:</u>	
Trainings, workshops and related expenses for employee development and increased quality of service delivery to clients. (\$300 per staff x 8 staff)	\$ 2,400
<u>Rental of Equipment:</u>	
Allocated lease costs associated with printer, fax machine, telephone equipment (PBX system and phones) (1.24 % of total salary cost)	\$ 6,057
<u>Maintenance of Equipment:</u>	
Maintenance costs associated with leased equipment: printer, fax machine, telephone equipment (PBX system and phones) (0.22% of total salary cost)	\$ 1,069
<u>Subscriptions:</u>	
Renewal costs related to professional journals and publications to enhance professional knowledge and service delivery ( \$240 x 2) + (\$170 x 1)	\$ 650

<u>Meeting Costs:</u>	\$ -
<b>Total General Operating:</b>	<b>\$ 20,136</b>
<b>OTHER:</b>	
<u>Miscellaneous:</u> Program related expenses not reflected in other expense lines. (\$13.56 cost per client x 108 unduplicated clients)	\$ 1,465
<u>Client Related:</u> Costs spent directly on behalf of clients (\$900 / quarter x 4)	\$ 3,600
<u>Volunteer Stipends:</u>	\$ -
<u>Flexible Funds:</u>	\$ -
<u>Stipend Advisory Board:</u>	\$ -
<b>Total Other Operating:</b>	<b>\$ 5,065</b>
<b>Staff Travel (Local &amp; Out of Town):</b>	
Local travel required for work including mileage, parking space and parking reimbursement. Mileage (\$0.50 reimbursement rate x 8 staff x 10 miles/mo x 12 mos) + Parking space (\$110 cost x 8 staff x 12 mos) + Parking reimbursement (\$10.00 expense x 12 occurrences)	\$ 11,160
<b>Total Staff Travel:</b>	<b>\$ 11,160</b>
<b>Consultants/Subcontractors:</b>	
Interim Program Director - TBD @ (\$75/hour (\$75.00 per hour x 91.8 hours)	\$ 6,885
Medical Doctor - TBD @ \$100/hour (\$100 per hr x 4.0 hrs per week x 45 weeks)	\$ 18,000
Nurse Practitioner - TBD @ \$75/hour (\$75 per hr x 2 hrs per week x 39 weeks)	\$ 5,850
<b>Total Consultants/Subcontractors:</b>	<b>\$ 30,735</b>
<b>TOTAL OPERATING COSTS:</b>	<b>\$ 135,506</b>
<b>CAPITAL EXPENDITURES: (If needed - A unit valued at \$5,000 or more)</b>	<b>\$ -</b>
<b>TOTAL DIRECT COSTS (Salaries &amp; Benefits plus Operating Costs):</b>	<b>\$ 624,534</b>
<b>Indirect Expenses</b>	
Administrative costs associated with the delivery of services. Includes salaries and benefits for executive, personnel, payroll and IT management. Calculated at 12% of total direct costs.	\$ 74,944
<b>Total Indirects:</b>	<b>\$ 74,944</b>
<b>PROGRAM TOTAL:</b>	<b>\$ 699,478</b>

DPH 3: Salaries & Benefits Detail

APPENDIX #: B-3c  
Document Date: 9/24/10

Provider Number (same as line 8 on DPH 1): 3822  
Provider Name (same as line 9 on DPH 1): Family Service Agency Opt. Svcs of SF  
Provider Name (same as line 11 on DPH 1): Adult FSP (MHSA)

POSITION TITLE	TOTAL		GENERAL FUND & (Agency-generated) OTHER REVENUE		GRANT #1:  (grant title)		GRANT #2:  (grant title)		WORK ORDER #1:  (dept. name)		WORK ORDER #2:  (dept. name)	
	Proposed Transaction Term: 7/01/10 - 6/30/11		Proposed Transaction Term: 7/01/10 - 6/30/11		Proposed Transaction Term: _____		Proposed Transaction Term: _____		Proposed Transaction Term: _____		Proposed Transaction Term: _____	
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
Peer Case Aides	2.21	\$ 67,279	2.21	67,279								
Clinical / Case Managers	2.40	\$ 95,880	2.40	95,880								
Psychiatric Nurse Practitioner	0.28	\$ 28,000	0.28	28,000								
Program Associate	0.56	\$ 19,600	0.56	19,600								
Receptionist	0.05	\$ 1,680	0.05	1,680								
Program Monitor / Analyst	0.05	\$ 1,916	0.05	1,916								
Program Director	0.40	\$ 28,100	0.40	28,100								
Division Director	0.23	\$ 20,636	0.23	20,636								
On-Call Stipend	0.00	\$ 5,600	-	5,600								
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
TOTALS	6.18	\$268,691	6.18	\$268,691	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0

EMPLOYEE FRINGE BENEFITS

27%	\$73,543	27%	\$ 73,543	#DIV/0!	\$ -	#DIV/0!		#DIV/0!		#DIV/0!	
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TOTAL SALARIES & BENEFITS

\$342,234	\$342,234	\$0	\$0	\$0	\$0
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**DPH 4: Operating Expenses Detail**

APPENDIX #: **B-3c**  
Document Date: **9/24/10**

**Provider Number (same as line 8 on DPH 1):**

3822

**Provider Name (same as line 9 on DPH 1):**

Family Service Agency Opt. Svcs of SF

**Program Name (same as line 11 on DPH 1):**

Adult FSP (MHSA)

<b>Expenditure Category</b>
Rental of Property (Utilities, Security, Maintenance, Mgmt)
Communications (landline, mobile, fax, internet)
Office Supplies, Postage
Building Maintenance Supplies and Repair
Printing and Reproduction
Insurance
Staff Training
Staff Travel-Local & Out of Town)
Rental of Equipment
Repair / Maintenance Equipment
CONSULTANT / SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)
Nurse Practitioner @ \$75 /hr
Medical Doctor @ \$100 /hr
OTHER
Misc. / Program Related Expenses
Subscriptions / Publications
Client Related
Volunteer Stipends
Flexible Funds
Meeting Cost
Stipends: Consumer Advisory Board

TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	GRANT #1:  (grant title)	GRANT #2:  (grant title)	WORK ORDER #1:  (dept. name)	WORK ORDER #2:  (dept. name)
PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION
Term: 7/01/10 - 6/30/11	Term: 7/01/10 - 6/30/11	Term: _____	Term: _____	Term: _____	Term: _____
\$ 47,834	47,834				
\$ 13,800	13,800				
\$ 3,600	3,600				
\$ -					
\$ 600	600				
\$ 2,000	2,000				
\$ 4,500	4,500				
\$ 8,000	8,000				
\$ 4,800	4,800				
\$ 720	720				
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
\$ 3,788	3,788				
\$ 360	360				
\$ 6,000	6,000				
\$ 12,000	12,000				
\$ 70,500	70,500				
\$ -					
\$ -					
<b>TOTAL OPERATING EXPENSE</b>	<b>\$190,477</b>	<b>\$190,477</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## BUDGET JUSTIFICATION

Adult FSP

Family Service Agency of San Francisco

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

### Salaries and Benefits

#### Program Director

Provides overall management and direction to the social service or mental health program in the Agency including management of staff, developing/controlling the budget, developing and implementing policies and procedures, participating in obtaining funds and grants, coordinating and integrating programs with others in the organization. Provides direct supervision to case managers, and overall supervision, clinical supervision and case assignments to staff. Reviews and ensures charting compliance and documentation standards. Acts as Agency representative of program to the community. Recruits, hires and trains program staff. Reports to Division Director and directly manages program staff.

Annual Salary \$ 70,000 x .40 FTE = \$28,100

#### Division Director

Directs delivery of programs in accordance with the Agency's goals and objectives. Works with program staff and clients to articulate and implement strategic vision for Divisional Services. Designs, establishes and oversees reporting systems. Researches evidence based practices (EBP), implements necessary training, procedures and supervision to provide Agency clients with high-quality EBP treatment approaches. May write or participate in writing of grant applications when needed. Ensures program activities comply with contracts. Ensures maintenance of adequate and accurate clinical records. Supervises program and staff either directly or through intermediary supervisors. Acts as liaison with government agencies, the community and the public relative to funding, contracts and delivery of services. Actively participates in interpreting and furthering the community's understanding of the Agency's services, advocating for clients' needs and the Agency's understanding of our changing community. Participates as a member of the senior management team in the development and implementation of organization-wide policies and programs that will contribute to its overall success. Reports to the COO.

Annual Salary \$ 90,000 x .28 FTE = \$25,200

#### Assistant Program Director

Assist the Program Director in the overall management and direction to the social service or mental health program in the Agency including management of staff, developing/controlling the budget, developing and implementing policies and procedures, participating in obtaining funds and grants, coordinating and integrating programs with others in the organization. Assist in reviewing and ensuring charting compliance and documentation standards.

Annual Salary \$ 47,000 x 1.00 FTE =

#### Psychiatric Nurse Practitioner

Exercises medical responsibilities for psychiatric evaluation, medication assessment and medication monitoring. Performs crisis intervention, supportive counseling and other direct mental health services, including case management, as needed. Orders diagnostic tests, communicates medical issues with Primary Health Care provider. Maintains client caseload and clinical records in accordance with mandated standards. Consults and provides on-going education to non-medical staff in psychopharmacology and medical aspects of patient care.

Annual Salary \$ 100,000 x .28 FTE = \$28,000

**BUDGET JUSTIFICATION**

Adult FSP

Family Service Agency of San Francisco

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

Clinician / Case Managers

Evaluates needs of clients and develops treatment plan in coordination with others for individuals with mental, emotional, or substance abuse problems. May also assist with family, parenting, and marital problems; suicide; stress management; problems with self-esteem and assisting clients in applying for and obtaining other social services while providing a safe and supportive environment for agency's clientele and adhering to laws regarding confidentiality and reporting requirements. Activities may include individual and group therapy, crisis intervention, case management, client advocacy, prevention, and education. Maintains accurate detailed observation and progress records for later electronic billing data entry.

Annual Salary \$ 39,950 x 2.40 FTE = \$95,880

Program Associate

Communicate with clients, employees, and other individuals to answer questions, disseminate or explain information, and address complaints. Performs a variety of skilled administrative and clerical duties directly related to program management activities. These include maintaining databases, preparing routine correspondence, providing customer service to clients; and assisting and participating in program events.

Annual Salary \$ 35,000 x .56 FTE = \$19,600

Program Monitor

Monitors and analysis unit production for the program. Liason with the fiscal department in reconciling units earned with units produced. Assist in managing the budget.

Annual Salary \$ 38,000 x .05 FTE = \$1,916

Peer Case Aides

Provides outreach and engagement to challenging senior populations (typically homeless). Performs key counseling and case management duties and assists in crisis intervention. Assists clients in communication and when necessary on behalf of the client to primary care doctors, pharmacists and county related care providers. Assists clients in accessing eligible benefits and housing. Provides transportation assistance to clients for getting to/from respective appointments in the field. Maintains client contact sheets and progress notes; follow a wellness model of care, practicing a harm reduction treatment model. May assist case managers with developing, organizing, and conducting programs to support client treatment plans relevant to substance abuse, human relationships, rehabilitation, or adult daycare. Networks with collateral agencies to inform them of the drop-in center services. Meets with supervisors and/or program managers regularly; performs related duties as assigned. Maintains accurate detailed observation and progress records for later electronic billing data entry.

Annual Salary \$ 30,460 x 1.96 FTE = \$59,703

Receptionist

Under direct supervision, provides a variety of administrative and clerical support to managers and/or other staff. Open, sort, and route incoming mail, answer correspondence, and prepare outgoing mail. Answer telephones, direct calls, and take messages. Generates and formats reports and other documents using a full range of computer software skills including spreadsheets, word processing, desktop publishing, etc. May assume responsibility for special projects relating to other division functions.

Annual Salary \$ 33,600 x .05 FTE = \$1,680

# BUDGET JUSTIFICATION

Adult FSP

Family Service Agency of San Francisco

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

Appendix B-3c

## On-Call Stipends

Additional weekly pay for 24 hour on-call staff that carry the pager for client emergency access.

Weekly stipend \$ 154 x 52 weeks = \$8,000

**Total Salaries** **\$268,079**

Total Benefits 30% of  
Total Salaries **\$74,155**

*FSA's fringe benefits rate of 30% includes the following: payroll taxes (FICA at 7.65% and SUI at 3.60%), workers comp at 2.25%, and health/dental/vision coverage @ 16.5%.*

**TOTAL SALARIES & BENEFITS** **\$342,234**

## OPERATING EXPENSES

<b>OCCUPANCY</b>	
<u>Rent:</u> Square footage used by the program at a fully loaded lease rate of \$2.60 per square foot (1,533.14 sq ft x \$2.60 x 12 mos). Rate includes rent, water, garbage, security, janitorial, maintenance and repairs, pest control and facility management.	\$ 47,834
<u>Communications:</u> Service costs related to landlines, mobile phones, fax lines and internet accessibilities. (4.03% of total salary cost)	\$ 13,800
<b>Total Occupancy:</b>	<b>\$ 61,634</b>
<b>MATERIALS &amp; SUPPLIES</b>	
<u>Office Supplies:</u> Based on current expenses for general office supplies including pens, paper, medical chart supplies, and postage expenses for client communication, proportionate to program utilization. Supplies = (\$45.31 per staff x 6.18 staff x 12) and Postage = (\$60 per qtr x 4)	\$ 3,600
<u>Printing/Reproduction:</u> Off site printing expenses for program literature and informational materials.	\$ 600
<b>Total Materials and Supplies:</b>	<b>\$ 4,200</b>
<b>GENERAL OPERATING:</b>	
<u>Insurance:</u> Professional and general liability cost to insure FSA service providers. (0.58% of total salary cost)	\$ 2,000
<u>Staff Training:</u> Trainings, workshops and related expenses for employee development and increased quality of service delivery to clients. (\$750 per staff x 6 staff)	\$ 4,500
<u>Rental of Equipment:</u> Allocated lease costs associated with printer, fax machine, telephone equipment (PBX system and phones) (1.14 % of total salary cost)	\$ 4,800
<u>Maintenance of Equipment:</u> Maintenance costs associated with leased equipment: printer, fax machine, telephone equipment (PBX system and phones) (0.21% of total salary cost)	\$ 720
<u>Subscriptions:</u> Renewal costs related to professional journals and publications to enhance professional knowledge and service delivery ( \$120 x 3)	\$ 360
<u>Meeting Costs:</u>	\$ -
<b>Total General Operating:</b>	<b>\$ 12,380</b>

**BUDGET JUSTIFICATION**

Adult FSP

Family Service Agency of San Francisco

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

Appendix B-3c

<b>OTHER:</b>	
<u>Miscellaneous:</u>	
Program related expenses not reflected in other expense lines. (\$184.18 cost per client x 108 unduplicated clients)	\$ 3,788
<u>Client Related:</u>	
Costs spent directly on behalf of clients (\$1,500 / quarter x 4)	\$ 6,000
<u>Volunteer Stipends:</u>	
Stipends paid to volunteers supporting program services (\$75 per volunteer x 160 days of volunteer support services)	\$ 12,000
<u>Flexible Funds:</u>	
Cost of providing supports to clients, family members, and their caregivers including cash payments, vouchers, goods, services, items necessary for daily living (such as food, clothing, hygiene, etc.), travel, transportation, respite services for caregivers, and other supports. (\$130.56 expenditures per client x 45 clients per mo x 12 mos)	\$ 70,500
<u>Stipend Advisory Board:</u>	\$ -
<b>Total Other Operating:</b>	<b>\$ 92,288</b>
<u>Staff Travel (Local &amp; Out of Town):</u>	
Local travel required for work including mileage, parking space and parking reimbursement. Mileage (\$0.50 reimbursement rate x 6 staff x 39 miles/mo x 12 mos) + Parking space (\$110 cost x 5 staff x 12 mos)	\$ 8,000
<b>Total Staff Travel:</b>	<b>\$ 8,000</b>
<u>Consultants/Subcontractors:</u>	
Medical Doctor - TBD @ \$100/hour (\$100 per hr x 2.5 hrs per week x 32 weeks)	\$ 8,000
Nurse Practitioner - TBD @ \$75/hour (\$75 per hr x 2 hrs per week x 26.5 weeks)	\$ 3,975
<b>Total Consultants/Subcontractors:</b>	<b>\$ 11,975</b>
<b>TOTAL OPERATING COSTS:</b>	<b>\$ 190,477</b>
<b>CAPITAL EXPENDITURES: (If needed - A unit valued at \$5,000 or more)</b>	<b>\$ -</b>
<b>TOTAL DIRECT COSTS (Salaries &amp; Benefits plus Operating Costs):</b>	<b>\$ 532,711</b>
<u>Indirect Expenses</u>	
Administrative costs associated with the delivery of services. Includes salaries and benefits for executive, personnel, payroll and IT management. Calculated at 12% of total direct costs.	\$ 63,925
<b>Total Indirects:</b>	<b>\$ 63,925</b>
<b>PROGRAM TOTAL:</b>	<b>\$ 596,636</b>



DPH 3: Salaries & Benefits Detail

APPENDIX #: B-4  
Document Date: 9/24/10

Provider Number (same as line 8 on DPH 1): 3822  
Provider Name (same as line 9 on DPH 1): Family Service Agency Opt. Svcs of SF  
Provider Name (same as line 11 on DPH 1): Transitional Age Youth FSP (MHSA)

POSITION TITLE	TOTAL		GENERAL FUND & (Agency-generated) OTHER REVENUE		GRANT #1:  (grant title)		GRANT #2:  (grant title)		WORK ORDER #1:  (dept. name)		WORK ORDER #2:  (dept. name)	
	Proposed Transaction Term: 7/01/10 - 6/30/11		Proposed Transaction Term:		Proposed Transaction Term:		Proposed Transaction Term:		Proposed Transaction Term:		Proposed Transaction Term:	
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
Peer Case Aides	1.92	\$ 58,324	1.92	58,324								
Clinical / Case Managers	1.60	\$ 63,920	1.60	63,920								
Psychiatric Nurse Practitioner	0.22	\$ 22,000	0.22	22,000								
Program Associate	0.44	\$ 15,400	0.44	15,400								
Program Monitor / Analyst	0.05	\$ 1,900	0.05	1,900								
Program Director	0.36	\$ 24,900	0.36	24,900								
Division Director	0.13	\$ 11,800	0.13	11,800								
On-Call Stipend	0.00	\$ 4,400	-	4,400								
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
TOTALS	4.71	\$202,644	4.71	\$202,644	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0

EMPLOYEE FRINGE BENEFITS

27%	\$54,669	27%	\$ 54,669	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	
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TOTAL SALARIES & BENEFITS

\$257,313	\$257,313	\$0	\$0	\$0	\$0
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# DPH 4: Operating Expenses Detail

APPENDIX #: B-4  
Document Date: 9/24/10

Provider Number (same as line 8 on DPH 1):  
Provider Name (same as line 9 on DPH 1):  
Program Name (same as line 11 on DPH 1):

3822  
Family Service Agency Opt. Svs of SF  
Transitional Age Youth FSP (MHSA)

Expenditure Category
Rental of Property (Utilities, Security, Maintenance, Mgmt)
Communications (landline, mobile, fax, internet)
Office Supplies, Postage
Building Maintenance Supplies and Repair
Printing and Reproduction
Insurance
Staff Training
Staff Travel-(Local & Out of Town)
Rental of Equipment
Repair / Maintenance Equipment
CONSULTANT / SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)
Nurse Practitioner @ \$75 /hr
Medical Doctor @ \$100 /hr
OTHER
Misc. / Program Related Expenses
Subscriptions / Publications
Client Related
Volunteer Stipends
Flexible Funds
Meeting Cost
Stipends: Consumer Advisory Board

TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	GRANT #1: (grant title)	GRANT #2: (grant title)	WORK ORDER #1: (dept. name)	WORK ORDER #2: (dept. name)
PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION
Term: 7/01/10 - 6/30/11	Term: 7/01/10 - 6/30/11	Term: _____	Term: _____	Term: _____	Term: _____
\$ 26,772	26,772				
\$ 12,888	12,888				
\$ 2,060	2,060				
\$ -					
\$ 600	600				
\$ 1,800	1,800				
\$ 2,800	2,800				
\$ 5,640	5,640				
\$ 4,464	4,464				
\$ 624	624				
\$ -					
\$ 4,500	4,500				
\$ 1,500	1,500				
\$ -					
\$ -					
\$ -					
\$ -					
\$ 1,500	1,500				
\$ -					
\$ -					
\$ 5,500	5,500				
\$ 45,200	45,200				
\$ -					
\$ -					
<b>TOTAL OPERATING EXPENSE</b>	<b>\$115,848</b>	<b>\$115,848</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

**BUDGET JUSTIFICATION**

Transitional Age Youth FSP (MHSA)  
Family Service Agency of San Francisco  
Contract Term: 7/1/10 - 6/30/11

Appendix B-4

**Salaries and Benefits**Program Director

Provides overall management and direction to the social service or mental health program in the Agency including management of staff, developing/controlling the budget, developing and implementing policies and procedures, participating in obtaining funds and grants, coordinating and integrating programs with others in the organization. Provides direct supervision to case managers, and overall supervision, clinical supervision and case assignments to staff. Reviews and ensures charting compliance and documentation standards. Acts as Agency representative of program to the community. Recruits, hires and trains program staff. Reports to Division Director and directly manages program staff.

Annual Salary \$ 70,000 x .36 FTE = \$24,900

Division Director

Directs delivery of programs in accordance with the Agency's goals and objectives. Works with program staff and clients to articulate and implement strategic vision for Divisional Services. Designs, establishes and oversees reporting systems. Researches evidence based practices (EBP), implements necessary training, procedures and supervision to provide Agency clients with high-quality EBP treatment approaches. May write or participate in writing of grant applications when needed. Ensures program activities comply with contracts. Ensures maintenance of adequate and accurate clinical records. Supervises program and staff either directly or through intermediary supervisors. Acts as liaison with government agencies, the community and the public relative to funding, contracts and delivery of services. Actively participates in interpreting and furthering the community's understanding of the Agency's services, advocating for clients' needs and the Agency's understanding of our changing community. Participates as a member of the senior management team in the development and implementation of organization-wide policies and programs that will contribute to its overall success. Reports to the COO.

Annual Salary \$ 90,000 x .13 FTE = \$11,800

Psychiatric Nurse Practitioner

Exercises medical responsibilities for psychiatric evaluation, medication assessment and medication monitoring. Performs crisis intervention, supportive counseling and other direct mental health services, including case management, as needed. Orders diagnostic tests, communicates medical issues with Primary Health Care provider. Maintains client caseload and clinical records in accordance with mandated standards. Consults and provides on-going education to non-medical staff in psychopharmacology and medical aspects of patient care.

