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

First Amendment

THIS AMENDMENT (this "Amendment") is made as of July 1, 2012, in San Francisco, California, by and between Instituto Familiar de La Raza ("Contractor"), and the City and County of San Francisco, a municipal corporation ("City"), acting by and through its Director of the Office of Contract Administration.

RECITALS

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

WHEREAS, City and Contractor desire to modify the Agreement on the terms and conditions set forth herein to renew the contract for Fiscal Year 2012-2013:

- Appendix A-6 Mental Health Consultation/SED Classroom and Appendix A-10 Mindfulness Training Interventions for Youth and Their Providers will not be renewed for FY 12-13
- 2) add Appendix A, Appendices A-1 through A-10, Appendix B, Appendices B-1 through B-10
- 3) add Appendix F Invoice Template; and
- 4) increase the Compensation for Fiscal Year 2012-2013 with a Cost of Doing Business Increase of 1.91% in the amount of Thirty Five Thousand Two Hundred Forty Three Dollars (\$35,243).

WHEREAS, approval for this Amendment was obtained when the Civil Service Commission approved Contract numbers 4150-09/10, 4152-09/10 and 4160-09/10 on June 21, 2010;

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

- 1. **Definitions.** The following definitions shall apply to this Amendment:
- 1a. Agreement. The term "Agreement" shall mean the Agreement dated July 1, 2010 from the RFP 23-2009, dated July 31, 2009, Contract Numbers BPHM11000026 and DPHM11000277 between Contractor and City, as amended by this First Amendment.
- 1b. Other Terms. Terms used and not defined in this Amendment shall have the meanings assigned to such terms in the Agreement.
- 2. Modifications to the Agreement. The Agreement is hereby modified as follows:
 - 2a. Section 2. Term of the Agreement is provided for reference only:
 - 2. Term of the Agreement

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

- 2b. Section 5. Compensation of the Agreement is provided for reference only:
- 5. Compensation

Instituto	Familiar	đe	La	Raza
		CN	1S#	6960

Compensation shall be made in monthly payments on or before the 30th day of each month for work, as set forth in Section 4 of this Agreement, that the Director of the Public Health Department, in his or her sole discretion, concludes has been performed as of the 30th day of the immediately preceding month. In no event shall the amount of this Agreement exceed Fourteen Million Two Hundred Nineteen Thousand One Hundred Sixty One Dollars (\$14,219,161). The breakdown of costs associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein.

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

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

- 2c. Appendix A Services to be provided by Contractor and Appendices A-1 through A-10 dated 07/01/2012 (i.e., July 1, 2012) are hereby added for Fiscal Year 2012-2013.
- 2d. Appendix B Calculation of Charges and Appendices B-1 through B-10 dated 07/01/2012 (i.e., July 1, 2012) are hereby added for Fiscal Year 2012-2013.
- 2e. Appendices A-1 through A-10 have been renumbered from the Original Agreement due to the elimination of funding for Appendices A-6 and Appendix A-10 for Fiscal Year 2012-2013.
 - 2f. Revised Appendix F, Invoice Template dated 07/01/2012 (i.e., July 1, 2012) is hereby attached.
- 2g. A Cost of Doing Business Increase of 1.91% has been added to the Compensation for Fiscal Year 2012-2013.
- 3. Effective Date. Each of the modifications set forth in Section 2 shall be effective on and after July 1, 2012.
- 4. Legal Effect. Except as expressly modified by this Amendment, all of the terms and conditions of the Agreement shall remain unchanged and in full force and effect.

IN WITNESS WHEREOF, Contractor and City have executed this Amendment as of the date first referenced above. CITY CONTRACTOR: Recommended by: INSTITUTO FAMILIAR DE LA RAZA BARBARA A. GARCIA, MPA. GERMAN WALTEROS, Acting Executive Director Director of Health ESTELA R. GARCIA, DMH Department of Public Health Executive Director 2919 Mission Street San Francisco, California 94110 Approved as to Form: City vendor number: 09835 Dennis J. Herrera City Attorney SHERRI SOKELAND KAISER Deputy City Attorney Approved:

/JACI FONG

Director of the Office of Contract Administration, and

Purchaser

Instituto Familiar de La Raza CMS#6960

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P-550 (7-11)	3 of 3	July 1, 2012

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Appendix A

Community Behavioral Health Services Services to be provided by Contractor

1. Terms

A. Contract Administrator:

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

B. Reports:

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

C. <u>Evaluation</u>:

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. <u>Possession of Licenses/Permits</u>:

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

E. Adequate Resources:

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

F. Admission Policy:

Admission policies for the Services shall be in writing and available to the public. Except to the extent that the Services are to be rendered to a specific population as described in the programs listed in Section 2 of Appendix A, such policies must include a provision that clients are accepted for care without discrimination on the basis of race, color, creed, religion, sex, age, national origin, ancestry, sexual orientation, gender identification, disability, or AIDS/HIV status.

G. San Francisco Residents Only:

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

H. Grievance Procedure:

Contractor agrees to establish and maintain a written Client Grievance Procedure which shall include the following elements as well as others that may be appropriate to the Services: (1) the name or title of the person or persons authorized to make a determination regarding the grievance; (2) the opportunity for the aggrieved party to discuss the grievance with those who will be making the determination; and (3) the right of a client dissatisfied with the decision to ask for a review and recommendation from the community advisory board or planning council that has purview over the aggrieved service. Contractor shall provide a copy of this procedure, and any amendments thereto, to each client and to the Director of Public Health or his/her designated agent (hereinafter

referred to as "DIRECTOR"). Those clients who do not receive direct Services will be provided a copy of this procedure upon request.

I. <u>Infection Control</u>, Health and Safety:

- (1) Contractor must have a Bloodborne Pathogen (BBP) Exposure Control plan as defined in the California Code of Regulations, Title 8, Section 5193, Bloodborne Pathogens (http://www.dir.ca.gov/title8/5193.html), and demonstrate compliance with all requirements including, but not limited to, exposure determination, training, immunization, use of personal protective equipment and safe needle devices, maintenance of a sharps injury log, post-exposure medical evaluations, and recordkeeping.
- (2) Contractor must demonstrate personnel policies/procedures for protection of staff and clients from other communicable diseases prevalent in the population served. Such policies and procedures shall include, but not be limited to, work practices, personal protective equipment, staff/client Tuberculosis (TB) surveillance, training, etc.
- (3) Contractor must demonstrate personnel policies/procedures for Tuberculosis (TB) exposure control consistent with the Centers for Disease Control and Prevention (CDC) recommendations for health care facilities and based on the Francis J. Curry National Tuberculosis Center: Template for Clinic Settings, as appropriate.
- (4) Contractor is responsible for site conditions, equipment, health and safety of their employees, and all other persons who work or visit the job site.
- (5) Contractor shall assume liability for any and all work-related injuries/illnesses including infectious exposures such as BBP and TB and demonstrate appropriate policies and procedures for reporting such events and providing appropriate post-exposure medical management as required by State workers' compensation laws and regulations.
- (6) Contractor shall comply with all applicable Cal-OSHA standards including maintenance of the OSHA 300 Log of Work-Related Injuries and Illnesses.
- (7) Contractor assumes responsibility for procuring all medical equipment and supplies for use by their staff, including safe needle devices, and provides and documents all appropriate training.
- (8) Contractor shall demonstrate compliance with all state and local regulations with regard to handling and disposing of medical waste.

J. Acknowledgment of Funding:

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

K. <u>Client Fees and Third Party Revenue</u>:

- (1) Fees required by federal, state or City laws or regulations to be billed to the client, client's family, or insurance company, shall be determined in accordance with the client's ability to pay and in conformance with all applicable laws. Such fees shall approximate actual cost. No additional fees may be charged to the client or the client's family for the Services. Inability to pay shall not be the basis for denial of any Services provided under this Agreement.
- (2) Contractor agrees that revenues or fees received by Contractor related to Services performed and materials developed or distributed with funding under this Agreement shall be used to increase the gross program funding such that a greater number of persons may receive Services. Accordingly, these revenues and fees shall not be deducted by Contractor from its billing to the City.

L. Billing and Information System

CONTRACTOR agrees to participate in the CITY'S Community Behavioral Health Services (CBHS) Billing and Information System (BIS) and to follow data reporting procedures set forth by the CBHS BIS and Quality Improvement Units.

M. <u>Patients Rights</u>:

All applicable Patients Rights laws and procedures shall be implemented.

N. <u>Under-Utilization Reports</u>:

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. 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.

Q. <u>Harm Reduction</u>

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.

- R. Compliance with Community Behavioral Health Services Policies and Procedures
 In the provision of SERVICES under CBHS contracts, CONTRACTOR shall follow all applicable policies and procedures established for contractors by CBHS, 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.
- S. Space owned, leased or operated by San Francisco Department of Public Health providers, including satellite sites, and used by CLIENTS or STAFF shall meet local fire codes. Providers shall undergo of fire safety inspections at least every three (3) years and documentation of fire safety, or corrections of any deficiencies, shall be made available to reviewers upon request."

T. Clinics to Remain Open:

Outpatient clinics are part of the San Francisco Department of Public Health Community Behavioral Health Services (CBHS) Mental Health Services public safety net; as such, these clinics are to remain open to referrals from the CBHS Behavioral Health Access Center (BHAC), to individuals requesting services from the clinic directly, and to individuals being referred from institutional care. Clinics serving children, including comprehensive clinics, shall remain open to referrals from the 3632 unit and the Foster Care unit. Remaining open shall be in force for the duration of this Agreement. Payment for SERVICES provided under this Agreement may be withheld if an outpatient clinic does not remain open.

Remaining open shall include offering individuals being referred or requesting SERVICES appointments within 24-48 hours (1-2 working days) for the purpose of assessment and disposition/treatment planning, and for arranging appropriate dispositions.

In the event that the CONTRACTOR, following completion of an assessment, determines that it cannot provide treatment to a client meeting medical necessity criteria, CONTACTOR shall be responsible for the client until CONTRACTOR is able to secure appropriate services for the client.

CONTRACTOR acknowledges its understanding that failure to provide SERVICES in full as specified in Appendix A of this Agreement may result in immediate or future disallowance of payment for such SERVICES, in full or in part, and may also result in CONTRACTOR'S default or in termination of this Agreement.

2. Description of Services

Detailed description of services are listed below and are attached hereto

Appendix A-1: Adult Outpatient Behavioral Health Clinic Appendix A-2: Behavioral Health Primary Care Integration Appendix A-3: Indigena Health and Wellness Collaborative

- Appendix A-4a: Child Outpatient Behavioral Health Services (General Fund)
- Appendix A-4b: Child Outpatient Behavioral Health Clinic (EPSDT)
- Appendix A-5: Early Intervention Program EIP Child Care Mental Health Consultation Initiative
- Appendix A-6: La Cultura Cura ISCS/EPSDT Services
- Appendix A-7: MHSA-PEI School-Based Youth Intervention Program-Consultation, Affirmation, Resources, Education & Empowerment Program (CARE)
- Appendix A-8: Early Intervention Program EIP Child Care Mental Health Consultation Initiative
- Appendix A-9: Trauma Recovery and Healing Services
- Appendix A-10: Early Intervention program (EIP) Child Care Mental Health Consultation Initiative

Contractor: Instituto Familiar de la Raza Appendix A-1 Contract Term: 07/01/12 through 06/30/13

Program: Adult Outpatient Behavioral Health Clinic

Fiscal Year: 2012-2013

CMS#: 6960

1. Program Name: Adult Outpatient Behavioral Health Clinic

Program Address: 2919 Mission Street

City, State, Zip Code: San Francisco, CA 94110

Telephone: (415) 225-0900 Facsimile: (415) 647-3662 Program Code: 3818 (3)

Nature of Document

☐ New ⊠ Renewal ☐	Modification
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3. Goal Statement

Provide behavioral health services to Chicano/Latino adults and families eligible for the San Francisco Health Plan. Services are provided in a culturally and linguistically appropriate manner in order to assist recovery from the effects of mental illness and substance abuse, and to improve the individual's capacity to participate in his/her community.

4. Target Population

The Clinic at IFR targets the Chicano/Latino community of San Francisco. The target population consists of men and women over the age of 18, and their families. Many are indigent, refugees, primarily monolingual (Spanish), and have limited ability to utilize services in English. Many of the people in the target population present with a history of psychological and, social trauma as well as substance abuse. Over 90% of people served live at or below the federal poverty level. All clients meet the criteria for medical necessity as determined by the policies of CBHS.

Modalities/Interventions

Definition of Billable Services

Billable services include Mental Health Services in the following forms:

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 services, residential treatment services, 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 - 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 - means a service activity to a significant support person in a beneficiary's life with the intent of improving or maintaining the mental health of the beneficiary. The beneficiary may or may not be present for this service activity.

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

Medication Support Services - means services which include prescribing, administering, dispensing, and monitoring of psychiatric medications or biological which are necessary to alleviate the symptoms

Date: 07/01/12

1 of 5

Program: Adult Outpatient Behavioral Health Clinic

Fiscal Year: 2012-2013

CMS#: 6950

Appendix A-1 Contract Term:07/01/12 through 06/30/13

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 services and/or assessment of the beneficiary.

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

<u>Targeted Case Management</u>—means services that assist a beneficiary to access needed medical, educational, prevocational, vocational, rehabilitative, or other community service. The 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.

<u>Low Threshold</u> -This service is defined as activities for the purpose of encouraging those individuals in need of treatment to register and engage in services As well as linkage for clients to step down into community services/activities.

See Appendix B-1 for Units of Service.

6. Methodology

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

Outreach, Recruitment, Promotion, and Advertisement

IFR has a strong reputation in the community and receives a great number of referrals by clients who have received our service and refer friends and family and other community members. IFR also has long standing relationships with agencies and institutions in San Francisco (e.g., Mission Neighborhood Health Center, San Francisco general Hospital, S.F.U.S.D. and the Human Services Agency) that refer clients to our services. Whenever applicable, clients who are referred from inpatient services receive a face-to-face contact from our staff while still in the hospital in order to provide successful linkage to outpatient level of care.

For clients with chronic and serious mental illness who have multiple and severe functional impairment such as residents in CBHS-funded board-and-care, IFR will work with the CBHS Placement Team to facilitate and provide coordinate care; case management, medication services, and counseling, both at the outpatient clinic and at the clients home placement. The BHS will develop strategies for meaningful activities whenever possible; if the client has family in the area, family therapy may be with the goal of strengthening relationships may be part of the services.

IFR has a long standing policy to support and strengthen other agencies in San Francisco that responds to the Latino community by providing presentations, trainings, and information regarding culturally competent services.

Brochures describing the array of services including Behavioral Health Services, Psychiatric services and Case Management Services have been updated and are distributed to agencies in San Francisco and the Mission District.

Admission, Enrollment and Intake

IFR will adhere to CBHS guidelines regarding assessment and treatment of indigent (uninsured) clients.

Date: 07/01/12 Page 2 of 5 Contractor: Instituto Familiar de la Raza Appendix A-1
Program: Adult Outpatient Behavioral Health Clinic Contract Term:07/01/12 through 06/30/13

Fiscal Year: 2012-2013

CMS#: 6950

All requests for services are initially triaged by an Intake Specialist or the O.D (Officer of the Day) system. The IFR screening process confirms that clients have San Francisco residency, do not have private insurance and are low income. They are screened for eligibility to receive services with an alternative source of payment (e.g., Medi-Cal or private insurance). It is important to note that many clients seen by IFR are not eligible for Medi-Cal.

The Initial Risk Assessment (IRA) is conducted to determine the urgency for care, screen for substance abuse, and medical necessity. Clients that do not meet eligibility requirements are referred to intraagency resources or to appropriate outside service providers.

For all new intakes, an appointment for face-to-face contact will be offered within 1-2 working days of initial request. All clients who meet medical necessity will be assigned to Behavioral Health Specialist and a full plan of care will be developed within 30 days. If it is determined that clients need services beyond the initial 30 days, a request for authorization will be submitted to the PURQC committee for additional hours.

All clients are informed of their rights under CBHS, are given linguistically accurate documentation of their right to privacy in regards to HIPAA and their Client Rights, which includes obtaining client signature and providing them with a copy. Consent for Treatment or Participation is required and clients are provided with a copy of the signed form. They are also informed of the Grievance Procedure process which is documented in the chart.

Service Delivery Model

IFR is located at 2919 Mission Street, in the heart of the Mission District, and is accessible by telephone at (415) 229-0500. Hours of operation are Monday through Friday, 9 a.m. to 7 p.m. and Saturdays from 9.00am to 2.00pm. Client emergencies are managed by the assigned psychotherapist, psychiatrist, Program Coordinator or by the scheduled Officer-of-the-Day (OD). This site meets minimum ADA requirements.

Coordinated Behavioral Health service delivery is based on a recovery model, varied psychosocial and alcohol abuse theories (such as CBT, Harm Reduction), psychodynamic and developmental theory) bicultural personality development and current best practices. This include utilization of family centered interventions, a coordinated, multidisciplinary team approach to provision of services, and the reinforcement of cultural strengths and identity, sensitivity to social factors and a commitment to assist clients in understanding and differentiating between social ills and personal problems.

Clients are assessed to identify behavioral health and substance abuse issues, their level of functioning, and the appropriateness of disposition to behavioral health and substance abuse services that may include ease management, individual interventions, family therapy, psychiatric medication, or group services, and coordinated services with other agencies.

A step-down/exit group for women dealing with major depression and/or anxiety will be offered by IFR outpatient clinic.

The group will focus on psycho-education on adaptive coping mechanisms, identifying dysfunctional belief systems and replacing with an alternative belief, self-relaxation/visualization, and the development of a personal treatment plan of care. The group will run for 8 weeks.

Groups being offered by other IFR components can be accessed by Clinic clients. All group activities provide emotional support to members in order to maintain and reinforce the client's natural support system, reduce caretaker, and address the unique needs of Chicano/Latinos.

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Program: Adult Outpatient Behavioral Health Clinic

Fiscal Year: 2012-2013

CMS#: 6950

Appendix A-1 Contract Term:07/01/12 through 06/30/13

Cultural Affirmation Activities are a fundamental aspect of IFR's services. Cultural Affirmation Activities are defined as planned group events that enhance the cultural and spiritual identity of clients. These activities include: Tonanzin, Cuatemoc, Fiesta de Colores, Xilonen, Cinco de Mayo celebration, Indigenous Peoples Day, Immigrant Pride Day, Dia de los Muertos, Las Posadas, Latino Gay Night, Dia de las Madres and The Gay Pride Parade as well as other short-term interventions that focus on grief, loss, hope and inspiration using traditional interventions.

IFR has historically provided services to clients with dual-diagnosis of substance abuse using both Abstinence and Harm Reduction based models. Intervention approaches include a multidisciplinary staff that can provide an array of services, the inclusion of family and significant others, utilization of partnerships, community resources that will support recovery, as well as coordination with medical providers. In order to develop service capacity for dually diagnosed clients, we have focused on trainings for staff that includes harm reduction philosophy and cultural considerations.

The Clinic endorses a harm reduction and motivational approach to dual diagnosed clients and works proactively with other divisions within the Department of Public Health and community based partners and providers to ensure timely and coordinated efforts.

IFR Outpatient clinic will increase referrals of clients to vocational rehabilitation programs that have language and cultural capacity. IFR will incorporate the Wellness and Recovery perspective into its services by providing training in the Recovery perspective to all behavioral health staff and will send a representative to the quarterly Wellness Recovery Forum.

Program's Exit Criteria and Process

IFR's PURQC Committee provides oversight of client utilization to determine appropriate discharge/exit plans for clients no longer meeting medical necessity criteria. PURQC committee will consider such factors as: risk of harm, compliance, progress and status of Care Plan objectives, and the client's overall environment, to determine which clients can be stepped-down in service modality and frequency or discharged from services. Clients are often referred to other IFR or other community services to ensure their well-being. Part of the step down process includes linking clients with community organizations and services that can provide continued support and information of recourses available to promote clients well-being.

Program Staffing
Please see Appendix B-1

For Indirect Services N/A

7. Objectives and Measurements

A. Required Objectives

All objectives, and descriptions of how objectives will be measured, are contained in the CBHS document entitled Performance Objectives FY 12-13.

8. Continuous Quality Improvement

Achievement of contract performance objectives:

Date: 07/01/12 Page 4 of 5 Contractor: Instituto Familiar de la Raza Appendix A-1
Program: Adult Outpatient Behavioral Health Clinic Contract Term:07/01/12 through 06/30/13

Fiscal Year: 2012-2013

CMS#: 6950

IFR has developed the Program Utilization Review and Quality Committee (PURQC); through this system IFR monitors performance objectives as established by the Department of Public Health-Community Behavioral Health Services.

The monitoring of Performance objectives are integrated throughout the process of services provision and PURQC, through the monthly revision of active clients' reports, periodic reviews of client improvement (PURQC), continuous revision of client activity during the 30-day initial period from case opening, and periodic charts review for ensuring documentation completion and quality. Based on the results of these monitoring processes, adjustments are made to individual cases as well as to the current systems.

Documentation quality, including a description of internal audits:

IFR has developed a comprehensive system for Continuous Quality Improvement that includes a Utilization Committee, individual and group supervision for all Behavioral Health staff, as well as training. All staff is given bi-monthly group supervision and weekly individual supervision to discuss client progress, treatment issues, and enhance skills in the areas of assessment, treatment development and clinical interventions. Trainings provided by CBHS that involve education on documentation guidelines as mandated by CBHS and the state of California as well as training on assessment instruments used as standard practice of care, are a requirement for all clinicians.

The outpatient clinic has a Program Utilization Review and Quality Committee (PURQC) that convenes weekly to review charts for all documentation requirements; Assessments, Plans of Care and the Client Service Authorization (CSA) Request. Cases are submitted to PURQC for initial Authorization, Re-Authorization, the Assessment, POC/CSI Update is required to be submitted with the Authorization Request, the number of hours that are authorized for each client are determined by the Service Intensity Guidelines.

Medical records are reviewed within two months of opening and then once again at the annual anniversary date. Feedback is given to each clinician whose chart is up for review. Feedback includes items that are out of compliance and need immediate action. A deadline is provided as to when feedback must be addressed. The medical record is them reviewed once again to ensure compliance. Feedback is stored in the PURQC binder.

The PURQC Committee is composed of a multi-disciplinary staff that includes Marriage and Family Therapists, Social Workers, Psychologists and other agency support staff. The committee keeps a record of PURQC meetings.

Periodic Review of documentation is performed manually by support staff.

Cultural competency of staff and services:

The staffing pattern and collaborative efforts directly aim at being representative and reflective of the groups within the community IFR serves. IFR staff represents a multidisciplinary, multi-ethnic cadre of people who demonstrate high levels of immersion in the cultural values of the community, their life experiences (as immigrants, women, gay and lesbian, transgender, etc.) as well as a high level of professional training. Retention of qualified staff is enhanced by ongoing quality professional staff development and by a responsive Human Resources department.

Client Satisfaction:

An annual client satisfaction is performed every year as per CBHS requirements. Results are analyzed and changes are implemented when necessary.

Date: 07/01/12 Page 5 of 5 Appendix A-2

Contract Term:07/01/12 through 06/30/13

Contractor: Instituto Familiar de la Raza

Program: Behavioral Health Primary Care Integration

Fiscal Year: 2012-2013

CMS#: 6960

1. Program Name: Behavioral Health Primary Care Integration

Program Address): 2919 Mission Street

City, State, Zip Code: San Francisco, CA 94110

Telephone: (415) 229-0500 Facsimile: (415) 647-3662 Program Code: 38183

2. Nature of Document

	New	\boxtimes	Renewal		Modification
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3. Goal Statement

To implement a Behavioral Health and Primary Care Integration pilot project between IFR's adult outpatient IFR (La Clinica) and Mission Neighborhood Health Center' primary care clinic.

4. Target Population

The Target population consists of adult patients identified by the primary care medical doctors and or delegated staff as necessitating mental health interventions to support medical adherence. This contract serves the general population served by Mission Neighborhood Health Centers and specifically targets patients who due to cultural and linguistic barriers do not fully comply with medical regime to ensure best health outcomes.

5. Modality(ies)/Interventions

Units of Service (UOS) Description	Units of Service	Number of Clients	Unduplicated Clients (UDC)
Behavioral Health Intervention and consultation to Primary Care clinic patients and staff at MNHC. Billable services consist of Encounters= 30 minutes, These services will be billed as Mode 45 and will be documented on paper rather than AVATAR. (35hrs x 65% x1FTE x 44 wks=1001x2 Encounters per hour =2002)	2,002 (number of encounters)		395
Total UOS Delivered	2,002		
Total UDC Served			395

Services will be tracked manually reflecting the following:

Number of consultations

Number of patient contacts (one encounter= 30 minutes)

Number of referrals to specialty mental health (after 6 sessions)

6. Methodology

A. For direct client services

The Behavioral Health Consultant (BHC) responds to referrals from members of Mission Neighborhood Health Center adult primary Care team. The essential nature of the intervention is to treat and address mild to moderate symptoms/psychosocial concerns that interfere with the patient's level of functioning and /or ability to adhere to medical treatment. All appointments are held at the

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Program: Behavioral Health Primary Care Integration

Fiscal Year: 2012-2013

CMS#: 6950

Appendix A-2 Contract Term: 07/01/12 through 06/30/13

Funding Source:

primary care clinic (MNHC) to ensure follow-up. Each appointment is schedule for a minimum of thirty minutes, both drop-in and scheduled appointments. The main goal is for patients to be seen same-day. Patients that need more than 6 sessions will be referred to specialty mental health. Since this pilot program is a hybrid model, some of the encounters will be reserved to attend to clients who necessitate specialty mental health (these clients will meet medical necessity as per CBHS criteria.) Some of the intervention include but are not necessarily limited to the following:

- *Symptom/issue reduction
- *Risk management
- *Crisis intervention
- ·Linkage and referral
- ·Substance abuse screening and referral
- Referral to specialty mental health
- Provision of specialty mental health

Referral process:

- A member of the primary care team identifies patient that needs additional services
- A referral form is completed stating presenting issues
- Warm-hand-off of patient to BHC at an open slot time or schedule patient into a convenient appointment for same day or as soon as possible.

Program Staffing: Please refer to Appendix B-2.

B. For Indirect Services (programs that do not provide face-to-face services): N/A

7. Objectives and Measurements

A. Required Objectives

Does not apply to this program.

B. Individualized Program Objectives

N/A

8. Continuous Quality Improvement

- Monthly reports of UOS will be submitted to Program Manager for monitoring performance objectives.
- Review of client records: Client records will be kept at MNHC medical records which are in full compliance with HIPPA regulation.
- Review and updating of written policies and protocols and practices: protocols will be developed in coordination with the Primary Care clinic and review by IFR's program director and clinical
- Staff training. Staff will be oriented and trained as to protocols and procedure existing at both IFR and MNHC. Staff will in addition attend regular training session at IFR and as appropriate at MNHC.
- Clinical consultation and supervision plan: Staff will receive weekly clinical supervision and biweekly administrative supervision
- Quality Assurance Committee: Behavioral Health Consultants will meet on a weekly basis to review compliance with both IFR and MNHC practice standards.
- Case conferences: Staff will participate of weekly case conferences at IFR as well as weekly case consultation with the mental health team at MNHC.

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Appendix A-3

Program: Indigena Health and W ss Collaborative

Co Term: 07/01/12 through 06/30/13

Fiscal Year: 2012-2013

CMS#: 6960

Program Name: Indigena Health and Wellness Collaborative

Program Address: 2919 Mission Street

City, State, Zip Code: San Francisco, CA 94110

Telephone: (415) 229-0500 Facsimile: (415) 647-3662 Program Code: 38183

2. Nature of Document

New Renewal Modification		New	\boxtimes	Renewal		Modification
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Goal Statement

The Indigena Health and Wellness Collaborative is a partnership between Instituto Familiar de La Raza and Asociación Mayab that has the goal of improving the health and wellbeing of Indigena immigrant families by increasing access to health and social services, supporting spiritual and cultural activities that promote community building, strengthening social networks of support, and providing opportunities for healing as well as creating opportunities for early identification and interventions in families struggling to overcome trauma, depression, addictions, and other health and mental health problems.

4. Target Population

The target population for this project is Indigena immigrant families in San Francisco: comprised of mostly newly arrived young adults. The nearly 15,000 Maya-Yucatecos in San Francisco represent the largest and fastest growing Mayan immigrant community in the City. Other emerging Maya communities, including Mam and Quiché from Guatemala and Tzeltal and Chol from Chiapas account for an additional 4,000 to 6,000 more individuals.

Many of these individuals have relocated to the Mission (94110/94103) and Tenderloin Districts (94102) and to the Geary Boulevard and Clement Street (94115) corridors in recent years. For the vast majority of these immigrants, their native languages are their primary and preferred means of communication at work, home, and in many other community settings.

A survey conducted by Mayan students at San Francisco's City College in 2003 showed that the vast majority of Mayans were solo males between the ages of 14-35 years old and that many of them had immigrated to the US less than five years ago. In recent years, more and more Indigena women have come to San Francisco to join their partners, bringing with them their children.

5. Modality(ies)/Interventions

The Modalities for the interventions of the IHWC are as follow:

Wellness Promotion Activities (WPA)

Wellness Promotion Activities will focus in providing opportunities for spiritual and emotional enrichment and healing by organizing and sponsoring ceremonial, cultural and social gatherings and providing group education to families and individuals. WPA will also provide individual Health Education/Harm and Risk Reduction (HE/HRR) services to individuals and families identified to need additional support.

IFR will utilize traditional and contemporary interventions and venues to serve the target population. Spiritual ceremonies and cultural activities will be venues to inform, educate, and engage Mayan/Indigenas. The Collaborative will utilize its extensive network of relationships with traditional healers and groups to integrate wellness, health promotion and HE/HRR messages into traditional celebration, ceremonies and other cultural activities. All interventions and activities will be provided in a culturally congruent manner.

The Health Promotoras will support the program by organizing group activities as well as providing a range of peer based interventions including peer support, role modeling, emotional and practical support as well as

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ess Collaborative

translation and interpretation. Small group interventions will include workshops on different health topics as well as cultural activities such as embroidery and webbing to decrease social isolation and provide cultural enrichment to foster a sense of belonging and interdependence.

Large group interventions will include a community forum designed by program staff on individual and collective trauma, integrative approaches to healing and offer tools to manage trauma and achieve a balance in everyday life. The forum will also bring together cultural indigenous and community organizations to have an exchange about culture, healing and wellness practices. The health promotoras will assist in the organizing of this event and will be present to provide education, outreach and engagement services to participants

Individual/Family Therapeutic Services

Individual/family interventions include Screening and Assessment, activities that will engage individuals and families in determining their own risks and needs (self-risk and needs assessments) and help them in designing a care plan, identifying individual and family strengths and tools within a cultural and spiritual framework to achieve their goals. It will also include HERR counseling, short term crisis intervention, clinical case management, barriers to wellness (trauma, substance abuse, domestic violence).

If as a result of the services provided, clients/families are in need of long term mental health services, they will be linked to IFR's outpatient services or other appropriate settings for treatment, including mental health services and psychiatric monitoring

Individual/Family Therapeutic services will be provided by the Early Intervention/Mental Health Specialist

Outreach and Engagement

The IHWC will sponsor group activities and workshops on cultural and artistic activities that will serve as venues to provide outreach and engagement, education and peer support to participants. The Health Promoters play a key role in recruitment of participants to attend ceremonies, cultural events and workshops. They engage the target population and encourage their participation in the range of services provided within the collaborative. They also facilitate referrals and linkages to health and social services to community members as needed. Program staff will work closely with the partner agencies to develop culturally congruent outreach and engagement materials, messages and strategies.

Training and Coaching

Indigena Health Promotoras Program component relies on a team of 4 Mayan/Indigenous consumers/peers who have received training on outreach techniques, interpretation and health education, Health Promotoras will be mentored by professional staff in this collaborative to co-facilitate workshops and participate in cultural exchange/community forum on Trauma. The training and coaching for the promoters this year will focus on acquiring knowledge, skill and practice to provide emotional/practical support to individuals and families (listening skills, cultural competence, best practices, systems navigation and documentation).

Program A	B	·, ·C	Ð
Units of Service (UOS) Description	UOS	Number of Clients	UDC
Wellness Promotion Activities – Small groups/Talleres	552	460	100
2 Groups/week x 5 participant/group=10 participants/week 10 participants/week x 46wks = 460 clients HP at 0.41FTE x15hrs/wk x 46wks x 65% LOE x 3HPs			
UOS 2grps/wk x 2hrs/grp x46wks x 3staff = 552UOS			1
		·	
Wellness Promotion Activities - Pro-Social Cultural Events	400	400	N/A
-8 Ceremonies x 50 participants/Ceremony = 400 participants/UOS		7	and the second s
- 1 Group Activity: * Encuentro de Culturas/Community Forum on Trauma 1 event x 60 participants = 60 UOS	60	60	60

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MHS/EI at 0.04 FTE x 29.75hrs/wk x 46wks x 65% LOE HP at 0.07FTE x 15hrs/wk x 46wks x 65% LOE x 3HPs PL at 0.06FTE x 17.5hrs/wk x 46wks x 65% LOE UOS = # of participants 1012 TOTAL 920 160 Units of Service (UOS) Description Number of UOS UDCClients Individual and Family Therapeutic Services 12-1hr interventions x 60 individuals = 720UOS720 60 60 MHS/EI at 0.81FTE x 29.75hrs/wk x 46wks x 65% LOE UOS=# of clients x # of hrs Outreach and Engagement HPs will devote approximately 2hrs a week each to Outreach and Engagement activities 440 440 N/A $40 O\&E \ contacts/mox\ IImos = 440 UOS$ 0.21 FTE x 15hrs/wk x 46 Wks x 65% LOE x 3HPs *UOS* =# *of contacts* Training and Coaching Activities 40 hrs of ongoing training throughout the contract period for each HP $40hrs \times 3$ Mayan/Indigenous HPs and 1 Senior Promotora = 160160 HP at 0.045 x 15hrs/wk x 46wks x 65% LOE x 3HPs and 1PL at 0.04 x 17hrs/wk x 46wks x 65% LOE UOS = # of hrs of training x 3 HPs and I SP1,320 504 64 TOTAL **GRAND TOTAL** 2,332 1,424 224

Methodology

A. Outreach and Engagement:

Indigena Health Promoters will provide outreach to the target population and will include the following: Distribution of materials in settings where the target population congregates including restaurants, sports events, day labor sites such as Cesar Chavez and Mission Dolores Church. Outreach and Engagement activities will be street and venue-based. Street outreach will target areas such as the Cesar Chavez Street corridor, Mission and 16th Streets, the Tenderloin and Geary Blvd corridors and Civic Center. Venue based outreach will be conducted during IHWC group activities, and sports and cultural events organized by local Indigena organizations. Orientation to services for community based agencies will occur at designated staff meeting and will be reinforced with a written description of the collaborative. IFR, Native American Health Center/Urban Trails SF and Asociacion Mayab have wide and strong networks in the local Mayan/Indigenous communities that will also be used to distribute information and invite the community to participate in the activities planned by the programs.

During Outreach and Engagement Activities as well as Wellness Promotion Activities, Promoters will engage in brief encounters with clients to conduct a quick needs assessment and provide referrals to services as needed. Promoters will also be responsible to follow up on the status of these referrals and assist those clients who need

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it in accessing services (system navigation). Promoters will have the support of the EI/MHS who will be available as a resource and for consultation.

Wellness Promotion Activities will take place during Small and Large Group gatherings: Large Group Activities/Cultural Events: These include ceremonies and other cultural and traditional activities existing in the community. Program staff will support these activities with materials and organizational support, and will reach out to healers and community leaders to insert health messages during these activities. Promotoras will hand out program information and health/mental health resources to participants. These activities include: Dia de Los Muertos, Fiesta de Colores, Mayahuel, Año Nuevo Maya, Dia de las madres and more.