Annual Salary \$ 100,000 x .22 FTE = \$22,000

Clinician / Case Managers

Evaluates needs of clients and develops treatment plan in coordination with others for individuals with mental, emotional, or substance abuse problems. May also assist with family, parenting, and marital problems; suicide; stress management; problems with self-esteem and assisting clients in applying for and obtaining other social services while providing a safe and supportive environment for agency's clientele and adhering to laws regarding confidentiality and reporting requirements. Activities may include individual and group therapy, crisis intervention, case management, client advocacy, prevention, and education. Maintains accurate detailed observation and progress records for later electronic billing data entry.

Annual Salary \$ 39,950 x 1.60 FTE = \$63,920

**BUDGET JUSTIFICATION**

Transitional Age Youth FSP (MHSA)  
 Family Service Agency of San Francisco  
 Contract Term: 7/1/10 - 6/30/11

Appendix B-4

Program Associate

Communicate with clients, employees, and other individuals to answer questions, disseminate or explain information, and address complaints. Performs a variety of skilled administrative and clerical duties directly related to program management activities. These include maintaining databases, preparing routine correspondence, providing customer service to clients; and assisting and participating in program events.

Annual Salary \$ 35,000 x .44 FTE = \$15,400

Program Monitor

Monitors and analysis unit production for the program. Liason with the fiscal department in reconciling units earned with units produced. Assist in managing the budget.

Annual Salary \$ 38,000 x .05 FTE = \$1,900

Peer Case Aides

Provides outreach and engagement to challenging senior populations (typically homeless). Performs key counseling and case management duties and assists in crisis intervention. Assists clients in communication and when necessary on behalf of the client to primary care doctors, pharmacists and county related care providers. Assists clients in accessing eligible benefits and housing. Provides transportation assistance to clients for getting to/from respective appointments in the field. Maintains client contact sheets and progress notes; follow a wellness model of care, practicing a harm reduction treatment model. May assist case managers with developing, organizing, and conducting programs to support client treatment plans relevant to substance abuse, human relationships, rehabilitation, or adult daycare. Networks with collateral agencies to inform them of the drop-in center services. Meets with supervisors and/or program managers regularly; performs related duties as assigned. Maintains accurate detailed observation and progress records for later electronic billing data entry.

Annual Salary \$ 30,377 x 1.92 FTE = \$58,324

On-Call Stipends

Additional weekly pay for 24 hour on-call staff that carry the pager for client emergency access.

Weekly stipend \$ 85 x 52 weeks = \$4,400

**Total Salaries****\$202,644**

## Total Benefits

30% of Total

## Salaries

**\$54,669**

FSA's fringe benefits rate of 30% includes the following: payroll taxes (FICA at 7.65% and SUI at 3.60%), workers comp at 2.25%, and health/dental/vision coverage @ 16.5%.

**TOTAL SALARIES & BENEFITS****\$257,313****OPERATING EXPENSES**

<b>OCCUPANCY</b>	
<u>Rent:</u> Square footage used by the program at a fully loaded lease rate of \$2.60 per square foot (888 sq ft x \$2.60 x 12 mos). Rate includes rent, water, garbage, security, janitorial, maintenance and repairs, pest control and facility management.	\$ 26,772
<u>Communications:</u> Service costs related to landlines, mobile phones, fax lines and internet accessibilities. (2.45% of total salary cost)	\$ 12,888
<b>Total Occupancy:</b>	<b>\$ 39,660</b>
<b>MATERIALS &amp; SUPPLIES</b>	
<u>Office Supplies:</u> supplies, and postage expenses for client communication, proportionate to program utilization. Supplies = (\$32.27 per staff x 4.7 staff x 12) and Postage = (\$60 per qtr x 4)	\$ 2,060
<u>Printing/Reproduction:</u> Off site printing expenses for program literature and informational materials.	\$ 600
<b>Total Materials and Supplies:</b>	<b>\$ 2,660</b>

<b>GENERAL OPERATING:</b>	
<u>Insurance:</u> Professional and general liability cost to insure FSA service providers. (0.70% of total salary cost)	\$ 1,800
<u>Staff Training:</u> Trainings, workshops and related expenses for employee development and increased quality of service delivery to clients. (\$560 per staff x 5 staff)	\$ 2,800
<u>Rental of Equipment:</u> Allocated lease costs associated with printer, fax machine, telephone equipment (PBX system and phones) (1.24 % of total salary cost)	\$ 4,464
<u>Maintenance of Equipment:</u> Maintenance costs associated with leased equipment: printer, fax machine, telephone equipment (PBX system and phones) (0.22% of total salary cost)	\$ 624
<u>Subscriptions:</u>	
<u>Meeting Costs:</u>	\$ -
<b>Total General Operating:</b>	<b>\$ 9,688</b>
<b>OTHER:</b>	
<u>Miscellaneous:</u> Program related expenses not reflected in other expense lines. (\$33.33 cost per client x 45 unduplicated clients)	\$ 1,500
<u>Client Related:</u>	\$ -
<u>Volunteer Stipends:</u> Stipends paid to volunteers supporting program services (\$75 per volunteer x 73.3 days of volunteer support services)	\$ 5,500
<u>Flexible Funds:</u> Cost of providing supports to clients, family members, and their caregivers including cash payments, vouchers, goods, services, items necessary for daily living (such as food, clothing, hygiene, etc.), travel, transportation, respite services for caregivers, and other supports. (\$125.56 expenditures per client x 30 clients per mo x 12 mos)	\$ 45,200
<u>Stipend Advisory Board:</u>	\$ -
<b>Total Other Operating:</b>	<b>\$ 52,199</b>
<u>Staff Travel (Local &amp; Out of Town):</u> Local travel required for work including mileage, parking space and parking reimbursement. Mileage (\$0.50 reimbursement rate x 4 staff x 10 miles/mo x 12 mos) + Parking space (\$110 cost x 4 staff x 12 mos) + Parking reimbursement (\$10.00 expense x 12 occurrences)	\$ 5,640
<b>Total Staff Travel:</b>	<b>\$ 5,640</b>
<u>Consultants/Subcontractors:</u>	
Medical Doctor - TBD @ \$100/hour (\$100 per hr x 1 hrs per week x 15 weeks)	\$ 1,500
Nurse Practitioner - TBD @ \$75/hour (\$75 per hr x 2 hrs per week x 30 weeks)	\$ 4,500
<b>Total Consultants/Subcontractors:</b>	<b>\$ 6,000</b>
<b>TOTAL OPERATING COSTS:</b>	<b>\$ 115,848</b>
<b>CAPITAL EXPENDITURES: (If needed - A unit valued at \$5,000 or more)</b>	<b>\$ -</b>
<b>TOTAL DIRECT COSTS (Salaries &amp; Benefits plus Operating Costs):</b>	<b>\$ 373,161</b>
<u>Indirect Expenses</u> Administrative costs associated with the delivery of services. Includes salaries and benefits for executive, personnel, payroll and IT management. Calculated at 12% of total direct costs.	\$ 44,779
<b>Total Indirects:</b>	<b>\$ 44,779</b>
<b>PROGRAM TOTAL:</b>	<b>\$ 417,940</b>



DPH 3: Salaries & Benefits Detail

APPENDIX #: B-5  
Document Date: 9/24/10

Provider Number (same as line 8 on DPH 1): 3822  
Provider Name (same as line 9 on DPH 1): Family Service Agency Opt. Svcs of SF  
Provider Name (same as line 11 on DPH 1): POPS / ASO

POSITION TITLE	TOTAL		GENERAL FUND & (Agency-generated) OTHER REVENUE		GRANT #1:  (grant title)		GRANT #2:  (grant title)		WORK ORDER #1:  (dept. name)		WORK ORDER #2:  (dept. name)	
	Proposed Transaction Term: 7/01/10 - 6/30/11		Proposed Transaction Term: 7/01/10 - 6/30/11		Proposed Transaction Term: _____		Proposed Transaction Term: _____		Proposed Transaction Term: _____		Proposed Transaction Term: _____	
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
Intake Coordinator	1.00	\$ 41,000.00	1.00	41,000								
Credential Coordinator	1.00	\$ 39,520.00	1.00	39,520								
Admin Coordinator	1.00	\$ 41,190.00	1.00	41,190								
Program Monitor / Analyst	0.03	\$ 1,149.75	0.03	1,150								
Division Director	0.08	\$ 6,375.00	0.08	6,375								
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
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	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
TOTALS	3.11	\$129,235	3.11	\$129,235	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0

EMPLOYEE FRINGE BENEFITS

30%	\$38,770	30%	\$38,770	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	
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TOTAL SALARIES & BENEFITS

\$168,005	\$168,005	\$0	\$0	\$0	\$0
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APPENDIX #: B-5  
Document Date: 9/24/10

3822

Family Service Agency Opt. Svcs of SF

POPS / ASO

[illegible]

**\$3,143**

**\$3,143**

\$0

\$0

\$0

\$0



**BUDGET JUSTIFICATION**

POPS / ASO

Family Service Agency of San Francisco

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

**Salaries and Benefits**Division Director

Directs delivery of programs in accordance with the Agency's goals and objectives. Works with program staff and clients to articulate and implement strategic vision for Divisional Services. Designs, establishes and oversees reporting systems. Researches evidence based practices (EBP), implements necessary training, procedures and supervision to provide Agency clients with high-quality EBP treatment approaches. May write or participate in writing of grant applications when needed. Ensures program activities comply with contracts. Ensures maintenance of adequate and accurate clinical records. Supervises program and staff either directly or through intermediary supervisors. Acts as liaison with government agencies, the community and the public relative to funding, contracts and delivery of services. Actively participates in interpreting and furthering the community's understanding of the Agency's services, advocating for clients' needs and the Agency's understanding of our changing community. Participates as a member of the senior management team in the development and implementation of organization-wide policies and programs that will contribute to its overall success. Reports to the COO.

Annual Salary \$ 80,000 x .08 FTE = \$6,375

Administrative Coordinator

Under direct supervision, provides a variety of administrative and clerical support to the provider system office at SFMHP. Duties may include researching/compiling information, coordinating activities between divisions and/or outside services. Maintains data; generates and formats reports and other documents using a full range of computer software skills including spreadsheets, word processing, desktop publishing, database management, presentation software, etc. May assume responsibility for special projects relating to division functions.

Annual Salary \$ 41,190 x 1.00 FTE = \$41,190

Credential Coordinator

Under direct supervision, enrolls and maintains records of new providers in the San Francisco Mental Health Plan (SFMHP) Provider pool. Assists in facilitating program policy and procedures in accordance with contractual requirements; performs routine clerical duties such as answering telephones, delivering documents, setting up and maintain files, entering data into computer systems, preparing routine correspondence and project coordination for department.

Annual Salary \$ 39,520 x 1.00 FTE = \$39,520

Intake Coordinator

Coordinates intake and referral of new clients, ensuring referrals are accompanied by adequate authorization from the San Francisco Mental Health Plan (SFMHP). Works collaboratively with SFMHP onsite staff. Completes transfer of clients when requested by client or provider. Assists in gathering and reporting of data for required reports/updates. Partners with program team to process clinical charts. Answers general program information/referral calls.

Annual Salary \$ 41,000 x 1.00 FTE = \$41,000

**BUDGET JUSTIFICATION**

POPS / ASO

Family Service Agency of San Francisco

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

Appendix B-5

Program Monitor

Monitors and analysis unit production for the program. Liason with the fiscal department in reconciling units earned with units produced. Assist in managing the budget.

Annual Salary \$ 38,000 x .03 FTE = \$1,150

**Total Salaries****\$129,235**

Total Benefits

30% of

Total Salaries

**\$38,770**

FSA's fringe benefits rate of 30% includes the following: payroll taxes (FICA at 7.65% and SUI at 3.60%), workers comp at 2.25%, and health/dental/vision coverage @ 16.5%.

**TOTAL SALARIES & BENEFITS****\$168,005****OPERATING EXPENSES**

<b>OCCUPANCY:</b>	
<u>Rent:</u>	
<u>Communications:</u>	
	\$ -
<b>Total Occupancy:</b>	\$ -
<b>MATERIALS &amp; SUPPLIES</b>	
<u>Office Supplies:</u>	
Based on current expenses for general office supplies including pens and paper covering the fiscal year. Supplies = (\$20.00 per staff x 3)	\$ 60
<u>Printing/Reproduction:</u>	
	\$ -
<b>Total Materials and Supplies:</b>	\$ 60
<b>GENERAL OPERATING:</b>	
<u>Insurance:</u>	
Professional and general liability cost to insure FSA service providers. (1.14% of total salary cost)	\$ 1,920
<u>Staff Training:</u>	
	\$ -
<u>Rental of Equipment:</u>	
	\$ -
<u>Maintenance of Equipment:</u>	
	\$ -
<u>Subscriptions:</u>	
<u>Meeting Costs:</u>	
	\$ -
<b>Total General Operating:</b>	\$ 1,920
<b>OTHER:</b>	
<u>Miscellaneous:</u>	
Based on current expenditures related expenses not reflected in other expense lines.	\$ 503

<u>Client Related:</u>	\$ -
<u>Volunteer Stipends:</u>	\$ -
<u>Flexible Funds:</u>	\$ -
<u>Stipend Advisory Board:</u>	\$ -
<b>Total Other Operating:</b>	<b>\$ 503</b>
<b><u>Staff Travel (Local &amp; Out of Town):</u></b>	
Local travel required for work including mileage, parking space and parking reimbursement.	
Mileage (\$0.50 reimbursement rate x 3 staff x 30 miles/mo x 12 mos) + Parking reimbursement (\$10.00 expense x 12 occurrences)	\$ 660
<b>Total Staff Travel:</b>	<b>\$ 660</b>
<b><u>Consultants/Subcontractors:</u></b>	
	\$ -
	\$ -
	\$ -
<b>Total Consultants/Subcontractors:</b>	<b>\$ -</b>
<b>TOTAL OPERATING COSTS:</b>	<b>\$ 3,143</b>
<b>CAPITAL EXPENDITURES: (If needed - A unit valued at \$5,000 or more)</b>	<b>\$ -</b>
<b>TOTAL DIRECT COSTS (Salaries &amp; Benefits plus Operating Costs):</b>	<b>\$ 171,148</b>
<b><u>Indirect Expenses</u></b>	
Administrative costs associated with the delivery of services. Includes salaries and benefits for executive, personnel, payroll and IT management. Calculated at 12% of total direct costs.	\$ 20,538
<b>Total Indirects:</b>	<b>\$ 20,538</b>
<b>PROGRAM TOTAL:</b>	<b>\$ 191,686</b>



DPH 3: Salaries & Benefits Detail

APPENDIX #: B-6  
Document Date: 9/24/10

Provider Number (same as line 8 on DPH 1): 3822  
Provider Name (same as line 9 on DPH 1): Family Service Agency Opt. Svcs of SF  
Provider Name (same as line 11 on DPH 1): Full Circle Family Program OP

POSITION TITLE	TOTAL		GENERAL FUND & (Agency-generated) OTHER REVENUE		GRANT #1:		GRANT #2:		WORK ORDER #1:		WORK ORDER #2:	
	Proposed Transaction Term: 7/01/10 - 6/30/11		Proposed Transaction Term: 7/01/10 - 6/30/11		(grant title) Proposed Transaction Term: _____		(grant title) Proposed Transaction Term: _____		(dept. name) Proposed Transaction Term: _____		(dept. name) Proposed Transaction Term: _____	
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
Staff Therapists	0.42	\$ 36,120.00	0.42	36,120								
Bi-lingual Staff Therapists	0.40	\$ 53,600.00	0.40	53,600								
Clinical Supervisor	0.10	\$ 7,000.00	0.10	7,000								
Administrative Assistant	0.17	\$ 4,032.00	0.17	4,032								
Program Monitor / Analyst	0.05	\$ 1,596.00	0.05	1,596								
Office Mgr / Intake Outreach Coordinator	0.42	\$ 21,000.00	0.42	21,000								
Program Director	0.20	\$ 14,000.00	0.20	14,000								
Division Director	0.12	\$ 9,600.00	0.12	9,600								
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
TOTALS	1.88	\$146,948	1.88	\$146,948	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0

EMPLOYEE FRINGE BENEFITS 30% \$44,084 30% \$44,084 #DIV/0! #DIV/0! #DIV/0! #DIV/0!

TOTAL SALARIES & BENEFITS \$191,032 \$191,032 \$0 \$0 \$0 \$0

#### DPH 4: Operating Expenses Detail

APPENDIX #: B-6  
Document Date: 9/24/10

Provider Number (same as line 8 on DPH 1): \_\_\_\_\_

Provider Name (same as line 9 on DPH 1): \_\_\_\_\_

Program Name (same as line 11 on DPH 1): \_\_\_\_\_

3822  
Family Service Agency Opt. Srvs of SF  
Full Circle Family Program OP

<b>Expenditure Category</b>
Rental of Property (Utilities, Security, Maintenance, Mgmt)
Communications (landline, mobile, fax, internet)
Office Supplies, Postage
Building Maintenance Supplies and Repair
Printing and Reproduction
Insurance
Staff Training
Staff Travel-(Local & Out of Town)
Rental of Equipment
Repair / Maintenance Equipment
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)
Child Psychiatrist (9.67 hrs/month @ \$100 /hr x 12 months)
<b>OTHER</b>
Misc. / Program Related Expenses
Subscriptions / Publications
Client Related

[illegible]

## BUDGET JUSTIFICATION

Full Circle Family Program OP

Family Service Agency of San Francisco

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

Appendix B-6

### Salaries and Benefits

#### Program Director

Provides overall management and direction to the social service or mental health program in the Agency including management of staff, developing/controlling the budget, developing and implementing policies and procedures, participating in obtaining funds and grants, coordinating and integrating programs with others in the organization. Provides direct supervision to case managers, and overall supervision, clinical supervision and case assignments to staff. Reviews and ensures charting compliance and documentation standards. Acts as Agency representative of program to the community. Recruits, hires and trains program staff. Reports to Division Director and directly manages program staff.

Annual Salary \$ 70,000 x .20 FTE = \$14,000

#### Clinical Supervisor

Provides weekly individual and group clinical supervision to program clinical workers and interns to discuss evaluation of client needs and treatment plans. Discusses counseling and mental health service approaches and proper charting procedures. Enhances and oversees training programs for program staff and interns. Establishes and maintains clinical culture in collaboration with Division and Program Directors in accordance with program goals.

Annual Salary \$ 70,000 x .10 FTE = \$7,000

#### Division Director

Directs delivery of programs in accordance with the Agency's goals and objectives. Works with program staff and clients to articulate and implement strategic vision for Divisional Services. Designs, establishes and oversees reporting systems. Researches evidence based practices (EBP), implements necessary training, procedures and supervision to provide Agency clients with high-quality EBP treatment approaches. May write or participate in writing of grant applications when needed. Ensures program activities comply with contracts. Ensures maintenance of adequate and accurate clinical records. Supervises program and staff either directly or through intermediary supervisors. Acts as liaison with government agencies, the community and the public relative to funding, contracts and delivery of services. Actively participates in interpreting and furthering the community's understanding of the Agency's services, advocating for clients' needs and the Agency's understanding of our changing community. Participates as a member of the senior management team in the development and implementation of organization-wide policies and programs that will contribute to its overall success. Reports to the COO.

Annual Salary \$ 80,000 x .12 FTE = \$9,600

## BUDGET JUSTIFICATION

Appendix B-6

Full Circle Family Program OP

Family Service Agency of San Francisco

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

### Office Manager / Intake Coordinator

Provides direct supervision to the Agency's office services including mail pick up and distribution; records maintenance; copy/print services; reception; office maintenance and cleaning services; communications/telephones and similar. Communicate with clients, employees, and other individuals to answer questions, disseminate or explain information, and address complaints. Answer telephones, direct calls, and take messages. Compile, copy, sort, and file records of office activities, business transactions, and other activities. Compute, record, and proof read data and other information, such as records or reports. Maintain and update filing, mailing, and database systems electronically. Review files, records, and other documents to obtain information to respond to requests. Coordinates intake and referral of new clients, ensuring referrals are accompanied by adequate authorization from the San Francisco Mental Health Plan (SFMHP). Works collaboratively with SFMHP onsite staff. Completes transfer of clients when requested by client or provider. Assists in gathering and reporting of data for required reports/updates. Partners with program team to process clinical charts. Answers general program information/referral calls.

Annual Salary \$ 50,000 x .42 FTE = \$21,000

### Staff Therapists

Evaluates needs of clients and develops treatment plan in coordination with others for individuals with mental, emotional, or substance abuse problems. May also assist with family, parenting, and marital problems; suicide; stress management; problems with self-esteem and assisting clients in applying for and obtaining other social services while providing a safe and supportive environment for agency's clientele and adhering to laws regarding confidentiality and reporting requirements. Activities may include individual and group therapy, crisis intervention, case management, client advocacy, prevention, and education. Maintains accurate detailed observation and progress records for later electronic billing data entry.

Annual Salary \$ 86,000 x .42 FTE = \$36,120

### Bi-lingual Staff Therapists

Assess, formulate, diagnose and implement treatment plan and goals for individuals with mental, emotional, or substance abuse problems. Implement therapy and mental health services in accordance with treatment plans; provide family psychotherapy as primary modality and individual and/or group therapy as needed collaterally. Maintain accurate and complete client records for later electronic billing data entry and adhere to legal and ethical issues regarding confidentiality and reporting requirements. Provide safe, supportive environment for agency's clients. Additional duties as needed.

Annual Salary \$ 44,667 x 1.20 FTE = \$53,600

### Program Monitor

Monitors and analysis unit production for the program. Liason with the fiscal department in reconciling units earned with units produced. Assist in managing the budget.

Annual Salary \$ 31,920 x .05 FTE = \$1,596



**BUDGET JUSTIFICATION**

Appendix B-6

Full Circle Family Program OP

Family Service Agency of San Francisco

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

Administrative Assistant

Under direct supervision, provides a variety of administrative and clerical support to managers and/or other staff. Duties may include researching/compiling information, coordinating activities between divisions and/or outside services. Maintains data; generates and formats reports and other documents using a full range of computer software skills including spreadsheets, word processing, desktop publishing, database management, presentation software, etc. May assume responsibility for special projects relating to division functions.

Annual Salary \$ 23,718 x .17 FTE = \$4,032

**Total Salaries****\$146,948**

Total Benefits

30% of

Total Salaries

**\$44,084**

*FSA's fringe benefits rate of 30% includes the following: payroll taxes (FICA at 7.65% and SUI at 3.60%), workers comp at 2.25%, and health/dental/vision coverage @ 16.5%.*

**TOTAL SALARIES & BENEFITS****\$191,032****OPERATING EXPENSES**

<b>OCCUPANCY</b>	
<u>Rent:</u>	
Square footage used by the program at a fully loaded lease rate of \$2.60 per square foot (1,560 sq	\$ 48,684
<u>Communications:</u>	
Service costs related to landlines, mobile phones, fax lines and internet accessibilities. (2.23% of	\$ 4,320
<b>Total Occupancy:</b>	<b>\$ 53,004</b>
<b>MATERIALS &amp; SUPPLIES</b>	
<u>Office Supplies:</u>	
Based on current expenses for general office supplies including pens, paper, medical chart	\$ 288
<u>Printing/Reproduction:</u>	
Off site printing expenses for program literature and informational materials.	\$ 480
<b>Total Materials and Supplies:</b>	<b>\$ 768</b>
<b>GENERAL OPERATING:</b>	
<u>Insurance:</u>	
Professional and general liability cost to insure FSA service providers. (0.02% of total salary cost)	\$ 3,900
<u>Staff Training:</u>	
Trainings, workshops and related expenses for employee development and increased quality of service delivery to clients. (\$600 per staff x 2 staff)	\$ 1,200
<u>Rental of Equipment:</u>	
Allocated lease costs associated with printer, fax machine, telephone equipment (PBX system and phones) (2.11% of total salary cost)	\$ 4,032
<u>Maintenance of Equipment:</u>	
Maintenance costs associated with leased equipment: printer, fax machine, telephone equipment (PBX system and phones) (0.34% of total salary cost)	\$ 648

**BUDGET JUSTIFICATION**

Full Circle Family Program OP

Family Service Agency of San Francisco

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

Appendix B-6

<u>Subscriptions:</u> Renewal costs related to professional journals and publications to enhance professional knowledge and service delivery ( \$120 x 1)	\$ 120
<u>Meeting Costs:</u>	\$ -
<b>Total General Operating:</b>	<b>\$ 9,900</b>
<b>OTHER:</b>	
<u>Miscellaneous:</u> Program related expenses not reflected in other expense lines. (\$2.07 cost per client x 348 unduplicated clients)	\$ 720
<u>Client Related:</u>	\$ -
<u>Volunteer Stipends:</u>	\$ -
<u>Flexible Funds:</u>	\$ -
<u>Stipend Advisory Board:</u>	\$ -
<b>Total Other Operating:</b>	<b>\$ 720</b>
<u>Staff Travel (Local &amp; Out of Town):</u> Local travel required for work including mileage, parking space and parking reimbursement. Mileage (\$0.50 reimbursement rate x 2 staff x 60 miles/mo x 12 mos) + Parking space (\$110 cost x 1 staff x 12 mos) + Parking reimbursement (\$10.00 expense x 36 occurrences)	\$ 2,400
<b>Total Staff Travel:</b>	<b>\$ 2,400</b>
<u>Consultants/Subcontractors:</u> Child Psychiatrist (9.87 hrs/month @ \$100 /hr x 12 months)	\$ 11,844
	\$ -
<b>Total Consultants/Subcontractors:</b>	<b>\$ 11,844</b>
<b>TOTAL OPERATING COSTS:</b>	<b>\$ 78,636</b>
<b>CAPITAL EXPENDITURES: (If needed - A unit valued at \$5,000 or more)</b>	<b>\$ -</b>
<b>TOTAL DIRECT COSTS (Salaries &amp; Benefits plus Operating Costs):</b>	<b>\$ 269,668</b>
<u>Indirect Expenses</u> Administrative costs associated with the delivery of services. Includes salaries and benefits for executive, personnel, payroll and IT management. Calculated at 12% of total direct costs.	\$ 32,361
<b>Total Indirects:</b>	<b>\$ 32,361</b>
<b>PROGRAM TOTAL:</b>	<b>\$ 302,029</b>

DPH 3: Salaries & Benefits Detail

Provider Number (same as line 8 on DPH 1): 3822  
 Provider Name (same as line 9 on DPH 1): Family Service Agency Opt. Svcs of SF  
 Provider Name (same as line 11 on DPH 1): Full Circle Family Program EPSDT

APPENDIX #: B-7  
 Document Date: 9/24/10

POSITION TITLE	TOTAL		GENERAL FUND & (Agency-generated) OTHER REVENUE		GRANT #1:		GRANT #2:		WORK ORDER #1:		WORK ORDER #2:	
	Proposed Transaction Term: 7/01/10 - 6/30/11		Proposed Transaction Term: 7/01/10 - 6/30/11		(grant title) Proposed Transaction Term: _____		(grant title) Proposed Transaction Term: _____		(dept. name) Proposed Transaction Term: _____		(dept. name) Proposed Transaction Term: _____	
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
Staff Therapists	1.16	\$ 49,880.00	1.16	49,880								
Bi-lingual Staff Therapists	1.80	\$ 80,400.00	1.80	80,400								
Clinical Supervisor	0.15	\$ 10,500.00	0.15	10,500								
Administrative Assistant	0.23	\$ 5,568.00	0.23	5,568								
Program Monitor / Analyst	0.05	\$ 2,204.40	0.05	2,204								
Office Mgr / Intake Outreach Coordinator	0.58	\$ 29,000.00	0.58	29,000								
Program Director	0.30	\$ 21,000.00	0.30	21,000								
Division Director	0.13	\$ 10,400.00	0.13	10,400								
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
TOTALS	4.40	\$208,952	4.40	\$208,952	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0

EMPLOYEE FRINGE BENEFITS	30%	\$62,686	30%	\$62,686	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	
TOTAL SALARIES & BENEFITS		\$271,638		\$271,638		\$0		\$0		\$0		\$0

APPENDIX #: B-7  
Document Date: 9/24/10

3822

Family Service Agency Opt. Srvs of SF

Full Circle Family Program - EPSDT

[illegible]

**\$106,242**

**\$106,242**

\$0

\$0

\$0

**\$0**

## BUDGET JUSTIFICATION

Appendix B-7

Full Circle Family Program EPSDT

Family Service Agency of San Francisco

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

### Salaries and Benefits

#### Program Director

Provides overall management and direction to the social service or mental health program in the Agency including management of staff, developing/controlling the budget, developing and implementing policies and procedures, participating in obtaining funds and grants, coordinating and integrating programs with others in the organization. Provides direct supervision to case managers, and overall supervision, clinical supervision and case assignments to staff. Reviews and ensures charting compliance and documentation standards. Acts as Agency representative of program to the community. Recruits, hires and trains program staff. Reports to Division Director and directly manages program staff.

Annual Salary \$ 70,000 x .30 FTE = \$21,000

#### Clinical Supervisor

Provides weekly individual and group clinical supervision to program clinical workers and interns to discuss evaluation of client needs and treatment plans. Discusses counseling and mental health service approaches and proper charting procedures. Enhances and oversees training programs for program staff and interns. Establishes and maintains clinical culture in collaboration with Division and Program Directors in accordance with program goals.

Annual Salary \$ 70,000 x .15 FTE = \$10,500

#### Division Director

Directs delivery of programs in accordance with the Agency's goals and objectives. Works with program staff and clients to articulate and implement strategic vision for Divisional Services. Designs, establishes and oversees reporting systems. Researches evidence based practices (EBP), implements necessary training, procedures and supervision to provide Agency clients with high-quality EBP treatment approaches. May write or participate in writing of grant applications when needed. Ensures program activities comply with contracts. Ensures maintenance of adequate and accurate clinical records. Supervises program and staff either directly or through intermediary supervisors. Acts as liaison with government agencies, the community and the public relative to funding, contracts and delivery of services. Actively participates in interpreting and furthering the community's understanding of the Agency's services, advocating for clients' needs and the Agency's understanding of our changing community. Participates as a member of the senior management team in the development and implementation of organization-wide policies and programs that will contribute to its overall success. Reports to the COO.

Annual Salary \$ 80,000 x .13 FTE = \$10,400

## BUDGET JUSTIFICATION

Appendix B-7

Full Circle Family Program EPSDT

Family Service Agency of San Francisco

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

### Office Manager / Intake Coordinator

Provides direct supervision to the Agency's office services including mail pick up and distribution; records maintenance; copy/print services; reception; office maintenance and cleaning services; communications/telephones and similar. Communicate with clients, employees, and other individuals to answer questions, disseminate or explain information, and address complaints. Answer telephones, direct calls, and take messages. Compile, copy, sort, and file records of office activities, business transactions, and other activities. Compute, record, and proof read data and other information, such as records or reports. Maintain and update filing, mailing, and database systems electronically. Review files, records, and other documents to obtain information to respond to requests. Coordinates intake and referral of new clients, ensuring referrals are accompanied by adequate authorization from the San Francisco Mental Health Plan (SFMHP). Works collaboratively with SFMHP onsite staff. Completes transfer of clients when requested by client or provider. Assists in gathering and reporting of data for required reports/updates. Partners with program team to process clinical charts. Answers general program information/referral calls.

Annual Salary \$ 50,000 x .58 FTE = \$29,000

### Staff Therapist

Evaluates needs of clients and develops treatment plan in coordination with others for individuals with mental, emotional, or substance abuse problems. May also assist with family, parenting, and marital problems; suicide; stress management; problems with self-esteem and assisting clients in applying for and obtaining other social services while providing a safe and supportive environment for agency's clientele and adhering to laws regarding confidentiality and reporting requirements. Activities may include individual and group therapy, crisis intervention, case management, client advocacy, prevention, and education. Maintains accurate detailed observation and progress records for later electronic billing data entry.

Annual Salary \$ 43,000 x 1.16 FTE = \$49,880

### Bi-lingual Staff Therapists

Assess, formulate, diagnose and implement treatment plan and goals for individuals with mental, emotional, or substance abuse problems. Implement therapy and mental health services in accordance with treatment plans; provide family psychotherapy as primary modality and individual and/or group therapy as needed collaterally. Maintain accurate and complete client records for later electronic billing data entry and adhere to legal and ethical issues regarding confidentiality and reporting requirements. Provide safe, supportive environment for agency's clients. Additional duties as needed.

Annual Salary \$ 44,667 x 1.80 FTE = \$80,400

### Program Monitor

Monitors and analysis unit production for the program. Liason with the fiscal department in reconciling units earned with units produced. Assist in managing the budget.

Annual Salary \$ 31,920 x .07 FTE = \$2,204

**BUDGET JUSTIFICATION**

Full Circle Family Program EPSDT

Family Service Agency of San Francisco

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

Administrative Assistant

Under direct supervision, provides a variety of administrative and clerical support to managers and/or other staff. Duties may include researching/compiling information, coordinating activities between divisions and/or outside services. Maintains data; generates and formats reports and other documents using a full range of computer software skills including spreadsheets, word processing, desktop publishing, database management, presentation software, etc. May assume responsibility for special projects relating to division functions.

Annual Salary \$ 23,718 x .23 FTE = \$5,568

**Total Salaries****\$208,952**

Total Benefits

30% of

Total Salaries

**\$62,686**

FSA's fringe benefits rate of 30% includes the following: payroll taxes (FICA at 7.65% and SUI at 3.60%), workers comp at 2.25%, and health/dental/vision coverage @ 16.5%.

**TOTAL SALARIES & BENEFITS****\$271,638****OPERATING EXPENSES**

<b>OCCUPANCY</b>	
<u>Rent:</u>	
Square footage used by the program at a fully loaded lease rate of \$2.60 per square foot (1,953 sq ft x \$2.60 x 12 mos). Rate includes rent, water, garbage, security, janitorial, maintenance and repairs, pest control and facility management.	\$ 60,948
<u>Communications:</u>	
Service costs related to landlines, mobile phones, fax lines and internet accessibilities. (2.24% of total salary cost)	\$ 6,480
<b>Total Occupancy:</b>	<b>\$ 67,428</b>
<b>MATERIALS &amp; SUPPLIES</b>	
<u>Office Supplies:</u>	
Based on current expenses for general office supplies including pens, paper, medical chart supplies, and postage expenses for client communication, proportionate to program utilization.	\$ 372
<u>Printing/Reproduction:</u>	
Off site printing expenses for program literature and informational materials.	\$ 600
<b>Total Materials and Supplies:</b>	<b>\$ 972</b>
<b>GENERAL OPERATING:</b>	
<u>Insurance:</u>	
Professional and general liability cost to insure FSA service providers. (0.02% of total salary cost)	\$ 5,820
<u>Staff Training:</u>	
Trainings, workshops and related expenses for employee development and increased quality of service delivery to clients. (\$300 per staff x 4 staff)	\$ 1,200
<u>Rental of Equipment:</u>	
Allocated lease costs associated with printer, fax machine, telephone equipment (PBX system and phones) (2.22% of total salary cost)	\$ 6,048
<u>Maintenance of Equipment:</u>	
Maintenance costs associated with leased equipment: printer, fax machine, telephone equipment (PBX system and phones) (0.34% of total salary cost)	\$ 972

**BUDGET JUSTIFICATION**

Appendix B-7

Full Circle Family Program EPSDT

Family Service Agency of San Francisco

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

<u>Subscriptions:</u> Renewal costs related to professional journals and publications to enhance professional knowledge and service delivery ( \$120 x 2)	\$ 240
<u>Meeting Costs:</u>	\$ -
<b>Total General Operating:</b>	<b>\$ 14,280</b>
<b>OTHER:</b>	
<u>Miscellaneous:</u> Program related expenses not reflected in other expense lines. (\$3.32 cost per client x 348 unduplicated clients)	\$ 1,158
<u>Client Related:</u>	\$ -
<u>Volunteer Stipends:</u>	\$ -
<u>Flexible Funds:</u>	\$ -
<u>Stipend Advisory Board:</u>	\$ -
<b>Total Other Operating:</b>	<b>\$ 1,158</b>
<u>Staff Travel (Local &amp; Out of Town):</u> Local travel required for work including mileage, parking space and parking reimbursement. Mileage (\$0.50 reimbursement rate x 4 staff x 56 miles/mo x 12 mos) + Parking space (\$110 cost x 4 staff x 12 mos) + Parking reimbursement (\$10.00 expense x 30 occurrences)	\$ 6,924
<b>Total Staff Travel:</b>	<b>\$ 6,924</b>
<u>Consultants/Subcontractors:</u> Child Psychiatrist (12.9 hrs/month @ \$100 /hr x 12 months)	\$ 15,480
	\$ -
<b>Total Consultants/Subcontractors:</b>	<b>\$ 15,480</b>
<b>TOTAL OPERATING COSTS:</b>	<b>\$ 106,242</b>
<b>CAPITAL EXPENDITURES: (If needed - A unit valued at \$5,000 or more)</b>	<b>\$ -</b>
<b>TOTAL DIRECT COSTS (Salaries &amp; Benefits plus Operating Costs):</b>	<b>\$ 377,880</b>
<u>Indirect Expenses</u> Administrative costs associated with the delivery of services. Includes salaries and benefits for executive, personnel, payroll and IT management. Calculated at 12% of total direct costs.	\$ 45,346
<b>Total Indirects:</b>	<b>\$ 45,346</b>
<b>PROGRAM TOTAL:</b>	<b>\$ 423,226</b>



DPH 3: Salaries & Benefits Detail

APPENDIX #: B-8a  
Document Date: 9/24/10

Provider Number (same as line 8 on DPH 1): 3822  
Provider Name (same as line 9 on DPH 1): Family Service Agency Opt. Svcs of SF  
Provider Name (same as line 11 on DPH 1): Early Childhood Mental Health (DCYF & HSA)

POSITION TITLE	TOTAL		GENERAL FUND & (Agency-generated) OTHER REVENUE		GRANT #1:  (grant title)		GRANT #2:  (grant title)		WORK ORDER #1: HSA HMHM CHCDHSWO		WORK ORDER #2: DCYF HMHM CHDCYFWO	
	Proposed Transaction Term: 7/01/10 - 6/30/11		Proposed Transaction Term: _____		Proposed Transaction Term: _____		Proposed Transaction Term: _____		Proposed Transaction Term: 7/01/10 - 6/30/11		Proposed Transaction Term: 7/01/10 - 6/30/11	
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
Mental Health Coordinators	1.05	\$ 46,568							0.61	27,159	0.44	19,409
Program Monitor / Analyst	0.02	\$ 894							0.01	521	0.01	373
Office Manager	0.09	\$ 3,659							0.05	2,134	0.04	1,525
Program Director	0.12	\$ 8,235							0.07	4,803	0.05	3,432
Division Director	0.02	\$ 1,882							0.01	1,098	0.01	784
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
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	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
TOTALS	1.30	\$61,238	0.00	\$0	0.00	\$0	0.00	\$0	0.76	\$35,715	0.54	\$25,523

EMPLOYEE FRINGE BENEFITS 30% \$18,371 #DIV/0! \$0 #DIV/0! #DIV/0! 30% \$10,715 30% \$7,657

TOTAL SALARIES & BENEFITS \$79,609 \$0 \$0 \$0 \$46,430 \$33,180

# DPH 4: Operating Expenses Detail

APPENDIX #: B-8a  
Document Date: 9/24/10

Provider Number (same as line 8 on DPH 1):

3822

Provider Name (same as line 9 on DPH 1):

Family Service Agency Opt. Svcs of SF

Program Name (same as line 11 on DPH 1):

Early Childhood Mental Health (DCYF & HSA)

Expenditure Category
Rental of Property (Utilities, Security, Maintenance, Mgmt)
Communications (landline, mobile, fax, internet)
Office Supplies, Postage
Building Maintenance Supplies and Repair
Printing and Reproduction
Insurance
Staff Training
Staff Travel-(Local & Out of Town)
Rental of Equipment
Repair / Maintenance Equipment
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)
OTHER
Misc. / Program Related Expenses
Subscriptions / Publications
Client Related

TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	GRANT #1:  (grant title)	GRANT #2:  (grant title)	WORK ORDER #1:  (dept. name)	WORK ORDER #2:  (dept. name)
PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION
Term: 7/01/10 - 6/30/11	Term: _____	Term: _____	Term: _____	Term: 7/01/10 - 6/30/11	Term: 7/01/10 - 6/30/11
\$ 9,588				5,592	3,996
\$ 1,411				823	588
\$ 480				280	200
\$ -					
\$ 113				66	47
\$ 751				438	313
\$ 377				220	157
\$ 1,468				856	612
\$ 1,581				922	659
\$ 926				540	386
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
\$ 198				115	83
\$ 91				53	38
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
<b>TOTAL OPERATING EXPENSE</b>	<b>\$16,984</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$9,905</b>
					<b>\$7,079</b>

## BUDGET JUSTIFICATION

Early Childhood Mental Health (DCYF HSA)

Family Service Agency of San Francisco

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

Appendix B-8a

### Salaries and Benefits

#### Program Director

Provides overall management and direction to the social service or mental health program in the Agency including management of staff, developing/controlling the budget, developing and implementing policies and procedures, participating in obtaining funds and grants, coordinating and integrating programs with others in the organization. Provides direct supervision to case managers, and overall supervision, clinical supervision and case assignments to staff. Reviews and ensures charting compliance and documentation standards. Acts as Agency representative of program to the community. Recruits, hires and trains program staff. Reports to Division Director and directly manages program staff.

Annual Salary \$ 70,000 x .12 FTE = \$8,235

#### Division Director

Directs delivery of programs in accordance with the Agency's goals and objectives. Works with program staff and clients to articulate and implement strategic vision for Divisional Services. Designs, establishes and oversees reporting systems. Researches evidence based practices (EBP), implements necessary training, procedures and supervision to provide Agency clients with high-quality EBP treatment approaches. May write or participate in writing of grant applications when needed. Ensures program activities comply with contracts. Ensures maintenance of adequate and accurate clinical records. Supervises program and staff either directly or through intermediary supervisors. Acts as liaison with government agencies, the community and the public relative to funding, contracts and delivery of services. Actively participates in interpreting and furthering the community's understanding of the Agency's services, advocating for clients' needs and the Agency's understanding of our changing community. Participates as a member of the senior management team in the development and implementation of organization-wide policies and programs that will contribute to its overall success. Reports to the COO.

Annual Salary \$ 80,000 x .02 FTE = \$1,882

#### Office Manager

Provides direct supervision to the Agency's office services including mail pick up and distribution; records maintenance; copy/print services; reception; office maintenance and cleaning services; communications/telephones and similar. Communicate with clients, employees, and other individuals to answer questions, disseminate or explain information, and address complaints. Answer telephones, direct calls, and take messages. Compile, copy, sort, and file records of office activities, business transactions, and other activities. Operate office machines, such as photocopiers and scanners, facsimile machines, voice mail systems, and personal computers. Compute, record, and proofread data and other information, such as records or reports. Maintain and update filing, mailing, and database systems, either manually or using a computer. Open, sort, and route incoming mail, answer correspondence, and prepare outgoing mail. Review files, records, and other documents to obtain information to respond to requests.

Annual Salary \$ 40,655 x .09 FTE = \$3,659

#### Mental Health Coordinators

Evaluates needs of clients and develops treatment plan in coordination with others for individuals with mental, emotional, or substance abuse problems. May also assist with family, parenting, and marital problems; suicide; stress management; problems with self-esteem and assisting clients in applying for and obtaining other social services while providing a safe and supportive environment for agency's clientele and adhering to laws regarding confidentiality and reporting requirements. Activities may include individual and group therapy, crisis intervention, case management, client advocacy, prevention, and education. Maintains accurate detailed observation and progress records for later electronic billing data entry.

Annual Salary \$ 44,350 x 1.05 FTE = \$46,568

**BUDGET JUSTIFICATION**

Appendix B-8a

Early Childhood Mental Health (DCYF HSA)

Family Service Agency of San Francisco

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

Program Monitor

Monitors and analysis unit production for the program. Liason with the fiscal department in reconciling units earned with units produced. Assist in managing the budget.