Large Group activities will also include a community forum on trauma in which participants will learn the meaning and effects of trauma and the impact in individual behavior. They will also learn skills for coping and minimizing those effects in their everyday family life. These large group activities will offer opportunities to provide quick risk assessments/risk reduction information and to refer/recruit client for Individual and Family Therapeutic Services as well as other services needed

Small Group Education Activities: These are weekly stand-alone sessions on health topics for small groups of 5-10 participants and may include arts workshops such as embroidery and hammock making. These peer support groups/Talleres will be co-facilitated by the Health Promotoras and will be ongoing throughout the year. In addition to providing health education and information to participants, the groups will serve as venues for early identification and referrals to services needed.

Individual and Family Therapeutic Services: During group activities, a MH/EIS will be present to provide one on-one support to individuals and families and a brief Risk Assessment and triaging into the system of care as indicated. The EI/MHS will make appointments for Individual/family Therapeutic Services for at least 12-1hour sessions. If additional mental health services are needed, the MH/EIS will refer these individuals to IFR's outpatient clinic or other services as needed

Mayan/Indigenous Ceremonies, cultural events, and community forums will serve as the port of entry for clients to access additional services at IFR and other agencies as needed. During group events, a Mental (Behavioral) Health/Early Intervention Specialist (MH/EIS) will be present and available for one-on-one meetings with individuals and families who seek services. If these individuals require additional services, the MH/EIS will make appointments for Screening and Assessment, Individual Therapeutic Services and/or refer them to the appropriate program within IFR or to other agencies if needed. Health Promoters and other program staff will also be present in these group sessions and activities to assist participants with referrals and information as needed.

B. Promotoras/Peer Employees:

The program is staffed by professional, paraprofessional and promoters (peer health educators) who are identified with the target population. Promoters are involved in developing outreach strategies and materials and implementing interventions. They are also fully integrated into agency wide cultural and spiritual events at IFR to build upon our understanding of the rich and diverse traditions of indigenous people of the North and South.

In addition to peer employees at IHWC, this MHSA funded program strives to improve knowledge, attitude and skills among health care providers in serving the indigenous communities. Program staff including the peer educators will continue providing in-services to other CBO's and health care settings with the goal of improving access and culturally responsive care.

C. Training and Coaching:

The Health Promoters (peer employees) will continue to receive training on specific areas of health promotion and health topics affecting the Ma-yen/Indigena community, such as substance abuse, mental health, diabetes, chronic diseases, other emerging health needs and Social issues like domestic/family/community violence as well as health and healing through cultural activities and ceremonies. During this Fiscal Year, training and coaching for the promoters will focus on acquiring knowledge, skill and practice to provide emotional/practical support to individuals and families (listening skills, cultural competence, best practices, systems navigation and documentation). The Promotoras receive clinical consultation and mentoring from the EI/MHS, administrative

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support from the Senior Health Promotora, individual and administrative supervision from the Program Manager.

D. Collaboration:

A written Memorandum of Understanding (MOU) will be implemented between IFR and Asociacion Mayab. The MOU will detail administrative roles and responsibilities, collaborative schedule of meetings, co-location of activities, financial agreements, reporting requirements, conflict resolution protocols and quality assurance guidelines based on scope of work across the collaborative.

E. Exit Criteria:

Clients receiving screening and assessment and individual/family therapy will stay in the program as needed and/or agreed upon during intake and/or upon successful linkage to appropriate services for those who need ongoing interventions. Exit criteria and/or discharge planning will only be developed for any mental health interventions.

Cultural events are open to all interested individuals and families, small weekly support groups are stand-alone sessions and are open for clients to come as often as they can.

F. Staffing:

The Health and Wellness Manager is responsible for the administration, implementation and supervision of the program as well as staff supervision. The PM is responsible to, and supervised by the Executive Director. The EI/MHS provides Individual/Family Therapeutic services to the Mayan/Indigenous community and Case consultation to the UT Case Manager, the Promotoras and SP/PL.

The SP/PL provides administrative/logistical support to program staff and emotional and practical support to the Mayan/indigenous community.

The Health Promotoras co-facilitate the twice a week small group/talleres and provide practical and emotional support to the Mayan/Indigenous community.

The HPs are responsible for the wellness promotion activities with assistance from program staff during Street and Venue based outreach activities.

The Program Assistant will provide support for program needs.

7. Objectives and Measurements

Required Objectives: MHSA GOALS:

GOAL 1: Increase understanding about the relationship of mental, emotional and spiritual wellbeing (balance) to overall health

Individual Performance Objective 1: During FY 12-13, 70% of Mayan/Indigenous clients who participate in the community forum on trauma will complete a minimum of 3 of 5 talleres/stations de Bienestar that draw on traditional, complimentary and/or western practices to help them in the healing process (i.e. papel picado, nutrition, self-care, relaxation and breathing exercises), as evidenced by signup sheets/logs.

Individual Performance Objective 2: During FY 12-13, 70% of Mayan/Indigenous individuals participating in weekly, small group traditional/cultural arts and crafts talleres will increase their social connectedness and decrease their social isolation as measured by repeat attendance and documented in attendance sheets/logs.

Individual Performance Objective 3: During FY 12-13, 70% individuals in the Mayan/Indigena communities will have an increased awareness and understanding of the healing effects of participating in cultural and spiritual activities and traditional healing practices in San Francisco as evidenced by a head count and/or sign in sheets as appropriate.

Process Objectives: During small and large group wellness promotion activities, program staff will provide health education/ risk reduction information, early identification and contemporary approaches to healing trauma. During the community forum on Trauma and other large cultural group activities and ceremonies, promoters and program staff will be present to conduct a head count of the number of participants. Sign-up sheets will be used where appropriate to collect information from participants.

GOAL 2: Increased knowledge about available health, social and other community resources (traditional health services, cultural, faith-based)

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Individualized Performance Objective 1: During FY 12/13 50% Mayan/Indigenous individuals participating in small group activities/talleres and referred to community resources will be successfully linked to said services, as evidenced by notes in the program referral logs

Individualized Performance Objective 2: During FY 12-13, 30% Mayan/Indigenous individuals participating in outreach and engagement activities will receive referrals to participate in ceremonial, cultural and social activities and events within the collaborative as well as to other services as needed and will receive follow up on these referrals to document successful linkages in the program referral logs.

Individualized Performance Objective 3: During FY 12/13, 50% of Mayan/Indigenous individuals receiving individual/family therapeutic services and referred to health, mental health and social service agencies will be successfully linked to said services, as evidenced by progress notes in each individual service record

Process Objectives: During outreach and engagement and follow up activities, Promoters will collect basic information about the individuals that they contact and document all successful linkages. This will allow the program to count the number of individuals contacted and the type of referrals they received. For individual and family therapeutic services the EI/MHS will document services and successful linkages in the client individual record.

PROGRAM PERFORMANCE OBJECTIVE: During FY 12-13, 40% of UDC participating in small group wellness promotion activities and 50% of clients receiving screening/assessment and individual therapeutic services will participate and complete a client satisfaction survey.

Evaluation of Objectives

See above for evaluation procedures

Electronic Recordkeeping and Data Collection Requirements: IFR has sufficient computing resources for staff to support direct real time data entry and documentation that provide for work flow management, data collection and documentation. Resources include: hardware, software, connectivity, and IT support services.

Data Management: The Contractor collects and submits UOS and UDC data on all clients. All agencies receiving funding through MHSA are required to collect and submit UDC and services data through the DPH Client and Services Database. This is applicable for all "MHSA eligible clients" receiving services paid with any MHSA source of funding. Each MHSA funded agency participates in the planning and implementation of their respective agency into the Database. The agency complies with DPH policies and procedures for collecting and maintaining timely, complete, and accurate UDC and service information in the Database. New client registration data is entered within 48 hours or two working days after the data is collected. Service data for the preceding month, including units of services will be entered by the 15th working day of each month. The deliverables will be consistent with the information that is submitted to the appropriate DPH Budget and Finance section on the "Monthly Statement of Deliverables and Invoice" form.

Continuous Quality Assurance and Improvement

Each staff member completes a monthly report of UOS, UDC and progress achieving goals, objectives and challenges encountered. Progress is also discussed during bi-weekly individual supervision. Program challenges are addressed during weekly stall meetings

Monthly statistics are compiled and a written report is submitted to the Executive Director and the Fiscal Director

A Licensed Mental Health Specialist will provide support and supervision to the Mental Health Early Intervention Specialist. The MH/EIS will provide support and consultation to the Promotoras and the Senior Promotora and to the Urban Trails Case Manager with regards to the emotional and practical support aspects of his work and serve as a resource for crisis interventions. The MH/EIS will serve as a resource during weekly group consultation meetings. The SP/PL will provide administrative and logistic support to program staff. The Program Manager will provide direct supervision to the Promotoras, SP/PL, UT Case Manager and administrative supervision to the EI/MHS and will coordinate training and curriculum development activities.

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🖖 Program: Indigena Health and V ess Collaborative

> Maya Health Promotoras will receive continuing health education and training throughout the contract period. The Program Manager and the SP/Program Liaison will be responsible for assessing training needs and coordinating these ongoing sessions of training, and ensure that Promotoras continue to be engaged in Wellness Promotion and referral activities according to their capacity and skill level. Promotoras will be supervised by

support. A client satisfaction survey will be developed and administered to a % of the Mayan/indigenous community

the PL and supported by a MH/EIS weekly (in groups) and individual case supervision, consultation and

members participating in the IHWC activities in FY 12-13.

HIPPA Compliance Procedures:

- DPH Privacy Policy is integrated in the contractor's governing policies and procedures regarding patient privacy and confidentiality. The Executive Director will ensure that the policy and procedures as outlined in the DPH Privacy Policy have been adopted, approved, and implemented.
- All staff who handles patient health information is trained (including new hires) and annually updated in the agency privacy/confidentiality policies and procedures. The EIP Coordinator will ensure that documentation shows that all staff has been trained.
- C. The contractor's Privacy Notice is written and provided to all clients served by the organization in their native language. If the document is not available in the client's relevant language, verbal translation is provided. The EIP Coordinator will ensure that documentation is in the patient's chart, at the time of the chart review, that the patient was "notified."
- D. A Summary of the above Privacy Notice is posted and visible in registration and common areas of the organization. The EIP Coordinator will ensure the presence and visibility of posting in said areas.
- Each disclosure of a client's health information for the purposes other than treatment, payment, or operations is documented. The EIP Coordinator will ensure that documentation is in the client's chart, at the time of the chart review.

Authorization for disclosure of a client's health information is obtained prior to release: (1) to provider outside the DPH Safety Net; or (2) from a substance abuse program. The EIP Coordinator will ensure that an authorization form that meets the requirements of HIPAA is signed and in the client's chart during the next chart review.

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Appendix A-3

act Term: 07/01/12 through 06/30/13

Program: Child Outpatient Behavioral Health Services

Appendix A-4a Contract Term:07/01/12 through06/30/13

(General Fund)

Fiscal Year: 2012-2013

CMS#: 6960

1. Program Name: Child Outpatient Behavioral Health Services -General Fund

Program Address: 2919 Mission Street

San Francisco, CA 94110 Telephone: (415) 229-0500 Facsimile: (415) 467-3662 Program Code: 38186

2. Nature of Document

	New	⊠ Ren	ewal	Modification
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3. Goal Statement

Instituto Familiar de la Raza will provide outpatient behavioral health care services to Chicano/Latino children, youth, and families eligible for the San Francisco Mental Health Plan in a culturally and linguistically appropriate manner.

4. Target Population

Services will be provided for Chicano/Latino children/youth under the age of 18 who meet medical necessity for specialty behavioral health services. We serve children, youth, and families who are residents in San Francisco; specifically, those who live in the Mission District and have full scope medical.

Latino children and youth face high levels of stressors; poverty, language barriers, unstable housing and homelessness, lack of health care benefits, cultural and racial discrimination and the current anti-immigrant sentiments. Latino youth are more likely to drop out of school, and report depression and anxiety. In a national survey of high school students, Hispanic adolescents reported more suicidal ideation and attempts proportionally higher than non-Latino whites and African Americans.

Latinos face unique social, educational, cultural, and linguistic barriers in accessing behavioral health services. Lack of bilingual/bicultural mental health providers constitutes a major obstacle to providing effective treatment once services are sought. The importance of integrating cultural norms, values, beliefs and practices that are accepted with the diverse Latino community underscore the importance of providing culturally proficient models of services.

5. Modalities/Interventions

Modalities and Definition of Billable Services

Billable services include Mental Health Services in the following forms:

<u>Mental Health Services</u> - 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 children residential services, crisis services, residential treatment services, crisis stabilization, day rehabilitation, or day treatment intensive. Service activities may include but are not limited to assessment, plan development, therapy, rehabilitation, and collateral.

<u>Assessment</u>-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.

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Appendix A-4a

Program: Child Outpatient Behavioral Health Services

Contract Term:07/01/2012 through 06/30/2013

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

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

<u>Medication Support Services</u>—means 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 services and/or assessment of the beneficiary.

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

<u>Targeted Case Management</u> - means services that assist a beneficiary to access needed medical, educational, prevocational, vocational, rehabilitative, or other community service. The 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.

<u>Outreach Services/Consultation</u> - 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 skill of human services agency staff to handle the mental health problems of particular clients.

See Appendix B-4 for units of service

6. Methodology

A. For direct client services

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

A. Outreach, recruitment, promotion, and advertisement

IFR has a 30 year presence in the Latino community of San Francisco thus; current and past clients refer their family and friends. IFR is recognized as a culturally competent agency serving Latinos and receives many referrals from organizations and agencies in San Francisco. IFR has long standing relationships with agencies and institutions that serve Latino youth and who provide linkages to mental health services (e.g., Mission Neighborhood Health Center, San Francisco General Hospital, S.F.U.S.D., J.J.C., and the Human Services Agency).

Brochures describing the array of services including behavioral health services, psychiatric services and case management are distributed to agencies in and around the Mission District.

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Appendix A-4a Contract Term:07/01/2012 through 06/30/2013

Contractor: Instituto Familiar de la Raza

Program: Child Outpatient Behavioral Health Services

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

Each client gets a screening for co-occurring disorder and an assessment using the CBHS-CYF-SOCCRAAFT and AADIS form to establish medical necessity for specialty mental health services

The IFR screening process confirms that clients have San Francisco residency, do not have private insurance and are low income; clients are screened for eligibility to receive services with an alternative source of payment (e.g. Medi-Cal or private insurance). Clients that do not meet eligibility requirements are referred to intra-agency resources (e.g., Family Resource Services which provides services to uninsured families with children under Syears-old and CulturaCura which serves youths and families who have had difficulties with law enforcement institutions), or to appropriate partner agencies and/or outside service providers.

For all new intakes, an appointment for face-to face contact will be offered within 1-2 working days of initial request. All clients who meet medical necessity for specialty behavioral health and substance abuse services will be assigned to a Behavioral Health Specialist an individual CANS assessment and a full plan of care will be developed within 30 business days. If it is determined that clients need services beyond the initial 30 business days, a request for authorization will be submitted to the PUROC committee for additional hours.

All clients are informed of their rights under CBHS in a linguistically accurate manner and provided with documentation of their right to privacy in regards to HIPAA as well as a review of their Client Rights, which includes obtaining client signature and providing a copy to them. Consent for Treatment or Participation is also required and clients are provided with a copy of the signed form. They are also informed of the Grievance Procedure process, which is documented in the chart.

C. Service Delivery Model

Behavioral Health service delivery is based on Recovery and varied Behavioral Health Substance Abuse theories, bicultural personality development, Harm Reduction, current best practices and evidence based interventions. These include utilization of family/child centered interventions, a multidisciplinary, coordinated team approach to provision of services, and the reinforcement of cultural strengths and identity, sensitivity to social factors and a commitment to assist clients in understanding and differentiating between social ills and personal problems.

Coordinated services are primarily provided at IFR; however, the team also provides services in clients' homes, schools, and other sites that are convenient to clients. IFR is geographically and physically accessible to clients by MUNI and BART public transportation. The program is accessible by telephone at (415) 229-0500. Hours of operation are Monday through Friday, 9 a.m. to 7 p.m. and Saturdays, 9 a.m. to 2 p.m. Client's emergencies are managed by the assigned Behavioral Health Specialist, Program Coordinator or by the scheduled Officer-of-the-Day (OD). This site meets minimum ADA requirements.

As a clinic serving children, youth up to age 21, IFR is in a unique position to provide innovative services to Latino/Chicano families through creative approaches in the context of community that reinforces cultural strengths and identity. IFR is a critical point of access into the public health system for families with children who are in need of comprehensive behavioral health services.

In collaboration with community and partner agencies, and other IFR programs, children and their families are able to access a wide spectrum of services. IFR is the lead agency for the Latino Family Resource System, a collaboration of five community agencies in the Mission District. Through this collaboration IFR is able to provide case management, advocacy and behavioral

Date: 07/01/12 Page 3 of 6

Program: Child Outpatient Behavioral Health Services

Fiscal Year: 2012-2013

CMS#: 6960

Appendix A-4a Contract Term:07/01/2012 through 06/30/2013

health services for clients referred by Human Services Agency, including clients that are registered in the CBHS and CYF system of care. Over the years IFR has established strong links with the Human Services Agency and the San Francisco Family Court system, we provide consultation to the department as well as services, which places us in a strong position to advocate for our community and clients.

Service approaches include utilization of family and significant others in the process of intervention, a coordinated multidisciplinary team approach to the provision of services, reinforcement of cultural strengths and identity, sensitivity to social factors and a commitment to assist clients in understanding and differentiating between social ills and personal problems, program flexibility in how and where services are delivered in order to serve the behavioral health needs of the community.

Psychiatrist Consultations are professional services rendered by the psychiatrist to clients who present psychiatric symptoms that compromise adaptive function, impacting self-care and involvement in the community and augmenting risk behaviors. A Psychiatric Consultation involves, psychosocial evaluation, history taking and mental status examination leading to possible prescription and monitoring of medication. Psychiatric Consultation is also provided directly to behavioral health and primary medical providers for questions regarding psychiatric diagnosis and treatment planning. Since the psychiatrist is part of a multi-disciplinary team that reviews all clients, the consultations are with the team about the effects of medications, compliance and other issues, affecting important changes in clients' mental status. Team members provide feedback to the psychiatrist about the mental status and other issues related to the cases.

The psychiatrist also consults with other service providers of the psychiatric client, including, but not limited to, Behavioral Health Specialist, medical providers, substance abuse counselors and case managers. In addition, the psychiatrist consults with the client's primary care provider in the referral, placement and treatment disposition of clients at all phases of their treatment.

IFR has historically provided services to clients with dual-diagnosis of substance abuse using both Abstinence and Harm Reduction based models. Intervention approaches include a multidisciplinary staff, the inclusion of family and significant others, utilization of community resources that will support recovery, as well as coordination with medical providers. In order to develop service capacity for dual diagnosed clients we have focused on training for staff that includes harm reduction philosophy. IFR has adopted CRAAFT and AADIS screening tool to determine client needs for substance abuse services.

Adjunct Services:

The outpatient clinic has access to culturallytherapeuticdrummingcircles that are available to youth at risk, who are diagnosed with anxiety and/or depression and who may also have dual diagnosis of substance abuse.

As part of IFR's program design, Cultural Affirmation Activities are a fundamental aspect of IFR's services. Cultural Affirmation Activities are defined as planned group events that enhance the cultural and spiritual identity of clients. These activities include: Tonanzin, Cuatemoc, Fiesta de Colores, Xilonen, Cinco de Mayo celebration, Indigenous Peoples Day, Immigrant Pride Day, Dia de los Muertos, Las Posadas, Latino Gay Night, Dia de las Madres, and The Gay Pride Parade as well as other short-term interventions that focus on grief, loss, hope, and inspiration using traditional techniques.

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Appendix A-4a
Program: Child Outpatient Behavioral Health Services

Contract Term:07/01/2012 through 06/30/2013

Fiscal Year: 2012-2013

CMS#: 6960

D. Exit Criteria and Process

Because of limited and shrinking behavioral health and substance abuse resources, coupled with the need to immediately serve many new acute clients coming in the front door, IFR will consistently apply utilization review and discharge/exit criteria to alleviate increasing caseload pressure and to prioritize services to those most in need. Behavioral Health Specialist will use CANS as a tool to measure clients' progress and consider such factors as: risk of harm, compliance, progress and status of Care Plan objectives and the client's overall environment, to determine which clients can be discharged from MHSA/CBHS services. CANS profiles and case reevaluations by the PURQC committee are integrated into the exit process.

IFR Outpatient clinic will make referrals of clients to appropriate community-based programs such as after school programs, to solidify gains made in outpatient services.

E. Program Staffing

See Appendix B-4.

F. For Indirect Services

Indirect Services (Outreach) will be provided through collaborations with community organizations, such as MUA, Tree House, and two identified schools, as well as families that come to IFR to request services for their children. At times that the identified client does not meet full criteria for services but would benefit from screening, case management and triage.

7. Objectives and Measurements

A. Required Objectives

All objectives, and descriptions of how objectives will be measured, are contained in the CBHS document entitled Performance Objectives FY 12-13.

8. Continuous Quality Improvement

Achievement of contract performance objectives:

IFR has implemented the Program Utilization Review and Quality Committee (PURQC); through this system IFR monitors performance objectives as established by the Department of Public Health-Community Behavioral Health Services.

The monitoring of Performance objectives are integrated throughout the process of services provision and PURQC, through the monthly revision of active clients' reports, periodic reviews of client improvement (PURQC), continuous revision of client activity during the 30 business days initial period from case opening, and periodic charts review for ensuring documentation completion and quality. Based on the results of these monitoring processes, adjustments are made to individual cases as well as to the current systems.

Documentation quality, including a description of internal audits:

IFR has developed a comprehensive system for Continuous Quality Improvement that includes a Utilization Committee, individual and group supervision for all Behavioral Health staff, as well as training. All staff is given bi-monthly group supervision and weekly individual supervision to discuss client progress, treatment issues, and enhance skills in the areas of assessment, treatment development and clinical interventions. Trainings provided by CBHS that involve education on documentation guidelines as mandated by CBHS and the state of California as well as training on assessment instruments used (CANS) as standard practice of care, are a requirement for all clinicians.

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Program: Child Outpatient Behavioral Health Services Contract Term:07/01/2012 through 06/30/2013

Fiscal Year: 2012-2013

CMS#: 6960

The outpatient clinic has a Program Utilization Review and Quality Committee (PURQC) that convenes weekly to review charts for all documentation requirements; Assessments, Plans of Care and the Client Service Authorization (CSA) Request. Cases are submitted to PURQC for initial Authorization, Re-Authorization, the Assessment, POC/CSI Update is required to be submitted with the Authorization Request, the number of hours that are authorized for each client are determined by the Service Intensity Guidelines.

Medical records are reviewed within two months of opening and then once again at the annual anniversary date. Feedback is given to each clinician whose chart is up for review. Feedback includes items that are out of compliance and need immediate action. A deadline is provided as to when feedback must be addressed. The medical record is them reviewed once again to ensure compliance. Feedback is stored in the PURQC binder.

The PURQC Committee is composed of a multi-disciplinary staff that includes Marriage and Family Therapists, Social Workers, Psychologists and other agency support staff. The committee keeps a record of PURQC meetings.

Periodic Review of documentation is performed manually by support staff.

Cultural competency of staff and services:

The staffing pattern and collaborative efforts directly aim at being representative and reflective of the groups within the community IFR serves. IFR staff represents a multidisciplinary, multi-ethnic cadre of people who demonstrate high levels of immersion in the cultural values of the community, their life experiences (as immigrants, women, gay and lesbian, transgender, etc.) as well as a high level of professional training. Retention of qualified staff is enhanced by ongoing quality professional staff development and by a responsive Human Resources department.

Client Satisfaction:

An annual client satisfaction is performed every year as per CBHS requirements. Results are analyzed and changes are implemented when necessary.

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Appendix A-4b

Contract Term: 07/01/12 through 06/30/13

Program: Child Outpatient Behavioral Health Services-EPSDT

Fiscal Year: 2012-2013

CMS#: 6960

1. Program Name: Child Outpatient Behavioral Health Services- EPSDT

Program Address: 2919 Mission Street

City, State, Zip Code: San Francisco, CA 94110

Telephone: (415) 229-0500 Facsimile: (415) 467-3662 Program Code: 38185

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	New	⊠Renewa!	\Box	Modification
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3. Goal Statement

Instituto Familiar de la Raza will provide outpatient behavioral health care services to Chicano/Latino children, youth, and families eligible for the San Francisco Mental Health Plan in a culturally and linguistically appropriate manner.

4. Target Population

Services will be provided for Chicano/Latino children/youth under the age of 21 who meet medical necessity for specialty behavioral health services. We serve children, youth, and families who are residents in San Francisco; specifically, those who live in the Mission District and have full scope medical.

Latino children and youth face high levels of stressors; poverty, language barriers, unstable housing and homelessness, lack of health care benefits, cultural and racial discrimination and the current anti-immigrant sentiments. Latino youth are more likely to drop out of school, and report depression and anxiety. In a national survey of high school students, Hispanic adolescents reported more suicidal ideation and attempts proportionally higher than non-Latino whites and African Americans.

Latinos face unique social, educational, cultural, and linguistic barriers in accessing behavioral health services. Lack of bilingual/bicultural mental health providers constitutes a major obstacle to providing effective treatment once services are sought. The importance of integrating cultural norms, values, beliefs and practices that are accepted with the diverse Latino community underscore the importance of providing culturally proficient models of services.

5. Modalities/Interventions

Modalities and Definition of Billable Services

Billable services include Mental Health Services in the following forms:

<u>Mental Health Services</u> - 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 children residential services, crisis services, residential treatment services, crisis stabilization, day rehabilitation, or day treatment intensive. Service activities may include but are not limited to assessment, plan development, therapy, rehabilitation, and collateral.

<u>Assessment</u> -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.

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Program: Child Outpatient Behavioral Health Services-

EPSDT

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<u>Collateral</u>-means a service activity to a significant support person in the beneficiary's life with the intent of improving or maintaining the mental health of the beneficiary. The

<u>Medication Support Services</u>—means services which 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, evaluation of clinical effectiveness and side effects, the obtaining of informed consent, medication education, and plan development related to the delivery of the services and/or assessment of the beneficiary.

beneficiary may or may not be present for this service activity.

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

<u>Targeted Case Management</u> - means services that assist a beneficiary to access needed medical, educational, prevocational, vocational, rehabilitative, or other community service. The 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.

See Appendix B-4b for Units of Service.

6. Methodology

A. For direct client services

A. Outreach, recruitment, promotion, and advertisement

IFR has a 30 year presence in the Latino community of San Francisco thus; current and past clients refer their family and friends. IFR is recognized as a culturally competent agency serving Latinos and receives many referrals from organizations and agencies in San Francisco. IFR has long standing relationships with agencies and institutions that serve Latino youth and who provide linkages to mental health services (e.g., Mission Neighborhood Health Center, San Francisco General Hospital, S.F.U.S.D., Y.G.C., and the Human Services Agency).

Brochures describing the array of services including behavioral health services, psychiatric services and case management are distributed to agencies in and around the Mission District.

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

Each client gets a screening for co-occurring disorder and an assessment using the CBHS-CYF-SOC CRAAFT and AADIS forms to establish medical necessity for specialty mental health services

The IFR screening process confirms that clients have San Francisco residency, do not have private insurance and are low income; clients are screened for eligibility to receive services with an alternative source of payment (e.g. Medi-Cal or private insurance). Clients that do not meet eligibility requirements are referred to intra-agency resources (e.g., Family Resource Services which provides services to uninsured families with children under 5years-old and Cultura Cura which serves youths and families who have had difficulties with law enforcement institutions), or to appropriate partner agencies and/or outside service providers.

For all new intakes, an appointment for face-to face contact will be offered within 1-2 working days of initial request. All clients who meet medical necessity for specialty behavioral health and substance

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Appendix A-4b

Contract Term: 07/01/12 through 06/30/13

Program: Child Outpatient Behavioral Health Services-

EPSDT

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abuse services will be assigned to a Behavioral Health Specialist an individual CANS assessment and a full plan of care will be developed within 30 business days. If it is determined that clients need services beyond the initial 30 business days, a request for authorization will be submitted to the PUROC committee for additional hours.

All clients are informed of their rights under CBHS in a linguistically accurate manner and provided with documentation of their right to privacy in regards to HIPAA as well as a review of their Client Rights, which includes obtaining client signature and providing a copy to them. A Consent for Treatment or Participation is also required and clients are provided with a copy of the signed form. They are also informed of the Grievance Procedure process, which is documented in the chart.

C. Service Delivery Model

Behavioral Health service delivery is based on Recovery and varied Behavioral Health Substance Abuse theories, bicultural personality development, Harm Reduction, current best practices and evidence based interventions. These include utilization of family/child centered interventions, a multidisciplinary, coordinated team approach to provision of services, and the reinforcement of cultural strengths and identity, sensitivity to social factors and a commitment to assist clients in understanding and differentiating between social ills and personal problems.

Coordinated services are primarily provided at IFR; however, the team also provides services in clients' homes, schools, and other sites that are convenient to clients. IFR is geographically and physically accessible to clients by MUNI and BART public transportation. The program is accessible by telephone at (415) 229-0500. Hours of operation are Monday through Friday, 9 a.m. to 7 p.m. and Saturdays, 9 a.m. to 2 p.m. Client's emergencies are managed by the assigned Behavioral Health Specialist, psychiatrist, Program Coordinator or by the scheduled Officer-of-the-Day (OD). This site meets minimum ADA requirements.

As a clinic serving children, youth up to age 21, IFR is in a unique position to provide innovative services to Latino/Chicano families through creative approaches in the context of community that reinforces cultural strengths and identity. IFR is a critical point of access into the public health system for families with children who are in need of comprehensive behavioral health services.

In collaboration with community and partner agencies, and other IFR programs, children and their families are able to access a wide spectrum of services. IFR is the lead agency for the Latino Family Resource System, a collaboration of five community agencies in the Mission District. Through this collaboration IFR is able to provide case management, advocacy and behavioral health services for clients referred by Human Services Agency, including clients that are registered in the CBHS and CYF system of care. Over the years IFR has established strong links with the Human Services Agency and the San Francisco Family Court system, we provide consultation to the department as well as services, which places us in a strong position to advocate for our community and clients.

Service approaches include utilization of family and significant others in the process of intervention, a coordinated multidisciplinary team approach to the provision of services, reinforcement of cultural strengths and identity, sensitivity to social factors and a commitment to assist clients in understanding and differentiating between social ills and personal problems, program flexibility in how and where services are delivered in order to serve the behavioral health needs of the community.

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Appendix A-4b

Contract Term: 07/01/12 through 06/30/13

Program: Child Outpatient Behavioral Health Services-

EPSDT

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Appendix A-4b Contract Term:07/01/12 through06/30/13

Psychiatrist Consultations are professional services rendered by the psychiatrist to clients who present psychiatric symptoms that compromise adaptive function, impacting self-care and involvement in the community and augmenting risk behaviors. A Psychiatric Consultation involves, psychosocial evaluation, history taking and mental status examination leading to possible prescription and monitoring of medication. Psychiatric Consultation is also provided directly to behavioral health and primary medical providers for questions regarding psychiatric diagnosis and treatment planning. Since the psychiatrist is part of a multi-disciplinary team that reviews all clients, the consultations are with the team about the effects of medications, compliance and other issues, affecting important changes in clients' mental status. Team members provide feedback to the psychiatrist about the mental status and other issues related to the cases.

The psychiatrist also consults with other service providers of the psychiatric client, including, but not limited to, Behavioral Health Specialist, medical providers, substance abuse counselors and case managers. In addition, the psychiatrist consults with the client's primary care provider in the referral, placement and treatment disposition of clients at all phases of their treatment.

IFR has historically provided services to clients with dual-diagnosis of substance abuse using both Abstinence and Harm Reduction based models. Intervention approaches include a multidisciplinary staff, the inclusion of family and significant others, utilization of community resources that will support recovery, as well as coordination with medical providers. In order to develop service capacity for dual diagnosed clients we have focused on training for staff that includes harm reduction philosophy. IFR has adopted CRAAFT and AADIS screening tool to determine client needs for substance abuse services.

Adjunct Services:

The outpatient clinic has access to culturally defined drumming therapeutic circles that are available to youth at risk, who are diagnosed with anxiety and/or depression and who may also have dual diagnosis of substance abuse.

As part of IFR's program design, Cultural Affirmation Activities are a fundamental aspect of IFR's services. Cultural Affirmation Activities are defined as planned group events that enhance the cultural and spiritual identity of clients. These activities include: Tonanzin, Cuatemoc, Fiesta de Colores, Xilonen, Cinco de Mayo celebration, Indigenous Peoples Day, Immigrant Pride Day, Dia de los Muertos, Las Posadas, Latino Gay Night, Dia de las Madres, and The Gay Pride Parade as well as other short-term interventions that focus on grief, loss, hope, and inspiration using traditional techniques.

D. Exit Criteria and Process

Because of limited and shrinking behavioral health and substance abuse resources, coupled with the need to immediately serve many new acute clients coming in the front door, IFR will consistently apply utilization review and discharge/exit criteria to alleviate increasing caseload pressure and to prioritize services to those most in need. Behavioral Health Specialist will use CANS as a tool to measure clients' progress and consider such factors as: risk of harm, compliance, progress and status of Care Plan objectives and the client's overall environment, to determine which clients can be discharged from MHSA/CBHS services. CANS profiles and case reevaluations by the PURQC committee are integrated into the exit process.

IFR Outpatient clinic will make referrals of clients to appropriate community-based programs such as after school programs, to solidify gains made in outpatient services.

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Program: Child Outpatient Behavioral Health Services- Contract Term:07/01/12 through06/30/13

EPSDT

Fiscal Year: 2012-2013

CMS#: 6960

E. Program Staffing

Please Appendix B-4b staff salaries and benefits.

F. For Indirect Services

Indirect Services (Outreach) will be provided through collaborations with community organizations, such as MUA, CARECEN (Victims of Crime), Tree House, and two identified schools, as well as families that come to IFR to request services for their children. At times that the identified client does not meet full criteria for services but would benefit from screening, case management and triage.

7. Objectives and Measurements

A. Required Objectives

All objectives, and descriptions of how objectives will be measured, are contained in the CBHS document entitled Performance Objectives FY 12-13.

8. Continuous Quality Improvement

Achievement of contract performance objectives:

IFR has implemented the Program Utilization Review and Quality Committee (PURQC); through this system IFR monitors performance objectives as established by the Department of Public Health-Community Behavioral Health Services.

The monitoring of Performance objectives are integrated throughout the process of services provision and PURQC, through the monthly revision of active clients' reports, periodic reviews of client improvement (PURQC), continuous revision of client activity during the 30 business day initial period from case opening, and periodic charts review for ensuring documentation completion and quality. Based on the results of these monitoring processes, adjustments are made to individual cases as well as to the current systems.

Documentation quality, including a description of internal audits:

IFR has developed a comprehensive system for Continuous Quality Improvement that includes a Utilization Committee, individual and group supervision for all Behavioral Health staff, as well as training. All staff is given bi-monthly group supervision and weekly individual supervision to discuss client progress, treatment issues, and enhance skills in the areas of assessment, treatment development and clinical interventions. Trainings provided by CBHS that involve education on documentation guidelines as mandated by CBHS and the state of California as well as training on assessment instruments used as (CANS) standard practice of care, are a requirement for all clinicians.

The outpatient clinic has a Program Utilization Review and Quality Committee (PURQC) that convenes weekly to review charts for all documentation requirements; Assessments, Plans of Care and the Client Service Authorization (CSA) Request. Cases are submitted to PURQC for initial Authorization, Re-Authorization, the Assessment, POC/CSI Update is required to be submitted with the Authorization Request, the number of hours that are authorized for each client are determined by the Service Intensity Guidelines.