Annual Salary \$ 31,920 x .03 FTE = \$894

**Total Salaries** **\$61,238**

Total Benefits 30% of **\$18,371**

*FSA's fringe benefits rate of 30% includes the following: payroll taxes (FICA at 7.65% and SUI at 3.60%), workers comp at 2.25%, and health/dental/vision coverage @ 16.5%.*

**TOTAL SALARIES & BENEFITS** **\$79,609**

**OPERATING EXPENSES**

<b>OCCUPANCY</b>	
<u>Rent:</u>	
Square footage used by the program at a fully loaded lease rate of \$2.60 per square foot (307 sq ft x \$2.60 x 12 mos). Rate includes rent, water, garbage, security, janitorial, maintenance and repairs, pest control and facility management.	\$ 9,588
<u>Communications:</u>	
Service costs related to landlines, mobile phones, fax lines and internet accessibilities. (1.77% of total salary cost)	\$ 1,411
<b>Total Occupancy:</b>	<b>\$ 10,999</b>
<b>MATERIALS &amp; SUPPLIES</b>	
<u>Office Supplies:</u>	
supplies, and postage expenses for client communication, proportionate to program utilization. Supplies = (\$15 per staff x 2 staff x 12) and Postage = (\$30 per qtr x 4)	\$ 480
<u>Printing/Reproduction:</u>	
Off site printing expenses for program literature and informational materials.	\$ 113
<b>Total Materials and Supplies:</b>	<b>\$ 593</b>
<b>GENERAL OPERATING:</b>	
<u>Insurance:</u>	
Professional and general liability cost to insure FSA service providers. (0.94% of total salary cost)	\$ 751
<u>Staff Training:</u>	
Trainings, workshops and related expenses for employee development and increased quality of service delivery to clients. (\$337 per staff x 1 staff)	\$ 377
<u>Rental of Equipment:</u>	
Allocated lease costs associated with printer, fax machine, telephone equipment (PBX system and phones) (1.99% of total salary cost)	\$ 1,581
<u>Maintenance of Equipment:</u>	
Maintenance costs associated with leased equipment: printer, fax machine, telephone equipment (PBX system and phones) (1.16% of total salary cost)	\$ 926
<u>Subscriptions:</u>	
Renewal costs related to professional journals and publications to enhance professional knowledge and service delivery (\$91 x 1)	\$ 91
<u>Meeting Costs:</u>	
	\$ -
<b>Total General Operating:</b>	<b>\$ 3,726</b>

**BUDGET JUSTIFICATION**

Early Childhood Mental Health (DCYF HSA)

Family Service Agency of San Francisco

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

Appendix B-8a

<b>OTHER:</b>	
<u>Miscellaneous:</u>	
Program related expenses not reflected in other expense lines. (\$2.25 cost per client x 88 unduplicated clients)	\$ 198
<u>Client Related:</u>	\$ -
<u>Volunteer Stipends:</u>	\$ -
<u>Flexible Funds:</u>	\$ -
<u>Stipend Advisory Board:</u>	\$ -
<b>Total Other Operating:</b>	<b>\$ 198</b>
<u>Staff Travel (Local &amp; Out of Town):</u>	
Local travel required for work including mileage, parking space and parking reimbursement. Mileage (\$0.50 reimbursement rate x 1.3 staff x 90 miles/mo x 12 mos) + Parking reimbursement (\$10.00 expense x 1.3 staff x 30 occurrences)	\$ 1,468
<b>Total Staff Travel:</b>	<b>\$ 1,468</b>
<u>Consultants/Subcontractors:</u>	\$ -
	\$ -
<b>Total Consultants/Subcontractors:</b>	<b>\$ -</b>
<b>TOTAL OPERATING COSTS:</b>	<b>\$ 16,984</b>
<b>CAPITAL EXPENDITURES: (If needed - A unit valued at \$5,000 or more)</b>	<b>\$ -</b>
<b>TOTAL DIRECT COSTS (Salaries &amp; Benefits plus Operating Costs):</b>	<b>\$ 96,593</b>
<u>Indirect Expenses</u>	
Administrative costs associated with the delivery of services. Includes salaries and benefits for executive, personnel, payroll and IT management. Calculated at 12% of total direct costs.	\$ 11,591
<b>Total Indirects:</b>	<b>\$ 11,591</b>
<b>PROGRAM TOTAL:</b>	<b>\$ 108,185</b>



**DPH 3: Salaries & Benefits Detail**

APPENDIX #: **B-8b**  
 Document Date: **9/24/10**

Provider Number (same as line 8 on DPH 1): 3822  
 Provider Name (same as line 9 on DPH 1): Family Service Agency Opt. Svcs of SF  
 Provider Name (same as line 11 on DPH 1): Early Childhood Mental Health (Preschool For All)

POSITION TITLE	TOTAL		GENERAL FUND & (Agency-generated) OTHER REVENUE		GRANT #1:  (grant title)		GRANT #2:  (grant title)		WORK ORDER #1: SECFEC / PFA (PROP 10)		WORK ORDER #2:  (dept. name)	
	Proposed Transaction Term: 7/01/10 - 6/30/11		Proposed Transaction Term: _____		Proposed Transaction Term: _____		Proposed Transaction Term: _____		Proposed Transaction Term: 7/01/10 - 6/30/11		Proposed Transaction Term: _____	
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
Mental Health Coordinators	1.02	\$ 45,069							1.02	45,069		
Program Monitor / Analyst	0.02	\$ 865							0.02	865		
Office Manager	0.08	\$ 3,542							0.08	3,542		
Program Director	0.11	\$ 7,971							0.11	7,971		
Division Director	0.02	\$ 1,822							0.02	1,822		
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
TOTALS	1.26	\$59,269	0.00	\$0	0.00	\$0	0.00	\$0	1.26	\$59,269	0.00	\$0

EMPLOYEE FRINGE BENEFITS      30% \$17,781 #DIV/0! \$0 #DIV/0!  #DIV/0!       30% \$17,781 #DIV/0!

TOTAL SALARIES & BENEFITS      \$77,050      \$0      \$0      \$0      \$77,050      \$0

**DPH 4: Operating Expenses Detail**

APPENDIX #: **B-8b**  
 Document Date: **9/24/10**

Provider Number (same as line 8 on DPH 1):

3822

Provider Name (same as line 9 on DPH 1):

Family Service Agency Opt. Srvs of SF

Program Name (same as line 11 on DPH 1):

Early Childhood Mental Health (Preschool For All)

Expenditure Category
Rental of Property (Utilities, Security, Maintenance, Mgmt)
Communications (landline, mobile, fax, internet)
Office Supplies, Postage
Building Maintenance Supplies and Repair
Printing and Reproduction
Insurance
Staff Training
Staff Travel-(Local & Out of Town)
Rental of Equipment
Repair / Maintenance Equipment
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)
OTHER
Misc. / Program Related Expenses
Subscriptions / Publications
Client Related

TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	GRANT #1: (grant title)	GRANT #2: (grant title)	WORK ORDER #1: SFCFC / PFA (PROP 10) HMHMCHPFAPWO	WORK ORDER #2: (dept. name)
PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION
Term: 7/01/10 - 6/30/11	Term: _____	Term: _____	Term: _____	Term: 7/01/10 - 6/30/11	Term: _____
\$ 9,279				9,279	
\$ 1,367				1,367	
\$ 465				465	
\$ -					
\$ 109				109	
\$ 727				727	
\$ 364				364	
\$ 1,421				1,421	
\$ 1,531				1,531	
\$ 896				896	
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
\$ 191				191	
\$ 87				87	
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
<b>TOTAL OPERATING EXPENSE</b>	<b>\$16,437</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$16,437</b>
					<b>\$0</b>



## BUDGET JUSTIFICATION

Early Childhood Mental Health (Preschool for All)

Family Service Agency of San Francisco

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

Appendix B-8b

### Salaries and Benefits

#### Program Director

Provides overall management and direction to the social service or mental health program in the Agency including management of staff, developing/controlling the budget, developing and implementing policies and procedures, participating in obtaining funds and grants, coordinating and integrating programs with others in the organization. Provides direct supervision to case managers, and overall supervision, clinical supervision and case assignments to staff. Reviews and ensures charting compliance and documentation standards. Acts as Agency representative of program to the community. Recruits, hires and trains program staff. Reports to Division Director and directly manages program staff.

Annual Salary \$ 70,000 x .11 FTE = \$7,971

#### Division Director

Directs delivery of programs in accordance with the Agency's goals and objectives. Works with program staff and clients to articulate and implement strategic vision for Divisional Services. Designs, establishes and oversees reporting systems. Researches evidence based practices (EBP), implements necessary training, procedures and supervision to provide Agency clients with high-quality EBP treatment approaches. May write or participate in writing of grant applications when needed. Ensures program activities comply with contracts. Ensures maintenance of adequate and accurate clinical records. Supervises program and staff either directly or through intermediary supervisors. Acts as liaison with government agencies, the community and the public relative to funding, contracts and delivery of services. Actively participates in interpreting and furthering the community's understanding of the Agency's services, advocating for clients' needs and the Agency's understanding of our changing community. Participates as a member of the senior management team in the development and implementation of organization-wide policies and programs that will contribute to its overall success. Reports to the COO.

Annual Salary \$ 80,000 x .02 FTE = \$1,822

#### Office Manager

Provides direct supervision to the Agency's office services including mail pick up and distribution; records maintenance; copy/print services; reception; office maintenance and cleaning services; communications/telephones and similar. Communicate with clients, employees, and other individuals to answer questions, disseminate or explain information, and address complaints. Answer telephones, direct calls, and take messages. Compile, copy, sort, and file records of office activities, business transactions, and other activities. Operate office machines, such as photocopiers and scanners, facsimile machines, voice mail systems, and personal computers. Compute, record, and proofread data and other information, such as records or reports. Maintain and update filing, mailing, and database systems, either manually or using a computer. Open, sort, and route incoming mail, answer correspondence, and prepare outgoing mail. Review files, records, and other documents to obtain information to respond to requests.

Annual Salary \$ 40,655 x .08 FTE = \$3,542

#### Mental Health Coordinators

Evaluates needs of clients and develops treatment plan in coordination with others for individuals with mental, emotional, or substance abuse problems. May also assist with family, parenting, and marital problems; suicide; stress management; problems with self-esteem and assisting clients in applying for and obtaining other social services while providing a safe and supportive environment for agency's clientele and adhering to laws regarding confidentiality and reporting requirements. Activities may include individual and group therapy, crisis intervention, case management, client advocacy, prevention, and education. Maintains accurate detailed observation and progress records for later electronic billing data entry.

Annual Salary \$ 44,350 x 1.02 FTE = \$45,069

**BUDGET JUSTIFICATION**

Appendix B-8b

Early Childhood Mental Health (Preschool for All)

Family Service Agency of San Francisco

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

Program Monitor

Monitors and analysis unit production for the program. Liason with the fiscal department in reconciling units earned with units produced. Assist in managing the budget.

Annual Salary \$ 31,920 x .02 FTE = \$865

**Total Salaries****\$59,269**

## Total Benefits

30% of Total

## Salaries

**\$17,781**

FSA's fringe benefits rate of 30% includes the following: payroll taxes (FICA at 7.65% and SUI at 3.60%), workers comp at 2.25%, and health/dental/vision coverage @ 16.5%.

**TOTAL SALARIES & BENEFITS****\$77,050****OPERATING EXPENSES**

<b>OCCUPANCY</b>	
<u>Rent:</u>	
Square footage used by the program at a fully loaded lease rate of \$2.60 per square foot (297 sq ft x \$2.60 x 12 mos). Rate includes rent, water, garbage, security, janitorial, maintenance and repairs, pest control and facility management.	\$ 9,279
<u>Communications:</u>	
Service costs related to landlines, mobile phones, fax lines and internet accessibilities. (1.77% of total salary cost)	\$ 1,367
<b>Total Occupancy:</b>	<b>\$ 10,646</b>
<b>MATERIALS &amp; SUPPLIES</b>	
<u>Office Supplies:</u>	
supplies, and postage expenses for client communication, proportionate to program utilization. Supplies = (\$15 per staff x 2 staff x 12) and Postage = (\$30 per qtr x 4)	\$ 465
<u>Printing/Reproduction:</u>	
Off site printing expenses for program literature and informational materials.	\$ 109
<b>Total Materials and Supplies:</b>	<b>\$ 574</b>
<b>GENERAL OPERATING:</b>	
<u>Insurance:</u>	
Professional and general liability cost to insure FSA service providers. (0.94% of total salary cost)	\$ 727
<u>Staff Training:</u>	
Trainings, workshops and related expenses for employee development and increased quality of service delivery to clients. (\$364 per staff x 1 staff)	\$ 364
<u>Rental of Equipment:</u>	
Allocated lease costs associated with printer, fax machine, telephone equipment (PBX system and phones) (1.99% of total salary cost)	\$ 1,531
<u>Maintenance of Equipment:</u>	
Maintenance costs associated with leased equipment: printer, fax machine, telephone equipment (PBX system and phones) (1.16% of total salary cost)	\$ 896
<u>Subscriptions:</u>	
Renewal costs related to professional journals and publications to enhance professional knowledge and service delivery (\$87 x 1)	\$ 87
<u>Meeting Costs:</u>	
	\$ -
<b>Total General Operating:</b>	<b>\$ 3,605</b>

**BUDGET JUSTIFICATION**

Early Childhood Mental Health (Preschool for All)

Family Service Agency of San Francisco

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

Appendix B-8b

<b>OTHER:</b>	
<u>Miscellaneous:</u>	
Program related expenses not reflected in other expense lines. (\$.93 cost per client x 205 unduplicated clients)	\$ 191
<u>Client Related:</u>	\$ -
<u>Volunteer Stipends:</u>	\$ -
<u>Flexible Funds:</u>	\$ -
<u>Stipend Advisory Board:</u>	\$ -
<b>Total Other Operating:</b>	<b>\$ 191</b>
<u>Staff Travel (Local &amp; Out of Town):</u>	
Local travel required for work including mileage, parking space and parking reimbursement.	
Mileage (\$0.50 reimbursement rate x 1.3 staff x 90 miles/mo x 12 mos) + Parking reimbursement (\$10.00 expense x 1.3 staff x 30 occurrences)	\$ 1,421
<b>Total Staff Travel:</b>	<b>\$ 1,421</b>
<u>Consultants/Subcontractors:</u>	\$ -
	\$ -
<b>Total Consultants/Subcontractors:</b>	<b>\$ -</b>
<b>TOTAL OPERATING COSTS:</b>	<b>\$ 16,437</b>
<b>CAPITAL EXPENDITURES: (If needed - A unit valued at \$5,000 or more)</b>	<b>\$ -</b>
<b>TOTAL DIRECT COSTS (Salaries &amp; Benefits plus Operating Costs):</b>	<b>\$ 93,487</b>
<u>Indirect Expenses</u>	
Administrative costs associated with the delivery of services. Includes salaries and benefits for executive, personnel, payroll and IT management. Calculated at 12% of total direct costs.	\$ 11,218
<b>Total Indirects:</b>	<b>\$ 11,218</b>
<b>PROGRAM TOTAL:</b>	<b>\$ 104,705</b>



DPH 3: Salaries & Benefits Detail

Provider Number (same as line 8 on DPH 1): 3822  
 Provider Name (same as line 9 on DPH 1): Family Service Agency Opt. Svcs of SF  
 Provider Name (same as line 11 on DPH 1): Early Childhood Mental Health (Family Resource Ctr)

APPENDIX #: B-8c  
 Document Date: 9/24/10

POSITION TITLE	TOTAL		GENERAL FUND & (Agency-generated) OTHER REVENUE		GRANT #1:		GRANT #2:		WORK ORDER #1: SFCFC / FRC (PROP 10)		WORK ORDER #2:	
	Proposed Transaction Term: 7/01/10 - 6/30/11		Proposed Transaction Term: _____		Proposed Transaction Term: _____		Proposed Transaction Term: _____		Proposed Transaction Term: 7/01/10 - 6/30/11		Proposed Transaction Term: _____	
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
Mental Health Coordinators	0.16	\$ 7,317							0.16	7,317		
Program Monitor / Analyst	0.00	\$ 141							0.00	141		
Office Manager	0.01	\$ 575							0.01	575		
Program Director	0.02	\$ 1,294							0.02	1,294		
Division Director	0.00	\$ 296							0.00	296		
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
TOTALS	0.20	\$9,623	0.00	\$0	0.00	\$0	0.00	\$0	0.20	\$9,623	0.00	\$0

EMPLOYEE FRINGE BENEFITS 30% \$2,887 #DIV/0! \$0 #DIV/0! #DIV/0! 30% \$2,887 #DIV/0!

TOTAL SALARIES & BENEFITS \$12,510 \$0 \$0 \$0 \$12,510 \$0

**DPH 4: Operating Expenses Detail**

APPENDIX #: B-8c  
 Document Date: 9/24/10

Provider Number (same as line 8 on DPH 1): \_\_\_\_\_  
 Provider Name (same as line 9 on DPH 1): \_\_\_\_\_  
 Program Name (same as line 11 on DPH 1): \_\_\_\_\_

3822  
Family Service Agency Opt. Srvs of SF  
Early Childhood Mental Health (Family Resource Ctr)

	TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	GRANT #1: <u>(grant title)</u>	GRANT #2: <u>(grant title)</u>	WORK ORDER #1: SFCFC / FRC (PROP 10) HMHMCHSRIPWO	WORK ORDER #2: <u>(dept. name)</u>
	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION
	Term: 7/01/10 - 6/30/11	Term: _____	Term: _____	Term: _____	Term: 7/01/10 - 6/30/11	Term: _____
Expenditure Category						
Rental of Property (Utilities, Security, Maintenance, Mgmt)	\$ 1,507				1,507	
Communications (landline, mobile, fax, internet)	\$ 222				222	
Office Supplies, Postage	\$ 75				75	
Building Maintenance Supplies and Repair	\$ -					
Printing and Reproduction	\$ 18				18	
Insurance	\$ 118				118	
Staff Training	\$ 59				59	
Staff Travel-Local & Out of Town	\$ 231				231	
Rental of Equipment	\$ 248				248	
Repair / Maintenance Equipment	\$ 146				146	
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)	\$ -					
	\$ -					
	\$ -					
	\$ -					
	\$ -					
	\$ -					
OTHER	\$ -					
Misc. / Program Related Expenses	\$ 31				31	
Subscriptions / Publications	\$ 14				14	
Client Related	\$ -					
	\$ -					
	\$ -					
	\$ -					
	\$ -					
	\$ -					
	\$ -					
<b>TOTAL OPERATING EXPENSE</b>	<b>\$2,669</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$2,669</b>	<b>\$0</b>

## BUDGET JUSTIFICATION

Early Childhood Mental Health (Family Resource Ctr)

Family Service Agency of San Francisco

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

Appendix B-8c

### Salaries and Benefits

#### Program Director

Provides overall management and direction to the social service or mental health program in the Agency including management of staff, developing/controlling the budget, developing and implementing policies and procedures, participating in obtaining funds and grants, coordinating and integrating programs with others in the organization. Provides direct supervision to case managers, and overall supervision, clinical supervision and case assignments to staff. Reviews and ensures charting compliance and documentation standards. Acts as Agency representative of program to the community. Recruits, hires and trains program staff. Reports to Division Director and directly manages program staff.

Annual Salary \$ 70,000 x .02 FTE = \$1,294

#### Division Director

Directs delivery of programs in accordance with the Agency's goals and objectives. Works with program staff and clients to articulate and implement strategic vision for Divisional Services. Designs, establishes and oversees reporting systems. Researches evidence based practices (EBP), implements necessary training, procedures and supervision to provide Agency clients with high-quality EBP treatment approaches. May write or participate in writing of grant applications when needed. Ensures program activities comply with contracts. Ensures maintenance of adequate and accurate clinical records. Supervises program and staff either directly or through intermediary supervisors. Acts as liaison with government agencies, the community and the public relative to funding, contracts and delivery of services. Actively participates in interpreting and furthering the community's understanding of the Agency's services, advocating for clients' needs and the Agency's understanding of our changing community. Participates as a member of the senior management team in the development and implementation of organization-wide policies and programs that will contribute to its overall success. Reports to the COO.

Annual Salary \$ 80,000 x .001 FTE = \$296

#### Office Manager

Provides direct supervision to the Agency's office services including mail pick up and distribution; records maintenance; copy/print services; reception; office maintenance and cleaning services; communications/telephones and similar. Communicate with clients, employees, and other individuals to answer questions, disseminate or explain information, and address complaints. Answer telephones, direct calls, and take messages. Compile, copy, sort, and file records of office activities, business transactions, and other activities. Operate office machines, such as photocopiers and scanners, facsimile machines, voice mail systems, and personal computers. Compute, record, and proofread data and other information, such as records or reports. Maintain and update filing, mailing, and database systems, either manually or using a computer. Open, sort, and route incoming mail, answer correspondence, and prepare outgoing mail. Review files, records, and other documents to obtain information to respond to requests.

Annual Salary \$ 40,655 x .01 FTE = \$575

#### Mental Health Coordinators

Evaluates needs of clients and develops treatment plan in coordination with others for individuals with mental, emotional, or substance abuse problems. May also assist with family, parenting, and marital problems; suicide; stress management; problems with self-esteem and assisting clients in applying for and obtaining other social services while providing a safe and supportive environment for agency's clientele and adhering to laws regarding confidentiality and reporting requirements. Activities may include individual and group therapy, crisis intervention, case management, client advocacy, prevention, and education. Maintains accurate detailed observation and progress records for later electronic billing data entry.

Annual Salary \$ 44,350 x .16 FTE = \$7,317

**BUDGET JUSTIFICATION**

Appendix B-8c

Early Childhood Mental Health (Family Resource Ctr)

Family Service Agency of San Francisco

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

Program Monitor

Monitors and analysis unit production for the program. Liason with the fiscal department in reconciling units earned with units produced. Assist in managing the budget.

Annual Salary \$ 31,920 x .004 FTE = \$141

**Total Salaries** **\$9,623**

Total Benefits 30% of

Total Salaries **\$2,887**

FSA's fringe benefits rate of 30% includes the following: payroll taxes (FICA at 7.65% and SUI at 3.60%), workers comp at 2.25%, and health/dental/vision coverage @ 16.5%.