Medical records are reviewed within two months of opening and then once again at the annual anniversary date. Feedback is given to each clinician whose chart is up for review. Feedback includes items that are out of compliance and need immediate action. A deadline is provided as to when feedback must be addressed. The medical record is them reviewed once again to ensure compliance. Feedback is stored in the PURQC binder.

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The PURQC Committee is composed of a multi-disciplinary staff that includes Marriage and Family Therapists, Social Workers, Psychologists and other agency support staff. The committee keeps a record of PURQC meetings.

Periodic Review of documentation is performed manually by support staff.

Cultural competency of staff and services:

The staffing pattern and collaborative efforts directly aim at being representative and reflective of the groups within the community IFR serves. IFR staff represents a multidisciplinary, multi-ethnic cadre of people who demonstrate high levels of immersion in the cultural values of the community, their life experiences (as immigrants, women, gay and lesbian, transgender, etc.) as well as a high level of professional training. Retention of qualified staff is enhanced by ongoing quality professional staff development and by a responsive Human Resources department.

Client Satisfaction:

An annual client satisfaction is performed every year as per CBHS requirements. Results are analyzed and changes are implemented when necessary.

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Appendix A-4b

Contract Term: 07/01/12 through 06/30/13

Appendix A-5

Contract Term: 07/01/12 through 06/30/13

Program: Early Intervention Program (EIP) Child Care

Mental Health Consultation Initiative

Fiscal Year: 2012-2013

CMS#: 6960

1. Program Name: Early Intervention Program (EIP) Child Care MH Consultation Initiative

Program Address: 2919 Mission Street

City, State, Zip Code: San Francisco, CA 94110

Telephone: (415) 229-0500 Facsimile: (415) 647-3662 Program Code: 38182

2. Nature of Document

☐ New ☐ Renewal ☐	Modification
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3. Goal Statement

The IFR Early Intervention Program (EIP) will provide comprehensive mental health consultation services to 18 center-based childcare sites (including one MHSA funded childcare center), two family resource centers, and 12 Latina family childcare providers for fiscal year 2012-2013. The program will also open EPSDT charts on 6 children, ages 0-5 years old.

The goals of the Program are to: 1) Maximize the opportunities for healthy social and emotional development for young children ages 0-5 years, enrolled in full-day and part-day child care programs in the Mission, Outer Mission, and Bay View Districts; 2) Improve the capacity for family resource center staff and family child care providers to provide culturally and developmentally appropriate environments for young children (ages 0-5 years); 3) Improve the capacity and skills of care providers (teachers and staff) to respond to the social emotional needs of young children, ages 0-5; and 4) Improve the capacity and skills of parents to foster healthy social and emotional development in their children aged 0-5 years.

4. Target Population

The target population is at-risk children and families enrolled in 18 center-based preschool childcare site, 12 Latina family child care providers, and two family resource centers in the Mission, Bay View, and Outer Mission Districts. Centers to be served include all nine Mission Neighborhood Center Head Start sites: Valencia Gardens, Women's Building, Stevenson, Capp Street, 24th Street, Bernal Dwellings, Mission Bay, Jean Jacobs. Southeast Families United Center; 4 SFUSD child development centers: Theresa Mahler Center, Zaida Rodriguez Center, Sanchez ECE and Bryant ECE; and 2 pre-K SFUSD sites: Cesar Chavez, and Paul Revere; and Mission YMCA. These programs serve primarily low-income, at-risk Latino children and Cal Works families in part-day and full-day programs.

The 12 Latina family child care providers tend to be isolated and have limited access to social and health services yet serve some of our the most vulnerable families. One of these providers contracts with Wu Yee Children's Services' Early Head Start Program. The program will also open EPSDT charts on 6 children, ages 0-5 years; children who might not typically access mental health services due to linguistic and cultural barriers.

Family Resource Centers (FRC) to receive consultation services to staff and clients include Instituto Familiar de la Raza and Excelsior Family Connections.

5. Modalities/Interventions

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Appendix A-5 Contract Term:07/01/2012 through 06/30/2013

Fiscal Year: 2012-2013

CMS#: 6960

Target Population Table:

par	Target Population Table:						
#	Funding		# of hrs per week	# of Children	# of Class- rooms	# of Teachers	Consultant assigned
I	HSA	MNC - Capp	10	64	4	8	Marisol
2	HSA -	MNC – Jean Jacobs	7	40	2	4	Milagritos
3	HSA	MNC - Stevenson	7	40	2	4	Nancy
4	HSA	MNC - Valencia Gardens	10	64	4	7	Geraldine
5	HSA	MNC Bernal Dwellings	5	24	1	4	Geraldine
6	HSA	MNC 24 th St.	10	64	4	8	Nancy
7	HSA	MNC - Women's Bldg	5	24	1	4	Geraldine
8	HSA	MNC Mission Bay	7	44	2	7	Marisol
9	HSA	SFUSD Paul Revere PreK	5	20	J	3	Milagritos
10	HSA	Family Childcare Providers	5	16	4 +	4	Cassandra
11	PFA	SFUSD EEC Zaida Rodriguez Center	12	80	4	4	Milagritos
12	PFA	SFUSD Cesar Chavez PreK	5	40	2	3 .	Nancy
13	PFA	SFUSD Sanchez EEC	7	40	2	6	Nancy
14	PFA	Mission YMCA	7	60	3	8	Marisol
15	PFA	SFUSD Bryant EEC	7	48	2	6	Elia
16	PFA	Theresa S. Mahler EEC	7	48	2	6	Julio
17	DCYF	Family Child Care Providers	10	32	8	8	Maria/Nancy
18	SRI	IFR Family Resource Center	7	20	1	3	Marisol
19	SRI	Excelsior Family Connection FRC	7	20	1	4	Elia
20	MHSA	Southwest/Evans Preschool Classroom	7	24	1	4	Jasmine
21	MHSA	Evans Infant/Toddler Classroom	7	14	2	4	Tenisha
22	MHSA	Training-Institute	9 sessions per year	Up to 15 consultants		and the state of t	Cassandra Coe & Michelle Vidal

- 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 two 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 or providing a consultation to a parent.

Date: 07/01/12 Page 2 of 7

Program: Early Intervention Program- Child Care

Fiscal Year: 2012-2013

CMS#: 6960

- 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 on an ongoing basis 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.
- Training-Institute: IFR will develop and implement one 9-session training for mental health consultants city-wide who have less than one year of experience providing consultation services through the ECMHI. Consultants will meet once a month for a didactic seminar that will provide an overview of the mental health consultation model outlined in the most recent CBHS RFP. Further topics will explore the role of the mental health consultant, how to begin consultation, understanding childcare culture, aligning efforts with First Five Initiatives, working with parents and developing inclusive practices. A strong cultural perspective and emphasis on relationship based, strength based interventions will frame the seminar. Total funding \$13,729 for 8 to 10 Consultants.(Appendix B-10)

Service units will also include outreach and linkage as well as evaluation services. Unduplicated clients will include children, parents, and staff impacted by these services.

For fiscal year 2012-2013, the number of unduplicated clients and total number of units (UOS) to be served under current funding will be as follows:

DCYF funding (\$36,134) will serve 32 clients with a total of 491 UOS. First Five FRC (SRI) funding (\$48,000) will serve 40 clients with a total of 640 UOS. PFA funding (\$177,660) will serve 316 clients with a total of 2,369 UOS. HSA funding (\$292,292) will serve 364 clients with a total of 3,897 UOS. General Fund (\$41,935) will serve 15,367 MH Services, 60 Crisis Intervention, and 400 Case Management with a total of 7 UOS.

They will have a total of 759 Unduplicated Clients.

MHSA funding (\$ 42,000) will serve 32 clients with a total of 560 UOS. Please see Appendix B-5. **Program Consultation**

Center and/or classroom focused benefits all children by addressing issues impacting the quality of care.

Frequency of Activities

Activity	Small Child Care Center 12-24 children	Medium Child Care Center 25-50 children	Large Child Care Center > 50 children
	Initially upon entering	Initially upon entering	Initially upon entering
Program	the site and 2 to 3 times a	the site and 2 to 4	the site and 2 to 4 times a
Observation	year per classroom	times a year per	year per classroom
	equaling 4 to 6 hours per	classroom equaling 6	equaling 10 to 20 hours
	year	to 10 hours per year	per year
Meeting with			
Director	Monthly I hour per	Monthly 1 to 2 hours	Monthly 2 to 3 hours per
	month	per month	month

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Meeting with Staff	Bi-monthly with all staff members (usually by classroom) 2 hours a month	Bi-monthly with all staff members (usually by classroom) 2 to 4 hours a month	Bi-monthly with all staff members (usually by classroom) 4 to 6 hours a month
Trainings	As needed and as stipulated in the MOU 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

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

For EPSDT and direct treatment services the following standards of practice will be followed:

- Direct treatment services occur within the child care center as allowed by the established MOA or at our outpatient clinic 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.

6. Methodology

For direct client services

Outreach efforts:

Orientation to services for teachers will occur at a designated staff meeting and be reinforced with a
written description of the program, which will include the referral process and explanation of
consultation services.

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Memorandums of Agreement will be developed jointly between the consultant and the site supervisor
of each individual site.

- Parents will be oriented to the program during monthly parent meetings conducted by the preschool staff and will be provided with a letter of introduction with the consultants contact information and description of her role.
- The consultants will work closely with the Head Start ERSEE staff, education specialists and other support staff to continue outreach efforts.

Admission, Enrollment and/or intake criteria:

Children will be referred through group consultation where teachers and consultants discuss concerns regarding a particular student as well as by parent referral. When a formal observation is requested by the preschool staff or family childcare provider, written consent will be provided by the parent/guardian.

Program Service Delivery Model:

The EIP's mental health consultation approach is to address the differing needs of Center based childcare, family resource centers, and family childcare settings. The program design is based upon a cultural framework that affirms and builds upon the strengths of the child, their caregivers (child care provider and parent/guardian), the family of service providers, and the community they identify with. An underlying assumption is that access to consultation, affirmation, resources and education empowers caregivers and families to create healthy environments and relationships for the healthy social and emotional development of preschool children.

The IFR-EIP model establishes a multi-disciplinary group consisting of site-specific childcare staff; other involved site-based caregivers and a bilingual/bicultural Mental Health Consultant. Depending upon the scope of the problem, outside caregivers may be invited to participate in an individual child's review including pediatricians, speech therapists, and other caregivers. We will provide 5-10 hours per week of bilingual child care mental health consultation services to 18 childcare sites and average of 2 hours every two weeks for up to 12 family childcare providers in the Mission, Bay View and Outer Mission Districts of San Francisco.

The Mental Health Consultant provides an array of services to the child, parent and staff with the service goal of building upon the strengths of the child, parent and caregiver. Partnership meetings include the staff person closest to the child and parent, the Mental Health Consultant and the parent/guardian.

Depending upon the needs identified in the first meeting, the parent and the Mental Health Consultant may continue to meet up to five other times for planning, linkage, support and problem solving. Any needs that cannot be addressed within the partnership meetings are referred out to services in the network of health care and social services available to children and families.

For the 12 family childcare providers, mental health consultation will be individualized and based upon the needs of the provider, the age of the children and their relationships to a center-based program. In some family childcare provider homes, children will be attending part-day programs in a center and continuing their full-day coverage with a family childcare provider.

Partnership meetings with parents will be established on a regular basis and will be conducted with the provider and parent/guardian based on observations and discussions with the family child care provider. Program and environmental consultation including developing learning activities and modeling age-appropriate interactions will be tailored to each home. The program may provide parent groups (Charlas) at family child care provider homes to explore aspects of parenting and child development.

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The Professional Development Day is the linchpin of all the efforts with the Family Child Care Providers as it brings together the community of Latina Family Child Care Providers to reflect on the connections they have to their work as well as explore self-care. This Retreat is in its 15th year- and the growth and depth of reflection by the group has gone deeper and deeper every year. Modeling self-care is essential for our providers to then model and promote health with the families they work with.

For the two Family Resource Centers, mental health consultation will be tailored to meet the individual needs of each site. Program consultation will include, but is not limited to, curriculum development, staff communication and environmental interventions to enhance the quality of programming for children and families.

Exit Criteria and Process:

Some of the programs follow the SFUSD calendar thus consultation services to teachers and staff comes to a natural close at the end of the school year.

For year round programs- individual interventions for identified students will use the following as a basis for exit criteria: 1) teacher and parent feedback 2) mental health consultant recommendation 3) Linkage to community resources to address the family's needs.

Children receiving individual counseling services will also be evaluated through the CANS.

Program's staffing: See Appendix B-5.

7. Objectives and Measurements

A. Required Objectives

All objectives, and descriptions of how objectives will be measured, are contained in the CBHS document entitled Performance Objectives FY 12-13.

MHSA objectives remain the same as objectives outlined for ECMHI contained in CBHS document.

B. Individualized Program Objectives

During fiscal Year 2012-2013, 75% of teachers will report they have improved their understanding of the social emotional needs of the children in their care as measured by the completed teacher satisfaction survey that will be administered by June 2013.

During fiscal Year 2012-2013, 75% of parents will report that they are better able to respond to the behavioral and social-emotional needs of their children as measured by the completed parent satisfaction survey administered by June 2013.

During fiscal Year 2012-2013, all Early Intervention Mental Health Specialists will attend weekly group supervision that addresses implementation of IFR model of consultation to enhance the quality of consultation services as measured by attendance logs at EIP Team Meetings.

8. Continuous Quality Improvement

The Early Intervention Program's CQI activities include weekly Team meetings utilizing a reflection Case Presentation model that supports and deepens consultant's work and methodology. Meetings include administrative check-ins to review and reflect on the achievement of contract performance objectives. Charts are maintained for each individual childcare site, family resource centers and a chart for family childcare providers. Charts are reviewed quarterly for quality and accountability by the Program Director. All staff is bilingual and bicultural and our work is based on a cultural framework

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that is central to its success. We will also comply with annual client satisfaction surveys administered by CBHS as well we seek regular feedback from Program Directors and Site Directors at all the sites we serve. We incorporate their feedback and readily address issues as they surface.

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1. Program Name: La Cultura Cura ISCS/EPSDT Services

Program Address: 2919 Mission Street

City, State, Zip Code: San Francisco, CA 94110

Telephone: (415) 229-0500 Facsimile: (415) 647-3662 Program Code: 381810

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3. Goal Statement

Instituto Familiar de la Raza's (IFR) La Cultura Cura Program (LCC) will provide intensive case management and mental health services to Latino youth who meet criteria for Intensive Supervision and Clinical Services (ISCS) and/or are prioritized by the Department of Juvenile Probation, DCYF, and CBHS to respond to the cultural and linguistic needs of youth in-risk and/or involved in the juvenile justice system.

4. Target Population

The target population for this contract is post-adjudicated Chicano/Latino youth between the ages of 12-18 years old, including transitional aged youth (18-24), who have come into contact with the juvenile justice system in San Francisco. An emphasis will be placed on addressing the needs of monolingual Spanish or limited English speaking clients who are residents of the Mission District and adjacent areas with high density populations of Latino youth. Eligible clients include those who are Medi-Cal eligible, uninsured or underinsured.

In the Mission District and surrounding areas, Latino youth face high levels of stressors: community violence, poverty, language barriers, unstable housing and homelessness, lack of health care benefits, cultural and racial discrimination, and the harmful effects of anti-immigrant sentiments. Studies have found that Latino Youth experience proportionately more anxiety-related and delinquency problem behaviors, depression, and drug use than do non-Hispanic white youth.

While Latinos under the age of 18 comprise 19% of children/youth in San Francisco, they account for 25%-36% of incarcerated youth. They also account for 30% of children/youth living below the 200% poverty level. It is important to note that Latino children/youth are least likely to be insured regardless of citizenship.

The magnitude of the problems faced by Latino youth and their families highlights the need for culturally and linguistically competent services to assist youth and families to overcome involvement in the juvenile justice system and build upon their individual, family, and community resiliencies.

5. Modality(ies)/Interventions

Billable services include Mental Health Services in the following forms:

<u>Mental Health Services</u> — 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 residential services, crisis services, residential treatment services, crisis stabilization, day rehabilitation, or day treatment intensive. Service activities may include but are not limited to assessment, plan development, therapy, rehabilitation, and collateral.

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* <u>Assessment</u>-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.

- <u>Collateral</u>—means a service activity to a significant support person in the beneficiary's life with the intent of improving or maintaining the mental health of the beneficiary. The beneficiary may or may not be present for this service activity.
- <u>Therapy</u> means a service activity which is a therapeutic intervention that focuses primarily on symptom reduction as a means to improve the functional impairments. Therapy may be delivered to an individual or group of beneficiaries and may include family therapy at which the beneficiary is present.
- <u>Case Management</u> means services that assist a beneficiary to access needed medical, educational, pre-vocational, vocational, rehabilitative, or other community services. The 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.
- <u>Crisis Intervention</u>—means a service, lasting less than 24 hours, to or on behalf of a beneficiary for a condition that requires more timely response than a regularly scheduled appointment. Service activities may include but are not limited to assessment, collateral, and therapy.

6. Methodology

A. For direct client services (e.g. case management, treatment, prevention activities) ISCS/EPSDT Program – Minimum Requirements

All clients served in this program will receive Intensive Case Management (ICM) services, the minimum standards for which are described on pp. 41-52 of the Dept. of Children Youth and Families' *Minimum Compliance Standards*, 2nd Edition, May 2008. In addition, half of all of treatment slots will be reserved for Intensive Supervision and Clinical Services (ISCS), which will be enhanced by ICM.

Intensive Supervision and Clinical Services (ISCS)

All referrals to ISCS programs are made through the San Francisco Juvenile Probation Department (JPD). Contractor shall provide ISCS services for youth for an initial 90-day period. With input from the case manager, the Probation Officer will determine whether or not to extend the program for an additional 90 days. Should Contractor make a clinical determination that additional services are needed, ICM services may be continued after ISCS services have concluded. Contractor understands that continuation of services is contingent upon available non-ISCS slots. If no such slots exist, Contractor will refer client to another case management program and/or available mental health services with a different provider.

Contractor agrees to meet monthly with Probation staff. Violations of conditions of probation should be reported as soon as possible, but no later than three (3) calendar days after contractor becomes aware of the incident.

Contractor activities on behalf of a client will be documented and an individual case file will be maintained. Contractor agrees that upon initiation of services, clients will be mandated to sign Release of Information forms allowing communication of client information to the assigned probation officer

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and any other critical JPD staff. Individual progress reports shall be submitted once a month to JPD, using the standard report format. Reports will include:

- Number and nature of client contacts (Minimum face-to-face, 3 visits/week)
- All parental contacts
- All curfew checks (Minimum six days per week)
- All school checks (Minimum weekly)
- Compliance with Orders of Probation
- Description of the Home Environment
- Criminological risks being addressed
- Educational development
- Employment status
- Referrals to community resources

Contractor agrees to work cooperatively with the Juvenile Probation Department and the probation officer assigned to the case. In addition, a final report summarizing the youth's progress and any recommendations for continued clinical treatment shall be submitted to the probation officer prior to the conference review at the end of the 90-day period. Copies of all correspondence, reports or recommendations to the courts with the courts will be submitted to the assigned Probation Officer at least four business days prior to the scheduled court hearing date.

Intensive Case Management

<u>Referrals:</u> Contractor will prioritize ICM referrals from JPD, the DCYF list of preferred case management providers, and from DPH staff co-located at Juvenile Justice Center (JJC): SPY, AIIM HIGHER, and MST. All forms authorizing consent for treatment and required waivers will be signed prior to initiation of services.

<u>Comprehensive Needs Assessment:</u> If not already completed within the past 30 days, Contractor shall conduct a comprehensive assessment of client needs (including the Child and Adolescent Needs and Strengths, or CANS assessment), develop an individual service plan, and coordinate and supervise service delivery. At a minimum, the assessment will include the following:

- CANS Assessment
- Interview with client, family and probation officer
- Review of the dynamics of the case (nature of offense)
- Review of conditions of probation
- Individual and family history family dynamics
- Need for individual and/or family counseling
- Educational skills, remedial needs
- Medical, psychiatric and health education referrals
- Vocational skills, job training
- Behavior dangerous to self or others
- Current use of alcohol or drugs

Service Planning: Once client needs have been determined, the case manager shall develop a written plan, including a clinical case plan or Plan of Care consistent with Department of Public Health (DPH) standards, to address those needs and coordinate and supervise service delivery. Contractor shall involve client and family in service planning and provide a detailed orientation about program requirements and rules. The case manager will select appropriate treatment programs and service providers and maintain a progress oriented case record for each client. Assigned staff will work

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collaboratively with other youth service agencies and with members of the client's community. Parental involvement shall be encouraged.

<u>HIPPA Compliance</u>: Contractor will integrate DPH Privacy Policy in its governing policies and procedures regarding patient privacy and confidentiality. The Executive Director will ensure that the <u>applicable</u> policy and procedures as outlined in the DPH Privacy Policy have been adopted, approved, and implemented.

A. Outreach, recruitment, promotion, and advertisement:

Referrals will be received only from the presiding judge or the carrying Probation Officer after a youth is adjudicated.

B. Program's admission, enrollment and/or intake criteria and process where applicable: Referrals received will be screened for eligibility by the Mental Health Specialist (MHS) who will contact the referring party to complete the process. (The screening process confirms that clients have San Francisco residency, do not have private insurance and are low income or Medi-cal eligible. Clients are screened for eligibility to receive services with an alternative source of payment (private insurance). Clients that do not meet eligibility requirements are referred to intra-agency resources or to appropriate outside service providers.)

Referrals will then be presented to the Case Management Development Team, facilitated by a Licensed Clinical Social Worker (leveraged by Mission Family Center) and co-facilitated by the Program Coordinator and MHS, for disposition. Once a referral is accepted, it will be assigned to a Case Manager who will contact the client to schedule an intake/assessment. Each client gets an assessment using the CBHS-CYF-SOC form to establish medical necessity for specialty mental health services. For all new intakes, an appointment for face-to face contact will be offered within 3-5 working days of initial request.

During intake and assessment, the Case Manager provides clarification to families about probation guidelines, court mandates, conditions of release, and community service requirements. The Case Manager will utilize the CANS, under the supervision of the MHS-CANS Super-user to determine client needs and strengths. CANS is utilized to determine: 1) preventative action to be taken; 2) strategic action required to address the need; or 3) intensive action requiring immediate action for intervention.

All clients who meet medical necessity for specialty mental health services will be assigned to a provider and a full plan of care will be developed within 60 days. If it is determined that clients need services beyond the initial 60 days, a request for authorization will be submitted to the PURQC committee for additional hours. For cases open longer than 2 years, will be referred to SF-CBHS-CYF-SOC central authorization team for authorization.

All clients or their parents are informed of their rights under CBHS, are given linguistically accurate documentation of their client rights and of their right to privacy in regards to HIPPA.

A. Service delivery model:

Based on needs identified via CANS, a comprehensive individual and family service plan is developed by the Case Manager to address immediate concerns and needs. Consultation with the assigned justice system providers informs the plan. Services initiated at this point are primary (case management and therapy, as indicated) followed by secondary leveraged services (after school programming etc.). Services rendered through this RFP will be provided at IFR or an alternative safe location. Staff is also available to deliver services to youth while in detention.

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The frequency of ICM visits usually includes a minimum of three direct contacts at IFR, the school, or in the community, in accordance with the DCYF Minimum Compliance Standards. Case Managers utilize restorative justice interventions, i.e. life skills development, referrals to training programs and community service activities, school advocacy, supportive counseling, tutorial assistance, conflict resolution, de-escalation, and anger management skill development. Examples of these modalities include identifying risk factors and implementing safety plans, and improving interpersonal relationships and communication skills through role playing and modeling.

Based on the CANS, if mental health interventions are indicated, the Case Manager will refer participants to the MHS to provide services. The MHS uses functional family and cognitive behavioral therapy, which are best practices identified for the target population. Through therapy, clients and their families are able to recognize and address additional barriers that may impede their ability to make progress towards identified goals. Clients and families can also enroll in a variety of on-site support services at IFR, through its continuum of services/programs.

Mental Health service delivery is based on varied psychosocial theories, bicultural personality development, current best practices and evidence based interventions. These include utilization of family/ child centered interventions, a multidisciplinary team approach to provision of services, and the reinforcement of cultural strengths and identity, sensitivity to social factors and a commitment to assist clients in understanding and differentiating between social ills and personal problems.

Services are primarily provided at IFR; however, the team also provides services in clients' homes, schools, and other sites that are convenient to clients (i.e. other community agency sites). IFR is geographically and physically accessible to clients by MUNI and BART public transportation. The program is accessible by telephone at (415) 229-0500. Hours of operation are Monday through Friday, 9 a.m. to 7 p.m., and Saturday 9 a.m. to 2 p.m. Client's emergencies are managed by the assigned psychotherapist, psychiatrist, Program Coordinator or by the scheduled Officer-of-the-Day (OD). This site meets minimum ADA requirements.

As a comprehensive agency serving children, youth and adults, IFR is in a unique position to provide innovative services to Latino/Chicano families through creative approaches in the context of community that reinforces cultural strengths and identity. IFR is a critical point of access into the public health system for families with children who are in need of comprehensive mental health services.

IFR is the lead agency for the Latino Family Resource System, a collaboration of five community agencies in the Mission District. Through this collaboration IFR is able to provide case management, advocacy and mental health services for clients referred by Human Services Agency, including clients that are registered in the CBHS and CYF system of care. Over the years IFR has established strong links with the Human Services Agency and the San Francisco Family Court system, we provide consultation to the department as well as services, which places us in a strong position to advocate for our community and clients.

Service approaches include utilization of family and significant others in the process of intervention, a multidisciplinary team approach to the provision of services, reinforcement of cultural strengths and identity, sensitivity to social factors and a commitment to assist clients in understanding and differentiating between social ills and personal problems, program flexibility in how and where services are delivered in order to serve the mental health needs of the community.

IFR has historically provided services to clients with dual-diagnosis of substance abuse using both Abstinence and Harm Reduction based models. Intervention approaches include a

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multidisciplinary staff, the inclusion of family and significant others, utilization of community resources that will support recovery, as well as coordination with medical providers. In order to develop service capacity for dual diagnosed clients we have focused on training for staff that includes harm reduction philosophy. IFR will adopt CARF screening tool to determine clients' needs for substance abuse services.

Adjunct Services:

La Cultura Cura staff will link clients to our culturally defined therapeutic drumming groups that target youth at risk, who are diagnosed with anxiety and/or depression and who may also have dual diagnosis of substance abuse. Youths are first assessed to identify their level of functioning in order to determine their appropriateness for group services.

La Cultura Cura also link clients to the "Cultur Arte" after-school program, which provides cultural affirmation activities and performing arts workshops. These activities are provided in a non-threatening environment, promote self-expression, positive cultural identity, skills development, and community reintegration.

As part of IFR's program design, Cultural Affirmation Activities are a fundamental aspect of IFR's services. Cultural Affirmation Activities are defined as planned group events that enhance the cultural and spiritual identity of clients. These activities include: Tonanzin, Cuatemoc, Fiesta de Colores, Xilonen, Cinco de Mayo celebration, Indigenous Peoples Day, Immigrant Pride Day, Dia de los Muertos, Las Posadas, Latino Gay Night, Dia de las Madres, and The Gay Pride Parade as well as other short-term interventions that focus on grief, loss, hope, and inspiration using traditional techniques.

B. Exit criteria and process:

The average length of service provision in the program will be three to six months, with a maximum of a year. Further extensions will be determined through ongoing assessments or at the request of the youth/family. Termination occurs when goals are reached, probation has been successfully completed, or when youth are out of compliance with court orders.

Because of limited and shrinking mental health resources, coupled with the need to immediately serve many new acute clients coming in the front door, IFR will consistently apply utilization review and discharge/exit criteria to alleviate increasing caseload pressure and to prioritize services to those most in need. Clinicians will consider such factors as: risk of harm, compliance, progress and status of Care Plan objectives and the client's overall environment, to determine which clients can be discharged from MHS/CBHS services. CANS profiles and case reevaluations by the PURQC committee are integrated into the exit process.

La Cultura Cura will make referrals of clients to appropriate community-based programs such as after school programs, to solidify gains made from services provided.

C. Program's staffing:

Please refer to Appendix B-6.

D. Indirect Services:

Contract does not include indirect services.

7. Objectives and Measurements

A. Required Objectives

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"All objectives, and descriptions of how objectives will be measured, are contained in the CBHS document entitled Performance Objectives FY 12-13".

B. Individualized Program Objectives

La Cultura Cura staff will engage in a number of activities to enhance staff's capacity to deliver mental health services in accordance with CBHS integration objectives:

- · Staff will participate in a series of trainings on co-occurring disorders
- · Staff will participate in a CBT focused training
- Staff will participate in a series of trainings on "evidence based" or "evidence informed" practices most relevant to the Chicano/Latino community
- Staff will participate in all relevant CBHS trainings, particularly as it relates to compliance issues.
- IFR program staff will attend training on provision of services to the designated target population of the program, addressing issues regarding ethnicity, cultural background, gender, sexual orientation, creed or disability.

The following objectives will also be tracked:

Objective 1:

During Fiscal Year <u>2012-2013</u>, <u>65%</u> of participants will have completed their assigned community service hours as measured by self reporting, court documents, and documentation in the case manager's case notes and program records. Program Manager and Mental Health Specialist will analyze and summarize objectives data.

Objective 2:

During Fiscal Year 2012-2013, 90% of participants will have enrolled in school or an appropriate educational setting as measured by self reporting, SFUSD progress reports, and documentation in the case manager case notes and program records. Program Manager and Mental Health Specialist will analyze and summarize objectives data.

Objective 3:

During Fiscal Year 2012-2013, 35% of participants will not have an additional sustained petition or conviction as measured by self reporting, court records, and documentation in the case manager case notes and program records. Program Manager and Mental Health Specialist will analyze and summarize objectives data.

Objective 4:

During Fiscal Year 2012-2013, 65% of participants will complete goals outlined in their initial service plan as measured by self reporting, court records, and documentation in the case manager case notes and program records. Program Manager and Mental Health Specialist will analyze and summarize objectives data.

8. Continuous Quality Improvement

Achievement of contract performance objectives:

IFR has developed the Rrogram Utilization Review and Quality Committee (PURQC); through this system IFR monitors performance objectives as established by the Department of Public Health-Community Behavioral Health Services.

The monitoring of Performance objectives are integrated throughout the process of services provision and PURQC, through the monthly revision of active clients' reports, periodic reviews of client improvement (PURQC), continuous revision of client activity during the 30-day initial period from case opening, and periodic charts review for ensuring documentation completion and quality. Based on

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the results of these monitoring processes, adjustments are made to individual cases as well as to the current systems.

Documentation quality, including a description of internal audits:

IFR has developed a comprehensive system for Continuous Quality Improvement that includes a Utilization Committee, individual and group supervision for all Behavioral Health staff, as well as training. All staff is given bi-monthly group supervision and weekly individual supervision to discuss client progress, treatment issues, and enhance skills in the areas of assessment, treatment development and clinical interventions. Trainings provided by CBHS that involve education on documentation guidelines as mandated by CBHS and the state of California as well as training on assessment instruments used as standard practice of care, are a requirement for all clinicians.

The outpatient clinic has a Program Utilization Review and Quality Committee (PURQC) that convenes weekly to review charts for all documentation requirements; Assessments, Plans of Care and the Client Service Authorization (CSA) Request. Cases are submitted to PURQC for initial Authorization, Re-Authorization, the Assessment, POC/CSI Update is required to be submitted with the Authorization Request, the number of hours that are authorized for each client are determined by the Service Intensity Guidelines.

Medical records are reviewed within two months of opening and then once again at the annual anniversary date. Feedback is given to each clinician whose chart is up for review. Feedback includes items that are out of compliance and need immediate action. A deadline is provided as to when feedback must be addressed. The medical record is them reviewed once again to ensure compliance. Feedback is stored in the PURQC binder.

The PUROC Committee is composed of a multi-disciplinary staff that includes Marriage and Family Therapists, Social Workers, Psychologists and other agency support staff. The committee keeps a record of PURQC meetings.

Periodic Review of documentation is performed manually by support staff.

Cultural competency of staff and services:

The staffing pattern and collaborative efforts directly aim at being representative and reflective of the groups within the community IFR serves. IFR staff represents a multidisciplinary, multi-ethnic cadre of people who demonstrate high levels of immersion in the cultural values of the community, their life experiences (as immigrants, women, gay and lesbian, transgender, etc.) as well as a high level of professional training. Retention of qualified staff is enhanced by ongoing quality professional staff development and by a responsive Human Resources department.

Client Satisfaction:

An annual client satisfaction is performed every year as per CBHS requirements. Results are analyzed and changes are implemented when necessary.

Date: 07/01/12/2012

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Contractor: Instituto Familiar de la Raza t Term: 07/01/12 through 06/30/13

Program: MHSA-PEI School-Ba Youth Early Intervention Program-Consultan.... Affirmation,

Resources, Education & Empowerment Program (CARE) James Lick Middle School and Hillcrest Elementary School

Fiscal Year: 2012-2013

CMS#: 6960

1. Program Name: MHSA-PEl School-Based Youth Early Intervention Program- Consultation,

Affirmation, Resources, Education & Empowerment Program (CARE) James Lick Middle School and

Appendix A-7

Hillcrest Elementary School

Program Address: 2919 Mission Street

City, State, Zip Code: San Francisco, CA 94110

Telephone: (415) 229-0500 Facsimile: (415) 647-3662 Program Code: 38182

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3. Goal Statement

The IFR CARE Program (housed under the IFR Early Intervention Program-EIP) will provide comprehensive mental health consultation services including prevention and early intervention services for fiscal year 2012-2013. The CARE Program will serve as an integrative bridge between teachers, out-of-school time providers, students, and parents in order to facilitate the building of positive, esteem building relationships for students in the classroom, at home, and during after school programming.

The goals of the program are to 1) Improve and enhance the quality of relationships between care providers (teachers, support staff, OST providers, families and children) thus improving the overall school climate 2) Decrease mental health crisis episodes, and 3) increase teachers' and care providers' capacity to respond to- and support the mental health, behavioral, and developmental issues of their students, as well as creating culturally and developmentally appropriate environments for them. Long-term goals include removing barriers to learning, improving academic achievement through increased school functioning and increased family functioning and engagement.

Target Population

The target population for the IFR CARE program is low-performing students who are experiencing school difficulties due to trauma, immigration stress, poverty, and family dysfunction. Students largely come from the 94110, 94134 and 94124 neighborhoods. Particular emphasis will be placed on Latino and African-American students and their families who have not received the support they need to be successful at school and who feel disempowered by the system. We will be providing services at both Hillcrest Elementary School and at James Lick Middle School.

Modalities/Interventions

Mental Health Consultation:

- 1) At Hillcrest, the mental health consultant will provide consultation to Kindergarten and 1st grade teachers facilitating monthly consultation meetings as well addressing weekly needs
- 2) At Hillcrest, 6 hours weekly of mental health consultation support will be provided to the afterschool staff with information bridged back to the school day team.
- 3) At Hillcrest 7 hours of Inclusion/Mental Health Consultation will be provided weekly by Support for Families with Children with Disabilities.
- 4) At James Lick Middle School, by the end of the school year, the mental health consultant will provide at least one consultation to 65% of all teachers on site.
- 5) At James Lick Middle School, the mental health consultant will consult to counseling staff and LSP's weekly during CARE team meetings.
- 6) At James Lick Middle School, 7 hours of Inclusion Consultation Services will be provided weekly by Support for Families with Children with Disabilities.

Outreach and Engagement:

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Raza Appendix A-7 n (EIP) - Consultation, tract Term: 07/01/12 through 06/30/13

Program: Early Intervention Pre n (EIP) - Consultation, Affirmation, Resources, Education & Empowerment Program (CARE) James Lick Middle School and Hillcrest

Elementary School Fiscal Year: 2012-2013

CMS#: 6960

- 1) At Hillcrest, IFR mental health consultant will table and outreach to parents at two school-wide community events providing referrals and information about all programs at IFR.
- At Hillcrest, IFR Mental Health consultant will coordinate outreach efforts with the Parent Liaison to support ELAC parents- presenting linkage and referral information at a minimum of 3 ELAC meetings.
- 3) At James Lick Middle School, IFR mental health consultant will table and outreach to parents at two school-wide community events providing referrals and information about all programs at IFR.
- 4) At James Lick Middle School, the mental health consultant will coordinate outreach efforts with the Parent Liaison to ELAC parents presenting linkage and referral information at ELAC monthly meetings when requested by the group (with a minimum of participating in at least 3 meetings during the school year).

Individual Therapeutic Services

- At Hillcrest, Mental Health Consultant will provide brief early intervention services to at least 15
 individuals and/or families experiencing or at risk for trauma. On average families will receive 6-8 sessions
 (typically 1 hour each). Services may include pull-out session or in-class support to facilitate student's
 success in the classroom.
- 2) At James Lick Middle School, the mental health consultant will provide brief early intervention services to at least 15 individuals and/or families experiencing or at risk for trauma. On average families will receive 6-8 sessions (typically 1 hour each). Services may include pull-out session or in-class support to facilitate student's success in the classroom.

Group Therapeutic Services

- 1) At Hillcrest, one therapeutic group with a minimum of 3 students will be implemented targeting children who have experienced significant separations from their parent (i.e. from immigration, incarceration, divorce). Group will meet on average for 10-12 sessions.
- 2) At James Lick Middle School, one therapeutic group with a minimum of 3 students will be implemented targeting students who are adapting to being recent immigrants and may be experiencing social stressors due to this transition. Group will meet on average from 10-12 sessions.

Provision of services is for the entire school community Hillcrest Elementary School and James Lick Middle School.

#	Genter	4Consultant	# of hrs per week	#.of Children	##of Classrooms	##of Teachers
]	Prevention Services Hillcrest	Julio Vargas	21	330	15	15
2	Inclusion Consultation Services Hillcrest	Alison Stewart (SFF)	7	INC		8
3	Early Intervention Services	Vanessa Coroa	7	40	. 6	6
4	Prevention Services James Lick MS	Tenisha Gonzalez	28	570	32	32
5	Inclusion Consultation Services James Lick	Alison Stewart (SFF)	7	INC		6

Units of Service (UOS) Description	Units of Service (UOS)	Unduplicated Clients (UDC)
Consultation:		
- Individual	567 Individual	570
0.44 FTE x 35hrs x 44 wks x 83% LOE		Incl.
- Group	651 Group	
0.51 FTE x 35hrs x 44 wks x 83% LOE		
Classroom or Child Observation	255	Incl.

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Appendix A+/ act Term: 07/01/12 through 06/30/13 (EIP) - Consultation,

Program: Early Intervention Prof Affirmation, Resources, Educatio. _ Empowerment

Program (CARE) James Lick Middle School and Hillcrest

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0.20 FTE x 35hrs x 44 wks x 83% LOE		
Training to providers (teachers)/parent engagement	78	Incl.
0.06 FTE x 35hrs x 44 wks x 83% LOE		
Direct Individual Counseling		Incl.
0.06 FTE x 35hrs x 44 wks x 83% LOE	74 Individual	
Group Interventions		
0.02 FTE x 35hrs x 44 wks x 83% LOE	20 Group	
Parental Engagement	96	Incl.
0.08 FTE x 35hrs x 44 wks x 83% LOE		war in the state of the state o
Outreach, Linkage, and Evaluation	730	Incl.
0.57 FTE x 35hrs x 44 wks x 83% LOE		
Evaluation Services	243	Incl.
0.19 FTE x 35hrs x 44 wks x 83% LOE		
Total	2,723	570

The IFR-CARE Program will provide mental health consultation services, including group and individual consultation; consultation to Student Assistance Program (SAP) and Student Success team SST meetings. classroom and child observation, training/parent support; direct services to children and families including social skills groups, parent support groups, and individual/family interventions as defined by the following:

- Consultation Individual: Discussions with a staff member on an individual basis about a child or a group of children, including possible strategies for intervention. May also include discussions with a staff member on an individual basis about mental health and child development in general.
- Consultation -Group: Consulting with a group of three or more teachers/staff regarding the mental health needs of students. Includes facilitation of COST meetings, participation in SST, IEP meetings, and other relevant school meetings.
- Consultation Class/Child Observation: Observing a child or classroom to assess for needs and begin development of intervention strategies for both school and home.
- Parental Engagement: Activities directed towards a parent, or caregiver including, but not limited to collaterals with parents/caregivers, referrals to other agencies and talking to parents/caregivers about their children and other concerns they may have. Can also include leading a parent support group or conducting a parent training class.
- Training to Teachers/Staff: Providing structured, formal in-service training to a group of four or more individuals comprised of staff/teachers on specific mental health topics.
- Direct Services Individual: Activities may include, but are not limited to individual child treatment, classroom interventions, collaterals with parents/caregivers, developmental assessment, risk assessments, crisis intervention, and linkage/referrals to other agencies.
- Direct Services Group: Conducting socialization groups involving at least three children. Theme specific groups may also be targeted, e.g. coping with divorce.
- Service units will also include outreach and linkage as well as evaluation services.

Unduplicated clients will include children, parents and staff impacted by these services.

6. Methodology

A. Outreach, Recruitment, Promotion, and Advertisement:

Outreach efforts include the following: Orientation to services for teachers will occur at a designated staff meeting and will be reinforced with a written description of the program, which will include the referral

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Program: Early Intervention Pri m (EIP) - Consultation,

Affirmation, Resources, Education & Empowerment Program (CARE) James Lick Middle School and Hillcrest

Elementary School Fiscal Year: 2012-2013

CMS#: 6960

process. Parents will be oriented to the program at the Fall Open House. Written information will be sent home in the native language of the family. The CARE consultants will work closely with the parent liaison, counselors, and the student advisor to continue outreach efforts. As well, teachers and staff are provided with a written description of services and regular consultation meetings deepen their understanding of the mental health consultant's role over time.

Students will be referred through the SAP (Student Assistance Program) by teachers, parents. Teachers will be oriented to the procedures and protocols at the beginning of the year and on an ongoing basis. The parent liaison, counselors and student advisor will play a key role in informing parents of the services and supporting both outreach efforts and referral process.

B. Consumer Participation/Engagement

The IFR-CARE Program's mental health consultation approach is designed to address the needs of the school community. The Prevention Coordinator will be the primary contact person for the School. Responsibilities will include coordination of referrals, communication with key administrators, facilitation at SAP meetings, consultation to teachers, and ensuring the administration of key evaluation and assessment interventions. In addition, to ensure improved communication and coordinated care of mental health services, the Prevention Coordinator will take the lead in facilitating a monthly mental health coordinated service meetings for all mental health service providers at the school. Supporting these functions will be the Early Intervention Staff, who will be responsible for providing direct services to children and families. These services will include leading therapeutic groups for students, providing individual counseling to students with emerging mental health issues, and providing crisis intervention services as needed and clinical case management to families. With these structures and roles in place, ongoing feedback and communication from the support staff and leadership of each school provides the opportunity for all stakeholders to impact program design and the implementation of services. Program implementation will shift according to the needs identified both by families as well as by support staff. The collective impact of the team work is aimed at building positive relationships with families and students in order for them to more readily communicate their needs and subsequently get the resources that can improve their education and overall wellbeing.

C. Staff Competency including Cultural Competency:

The CARE program design is based upon a cultural and mental health framework that affirms and builds upon the strengths of the child, their caregivers (child, teacher and parent/guardian), and collaboration with other service providers and the community they identify with. An underlying assumption is that access to consultation, affirmation, resources and education empowers caregivers and families to create healthy environments and relationships for the healthy social and emotional development of children.

Observation of school and after school activities by the Consultant and the SNIP staff will occur to assess staff-child relationships, child's developmental needs, behavioral reactions, environmental factors, and social emotional issues. As strengths are identified, areas of developmental delay or emotional challenges may be addressed through scaffolding, modeling, peer support, and/or positive behavioral plans. Concrete tools will be offered to the teacher during consultation. Observations will occur at the request of the staff.

A primary goal of the Early Intervention Program and our consultative efforts is to support providers (teachers/administrators) to first recognize and then develop the skills needed to understand, communicate with, and effectively serve people across cultures. By being nonjudgmental and creating spaces for teachers to explore their biases and assumptions about their students and bridging those back to our deep understanding of the community and the Latino experience, we can help providers deepen their understanding and value the cultural backgrounds of their students. The EIP deepens their knowledge of working with multicultural students and their family through ongoing weekly group supervision, which emphasizes the provision of consultation through a cultural lens and utilizes a reflective case presentation model where clinicians can reflect on the complexities of working with diverse populations and improve their practice.

D. Collaboration with other Programs/Agencies:

The CARE program collaborated first and foremost with each school community. There are an array of partnerships and collaborations that help to ensure students' educational opportunities. The following description outlines the primary vehicle for achieving our goals: The Mental Health Consultant provides an array of services to the child, parent and teachers with the service goal of building upon the strengths of the

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itract Term: 07/01/12 through 06/30/13

Program: Early Intervention Prof (EIP) - Consultation,

Affirmation, Resources, Education at Empowerment

Program (CARE) James Lick Middle School and Hillcrest

Elementary School Fiscal Year: 2012-2013

CMS#: 6960

child, parent and teacher. Partnership meetings include the staff person closest to the child and parent, the Mental Health Consultant and the parent/guardian.

Depending upon the needs identified in the first meeting, the parent and the Mental Health Consultant may continue to meet up to five other times for planning, linkage, support and problem solving. Any needs that cannot be addressed within the partnership meetings are referred out to services in the network of health care and social services available to children and families. Meetings may occur during the school day or during after school hours.

Parent Training and Support Groups/Family Workshops will be offered on-site and topics determined in collaboration with everyone. Parents will also be invited to IFR cultural activities throughout the year. Workshops will occur monthly. In order to effectively engage the African-American community at the school. IFR is committed to working collaboratively with other organizations providing support to the school sites as well as utilizing our proven strategies engaging communities of color (e.g. relationship building, nonjudgmental attitudes, patience, and meeting families where they are).

Early Intervention services will target students who have adjustment difficulties and/or experienced a significant stressor that impacts their school functioning. The goal is to address and intervene with emerging mental health issues. Students, who in the process of assessment, are identified as having significant mental health diagnoses warranting long-term treatment, will be referred and linked to appropriate services. IFR has a strong outpatient clinic and we have long-standing relationships with a number of other mental health agencies, which can facilitate the referral process and enhance wrap-around services. Besides IFR, we often refer to Mission Family Clinic, Southeast Child Services, and Mission Mental Health. As well, we collaborate with cases involving CPS and work with primary care pediatricians when indicated. The program also links to housing and food banks regularly.

E. Exit Criteria:

This Program operates during the school year so all consultation services to teachers and staff comes to a natural close at the end of the school year. Individual interventions for identified students will use the following as a basis for exit criteria: 1) teacher and parent feedback 2) mental health consultant recommendation 3) developmental assets screening.

Children receiving individual counseling services will also be evaluated through the CANS and treatment goals will be evaluated with parent, child, and teacher.

Parents receiving individual support will be linked to appropriate services and with parent permission, followup with outside service providers will support coordination of care and increased communication.

F. Program Staffing:

Please see Appendix B-7.

7. Objectives and Measurements

a. Outcome Objectives

MHSA SMART GOAL #1:

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

Performance Objective #1:

Participation in Consultation Services: During academic year 2012-2013, a minimum of 65% of staff at James Lick and all Kindergarten, First grade and Afterschool staff Hillcrest will receive at least one consultation from the Mental Health Consultant to support them to respond to stressors in their classroom. This will be measured utilizing a survey administered annually and through the EIP monthly tracking log which tracks unduplicated count for teachers.

Performance Objective #2:

During academic year 2012-2013, of those staff who received consultation services and responded to the survey, a minimum of 75% will report that they are satisfied with the services they've received from the

Date: 07/01/12

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act Term: 07/01/12 through 06/30/13

Program: Early Intervention Early Interve

Affirmation, Resources, Education & Empowerment Program (CARE) James Lick Middle School and Hillcrest

Elementary School Fiscal Year: 2012-2013

CMS#: 6960

consultant. This will be measured by a teacher report captured in a client satisfaction survey administered in May 2013.

Performance Objective #3:

During academic year 2012-2013, a minimum of 75% of teachers receiving consultation services will report that the consultant helped them to respond more effectively to children's behavior. This will be measured by a teacher report captured in a client satisfaction survey administered in May 2013.

MHSA SMART GOAL #2

Increased identification of emerging mental health issues, especially the earliest possible identification of potentially severe and disabling mental illness.

Performance Objective#1

During academic year 2012-2013, the mental health consultant will participate in all SAP and CARE meetings and assist in identifying those students with emerging mental health needs and make appropriate linkages. This will be measured by weekly tracking logs as well as documentation regarding successful linkages to mental health resources.

Performance Objective#2

During academic year 2012-2013, a minimum of 15 students at each school site will receive either pull-out or push-in support and will show a reduction in the frequency of behavioral or emotional outbursts in the classroom as measured by self-report, counselor and teacher observation and collateral information when available and documented in the program records and individual student charts.

During academic year 2012-2013, IFR staff will attend all planning and collaborative meetings requested by MHSA Program demonstrating increased knowledge and alignment with MHSA goals as measured by their participation in meetings and documented in sign-in sheets.

8. Continuous Quality Assurance and Improvement

The Early Intervention Program's CQI activities include weekly Team meetings utilizing a reflection Case Presentation model that supports and deepens consultant's work and methodology. Meetings include administrative check-ins to review and reflect on the achievement of contract performance objectives. Charts are maintained for each individual school sites. Charts are reviewed quarterly for quality and accountability by the Program Director. All staff are bilingual and bicultural and our work is based on a cultural framework that is central to its success. We have recipients of consultation (teachers and staff) complete a satisfaction survey at the end of school year, which includes questions about quality of service and increase capacity to respond to social emotional/behavioral needs of the students. As well, we seek regular feedback from Principals and support staff at both school sites. We incorporate their feedback and readily address issues as they surface.

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tract Term: 07/01/12 through 06/30/13

Appendix A-8

Contract Term: 07/01/12 through 06/30/13

Program: Early Intervention Program (EIP) Child Care

Mental Health Consultation Initiative

Fiscal Year: 2012-2013

CMS#: 6960

1. Program Name: Early Intervention Program (EIP) Child Care MH Consultation Initiative

Program Address: 2919 Mission Street

City, State, Zip Code: San Francisco, CA 94110

Telephone: (415) 229-0500 Facsimile: (415) 647-3662 Program Code: 38182

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☐ New ☐ Renewal ☐ Modificati	zation
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3. Goal Statement

The IFR Early Intervention Program (EIP) will provide comprehensive mental health consultation services to 18 center-based childcare sites (including one MHSA funded childcare center), two family resource centers, and 12 Latina family childcare providers for fiscal year 2012-2013. The program will also open EPSDT charts on 6 children, ages 0-5 years old.

The goals of the Program are to: 1) Maximize the opportunities for healthy social and emotional development for young children ages 0-5 years, enrolled in full-day and part-day child care programs in the Mission, Outer Mission, and Bay View Districts; 2) Improve the capacity for family resource center staff and family child care providers to provide culturally and developmentally appropriate environments for young children (ages 0-5 years); 3) Improve the capacity and skills of care providers (teachers and staff) to respond to the social emotional needs of young children, ages 0-5; and 4) Improve the capacity and skills of parents to foster healthy social and emotional development in their children aged 0-5 years.

4. Target Population

The target population is at-risk children and families enrolled in 18 center-based preschool childcare site, 12 Latina family child care providers, and two family resource centers in the Mission, Bay View, and Outer Mission Districts. Centers to be served include all nine Mission Neighborhood Center Head Start sites: Valencia Gardens, Women's Building, Stevenson, Capp Street, 24th Street, Bernal Dwellings, Mission Bay, and Jean Jacobs. Southeast Families United Center; 4 SFUSD child development centers: Theresa Mahler Center, Zaida Rodriguez Center, Sanchez ECE and Bryant ECE; and 2 pre-K SFUSD sites: Cesar Chavez, and Paul Revere; and Mission YMCA. These programs serve primarily low-income, at-risk Latino children and Cal Works families in part-day and full-day programs.

The 12 Latina family child care providers tend to be isolated and have limited access to social and health services yet serve some of our the most vulnerable families. One of these providers contracts with Wu Yee Children's Services' Early Head Start Program. The program will also open EPSDT charts on 6 children, ages 0-5 years; children who might not typically access mental health services due to linguistic and cultural barriers.

Family Resource Centers (FRC) to receive consultation services to staff and clients include Instituto Familiar de la Raza and Excelsior Family Connections.

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Fiscal Year: 2012-2013

CMS#: 6950

5. Modalities/Interventions

Target Population Table:

#	Funding	Center	# of hrs per week	#of Children	# of Class- rooms	# of Teachers	Consultant assigned
1	HSA	MNC - Capp	10	64	4	8	Marisol
2	HSA	MNC – Jean Jacobs	7	. 40	2	4	Milagritos
3	HSA	MNC - Stevenson	7	40	2	4	Nancy
4	HSA	MNC – Valencia Gardens	10	64	4	7	Geraldine
5	HSA	MNC Bernal Dwellings	5	24		4	Geraldine
6	HSA	MNC 24 th St.	10	64	4	8	Nancy
7	HSA	MNC - Women's Bldg	5	24	1	4	Geraldine
8	HSA	MNC Mission Bay	7	44	2	7	Marisol
9	HSA	SFUSD Paul Revere PreK	5	20	1	3	Milagritos
10	HSA	Family Childcare Providers	5	16	4	4	Cassandra
11	PFA	SFUSD EEC Zaida Rodriguez Center	12	80	4	4	Milagritos
12	PFA	SFUSD Cesar Chavez PreK	5	40	2	3 -	Nancy
13	PFA	SFUSD Sanchez EEC	7	40	2	6	Nancy
]4	PFA	Mission YMCA	7	60	3	8	Marisol
15	PFA	SFUSD Bryant EEC	7	48	2	6	Elia
16	PFA	Theresa S. Mahler EEC	7	48	2 .	6	Julio
17	DCYF	Family Child Care Providers	10	32	8	8	Maria/Nancy
18	SRI	IFR Family Resource Center	7	20]	3	Marisol
19	SRI	Excelsior Family Connection FRC	. 7	20	1	4	Elia
20	MHSA	Southwest/Evans Preschool Classroom	7	24	1	4	Jasmine
21	MHSA	Evans Infant/Toddler Classroom	7	14	2	4	Tenisha
22	MHSA	Training-Institute	9 sessions per year	Up to 15 consultants		1	Cassandra Coe & Michelle Vidal

- 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 two 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

Date: 07/01/2012

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Contractor: Instituto Familiar de la Raza Appendix A-8
Program: Early Intervention Program- Child Care Contract Term:07/01/2012 through 06/30/2013

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CMS#: 6950

specific topic. Can also include leading a parent support group or conducting a parent training class or providing a consultation to a parent.

- 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 on an ongoing basis 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.
- Training-Institute: IFR will develop and implement one 9-session training for mental health consultants city-wide who have less than one year of experience providing consultation services through the ECMHI. Consultants will meet once a month for a didactic seminar that will provide an overview of the mental health consultation model outlined in the most recent CBHS RFP. Further topics will explore the role of the mental health consultant, how to begin consultation, understanding childcare culture, aligning efforts with First Five Initiatives, working with parents and developing inclusive practices. A strong cultural perspective and emphasis on relationship based, strength based interventions will frame the seminar. Total funding \$13,729 for 8 to 10 Consultants.(Appendix B-10)

Service units will also include outreach and linkage as well as evaluation services. Unduplicated clients will include children, parents, and staff impacted by these services.

For fiscal year 2012-2013, the number of unduplicated clients and total number of units (UOS) to be served under current funding will be as follows:

DCYF funding (\$36,134) will serve 32 clients with a total of 491 UOS. First Five FRC (SRI) funding (\$48,000) will serve 40 clients with a total of 640 UOS. PFA funding (\$177,660) will serve 316 clients with a total of 2,369 UOS. HSA funding (\$292,292) will serve 364 clients with a total of 3,897 UOS. General Fund (\$41,935) will serve 15,367 MH Services, 60 Crisis Intervention, and 400 Case Management with a total of 7 UOS.

They will have a total of 759 Unduplicated Clients.

MHSA funding (\$ 42,000) will serve 32 clients with a total of 560 UOS. Please see Appendix B-8.

Program Consultation

Center and/or classroom focused benefits all children by addressing issues impacting the quality of care.

Frequency of Activities

Activity	Small Child Care Genter 12-24 children	Medium Child Care Center 25-50 Children	Large Child Care Center > 50 children
	Initially upon entering	Initially upon entering	Initially upon entering
Program	the site and 2 to 3 times a	the site and 2 to 4	the site and 2 to 4 times a
Observation	year per classroom	times a year per	year per classroom
	equaling 4 to 6 hours per	classroom equaling 6	equaling 10 to 20 hours

Date: 07/01/2012 Page 3 of 7 Program: Early Intervention Program- Child Care

Fiscal Year: 2012-2013

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	year	to 10 hours per year	per year
Meeting with			
Director	Monthly I hour per	Monthly 1 to 2 hours	Monthly 2 to 3 hours per
	month	per month	month
	Bi-monthly with all staff	Bi-monthly with all	Bi-monthly with all staff
Meeting with	members (usually by	staff members (usually	members (usually by
Staff	classroom) 2 hours a	by classroom) 2 to 4	classroom) 4 to 6 hours a
	month	hours a month	month
Trainings	As needed and as	Same as small center	Same as small center
-	stipulated in the MOU		
	between the site and the		
	service providing agency		

Case Consultation

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

Frequency of Activities

Activity	Small Genter 12-24 children	Med. Center 25-50 children	Large Center ≥50 children
Child Observation	2 to 4 times initially for each child and as needed. Recommended 4 to 10 hours per child per year.	Same as for small center	Same as for small center
Meeting with Director	Once per month per child who is the focus of case consultation.	Same as for small center	Same as for small center
Meeting with	Once per month per child for duration of case consultation.	Same as for small center.	Same as for small center.
Meeting with Parents	3 to 5 times per child	Same as for small center.	Same as for small center.

For EPSDT and direct treatment services the following standards of practice will be followed:

- Direct treatment services occur within the child care center as allowed by the established MOA or at our outpatient clinic 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.

6. Methodology

A. For direct client services (e.g. case management, treatment, prevention activities) Describe how services are delivered and what activities will be provided, addressing, how, what, where, why, and by whom. Address each item, and include project names, subpopulations; describe linkages/coordination with other agencies, where applicable.

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Outreach efforts:

- Orientation to services for teachers will occur at a designated staff meeting and be reinforced with a written description of the program, which will include the referral process and explanation of consultation services.
- Memorandums of Agreement will be developed jointly between the consultant and the site supervisor of each individual site.
- Parents will be oriented to the program during monthly parent meetings conducted by the preschool staff and will be provided with a letter of introduction with the consultants contact information and description of her role.
- The consultants will work closely with the Head Start ERSEE staff, education specialists and other support staff to continue outreach efforts.

Admission, Enrollment and/or intake criteria:

Children will be referred through group consultation where teachers and consultants discuss concerns regarding a particular student as well as by parent referral. When a formal observation is requested by the preschool staff or family childcare provider, written consent will be provided by the parent/guardian.

Program Service Delivery Model:

The EIP's mental health consultation approach is to address the differing needs of Center based childcare, family resource centers, and family childcare settings. The program design is based upon a cultural framework that affirms and builds upon the strengths of the child, their caregivers (child care provider and parent/guardian), the family of service providers, and the community they identify with. An underlying assumption is that access to consultation, affirmation, resources and education empowers caregivers and families to create healthy environments and relationships for the healthy social and emotional development of preschool children.

The IFR-EIP model establishes a multi-disciplinary group consisting of site-specific childcare staff; other involved site-based caregivers and a bilingual/bicultural Mental Health Consultant. Depending upon the scope of the problem, outside caregivers may be invited to participate in an individual child's review including pediatricians, speech therapists, and other caregivers. We will provide 5-10 hours per week of bilingual child care mental health consultation services to 18 childcare sites and average of 2 hours every two weeks for up to 12 family childcare providers in the Mission, Bay View and Outer Mission Districts of San Francisco.

The Mental Health Consultant provides an array of services to the child, parent and staff with the service goal of building upon the strengths of the child, parent and caregiver. Partnership meetings include the staff person closest to the child and parent, the Mental Health Consultant and the parent/guardian.

Depending upon the needs identified in the first meeting, the parent and the Mental Health Consultant may continue to meet up to five other times for planning, linkage, support and problem solving. Any needs that cannot be addressed within the partnership meetings are referred out to services in the network of health care and social services available to children and families.

For the 12 family childcare providers, mental health consultation will be individualized and based upon the needs of the provider, the age of the children and their relationships to a center-based

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program. In some family childcare provider homes, children will be attending part-day programs in a center and continuing their full-day coverage with a family childcare provider.

Partnership meetings with parents will be established on a regular basis and will be conducted with the provider and parent/guardian based on observations and discussions with the family child care provider. Program and environmental consultation including developing learning activities and modeling age-appropriate interactions will be tailored to each home. The program may provide parent groups (Charlas) at family child care provider homes to explore aspects of parenting and child development.

The Professional Development Day is the linchpin of all the efforts with the Family Child Care Providers as it brings together the community of Latina Family Child Care Providers to reflect on the connections they have to their work as well as explore self-care. This Retreat is in its 15th year- and the growth and depth of reflection by the group has gone deeper and deeper every year. Modeling self-care is essential for our providers to then model and promote health with the families they work with.

For the two Family Resource Centers, mental health consultation will be tailored to meet the individual needs of each site. Program consultation will include, but is not limited to, curriculum development, staff communication and environmental interventions to enhance the quality of programming for children and families.

Exit Criteria and Process:

Some of the programs follow the SFUSD calendar thus consultation services to teachers and staff comes to a natural close at the end of the school year.

For year round programs—individual interventions for identified students will use the following as a basis for exit criteria: 1) teacher and parent feedback 2) mental health consultant recommendation 3) Linkage to community resources to address the family's needs.

Children receiving individual counseling services will also be evaluated through the CANS.

Program's staffing: See Appendix B-8

7. Objectives and Measurements

A. Required Objectives

All objectives, and descriptions of how objectives will be measured, are contained in the CBHS document entitled Performance Objectives FY 12-13.

MHSA objectives remain the same as objectives outlined for ECMHI contained in CBHS document.

B. Individualized Program Objectives

During fiscal Year 2012-2013, 75% of teachers will report they have improved their understanding of the social emotional needs of the children in their care as measured by the completed teacher satisfaction survey that will be administered by June 2013.

During fiscal Year 2012-2013, 75% of parents will report that they are better able to respond to the behavioral and social-emotional needs of their children as measured by the completed parent satisfaction survey administered by June 2013.

During fiscal Year 2012-2013, all Early Intervention Mental Health Specialists will attend weekly group supervision that addresses implementation of IFR model of consultation to enhance the quality of consultation services as measured by attendance logs at EIP Team Meetings.

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8. Continuous Quality Improvement

The Early Intervention Program's CQI activities include weekly Team meetings utilizing a reflection Case Presentation model that supports and deepens consultant's work and methodology. Meetings include administrative check-ins to review and reflect on the achievement of contract performance objectives. Charts are maintained for each individual childcare site, family resource centers and a chart for family childcare providers. Charts are reviewed quarterly for quality and accountability by the Program Director. All staff is bilingual and bicultural and our work is based on a cultural framework that is central to its success. We will also comply with annual client satisfaction surveys administered by CBHS as well we seek regular feedback from Program Directors and Site Directors at all the sites we serve. We incorporate their feedback and readily address issues as they surface.

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Contractor: Instituto Familiar de la Raza

Appendix A-9

Program: Trauma Recovery and ing Services

C act Term:07/01/12 through 06/30/13

Fiscal Year: 2012-2013

CMS#: 6960

Program Name: Trauma Recovery and Healing Services

Program Address: 2919 Mission Street

City, State, Zip Code: San Francisco, CA 94110

Telephone: (415) 229-0500 Facsimile: (415) 647-3662 Program Code: 3818

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1.5	Name	of Document	

New Renewal Modifie

3. Goal Statement

Instituto Familiar de la Raza will provide trauma recovery and healing services through its CulturaCura Program to youth ages 14 to 25 and their families, with an emphasis upon Mission District youth and Latinos citywide. Services will include both prevention and intervention modalities to individuals, agencies, and the community. The goal of IFR's Trauma Recovery and Healing Services is to 1) reduce the incidence and prevalence of trauma related conditions in children, youth, and families, including risk for retaliation among youth engaged in negative street activity further victimization of community violence and 2) Increase violence prevention providers' understanding of mental health issues in context of violence. 3) Mitigate risk factors associated with vicarious trauma among VP providers and 4) Decrease Stigma among youth and families in accessing public health services. This is a cost reimbursement contract with CBHS - MHSA for FY 12-13.

4. Target Population

TR&HS will provide youth ages 14 to 25 and their families who reside in the Mission District and Latinos city wide with trauma recovery services during FY 12-13. The target population will be youth and their families affected by street and community violence. This program will have primary focus on 94110, 94112, 94102, and 94103.

The Mission District has been home to Latino Families for the past 4 decades with an estimated 75% of all households identified as Spanish Speaking. Over 30% of all youth in SF, ages 5-17 reside in the Mission District with over 25% of them living in poverty (SMART Map). Latinos under the age of 18 represent 23% of San Francisco youth population and of these, 21% are 14-17. While the Mission District continues to be the cultural hub for Latino families, there are a growing number of youth and families residing in other neighborhoods such as Excelsior, Tenderloin, SOMA, and Bayview for whom these services are critical.

In addition, to individual and family centered interventions to address trauma related conditions, mental health consultation will be provided to violence prevention staff of Arriba Juntos, (lead agency for the Northwest Community Response Network), and other VP service providers that impact on the target population including case managers and peer advocates who provide violence prevention services at Instituto Familiar de la Raza.

Chicano/Latino youth and their families face unique social, cultural, and linguistic barriers in accessing behavioral healthcare services. Latino children and youth, in particular, face disproportionate levels of poverty coupled with a lack of healthcare benefits. They are more likely than their white counterparts to drop out of school, exhibit more symptoms of depression and anxiety, and likely to consider suicide. Language barriers, unstable housing and homelessness, cultural and racial discrimination, and issues related to legal status and the re-emergence of anti-immigrant sentiment create severe and persistent stressors for Latino youth and their families.

Latino children and youth who engage in negative street activity and violence face serious risk for multiple health and social problems including physical injury, post-traumatic stress syndromes, incarceration, and social isolation. These youth and their families are often stereotyped within our public healthcare system as unmotivated, untreatable and undesirable, resulting in attitudinal barriers to serving their advocacy, health, and behavioral healthcare needs.

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These attitudinal barriers, coupled with the lack of bilingual/bicultural behavioral healthcare providers. constitute major obstacles to providing effective interventions once services are sought. Cultural, linguistic, and socially relevant services serve as critical factors in the assessment, engagement, differential diagnosis, and recidivism of Latino youth and their families engaged in and affected by violence. Services that integrate multiple interventions including crises interventions, family support, case management, and behavioral change within the cultural values, beliefs, and norms of the community served have been well documented and underscore the importance of providing culturally proficient models of service.

Modalities/Interventions

Services are billed under Mode 45 (10-19) under the Prevention and Wellness Promotion Modality

Outreach and Engagement

- TR&HS peer counselor will provide 300 hours of outreach; basic information about the services at various sites including safe havens. CRN outreach assignments and school settings.
- The peer counselor will recruit 15 youth and 12 parents to groups developed by program staff to ĺķ. address reunification.
- Peer counselor will be trained to co-facilitate the youth groups iii.

Screening and Assessment

Behavioral Health Specialist in this program will conduct a min of 25 risk assessments of youth í. referred for individual intervention. Direct services, which result in an open chart for clients, will include a psychosocial assessment. Psychosocial assessment means a service activity which may include a psychosocial, clinical and cultural formulation of the client, including history, mental and behavioral status, relevant cultural issues and history, diagnosis, and treatment goals

Mental Health Consultation

- IFR will continue providing mental health consultation to staff providing violence prevention services, with emphasis on those serving the Mission District. Mental health consultation includes One-time or ongoing efforts to increase capacity of outreach and case management staff to respond appropriately to trauma related conditions among youth and parents.
- Care Development Meetings follow a methodology that includes check-in, referrals to service, ii. assignment, service plan development, resource mapping, and schedules in-services. Meetings are co-facilitated by IFR La CulturaCura Program Manager and the Behavioral Health Specialist (funded in this exhibit) that support skills development and integration of a multidisciplinary approach to care.

Services are billed under Mode 45 (10-19) under the Prevention and Wellness Promotion Modality

Intervention

Individual and Group Interventions -

Services with or on behalf of an individual, family, and/or group designed to support the stabilization of individuals/families or community groups, including staff that have been affected by street and/or community violence. The goal of this intervention is to enhance self-sufficiency and community functioning. Services may include, but are not limited to, assessment, plan development, grief, and bereavement counseling to individuals and groups, crisis response, and collateral intervention. In addition, providers under this exhibit will work closely with Northwest Community Response Network (emphasis upon the Mission District CRN) to support de-escalation and prevent retaliations among the target population.

Crisis Debriefing and Grief and Bereavement Counseling

The full-time Behavioral Health Specialist and Peer Counselor assigned to this contract may provide crisis debriefing and grief & bereavement counseling to clients, family members, and staff who have been affected by street and/or community violence in order to support healthy functioning and reduce risk factors including retaliation following an incident of violence. Interventions are part of a coordinated effort to protect the public in general and the

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individuals/families targeted with violence. These interventions may be delivered to an individual, family, or group.

- Short-term interventions assist individuals and families in stabilization of traumatic conditions due iii. to community violence to which they may have been exposed. The services are offered as individual services for a period of 3-6 months depending on the severity and the needs of the individual/ family.
- During FY 12-13, staff will develop culturally and socially relevant psycho education workshops iv. addressing trauma recovery. Two multisession workshops (2 hours each) will be provided to parents; two for youth. The workshops will target 12 UDC parents and 15 youth during the contract

Community Interventions

- We intend to continue community wide interventions that raise awareness about the harmful effects of violence and increase knowledge of integrative healing approaches. Community interventions will include planned and unplanned interventions.
- Debriefing: TR&HS will support MCRN efforts to prevent retaliations and escalations of community vi. violence. These are unplanned interventions coordinated with The Network Coordinator for Latino Services within the Northwest Community Response Network.; and under the direction of the NWCRN Program Director, responsible for crisis response and aftercare in focus areas of Mission District, Western Addition, OMI, SOMA-Tenderloin districts.
- Ceremonies and Dialogue on Peace: IFR has a well-established history of integrating cultural and vii. spiritual practices as part of our approach to intervention. We strongly believe that preserving traditional knowledge and practices is healthy and healing. In keeping with this philosophy, we propose to convene two facilitated dialogues on peace as well as two community ceremonies to support the public at large in addressing the aftermath of street and gang-related violence. Community ceremonies serve as a means to raise public awareness about the harmful effects of community violence and how and where to receive help. IFR will leverage resources from the Indigena Health and Wellness Collaborative, funded by DPH. to work closely with leaders in the indigenous community to integrate messages of peace, forgiveness, and reconciliation in the community. Ceremonies will include Día de los Muertos, Xilonen, and Cuahtemoc. Youth and families impacted by street violence will be encouraged to participate in these Healing ceremonies.

During the fiscal year 2012-13, IFR will provide services to 135 unduplicated clients under this exhibit.