**TOTAL SALARIES & BENEFITS** **\$12,510**

**OPERATING EXPENSES**

<b>OCCUPANCY</b>	
<u>Rent:</u>	
Square footage used by the program at a fully loaded lease rate of \$2.60 per square foot (48 sq ft x \$2.60 x 12 mos). Rate includes rent, water, garbage, security, janitorial, maintenance and repairs, pest control and facility management.	\$ 1,507
<u>Communications:</u>	
Service costs related to landlines, mobile phones, fax lines and internet accessibilities. (1.77% of total salary cost)	\$ 222
<b>Total Occupancy:</b>	<b>\$ 1,729</b>
<b>MATERIALS &amp; SUPPLIES</b>	
<u>Office Supplies:</u>	
Based on current expenses for general office supplies including pens, paper, medical chart supplies, and postage expenses for client communication, proportionate to program utilization. Supplies = (\$ 2 per staff x 2 staff x 12) and Postage = (\$ 6.75 per qtr x 4)	\$ 75
<u>Printing/Reproduction:</u>	
Off site printing expenses for program literature and informational materials.	\$ 18
<b>Total Materials and Supplies:</b>	<b>\$ 93</b>
<b>GENERAL OPERATING:</b>	
<u>Insurance:</u>	
Professional and general liability cost to insure FSA service providers. (0.94% of total salary cost)	\$ 118
<u>Staff Training:</u>	
Trainings, workshops and related expenses for employee development and increased quality of service delivery to clients. (\$54 per staff x 1 staff)	\$ 59
<u>Rental of Equipment:</u>	
Allocated lease costs associated with printer, fax machine, telephone equipment (PBX system and phones) (1.98% of total salary cost)	\$ 248



**BUDGET JUSTIFICATION**

Early Childhood Mental Health (Family Resource Ctr)

Family Service Agency of San Francisco

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

Appendix B-8c

<u>Maintenance of Equipment:</u> Maintenance costs associated with leased equipment: printer, fax machine, telephone equipment (PBX system and phones) (1.16% of total salary cost)	\$ 146
<u>Subscriptions:</u> Renewal costs related to professional journals and publications to enhance professional knowledge and service delivery ( \$14 x 1)	\$ 14
<u>Meeting Costs:</u>	\$ -
<b>Total General Operating:</b>	<b>\$ 585</b>
<b>OTHER:</b>	
<u>Miscellaneous:</u> Program related expenses not reflected in other expense lines. ( \$ .88 cost per client x 35 unduplicated clients)	\$ 31
<u>Client Related:</u>	\$ -
<u>Volunteer Stipends:</u>	\$ -
<u>Flexible Funds:</u>	\$ -
<u>Stipend Advisory Board:</u>	\$ -
<b>Total Other Operating:</b>	<b>\$ 31</b>
<u>Staff Travel (Local &amp; Out of Town):</u> Local travel required for work including mileage, parking space and parking reimbursement. Mileage (\$0.50 reimbursement rate x 1.3 staff x 29.65 miles/mo x 12 mos) + Parking reimbursement (\$10.00 expense x 1.3 staff x 30 occurrences)	\$ 231
<b>Total Staff Travel:</b>	<b>\$ 231</b>
<u>Consultants/Subcontractors:</u>	\$ -
	\$ -
<b>Total Consultants/Subcontractors:</b>	<b>\$ -</b>
<b>TOTAL OPERATING COSTS:</b>	<b>\$ 2,669</b>
<b>CAPITAL EXPENDITURES:</b> (If needed - A unit valued at \$5,000 or more)	\$ -
<b>TOTAL DIRECT COSTS (Salaries &amp; Benefits plus Operating Costs):</b>	<b>\$ 15,179</b>
<u>Indirect Expenses</u> Administrative costs associated with the delivery of services. Includes salaries and benefits for executive, personnel, payroll and IT management. Calculated at 12% of total direct costs.	\$ 1,821
<b>Total Indirects:</b>	<b>\$ 1,821</b>
<b>PROGRAM TOTAL:</b>	<b>\$ 17,000</b>



### DPH 3: Salaries & Benefits Detail

APPENDIX #: B-9  
Document Date: 9/24/10

Provider Number (same as line 8 on DPH 1): 3822  
 Provider Name (same as line 9 on DPH 1): Family Service Agency Opt. Srvs of SF  
 Provider Name (same as line 11 on DPH 1): Youth Striving For Excellence

[illegible]

## EMPLOYEE FRINGE BENEFITS

#DIV/0!	\$0	#DIV/0!	\$0	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	
---------	-----	---------	-----	---------	--	---------	--	---------	--	---------	--

**TOTAL SALARIES & BENEFITS**

\$0	\$0	\$0	\$0	\$0	\$0
-----	-----	-----	-----	-----	-----

APPENDIX #: B-9  
Document Date: 9/24/10

3822

Family Service Agency Opt. Srvs of SF

## Youth Striving For Excellence

<b>Expenditure Category</b>
Rental of Property (Utilities, Security, Maintenance, Mgmt)
Communications (landline, mobile, fax, internet)
Office Supplies, Postage
Building Maintenance Supplies and Repair
Printing and Reproduction
Insurance
Staff Training
Staff Travel (Local & Out of Town)
Rental of Equipment
Repair / Maintenance Equipment
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)
T-RAPP- Youth Development Consultant
<b>OTHER</b>
Misc. / Program Related Expenses
Subscriptions / Publications
Client Related

**BUDGET JUSTIFICATION**

Youth Striving for Excellence

Family Service Agency of San Francisco

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

Appendix B-9

**Salaries and Benefits**

Total Salaries	\$0
----------------	-----

Total Benefits	30% of	\$0
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FSA's fringe benefits rate of 30% includes the following: payroll taxes (FICA at 7.65% and SUI at 3.60%), workers comp at 2.25%, and health/dental/vision coverage @ 16.5%.

TOTAL SALARIES & BENEFITS	\$0
---------------------------	-----

**OPERATING EXPENSES**

<b>OCCUPANCY</b>	
Rent:	\$ -
Communications:	\$ -
<b>Total Occupancy:</b>	<b>\$ -</b>
<b>MATERIALS &amp; SUPPLIES</b>	
Office Supplies:	\$ -
Printing/Reproduction:	\$ -
<b>Total Materials and Supplies:</b>	<b>\$ -</b>
<b>GENERAL OPERATING:</b>	
Insurance:	\$ -
Staff Training:	\$ -
Rental of Equipment:	\$ -
Maintenance of Equipment:	\$ -
Subscriptions:	\$ -
Meeting Costs:	\$ -
<b>Total General Operating:</b>	<b>\$ -</b>

**BUDGET JUSTIFICATION**

Appendix B-9

Youth Striving for Excellence

Family Service Agency of San Francisco

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

<b>OTHER:</b>	
<u>Miscellaneous:</u>	\$ -
<u>Client Related:</u>	\$ -
<u>Volunteer Stipends:</u>	\$ -
<u>Flexible Funds:</u>	\$ -
<u>Stipend Advisory Board:</u>	\$ -
<b>Total Other Operating:</b>	\$ -
<u>Staff Travel (Local &amp; Out of Town):</u>	\$ -
<b>Total Staff Travel:</b>	\$ -
<u>Consultants/Subcontractors:</u>	
T-RAPP Youth Development Consultant (\$ 744 /mo x 6 mos)	\$ 4,465
	\$ -
<b>Total Consultants/Subcontractors:</b>	\$ 4,465
<b>TOTAL OPERATING COSTS:</b>	\$ 4,465
<b>CAPITAL EXPENDITURES:</b> (If needed - A unit valued at \$5,000 or more)	\$ -
<b>TOTAL DIRECT COSTS (Salaries &amp; Benefits plus Operating Costs):</b>	\$ 4,465
<b>Indirect Expenses</b>	
Administrative costs associated with the delivery of services. Includes salaries and benefits for executive, personnel, payroll and IT management. Calculated at 12% of total direct costs.	\$ 535
<b>Total Indirects:</b>	\$ 535
<b>PROGRAM TOTAL:</b>	\$ 5,000

**DPH 4: Operating Expenses Detail**

APPENDIX #: B-10a  
Document Date: 9/24/10

Provider Number (same as line 8 on DPH 1):

3822

Provider Name (same as line 9 on DPH 1):

Family Service Agency Opt. Svcs of SF

Program Name (same as line 11 on DPH 1):

Prevention & Recovery in Early Psychosis (PREP)

Expenditure Category
Rental of Property (Utilities, Security, Maintenance, Mgmt)
Communications (landline, mobile, fax, internet)
Office Supplies, Postage
Building Maintenance Supplies and Repair
Printing and Reproduction
Insurance
Staff Training
Staff Travel-(Local & Out of Town)
Rental of Equipment
Repair / Maintenance Equipment
CONSULTANT / SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)
Contractor - Psychiatrist Clinical Supervision
Mental Health Association - Subcontract
University of California, San Francisco - Subcontract
Larkin Street Youth Center - Subcontract
Sojourner Truth Foster Family Agency - Subcontract
OTHER
Misc. / Program Related Expenses
Subscriptions / Publications
Client Related
Volunteer Stipends
Flexible Funds
Meeting Cost
Stipends: Consumer Advisory Board

TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	MHSA HMHMPROP63 PMHS63-1010	GRANT #2: (grant title)	WORK ORDER #1: (dept. name)	WORK ORDER #2: (dept. name)
PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION
Term: 7/01/10 - 6/30/11	Term: _____	Term: 7/01/10 - 6/30/11	Term: _____	Term: _____	Term: _____
\$ 22,305		22,305			
\$ 3,970		3,970			
\$ 1,323		1,323			
\$ -		0			
\$ -		0			
\$ 3,410		3,410			
\$ -		0			
\$ 4,423		4,423			
\$ -		0			
\$ -		0			
\$ -		0			
\$ 32,943		32,943			
\$ 149,679		149,679			
\$ 168,841		168,841			
\$ 53,203		53,203			
\$ 61,824		61,824			
\$ -					
\$ -					
\$ -					
\$ -					
\$ 5,631		5,631			
\$ 2,112		2,112			
\$ 2,027		2,027			
<b>\$511,692</b>	<b>\$0</b>	<b>\$511,692</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

**DPH 3: Salaries & Benefits Detail**

APPENDIX #: B-10a  
Document Date: 9/24/10

Provider Number (same as line 8 on DPH 1): 3822  
Provider Name (same as line 9 on DPH 1): Family Service Agency Opt. Svcs of SF  
Provider Name (same as line 11 on DPH 1): Prevention & Recovery in Early Psychosis (PREP)

POSITION TITLE	TOTAL		GENERAL FUND & (Agency-generated) OTHER REVENUE		MHSA HMHMPROP63 PMHS63-1010		GRANT #2:		WORK ORDER #1:		WORK ORDER #2:	
	Proposed Transaction Term: 7/01/10 - 6/30/11		Proposed Transaction Term: _____		Proposed Transaction Term: 7/01/10 - 6/30/11		Proposed Transaction Term: _____		Proposed Transaction Term: _____		Proposed Transaction Term: _____	
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
Consumer Case Aide	0.33	\$ 10,482			0.33	10,482						
Therapist/Case Mgrs	1.75	\$ 83,996			1.75	83,996						
Clinical Supervisor	0.44	\$ 18,926			0.44	18,926						
Psychiatric Nurse Practitioner	0.44	\$ 39,307			0.44	39,307						
Neuropsychologist	0.07	\$ 8,735			0.07	8,735						
Employment Education Specialist	0.36	\$ 14,558			0.36	14,558						
Project Director	0.58	\$ 43,675			0.58	43,675						
Marketing Director	0.11	\$ 6,551			0.11	6,551						
Office Manager	0.36	\$ 18,198			0.36	18,198						
Division Director	0.09	\$ 8,298			0.09	8,298						
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
TOTALS	4.53	\$252,727	-	\$0	4.53	\$252,727	0.00	\$0	0.00	\$0	0.00	\$0

EMPLOYEE FRINGE BENEFITS

30%	\$75,818	#DIV/0!		30%	\$75,818	#DIV/0!		#DIV/0!		#DIV/0!	
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TOTAL SALARIES & BENEFITS

\$328,545	\$0	\$328,545	\$0	\$0	\$0
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**DPH 4: Operating Expenses Detail**

APPENDIX #: B-10b  
Document Date: 9/24/10

Provider Number (same as line 8 on DPH 1): \_\_\_\_\_

Provider Name (same as line 9 on DPH 1): \_\_\_\_\_

Program Name (same as line 11 on DPH 1): \_\_\_\_\_

3822

Family Service Agency Opt. Svcs of SF

Prevention & Recovery in Early Psychosis (PREP)

Expenditure Category
Rental of Property (Utilities, Security, Maintenance, Mgmt)
Communications (landline, mobile, fax, internet)
Office Supplies, Postage
Building Maintenance Supplies and Repair
Printing and Reproduction
Insurance
Staff Training
Staff Travel-(Local & Out of Town)
Rental of Equipment
Repair / Maintenance Equipment
CONSULTANT / SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)
Contractor - Psychiatrist Clinical Supervision
OTHER
Misc. / Program Related Expenses
Subscriptions / Publications
Client Related
Volunteer Stipends
Flexible Funds
Meeting Cost
Stipends: Consumer Advisory Board

TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	MHSA HMHMPROP63 PMHS63-1010	GRANT #2:  (grant title)	WORK ORDER #1:  (dept. name)	WORK ORDER #2:  (dept. name)
PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION
Term: 7/01/10 - 6/30/11	Term: 7/01/10 - 6/30/11	Term: 7/01/10 - 6/30/11	Term: _____	Term: _____	Term: _____
\$ 9,383	6,564	2,819			
\$ 1,670	1,168	502			
\$ 557	389	167			
\$ -					
\$ -					
\$ 1,435	1,004	431			
\$ -					
\$ 1,861	1,302	559			
\$ -					
\$ -					
\$ -					
\$ 13,857	9,694	4,163			
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
\$ 2,369	1,657	712			
\$ 888	621	267			
\$ 853	597	256			
<b>TOTAL OPERATING EXPENSE</b>	<b>\$32,872</b>	<b>\$22,996</b>	<b>\$9,876</b>	<b>\$0</b>	<b>\$0</b>

DPH 3: Salaries & Benefits Detail

APPENDIX #: B-10b  
Document Date: 9/24/10

Provider Number (same as line 8 on DPH 1): 3822  
Provider Name (same as line 9 on DPH 1): Family Service Agency Opt. Svcs of SF  
Provider Name (same as line 11 on DPH 1): Prevention & Recovery in Early Psychosis (PREP)

POSITION TITLE	TOTAL		GENERAL FUND & (Agency-generated) OTHER REVENUE		MHSA HMHMPROP63 PMHS63-1010		GRANT #2:  (grant title)		WORK ORDER #1:  (dept. name)		WORK ORDER #2:  (dept. name)	
	Proposed Transaction Term: 7/01/10 - 6/30/11		Proposed Transaction Term: 7/01/10 - 6/30/11		Proposed Transaction Term: 7/01/10 - 6/30/11		Proposed Transaction Term: _____		Proposed Transaction Term: _____		Proposed Transaction Term: _____	
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
Consumer Case Aide	0.05	\$ 1,518	0.028	882	0.020	636						
Therapist/Case Mgrs	0.75	\$ 36,004	0.436	20,918	0.314	15,085						
Clinical Supervisor	0.06	\$ 2,741	0.037	1,592	0.027	1,148						
Psychiatric Nurse Practitioner	0.06	\$ 5,693	0.037	3,307	0.027	2,385						
Neuropsychologist	0.01	\$ 1,265	0.006	735	0.004	530						
Employment Education Specialist	0.05	\$ 2,108	0.031	1,225	0.022	883						
Project Director	0.08	\$ 6,325	0.049	3,675	0.035	2,650						
Marketing Director	0.02	\$ 949	0.009	551	0.007	398						
Office Manager	0.05	\$ 2,635	0.031	1,531	0.022	1,104						
Division Director	0.01	\$ 1,202	0.007	698	0.005	504						
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
TOTALS	1.15	\$60,440	0.67	\$35,116	0.48	\$25,324	0.00	\$0	0.00	\$0	0.00	\$0

EMPLOYEE FRINGE BENEFITS 30% \$18,132 30% \$10,535 30% \$7,597 #DIV/0! #DIV/0! #DIV/0!

TOTAL SALARIES & BENEFITS \$78,572 \$45,650 \$32,921 \$0 \$0 \$0

**BUDGET JUSTIFICATION**

Prevention Recovery in Early Psychosis (PREP)

Family Service Agency of San Francisco

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

**Salaries and Benefits**Project Director

This position represents FSA in providing executive level oversight to the PREP program, including productivity, finance, administration, human resources, setting policy and procedure for treatment and intake practices, and/or development. This position assumes responsibility for entire PREP project and partnerships and reports to two executive teams assembled in both San Francisco and Alameda Counties. Participates as a member of the PREP Executive teams to formulate and implement policies and plans to meet the organization's short and long-term objectives. The responsibilities are for the success of the PREP programs and to their respective County contracts, in addition to being responsible for the overall success of the partnership of the project between FSA, UCSF, and a number of local non-profit partners.

Annual Salary \$ 74,627 x .67 FTE = \$50,000

Neuropsychologist

Responsible for neuropsychological evaluation of adolescents and young adults (ages 12-26) with recent onset psychosis or at clinical high-risk for psychosis. The neuropsychologist will work as a member of our inter-disciplinary team and must be available to attend case consultation meetings on Friday afternoons 1p.m. -3 p.m., as necessary. Typical referral questions include evaluation of current cognitive and academic functioning to assist IEPs or assessment of cognitive strengths and weaknesses to assist occupational choices. The incumbent will have access to results of standard neuropsychological batteries conducted through associated research and written reports will be produced in consultation with UCSF psychologists and psychology trainees who have provided assessment-based psychiatric diagnoses. Will provide approximately one to two assessment batteries per month. Additional duties as needed.

Annual Salary \$ 125,000 x .08 FTE = \$10,000

Clinical Supervisor

Provides weekly individual and group clinical supervision to program clinical workers and interns to discuss evaluation of client needs and treatment plans. Discusses counseling and mental health service approaches and proper charting procedures. Enhances and oversees training programs for program staff and interns. Establishes and maintains clinical culture in collaboration with Division and Program Directors in accordance with program goals.

Annual Salary \$ 43,334 x .50 FTE = \$21,667

Division Director

Directs delivery of programs in accordance with the Agency's goals and objectives. Works with program staff and clients to articulate and implement strategic vision for Divisional Services. Designs, establishes and oversees reporting systems. Researches evidence based practices (EBP), implements necessary training, procedures and supervision to provide Agency clients with high-quality EBP treatment approaches. May write or participate in writing of grant applications when needed. Ensures program activities comply with contracts. Ensures maintenance of adequate and accurate clinical records. Supervises program and staff either directly or through intermediary supervisors. Acts as liaison with government agencies, the community and the public relative to funding, contracts and delivery of services. Actively participates in interpreting and furthering the community's understanding of the Agency's services, advocating for clients' needs and the Agency's understanding of our changing community. Participates as a member of the senior management team in the development and implementation of organization-wide policies and programs that will contribute to its overall success. Reports to the COO.

Annual Salary \$ 95,000 x .10 FTE = \$9,500

**BUDGET JUSTIFICATION**

Prevention Recovery in Early Psychosis (PREP)

Family Service Agency of San Francisco

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

Psychiatric Nurse Practitioner

Exercises medical responsibilities for psychiatric evaluation, medication assessment and medication monitoring. Performs crisis intervention, supportive counseling and other direct mental health services, including case management, as needed. Orders diagnostic tests, communicates medical issues with Primary Health Care provider. Maintains client caseload and clinical records in accordance with mandated standards. Consults and provides on-going education to non-medical staff in psychopharmacology and medical aspects of patient care.

Annual Salary \$ 90,000 x .50 FTE = \$45,000

Therapist / Case Managers

Evaluates needs of clients and develops treatment plan in coordination with others for individuals with mental, emotional, or substance abuse problems. May also assist with family, parenting, and marital problems; suicide; stress management; problems with self-esteem and assisting clients in applying for and obtaining other social services while providing a safe and supportive environment for agency's clientele and adhering to laws regarding confidentiality and reporting requirements. Activities may include individual and group therapy, crisis intervention, case management, client advocacy, prevention, and education. Maintains accurate detailed observation and progress records for later electronic billing data entry.

Annual Salary \$ 48,000 x 2.50 FTE = \$120,000

Consumer Case Aides

Provides outreach and engagement to challenging senior populations (typically homeless). Performs key counseling and case management duties and assists in crisis intervention. Assists clients in communication and when necessary on behalf of the client to primary care doctors, pharmacists and county related care providers. Assists clients in accessing eligible benefits and housing. Provides transportation assistance to clients for getting to/from respective appointments in the field. Maintains client contact sheets and progress notes; follow a wellness model of care, practicing a harm reduction treatment model. May assist case managers with developing, organizing, and conducting programs to support client treatment plans relevant to substance abuse, human relationships, rehabilitation, or adult daycare. Networks with collateral agencies to inform them of the drop-in center services. Meets with supervisors and/or program managers regularly; performs related duties as assigned. Maintains accurate detailed observation and progress records for later electronic billing data entry. Additional duties as needed.

Annual Salary \$ 31,580 x .38 FTE = \$12,000

Employment Education Specialist

This position is a member of the treatment team and will be responsible for comprehensive employment services, including job development, on-the-job coaching, on-going work-based vocational assessment, resume writing assistance, job interview skill-building, strength/talent identification, job/career/educational goal identification, individualized job search support, job interview skill-building, on-going job placement assistance for promotional opportunities and re-employment when jobs end.

Annual Salary \$ 39,683 x .42 FTE = \$16,667

Office Manager

Provides direct supervision to the Agency's office services including mail pick up and distribution; records maintenance; copy/print services; reception; office maintenance and cleaning services; communications/telephones and similar. Communicate with clients, employees, and other individuals to answer questions, disseminate or explain information, and address complaints. Answer telephones, direct calls, and take messages. Compile, copy, sort, and file records of office activities, business transactions, and other activities. Operate office machines, such as photocopiers and scanners, facsimile machines, voice mail systems, and personal computers. Compute, record, and proof read data and other information, such as records or reports. Maintain and update filing, mailing, and database systems, either manually or using a computer. Open, sort, and route incoming mail, answer correspondence, and prepare outgoing mail. Review files, records, and other documents to obtain information to respond to requests.

Annual Salary \$ 49,602 x .42 FTE = \$20,833

**BUDGET JUSTIFICATION**

Prevention Recovery in Early Psychosis (PREP)

Family Service Agency of San Francisco

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

Marketing Director

Serves as the marketing lead to the PREP project and is responsible for the management and implementation of all aspects of the outreach component of the PREP program. The Outreach Marketing Director has a strategic marketing vision, is extremely organized with excellent project management skills, and the ability to manage multiple projects simultaneously. A strong communicator with proven writing skills in addition to marketing and technical savvy, the Outreach Marketing Director will also reach out on a grassroots level, gaining the involvement of key community members and organizations in conference marketing efforts through social media as well as traditional marketing channels. The Outreach Marketing Director is proactive and self-directed, yet able to work as part of a close-knit team. Additional duties as needed.

Annual Salary \$ 57,700 x .13 FTE = \$7,500

**Total Salaries****\$313,167****Total Benefits**

30% of Total Salaries

**\$93,950**

FSA's fringe benefits rate of 30% includes the following: payroll taxes (FICA at 7.65% and SUI at 3.60%), workers comp at 2.25%, and health/dental/vision coverage @ 16.5%.

**TOTAL SALARIES & BENEFITS****\$407,117****OPERATING EXPENSES**

<b>OCCUPANCY</b>	
<u>Rent:</u>	
Square footage used by the program at a fully loaded lease rate of \$2.60 per square foot (1,016 sq ft x \$2.60 x 12 mos). Rate includes rent, water, garbage, security, janitorial, maintenance and repairs, pest control and facility management.	\$ 31,688
<u>Communications:</u>	
Service costs related to landlines, mobile phones, fax lines and internet accessibilities. (1.39% of total salary cost)	\$ 5,640
<b>Total Occupancy:</b>	<b>\$ 37,328</b>
<b>MATERIALS &amp; SUPPLIES</b>	
<u>Office Supplies:</u>	
Based on current expenses for general office supplies including pens, paper, medical chart supplies, and postage expenses for client communication, proportionate to program utilization. Supplies = (\$24.85 per staff x 5.7 staff x 12) and Postage = (\$45 per qtr x 4)	\$ 1,880
<u>Printing/Reproduction:</u>	\$ -
<b>Total Materials and Supplies:</b>	<b>\$ 1,880</b>

**BUDGET JUSTIFICATION**

Prevention Recovery in Early Psychosis (PREP)

Family Service Agency of San Francisco

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

Appendix B-10

<b>GENERAL OPERATING:</b>	
<u>Insurance:</u>	
Professional and general liability cost to insure FSA service providers. (1.19% of total salary cost)	\$ 4,845
<u>Staff Training:</u>	\$ -
<u>Rental of Equipment:</u>	\$ -
<u>Maintenance of Equipment:</u>	\$ -
<u>Subscriptions:</u>	
<u>Meeting Costs:</u>	
Bimonthly meetings with subcontractors ( \$500 per meeting x 6 meetings)	\$ 3,000
<b>Total General Operating:</b>	<b>\$ 7,845</b>
<b>OTHER:</b>	
<u>Miscellaneous:</u>	\$ -
<u>Client Related:</u>	\$ -
<u>Volunteer Stipends:</u>	\$ -
<u>Flexible Funds:</u>	
Cost of providing supports to clients, family members, and their caregivers including cash payments, vouchers, goods, services, items necessary for daily living (such as food, clothing, hygiene, etc.), travel, transportation, respite services for caregivers, and other supports. (\$16.67 expenditures per client x 40 clients per mo x 12 mos)	\$ 8,000
<u>Stipend Advisory Board:</u>	
Stipend to advisory board members (\$60 reimbursement x 6 participants x 8 meetings)	\$ 2,880
<b>Total Other Operating:</b>	<b>\$ 10,880</b>

**BUDGET JUSTIFICATION**

Prevention Recovery in Early Psychosis (PREP)

Family Service Agency of San Francisco

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

Appendix B-10

<b>Staff Travel (Local &amp; Out of Town):</b>	
Mileage (\$0.50 reimbursement rate x 5 staff x 25 miles/mo x 12 mos) + Parking space (\$110 cost x 4 staff x 12 mos) + Parking reimbursement (\$10.00 expense x 25 occurrences)	\$ 6,284
<b>Total Staff Travel:</b>	<b>\$ 6,284</b>
<b>Consultants/Subcontractors:</b>	
Clinical Psychiatrist - TBD @ (\$150 per hr x 10.4 hrs per week x 30 weeks)	\$ 46,800
University of California, San Francisco - Subcontractor (See agreement for details.)	\$ 168,841
Mental Health Association - Subcontractor (See agreement for details.)	\$ 149,679
Larkin Street Youth Center - Subcontractor (See agreement for details.)	\$ 53,203
Sojourner Truth Foster Family Agency - Subcontractor (See agreement for details.)	\$ 61,824
<b>Total Consultants/Subcontractors:</b>	<b>\$ 480,347</b>
<b>TOTAL OPERATING COSTS:</b>	<b>\$ 544,564</b>
<b>CAPITAL EXPENDITURES:</b> (If needed - A unit valued at \$5,000 or more)	\$ -
<b>TOTAL DIRECT COSTS (Salaries &amp; Benefits plus Operating Costs):</b>	<b>\$ 951,681</b>
<b>Indirect Expenses</b>	
Administrative costs associated with the delivery of services. Includes salaries and benefits for executive, personnel, payroll and IT management. Calculated at 12% of total direct costs.	\$ 114,203
<b>Total Indirects:</b>	<b>\$ 114,202</b>
<b>PROGRAM TOTAL:</b>	<b>\$ 1,065,883</b>





### DPH 3: Salaries & Benefits Detail

APPENDIX #: B-11

Document Date: 9/24/10

Provider Number (same as line 8 on DPH 1): 3822

Provider Name (same as line 9 on DPH 1): Family Service Agency Opt. Svcs of SF

**Provider Name (same as line 11 on DPH 1):** Older Adult Behavioral Health Screening - Training

POSITION TITLE	TOTAL		GENERAL FUND & (Agency-generated) OTHER REVENUE		GRANT #1:		GRANT #2:		WORK ORDER #1:		WORK ORDER #2:	
	Proposed Transaction Term: 7/01/10 - 6/30/11		Proposed Transaction Term: 7/01/10 - 6/30/11		(grant title) Proposed Transaction Term: _____		(grant title) Proposed Transaction Term: _____		(dept. name) Proposed Transaction Term: _____		(dept. name) Proposed Transaction Term: _____	
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
Training & Development Director	0.04	\$ 3,246	0.04	3,246								
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
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	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
TOTALS	0.04	\$3,246	0.04	\$3,246	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0

EMPLOYEE FRINGE BENEFITS

30%	\$974	30%	\$974	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	
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**TOTAL SALARIES & BENEFITS**

\$4,219	\$4,219	\$0	\$0	\$0	\$0
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APPENDIX #: B-11  
Document Date: 9/24/10

3822

Family Service Agency Opt. Srvs of SF

## Older Adult Behavioral Health Screening - Training

[illegible]

**BUDGET JUSTIFICATION**

Older Adult Behavioral Health Screening - Training

Family Service Agency of San Francisco

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

Appendix B-11

**Salaries and Benefits**Training & Development Director

Manage and oversees the running of the Felton Institute (FI), including scheduling events, contacting and networking with experts in the Evidence Based Practice (EBP) field, overseeing the coordination of schedules between Agency clinicians, experts, and supervisors, and organizing 'implementation groups' for the sustainability of all training offered through the FI. Oversees all Agency clinical teams in the service delivery restructuring process, in cooperation with the divisional directors, program managers and clinical teams. Communicate and coordinate all FI objectives across the Agency. Coordinates documentation of the FI courses in term of video and transcripts, to include procedures to document outcomes of any EBP's implemented through the FI. Coordinates information and meets criteria with the internal Agency's Internal Review Board for any research projects instigated through FI. Conducts on-going research and study on the current and latest EBP's available in the field that meets the needs of the populations served by the Agency. Coordinates with all Agency 'Change Agents' to ensure courses offered by the FI are in accord with the current CBHS integration process. Coordinates all information necessary to both publicize the FI and recruit funds through the Agency's development department. Participates as a member of the senior management team in the development and implementation of organization-wide policies and programs that will contribute to its overall success. Reports to the CEO.

Annual Salary \$ 95,000 x .034 FTE = \$3,246

**Total Salaries** **\$3,246**

Total Benefits 30% of  
 Total Salaries **\$973**

*FSA's fringe benefits rate of 30% includes the following: payroll taxes (FICA at 7.65% and SUI at 3.60%), workers comp at 2.25%, and health/dental/vision coverage @ 16.5%.*

**TOTAL SALARIES & BENEFITS** **\$4,219****OPERATING EXPENSES**

<b>OCCUPANCY</b>	
<u>Rent:</u>	\$ -
<b>Communications:</b>	\$ -
<b>Total Occupancy:</b>	\$ -
<b>MATERIALS &amp; SUPPLIES</b>	
<u>Office Supplies:</u>	\$ -
<u>Printing/Reproduction:</u>	\$ -
<b>Total Materials and Supplies:</b>	\$ -
<b>GENERAL OPERATING:</b>	
<u>Insurance:</u>	\$ -
<u>Staff Training:</u>	\$ -
<u>Rental of Equipment:</u>	

**BUDGET JUSTIFICATION**

Older Adult Behavioral Health Screening - Training

Family Service Agency of San Francisco

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

Appendix B-11

	\$ -
<u>Maintenance of Equipment:</u>	
	\$ -
<u>Subscriptions:</u>	
	\$ -
<u>Meeting Costs:</u>	
	\$ -
<b>Total General Operating:</b>	\$ -
<b>OTHER:</b>	
<u>Miscellaneous:</u>	
	\$ -
<u>Client Related:</u>	
	\$ -
<u>Volunteer Stipends:</u>	
	\$ -
<u>Flexible Funds:</u>	
	\$ -
<u>Stipend Advisory Board:</u>	
	\$ -
<b>Total Other Operating:</b>	\$ -
<u>Staff Travel (Local &amp; Out of Town):</u>	
	\$ -
<b>Total Staff Travel:</b>	\$ -
<u>Consultants/Subcontractors:</u>	
University of California, San Francisco - Subcontractor (See agreement for details.)	\$ 11,495
	\$ -
<b>Total Consultants/Subcontractors:</b>	\$ 11,495
<b>TOTAL OPERATING COSTS:</b>	\$ 11,495
<b>CAPITAL EXPENDITURES: (If needed - A unit valued at \$5,000 or more)</b>	\$ -
<b>TOTAL DIRECT COSTS (Salaries &amp; Benefits plus Operating Costs):</b>	\$ 15,714
<b>Indirect Expenses</b>	
Administrative costs associated with the delivery of services. Includes salaries and benefits for executive, personnel, payroll and IT management. Calculated at 12% of total direct costs.	\$ 1,886
<b>Total Indirects:</b>	\$ 1,886
<b>PROGRAM TOTAL:</b>	\$ 17,600

**DPH 6: Contract-Wide Indirect Detail**

**CONTRACTOR NAME: FAMILY SERVICE AGENCY OF SAN FRANCISCO**

**DATE: 9/24/2010**

**FISCAL YEAR: 2010-11**

**LEGAL ENTITY #: 00337**

**1. SALARIES & BENEFITS**

Position Title	FTE	Salaries
Chief Executive Officer	0.3445	\$ 70,624
Chief Operating Officer & Financial Officer	0.3622	\$ 50,714
Human Resource Director	0.4210	\$ 42,099
Assistant Controller	0.5116	\$ 35,813
Payroll Manager	0.5252	\$ 28,676
Human Resource Assistant	0.4604	\$ 20,719
Training & Audit Director	0.3238	\$ 32,384
A/P Accountant	0.5330	\$ 29,100
Assistant to Board of Directors	0.5227	\$ 23,444
Receptionist & Administrative Assistant	0.4992	\$ 16,772
Administrative Assistant	0.4998	\$ 12,495
Information Technology Director	0.5164	\$ 27,886
IT & HIPAA Compliance Specialist	0.4908	\$ 23,069
EMPLOYEE FRINGE BENEFITS	30%	\$ 124,139
<b>TOTAL SALARIES &amp; BENEFITS</b>		<b>\$ 537,934</b>

**2. OPERATING COSTS**

Expenditure Category	Amount
Audit, Management & Insurance Fees Fees	\$ 36,856
Equipment - Rental / Repair & Maintenance	\$ 32,940
Office Supplies, Printing & Postage	\$ 18,587
Training, Travel & Conference	\$ 41,242
Professional Service Fees ( legal & consultant)	\$ 31,409
Communications ( landline, cell phone, fax & internet)	\$ 28,722
Occupancy / Utilities / Security / Maint / repairs / garbage	\$ 78,739
<b>TOTAL OPERATING COSTS</b>	<b>\$ 268,495</b>

**TOTAL INDIRECT COSTS**

(Salaries & Benefits + Operating Costs)

**\$ 806,429**



**Appendix C**  
**Insurance Waiver**

**RESERVED**





## **Appendix D Additional Terms**

### **1. HIPAA**

The parties acknowledge that CITY is a Covered Entity as defined in the Healthcare Insurance Portability and Accountability Act of 1996 ("HIPAA") and is therefore required to abide by the Privacy Rule contained therein. The parties further agree that CONTRACTOR falls within the following definition under the HIPAA regulations:

- ☒ A Covered Entity subject to HIPAA and the Privacy Rule contained therein; or
- ☐ A Business Associate subject to the terms set forth in Appendix E;
- ☐ Not Applicable, CONTRACTOR will not have access to Protected Health Information.

### **2. THIRD PARTY BENEFICIARIES**

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

### **3. CERTIFICATION REGARDING LOBBYING**

CONTRACTOR certifies to the best of its knowledge and belief that:

A. No federally appropriated funds have been paid or will be paid, by or on behalf of CONTRACTOR to any persons for influencing or attempting to influence an officer or an employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the entering into of any federal cooperative agreement, or the extension, continuation, renewal, amendment, or modification of a federal contract, grant, loan or cooperative agreement.

B. If any funds other than federally appropriated funds have been paid or will be paid to any persons for influencing or attempting to influence an officer or employee of an agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this federal contract, grant, loan or cooperative agreement, CONTRACTOR shall complete and submit Standard Form -111, "Disclosure Form to Report Lobbying," in accordance with the form's instructions.

C. CONTRACTOR shall require the language of this certification be included in the award documents for all subawards at all tiers, (including subcontracts, subgrants, and contracts under grants, loans and cooperation agreements) and that all subrecipients shall certify and disclose accordingly.

D. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

### **4. MATERIALS REVIEW**

CONTRACTOR agrees that all materials, including without limitation print, audio, video, and electronic materials, developed, produced, or distributed by personnel or with funding under this Agreement shall be subject to review and approval by the Contract Administrator prior to such production, development or distribution. CONTRACTOR agrees to provide such materials sufficiently in advance of any deadlines to allow for adequate review. CITY agrees to conduct the review in a manner which does not impose unreasonable delays.



## Appendix E

### BUSINESS ASSOCIATE ADDENDUM

This Business Associate Addendum is entered into to address the privacy and security protections for certain information as required by federal law. City and County of San Francisco is the Covered Entity and is referred to below as "CE". The CONTRACTOR is the Business Associate and is referred to below as "BA".

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#### RECITALS

- A. CE wishes to disclose certain information to BA pursuant to the terms of the Contract, some of which may constitute Protected Health Information ("PHI") (defined below).
- B. CE and BA intend to protect the privacy and provide for the security of PHI disclosed to BA pursuant to the Contract in compliance with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 ("HIPAA"), the Health Information Technology for Economic and Clinical Health Act, Public Law 111-005 ("the HITECH Act"), and regulations promulgated thereunder by the U.S. Department of Health and Human Services (the "HIPAA Regulations") and other applicable laws.
- C. As part of the HIPAA Regulations, the Privacy Rule and the Security Rule (defined below) require CE to enter into a contract containing specific requirements with BA prior to the disclosure of PHI, as set forth in, but not limited to, Title 45, Sections 164.314(a), 164.502(e) and 164.504(e) of the Code of Federal Regulations ("C.F.R.") and contained in this Addendum.

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

#### 1. Definitions

- a. **Breach** shall have the meaning given to such term under the HITECH Act [42 U.S.C. Section 17921].
- b. **Business Associate** shall have the meaning given to such term under the Privacy Rule, the Security Rule, and the HITECH Act, including, but not limited to, 42 U.S.C. Section 17938 and 45 C.F.R. Section 160.103.
- c. **Covered Entity** shall have the meaning given to such term under the Privacy Rule and the Security Rule, including, but not limited to, 45 C.F.R. Section 160.103.
- d. **Data Aggregation** shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.
- e. **Designated Record Set** shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.

- f. **Electronic Protected Health Information** means Protected Health Information that is maintained in or transmitted by electronic media.
  - g. **Electronic Health Record** shall have the meaning given to such term in the HITECH Act, including, but not limited to, 42 U.S.C. Section 17921.
  - h. **Health Care Operations** shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.
  - i. **Privacy Rule** shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and E.
  - j. **Protected Health Information or PHI** means any information, whether oral or recorded in any form or medium: (i) that relates to the past, present or future physical or mental condition of an individual; the provision of health care to an individual; and (ii) that identifies the individual or with respect to where there is a reasonable basis to believe the information can be used to identify the individual, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501. Protected Health Information includes Electronic Protected Health Information [45 C.F.R. Sections 160.103, 164.501].
  - k. **Protected Information** shall mean PHI provided by CE to BA or created or received by BA on CE's behalf.
  - l. **Security Rule** shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and C.
  - m. **Unsecured PHI** shall have the meaning given to such term under the HITECH Act and any guidance issued pursuant to such Act including, but not limited to, 42 U.S.C. Section 17932(h).
2. **Obligations of Business Associate**
- a. **Permitted Uses.** BA shall not use Protected Information except for the purpose of performing BA's obligations under the Contract and as permitted under the Contract and Addendum. Further, BA shall not use Protected Information in any manner that would constitute a violation of the Privacy Rule or the HITECH Act if so used by CE. However, BA may use Protected Information (i) for the proper management and administration of BA, (ii) to carry out the legal responsibilities of BA, or (iii) for Data Aggregation purposes for the Health Care Operations of CE [45 C.F.R. Sections 164.504(e)(2)(i), 164.504(e)(2)(ii)(A) and 164.504(e)(4)(i)].
  - b. **Permitted Disclosures.** BA shall not disclose Protected Information except for the purpose of performing BA's obligations under the Contract and as permitted under the Contract and Addendum. BA shall not disclose Protected Information in any manner that would constitute a violation of the Privacy Rule or the HITECH Act if so disclosed by CE. However, BA may disclose Protected Information (i) for the proper management and administration of BA; (ii) to carry out the legal responsibilities of BA; (iii) as required by law; or (iv) for Data Aggregation purposes for the Health Care Operations of CE. If BA discloses

Protected Information to a third party, BA must obtain, prior to making any such disclosure, (i) reasonable *written* assurances from such third party that such Protected Information will be held confidential as provided pursuant to this Addendum and only disclosed as required by law or for the purposes for which it was disclosed to such third party, and (ii) a *written* agreement from such third party to immediately notify BA of any breaches of confidentiality of the Protected Information, to the extent it has obtained knowledge of such breach [42 U.S.C. Section 17932; 45 C.F.R. Sections 164.504(e)(2)(i), 164.504(e)(2)(i)(B), 164.504(e)(2)(ii)(A) and 164.504(e)(4)(ii)].

- c. **Prohibited Uses and Disclosures.** BA shall not use or disclose Protected Information for fundraising or marketing purposes. BA shall not disclose Protected Information to a health plan for payment or health care operations purposes if the patient has requested this special restriction, and has paid out of pocket in full for the health care item or service to which the PHI solely relates 42 U.S.C. Section 17935(a). BA shall not directly or indirectly receive remuneration in exchange for Protected Information, except with the prior written consent of CE and as permitted by the HITECH Act, 42 U.S.C. Section 17935(d)(2); however, this prohibition shall not affect payment by CE to BA for services provided pursuant to the Contract.
- d. **Appropriate Safeguards.** BA shall implement appropriate safeguards as are necessary to prevent the use or disclosure of Protected Information otherwise than as permitted by the Contract or Addendum, including, but not limited to, administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality, integrity and availability of the Protected Information, in accordance with 45 C.F.R Section 164.308(b)]. BA shall comply with the policies and procedures and documentation requirements of the HIPAA Security Rule, including, but not limited to, 45 C.F.R. Section 164.316 [42 U.S.C. Section 17931]
- e. **Reporting of Improper Access, Use or Disclosure.** BA shall report to CE in writing of any access, use or disclosure of Protected Information not permitted by the Contract and Addendum, and any Breach of Unsecured PHI of which it becomes aware without unreasonable delay and in no case later than 10 calendar days after discovery [42 U.S.C. Section 17921; 45 C.F.R. Section 164.504(e)(2)(ii)(C); 45 C.F.R. Section 164.308(b)].
- f. **Business Associate's Agents.** BA shall ensure that any agents, including subcontractors, to whom it provides Protected Information, agree in writing to the same restrictions and conditions that apply to BA with respect to such PHI. If BA creates, maintains, receives or transmits electronic PHI on behalf of CE, then BA shall implement the safeguards required by paragraph c above with respect to Electronic PHI [45 C.F.R. Section 164.504(e)(2)(ii)(D); 45 C.F.R. Section 164.308(b)]. BA shall implement and maintain sanctions against agents and subcontractors that violate such restrictions and conditions and shall mitigate the effects of any such violation (see 45 C.F.R. Sections 164.530(f) and 164.530(e)(1)).
- g. **Access to Protected Information.** BA shall make Protected Information maintained by BA or its agents or subcontractors available to CE for inspection

and copying within ten (10) days of a request by CE to enable CE to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.524 [45 C.F.R. Section 164.504(e)(2)(ii)(E)]. If BA maintains an Electronic Health Record, BA shall provide such information in electronic format to enable CE to fulfill its obligations under the HITECH Act, including, but not limited to, 42 U.S.C. Section 17935(e).

- h.* **Amendment of PHI.** Within ten (10) days of receipt of a request from CE for an amendment of Protected Information or a record about an individual contained in a Designated Record Set, BA or its agents or subcontractors shall make such Protected Information available to CE for amendment and incorporate any such amendment to enable CE to fulfill its obligation under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.526. If any individual requests an amendment of Protected Information directly from BA or its agents or subcontractors, BA must notify CE in writing within five (5) days of the request. Any approval or denial of amendment of Protected Information maintained by BA or its agents or subcontractors shall be the responsibility of CE [45 C.F.R. Section 164.504(e)(2)(ii)(F)].
- i.* **Accounting Rights.** Within ten (10) calendar days of notice by CE of a request for an accounting for disclosures of Protected Information or upon any disclosure of Protected Information for which CE is required to account to an individual, BA and its agents or subcontractors shall make available to CE the information required to provide an accounting of disclosures to enable CE to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.528, and the HITECH Act, including but not limited to 42 U.S.C. Section 17935(c), as determined by CE. BA agrees to implement a process that allows for an accounting to be collected and maintained by BA and its agents or subcontractors for at least six (6) years prior to the request. However, accounting of disclosures from an Electronic Health Record for treatment, payment or health care operations purposes are required to be collected and maintained for only three (3) years prior to the request, and only to the extent that BA maintains an electronic health record and is subject to this requirement. At a minimum, the information collected and maintained shall include: (i) the date of disclosure; (ii) the name of the entity or person who received Protected Information and, if known, the address of the entity or person; (iii) a brief description of Protected Information disclosed; and (iv) a brief statement of purpose of the disclosure that reasonably informs the individual of the basis for the disclosure, or a copy of the individual's authorization, or a copy of the written request for disclosure. In the event that the request for an accounting is delivered directly to BA or its agents or subcontractors, BA shall within five (5) calendar days of a request forward it to CE in writing. It shall be CE's responsibility to prepare and deliver any such accounting requested. BA shall not disclose any Protected Information except as set forth in Sections 2.b. of this Addendum [45 C.F.R. Sections 164.504(e)(2)(ii)(G) and 165.528]. The provisions of this subparagraph h shall survive the termination of this Agreement.
- j.* **Governmental Access to Records.** BA shall make its internal practices, books and records relating to the use and disclosure of Protected Information available to CE and to the Secretary of the U.S. Department of Health and Human Services (the "Secretary") for purposes of determining BA's compliance with the

Privacy Rule [45 C.F.R. Section 164.504(e)(2)(ii)(H)]. BA shall provide to CE a copy of any Protected Information that BA provides to the Secretary concurrently with providing such Protected Information to the Secretary.