Units of Service (UOS) Description		Units of Service	Unduplicated Clients (UDC)
Wellness Promotion Activities			
Outreach and Engagement: 0.43 FTE Peer Counselor will provide 500 hours of and client engagement into program activities.	f I & R		
Individual and Group Interventions Individual Therapeutic Services 1.30 FTE x 35 hrs/wks x 65% level of effort	wk x 46		50 (included)
Group Interventions 0.20 FTE x 35 hrs/wk x 46 wks x 65% level of effort	f		
Two psycho-educational groups x2 sessions of 2 ho serve12 parents. Two sessions of 2 hours for two giventh (up to 15 unduplicated youth.)	ours to		
Community Dialogues And Debriefing Drumming groups, Peace Dialogues, and CRN 0.25 FTE x 35 hrs/wk x 46 wk x 65% level of effort	2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	N/A	75
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Jing Services

Mental Health Interventions Care Development/Consultation 10 0.25 FTE x 35 hrs/wk x 46 wk x 65% level of effort N/A18 meetings to up to 10 providers. Total UOS Delivered N/A Total UDC Served 135

Methodology

A. Outreach, Recruitment, Promotion, and Advertisement:

La CulturaCura-Trauma Recovery and Healing Services will receive its referrals from the Northwest Community Response Network, a collaboration of community-based agencies providing street outreach, and crisis response services to youth and their families affected by street and gang violence, as well as other partner agencies that are involved in violence prevention work. The Clinical CM/Behavioral Health Specialist in this contract is responsible for supervision of the Peer Counselor assigned to this program and oversees outreach and client recruitment activities. The Peer Counselor will promote and advertise LCC Trauma Recovery and Healing Services by conducting outreach to youth and families who meet criteria for services. Outreach and recruitment will be done at schools, community agencies, areas where youth congregate, and at community events.

Brochures describing the array of services of the Trauma Recovery and Healing Services will be distributed to the target population in and around the Mission District, as well as Citywide where youth and families congregate.

B. Consumer Participation/Engagement:

Participants are engaged throughout the program implementation through the following activities:

- Consumer participation in Program Design: Last year's Peace Dialogues participants were instrumental in the design of the program and led the implementation and facilitation of their efforts with the support from our TRH&S Peer Counselor. For FY 12-13, this framework will be used and replicated in other proposed interventions.
- Consumer participation in evaluation of Mental Health Interventions; program participants will perform pre- and post-test surveys which inform the impact and design of our efforts. Clients will be provided with a Child or Adult PTSD symptom Scale CPSS to assess their level of trauma exposure at intake and termination time. Clients will be asked to self-report on the benefits of mental health services and provide the mental health specialist with feedback for when therapy is not working for them during their time in treatment.
- Consumer participation in evaluation of psycho-educational groups; pre- and post-test survey feedback will be used to inform the development and plans for implementation of the upcoming group intervention efforts.

C. Cultural Competency:

The program integrates IFR internal policies to ensure staff meets the clients' needs. Please see Cultural Competency Narrative Report.

D. Collaboration with other programs:

The target population served by this program who have substance abuse conditions or exhibit co-occurring conditions, will benefit from harm reduction counseling services provided by the mental health specialist in this program. In addition, IFR has linkage agreements with adolescent and adult programs citywide to link clients to the services that they are motivated to utilize. IFR has formal agreements with Latino Family Alcohol Counseling Center, Horizons' substance abuse program, Walden House, Friendship House Residential Program. Latino Commission, IRIS Center, and Casa de las Madres. Youth and their family members who meet criteria for substance abuse services will have access to treatment options through these existing MOUs.

E. Exit Criteria and Process:

La CulturaCura-Trauma Recovery and Healing Services will adopt essential elements of the utilization review and discharge/exit criteria from our outpatient comprehensive clinic to prioritize services to those most in need. The Behavioral Health Specialist, under guidance of the Clinical Supervisor, a licensed behavioral health

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ract Term: 07/01/12 through 06/30/13

Contractor: Instituto Familiar de la Raza

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Program: Trauma Recovery and 7 ling Services

Contractor: Instituto Familiar de la Raza

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provider, will consider such factors as suicidal risk factors, domestic violence exposure, substance abuse involvement, recent trauma, community functioning, progress, and status of Care Plan objectives to determine which clients can be discharged from services. For direct services: every three months, a chart/case review will be conducted to assess client need for services and/or creation of a step-down plan into the community or system of care. Chart maintenance and standards of documentation will be reviewed within weekly supervision.

F. Program Staffing:

Please see Appendix B-9.

Objectives and Measurements

Goal #1: Increased Knowledge about available health, social and other community resources (traditional health services, cultural, faith based).

- During FY 12-13, LCC Trauma Recovery and Healing Services will serve 135 unduplicated clients through its range of interventions as measured by program activity reports maintained on file.
- ii. During FY 12-13, 85% of youth and families referred for TR &HS will receive follow-up as demonstrated by client referral and disposition log maintained at the program.
- iii. During FY 12-13, Program staff will identify and mentor 5 youth to participate in the planning of Peace Dialogues and/or traditional ceremonies to promote peace and reconciliation to peers.

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

- i. During Fiscal Year 12-13, 35 youth will receive individual interventions and of these, 60% will demonstrate improvements in symptoms of depression, anxiety, self-concept, and/or behavior as measured by pre and post T-scores on the UCLA PTSD RI Trauma Checklist and CPSS Trauma Symptoms, client self-report, and/or observations as reflected in the client's charts.
- ii. During FY 12-13, a total of 12 parents and 15 youth will complete 2 two hour sessions addressing trauma and healing approaches. Participants will be asked to complete a survey to determine if the intervention enhances knowledge and understanding about the effects of trauma and approaches to recovery.
- iii. During FY 12-13, 18Care Development Meeting /Consultation to violence prevention staff and dedicated CRN staff to increase understanding of trauma related conditions and appropriate interventions as evidenced by participant sign-in-sheet, attendance log, and records of the consultation.

8. Continuous Quality Assurance and Improvement

IFR has historically complied with all CQI standards for DPH, CBHS and AIDS office as is committed to exceeding minimum standards to serve our clients.

IFR, in consultation with CBHS Evaluation staff has developed reporting methods to track service, hours of services, unduplicated clients, and activities for services under this request for funding. During FY 10-11, reporting formats were revised to increase data collection.

IFR is committed to working collaboratively with the Evaluation Unit to design and implement evaluation measures in the program. To ensure CQI, random QA reviews and biweekly supervision has been a standard of practice for TR & HS. The Program adapted CBHS charting standards when it began in 2006 to document direct services, and developed an indirect reporting form to track mental health consultation services and community interventions. For this program, youth and families are not registered into Insyst; however, a chart is opened and follows minimum guidelines based on CBHS protocols. Charts are maintained at IFR. Client registration occurs for youth who are in brief therapy or crisis counseling. The Clinical Supervisor (not paid under this contract) is responsible for reviewing and approving the assessment, treatment plan, and disposition planning.

On a staffing level, CQI is supported through supervision, administrative reviews and training.

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The Program Director, a licensed psychologist oversees the quality of services in this program and provides administrative supervision to Program Manager) not covered by this exhibit. The Behavioral Health Specialist/a licensed eligible staff, provides supervision to peer counselors supporting La CulturaCura services.

TR & HS is a component of La CulturaCura, and as such, the full-time Clinical Case Manager and Peer Advocate are part of the program team and attend a biweekly administrative meeting with the Program Manager who is the liaison to the NWCRN. In addition, the LCC Manager and BHS convene the Care Management Development Meetings with Network providers who case manager in the system. The Care Development Meetings ensure quality and standards of care in case management services and improve the coordination of services to the target population. The Clinical Case Manager provides review of case management service plans and supervision for up to 4 Case Managers in the Network. The Program Director dedicates 5% to CQl activities while the BHS dedicates 15% to quality assurance activities.

In order to develop the staff's ability to provide quality services the following activities will take place:

- a) Program staff will attend a minimum of six hours of training on trauma informed approaches including CBT, Psycho-educational interventions and crises response. FY 12-13.
- b) Program staff will attend training on provision of services to the designated target population of the program, regardless of ethnic, cultural background, gender, sexual orientation, creed, or disability.
- c) Program staff will participate in meetings or training necessary for the implementation and maintenance of the System of Care.
- d) Program staff will participate in an ongoing series of HIPPA trainings to increase their ability to maintain compliance.
- e) Program staff will participate in six hours of training in Groups facilitation
- f) Program staff will attend trainings to increase knowledge, skills, and approaches to violence prevention and trauma recovery to the target population of youth and families served.
- g) Program staff under this exhibit will attend a minimum of one annual cultural event sponsored by the agency during FY 12-13.

HIPPA Compliance Procedures:

- a) DPH Privacy Policy is integrated in the contractor's governing policies and procedures regarding patient privacy and confidentiality. The Director will ensure that the policy and procedures as outlined in the DPH Privacy Policy have been adopted, approved, and implemented.
- b) All staff who handles patient health information is trained (including new hires) and annually updated in the agency privacy/confidentiality policies and procedures. The Program Manager will ensure that documentation shows that all staff has been trained.
- The contractor's Privacy Notice is written and provided to all clients served by the organization in their native language. If the document is not available in the client's relevant language, verbal translation is provided. The Program Manager will ensure that documentation is in the patient's chart, at the time of the chart review, that the patient was "notified."
- d). A Summary of the above Privacy Notice is posted and visible in registration and common areas of the organization. The Program Manager will ensure the presence and visibility of posting in said areas.
- e) Each disclosure of a client's health information for the purposes other than treatment, payment, or operations is documented. The Program Manager will ensure that documentation is in the client's chart. at the time of the chart review.
- f) Authorization for disclosure of a client's health information is obtained prior to release: (1) to provider outside the DPH Safety Net; or (2) from a substance abuse program. The Program Manager will ensure that an authorization form that meets the requirements of HIPAA is signed and in the client's chart during the next chart review.

As mentioned in section 6, the program integrates IFR internal policies to ensure staff meets the clients' needs regarding cultural competency.

Client Satisfaction: IFR will conduct a focus group by the end of the 3rd quarter of FY 12-13 with 5 to 10 youth who have received individual or group services through TR&HS to measure consumer satisfaction. Feedback from the focus group will result in a written summary of findings as well as a program review with implications for program change.

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Contractor: Instituto Familiar de la Raza

Appendix A-10

Program: Early Intervention Program (EIP) Child Care

Contract Term: 07/01/12 through 06/30/13

Mental Health Consultation Initiative

Fiscal Year: 2012-2013

CMS#: 6960

1. Program Name: Early Intervention Program (EIP) Child Care MH Consultation Initiative

Program Address: 2919 Mission Street

City, State, Zip Code: San Francisco, CA 94110

Telephone: (415) 229-0500 Facsimile: (415) 647-3662 Program Code: 38182

2. Nature of Document

	New	⊠ Renewal		Modification
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3. Goal Statement

The IFR Early Intervention Program (EIP) will provide comprehensive mental health consultation services to 18 center-based childcare sites (including one MHSA funded childcare center), two family resource centers, and 12 Latina family childcare providers for fiscal year 2012-2013. The program will also open EPSDT charts on 6 children, ages 0-5 years old.

The goals of the Program are to: 1) Maximize the opportunities for healthy social and emotional development for young children ages 0-5 years, enrolled in full-day and part-day child care programs in the Mission, Outer Mission, and Bay View Districts; 2) Improve the capacity for family resource center staff and family child care providers to provide culturally and developmentally appropriate environments for young children (ages 0-5 years); 3) Improve the capacity and skills of care providers (teachers and staff) to respond to the social emotional needs of young children, ages 0-5; and 4) Improve the capacity and skills of parents to foster healthy social and emotional development in their children aged 0-5 years.

4. Target Population

The target population is at-risk children and families enrolled in 18 center-based preschool childcare site, 12 Latina family child care providers, and two family resource centers in the Mission, Bay View, and Outer Mission Districts. Centers to be served include all nine Mission Neighborhood Center Head Start sites: Valencia Gardens, Women's Building, Stevenson, Capp Street, 24th Street, Bernal Dwellings, Mission Bay, and Jean Jacobs. Southeast Families United Center; 4 SFUSD child development centers: Theresa Mahler Center, Zaida Rodriguez Center, Sanchez ECE and Bryant ECE; and 2 pre-K SFUSD sites: Cesar Chavez, and Paul Revere; and Mission YMCA. These programs serve primarily low-income, at-risk Latino children and CalWorks families in part-day and full-day programs.

The 12 Latina family child care providers tend to be isolated and have limited access to social and health services yet serve some of our the most vulnerable families. One of these providers contracts with Wu Yee Children's Services' Early Head Start Program. The program will also open EPSDT charts on 6 children, ages 0-5 years; children who might not typically access mental health services due to linguistic and cultural barriers.

Family Resource Centers (FRC) to receive consultation services to staff and clients include Instituto Familiar de la Raza and Excelsior Family Connections.

5. Modalities/Interventions

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Target Population Table:

,	larger r	opulation 'l'able:	,				
#	Funding	Center	#-of-hrs per week	# of Children	# of Class- rooms	# of Teachers	Consultant assigned
1	HSA	MNC - Capp	10	64	4	8	Marisol
2	HSA	MNC – Jean Jacobs	7	40	2	4	Milagritos
3	HSA	MNC - Stevenson	7	40	2	4	Nancy
4	HSA	MNC – Valencia Gardens	10	64	4	7	Geraldine
5	HSA	MNC Bernal Dwellings	5	24	1	4	Geraldine
6	HSA	MNC 24 th St.	10 -	64	4	8	Nancy
7	HSA	MNC - Women's Bldg	5	24	I	4	Geraldine
8	HSA	MNC Mission Bay	7	44	2	7	Marisol
9	HSA	SFUSD Paul Revere PreK	5	20	1	3	Milagritos
10	HSA	Family Childcare Providers	5	16	4	4	Cassandra
11	PFA	SFUSD EEC Zaida Rodriguez Center	12	80	4	4	Milagritos
12	PFA	SFUSD Cesar Chavez PreK	5	40	2	3	Nancy
13	PFA	SFUSD Sanchez EEC	7	40	2	6	Nancy
14	PFA	Mission YMCA	7	60	3.	8	Marisol
15	PFA	SFUSD Bryant EEC	7	48	2	6	Elia
16	PFA	Theresa S. Mahler EEC	7	48	2	6	Julio
17	DCYF	Family Child Care Providers	10	32	8	8	Maria/Nancy
18	SRI	IFR Family Resource Center	7	20	1	3	Marisol
19	SRI	Excelsior Family Connection FRC	7	20	1	4	Elia
20	MHSA	Southwest/Evans Preschool Classroom	7 .	24]	4	Jasmine
21	MHSA	Evans Infant/Toddler Classroom	7	14	2	4	Tenisha
22	MHSA	Training-Institute	9 sessions per year	Up to 15 consultants		20.00	Cassandra Coe & Michelle Vidal

- 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 two 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 or providing a consultation to a parent.

Date: 07/01/12 Page 2 of 7 Contractor: Instituto Familiar de la Raza

Appendix A-10

Program: Early Intervention Program- Child Care

Contract Term:07/01/2012 through 06/30/2013

Fiscal Year: 2012-2013

CMS#: 6950

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 on an ongoing basis 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.
- Training-Institute: IFR will develop and implement one 9-session training for mental health consultants city-wide who have less than one year of experience providing consultation services through the ECMHI. Consultants will meet once a month for a didactic seminar that will provide an overview of the mental health consultation model outlined in the most recent CBHS RFP. Further topics will explore the role of the mental health consultant, how to begin consultation, understanding childcare culture, aligning efforts with First Five Initiatives, working with parents and developing inclusive practices. A strong cultural perspective and emphasis on relationship based, strength based interventions will frame the seminar. Total funding \$13,729 for 8 to 10 Consultants.(Appendix B-10)

Service units will also include outreach and linkage as well as evaluation services. Unduplicated clients will include children, parents, and staff impacted by these services.

For fiscal year 2012-2013, the number of unduplicated clients and total number of units (UOS) to be served under current funding will be as follows:

DCYF funding (\$36,134) will serve 32 clients with a total of 491 UOS. First Five FRC (SRI) funding (\$48,000) will serve 40 clients with a total of 640 UOS. PFA funding (\$177,660) will serve 316 clients with a total of 2,369 UOS. HSA funding (\$292,292) will serve 364 clients with a total of 3,897 UOS. General Fund (\$41,935) will serve 15,367 MH Services, 60 Crisis Intervention, and 400 Case Management with a total of 7 UOS.

They will have a total of 759 Unduplicated Clients.

MHSA funding (\$ 42,000) will serve 32 clients with a total of 560 UOS. Please see Appendix B-8. **Program Consultation**

Center and/or classroom focused benefits all children by addressing issues impacting the quality of care.

Frequency of Activities

Activity	Small Child Care Center 12-24 children	Medium Child Care Center 25-50 children	Large Child Care Center >50 children
	Initially upon entering	Initially upon entering	Initially upon entering
Program	the site and 2 to 3 times a	the site and 2 to 4	the site and 2 to 4 times a
Observation	year per classroom	times a year per	year per classroom
ļ	equaling 4 to 6 hours per	classroom equaling 6	equaling 10 to 20 hours
	year	to 10 hours per year	per year
Meeting with			
Director	Monthly 1 hour per	Monthly 1 to 2 hours	Monthly 2 to 3 hours per
	month	per month	month

Date: 07/01/12 Page 3 of 7

Appendix A-10 Contract Term:07/01/2012 through 06/30/2013

Fiscal Year: 2012-2013 .

CMS#: 6950

Meeting with Staff	Bi-monthly with all staff members (usually by classroom) 2 hours a month	Bi-monthly with all staff members (usually by classroom) 2 to 4 hours a month	Bi-monthly with all staff members (usually by classroom) 4 to 6 hours a month
Trainings	As needed and as stipulated in the MOU 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

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

For EPSDT and direct treatment services the following standards of practice will be followed:

- Direct treatment services occur within the child care center as allowed by the established MOA or at our outpatient clinic 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.

6. Methodology

A. For direct client services

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

Outreach efforts:

Date: 07/01/12 Page 4 of 7

Appendix A-10 Contract Term:07/01/2012 through 06/30/2013

Contractor: Instituto Familiar de la Raza Program: Early Intervention Program- Child Care

Fiscal Year: 2012-2013

CMS#: 6950

Orientation to services for teachers will occur at a designated staff meeting and be reinforced with a
written description of the program, which will include the referral process and explanation of
consultation services.

- Memorandums of Agreement will be developed jointly between the consultant and the site supervisor
 of each individual site.
- Parents will be oriented to the program during monthly parent meetings conducted by the preschool staff and will be provided with a letter of introduction with the consultants contact information and description of her role.
- The consultants will work closely with the Head Start ERSEE staff, education specialists and other support staff to continue outreach efforts.

Admission, Enrollment and/or intake criteria:

Children will be referred through group consultation where teachers and consultants discuss concerns regarding a particular student as well as by parent referral. When a formal observation is requested by the preschool staff or family childcare provider, written consent will be provided by the parent/guardian.

Program Service Delivery Model:

The EIP's mental health consultation approach is to address the differing needs of Center based childcare, family resource centers, and family childcare settings. The program design is based upon a cultural framework that affirms and builds upon the strengths of the child, their caregivers (child care provider and parent/guardian), the family of service providers, and the community they identify with. An underlying assumption is that access to consultation, affirmation, resources and education empowers caregivers and families to create healthy environments and relationships for the healthy social and emotional development of preschool children.

The IFR-EIP model establishes a multi-disciplinary group consisting of site-specific childcare staff; other involved site-based caregivers and a bilingual/bicultural Mental Health Consultant. Depending upon the scope of the problem, outside caregivers may be invited to participate in an individual child's review including pediatricians, speech therapists, and other caregivers. We will provide 5-10 hours per week of bilingual child care mental health consultation services to 18 childcare sites and average of 2 hours every two weeks for up to 12 family childcare providers in the Mission, Bay View and Outer Mission Districts of San Francisco.

The Mental Health Consultant provides an array of services to the child, parent and staff with the service goal of building upon the strengths of the child, parent and caregiver. Partnership meetings include the staff person closest to the child and parent, the Mental Health Consultant and the parent/guardian.

Depending upon the needs identified in the first meeting, the parent and the Mental Health Consultant may continue to meet up to five other times for planning, linkage, support and problem solving. Any needs that cannot be addressed within the partnership meetings are referred out to services in the network of health care and social services available to children and families.

For the 12 family childcare providers, mental health consultation will be individualized and based upon the needs of the provider, the age of the children and their relationships to a center-based program. In some family childcare provider homes, children will be attending part-day programs in a center and continuing their full-day coverage with a family childcare provider.

Partnership meetings with parents will be established on a regular basis and will be conducted with the provider and parent/guardian based on observations and discussions with the family child care provider. Program and environmental consultation including developing learning activities and

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Program: Early Intervention Program- Child Care Contract Term:07/01/2012 through 06/30/2013

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modeling age-appropriate interactions will be tailored to each home. The program may provide parent groups (Charlas) at family child care provider homes to explore aspects of parenting and child development.

The Professional Development Day is the linchpin of all the efforts with the Family Child Care Providers as it brings together the community of Latina Family Child Care Providers to reflect on the connections they have to their work as well as explore self-care. This Retreat is in its 15th year- and the growth and depth of reflection by the group has gone deeper and deeper every year. Modeling self-care is essential for our providers to then model and promote health with the families they work with.

For the two Family Resource Centers, mental health consultation will be tailored to meet the individual needs of each site. Program consultation will include, but is not limited to, curriculum development, staff communication and environmental interventions to enhance the quality of programming for children and families.

Exit Criteria and Process:

Some of the programs follow the SFUSD calendar thus consultation services to teachers and staff comes to a natural close at the end of the school year.

For year round programs- individual interventions for identified students will use the following as a basis for exit criteria: 1) teacher and parent feedback 2) mental health consultant recommendation 3) Linkage to community resources to address the family's needs.

Children receiving individual counseling services will also be evaluated through the CANS.

Program's staffing: See Appendix B-10

7. Objectives and Measurements

A. Required Objectives

All objectives, and descriptions of how objectives will be measured, are contained in the CBHS document entitled Performance Objectives FY 12-13.

MHSA objectives remain the same as objectives outlined for ECMHI contained in CBHS document.

B. Individualized Program Objectives

During fiscal Year 2012-2013, 75% of teachers will report they have improved their understanding of the social emotional needs of the children in their care as measured by the completed teacher satisfaction survey that will be administered by June 2013.

During fiscal Year 2012-2013, 75% of parents will report that they are better able to respond to the behavioral and social-emotional needs of their children as measured by the completed parent satisfaction survey administered by June 2013.

During fiscal Year 2012-2013, all Early Intervention Mental Health Specialists will attend weekly group supervision that addresses implementation of IFR model of consultation to enhance the quality of consultation services as measured by attendance logs at EIP Team Meetings.

8. Continuous Quality Improvement

The Early Intervention Program's CQI activities include weekly Team meetings utilizing a reflection Case Presentation model that supports and deepens consultant's work and methodology. Meetings include administrative check-ins to review and reflect on the achievement of contract performance

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Program: Early Intervention Program- Child Care

Fiscal Year: 2012-2013

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Appendix A-10 Contract Term:07/01/2012 through 06/30/2013

objectives. Charts are maintained for each individual childcare site, family resource centers and a chart for family childcare providers. Charts are reviewed quarterly for quality and accountability by the Program Director. All staff is bilingual and bicultural and our work is based on a cultural framework that is central to its success. We will also comply with annual client satisfaction surveys administered by CBHS as well we seek regular feedback from Program Directors and Site Directors at all the sites we serve. We incorporate their feedback and readily address issues as they surface.

Date: 07/01/12

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Appendix B Calculation of Charges

1. Method of Payment

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

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

- (1) Fee For Service (Monthly Reimbursement by Certified Units at Budgeted Unit Rates)
 CONTRACTOR shall submit monthly invoices in the format attached, Appendix F, and in a form acceptable to the Contract Administrator, by the fifteenth (15th) calendar day of each month, based upon the number of units of service that were delivered in the preceding month. All deliverables associated with the SERVICES defined in Appendix A times the unit rate as shown in the appendices cited in this paragraph shall be reported on the invoice(s) each month. All charges incurred under this Agreement shall be due and payable only after SERVICES have been rendered and in no case in advance of such SERVICES.
- (2) Cost Reimbursement (Monthly Reimbursement for Actual Expenditures within Budget): CONTRACTOR shall submit monthly invoices in the format attached, Appendix F, and in a form acceptable to the Contract Administrator, by the fifteenth (15th) calendar day of each month for reimbursement of the actual costs for SERVICES of the preceding month. All costs associated with the SERVICES shall be reported on the invoice each month. All costs incurred under this Agreement shall be due and payable only after SERVICES have been rendered and in no case in advance of such SERVICES.

B. Final Closing Invoice

(1) Fee For Service Reimbursement:

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

(2) <u>Cost Reimbursement</u>:

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

Appendix B-1: Adult Outpatient Behavioral Health Clinic Appendix B-2: Behavioral Health Primary Care Integration

Appendix B-3: Indigena Health and Wellness Collaborative

Appendix B-4a: Child Outpatient Behavioral Health Services (General Fund)

Appendix B-4b: Child Outpatient Behavioral Health Clinic (EPSDT)

Appendix B-5: Early Intervention Program EIP Child Care Mental Health Consultation Initiative

Appendix B-6: La Cultura Cura ISCS/EPSDT Services

Appendix B-7: MHSA-PEI School-Based Youth Intervention Program-Consultation, Affirmation, Resources, Education & Empowerment Program (CARE)

Appendix B-8: Early Intervention Program EIP Child Care Mental Health Consultation Initiative

Appendix B-9: Trauma Recovery and Healing Services

Appendix B-10: Early Intervention program (EIP) Child Care Mental Health Consultation Initiative

B. COMPENSATION

Compensation shall be made in monthly payments on or before the 30th day after the DIRECTOR, in his or her sole discretion, has approved the invoice submitted by CONTRACTOR. The breakdown of costs and sources of revenue associated with this Agreement appears in Appendix B, Cost Reporting/Data Collection (CR/DC) and Program Budget, attached hereto and incorporated by reference as though fully set forth herein. The maximum dollar obligation of the CITY under the terms of this Agreement shall not exceed Fourteen Million Two Hundred Nineteen Thousand One Hundred Sixty One Dollars (\$14,219,161) for the period of July 1, 2010 through December 31, 2015.

CONTRACTOR understands that, of this maximum dollar obligation, \$1,071,206 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.
- CONTRACTOR understands that, of the maximum dollar obligation stated above, the total amount to be used in Appendix B, Budget and available to CONTRACTOR for the entire term of the contract is as follows, not withstanding that for each fiscal year, the amount to be used in Appendix B, Budget and available to CONTRACTOR for that fiscal year shall conform with the Appendix A, Description of Services, and a Appendix B, Program Budget and Cost Reporting Data Collection form, as approved by the CITY's Department of Public Health based on the CITY's allocation of funding for SERVICES for that fiscal year.

July 1, 2010 through June 30, 2011	\$ 2,403,886
July 1, 2011 through June 30, 2012	\$ 2,494,207

July 1, 2012 through June 30, 2013	\$ 2,514,799
July 1, 2013 through June 30, 2014	\$ 2,294,025
July 1, 2014 through June 30, 2015	\$ 2,294,025
July 1, 2015 through December 31, 2015	\$ 1,147,013
Contingency	\$ 1,071,206
Total July 1, 2010 through December 31, 2015	\$14,219,161

- (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.
- CONTRACTOR further understands that \$1,211,814 of the period from July 1, 2010 through December 31, 2010 in the Contract Number BPHM07000052 is included in this Agreement. Upon execution of this Agreement, all the terms under this Agreement will supersede the Contract Number BPHM07000052 for the Fiscal Year 2010-2011.
- D. 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.
- E. 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.
 - F. In no event shall the CITY be liable for interest or late charges for any late payments.
- G. 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.

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Contract Appendix Number: B-1 B-2	<u>,</u>	B-2	B-3	B-4a	B-4b	B-5	
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MH STATE - EPSDT State Match					78,793	17,712	96,5
MH WORK ORDER - Human Services Agency						292,292	292,292
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TOTAL FUNDING SOURCES (DPH AND NON-DPH)	543,123	86,866	254,775	109,148	180,316	596,711	1,770,939

DPH 1: Department of Public Health Contract Budget Summary

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Provider Name (SA) Instituto Familiar de la Reza, Inc.		ł	C10 10 10 10 10 10 10 10 10 10 10 10 10 1	Staff Minute	Staff Minute	2000	SOLIT HILL)
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Contract Appendix #: B	61,077	3,056		667			indirect Expenses.
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Contract Appendix #: B	37,508	1,0//		410		676,67	NEO 38 well assess, assessed to the second t
Contract Appendix #: B	444,538	22,241		4,854		278,860	
Contract Appendix #.							TUNDING USES
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Contract Appendix #: Document Date: Fiscal Year: Adult Outpatient- Behavioral Health Clinic 38183 15/70-79 15/01-09 Contract Appendix #: Document Date: Fiscal Year: Adult Outpatient- Behavioral Health Clinic 38183 38183 38183 38183	TOTAL	Low Threshold Svos/Comm Client Svos			Medication Support	MH Svcs	Service Description.
Contract Appendix #: Document Date: Fiscal Year: Adult Outpatient- Behavioral Health Clinic Health Clinic 38183 38183 Contract Appendix #: Document Date: Fiscal Year: Adult Outpatient- Behavioral Health Clinic 38183 38183 38183		45/20-29	-	15/70-79	15/60-69	15/10-57	Mode/SFC (MH) or Modality (SA)
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Contract Appendix #: Document Date: Fiscal Year: Adult Outpatient- Adult Outpatient- Behavioral Behavioral Behavioral		Clinic	Health Clinic	Health Clinic	Health Clinic	Health Clinic	Program Name:
Contract Appendix #: Document Date: Fiscal Year:		Adult Outpatient- Behavioral Health	Adult Outpatient- Behavioral	Adult Outpatient-		Adult Outpalient- Behavioral	
Contract Appendix #: Document Date: Fiscal Year:							
Contract Appendix #: Document Date:	FY 12-13	Fiscal Year:	· · · · · · · · · · · · · · · · · · ·			3818	Provider Number
Contract Appendix #	7/1/2012	Document Date:			te la Raza, Inc.	Instituto Familiar c	Provider Name: Provider Name:
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DPH 3: Salaries & Benefits Detail

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Appendix #:

Provider Number: 3818
Provider Name: Instituto Familiar de la Raza, Inc. - Adult Outpatient
Document Date: 7/1/12

	,	TOTAL	ğ	General Fund	Fundi (overw Funding	Funding Source 1 (overwrite here with Funding Source Name)	Func (oven Fundin	Funding Source 2 (overwite here with Funding Source Name)	Fund (overv Funding	Funding Source 3 (overwrite here with Funding Source Name)	Fund (oven Fundin	Funding Source 4 (overwite hare with Funding Source Name)
	Term:	7///12-5/30/13	Term:	7/1/12-6/30/13	Term:		Term:		Тегт:	COLUMN TO THE REAL PROPERTY OF THE PARTY OF	Term:	
Position Title	FTE	Salaries	FTE	Safaries	F1E	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Program Director	0.12	\$ 12,033.00	0.12	12,033				1			7	
Program Manager	0.83	\$ 56,575.00	. 0.83	56,575						Annual American		,
Program Coordinator	0.41	\$ 20,090,00	0.41	20,090								
Psychiatrist	0.33	\$ 60,000.00	0.33	000'09								27.7
Psychologist/Clinical Supervisor	0.33	\$ 25,448.00	0.33	25,448						00000		
Behavioral Health Specialists	2,10	\$ 100,915,00	2.10	100,915								
Eligibility Worker/BH Specialist	09.0	\$ 29,350.00	0.60	29,350						A Million		
Program Assistants	1.13		1.13	48,051								
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te — man (min me		DOWN A ADMINISTRATION OF THE PARTY OF THE PA										
Totals;	5.86	\$352,462	5.86	\$352,462								

\$444,538

\$444,538

TOTAL SALARIES & BENEFITS

\$92,076

26%

\$92,076

26%

Employee Fringe Benefits:

DPH 4: Operating Expenses Detail

Appendix #:

Provider Number: 381

Provider Name: Instituto Familiar de la Raza, Inc. - Adult Outpatient

Document Date: 7/1/2012

Program/Educational Supplies Other: Internship Trainer Fees Rental of Property Rental of Equipment
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Staff Travel-(Local & Out of Town) Printing and Reproduction Building Maintenance Supplies and Repair Client Related Expenses Jtilities(Elec, Water, Gas, Phone, Scavenger) nsurance Office Supplies, Postage tafí Training Expenditure Category €9: €/9 60 60 en en Term: 7/1/12-6/30/13 TOTAL 3,088.00 2,520.00 3,088.00 10,328.00 1,500.00 8,089.00 4,898.00 1,865.00 1,100.00 532.00 500.00 Term: 7/1/12-6/30/13 General Fund 10,328 4,898 2,520 3,088 8,089 3,088 1,100 1,500 532 500 (overwrite here with Funding Source Name) Funding Source 1 Term: Funding Source 2 (overwrite here with Funding Source Term: Funding Source 3 (overwrite here with Funding Source Term: Funding Source 4 (overwrite here with Funding Source Term:

TOTAL OPERATING EXPENSE

28

\$37.508

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	NAME OF TAXABLE PARTY O			Account for Foreign	CR CR	UNIT 1/56 CONTRACTOR THE PART OF THE PART
	-	,			2,002	Units of Service:
		OFFICE AND ADDRESS OF THE PARTY	AVERAGE AND AVERAG		CR	Cost Reimbursement (CR) or Fee-For-Service (FFS):
						Substance Amise Only - Licensed Capacity for Medi-Cai Provider with Narcotic Tx Program
						Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)
	- Whitehim	***************************************		A CANADA CONTRACTOR OF THE CON		CBHS UNITS OF SERVICE AND UNIT COST
86,866		De La Maria de La Caractería de La Carac			86,886	TOTAL FUN
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						MH WORK ONDER - HIST TWO (ST CHIGIPEN & Failing Commission)
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					ALTERNATION OF THE PROPERTY OF	MH WORK ORDER Dept Chidren, Youn & Families
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						MH STATE - EPSDT State Match
	Listania de la companya de la compan		The state of the s		***************************************	NH FED - SDMC Regular FFP (50%)
						The state of the s
						CBHS MENTAL HEALTH FUNDING SOURCES CFDA #:
86,866	-				86,866	TOTAL FUNDING USES:
9,852					9,852	Indirect Expenses:
77,014					77,014	Subtotal Direct Expenses:
	LL LL CL CASSON CASSON IN			,		Capital Expenses (greater than \$5,000).
5.917					5 917	Onergino Expenses:
71 097					71 097	Salaries & Employee Benefits:
	THE PROPERTY OF THE PROPERTY O			100		a madest distribution and the first of the f
	CONTRACTOR OF THE PROPERTY OF		NAME OF THE PERSON NAME OF THE P		7/1/12-6/30/13	
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0.4440.000					Behavioral	
FY 12-13	Fiscal Year		A CONTRACTOR OF THE CONTRACTOR	a bandania da da manana a manana da mana	3818	Provider Number
7/1/2012	Document Date:			la Raza, Inc.	nstituto Familiar de	Provider Name: 1
B-2	Contract Appendix #:	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW	A CONTRACTOR OF THE PROPERTY O	le la Raza, Inc.	nstituto Familiar i	DMH Legal Entity Name (MH)/Contractor Name (SA): I
Soft Principal and Control of the Co	aces processed seasons and the seasons of the seaso	,)	ollection (CKDC	rting/Data U	eath Cost Repo	DPH 2: Department of Public Heath Cost Reporting/Data Collection (CRDC)

DPH 3: Salaries & Benefits Detail

B-2

Appendix #:

Provider Number: 3818
Provider Name: Institute Familiar de la Raza, Inc. - BH/PC Integration
Document Date: 7/1/12

TOTAL General Fund Term: 7/1/12-6/30/13 Term: 7/1/12-6/30/13 FTE Salaries FTE	Funding Source 1 (overwrite here with Funding Source Name) Term: Salaries	Funding Source 2 (overwrite here with Funding Source Name) Term: FTE Salaries	Funding Source 3 (overwrite here with Funding Source Name) Term: FTE Salaries	Funding Source 4 (overwith here with Funding Source Name) Term: FTE Salartes
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Totals: 1.11 \$55,345 1.11 \$55,345	19			

\$15,752

28%

\$15,752

28%

Employee Fringe Benefits:

\$71,097

TOTAL SALARIES & BENEFITS

DPH 4: Operating Expenses Detail

Provider Number: 3818

Appendix #:

B-2

Provider Name: Instituto Familiar de la Raza, Inc. - BH/PC Integration
Document Date: 7/1/2012

		distribution of the second of				
Expenditure Category	TOTAL	General Fund	Funding Source 1 (overwrite here with Funding Source Name)	Funding Source 2 (overwrite here with Funding Source Name)	Funding Source 3 (overwrite here with Funding Source Name)	Funding Source 4 (overwrite here with Funding Source Name)
	Term: 7/1/12-6/30/13	Term: 7/1/12-6/30/13	Term:	Term:	Term:	Term:
Rental of Properly	\$ 1,955.00	1,955	A LOUIS PORTE AND ADDRESS OF THE PARTY OF TH		ACCUPATION AND ADDRESS OF THE PARTY OF THE P	
Utilities(Elec, Water, Gas, Phone, Scavenger)	\$ 927.00	927	***************************************	The state of the s	THE PARTY OF THE P	
Office Supplies, Postage	\$ 585.00	585			- (1) (Apple 1998)	
Building Maintenance Supplies and Repair	\$ 1,411.00	1,411	ANN ANALYSIS ANN ANALYSIS ANN ANALYSIS ANN ANALYSIS ANN ANALYSIS AND A		The second secon	Total production of the second
Printing and Reproduction	\$ 101.00	101	A PARAMETER AND A PARAMETER AN	The state of the s		
insurance	\$ 585.00	585	- ANALYS CONTRACTOR OF THE PARTY OF THE PART	CONTRACTOR OF THE PROPERTY OF		
Staff Training	÷	ANN STATE OF THE PROPERTY OF T				
Staff Travel (Local & Out of Town)	\$		ALLERTON AND AND AND AND AND AND AND AND AND AN		Andrew Commencer	Market Control of the
Rental of Equipment	\$ 353.00	353				The state of the s
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates Hours & Amounts)						
		A DATE OF THE PARTY OF THE PART			And the state of t	
AAAANIN ,		A STATE OF THE PARTY OF THE PAR		00000000000000000000000000000000000000		
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TOTAL OPERATING EXPENSE

\$5,917

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427					422	
Total UDC:					VCC	Published Rate (Medi-Cal Providers Unity)
					CR	Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):
				ALCOHOLOGY, CARLON CONTRACTOR CON	Staff Hour CR	Cast Par Unit - ODH Barta (DPH FUNDING SOURCES Onto)
	The same of the sa			-	2,332	Units of Service:
19 (P. 19 (P					CR	Cost Reimbar CR) or Fee-For-Service (FFS).