- k. **Minimum Necessary.** BA (and its agents or subcontractors) shall request, use and disclose only the minimum amount of Protected Information necessary to accomplish the purpose of the request, use or disclosure. [42 U.S.C. Section 17935(b); 45 C.F.R. Section 164.514(d)(3)] BA understands and agrees that the definition of “minimum necessary” is in flux and shall keep itself informed of guidance issued by the Secretary with respect to what constitutes “minimum necessary.”
- l. **Data Ownership.** BA acknowledges that BA has no ownership rights with respect to the Protected Information.
- m. **Business Associate’s Insurance.** BA shall maintain a sufficient amount of insurance to adequately address risks associated with BA’s use and disclosure of Protected Information under this Addendum.
- n. **Notification of Breach.** During the term of the Contract, BA shall notify CE within twenty-four (24) hours of any suspected or actual breach of security, intrusion or unauthorized use or disclosure of PHI of which BA becomes aware and/or any actual or suspected use or disclosure of data in violation of any applicable federal or state laws or regulations. BA shall take (i) prompt corrective action to cure any such deficiencies and (ii) any action pertaining to such unauthorized disclosure required by applicable federal and state laws and regulations.
- o. **Breach Pattern or Practice by Covered Entity.** Pursuant to 42 U.S.C. Section 17934(b), if the BA knows of a pattern of activity or practice of the CE that constitutes a material breach or violation of the CE’s obligations under the Contract or Addendum or other arrangement, the BA must take reasonable steps to cure the breach or end the violation. If the steps are unsuccessful, the BA must terminate the Contract or other arrangement if feasible, or if termination is not feasible, report the problem to the Secretary of DHHS. BA shall provide written notice to CE of any pattern of activity or practice of the CE that BA believes constitutes a material breach or violation of the CE’s obligations under the Contract or Addendum or other arrangement within five (5) calendar days of discovery and shall meet with CE to discuss and attempt to resolve the problem as one of the reasonable steps to cure the breach or end the violation.
- p. **Audits, Inspection and Enforcement.** Within ten (10) calendar days of a written request by CE, BA and its agents or subcontractors shall allow CE to conduct a reasonable inspection of the facilities, systems, books, records, agreements, policies and procedures relating to the use or disclosure of Protected Information pursuant to this Addendum for the purpose of determining whether BA has complied with this Addendum; provided, however, that (i) BA and CE shall mutually agree in advance upon the scope, timing and location of such an inspection, (ii) CE shall protect the confidentiality of all confidential and proprietary information of BA to which CE has access during the course of such inspection; and (iii) CE shall execute a nondisclosure agreement, upon terms

mutually agreed upon by the parties, if requested by BA. The fact that CE inspects, or fails to inspect, or has the right to inspect, BA's facilities, systems, books, records, agreements, policies and procedures does not relieve BA of its responsibility to comply with this Addendum, nor does CE's (i) failure to detect or (ii) detection, but failure to notify BA or require BA's remediation of any unsatisfactory practices, constitute acceptance of such practice or a waiver of CE's enforcement rights under the Contract or Addendum, BA shall notify CE within ten (10) calendar days of learning that BA has become the subject of an audit, compliance review, or complaint investigation by the Office for Civil Rights.

### 3. **Termination**

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

### 4. **Limitation of Liability**

Any limitations of liability as set forth in the contract shall not apply to damages related to a breach of the BA's privacy or security obligations under the Contract or Addendum.

### 5. **Disclaimer**

CE makes no warranty or representation that compliance by BA with this Addendum, HIPAA, the HITECH Act, or the HIPAA Regulations will be adequate or satisfactory for BA's own purposes. BA is solely responsible for all decisions made by BA regarding the safeguarding of PHI.



## **6. Certification**

To the extent that CE determines that such examination is necessary to comply with CE's legal obligations pursuant to HIPAA relating to certification of its security practices, CE or its authorized agents or contractors, may, at CE's expense, examine BA's facilities, systems, procedures and records as may be necessary for such agents or contractors to certify to CE the extent to which BA's security safeguards comply with HIPAA, the HITECH Act, the HIPAA Regulations or this Addendum.

## **7. Amendment**

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

## **8. Assistance in Litigation or Administrative Proceedings**

BA shall make itself, and any subcontractors, employees or agents assisting BA in the performance of its obligations under the Contract or Addendum, available to CE, at no cost to CE, to testify as witnesses, or otherwise, in the event of litigation or administrative proceedings being commenced against CE, its directors, officers or employees based upon a claimed violation of HIPAA, the HITECH Act, the Privacy Rule, the Security Rule, or other laws relating to security and privacy, except where BA or its subcontractor, employee or agent is a named adverse party.

## **9. No Third-Party Beneficiaries**

Nothing express or implied in the Contract or Addendum is intended to confer, nor shall anything herein confer, upon any person other than CE, BA and their respective successors or assigns, any rights, remedies, obligations or liabilities whatsoever.

## **10. Effect on Contract**

Except as specifically required to implement the purposes of this Addendum, or to the extent inconsistent with this Addendum, all other terms of the Contract shall remain in force and effect.

#### **11. Interpretation**

The provisions of this Addendum shall prevail over any provisions in the Contract that may conflict or appear inconsistent with any provision in this Addendum. This Addendum and the Contract shall be interpreted as broadly as necessary to implement and comply with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule. The parties agree that any ambiguity in this Addendum shall be resolved in favor of a meaning that complies and is consistent with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule.

#### **12. Replaces and Supersedes Previous Business Associate Addendums or Agreements**

This Business Associate Addendum replaces and supersedes any previous business associate addendums or agreements between the parties hereto.

## Appendix F

### Invoice



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

Appendix F  
PAGE A

Control Number

Contractor: Family Service Agency of SF  
Address: 1010 Gough Street, San Francisco, CA 94109  
Tel No: (415) 474-7310  
Contract Term: 07/01/2010 - 06/30/2011  
PHP Division: Community Behavioral Health Services

INVOICE NUMBER: M01 JL 0  
Ct.Blanket No.: BPHM TBD  
Ct. PO No.: POHM TBD  
Fund Source: GF, ARRA, SDMC FFP - Children  
Invoice Period: July 2010  
Final Invoice: (Check if Yes)  
ACE Control Number:

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

\*Unduplicated Counts for AOS Use Only

DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - Svc Func (Mn Chg)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENT	UOS	CLIENTS
<b>B-6 Full Circle Family Program - OP RU# 382201</b>												
15/ 01 - 09 Case Mgt Brokerage	5,234.00				\$ 2.01	\$ -	0.000		0.00%		5,234.000	
15/ 10 - 59 MH Svcs	71,022.00				\$ 2.60	\$ -	0.000		0.00%		71,022.000	
15/ 60 - 69 Medication Support	12,274.00				\$ 4.81	\$ -	0.000		0.00%		12,274.000	
15/ 70 - 79 Crisis Intervention-OP	582.00				\$ 3.87	\$ -	0.000		0.00%		582.000	
45/ 10 - 19 MH Promotion	481.00				\$ 94.72	\$ -	0.000		0.00%		481.000	
<b>B-7 Full Circle Family Program - EPSDT RU# 382203</b>												
15/ 01 - 09 Case Mgt Brokerage	7,800.00				\$ 2.01	\$ -	0.000		0.00%		7,800.000	
15/ 10 - 59 MH Svcs	137,202.00				\$ 2.60	\$ -	0.000		0.00%		137,202.000	
15/ 60 - 69 Medication Support	9,600.00				\$ 4.81	\$ -	0.000		0.00%		9,600.000	
15/ 70 - 79 Crisis Intervention-OP	1,200.00				\$ 3.87	\$ -	0.000		0.00%		1,200.000	
<b>TOTAL</b>	<b>245,395.00</b>		<b>0.000</b>				<b>0.000</b>		<b>0.00%</b>		<b>245,395.000</b>	

\$ 10,520.34  
184,657.20  
59,037.94  
2,252.34  
46,560.32 \$ 302,028.14  
15,678.00  
356,725.20  
46,178.00  
4,644.00 \$ 423,223.26  
\$ 726,251.34

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

NOTES

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

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

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

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

Appendix F  
PAGE A

INVOICE NUMBER: M02 JL 0

Ct. Blanket No.: BPHM TBD

Cl. PO No.: POHM

Fund Source: HSA Work Order

Invoice Period : July 2010

Final Invoice: ☐ (Check if Yes)

ACE Control Number: [REDACTED]

\*Unduplicated Counts for AIDS Use Only

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

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

Authorized Signatory

Date \_\_\_\_\_

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

Appendix F  
PAGE A

Control Number

Contractor: Family Service Agency of SF  
Address: 1010 Gough Street, San Francisco, CA 94109  
Tel. No.: (415) 474-7310  
Contract Term: 07/01/2010 - 06/30/2011  
PHP Division: Community Behavioral Health Services

INVOICE NUMBER: M03 JL 0  
CL Blanket No.: BPHM  
CL PO No.: POHM  
Fund Source: DCYF Work Order  
Invoice Period: July 2010  
Final Invoice: (Check if Yes)  
ACE Control Number:

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

DELIVERABLES Program Name/Repig Unit Modality/Mode # - Svc Func (Mkt Only)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENTS	UOS	CLIENTS
<b>B-8a Early Childhood Mental Health Program (1) (RU# 3822)</b>												
45/ 10 - 19 Outreach Svc/ Consultation Grp	145.00				\$ 75.00	\$ -	0.000		0.00%		145.000	
45/ 10 - 19 Outreach Svc/ Consultation Indv	120.00				\$ 75.00	\$ -	0.000		0.00%		120.000	
45/ 10 - 19 Outreach Svc/ Class Observ	81.00				\$ 75.00	\$ -	0.000		0.00%		81.000	
45/ 10 - 19 Outreach Svc/ Training Grp	105.00				\$ 75.00	\$ -	0.000		0.00%		105.000	
45/ 10 - 19 Outreach Svc/ Direct Svc Grp	32.00				\$ 110.00	\$ -	0.000		0.00%		32.000	
45/ 10 - 19 Outreach Svc/ Direct Svc Indv	72.00				\$ 75.00	\$ -	0.000		0.00%		72.000	
45/ 10 - 19 Outreach Svc/ Linkage	30.00				\$ 75.00	\$ -	0.000		0.00%		30.000	
45/ 10 - 19 Outreach Svc/ Eval Services	0.71				\$ 75.00	\$ -	0.000		0.00%		0.710	
<b>TOTAL</b>	<b>585.71</b>		<b>0.0000</b>				<b>0.000</b>		<b>0.00%</b>		<b>585.710</b>	

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

NOTES:

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

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

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

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

Appendix F  
PAGE A

INVOICE NUMBER: M04 JL 0

Ct.Blanket No.: BPHM TBD

CL PO No.: POHM T8D

Fund Source: MHSA - Prop63

Invoice Period : July 2010

Final Invoice: ☐ (Check if Yes)

ACE Control Number: [REDACTED]

\*Unduplicated Counts for ABS Use Only

NOTES: \$75,000 FFP - HMHMCC730515, \$521,636 - MHSA

NOTES: \$75,000 FFP - RMHMC730515. \$521,636 - MHSA.

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

Title:

DPH Authorization for Payment

Date \_\_\_\_\_



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

Appendix F  
PAGE A

Control Number

INVOICE NUMBER: M05 JL 0

Contractor: Family Service Agency of SF

Ct. Blanket No.: BPHM TBD

Address: 1010 Gough Street, San Francisco, CA 94109

Ct. PO No.: POHM TBD

Tel. No.: (415) 474-7310

Fund Source: GF, State M-Managed Care

Invoice Period: July 2010

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

Final Invoice: (Check if Yes)

PHP Division: Community Behavioral Health Services

ACE Control Number:

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-5 POPS-ASO												
Support Services	1						0%		1		100%	

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 129,235.00	\$ -	\$ -	0.00%	\$ 129,235.00
Fringe Benefits	\$ 38,770.00	\$ -	\$ -	0.00%	\$ 38,770.00
<b>Total Personnel Expenses</b>	<b>\$ 168,005.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 168,005.00</b>
Operating Expenses					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ 60.00	\$ -	\$ -	0.00%	\$ 60.00
General Operating	\$ 1,920.00	\$ -	\$ -	0.00%	\$ 1,920.00
Staff Travel	\$ 660.00	\$ -	\$ -	0.00%	\$ 660.00
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other: Misc./ Program Related Expenses	\$ 503.00	\$ -	\$ -	0.00%	\$ 503.00
Subscription/ Publication, Client Related	\$ -	\$ -	\$ -	0.00%	\$ -
<b>Total Operating Expenses</b>	<b>\$ 3,143.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 3,143.00</b>
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
<b>TOTAL DIRECT EXPENSES</b>	<b>\$ 171,148.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 171,148.00</b>
Indirect Expenses	\$ 20,538.00	\$ -	\$ -	0.00%	\$ 20,538.00
<b>TOTAL EXPENSES</b>	<b>\$ 191,686.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 191,686.00</b>
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
<b>REIMBURSEMENT</b>		<b>\$ -</b>			

NOTES:

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

Signature: \_\_\_\_\_

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

Printed Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

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

DPH Authorization for Payment

Authorized Signatory

Date

Jul New Contract 10-28

CMHS/CSAS/CHS10/28/2010 INVOICE

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

Appendix F  
PAGE A

Control Number

Contractor: Family Service Agency of SF

Address: 1010 Gough Street, San Francisco, CA 94109

Tel. No.: (415) 474-7310

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

PHP Division: Community Behavioral Health Services

INVOICE NUMBER:

Ct.Blanket No.: BPHM

Ct. PO No.: POHM

Fund Source:

Invoice Period:

Final Invoice:  (Check if Yes)

ACE Control Number:

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

\*Unduplicated Counts for AIDS Use Only.

DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - Svc Func (MH only)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENT	UOS	CLIENTS
<b>B-8b Early Childhood Mental Health-Preschool For All RU# 3822</b>												
45/ 10 - 19 Outreach Svc/ Consultation Grp	331.00				\$ 75.00	\$ -	0.000		0.00%		331.000	\$ 24,825.00
45/ 10 - 19 Outreach Svc/ Consultation Indv	294.00				\$ 75.00	\$ -	0.000		0.00%		294.000	22,050.00
45/ 10 - 19 Outreach Svc/ Class Observ	179.00				\$ 75.00	\$ -	0.000		0.00%		179.000	13,425.00
45/ 10 - 19 Outreach Svc/ Training Grp	242.00				\$ 75.00	\$ -	0.000		0.00%		242.000	18,150.00
45/ 10 - 19 Outreach Svc/ Direct Svc Grp	78.00				\$ 110.00	\$ -	0.000		0.00%		78.000	8,580.00
45/ 10 - 19 Outreach Svc/ Direct Svc Indv	165.00				\$ 75.00	\$ -	0.000		0.00%		165.000	12,375.00
45/ 10 - 19 Outreach Svc/ Linkage	67.00				\$ 75.00	\$ -	0.000		0.00%		67.000	5,025.00
45/ 10 - 19 Outreach Svc/ Eval Services	3.00				\$ 75.00	\$ -	0.000		0.00%		3.000	225.00
<b>TOTAL</b>	<b>1,359.00</b>		<b>0.0000</b>				<b>0.000</b>		<b>0.00%</b>		<b>1,359.000</b>	<b>\$ 104,655.00</b>

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

NOTES:

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

Signature: \_\_\_\_\_

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

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

Send to:

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

DPH Authorization for Payment

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

\_\_\_\_\_  
Date

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

Appendix F  
PAGE A

Control Number

Contractor: Family Service Agency of SF  
Address: 1010 Gough Street, San Francisco, CA 94109  
Tel. No.: (415) 474-7310  
Contract Term: 07/01/2010 - 06/30/2011  
PHP Division: Community Behavioral Health Services

INVOICE NUMBER: M07 JL 0  
Ct. Blanket No.: BPHM  
Ct. PO No.: POHM  
Fund Source: General Fund - Adult  
Invoice Period: July 2010  
Final Invoice: (Check if Yes)  
ACE Control Number:

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

\*Unduplicated Counts for ADFS Use Only

DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - Svc Func (for only)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENTS	UOS	CLIENTS
<b>B-1a Geriatric OP/ICM/Community Integration RU# 38223</b>												
15/ 01 - 09 Case Mgt Brokerage	92,040.00				\$ 2.01	\$ -	0.000		0.00%		92,040.00	
15/ 10 - 59 MH Svcs	193,765.00				\$ 2.60	\$ -	0.000		0.00%		193,765.00	
15/ 60 - 69 Medication Support	87,300.00				\$ 4.81	\$ -	0.000		0.00%		87,300.00	
15/ 70 - 79 Crisis Intervention-OP	10,800.00				\$ 3.87	\$ -	0.000		0.00%		10,800.00	
45/ 10 - 19 MH Promotion	585.00				\$ 94.80	\$ -	0.000		0.00%		585.00	
<b>B-1b Geriatrics Gough St.-Intensive Case Mgmt (RU 382213)</b>												
(15 SFC 01-09) Case Management					\$ 2.01	\$ -	0.000		#DIV/0!		0.000	
(15 SFC 10-59) Mental Health Services					\$ 2.60	\$ -	0.000		#DIV/0!		0.000	
(15 SFC 60-69) Medication					\$ 4.81	\$ -	0.000		#DIV/0!		0.000	
(15 SFC 70-79) Crisis Intervention					\$ 3.87	\$ -	0.000		#DIV/0!		0.000	
<b>B-1c Geriatric West RU# 89903</b>												
15/ 01 - 09 Case Mgt Brokerage	75,000.00				\$ 2.01	\$ -	0.000		0.00%		75,000.00	
15/ 10 - 59 MH Svcs	168,174.00				\$ 2.60	\$ -	0.000		0.00%		168,174.00	
15/ 60 - 69 Medication Support	58,000.00				\$ 4.81	\$ -	0.000		0.00%		58,000.00	
15/ 70 - 79 Crisis Intervention-OP	9,000.00				\$ 3.87	\$ -	0.000		0.00%		9,000.00	
45/ 10 - 19 MH Promotion	573.00				\$ 94.80	\$ -	0.000		0.00%		573.00	
<b>B-3 Geriatrics Gough-OADSC (RU# 382204)</b>												
(15 SFC 01-09) Case Management					\$ 2.01	\$ -	0.000		#DIV/0!		0.000	
(15 SFC 10-59) Mental Health Services					\$ 2.60	\$ -	0.000		#DIV/0!		0.000	
(15 SFC 60-69) Medication					\$ 4.81	\$ -	0.000		#DIV/0!		0.000	
(15 SFC 70-79) Crisis Intervention					\$ 3.87	\$ -	0.000		#DIV/0!		0.000	
(45 SFC 10-19 & 20-29) Indirect/ Outreach Services					\$ 94.80	\$ -	0.000		#DIV/0!		0.000	
<b>B-3a Community Aftercare RU# 89770P</b>												
15/ 01 - 09 Case Mgt Brokerage	120,000.00				\$ 2.01	\$ -	0.000		0.00%		120,000.00	
15/ 10 - 59 MH Svcs	54,150.00				\$ 2.60	\$ -	0.000		0.00%		54,150.00	
15/ 60 - 69 Medication Support	9,600.00				\$ 4.81	\$ -	0.000		0.00%		9,600.00	
15/ 70 - 79 Crisis Intervention-OP	2,000.00				\$ 3.87	\$ -	0.000		0.00%		2,000.00	
45/ 10 - 19 MH Promotion	185.00				\$ 94.80	\$ -	0.000		0.00%		185.00	
<b>B-3b Adult Care Management RU# 38220P</b>												
15/ 01 - 09 Case Mgt Brokerage	174,000.00				\$ 2.01	\$ -	0.000		0.00%		174,000.00	
15/ 10 - 59 MH Svcs	27,832.00				\$ 2.60	\$ -	0.000		0.00%		27,832.00	
15/ 60 - 69 Medication Support	48,000.00				\$ 4.81	\$ -	0.000		0.00%		48,000.00	
15/ 70 - 79 Crisis Intervention-OP	5,400.00				\$ 3.87	\$ -	0.000		0.00%		5,400.00	
45/ 10 - 19 MH Promotion	270.00				\$ 94.80	\$ -	0.000		0.00%		270.00	
<b>TOTAL</b>	<b>1,136,674.00</b>		<b>0.000</b>				<b>0.000</b>		<b>0.00%</b>		<b>1,136,674.00</b>	

SUBTOTAL AMOUNT DUE \$ -  
Less: Initial Payment Recovery  
(for OPK use) Other Adjustments  
**NET REIMBURSEMENT \$ -**

NOTES

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

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

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

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

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

Appendix F  
PAGE A

Control Number

INVOICE NUMBER: M09 JL 0

Contractor: Family Service Agency of SF

Ct. Blanket No.: BPHM TBD

Address: 1010 Gough Street, San Francisco, CA 94109

Ct. PO No.: POHM TBD User Cd

Tel. No.: (415) 474-7310

Fund Source: State Office of Family Planning

Invoice Period: July 2010

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

Final Invoice: (Check if Yes)

PHP Division: Community Behavioral Health Services

ACE Control Number:

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-9 Youth Striving For Excellence RU# 382214												
Health Education Services							#DIV/0!		-		#DIV/0!	

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ -	\$ -	\$ -	0.00%	\$ -
Fringe Benefits	\$ -	\$ -	\$ -	0.00%	\$ -
<b>Total Personnel Expenses</b>	\$ -	\$ -	\$ -	0.00%	\$ -
Operating Expenses					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ -	\$ -	\$ -	0.00%	\$ -
General Operating	\$ -	\$ -	\$ -	0.00%	\$ -
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ 4,465.00	\$ -	\$ -	0.00%	\$ 4,465.00
Other:	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
<b>Total Operating Expenses</b>	\$ 4,465.00	\$ -	\$ -	0.00%	\$ 4,465.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
<b>TOTAL DIRECT EXPENSES</b>	\$ 4,465.00	\$ -	\$ -	0.00%	\$ 4,465.00
Indirect Expenses	\$ 535.00	\$ -	\$ -	0.00%	\$ 535.00
<b>TOTAL EXPENSES</b>	\$ 5,000.00	\$ -	\$ -	0.00%	\$ 5,000.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
<b>REIMBURSEMENT</b>		\$ -			

NOTES:

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

Signature: \_\_\_\_\_

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

Printed Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

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

DPH Authorization for Payment

Authorized Signatory

Date

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

Appendix F  
PAGE A

Control Number

Contractor: Family Service Agency of SF

Address: 1010 Gough Street, San Francisco, CA 94109

Tel. No.: (415) 474-7310

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

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: M12 JL 0

Ct. Blanket No.: BPHM TBD

Ct. PO No.: POHM TBD

Fund Source: MHSA - Prop 63

Invoice Period: July 2010

Final Invoice: (Check if Yes)

ACE Control Number:

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-2 Senior Drop-In Center RU# 3822SD												
Supplemental Support							#DIV/0!		-		#DIV/0!	