	A Visional Chamana Colonian A	- Annual Control of the Control of t				
THE COMMENT OF THE PROPERTY OF			A A STATE OF THE PARTY OF THE P	Distriction of the Control of the Co		CBHS UNITS OF SERVICE AND UNIT COST
254,775	T T	E.			254,775	TOTAL FUNDING SOURCES (DPH AND NON-DPH)
***************************************					,	TOTAL NON-DPH FUNDING SOURCES
	- And Street, and the street,	***************************************			Activity for 1999 (1994) Place (1994) The control of the control	NON-DPH FUNDING SOURCES
254,775	THE PROPERTY AND ADDRESS OF THE PROPERTY OF TH	-	***************************************		254,775	STORIOS SINGROTA HEALT TO THE CONTRACTOR AND A STORIOS SINGRAFIA AND A STORIOS
	The state of the s	-	ANA PROPERTY OF THE PROPERTY OF THE PROPERTY AND THE PROPERTY OF THE PROPERTY			TOTAL OTHER DPHICOMMUNITY PROGRAMS FUNDING SOURCES
-	A CONTROL OF THE PROPERTY OF T					
		and the second s				The second secon
Charge Management Control of the Con	A STATE OF THE PROPERTY OF THE PARTY OF THE	***************************************		CELTIAL COLLEGE STREET		OTHER DRH-COMMUNITY PROGRAMS FINDING SOURCES CFDA #:
•	•	•	-	,	in the second se	TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES
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-	THE REPORT OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLU					The state of the s
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	DIVIDED DO DE COMPANION DE COMP	***************************************		-	O'ELITANO NA PROPERTIES AND	
254,775	•		*	•	254 775	TOTAL CREATE A FIRST A FIRST SOURCES
						WH COUNTY - General Fund
	A. STATE OF THE PROPERTY OF TH				VOI DOOR PRODUCT SPEEDLANDS WITH STATE OF THE SPEEDLE STATE OF THE SPEED	MH Realignment
254,775	***************************************				254,775	TWISS-1310
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						MH WORK ORDER - First Five (SF Children & Family Commission)
	A CONTRACTOR OF THE PARTY OF TH					MH WORK ORDER - Dept. Children, Youth & Families
	A TERROR (ANY BEALTY OF THE COLUMN	THE PARTY OF THE P		and the second second	The state of the s	MH WORK ORDER - Human Services Agency
	VA VI STELLO DE SEGUENTO DE SE					MH STATE - FOSOT State Match
						MAL CED STARS Grant or EED (FROM)
		-	AME THE PROPERTY OF THE PARTY O	ALIEN AND THE PROPERTY OF THE		CEMB MENTAL HEALTH FUNDING SOURCES
254,775			***************************************	COLUMN TANKS OF THE PARTY OF TH	254,775	43524.4.1.1.1.1.4.4.1.1.1.4.4.4.4.4.4.4.4.4
29,012		-			29,012	indirect Expenses:
225,763					225,763	Subtotal Direct Expenses:
						Cecilel Expenses (greater than \$5,000).
47,545					47,545	Operating Expenses:
178,218	THE RESERVE AND A SECOND ASSESSMENT AND A SECOND ASSESSMENT AND A SECOND ASSESSMENT AND A SECOND ASSESSMENT AS			Control of the Contro	178,218	Salaries
	ALLEMAND COM TO THE CONTROL OF THE C					FINAL STATE
THE RESERVE THE PROPERTY OF TH			***************************************	ALTERNATION OF THE PROPERTY OF	7/1/12-6/30/13	
TOTAL					Maya Connactity	Service Description:
777	1				10,10	Model (118) of Model (1981) of Model (1981)
					45/10 10 AN	Control of the contro
	The terms of the second of the			Anne	Collaborative	Program Name:
					& vveliness	
nt troub and					Indigena Health	
FY 12-13	Fiscal Year:				3818	Provider Number:
7/1/2012	Document Date:		*****	la Raza, Inc.	Instituto Familiar de la Raza, Inc.	Provider Name: It
B-3	Contract Appendix #:			de la Raza, Inc.	istituto Familiar (DMH Legal Exilty Name (MH)/Contractor Name (SA): Instituto Familiar de la Raza, Inc.
		מכר)		Ting/Data or	am Cost Kepc	Dent 2. Department of rubic Heatin Cost Reporting/Data conection to

DPH 3: Salaries & Benefits Detail

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Appendix #:

Provider Number: 3818
Provider Name: Instituto Familiar de la Raza, Inc. - Indigena Health & Wellness COLL Document Date: 7/1/12

		TOTAL	ō ·	General Fund		MHSA	Funding Source 2 (overwrite here with Funding Source Name)	arroe 2 ere with ce Name)	Funding Source 3 (overwrite here with Funding Source Name)	with Marie)	Funding Source 4 (overwrite here with Funding Source Name)	ource 4 ere with ce Name)
And the second s	Term	: 7/1/12-6/30/13	Term:		Term:	7/11/12-6/30/13	-		Term:		Term:	
Position Title	4	1 1	FTE	Salaries	FTE	Salaries	FTES	Salaries	1	Salaries	FTES	Salaries
Program Director	50.03	\$ 2,766.00			0 03	2,766	-					-
Health & Wellness Manager	0.87	υĐ			0.87	47,879				•		
EL/ Mental Health Specialists	1.00	679			1.00	40,047						
Program Liaison/Sr Promoters	0.50	69			05.0	14,267						
Health Promofers	1.29	\$ 26,370.00			1.29	26,370						
Program Assistants	0.11	₩			0.11	3,923						
	00.00	ana.										
O DESCRIPTION OF THE PROPERTY		- Annual									····	
THE PROPERTY OF THE PROPERTY O												
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WOODS - Later to the state of t												
The state of the s									-			
**************************************							70.00					
The second secon												
TERROR AND CONTRACTOR OF CONTR							1/2000000000000000000000000000000000000		100000000000000000000000000000000000000		000000000000000000000000000000000000000	
10	Totals: 3.80	\$135 252			3.80	\$135.252						-

\$42,966

\$42,966

Employee Fringe Benefits:

TOTAL SALARIES & BENEFITS

DPH 4: Operating Expenses Detail

Provider Number: 3818

Provider Name: Instituto Familiar de la Raza, Inc. - Indigena Health & Wellness COLL

Document Dale: 7/1/2012

Appendix #:

B-3

MHADI/A Mark Mark and the second seco				Course Courses	B	7
Expanditure Category	TOTAL	General Fund	MHSA	(overwrite here with Funding Source	(overwrite here with Funding Source	(overwrite here with Funding Source
	Term: 7/1/12-6/30/13	Term:	Term: 7/1/12-6/30/13	Term;	Term:	Term:
Rental of Property	\$ 6,028.00		6,028	-		The state of the s
Utilities(Elec Water, Gus, Phune, Scavenger)	\$ 2,913.00		2,913			
Office Supplies, Postage	\$ 1,837.00		1,837			a Liberta Valva
Building Maintenance Supplies and Repair	\$ 3,800.00		3,800			
Printing and Reproduction	\$ 317.00		317			
DSU(a))C	\$ 1,837.00	A THE STATE OF THE	1,837			
Staff Training	\$ 775.00		775			
Staff Travel-(Local & Out of Town)	\$ 100.00		100	morphospharacommunication and a solution	PAT PER PAT TO THE TAX MANUFACTURE AND A LABOR.	THE PROPERTY OF THE PROPERTY O
Rental of Equipment	\$ 1,110.00	Control of the contro	1,110			
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Ameunts)				·		
	(Aller)	- WATER TO THE TOTAL THE TOTAL TO THE TOTAL THE TOTAL TO	The state of the s			TREPRODUCTION OF THE PROPERTY
Consultant and Childrane	\$ 700.00	The state of the s	700			To find the property and the state of the st
Asociación Mayab to provide Outreach & Information Referrals	20		20,928			
		and the same and t		Treatment and the control of the con		
				2007/77/2008		
Other: Program/Educational Sugnites	\$ 250.00		250		The state of the s	
Client Related Expenses and Cultural Events	\$ 6,950.00	- www.mararararararararararararararararararar	6,950		, Cut-	The state of the s
	Manager Angeles Angele	a such product prospects, but a substance as a first of AVV			ALICE CONTROL	
		The state of the s				- Commonweal Control
					and company to the control of the co	

TOTAL OPERATING EXPENSE

\$47,545

33	33	33	33	33	33	Unduplicated Clients (UDC)
Total IDC:	70.69 76.31	2.06 2.20	3.95	. 4.91 5.00	2.66	Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES): P. Dissipati Para (Martin Cal Providers Only)
	Staff Hour 70.69	Staff Minute 2.06	Staff Minul	Staff Minute 4.91	Staff Minute 2.66	Unit Type: Cost Per Unit - DPH Rats (DPH FUNDING SOURCES Only)
**************************************	FFS 284	FFS 1 750	FFS 413	FFS 1.357	FFS 29 006	Substance Abuse Only - Non Res 33 ODF # of Group Sessions (classes) Substance Abuse Only - Licensed Capacity for Medi Cat Provider with Naccolfo Tx Program Substance Abuse Only - Licensed Capacity for Medi Cat Provider with Naccolfo Tx Program Substance Abuse Only - Licensed Capacity for Medi Cat Provider with Naccolfo Tx Program Units of Service
109,148	20,090	3,606	1,630	6,865	77,157	TOTAL FUNDING SOURCES (UPH AND NON DPH) CBHS UNITS OF SERVICE AND UNIT COST Number of Beds Purchased (If applicable)
100;140	bedalassa and some mental and an analysis of the source of	4,404	1,034	0,000	11,301	NON-DPH FUNDING SOURCES
109 148	20,000	303	1 530	S SSS	77 457	TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES
- The second second	Dista — Nament Vermant representation of the state of the			ALEXAND PROPERTY.		
[]		The control of the co		The state of the s		OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES CFDA#:
WASANA	1	THE RESIDENCE OF THE PROPERTY	and the state of t		7	TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES
1	ANCIARD MACAINE CONTROL CONTRO			ACCIDING A PROBLEM CONTRACTOR OF THE PARTY.		CEHS SUBSTANCE ABOSE FUNDING SOURCES
109,148	20,090	3,606	1,630	6,665	77,157	TOTAL CBHS MENTAL HEALTH FUNDIN
00,00	10,101	1,000		0,010	41.047	MH COUNTY - General Fund
26 271 63 557	4,835 15,254	1 958	392	1,604	18.571	MH Realignment
***************************************	VA SACIANT AND					HISTATE - MISA
White the state of	West of the second seco		The state of the s		AVECUS DE L'ANNE	MH WORK ORDER - First Five (SF Children & Family Commission)
WEEKSWALL PLANT OF THE PROPERTY OF THE PROPERT	TO THE RESIDENCE OF THE PROPERTY OF THE PROPER		WINDS			MH WORK ORDER - Dept. Children, Youth & Families
		The state of the s	TOPOGRAMA AND AND AND AND AND AND AND AND AND AN	And the second s	111111111111111111111111111111111111111	MH STATE EPSDT State Match
19,320		782	354	1,446	16,738	MH FED - SDMC Regular FFP (50%)
					**************************************	CBHS MENTAL HEALTH FUNDING SOURCES CFDA #:
109,148	20,090	3,606	1,630	6,665	77,157	TOTAL FUNDING USES:
96,828	17,822	3,199	1,446	5,913 752	8 709	Subtotal Direct Expenses:
4,0	1,100				0,00	Capital Expenses (greater than \$5,000)
14 777	7 168	2,810	176	5,194	8 325	Salaries & Employee Benefits:
				6 401		FUNDING USES
	7/1/12-6/30/13	7/1/12-6/30/13	7/1/12-6/30/13	7/1/12-6/30/13	7/1/12-6/30/13	FUNDING TERM:
TOTAL	County Clent Svcs	Сазе Мді Вісквіаўє	7	Medication Support	MH Svcs	Service Description.
	45/20-29	15/01-09		15/60-69	15/10-57	Mode/SFC (MH) or Modality (SA)
	38186	38186	ģ	38186	38186	
n/vormon	Behavioral Health	Behavioral	Behavioral		Behavioral	
	Child Outpatient	Child Outpatient	Child Outpatient		Child Outpatient Child Outpatient	_
ļ	Fiscal Year:	7	***************************************	e la Raza, Ilic.	nsilulo Familiar de la Raza, Ilic 3818	Provider Number:
B-4a	Contract Appendix #:			de la Raza, Inc.	Instituto Familiar de la Raza, Inc.	
	and the state of t		bilection (CKDC)	orting/Data vc	eath Cost Kep	DPH 2: Department of Public Heath Cost Reporting/Data Collection (C

DPH 3: Salaries & Benefits Detail

Appendix #:

Provider Number: 3818
Provider Name: Institute Familiar de la Raza, Inc. - Child Outpatient
Document Date: 7/1/12

	-	TOTAL	වි	General Fund	Fundir (overwr Funding)	Funding Source 1 (overwrite here with Funding Source Name)	fund fundtng	Funding Source 2 (everwrite here with Funding Source Name)	fundi (overwi Funding	Funding Source 3 (overwrite here with Funding Source Name)	meve)	Fourting Source 4 {overwrite here with Funding Source Name}
THE PROPERTY OF THE PROPERTY O	Term:	7/11/12-6/30/13	Term:	7/1/12-6/30/13	Term:		Term:		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FIE	Salaries	FTE	Salaries
Program Director	0.03	\$ 2,490.00	0.03	2,490		CONSTRUCTOR PO STATE OF		***************************************		The state of the s		
Program Manager	0.09	\$ 5,850,00	0.09	5,850				A Constitution of the Cons				
Program Coordinator	0.04	\$ 2,096.00	0.04	2,096								
Psychologist/Clinical Supervisor	0.09	\$ 6,639.00	60.0	6,639								
Behavioral Health Specialists	0.65	\$ 33,310,00	0.65	33,310		The state of the s						
Eligibility Worker/BH Specialist	0.10	\$ 4,892.00	0.10	4,892								
Program Assistants	0.28	\$ 11,358.00	0.28	11,358				1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -				
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		And a state of the		The second secon	The second secon					defented foreign on the		
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And the second s			,									10 JOO A 8 8 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
The state of the s												TO THE STATE OF TH
Totals:	1.27	\$66,635	1.27	\$66,635								

\$85,051

\$85,051

TOTAL SALARIES & BENEFITS

Employee Fringe Benefits:

DPH 4: Operating Expenses Detail

Appendix #:

B-4a

Provider Number: 3818

Provider Name: Institute Familiar de la Raza, Inc. - Child Outpatient

Document Date: 7/1/2012

Expanditure Category	TOTAL	General Fund	Funding Source 1 (overwrite here with Funding Source Name)	Funding Source 2 (overwrite here with Funding Source Name)	Funding Source 3 (overwrite here with Funding Source Name)	Funding Source 4 (overwrite here with Funding Source Name)
	Term: 7/1/12-6/30/13	13 Term: 7/1/12-6/30/13	Term:	Term:	Term:	Term:
Replat of Property	\$ 2,240.00	2,240	and Address and Ad	TARACATA TO THE TARACATA TO TH	William Control of the Control of th	
Utilities(Elec, Water, Gas, Phone, Scavenger)	\$ 1,062.00	1,062	MARKET AND	ANADA	TO THE TAXABLE PROPERTY AND THE PROPERTY	
Office Supplies, Postage	\$ 670.00		7,44,000			
Building Maintenance Supplies and Repair	\$ 1,720.00	1,720	The state of the s	Transportation of the first tr		ACCESS OF THE PROPERTY OF THE
Printing and Reproduction	\$ 115.00	115	Washington The Control of the Contro	ALL THE OWNER OF THE PARTY OF T	And the state of t	PP PP MARAMATANA
insurance	\$ 670.00	670				
Staff Training	\$ 540.00)0 540				Care land work company and the second state of
Staff Travel-(Local & Out of Town)	\$	The state of the s			As properly	A TOTAL CONTRACTOR OF THE PERSON OF THE PERS
Rental of Equipment	\$ 405.00	00 405		and the state of t		O PROFESTION OF THE PROPERTY OF THE PARTY OF
CONSULTANT/SUBCURTRACTOR (Provide Names, Dates, Hours & Amounts)						
	1				The state of the s	The state of the s
		A			- A Control of the Co	
Internation Trainer Fees	\$ 750.00	750			With the state of	
chiatrist fee	\$ 3,005.00	C)		THE THE A COURT OF A STATE OF THE A	Andrews Co.	AND THE PROPERTY OF THE PROPER
						(Manager Visite) 20000
		And the second s	A CONTRACTOR OF THE PROPERTY O	- Marchael - American	ANALON MANAGEMENT AND	
Other:				-		
Program/Educational Supplies	\$ 200.00	200				
Client Related Expenses	\$ 400.00	00 400				
			100000.00000	A 44 a Annua A	E. 4000.00000	
	- Annual Control of the Control of t			ATTACA AND		
WHO HOUSE AND					-	

TOTAL OPERATING EXPENSE

\$11,777

/			£]	j.	[]	
Total UDC:		2.20	4.10	5.00	7, 2.70	Published rate (Medi-Ca) Providers Chly).
		2.06	3.95	4.91	2.66	Cost Per Unit - Contract Rate (UPB & NGO-DPH FUNDING SOURCES):
		2.06	3.95	4.91	2.66	Cost Per Unit - UPH Raie (UPH FUNDING SOURCES ONY)
100000000000000000000000000000000000000		Staff Minute	Slaff Minute	Staff Minute	Staff Minute	Unit Type:
	-	1,799	240	633	64,870	Units of Service:
		FFS	FFS	FFS	FFS	Substance Abuse Only - Licensed Capacity for Integration (CR) or Fee-For-Service (FFS):
		- Colombiano				
						CBHS UNITS OF SERVICE AND UNIT COST Number of Beds Purchased (if applicable)
180,316		3,705	949	3,109	172,553	TOTAL
_				1007/1	///	TOTAL NON-DPH FUNDING SOURCES
						NON-DPH FUNDING SOURCES
180,316	Service Colora (September 1994) Personal Property Colorado (Septem	3,705	949	3,109	172,553	TOTAL DPH FUNDING SOURCES
				-		TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES
					AND THE PROPERTY IN COLUMN TO THE PROPERTY I	THE PROPERTY OF THE PROPERTY O
VAPOLATION.	AND A COUNTY OF THE PARTY OF TH	TOTALLA WESTERN, T.	Assessing the second building and second and second and second and second secon			ALADA (AAA) (A) (A) (A) (A) (A) (A) (A) (A)
		ALTERNATION OF THE PROPERTY OF			occionario de la companio della companio della companio de la companio della comp	OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES CFDA #:
VP-14-2-1-2-1-2-1-2-1-2-1-2-1-2-1-2-1-2-1-	The state of the s		CONTRACTOR	A CONTRACTOR DESCRIPTION OF THE PROPERTY OF TH		JUSE FUNDI
		- Anna Anna Anna Anna Anna Anna Anna Ann				
	The state of the s	- CALLESTON - CALL		COMMISSION AND ADDRESS OF THE PARTY OF THE P		A A A A A A A A A A A A A A A A A A A
-						
-						- And Control of the
***************************************		***************************************	Charles To A Continue of the C			The second secon
200	Contract of the Contract of th			The state of the s	***************************************	OBLIG STRUCT ARTISE STRUCTURE SOLIZOFS OF A #:
180,316		3.705	949	3.109	172.553	TOTAL CRUS MENTAL HEALTH FINDING SOURCES
13,973		287	74	241	13,371	MH COUNTY - General Fund
						MH Realignment
					THE PERSON NAMED IN COLUMN TO THE PE	MH STATE - MHSA
						MH WORK ORDER - First Five (SF Children & Family Commission)
		***************************************				WH WORK ORDER - First Flys /SE Children & Family Commission
				-		MH WORK ORDER - Human Services Agency
78,793	The second secon	1,619	415	1,359	75,401	MH STATE - EPSDT State Match
87,550		1,799	461	1,510	83,781	MH FED · SDMC Regular FFP (50%)
			WWO COLOR DE LA PROPRIE DE LA	ter central contract to the co	The state of the s	CENT MEN AL MEALTH FUNDING SOURCES
180,316		3,705	949	3,109	172,553	TOTAL
20,405		419	107	352	19,527	Indirect Expenses:
159,911		3,286	842	2,757	153,026	Subtotal Direct Expenses:
10,761		470	C	717	701.01	Operator than \$5,000)
144,130		2 961	69/	270	CZ8 751	Salanes & Employee Benefits:
						FUNDING USES
		7/1/12-6/30/13	7/1/12-6/30/13	7/1/12-6/30/13	7/1/12-6/30/13	FUVDING TERM:
TOTAL		Caso Myt Brokerage		Medication Support	MH Svcs	Service Description
		15/01-09	67-07/61	69-09/cl	15/10-5/	Mode/SEC (Mit) or Medaity (SA)
	The state of the s	38185	38185	38185	38185	Fragram Code (formerly Reporting Unit):
		EPSDT	L			Program Name:
		Child Outpatient	Child Outpatient	Child Outpatient	Child Outpatient	
FY 12-13	Fiscal Year:				3818	Provider Number
7/1/2012	Document Date:			le la Raza, Inc.	Provider Name: Instituto Familiar de la Raza, Inc.	Provider Name:
B-4h	Confract Annendix #	4//	The second secon	de la Raza, Inc.	Instituto Familiar	DMH Legal Endy Name (MH//Contractor Name (SA); Instituto Familiar de la Raza, Inc.
		C C	Hection (CKD)	orting/Data Go	eath Cost Kep	DPH 2: Department of Public Heath Cost Reporting/Data Collection (CR

DPH 3; Salaries & Benefits Detail

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Appendix #:

Provider Number: 3818
Provider Name: Instituto Familiar de la Raza, Inc. - Children EPSDT
Document Date: 7/1/12

Funding Source 4 (everwife here with Funding Source Name) Salaries Term: FTE Funding Source 3 (overwrite here with Funding Source Name) Salaries Term: FTE Funding Source 2 (overwrite here with Funding Source Name) Salaries Term: Funding Source 1 (overwrite here with Funding Source Name) Salaries Term: FTE \$31,542 5,853 2,096 6,639 63,460 14,675 17,514 2,351 Term: 7/1/12-6/30/13 FTE Salaries \$112,588 General Fund 28% 0.02 0.09 0.30 1.25 2.21 0.04 0.09 0.42 7/1/12-6/30/13 Salaries \$31,542 2,351.00 5,853.00 2,096.00 6,639,00 63,460.00 14,675,00 17,514,00 \$112,588 TOTAL 0.09 \$ 0.04 0.09 1.25 \$ 0.30 0.02 \$ 0.42 \$ Term: FTE 28% 2.21 Employee Fringe Benefits: Totals: Position Title Psychologist/Clinical Supervisor. Eligibility Worker/BH Specialist Behavioral Health Specialists Program Coordinator Program Assistants Program Manager Program Director

\$144,130

\$144,130

TOTAL SALARIES & BENEFITS

DPH 4: Operating Expenses Detail

Appendix #:

B-4b

Provider Number:

3818

Provider Name: Instituto Familiar de la Raza, Inc. - Children EPSDT Document Date: 7/1/2012 .

Other: Program/Educational Supplies ychiatrist fee CONSULTANT/SUBCOTTRACTOR (Provide Names, Dates, Hours & Client Related Expenses Amounts) Staff Travel (Local & Out of Town) Building Maintenance Supplies and Repair Cultural Events Rental of Equipment Staff Training Printing and Reproduction Rental of Property Office Supplies, Postage nternship Trainer Fees Jillities (Elec, Water, Gas, Phone, Scavenger) Surance Expenditure Category en en €n es es en en en en en 60 60 Term: 7/1/12-6/30/13 TOTAL 750.00 1,164.00 1,846.00 3,893.00 3,017.00 1,164.00 201.00 300.00 200.00 703.00 540.00 Term: 7/1/12-6/30/13 General Fund 2,003 3,017 1,164 1,164 1,846 3,893 201 200 300 750 Funding Source 1 (overwrite here with Funding Source Term: Name) Funding Source 2 (overwrite here with Funding Source Name) Term: Funding Source 3 (overwrite here with Funding Source Name) Term: (overwrite here with Funding Source Funding Source 4 Name) Term:

TOTAL OPERATING EXPENSE

\$15,781

\$15,781

EI - Childcare MH Consultation Initiative 38182 45/20-29 Training/Prarent Support Client Svcs 7/1/172-6/30/13 28,228 2,854 31,082 3,964 35,046		3	3	Charles Cheris (CDC)
Document Date: 11/2: Fiscal Year: FY: EI - Childcare MH Consultation Initiative 38162 45/20-29 Direct Services (Individuals)/Cmmty Client Svcs 7/1/12-6/30/13 2,416 2,416 2,416 2,416 3,000	,6	92.00	92.00	Published Rate (Medi-Cal Providers Only):
Document Date: 11/2: Fiscal Year: FY: EI - Childcare MH Consultation Initiative 38162 45/20-29 Direct Services (Individuals)/Commty Client Svcs 7/1/12-6/30/13 2,416 2,416 2,416 2,416 3,000	75.00	75.00	75.00	Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):
Document Date: 11/2: Fiscal Year: FY: EI - Childcare MH Consultation Initiative 38182 45/20-29 Direct Services (Individuals)/Commty Client Svcs 7/1/12-6/30/13 2,416 2,416 2,416 2,416 3,000	Staff Hour	Statt Hour 75.00	Statt Hour	Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)
Document Date: 11/2: Fiscal Year: FY: EI - Childcare MH Consultation Initiative 38182 45/20-29 Direct Services (Individuals)/Commty Client Svcs 7/1/12-6/30/13 2,416 2,416 2,416 2,416 3,000 3,000 3,000 3,000 3,000 3,000 3,000 4 FFS	1,053	2,154	2,203	Units of Service:
Document Date: 11/2: Fiscal Year: FY EI - Childcare MH Consultation Initiative 38182 45/20-29 Direct Services (Individuals)/Cmmty Client Svcs 7///12-6/30/13 2,416 2,416 2,416 339 3,000	FFS	FFS	FFS	Cost Reinbursement (CR) or Fee-For-Service (FFS)
Document Date: 11/2 Fiscal Year: FY EI - Childcare MH Consultation Initiative 38182 45/20-29 Direct Services (Individuals)/Commty Client Svcs 7/1/12-6/30/13 7/1/12-6/30/13 1,585 1,585 1,585 2,661 3,000 3,000 3,000 3,000 3,000			***************************************	Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes) Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)
Document Date: 11/2: Fiscal Year: FY EI - Childcare MH Consultation Initiative 38162 45/20-29 Direct Services (Individuals)/Cmmty Client Svcs 7/1/12-6/30/13 7/1/12-6/30/				CBHS UNITS OF SERVICE AND UNIT COST Number of Beris Directored III applicable
Document Date: 11/2: Fiscal Year: FY: EI - Childcare MH Consultation Initiative 38182 45/20-29 Direct Services (Individuals)/Comnty Client Svcs 7/1/12-6/30/13 7/1/12-6/30/13 2,416 2,416 2,416 2,416 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000	78,999	161,558	165,218	TOTAL FUNDING SOURCES (DPH AND NON-DPH)
Document Date: 11/2: Fiscal Year: FY EI - Childcare MH Consultation Initiative 38162 45/20-29 Direct Services (Individuals)/Comnty Client Svcs 7/1/12-6/30/13 2,416 2,416 2,416 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000				TOTAL MAINTENANCE OF THE PROPERTY OF THE PROPE
Document Date: 11/2: Fiscal Year: FY EI - Childcare MH Consultation Initiative 38182 45/20-29 Direct Services (Individuals)/Cmmty Client Svcs 7///12-6/30/13 2,416 2,416 2,416 2,416 3,000	78,999	161,558	165,218	NON-DPH FUNDING SOURCES
Document Date: 1//2 Fiscal Year: FY EI - Childcare MH Consultation initiative 38182 45/20-29 Direct Services (Individuals)/Commty Client Svcs 7/1/12-6/30/13 7/1/12-6/30/13 1,585 1,585 1,585 2,416 2,416 2,416 2,416 2,661 3,000 3,000 3,000 3,000 3,000 4		T.	_	TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES
Document Date: 11/2: Fiscal Year: FY EI - Childcare MH Consultation Initiative 38182 45/20-29 Direct Services (Individuals)/Cmmty Client Svcs 7///12-6/30/13 2,416 2,416 2,416 339 3,000 1,585 195 260 961 961				
Document Date: 11/2: Fiscal Year: FY EI - Childcare MH Consultation Initiative 38182 45/20-29 Direct Services (Individuals)/Cmmty Client Svcs 7///12-6/30/13 2,416 2,4				CFDA #.
Document Date: 11/2 Fiscal Year: FY EI - Childcare MH Consultation Initiative 38182 45/20-29 Direct Services (Individuals)/Cmmty Client Svcs 7/1/12-6/30/13 7/1/12-6/30/13 2,416 2,416 2,416 2,416 339 3,000 3,000 3,000 3,000 4	,		1	TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES
Document Date: 11/2 Fiscal Year: FY EI - Childcare MH Consultation initiative 38182 45/20-29 Direct Services (Individuals)/Commty Client Svcs 7/1/12-6/30/13 7/1/12-6/30/13 7/1/12-6/30/13 1,585 1,585 1,585 260 961 3,000 3,000 4				
Document Date: 11/2: Fiscal Year: FY Fiscal Year: FY EI - Childcare MH Consultation Initiative 38182 45/20-29 Direct Services (Individuals)/Cmmty Cient Sv/s 7/1/12-6/30/13 2,416 2,416 2,416 339 3,000 1,585 195 260 961 3,000 4				
Document Date: 11/2 Fiscal Year: FY EI - Childcare MH Consultation Initiative 38162 45/20-29 Direct Services (Individuals)/Cmmty Client Svcs 7/1/12-6/30/13 2,416 2,416 2,416 339 3,000 1,585 11,585 195 260 961				PARTIMENT OF THE PARTY OF THE P
Document Date: 1//2 Fiscal Year: FY EI - Childcare MH Consultation Initiative 38182 45/20-29 Direct Services (Individuals)/Cmmty Client Sy/Cmmty 2,416 2,416 2,416 33,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000	78,999	161,558	165,218	TOTAL CBHS MENTAL HEALTH FUNDING SOURCES CBHS SUBSTANCE ABUSE FUNDING SOURCES CFDA #:
Document Date: 11/2: Fiscal Year: FY EI - Childcare MH Consultation Initiative 38182 45/20-29 Direct Services (Individuals)/Cmmty Client Svcs 7///12-6/30/13 2,416 2,416 2,416 339 3,000 3,000 1,585 11,585 195				MH COUNTY - General Fund - WO CODB
Document Date: 11/2: Fiscal Year: FY EI - Childcare MH Consultation Initiative 38182 45/20-29 Direct Services (Individuals)/Cmmby Client Svcs 7/1/12-6/30/13 7/1/12-6/30/13 2,416 244 244 339 3,000 3,000 1,585 195 260 260				MH STATE - WHSA
Document Date: 1//2 Fiscal Year: FY EI - Childcare MH Consultation initiative 38182 45/20-29 Direct Services (Individuals)/Comnty Client Svcs 7/1/12-6/30/13 7/1/12-6/30/13 2,416 2,416 2,416 2,416 339 3,000 1,585			52,909	MH WORK ORDER - First Five (SF Children & Family Commission)
Document Date: 11/2 Fiscal Year: FY EI - Childcare MH Consultation initiative 38182 45/20-29 Direct Services (Individuals)/Cmmty Client Svcs 7/1/12-6/30/13 2,416 2,416 2,416 339 3,000 1,585	5	10,523	10,761	MH WORK ORDER - Dept. Children, Youth & Families
Document Date: 11/2: Fiscal Year: FY EI - Childcare MH Consultation Initiative 38182 45/20-29 Direct Services (Individuals)/Cmmty Client Svcs 7/1/12-6/30/13 2,416 244 246 339 3,000	41		87,253	MH WORK ORDER - Human Services Agency
Document Date: 11/2 Fiscal Year: FY EI - Childcare MH Consultation initiative 38162 45/20-29 Direct Services (Individuals)/Comnty Client Svcs 7/1/12-6/30/13 7/1/12-6/30/13 2416 244 2,661 339 3,000				MH FED - SDMC Regular FFP (50%)
Document Date: 11/2 Fiscal Year: FY EI - Childcare MH Consultation Initiative 38182 45/20-29 Direct Services (Individuals)/Cmmty Client Sycs 7/1/12-6/330/13 7/1/12-6/330/13 2,416 244 246 2,661 339 3,000				CBHS MENTAL HEALTH FUNDING SOURCES CFDA #:
Document Date: 11/2: Fiscal Year: FY EI - Childcare MH Consultation Initiative 38182 45/20-29 Direct Services (Individuals)/Cmmty Client Svcs 7/1/12-6/30/13 7/1/12-6/30/13 2,416 2,416 2,461			16	TOTAL FUNDING USES:
Document Date: 11/2: Fiscal Year: FY EI - Childcare MH Consultation Initiative 38182 45/20-29 Direct Services (Individuals)/Cmmty Client Svcs SUB-1 7/1/12-6/30/13 7/1/12-6/30/13	5 70,064	143,285	146,531	Subtotal Direct Expenses
Document Date: 1/21 Fiscal Year: FY: EI - Childcare MH Consultation initiative 38162 45/20-29 Direct Services (Individuals)/Cmmty Client Svcs 7/1/12-6/30/13 7/1/12-6/30/13 2,416			-	Capital Expenses (greater than \$5,000).
Document Date: 11/21 Fiscal Year: FY EI - Childcare MH Consultation Initiative 38182 45/20-29 Direct Services (Individuals)/Comnty Client Svcs 7/1/12-6/30/13	63,630	130,128	133,0/6	Salaries & Employee Benefits: Operating Expenses:
Document Date: Fiscal Year: Fis			,	FUNDING USES
Document Date: Fiscal Year: Fis	7/1/12-6/30/13 7.	7/1/12-6/30/13	- ,	FUNDING TERM
Document Date: Fiscal Year: Fis	Client Svcs	mty Client Svcs	Client Svcs	Service Description
Document Date: Fiscal Year: Fis	(Class/Observati	Consultation	Consultation	
Document Date: Fiscal Year: Fis	_	45/20-29	45/20-29	Wode/SFC (MH) or Modality (SA
Document Date: Fiscal Year: Fiscal Year: Fiscal Year: Fiscal Year: Consultation Initiative	38182	38182		Program Code (formerly Reporting Unit):
Document Date: Fiscal Year		Initiative	Initiative	Program Name
			El - Childcare	· ·
			3818	Provider Number
		de la Raza, inc.	Instituto Familiar	Provider Name: Instituto Familiar de la Raza, Inc.
Contract Annendix #	The second secon	er de la Raza, Inc	Instituto Familia	DMH Legal Entity Name (MH)/Contractor Name (SA): Instituto Familiar de la Raza, Inc.

DMH Legal Entity Name (MH)/Contractor Name (SAV. Instituto Familiar de la Raza Inc.	instituto Familia	r de la Raza Inc	oliection (כאט	(C)	Contract Appendix #	B & DO 040
Provider Name:	Provider Name: Instituto Familiar de la Raza Inc.	de la Raza, Inc.			Document Date:	11010010
Provider Number:	3818				Fiscal Year.	FY 12-13
Program Name:	El - Childcare MH Consultation Initiative	El - Childcare MH Consultation Initiative	EI - Childcare MH Consultation Inftiative	EI - Childcare MH Consultation Infrative	EI - Childcare MH Consultation Initiative	
Program Code (formerly Reporting Unit):	38182	38182	38182	38182	38182	
(NO) () MICHAELST ((MIT) OI M	45/20-29 Outreach &	Evaluation	/c-01/c1	8/-0/61	15/01-09	
Service Description:	Linkage/Cmmty Client Svcs	Services/Cmmty Client Svcs	EPSDT - MH Services	EPSDT - Crisis Intervention	EPSDT -Case Mgt/Brokerage	TOTAL
FUNDING ISES	7/1/12-6/30/13	7/1/12-6/30/13	7/1/12-6/30/13	7/1/12-6/30/13	7/1/12-6/30/13	AA ALCONOMISSON OF THE PROPERTY OF THE PROPERT
	67,027	22,342	32,923	191	963	480.626
Operating Expenses:	6,777	2,259	3,329	19	29	48,596
Capital Expenses (greater than \$5,000);	72 804	24 604	730 30	OPC	964	000
indirect Expenses.	9,412	3,137	4,623	27	93	67.489
CRUS MENTAL HEALTH ELINDING SOLIDCES	83,216	27,739	40,874	237	823	596,711
OVOTNELLA TRANSPORTATION OF THE PROPERTY OF TH		The second secon		Control of the Contro	The state of the s	
MH FED - SDMC Regular FFP (50%)			19,182	111	386	19,680
MH STATE - EPSDT State Match MH WORK ORDER - Himan Services Agency	73 047	13 060	17,264	100	348	17,712
MH WORK ORDER - Dept, Children, Youth & Families	5,420					36 134
MH WORK ORDER - First Five (SF Children & Family Commission)	7,200					48,000
MH WORK ORDER - First Five (SF Children & Family Commission)	26,649	8,883				177,660
MH Realignment						
MH COUNTY - General Fund			4,428	26	89	4,543
MH COUNTY - General Fund- WO CODB TOTAL CRHS MENTAL HEALTH FINDING SOURCES	83 216	0690	AT 87A	237	893	690
CBHS SUBSTANCE ABUSE FUNDING SOURCES CFDA #:	01.4(00	20112	r oʻzr	27	0.00	
				And Additional Control of the Contro		-
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TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	-	3		1	•	-
OTHER DPH.COMMUNITY PROGRAMS FUNDING SOURCES CFDA#:						4 L
						1
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES		٠		1		1
NON-DPH FUNDING SOURCES	83,216	27,739	40,874	237	823	596,711
TOTAL MONITORIES CALIBORS						
TOTAL FUN	83,216	27,739	40.874	237	823	596 711
CBHS UNITS OF SERVICE AND UNIT COST		A CONTRACTOR OF THE CONTRACTOR	The state of the s	Transcript of the second of th		
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)						
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program Cost Reimbursement (CR) or Fee-For-Servine (FES)	THE COLUMN	255	EES	555	Q.I.	
Units	1,110	370	15,367	09	400	
Ood Berling DBU Dete (Shin Filming Scribers of Lin	Staff Hour	Staff Hour	Staff Minufe	Staff Minute	Staff Minute	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	75.00	75.00	2.66	3.95	2.06	
Published Rate (Medi-Cal Providers Only)	92.00	92.00	2.70	4.10	2.20	Total UDC:
Unduplicated Clients (UDC):	752	752	1	7	7	759

DPH 3: Salaries & Benefits Detail

Appendix #:

8-51

Provider Number: 3818
Provider Name: Institute Familiar de la Raza, Inc. - Childcare MH Consultation initiative
Document Date: 7/1/12

Program Assistants Psychologist/Clinical Supervisor Program Manager Program Director Mental Health Specialists Program Coordinator Position Title Totals: 0.62 0.54 0.08 0.26 \$ 7.02 5.41 0.13 TOTAL 7/1/12-6/30/13 Salaries 274,724.00 43,289.00 24,429.00 24,182.00 \$377,256 4,343.00 6,289.00 0.01 0.04 0.39 0.00 0.04 0.02 0.50 General Fund 7/1/12-6/30/13 Salaries \$26,949 19,624 1,745 3,092 1,727 310 449 0.27 0.03 2.65 0.06 0.31 0.13 3.44 HSA Work Order \$184,794 134,570 11,845 21,205 11,966 2,127 3,081 Term: 0.03 0.33 0.00 0.01 0.04 0.02 0 42 DCYF work Order 7/1/12-6/30/13 Salaries \$22,845 16,636 2,621 1,479 1,464 263 383 0.05 0.56 0.43 0.00 0.01 0.02 0.04 SECECISRI WO 7/1/12-6/30/13 Salaries \$30,347 22,099 3,482 1,965 1 945 349 506 FTE FIRE 0.16 1.61 0.02 0.04 0.19 0.08 2.09 SECECIPEA WO 7/1/12-6/30/13 Salaries \$112,321 81,794 12,889 1,872 7,273 7,200 1.293

TOTAL SALARIES & BENEFITS

Employee Fringe Benefits:

27%

\$103,370

27%

7.384

27%

50,635

27%

6,260

27%

8,315

27%

30,777

\$34,333

\$235,429

\$29,104

\$38,662

\$143,098

DPH 4. Operating Expenses Detail

Provider Number: 3818
Provider Name: Instituto Familiar de la Raza, Inc. - Childcare MH Consultation Initiative
Document Date: 7/1/2012

Expenditure Category		TOTAL	General Fund	HSA Work Order	DCYF Work Order	SFCFC/SRI WO	SFCFC/PFA WO
	Term: 7/	Term: 7/1/12-6/30/13	Term; 7/1/12-6/30/13	Term: 7/1/12-6/30/13	Term: 7/1/12-6/30/13	Term: 7/1/12-6/30/13	Term: 7/1/12-6/30/1.
Rental of Property	ક	12,726.00	606	6,234	771	1.024	3,789
Utillies(Elec, Water, Gas, Phone, Scavenger)	ь	6,035.00	431	2,956	365	A. 20.	1,797
Office Supplies, Postage	45	3,805.00	272	1,864	230	306	1,133
Building Maintenance Supplies and Repair	\$	9,472.00	677	4,640	574	762	2,820
Prinling and Reproduction	ь	656.00	47	321	40	53	195
Insurance	€	3,803.00	272	1,863	230	308	1,132
Staff Training	69	1,200.00	86	588	73	60	357
Staff Travel-(Locat & Out of Town)	ь	4,200.00	300	2,057	254	338	1,250
Rental of Equipment	69	2,299.00	164	1.126	139	(35)	684
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)	WA A TOTAL METERS AND ADDRESS				The state of the s		
			ACCOUNT OF A COUNTY OF A COUNT				
Internship Trainer Fees	69	1,000.00	11	490	61	08	298
				A THE PARTY OF THE		Account to the second	
Other:			The state of the s	COAL SECURITY AND ASSESSMENT OF THE PROPERTY AND ASSESSMENT ASSESS		The state of the s	THE LEADING LAND AND ADDRESS OF THE PARTY AND
Program/Educational Supplies	69	300.00	. 21	147	13	24	σ. «α
Client Related Expenses	ω	1,100.00	6/	539	67	80 00	328
Family Childcare Training	69	2,000.00	143	980	121	161	595
THE PROPERTY OF THE PROPERTY O						A PARA AND A MARKATON A SERVICE A MARKATON AND AND AND AND AND AND AND AND AND AN	
TOTAL OPERATING EXPENSE	NATIONAL PROPERTY OF THE PROPE	\$48,596	\$3,471	\$23,804	\$2,943	606'8\$	\$14,469

UPH 2: Department of Public Heath Cost Reporting/Data Collection (CRDC)

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Ector Name (SA) Instituto Familiar de la Raza, Inc. Contret Name (SA) Instituto Familiar de la Raza, Inc. Contret Name (SA) Instituto Familiar de la Raza, Inc. Contret Name (SA) Instituto Familiar de la Raza, Inc. Contret Name (SA) Instituto Familiar (SA) Inc. Convenido (SA) Instituto (S	Total UDC:		And the second s			Provided Rate (Medi-Cat Providers Only):
Scrick Name (SA) Institutor Familiar de la Raza, Inc. Prouger Number: 1838 (18 18 18 18 18 18 18 18 18 18 18 18 18 1		1000000	700000000000000000000000000000000000000	2.66	2.06	Cost Per Unit - Contract Rate (DPH & Nov-DPH FUNDING SOURCES):
PolyMar Number Stabilitude Familiar de la Raza, inc. Contrad Agrandia — 19 Tendrad Provider — 19 <td></td> <td>Accounts to the second second</td> <td></td> <td>Staff Minute</td> <td>Staff Minute</td> <td>Unit Type: Cost Per Unit - DPH Rate (SPH FUNDING SCHROES Only)</td>		Accounts to the second		Staff Minute	Staff Minute	Unit Type: Cost Per Unit - DPH Rate (SPH FUNDING SCHROES Only)
Pation Name (SA) Instituto Fernillar de In Raza, Inc. Contrad Appendix Fernillar de Inc. Total Contrad Appendix Fernillar de	7 (A)		1	39 125	85,464	Units of Service:
Selon Name (SA) Instituto Fermillar de la Raza Inc. Provider Number: State San Scale				FFS	S 33	1
Particle Name SAI			TO THE REAL PROPERTY OF THE PARTY OF THE PAR		A CONTRACTOR OF THE PROPERTY O	
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Section Name (SA) Institutor Familiar de la Raza, Inc. Provider Number: SSS/ERSDIT SCS/EPSDIT SCS/EPSDIT SCS/EPSDIT SCS/EPSDIT Schwess Schwe	280,121		Abort library did management of a special color of the special color of	7.04,066	950.971	
Powider Name	_	**************************************				TOTAL NON-DEH FURDING SOURCES
Service Name (SA) Instituto Familiar de la Raza Inc. Provider Number SATI SCSEPSOT SCSEPSOT Services Service						
Service Name (SA) Instituto Familiar de la Raza, Inc.	171,087	Visible and the second	Compared to the compared of the film of Norway of the same of the	104,000	170,000	NON-DEH FUNDING SOURCES
Action Name (SA) Instituto Familiar de la Raza, Inc. Browder Name Sall			A STATE OF THE PERSON OF THE P	404 088	476 DEE	TOTAL OTHER DEH COSSIUND Y PROGRAMS FUNDING SOURCES
Provider Name SA) Instituto Familiar de la Raza Inc. Provider Name SA) Instituto Familiar de la Raza Inc. Discurrent Date 1122	-					
Action Manner SAN Institutio Familiar de la Raza Inc.	\$			Official Control of the Control of t		TO THE PROPERTY OF THE PROPERT
Arich Parie (SA) Instituto Familiar de la Raza Inc. Contract Appendix # Berouder Name Contract Appendix # Berouder Name Contract Appendix # Berouder Name Contract Appendix # The Document Date 11/2* Provider Number 3818 15/01-09 15/10-57 15/01-09 15/10-57 17/1						SOURCES
Action Name (SA) Instituto Familiar de la Raza, Inc. Diction Name (SA) Instituto Familiar de la Raza, Inc. Diction Provider Number: 3818 Services Ser		To the state of th				STANCE ABUSE
Scior Name (SA) Instituto Familiar de la Raza, Inc. Document Oate				- Annual Company of the Company of t		The second secon
Scien Name (SA)						PRODUCTION OF A CONTROL OF THE CONTR
Scior Name (SA) Instituto Femiliar de la Raza, Inc. Drovider Name (SA) Instituto Femiliar de la Raza, Inc. Drovider Name Stituto Familiar de la Raza, Inc. Drovider Name Stituto Familiar de la Raza, Inc. Drovider Name D		~	The state of the s			
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Sector Name (SA) Instituto Femiliar de la Raza, Inc. Provider Name Instituto Femiliar de la Raza, Inc. Berovider Name Instituto Femiliar de la Raza, Inc. Berovider Name Instituto Femiliar de la Raza, Inc. Document Date 11/27				Andrew Company of the	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	ABUSE FUNDING SOURCES
Rector Name (SA) Instituto Femiliar de la Raza, Inc.	280 121			104,066	176,056	TOTAL CBHS MENTAL HEALTH FUNDING SOURCES
Rector Name (SA) Instituto Familitar de la Raza, Inc.	2,626	To be a second and the second and th	7-1-7-1-7-1-7-1-7-1-7-1-7-1-7-1-7-1-7-1	1,313	1,313	MH COURTY Ceneral Fund - WO CODE
Sector Name (SA) Instituto Familiar de la Raza, Inc. Beard	2,496	White part of the		990	1,906	MH COUNTY - Cesseral Fund
Sector Name (SA) Instituto Familiar de la Raza, Inc. Contract Appendix # Be Provider Name Instituto Familiar de la Raza, Inc. Be Document Date 11/21			- Administration of the second			MI FOR CHISTON
Sector Name (SA): Instituto Familiar de la Raza, Inc. Contract Appendix # Berovider Name Service Services Servi			THE WAY AND A STREET OF THE PARTY OF THE PAR	*	Photoscopic Control of the control o	WH WORK ORDER - First Five (SF Children & Family Commission)
Rector Name (SA) Instituto Familiar de la Raza, Inc. Contract Appendix # Be Provider Name 13818 Be Document Date 11/21	7,237			2,689	4,548	NII WORK ORDER - Dept. Children, Yould & Families
Rector Name (SA) Instituto Familiar de la Raza, Inc. Contract Appendix # Be Provider Name Instituto Familiar de la Raza, Inc. Be Document Date 11/21	130.263			48,393	81,870	MH WORK ORDER - Dept. Children, Youth & Families
Rector Name (SA) Instituto Familiar de la Raza, Inc. Contract Appendix # Be Provider Name Salta SCS/EPSDT ScS/EPSD	65 132			181.47	40,932	MI WORK ORDER - Human Services Agency
DMH Legal Enity Name (MH)/Contractor Name (SA): Instituto Familiar de la Raza, Inc. Provider Number Instituto Familiar de la Raza, Inc. Document Date 1/21	72,368			26,885	45,483	MH FEO - SOMO Regular FFP (50%)
Provider Name (SA): Instituto Familiar de la Raza, Inc. Contract Appendix # 8		er in state i de la company	77-1000			The state of the s
DMH Legal Enity Name (MH)/Contractor Name (SA): Instituto Familiar de la Raza, Inc. Contract Appendix # B B Provider Name Instituto Familiar de la Raza, Inc. Document Date 11/21 Provider Number: 3818 Document Date 11/21 Program Code (formerly Reporting Unit): 381810 381810 381810 Program Code (formerly Reporting Unit): 381810 381810 381810 Hode/SFC (MH) or Modality (SA): 15/01-09 15/10-57 15/10-57 Services Services Description: Service Mgt Brokerage NH Svcs NH Svcs Tro FUNDING TERM: 7/1/12-6/30/13 7/1/12-6/30/13 7/1/12-6/30/13 7/1/12-6/30/13 Tro Salaries & Employee Benefits: 135,927 80,936 10,925 10,925 10,925 Subtate Expenses: 15/410 91,861 12,204 10,065 104,065	_		Andrews (America and Andrews Colored to the color of the colored to the colored t	A STATE OF THE STA		
DMH Legal Entity Name (MH)/Contractor Name (SA). Instituto Familiar de la Raza, Inc. Contract Appendix # B B Provider Name (SA). Instituto Familiar de la Raza, Inc. Contract Appendix # B B Provider Number. 3818 3818 Document Date 11/21 Program Code (formeily Reporting Unit). 381810 ISCS/EPSDT 1 ISCS/	280 121			104,065	176.056	TOTAL FUNDING USES:
DMH Legal Entity Name (MH)/Contractor Name (SA). Instituto Familiar de la Raza, Inc. Contract Appendix # B B Provider Name (Provider Name). Provider Name (Provider Name). Provider Name (Provider Name). Salta (SCS/EPSDT). Services (SCS/EPSDT). Services (SCS/EPSDT). Services (SCS/EPSDT). Services (SCS/EPSDT). Services (SCS/EPSDT). Services (MH) or Modality (SA). Services (MH) or Modality (SA). Service (MH) or Modality (MH) or Mo	247,271			93,863	755,410	Subtotal Direct Expenses:
DMH Legal Enity Name (NH)/Contractor Name (SA). Instituto Familiar de la Raza, Inc. Contract Appendix # 8-17/21/ Provider Name: Provider Number: 3818 3818 Document Date: 11/21/ Provider Number: 3818 18CS/EPSDT ISCS/EPSDT ISC			The state of the s			Capital Expenses (greater than \$5,000).
DMH Legal Enity Name (NH)/Contractor Name (SA). Instituto Familiar de la Raza, Inc. Contract Appendix # 8. Provider Name (SA). Instituto Familiar de la Raza, Inc. Contract Appendix # 8. Provider Number: 3818 Document Date: 11/21/ 12/14 Provider Number: 3818 ISCS/EPSDT ISCS/EPSDT ISCS/EPSDT ISCS/EPSDT Services Fiscal Year: FY12 Program Code (formetly Reporting Unit): 381810 381810 381810 Mode/SFC (MH) or Modality (SA): 15/01-09 15/10-57 MH Svcs TO1 FUNDING TERM: 7/1/12-6/30/13 7/1/12-6/30/13 7/1/12-6/30/13 TO1 Salaries & Employee Benefits 136,927 80,936 80,936 2	29,408			10,925	18.483	Operating Expenses:
DMH Legal Emity Name (NH)/Contractor Name (SA): Instituto Familiar de la Raza, Inc. Provider Name Provider Name Provider Name Satia Provider Number: 3818 Program Code (Grineity Reporting Unit): Mode/SFC (MH) or Modality (SA) Fuguam Code (Grineity Reporting Unit): 381810 Mode/SFC (MH) or Modality (SA) FUNDING TERM: 7/1/12-6/30/13 Case Mg Bokerage NH Svcs Contract Appendix # Document Date: Program Code (Grineity Reporting Unit): 381810 Mode/SFC (MH) or Modality (SA) FUNDING TERM: 7/1/12-6/30/13 7/1/12-6/30/13	217.863		W	80,938	136,927	
Contract Appendix # Document Date: Fiscal Year.		The state of the s	Additional for the company of the second	(11) 12: Q: Q! Q Q! 13	01/00/0-21/1//	e en
Contract Appendix # Document Date: Fiscal Year.	IOIAL	AN ERSTANDA OF THE THE PROPERTY OF THE PROPERT	ALITER D. Combination (Street, Street, in the City of Commission (Street, Street, Stre	7/4/10 6/20/140	7/4/4/2 C/20/4/2	1 DIG DOOD SINGS IN THE CONTRACT OF THE CONTRA
Contract Appendix # Document Date: Fiscal Year.	4			1414 S. C.	Tasa Mar Brakanaa	On the second state of the
Contract Appendix # Document Date Fiscal Year.			PRIAD COLUMN TO A STATE OF THE PRIAD TO A STATE OF THE	15/10-57	15/01-09	Joge/SFC (MH) or Modality (SA)
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Contract Appendix #. Document Date: Fiscal Year.				ISCS/EPSDT	ISCS/EPSDT	7
Contract Appendix #	FY 12-13	Fiscal Year.		**************************************	3818	
CONTRACT ANSWERSELLE	11/21/2012	Document Date:		e la Raza, Inc.	Instituto Familiar di	Provider Name:
	D. R	Contract Annancis #		de la Raza, Inc.	histituto Familiar	DMH Legal Entity Nums (MH)/Contractor Name (SA):

DPH 3: Salarles & Benefits Detail

Provider Hamber 38.18

Provider Jame: Instituto Familiar de la Raza, Inc. : HBS:EPSDT Services

Document Date 7/1/12

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	<u> </u>	TOTAL	Genera	General Fund/EPSDT		DCYF	Funding (gverver)	Funding Sompe 2 (Gverwick New coff) Fording Space Magas)	Funding (overwa Funding	Funding Source 1 (prepartite lene with Funding Source Barret)	Prof. C	Fending Sentes 4 fectowith here with finding Searce (fame)
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	<u> </u>	Salaries	1	Salaries	FIE	Salaries	14. EI	Sejaries	£1Ε	Salaries	31.1	Salaries
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Program Manager	0.59	\$ 39,552,00	0 036	20,808	0.33	00 141 141		:		f		
Program Coordinator	0.11	\$ 5,590.00		2.941	900	2.649				Andrew Co. C. C. Company	:	
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QA Specialist		\$ 4,841.00	0 0.05	2,547	0 05	2.294		!				The second secon
Program Assistants		\$ 19,411.00	0 0 25	10,212	0.23	O)			;			· · · · · · · · · · · · · · · · · · ·
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Sielo]	3.48	\$169.231	- 83	\$80 m3:	2.7 %	100 A 100 B					-	

23,047

25,585

\$48,532

Employee Fringe Banellis: 29%

\$103,247

\$114,616

\$217,863

TOTAL SALARIES & BEDERITS

DPH 4: Operating Expenses Detail

Appendix #:

8

Provider Number: 3818

Provider Name: Instituto Familiar de la Raza, Inc. - IHBS/EPSDT Services

Document Date: 7/1/2012

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		Total Control of the	2010-2021			1000 ANTON A PROPERTY OF THE P
	Account the state of the state		A CONTRACTOR OF THE PARTY OF TH			
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		Annual Property of the Control of th		ASSECTION OF THE PROPERTY OF T		CONSULTANT/SUBCOMIRACTOR (Provide Names, Dates, Hours & Amounts)
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	- Commission of the Commission	A A A A A A A A A A A A A A A A A A A	995.	1,105	\$ 2,100.00	Staff Travel-(Local & Out of Town)
			358	397	\$ 755.00	Staff Training
The state of the s			1,156	1,283	\$ 2,439.00	Insurance
	MANAGE CONTRACTOR OF THE PROPERTY OF THE PROPE	The state of the s	150	167	\$ 317.00	
			2,433	2,701	\$ 5,134.00	Building Maintenance Supplies and Repair
TO TOURISM			790	877	\$ 1,667.00	Office Supplies, Postage
	At most 1774 1777 Propagation and the control of th		1,618	1,797	\$ 3,415.00	Unities (Elec, Water, Gas, Phone, Scavenger)
	Control of the Contro	The state of the s	3,151	3,497	\$ 6,648.00	Rental of Property
Term:	Term:	Term:	Term: 7/1/12-6/30/13	Term: 7/1/12-6/30/13	Term: 7/1/12-6/30/13	The state of the s
Funding Source 4 (overwrite here with Funding Source Name)	Funding Source 3 (overwrite here with Funding Source Name)	Funding Source 2 (overwrite here with Funding Source Name)	DCYF	General Fund/EPSDT	TOTAL	Expenditure Category
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DPH 2: Department of Public Heath Cost Reporting/Data Collection (CRDC)

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	570	570	570	570	570	Unduplicated Clients (UDC)
Total Inc.				7		Provider Only
	168.54		3	_	91.72	Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):
	168.54		91.72	91.72	- C. C. C.	Cost Per Unit : DPH Rate (DPH FUNDING SOURCES Only)
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	30	770	- デンツススス	770	770	COST KERNDUI SERBERT (CR) OF FEE-FOR GENERAL (CR) OF FEE-FOR GENERAL (CR)
			7	1		Substance Abuse Only - Licensed Capacity for Medi. Cal Provider with Narcotic Tx Program
						Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)
						Number of Beds Purchased (if applicable)
						ICBHS UNITS OF SERVICE AND UNIT COST
146,483	3,371	7,154	23,419	52,830	59,709	TOTAL FUNDING SOURCES (OPH AND NON-DPH)
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						MH Keanoniment
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						MH WORK ORDER - Dept. Children, Youth & Families
						MH WORK ORDER - Human Services Agency
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	7/1/12-6/30/13	7/1/12_6/30/13	٧.	7/1/12.6/30/13	7/1/12,6/20/13	WAST CIVILIS
SUB-TOTAL	Client Svcs	Client Svcs		inty Client Syps		Service Description
	(Group)/Conmity	(Group)/Connty		(individuals)/Cmi	<u>~</u>	-
	Direct Services	Support	(Class/Observati	Consultation	Consultation	
		Fraining/Parent	Consultation			(アリリー・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・
	45/20-29	45/20-29	45/20-29	45/20-29	45/20-29	9
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FY 12-13	Fiscal Year	WAR CONTRACTOR OF THE PROPERTY	CONTRACTOR OF THE OWNER OF THE PERSON OF THE	, commence	3818	Provider Number
7/1/2012	Document Date:			ie la Raza, Inc.	Instituto Familiar (Frovider Name,
B-7 P1 of 2	Contract Appendix #:			de la Raza, inc.	Instituto Familiai	DMH Legal Enity Name (MH)/Contractor Name (SA): Instituto Familiar de la Raza, Inc.
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DPH 2: Department of Public Heath Cost Reporting/Data Collection (CRDC)

	Instituto Familiar	de la Raza, Inc.		Control of the contro	Contract Appendix #	8.7 P2 of 2
	Instituto Familiar de la Raza, Inc	e la Raza, Inc.			Document Date	7/1/2012
Provider Number	3818	i C		The second secon	Fiscal Year	· FY 12:13
	School-Based Youth-Centered	School Based Youth-Centered	School Based Youth-Centered	MHSA PEL School Based Youth-Centered		
Program Code (formerly Reporting Unit) Mode/SFC (MH) or Modality (SA)	38182 45/20-29	38182 45/20-29	38182 45/20-29	38182 45/20-29		
	Direct Services	Outreach &	Evaluation	Parental		
Service Description:	mty Client Svcs	Client Svos	Services Criming Client Svcs	mty Ollent Svcs		TOTAL
FUNDING 11SES	7/1/12-5/30/13	7/1/12-6/30/13	7/1/12:6/30/13	7/1/12 8/36/13		
***************************************	4.176	16,464	5,488	5,430		129,609
Operating Expenses	1,361	5,368	1,789	1,770		42,256
Capital Expenses (greater than \$5,000)	1	100	i i	300 3		200 5 4 5
Subtotal Direct Expenses:	5,537	7 785	1,211	1,201		717,865
TOTAL	6,239	24,596	8,199	8,113		193,629
CBHS MENTAL HEALTH FUNDING SOURCES CFDA #:						1
MH FED - SDMC Regular FFP (50%) MH STATE - EPSDT State Match			COMPA TOLERAN PROPERTY OF THE	A AND AND AND AND AND AND AND AND AND AN	THE OWNER OF THE OWNER OWNE	2000 Marie 1970 Marie
MH WORK ORDER - Human Services Agency MH WORK ORDER - Dept. Children, Youth & Families						
MH WORK ORDER - First Five (SF Children & Family Commission) MH WORK ORDER - First Five (SF Children & Family Commission)						
MH STATE - MHSA MH Realignment	6.239	24,596	8,169	8,113		183,529
MH COUNTY - General Fund			477.444	1	The second secon	
CBHS SUBSTANCE ABINE FINDING SOURCES	6,239	24,596	8,199	8,113	Control and the second	193,529
	***************************************		Comments delicated and the second sec			
			Vision			
			The state of the s	THE PROPERTY OF THE PROPERTY O		_
OTHER DPH.COMMUNITY PROGRAMS FUNDING SOURCES CTHER DPH.COMMUNITY PROGRAMS FUNDING SOURCES CFDA #:				CIDOLOGIA (COLORIA)		1
		A CONTRACTOR OF THE PARTY OF TH			-	
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES NON-DPH FUNDING SOURCES	6,239	24,596	8,199	8,113		193,629
TOTAL NON-DPH FUNDING SOURCES			A ANDREWS AND PROPERTY AND	AND THE PROPERTY AND		AND THE RESERVE THE PROPERTY OF THE PROPERTY O
CBHS UNITS OF SERVICE AND UNIT COST	6,239	24,596	8,199	8,113	A A DESIGNAL ASSOCIATION AND AN ARMADA AND AN ARMADA AND AND AND AND AND AND AND AND AND	62,629
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vider with Nar CR) or Fee-Fo	FFS	FFS	FFS	FFS	10 00000000 /	
Units of Service: Unit Type:	74 Staff Hour	Staff Hour	Staff Hour	Staff Hour	-	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	84.27	33.71	33.71	84.27		
Published Rate (Med-Cal Providers Only)	92.00	92.00	92.00	92.00		Total UDC:
Unduplicated Clients (UDC)	570	570	570	570		57.0

DPH 3: Salaries & Benefits Detail

Provider Number: 3818
Provider Name Institute Familiar de la Raza, Inc. - PEL-School-Based Youth-Centered Wellness
Document Date: 7/1/12

Appendix #: B-7

i						The state of the s	A DATE OF THE PARTY OF THE PART	, A				PROVINCE (ALABAM)	Program Assistant	Mental Health Specialists	Program Courdinator	Program Manager	Position Table		
TOTAL SALARIES & BENEFITS	Employee Fringe Benefits:	Totals:						(1)		7.7.14.18.18.18.18.18.18.18.18.18.18.18.18.18.	000 4 500 100 100 100 100 100 100 100 100 100					Committee and the committee an	Title		
	27%	207			AMAZIO I								011	1.79 \$	0.11 \$	0.05 \$	m		TOTAL
\$129,609	\$27,331	\$102,278											3,941.00	88,974.00	5,590.00	3,773.00	Salaries	7/1/12-6/30/13	ĀL
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\$129,609	\$27,331	\$102,278	ar a same a			A STATE OF THE STA							3,941	88,974	5,590	3,773	Salaries	7/1/12-6/30/13	MHSA
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Appendix #

DPH 4: Operating Expenses Detail

Provider Number: 3818
Provider Name: Instituto Familiar de la Raza, Inc. - PEI-School-Based Youth-Centered Wellness
Document Date: 7/1/2012

Expenditure Category	TOTAL	General Fund	MHSA	Funding Source 2 (overwrite here with Funding Source	Funding Source 3 (overwrite here with Funding Source	Funding Source 4 (overwrite here with Funding Source
	Term: 7/1/12-6/30/13	Tem:	Term: 7/1/12-6/30/13	lem:	Term:	Term:
Rental of Property	\$ 3,646.00		3,646			
Utilities(Elec, Water, Gas, Phone, Scavenger)			1,729			
Office Supplies, Postage	1,090.00		1,090			
Building Maintenance Supplies and Repair	\$ 2,255.00		2,255			
Printing and Reproduction	\$ 188.00		188			
Insurance	00.090,1		1,090	and the second s		
Staff Training	\$ 400,00		400		den a Company	A A A A
Staff Travel-(Local & Out of Town)	\$ 1,200.00	Lacontovalant	1,200		CONTROL MAN AND AND AND AND AND AND AND AND AND A	AND THE PROPERTY OF THE PROPER
Rental of Equipment	\$ 658.00		658			
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)						
		Antonio de contrato de la composição de la				NATIONAL AND ADDRESS OF THE PARTY OF THE PAR
Internship Trainer Fees	\$ 700.00		700			
Subcontractors - Support for Families of Children w Disabilities	29,	TO THE PARTY AND	29,100	THE REST OF THE PARTY OF THE PA		
Other:		Applicate de Article Company C		West from the second of the se	Comment of the commen	
Program/Educational Supplies	\$ 200.00		200		The state of the s	
				ALIMATINA PARTY Land Town of Market States		
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A MANAGEMENT CONTRACTOR OF THE PROPERTY OF THE		TO THE PROPERTY OF THE PROPERT				
TOTAL OPERATING EXPENSE	\$42,256	**************************************	\$42.256		The state of the s	THE ROLL AND THE R
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DPH 2: Department of Public Heath Cost Reporting/Data Collection (CRDC)

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33,600		750	10,350	11,250	11,250	TOTAL FUNDING SOURCES TOTAL FUNDING SOURCES (DPH AND NON-DPH) CBHS UNITS OF SERVICE AND UNIT COST
33,600		750	10,350	11,250	11,250	TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES NON-DPH FUNDING SOURCES
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33,600		750	10,350	11,250	11,250	MH COUNTY - General Fund TOTAL CBHS MENTAL HEALTH FUNDING SOURCES CBHS SUBSTANCE ABUSE FUNDING SOURCES CFDA #:
33,600		750	10,350	11,260	11,250	MH FED - SDMC Regular FFP (50%) MH STATE - EPSDT State Match MH WORK ORDER - Human Services Agency MH WORK ORDER - Dept Children, Youth & Families MH WORK ORDER - First Five (SF Children & Family Commission) MH WORK ORDER - First Five (SF Children & Family Commission) MH WORK ORDER - First Five (SF Children & Family Commission) MH STATE - MHSA
33,600			10,350	11,250	11,250	CBHS MENTAL HEALTH FUNDING SOURCES TOTAL FUNDING USES:
27,168 2,634 2,832 29,802		500 59 59	8,369 811 4,180	9,096 882 9,978 4,277	9,096 882 9,978	Se Capital Exp
SUB-TOTAL		Support (Group)/Cranty Client Svcs 7/1/12-6/30/13	3 <u>a</u>			Service Description. FUNDING TERM:
		With SA PEI-Early Childhood Mental Health Consultation 3818 45/20-29 Training/Parent	Mental Health Consultation 3818 45/20-29 Consultation		Mental Health Consultation Consultation 3818 45/20-29 45/20-29	Program Name Fragram Code (formerly Reporting Unit) Mede/SFC (Mrt) or Modelity (SA)
7/1/2012 FY 12-13	Document Date: Fiscal Year				Provider Name: Instituto Familiar de la Raza, Inc. ovider Number: 3818	
	Contract Appendix #:	The state of the s	ollection (GRD	orting/Data Co de la Raza, Inc.	leath Cost Reporting/Data C Instituto Familiar de la Raza, Inc.	DPH 2: Department of Public Heath Cost Reporting/Data Collection (CRDC) DMH Legal Entity Name (MH)/Contractor Name (SA): Instituto Familiar de la Raza, Inc.