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 85,642.00	\$ -	\$ -	0.00%	\$ 85,642.00
Fringe Benefits	\$ 16,874.00	\$ -	\$ -	0.00%	\$ 16,874.00
<b>Total Personnel Expenses</b>	<b>\$ 102,516.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 102,516.00</b>
Operating Expenses					
Occupancy	\$ 1,020.00	\$ -	\$ -	0.00%	\$ 1,020.00
Materials and Supplies	\$ 948.00	\$ -	\$ -	0.00%	\$ 948.00
General Operating	\$ 1,120.00	\$ -	\$ -	0.00%	\$ 1,120.00
Staff Travel	\$ 2,160.00	\$ -	\$ -	0.00%	\$ 2,160.00
Consultant/Subcontractor	\$ 47,400.00	\$ -	\$ -	0.00%	\$ 47,400.00
Other: Misc./ Program Related Expenses	\$ 10,370.00	\$ -	\$ -	0.00%	\$ 10,370.00
Subscriptions/ Publications, Client	\$ -	\$ -	\$ -	0.00%	\$ -
Related, Volunteer Stipends	\$ -	\$ -	\$ -	0.00%	\$ -
<b>Total Operating Expenses</b>	<b>\$ 63,018.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 63,018.00</b>
<b>Capital Expenditures</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ -</b>
<b>TOTAL DIRECT EXPENSES</b>	<b>\$ 165,534.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 165,534.00</b>
Indirect Expenses	\$ 19,866.00	\$ -	\$ -	0.00%	\$ 19,866.00
<b>TOTAL EXPENSES</b>	<b>\$ 185,400.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 185,400.00</b>
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
<b>REIMBURSEMENT</b>		<b>\$ -</b>			

NOTES:

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

Signature: \_\_\_\_\_

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

Printed Name: \_\_\_\_\_

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

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

DPH Authorization for Payment

Authorized Signatory

Date

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
FEE FOR SERVICE STATEMENT OF DELIVERABLES AND INVOICE**

Appendix F  
PAGE A

Control Number

Contractor: Family Service Agency of SF  
Address: 1010 Gough Street, San Francisco, CA 94109  
Tel. No.: (415) 474-7310  
Contract Term: 07/01/2010 - 06/30/2011  
PHP Division: Community Behavioral Health Services

INVOICE NUMBER: M13 JL 0  
Ct Blanket No.: BPHM TBD  
Ct. PO No.: POHM TBD  
Fund Source: SFCFC - FRC Work Order  
Invoice Period: July 2010  
Final Invoice: (Check if Yes)  
ACE Control Number:

Unduplicated Clients for Exhibit:	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC
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\*Unduplicated Counts for AIDS Use Only

DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - Svc Func (MH Only)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables		
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENT	UOS	CLIENTS	
<b>B-8c Early Childhood Mental Health-Family Resource Center RU# 3822</b>													
45/ 10 - 19 Outreach Svc/ Consultation Grp	53.00				\$ 75.00	\$ -	0.000		0.00%		53.000		\$ 3,975.00
45/ 10 - 19 Outreach Svc/ Consultation Indv	44.00				\$ 75.00	\$ -	0.000		0.00%		44.000		3,300.00
45/ 10 - 19 Outreach Svc/ Class Observ	35.00				\$ 75.00	\$ -	0.000		0.00%		35.000		2,625.00
45/ 10 - 19 Outreach Svc/ Training Grp	38.00				\$ 75.00	\$ -	0.000		0.00%		38.000		2,850.00
45/ 10 - 19 Outreach Svc/ Direct Svc Grp	13.00				\$ 110.00	\$ -	0.000		0.00%		13.000		1,430.00
45/ 10 - 19 Outreach Svc/ Direct Svc Indv	26.00				\$ 75.00	\$ -	0.000		0.00%		26.000		1,950.00
45/ 10 - 19 Outreach Svc/ Linkage	10.00				\$ 75.00	\$ -	0.000		0.00%		10.000		750.00
45/ 10 - 19 Outreach Svc/ Eval Services	1.00				\$ 75.00	\$ -	0.000		0.00%		1.000		75.00
<b>TOTAL</b>	<b>220.00</b>		<b>0.000</b>				<b>0.000</b>		<b>0.00%</b>		<b>220.000</b>		<b>\$ 16,955.00</b>

**SUBTOTAL AMOUNT DUE** \$ -  
**Less: Initial Payment Recovery**  
**(For DPH Use) Other Adjustments**  
**NET REIMBURSEMENT** \$ -

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Title: \_\_\_\_\_

Send to:  
DPH Fiscal/Invoice Processing  
1380 Howard St - 4th Floor  
San Francisco, CA 94103

DPH Authorization for Payment  
\_\_\_\_\_  
Authorized Signatory Date

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
COST REIMBURSEMENT INVOICE**

Appendix F  
PAGE A

Control Number

INVOICE NUMBER:

Ct. Blanket No.: BPHM

User Cd

Ct. PO No.: POHM

Fund Source:

Invoice Period:

Final Invoice:  (Check if Yes)

ACE Control Number:

Contractor: Family Service Agency of SF

Address: 1010 Gough Street, San Francisco, CA 94109

Tel. No.: (415) 474-7310

Contract Term: 07/01/2010 - 06/30/2011

PHP Division: Community Behavioral Health Services

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
<b>B-10a Prevention &amp; Recovery in Early Psychosis (PREP) RU# 382214</b>												
Early Intervention							#DIV/0!		-		#DIV/0!	

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 252,727.00	\$ -	\$ -	0.00%	\$ 252,727.00
Fringe Benefits	\$ 75,818.00	\$ -	\$ -	0.00%	\$ 75,818.00
<b>Total Personnel Expenses</b>	<b>\$ 328,545.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 328,545.00</b>
Operating Expenses					
Occupancy	\$ 26,275.00	\$ -	\$ -	0.00%	\$ 26,275.00
Materials and Supplies	\$ 1,323.00	\$ -	\$ -	0.00%	\$ 1,323.00
General Operating	\$ 3,410.00	\$ -	\$ -	0.00%	\$ 3,410.00
Staff Travel	\$ 4,423.00	\$ -	\$ -	0.00%	\$ 4,423.00
Consultant/Subcontractor	\$ 466,490.00	\$ -	\$ -	0.00%	\$ 466,490.00
Other: Flexible Funds, Meeting Cost	\$ 9,770.00	\$ -	\$ -	0.00%	\$ 9,770.00
Stipends: Consumer Advisory Board	\$ -	\$ -	\$ -	0.00%	\$ -
<b>Total Operating Expenses</b>	<b>\$ 511,691.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 511,691.00</b>
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
<b>TOTAL DIRECT EXPENSES</b>	<b>\$ 840,236.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 840,236.00</b>
Indirect Expenses	\$ 100,828.00	\$ -	\$ -	0.00%	\$ 100,828.00
<b>TOTAL EXPENSES</b>	<b>\$ 941,064.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 941,064.00</b>
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
<b>REIMBURSEMENT</b>		<b>\$ -</b>			

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Send to: DPH Fiscal Invoice Processing  
1380 Howard St 4th Floor  
San Francisco CA 94103-2614

DPH Authorization for Payment

Authorized Signatory

Date

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
COST REIMBURSEMENT INVOICE**

Appendix F  
PAGE A

Control Number

INVOICE NUMBER: M18 JL 0

Contractor: Family Service Agency of SF

Address: 1010 Gough Street, San Francisco, CA 94109

Tel. No.: (415) 474-7310

Contract Term: 07/01/2010 - 06/30/2011

PHP Division: Community Behavioral Health Services

Ct. Blanket No.: BPHM TBD

User Cd

Ct. PO No.: POHM TBD

Fund Source: MHSA - Prop 63

Invoice Period: July 2010

Final Invoice: (Check if Yes)

ACE Control Number:

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
<b>B-11 Older Adult Behavioral Health Screening/ Training</b>												
Training Development							#DIV/0!		-		#DIV/0!	

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 3,246.00	\$ -	\$ -	0.00%	\$ 3,246.00
Fringe Benefits	\$ 974.00	\$ -	\$ -	0.00%	\$ 974.00
<b>Total Personnel Expenses</b>	<b>\$ 4,220.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 4,220.00</b>
Operating Expenses					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ -	\$ -	\$ -	0.00%	\$ -
General Operating	\$ -	\$ -	\$ -	0.00%	\$ -
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ 11,495.00	\$ -	\$ -	0.00%	\$ 11,495.00
Other: Flexible Funds, Client Support Services	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
<b>Total Operating Expenses</b>	<b>\$ 11,495.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 11,495.00</b>
<b>Capital Expenditures</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ -</b>
<b>TOTAL DIRECT EXPENSES</b>	<b>\$ 15,715.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 15,715.00</b>
<b>Indirect Expenses</b>	<b>\$ 1,886.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 1,886.00</b>
<b>TOTAL EXPENSES</b>	<b>\$ 17,601.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 17,601.00</b>
<b>Less: Initial Payment Recovery</b>					
<b>Other Adjustments (DPH use only)</b>					
<b>REIMBURSEMENT</b>		<b>\$ -</b>			

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Send to: DPH Fiscal Invoice Processing  
1380 Howard St 4th Floor  
San Francisco CA 94103-2614

DPH Authorization for Payment

Authorized Signatory	Date
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Appendix F  
PAGE A

INVOICE NUMBER: M10 JL C

Ct.Blanket No : BPHM TBD

Ct. PO No.: FOHM TBD

Fund Source: MHSA - Prop63

Invoice Period : July 2010

Final Invoice:	(Check if Yes)
----------------	----------------

ACE Control Number

\*Indicated Count\* for AIFS Use Only

INOTES: \$55,255 FFP - HMHMCC730515 \$362,685 - MHSA

INOTES: \$55,255 FFP - HMHMCC730515 \$362,685 - MHSA

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Title: \_\_\_\_\_

DPH Authorization for Payment

Date \_\_\_\_\_

Appendix F  
PAGE A

INVOICE NUMBER: M20 JL G

Ct.Blanket No.: BPHM T8D

Ct. PO No.: POHM TBD

Fund Source: MESA - Prop63

Invoice Period : July 2010

ACE Control Number:  

\*Unduplicated Counts for AIDS Use Only

NOTES: \$126,000 FFP - HMH MCC730515. \$650,370 - MHSA.

Funding Source (Index Code):	Encumbered	Current Month	Year-to-Date
MHSA (HMHMPROP63)	\$ 650,370.00	\$ -	\$ -
Federal Medi-Cal (HMHMCC730515)	\$ 126,000.00	\$ -	\$ -
TOTAL FUNDING	\$ 776,370.00	\$ -	\$ -

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### DPH Authorization for Payment

DPH Authorization for Payment

\_\_\_\_\_  
Authorized Signatory

\_\_\_\_\_  
Date

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
FEE FOR SERVICE STATEMENT OF DELIVERABLES AND INVOICE**

Appendix F  
PAGE A

Control Number

Contractor: Family Service Agency of SF

Address: 1010 Gough Street, San Francisco, CA 94109

Tel No.: (415) 474-7310

Contract Term: 07/01/2010 - 06/30/2011

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: M21 JL 0

Ct Blanket No.: BPHM TBD

CL PO No.: POHM TBD User Cd

Fund Source: SDMC Regular FFP, EPSDT State Match

Invoice Period: July 2010

Final Invoice: (Check if Yes)

ACE Control Number:

Unduplicated Clients for Exhibit:	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC

\*Unduplicated Counts for AIDS Use Only

DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - Svc Func (MH Only)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENT	UOS	CLIENTS
<b>B-10b Prevention &amp; Recovery Early Psychosis (PREP) RU# 382214</b>												
15/01 - 09 Case Mgt Brokerage	1,846.00				\$ 2.01	\$ -	0.000		0.00%		1,846.000	\$ 3,710.46
15/10 - 59 MH Svcs	22,909.00				\$ 2.60	\$ -	0.000		0.00%		22,909.000	59,563.40
15/60 - 69 Medication Support	10,673.00				\$ 4.81	\$ -	0.000		0.00%		10,673.000	51,337.13
15/70 - 79 Crisis Intervention-OP	922.00				\$ 3.87	\$ -	0.000		0.00%		922.000	3,568.14
45/10 - 19 MH Promotion	70.00				\$ 94.80	\$ -	0.000		0.00%		70.000	6,636.00
<b>TOTAL</b>	<b>36,420.00</b>		<b>0.000</b>				<b>0.000</b>		<b>0.00%</b>		<b>36,420.000</b>	<b>\$ 124,815.13</b>

**SUBTOTAL AMOUNT DUE** \$  
**Less: Initial Payment Recovery**  
**(For DPH Use) Other Adjustments**  
**NET REIMBURSEMENT** \$

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Send to:	DPH Fiscal/Invoice Processing 1380 Howard St. - 4th Floor San Francisco, CA 94103
----------	---

DPH Authorization for Payment	
_____ Authorized Signatory	_____ Date



## **Appendix G**

### **Dispute Resolution Procedure For Health and Human Services Nonprofit Contractors 9-06**

#### **Introduction**

The City Nonprofit Contracting Task Force submitted its final report to the Board of Supervisors in June 2003. The report contains thirteen recommendations to streamline the City's contracting and monitoring process with health and human services nonprofits. These recommendations include: (1) consolidate contracts, (2) streamline contract approvals, (3) make timely payment, (4) create review/appellate process, (5) eliminate unnecessary requirements, (6) develop electronic processing, (7) create standardized and simplified forms, (8) establish accounting standards, (9) coordinate joint program monitoring, (10) develop standard monitoring protocols, (11) provide training for personnel, (12) conduct tiered assessments, and (13) fund cost of living increases. The report is available on the Task Force's website at [http://www.sfgov.org/site/npcontractingtf\\_index.asp?id=1270](http://www.sfgov.org/site/npcontractingtf_index.asp?id=1270). The Board adopted the recommendations in February 2004. The Office of Contract Administration created a Review/Appellate Panel ("Panel") to oversee implementation of the report recommendations in January 2005.

The Board of Supervisors strongly recommends that departments establish a Dispute Resolution Procedure to address issues that have not been resolved administratively by other departmental remedies. The Panel has adopted the following procedure for City departments that have professional service grants and contracts with nonprofit health and human service providers. The Panel recommends that departments adopt this procedure as written (modified if necessary to reflect each department's structure and titles) and include it or make a reference to it in the contract. The Panel also recommends that departments distribute the finalized procedure to their nonprofit contractors. Any questions for concerns about this Dispute Resolution Procedure should be addressed to [purchasing@sfgov.org](mailto:purchasing@sfgov.org).

#### **Dispute Resolution Procedure**

The following Dispute Resolution Procedure provides a process to resolve any disputes or concerns relating to the administration of an awarded professional services grant or contract between the City and County of San Francisco and nonprofit health and human services contractors.

Contractors and City staff should first attempt to come to resolution informally through discussion and negotiation with the designated contact person in the department.

If informal discussion has failed to resolve the problem, contractors and departments should employ the following steps:

- **Step 1**      The contractor will submit a written statement of the concern or dispute addressed to the Contract/Program Manager who oversees the agreement in question. The writing should describe the nature of the concern or dispute, i.e., program, reporting, monitoring, budget, compliance or other concern. The

Contract/Program Manager will investigate the concern with the appropriate department staff that are involved with the nonprofit agency's program, and will either convene a meeting with the contractor or provide a written response to the contractor within 10 working days.

- Step 2      Should the dispute or concern remain unresolved after the completion of Step 1, the contractor may request review by the Division or Department Head who supervises the Contract/Program Manager. This request shall be in writing and should describe why the concern is still unresolved and propose a solution that is satisfactory to the contractor. The Division or Department Head will consult with other Department and City staff as appropriate, and will provide a written determination of the resolution to the dispute or concern within 10 working days.
- Step 3      Should Steps 1 and 2 above not result in a determination of mutual agreement, the contractor may forward the dispute to the Executive Director of the Department or their designee. This dispute shall be in writing and describe both the nature of the dispute or concern and why the steps taken to date are not satisfactory to the contractor. The Department will respond in writing within 10 working days.

In addition to the above process, contractors have an additional forum available only for disputes that concern implementation of the thirteen policies and procedures recommended by the Nonprofit Contracting Task Force and adopted by the Board of Supervisors. These recommendations are designed to improve and streamline contracting, invoicing and monitoring procedures. For more information about the Task Force's recommendations, see the June 2003 report at [http://www.sfgov.org/site/npcontractingtf\\_index.asp?id=1270](http://www.sfgov.org/site/npcontractingtf_index.asp?id=1270).

The Review/Appellate Panel oversees the implementation of the Task Force report. The Panel is composed of both City and nonprofit representatives. The Panel invites contractors to submit concerns about a department's implementation of the policies and procedures. Contractors can notify the Panel after Step 2. However, the Panel will not review the request until all three steps are exhausted. This review is limited to a concern regarding a department's implementation of the policies and procedures in a manner which does not improve and streamline the contracting process. This review is not intended to resolve substantive disputes under the contract such as change orders, scope, term, etc. The contractor must submit the request in writing to [purchasing@sfgov.org](mailto:purchasing@sfgov.org). This request shall describe both the nature of the concern and why the process to date is not satisfactory to the contractor. Once all steps are exhausted and upon receipt of the written request, the Panel will review and make recommendations regarding any necessary changes to the policies and procedures or to a department's administration of policies and procedures.

## Appendix H

### **San Francisco Department of Public Health Privacy Policy Compliance Standards**

As part of this Agreement, Contractor acknowledges and agrees to comply with the following:

In City's Fiscal Year 2003/04, a DPH Privacy Policy was developed and contractors advised that they would need to comply with this policy as of July 1, 2005.

As of July 1, 2004, contractors were subject to audits to determine their compliance with the DPH Privacy Policy using the six compliance standards listed below. Audit findings and corrective actions identified in City's Fiscal year 2004/05 were to be considered informational, to establish a baseline for the following year.

Beginning in City's Fiscal Year 2005/06, findings of compliance or non-compliance and corrective actions were to be integrated into the contractor's monitoring report.

**Item #1: DPH Privacy Policy is integrated in the program's governing policies and procedures regarding patient privacy and confidentiality.**

As Measured by: Existence of adopted/approved policy and procedure that abides by the rules outlined in the DPH Privacy Policy

**Item #2: All staff who handle patient health information are oriented (new hires) and trained in the program's privacy/confidentiality policies and procedures.**

As Measured by: Documentation showing individual was trained exists

**Item #3: A Privacy Notice that meets the requirements of the Federal Privacy Rule (HIPAA) is written and provided to all patients/clients served in their threshold and other languages. If document is not available in the patient's/client's relevant language, verbal translation is provided.**

As Measured by: Evidence in patient's/client's chart or electronic file that patient was "noticed." (Examples in English, Cantonese, Vietnamese, Tagalog, Spanish, Russian will be provided.)

**Item #4: A Summary of the above Privacy Notice is posted and visible in registration and common areas of treatment facility.**

As Measured by: Presence and visibility of posting in said areas. (Examples in English, Cantonese, Vietnamese, Tagalog, Spanish, Russian will be provided.)

**Item #5: Each disclosure of a patient's/client's health information for purposes other than treatment, payment, or operations is documented.**

As Measured by: Documentation exists.

**Item #6: Authorization for disclosure of a patient's/client's health information is obtained prior to release (1) to non-treatment providers or (2) from a substance abuse program.**

As Measured by: An authorization form that meets the requirements of the Federal Privacy Rule (HIPAA) is available to program staff and, when randomly asked, staff are aware of circumstances when authorization form is needed.





## Appendix I

### Emergency Response

CONTRACTOR will develop and maintain an Agency Disaster and Emergency Response Plan containing Site Specific Emergency Response Plan(s) for each of its service sites. The agency-wide plan should address disaster coordination between and among service sites. CONTRACTOR will update the Agency/site(s) plan as needed and CONTRACTOR will train all employees regarding the provisions of the plan for their Agency/site(s). CONTRACTOR will attest on its annual Community Programs' Contractor Declaration of Compliance whether it has developed and maintained an Agency Disaster and Emergency Response Plan, including a site specific emergency response plan for each of its service sites. CONTRACTOR is advised that Community Programs Contract Compliance Section staff will review these plans during a compliance site review. Information should be kept in an Agency/Program Administrative Binder, along with other contractual documentation requirements for easy accessibility and inspection.

In a declared emergency, CONTRACTOR'S employees shall become emergency workers and participate in the emergency response of Community Programs, Department of Public Health. Contractors are required to identify and keep Community Programs staff informed as to which two staff members will serve as CONTRACTOR'S prime contacts with Community Programs in the event of a declared emergency.





# CERTIFICATE OF LIABILITY INSURANCE

OP ID NS  
FAMIL-9

DATE (MM/DD/YYYY)

06/29/10

<b>PRODUCER</b> (SF) Jeffernan Insurance Brkrs 120 Howard Street, Suite 550 San Francisco CA 94105 Phone: 415-778-0300 Fax: 415-778-0301		<b>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.</b>	
<b>INSURED</b> Family Service Agency of SF Al Gilbert 1010 Gough St. San Francisco CA 94109		<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC #</b>
		INSURER A: Cypress Insurance Co (BHHC)	
		INSURER B: NON PROFITS INSURANCE ALLIANCE	
		INSURER C: American Healthcare Indemnity	
		INSURER D: Fidelity & Dep. Co of Maryland	
		INSURER E:	

## COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.							
INSR ADD'L	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
B	X	<b>GENERAL LIABILITY</b> <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 type="checkbox"/> LOC	201001808	07/01/10	07/01/11	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000 \$ 300,000
						MED EXP (Any one person)	\$ 10,000
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 2,000,000
						PRODUCTS - COMP/OP AGG	\$ 2,000,000
B	X	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	201001808	07/01/10	07/01/11	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO	NO COVERAGE			AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN AUTO ONLY: EA ACC	\$
						AGG	\$
B		<b>EXCESS / UMBRELLA LIABILITY</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$10,000	201001808UMB	07/01/10	07/01/11	EACH OCCURRENCE	\$ 5,000,000
						AGGREGATE	\$ 5,000,000
							\$
							\$
							\$
A		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below OTHER	3300056385-101	01/01/10	01/01/11	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER	
						E.L. EACH ACCIDENT	\$ 1000000
						E.L. DISEASE - EA EMPLOYEE	\$ 1000000
						E.L. DISEASE - POLICY LIMIT	\$ 1000000
C		<b>Professional</b>	HCP0000126-AGG\$3,000,000	07/01/10	07/01/11	Per Claim	\$1,000,000
D		<b>Crime/Emp Dish \$2M</b>	THEFT \$2,500	11/16/08	11/16/11	Ded\$20000	Ded\$100

### DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Project: As on file with the insured.  
City & County of San Francisco, its officers, employees and agents are named as additional insured on General Liability and Automobile Liability policies per the attached endorsements.  
\*Except 10 days notice for non-payment of premium.

### CERTIFICATE HOLDER

<b>CITY&amp;CO</b>  City & County of San Francisco San Francisco Dept of Public Health Office of Contract MGMT 101 Grove Street Rm #307 San Francisco, CA 94102
--

### CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30* DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 
---



Policy Number: 201001808

Named Insured: Family Service Agency of SF Al Gilbert

COMMERCIAL GENERAL LIABILITY  
CG 20 26 07 04

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED - DESIGNATED  
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

**SCHEDULE**

Name of Additional Insured Person(s) or Organization(s)
City and County of San Francisco, its officers, employees or agents.
Project: As on file with Insured
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

**Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A. In the performance of your ongoing operations; or
- B. In connection with your premises owned by or rented to you.





THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

**ADDITIONAL INSURED ENDORSEMENT**

This endorsement modifies insurance provided under the following:

**BUSINESS AUTO COVERAGE ONLY**

In consideration of the premium charged, it is understood and agreed that the following is added as an additional insured:

City & County of San Francisco, its officers, employees and agents  
Project: As on file with Insured

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

But only as respects a legally enforceable contractual agreement with the Named Insured and only for liability arising out of the Named Insured's negligence and only for occurrences of coverages not otherwise excluded in the policy to which this endorsement applies.

It is further understood and agreed that irrespective of the number of entities named as insureds under this policy, in no event shall the company's limits of liability exceed the occurrence or aggregate limits as applicable by policy definition or endorsement.