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

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Provider Name: Instituto Familiar de la Raza Inos	Instituto Familiar	e la Raza Inc	-	Contract Appendix & Deciment Date	7/1/2012
Provider Number:	3818			Fiscal Year.	FY 12-13
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	Mental Health	Mental Health			
Program Name: Program Code (fermork: Boanding Holls:	Consultation	Consultation			THE PARTY AND PROCESSION AND ADDRESS OF THE PARTY AND ADDRESS OF THE PA
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Service Description:	Client Svcs	Services/Crimmly Client Svcs		, and the second	TOTAL
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FUNDING USES	1000	0000			11
valaries & Employee benefits	5,084	250			33,950
Operating Expenses:	494	165			3,292
Caulor Extremises (Man as 500)	4 488	1 263			27 989
Subjudgi Office Exterises.	717	0327	***************************************		37.72
TOTAL FUNDING USES:	6.300	2.100			42,000
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S (DPH AND	6,300	2,100	s		42.000
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Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)					
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program					
Cost Reimbursement (CR) or Fee-For-Service (FFS).	FFS	FFS			000000000000000000000000000000000000000
Unit Type	Staff Hour	Staff Hour			700
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	75.00	75.00			
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	75.00	75.00			
Published Rate (Medi-Cal Providers Only)	92.00	92.00	A A A A A A A A A A A A A A A A A A A		Total UDC:
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DPH 3: Salaries & Benefits Detail

Appendix #:

B-8

Provider Number: 3818
Provider Name: Institute Familiar de la Raza, Inc. - PEI-Early Childhood Mental Health Consultation
Document Date: 7/1/12

Program Assistant Program Coordinator Program Manager Mental Health Specialists Position Title Totals FTE FTE 0.40 0 01 0.08 0.50 0.01 TOTAL 7/1/12-6/30/13 Salaries 19,979.00 5,361.00 \$26,475 699.00 436.00 Term: General Fund Salaries Term: 0.40 0.01 0.08 0.50 MHSA 7/1/12-6/30/13 'Salaries \$26,475 19,979 436 5,361 699 Funding Source 2 (overwrite here with Funding Source Name) Term: FTE Salaries Funding Source 3 (overwrite here with Funding Source Name) Term: Salaries Funding Source 4 (overwrite here with Funding Source Name) Term: Salaries

TOTAL SALARIES & BENEFITS

Employee Fringe Benefits:

\$7,485

28%

\$7,485

#DIV/U

#DIV/0!

\$33,960

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Appendix #;_

DPH 4: Operating Expenses Detail

Provider Number: 3818
Provider Name: Instituto Familiar de la Raza, Inc. - PEI-Early Childhood Mental Health Consulfation
Document Date: 7/1/2012

Expenditure Category	TOTAL	General Fund	MHSA	Funding Source 2 (overwrite here with Funding Source Name)	Funding Source 3 (overwrite here with Funding Source Name)	Funding Source 4 (overwrite here with Funding Source Name)
CANALANIAN CONTRACTOR	Term: 7/1/12-6/30/13	Term:	Term: 7/1/12-6/30/13	Territoria de la constitución de	Term:	Term;
Rental of Property	\$ 887.00		887			
Utilities(Elec, Water, Gas, Phone, Scavenger)	\$ 420.00		420	A Comment of the Comm		
Office Supplies, Postage	\$ 265.00		265			
Building Maintenance Supplies and Repair	\$ 549,00		549		A Company of the Comp	
Printing and Reproduction	\$ 46.00		46			
Insurance	\$ 265.00		265			The second secon
Staff Training	· ·					
Staff Travel-(Local & Out of Town)	\$ 600.00		009		Annual of the control	
Rental of Equipment	\$ 160.00		160			
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)						
TWEETINGS AND				THE REAL PROPERTY AND ASSESSMENT TO PROPERTY OF THE PROPERTY O		COMPANY MANAGEMENT
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Other:	THE CONTRACT OF THE CONTRACT O					
Program/Educational Supplies	\$ 100.00		100	of A American		000700000000000000000000000000000000000
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TOTAL OPERATING EXPENSE	\$3,292		\$3,282			

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

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		The state of the s		Control Control	CR	Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)
		District of Products			Staff Hour	Unit Type
	-		,	1	CR 1	Cost Reimbursament (CR) or Fee-For-Service (FFS): Units of Service:
						Substance Abuse Only - Licensed Capacity for Medi Cat Provider with Nercotic Tx Program
						Number of Beds Purchased (if applicable)
214,381		14. AND 17.00 (1.0	ALE CONTROL OF THE PROPERTY OF	West and the second sec	214,381	TOTAL FUNDING SOURCES (DPH AND NON-DPH)
						NORTH EUROPE GOODES
214,381				T T	214,381	TOTAL DPH FUNDING SOURCES TOTAL DPH FUNDING SOURCES
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						OTHER OPH COMMUNITY PROGRAMS FUNDING SOURCES CFDA#:
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_			WOT-773 1702 (1 - 4)			CBHS SUBSTANCE ABUSE FUNDING SOURCES
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and the same of th			Comments of the Comments of th			MH COUNTY - General Fund
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TO COLUMN TO THE TAX ASSESSMENT OF TAX ASS	A CONTRACTOR MEDICAL AND A CONTRACTOR AN		1000		***************************************	MH STATE: EPSDI State Match
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214,381				Commence de Distriction de Principal de Prin	214,381	TOTAL FU
190,016					190,016 24 365	Subjoral pirect expenses:
						Capital Expenses (greater than \$5,000).
164,077 25,939		A THE PROPERTY OF THE PROPERTY	***************************************	THE SHALL SH	25,939	Operating Expenses:
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					Recovery & Healing Services	
					MHSA - Trauma	
FY 12-13	Fiscal Year	The same of the sa	Personal Property and Property	TO SHALL SHA	3816	Provider Number
7/1/2012	Document Date:			ia Raza, Inc.	nstituto Familiar de	Provider Name: Instituto Familiar de la Raza, Inc.
B-9	Contract Appendix #			de la Raza, Inc.	nstituto Familiar	DMH Legal Entity Name (Mt)/Contractor Name (SA): 1
		9	dection (CKDC)	on Brending	eam Cost Repo	orn 2: Jepannem or rapid n

DPH 3: Salaries & Benefits Detail

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Appendix #:

Provider Number: 3818
Provider Name: Instituto Familiar de la Raza, Inc. - Trauma Recovery & Healing Services
Document Date: 7/1/12

		TOTAL	Ö	General Fund		MHSA	Funding Source 2 (averwite here with Funding Source Name)		Funding Source 3 (overwrite here with Funding Source Name)	Funding Source 4 {overwrite here with Funding Source Name}	ource 4 sere with roe Name)
THE PROPERTY OF THE PROPERTY O	Term:	7/1/12-6/30/13	Term:		Term:	7/1/12-6/30/13	Term:		Term:	Term:	
Position Title	7.15	Salaries	FTE	Salaries	FTE	Salaries	FTE Salaries		FTE Salaries	FTE	Salaries
Program Director	0.09	\$ 8,298.00			0.09	8,298					
Behavioral Health Specialist/Case Manager	1.00	\$ 51,467.00			1.00	51,467			-		
Mental Health Specialist	1.00	\$ 42,875.00			1.00	42,875					
Peer Counselor	0.43	\$ 10,920.00			0.43	10,920				-	
Program Assistant	0.18	\$ 6,080.00			0.18	6,080					
Program Manager	90.0	\$ 3,296.00			90.0	3,296	and the state of t				
Psychologist/Clinical Supervisor	0.09	\$ 6,639.00			0.09	689,9					
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Totals:	2.84	\$129 575			78.0	\$120 575					

#DW/0! \$34,502 \$164,077 27% \$34,502 27% Employee Fringe Benefits: TOTAL SALARIES & BENEFITS

DPH 4: Operating Expenses Detail

Appendix #:

B-9

Provider Number: 3818

Provider Name: Instituto Familiar de la Raza, Inc. - Trauma Recovery & Healing Services

Document Date: 7/1/2012

Expenditure Category	TOTAL	General Fund	MHSA	Funding Source 2 (overwrite here with Funding Source	Funding Source 3 (overwrite here with Funding Source	Funding Source 4 (overwrite here with Funding Source
	Term: 7/1/12-6/30/13	Term:	Term: 7/1/12-6/30/13	Term:	Term:	Tem:
Rental of Property	\$ 4,999.00		4,999			
Utilities(Elec, Water, Gas, Phone, Scavenger)	\$ 2,370.00		2,370			***************************************
Office Supplies, Postage	\$ 1,494.00		1,494		- Control of the Cont	
Building Maintenance Supplies and Repair	\$ 3,092.00		3,092			
Printing and Reproduction	\$ 258.00		258			
insurance	\$ 1,494.00		1,494			
Staff Training	\$ 1,378.00		1,378	Vertical and a second s		
Staff Travel-(Local & Out of Town)	\$ 1,560.00		1,560	100000000000000000000000000000000000000		
Rental of Equipment	\$ 904.00		904	and the state of t		PATRICIAN AND AND AND AND AND AND AND AND AND A
CONSULTANT/SUBCONLEACTOR (Provide Names, Dates, Hours & Amerinis)				nakaska mara sha sha sha		
			- Land American Company			
Consultant for Events	\$ 1,500.00	1000	1,500	The state of the s	and present recent and the second	The state of the s
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	AND 1000-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	A CONTRACTOR OF THE PROPERTY O			Acc	
Other: Program/Educational Supplies and Cell phone Fees	S 1.140.00		1.140			
Client Related Expenses/Cultural Events	\$ 5,750.00	**************************************	5,750			
	71L - 70L -					
	of and the same and another force and all states are a second as a					
TOTAL OPERATING EXPENSE	925,339	ngalakita kataka yang maga sang kang kang kataka kataka kataka kataka kang kang kang kataka kang kataka kang k	\$25,938	Денькодский межентелер (- Межентелер Америка межентелер (- Межентелер) жене по п	APPENDENCE OF THE PROPERTY OF	Securitari de la companya de la comp

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Total UDC:	THE PERSON NAMED IN COLUMN TO THE PE			-		Parished Rate (Med) Cal Providers (Only):
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ļ	Fiscal Year:		Western Avenue and Ave		3818	Provide Number
7/1/2012	Document Date:		A STATE OF THE STA	e la Raza, Inc.	Instituto Familiar de la Raza, Inc.	Provider Name:
Pindel/in	Contract Appendix #:	40 Manufacture Company of the Compan	01.00 (C. C. C	de la Raza, Inc.	Instituto Familiar	DMH Legal Enlity Name (MH)/Contractor Name (SA): Instituto Familiar de la Raza, Inc.
		0	illection (CRD)	orting/Data Co	eath Cost Rep	DPH 2: Department of Public Heath Cost Reporting/Data Collection (CRDC)

DPH 3: Salaries & Benefits Detail

B-10

Appendix #:___

Provider Number: 3818
Provider Name: Instituto Familiar de la Raza, Inc. - ECMH Training
Document Date: 7/1/12

		TOTAL	AL		General Fund	TANGLINAM PROJECTION AND AND AND AND AND AND AND AND AND AN	MHSA	fund (overs Funding	Funding Source 2 (overwrite here with Funding Source Name)	Fund (oversa Funding	Funding Source 3 (overwrite here with Funding Source Mams)	fundi (overw Funding	Funding Source 4 (overwrite here with Funding Source Name)
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Position Title	FT		Salaries		Salaries	FTE	Salaries	FTE	Salaries	FE	Salaries	F.1E	Salaries
Program Director		0.03 \$	3,257.00			0.03	3,257						***************************************
Program Manager		0.06	4,250.00			0.06					100000000000000000000000000000000000000		
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77 (1)	Totals:	60.0	\$7,507			60.0	\$7.507						The state of the s

\$9,258

23%

23%

Employee Fringe Benefits:

TOTAL SALARIES & BENEFITS

DPH 4: Operating Expenses Detail

Appendix #:

B-10

Provider Number: 3818

Provider Name: Instituto Familiar de la Raza, Inc. - ECMH Training

Document Date: 7/1/2012

Other: CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Rental of Property Client Related Expenses/Group Adlivities Program/Educational Supplies Staff Travel-(Local & Out of Town) Printing and Reproduction Building Maintenance Supplies and Repair Consultants Amounts) Rental of Equipment Staff Training Office Supplies, Postage Utilities (Elec, Water, Gas, Flione, Scavenger) Surance Expenditure Category ಈ ۮ 66 **⊕**9 **€**9 Term: 7/1/12-6/30/13 TOTAL 2,500.00 400.00 100.00 Term: General Fund Term: 7/1/12-6/30/13 MHSA 400 Funding Source 2 (overwrite here with Funding Source Name) Term: Funding Source 3 (overwrite here with Funding Source Name) Term: Funding Source 4 (overwrite here with Funding Source Name) Term:

TOTAL OPERATING EXPENSE

\$3,000

\$3,000

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DPH 6: Contract-Wide Indirect Detail

Contractor Name Instituto Familiar de la Raza, Inc.

Document Date: 07/01/12

1. SALARIES & BENEFITS

269,442	69	The same of the sa	TOTAL SALARIES & BENEFITS
57,346	69	27.04%	EMPLOYEE FRINGE BENEFITS
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/,004	4	0.20	Receptionist
12,956	5	0.25	Tage
33,166	(5	0.70	Staff Accountant/Payroll
36,421	↔	0.68	Contract Staff Accountant
35,020	€	0.40	Fiscal Director
39,325	↔	0.65	HR Director
27,810	€	. 0.60	Executive Assistant
20,394	↔	0.18	Executive Director
Salaries		FTE	Position Title
		WATER CONTRACTOR OF THE PARTY O	

2. OPERATING COSTS

TOTAL OPERATING COSTS		Payroll Service Fees	Audit Fees	Expenditure Category	30.
↔		\$	€>	Αn	
15,911		9,745	6 166	Amount	

TOTAL INDIRECT COSTS

(Salaries & Benefits + Operating Costs)

285,353

Appendix F Invoice

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Appendix F PAGE A

				Contro	Number	7				11102 11			
				L			INVOICE NUM	NEED .	MO1 JL	2	٦		
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Contractor: Instituto Familiar de la Raza	, Inc.						Ct. Blanket No	.: BPHM	TBD				
									[User Co	<u> </u>		
Address: 2919 Mission St., San Francisco.	CA 94110						Ct. PO No : P	OHM	TBD		J		
Tel No.: (415) 229-0500							Fund Source:		GF, SDMC Regula	r FFP, Realignment			
							Invoice Period	:	July 2012	· · · · · · · · · · · · · · · · · · ·	7		
Funding Term: 07/01/2012 - 06/30/2013							Final Invoice:			(Check if Yes)	ī		
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PHP Division: Community Behavioral Health	h Services						ACE Control N	umber:	10.00		4		
								_		Remaining]		
			Total Conti Exhibit L			THIS PERIOD	Delivered to Exhibit U		% of TOTAL Exhibit UDC	Deliverables Exhibit UDC			
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Program Name/Reptg. Unit	Total Contr	acted	PERIC		Unit	6	to Dat		% of TOTAL	Deliverables			
Modality/Mode # - Svc Func (мн ону)	uos	CLIENTS	VOS	CLIENTS	Rate	AMOUNT DUE	UOS	CLIENTS	UOS LIENT	UOS CLIENTS	<u> </u>		
B-4a Child Outpatient Behavioral Health Sycs	s PC# - 38186								16/26				
15/ 10 - 57 MH Svcs	29,006				\$ 2.66	<u> </u>	0.000		0.00%	29,006.000	\$ 77,15	5.96	
15/ 60 - 69 Medication Support	1,357			1224	\$ 4.91	s	0.000		0.00%	1,357,000	6,66	2.87	
15/ 70 - 79 Crisis Intervention-OP	413	4			\$ 3.95	\$	0.000		0.00%	413.000	1,63	1.35	
15/01 - 09 Case Mgt Brokerage	1,750				\$ 2.06	\$.	0.000		0.00%	1,750.000	3,60	5.00	
45/ 20 - 09 Outreach/Crimity Client Svcs		3.45			\$ 70.69	\$	0.000		#DIV/01	0.000			•
45/ 20 - 09 Cmmty Client Svcs	284	900	.,,,		\$ 70.69	s	0.000		0.00%	284.000	20,07	5.96 \$	109,131.14
B-4b Children EPSDT PC# - 38185	*************										4		
15/ 10 - 57 MH Svcs	64,870			1.1	\$ 2.66	\$	0.000	1919	0.00%	64,870.000	172,55	4.20	
15/60 - 69 Medication Support	633				\$ 4.91	\$	0.000		0.00%	633.000	3,10	8.03	
15/ 70 - 79 Crisis Intervention-OP	240				\$ 3.95	\$	0.000	344	0.00%	240.000	94	8.00	
15/ 01 - 09 Case Mgt Brokerage	1,798				\$ 2.06	\$	0.000		0.00%	1,798.000	3,70	3.88 \$	180,314,11
B-6 DMS-CYF MH Consult/SED Classroom P	C# 38185D												
15/ 10 - 57 MH Svcs	**********	340.1			\$ 1.67	\$	0,000	Control of the second	#DIV/0!	0.000		-	
15/ 01 - 09 Case Mgt Brokerage	ana-auren-eisanasa	lararen A	~~~~~~~~~		\$ 1.08	<u> </u>	0.000	SECTION DATE:	#DIV/0I 機關	0,000	4		
45/ 10 - 19 Indirect Svcs/ MH Promotion					\$ 64.80	Į.\$	0.000		#DIV/01 IBBBB	0.000	4	-	
TOTAL	100,351	1 1 1	0.000			<u> </u>	0.000		0,00%	100,351,000	1	F 0.F	
TOTAL	100,301		0.000		<u>i</u>	//	NOTES:		0.0076	100,331.0001	\$ 289,44	5.25	
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i certify that the information provided abo													
in accordance with the contract approved claims are maintained in our office at the			under the prov	ision of th	nat contract	. Full justificat	ion and backup	records	for those				
Signature:	addioso iliaio	uicu.				Date:							
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DPH Fiscal/Invoice									•				
1380 Howard St 4													
San Francisco, CA	94103	i			Autho	rized Signator	y		Date				
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Appendix F

				Contro	Num	ber_						PAGE A		
			l					INVOICE NE	MBER:	M03	JL	2]	
Contractor: Instituto Familiar de la Raza, Inc.								Ct, Blanket I	lo.: BPHM	TBD]	
Address: 2919 Mission St., San Francisco, CA 94110								Ct. PO No.:	POHM	TBD		User Co	<u>.</u>	
Tel No.: (415) 229-0500								Fund Source		HSA Wor	rk Orde	5r	7	
retino (415) 229-0500													_ +g	
•								Invoice Peri	od:	July 2012	<u>-</u>			
Funding Term: 07/01/2012 - 05/30/2013								Final Invoice	:			(Check if Yes)		
PHP Division: Community Behavioral Health Services								ACE Contro	Number:					
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bandon Barra de Glanta for Fubible			Exhibit				ibit UDC		it UDC	Exhibit		Exhibit UDC		
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Program Name/Reptg, Unit	Total Col	ntracted	PERI	ob.	. Ur	rit		to	Date	% of TC	TAL	Deliverables]	
Modality/Mode # - Svc Func (Mix Only)	UOS	CLIENTS	UOS	CLIENTS	Ra	ie	AMOUNT DUE	uos	CLIENT	UOS	LIENT	UOS CLIENTS	3	
B-5 El-Childcare MH Consultation Initiative PC# - 38182				hrenau.					000	4	₩4		W.	
45/20 - 29 Consultation (Group) Cmmty Client Svcs	1,163				· I	5.00	5		XX250XX050X	0.00%	-	1,163.000	\$	87,225.00 85,350.00
. 45/20 - 29 Consultation (Individual) Cmmty Client Svcs 45/20 - 29 Consultation (Class/Observation) Cmmty Client Svcs	1,138 556					5.00 5.00	\$	1	000	0.00%		1,138,000 556,000		41,700.00
45/20 - 29 Training/ Parent Support (Group) Crimity Client Svcs	247	1777				5.00	\$		000	0.00%	1000	247.000		18,525.00
45/20 - 29 Direct Individual/Fam.Group (Direct Service)	21					5.00	\$ -		000	0.00%		21.000		1,575.00
45/20 - 29 Outreach & Linkage/ Cmmty Client Svcs	586			77.0	Z	5.00	ş		000			586,000		43,950.00
45/20 - 29 Evaluation Services/Cmmtly Client Svcs	186				3	5.00	\$.		000	0.00%		186.000		13,950.00

TOTAL	3,897		0.000		<u></u>				000	0.00%		3,897.000	\$	292,275.00
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			Less: Ini	tial Payme	ent Rec	overy]					Ì	
				ice) Other IET REIME			\$ -							
I certify that the information provided above is, to the best of my in accordance with the contract approved for services provided claims are maintained in our office at the address indicated.														
Signature:							Date:					WHO WELL TO WAR A COMMISSION OF THE PERSON O		
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Appendix F

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Contractor: Instituto Familiar de la Raza, inc.							Ct. Blanket N	lo.: BPHM	TBD	11		
Address: 2919 Mission St., San Francisco, CA 94110							Ct. PO No.:	РОНМ	TED	User C		
Tel No.: (415) 229-0500							Fund Source:		DCYF Work O	rder		
							Invoice Perio	d:	July 2012			
Funding Term: 07/01/2012 - 06/30/2013							Final Invoice	:		(Check if Yes)		
PHP Division: Community Behavioral Health Services							ACE Control	Number:				
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Program Name/Reptg, Unit	Total Co.	ntracted	PERI		Unit	ŀ	to E		% of TOTAL	Deliverables		
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B-5 El-Childcare MH Consultation Initiative PC# - 38182				1111								
45/20 - 29 Consultation (Group) Cmmty Client Svcs	143				\$ 75.00	\$.	0.000		0.00%	143.000	5	10,725.00
45/20 - 29 Consultation (Individual) Cmmty Client Svcs	140				\$ 75.00	\$	0.000	La	0.00%	140.000		10,500.00
45/20 - 29 Consultation (Class/Observation) Cmmty Client Svcs	69		A=AURESAUTERNS==		\$ 75,00	\$	0.000		0.00%	69,000		5,175.00
45/20 - 29 Training/ Parent Support (Group) Cmmty Client Sycs	30				\$ 75.00	\$	0,000		0.00%	30,000		2,250.00
45/20 - 29 Direct Individual/Fam.Group (Direct Service)	3				\$ 75.00	\$	0.000		0.00%	3.000		225.00
45/20 - 29 Outreach & Linkage/ Cmmty Client Svcs	72				\$ 75.00	\$	0.000		0.00%	72.000		5,400.00
45/20 - 29 Evaluation Services/Cmmty Client Svcs	33			la l	\$ 75.00	s	0.000		0.00%	33.000		2,475.00
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TOTAL	490.00		0.000				0.000		0.00%	490,000	\$	36,750.00
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I certify that the information provided above is, to the best of	my knowle	dge, com	plete and ac	curate; th	ne amount r	equested for r	eimbursemen	ıt is				
in accordance with the contract approved for services provid	ed under ti	ne provisio	on of that co	ntract. F	ull justificati	on and backup	records for t	hose				
claims are maintained in our office at the address indicated.												
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Contractor: Instituto Familiar de la Raza, Inc.							Ct. Blanket No	.: BPHM	TBD				
Address: 2919 Mission St., San Francisco, CA	94110						Ct. PO No.: P	ОНМ	TBD		User Cd		
Tel No.: (415) 229-0500							Fund Source:		GF, SDMC F	Reg FFP, Re	ealignment	_	
							Invoice Period		July 2012				
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PHP Division: Community Behavioral Health Se	ervices						ACE Control N	lumber:					
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Modality/Mode # - Svc Func (мн опу) B-1 Adult Outpatient - Behavioral Health Clinic P	UOS	CLIENTS	UOS	CLIENTS	Rate	AMOUNT DUE	UOS	CLIENTS	UOS LI	ENT UC	OS CLIENT	18	
15/ 10 - 57 MH Svcs	128,084	1			\$ 2.66	s -	0,000	-	0.00%	470	084.000	s s	340,703.44
15/ 60 - 69 Medication Support	25,931				\$ 4.91		0.000	2 H45 Sch@ 865	0.00%	Check-	931.000	, ,	127,321.21
15/ 70 - 79 Crisis Intervention-OP	1,501			and the	\$ 3,95	s -	0.000		0.00%	\$2290L	501.000		5,928.95
15/ 01 - 09 Case Mgt Brokerage	20,386				\$ 2.06	\$ -	0.000		0.00%	12162	386.000		41,995.16
45/ 20 - 29 Low Treshold Svcs/Comm Client Svcs	220				\$ 123.51	s -	0.000		0.00%	255	- Control of the Cont		27,172.20
ADI 20 - 59 FOM HESHOR SAFSCOILER CEST SAFS	42.				Ψ		0.000		0.00%	·	220.000	M	21,112.20
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I certify that the information provided above	is to the best	of my kno	wledae comr	lete and	accurate: f	he amount rec	mested for rein	nhursem	ant is				
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			Ly Karana Amerika Proces		J	INVOICE NUMBER:	M06 JL	2				
Contractor: Instituto Familiar de la Raza,	inc.					Ct. Blanket No.: BPHM	TBD					
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15/ 10 - 57 MH Svcs	L			\$ 2,61	\$	0.000	#DIV/01	0.000				
B-11 IHBS/ EPSDT Services RU# 381810 - Loca	Match					0.000	4					
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15/10 - 57 MH Svcs		15 A 10 A		\$ 2.61	. \$	0.000	#DIV/0!	0.000				
B-6 ISCS/ EPSDT Services PC# - 381810	40.000					l	0.00%	40,380.000	١.	83,182.80		
15/01 - 09 Case Mgt Brokerage	40,380	14.6634.56.46		\$ 2,06	\$			18,686.000	7			400 007 50
15/ 10 - 57 MH Svcs	18,686			\$ 2.66		0.000,0	0,00% (44)	10,000.000		49,704.76	3	132,887.56
B-6 ISCS/ EPSDT Services PC# - 381810 - Loca						0.000	0.00%	2,208,000		4,548.48		
15/01 - 09 Case Mgt Brokerage	2,208	ŀ		\$ 2.06 \$ 2.66		0.000	0.00%	1,011.000		2,689.26		7,237.74
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San Francisco, CA 94	103		-	Author	rized Signatory		Da	te				

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Contractor: Instituto Familiar de la Raza, Ir	Ct. Blanket N	o.: BPHM	TBD]									
Address: 2919 Mission St., San Francisco, C.	A 94110					Ct. PO No.: 1	POHM	TBD]				
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15/ 10 - 57 MH Svcs				\$ 2.61	[5	0.000		#DIV/0	0.000				
B-6 ISCS/ EPSDT Services PC# - 381810								l		La maria	1		
15/01 - 09 Case Mgt Brokerage	42,876	444		\$ 2.06	\$	0,000		0.00%	42,876.000		\$	88,324.56	
15/ 10 - 57 MH Svcs	19,425	dualiti		\$ 2.66	\$	0.000		0.00%	19,425.000			51,670.50	
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I certify that the information provided abo in accordance with the contract approved claims are maintained in our office at the	for services p	provided									•		
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1380 Howard St 4th San Francisco, CA 94				Autho	rized Signatory	**************************************		Da	te				
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							INVOICE NOMBEK:	M08 JL	2			
Contractor: Instituto Familiar de la Raza, In	ic.						Ct. Blanket No.: BPHM	TBD				
Address: 2919 Mission St., San Francisco, CA	94110						Ct. PO No. POHM	r Cơ				
Tel No (415) 229-0500 Fax No.: (415)							Fund Source:	GF, SDMC Regular FFP, EPSDT State Match				
dario. (Ho)							Invoice Period :	July 2012				
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Undulplicated Counts for AIDS Use Only												
OELIVERABLES	~ (10		Delivered				Delivered	T	Remaining			
Program Name/Reptg. Unit Modality/Mode # - Svc Func (мн оліу)	Total Co	CLIENTS	PERIO UOS	CLIENTS	Unit Rate	AMOUNT DUE	to Date UOS CLIENTS	% of TOTAL. UOS (LIENT	Deliverables UOS CLIE	NOTE		
3-5 EI-Childcare MH Consultation Initiative PC								UUU E	GOO GLIE			
5/ 10 - 57 EPSDT - MH Services	15,366				\$ 2,66	\$ -	0.000	0.00%	15,366.000		40,873.56	
5/ 70 - 79 EPSDT - Crisis Intervention	60				\$ 3.95	\$ -	0.000	0.00%	60,000		237.00	
5/ 70 - 09 EPSDT - Case Mgt/ Brokerage	399	100.0		100	\$ 2.06	\$.	0.000	0.00%	399.000		821.94	
			transition to a service for our physical contract on the decisions.									
· · · · · · · · · · · · · · · · · · ·												
TOTAL	15.825	2581369686	0.000				5.000	10,700				
TOTAL	10,020		0.000		1	l .	0.000 NOTES:	0.00%	15,825,000	\$	41,932.50	
			SUBTO	STAL AMO	DUNT DUE	\$ -	140120.			-		
			Less: Initial	Payment	Recovery							
			(For DPH Use)									
			NE	REIMBU	RSEMENT	\$.			*****			
certify that the information provided above accordance with the contract approved	e is, to the for services	best of m	y knowledge Lunder the p	e, compli provision	ete and a of that co	ccurate; the arr	nount requested for reim	bursement is				
laims are maintained in our office at the a	iddress ind	icated.				-	,					
Signature:						Date:			The state of the s			
Title:		.,		***************************************	***************************************							
		, ,			······································							
end to: DPH Fiscal/Invoice Pr	ncaecina			DPH Auth	orization fo	r Payment						
1380 Howard St 4th F												
San Francisco, CA 941			h		Authr	rized Signatory		Dat	TO THE REAL PROPERTY AND THE PERTY AND THE P	1		
					, 144 14 14	Oignaidly		Date	C	1		

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR COST REIMBURSEMENT INVOICE

			Contr	ol Number									
							INVOICE N	M WEED.	M09	JL	2		
Contractor: Insituto Familiar De L	.a Razza,	inc.					Ct. Blanket	No.: BPHM	TBD		······································	User Cd	
Address: 2918 Mission Street, San	Francisco	o, CA 941	10				Ct. PO No.	: POHM	TBD			Oser Ca	
Tel No.: (415) 229-0500							Fund Sour	ce:	MHSA-P	rop63-PM	HS63-131	10	
Fax No.: (415) 647-4104				Invoice Pe	riod:	July 20)12						
Funding Term: 07/01/2012 - 06/30/2	2013						Final Invoid	ce;		((Check if Y	es)	
PHP Division: Community Behavio				ACE Contr	ol Number:								
	TO	TAL	i nei	IVERED	DELIV	/CDEN		% OF		INING		Wallians same was not a way and	
	1	RACTED	E	PERIOD	DELIVERED TO DATE			OTAL	1	RABLES	% OF TOTAL		
Program/Exhibit	UOS	UDC	uos	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	
B-10 ECMH Training PC# - 3818													
60/ 78 Other Non-MediCal Client	1	10		<u> </u>			0%	0%	11_	10	100%	100%	
Support Exp					ļ	 	+	·					
Unduplicated Counts for AIDS Use (Dnly.		1		İ.	1		unamiku umma neman nemalu deemalu nekrodunan kelebahan hidi melalih	ellimentolii (eleveranto) (onto		THE STATE OF THE S		
CONTROL CONTRO	,	NAVAN-TANDAN PARAMANAN			EXPE	NSES	EXF	PENSES	%	OF	REM	AINING	
Description			BL	DGET	THISF	PERIOD	t .	DATE	BUD	GET		ANCE	
Total Salaries			\$	7,507.00	\$	5	\$	-		0.00%	\$ 7,507.0		
Fringe Benefits			\$	1,751.00	\$		\$	\$ -		0.00%		1,751.00	
Total Personnel Expenses			\$	9,258.00	\$		\$	-		0.00%	\$	9,258.00	
Operating Expenses:				. ,									
Occupancy			\$		\$	-	\$	-		0.00%	\$	-	
Materials and Supplies			\$		\$		\$			0.00%	\$	-	
General Operating		\$		\$	<u>.</u>	\$		0.00%					
Staff Travel			\$		\$	_	\$	p-		0.00%		-	
Consultant/Subcontractor			\$	2,500.00	\$	-	\$		<u> </u>	0.00%		2,500.00	
Other: Program/ Educational Supplies			\$	1,00.00	\$		\$	-	0.00%			100.00	
Client Related Expenses/ Grou	ip Activities	<u> </u>	\$	400.00	\$		\$	·····		0.00%		400.00	
<u></u>	<u>:</u>	· <u>· · · · · · · · · · · · · · · · · · </u>	\$		\$		\$			0.00%	\$		
Total Operating Expenses			\$	3,000.00	\$	-	\$			0.00%	\$	3.000.00	
Capital Expenditures			\$	-	\$		\$	PF-		0.00%		-	
TOTAL DIRECT EXPENSES	**************************************	COMPRESSOR MANAGEMENTS	\$	12,258.00	\$	-	\$		-	0.00%	name and a second second second second	2,258.00	
Indirect Expenses			\$	1,471.00	\$	-	\$	-		0.00%		1,471.00	
TOTAL EXPENSES			\$	13,729.00	\$	_	\$	-		0.00%	Charles of the Control of the Contro	3,729.00	
Less: Initial Payment Recovery							NOTES:			·-···			
Other Adjustments (DPH use on	ly)						1						
REIMBURSEMENT	······································	······································			\$		-		-			***************************************	
I certify that the information provided accordance with the contract approv claims are maintained in our office a	ed for ser	vices prov	ided und		complete a								
Signature:	VIII VIII VIII VIII VIII VIII VIII VII	nijos zamow en ministrolikuszanski	TALAMBIA AMERIKAN SAN	oranizative same personal			Date:			**************************************	Podd Hills and delegate and an artist and an artist and an artist and artist artist and artist and artist artist and artist artist and artist artist artist and artist		
Printed Name:	p () yandı mış danğı () (adı şadı şi () () () (adı şadı şi () () () () () () () () () () () () ()		THE WATER CONTRACT OF THE PARTY	WOOD WATER TO WATER TO THE VALUE OF THE VALU				•					
Title;	*************		MATERIAL PROPERTY AND ADDRESS OF THE PERSONS ASSESSED.	MMAGCWOCK MACCHANIZATION OF			Phone:	and the second s		i de la companya de		Warning and a second a second and a second a	
Send to: DPH Fiscal Invoice 1380 Howard St 4th	Floor	_			egypy Arthur Barrell by the charge of the second se	AND THE STATE OF T	DPH Auth	norization for Pa	ayment	та в при в на при н На при на пр	Mikerio (aki ada dendak ke auzuman	A STATE OF THE STA	
San Francisco CA	24 103-267	14			Δ	thorized (Signatory	·		Day of the second second second second	Date		
					MU	HIDHKOU V	orgriatuly				Late		

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR COST REIMBURSEMENT INVOICE

	F		COL	ntroi Number									
	Ĺ			LANCOUNT CONTRACTOR	***************************************		INVOICE	NUMBER:	M10	JL	2	terterille des Arthibus de Austrian com et commune en	
وم دو	E 1984.												
Contractor: Insituto Familiar D	e La Razz	a, inc.					Ct. Blank	ket No.: BPHM	IBD	***************************************	***************************************	User Cd	
Address: 2918 Mission Street, S	an Francis	sco, CA 94°	10				Ct. PO N	lo.: POHM	TBD			oser co	
Tel No.: (415) 229-0500							Fund So	urce:	MHSA - P	rop63 - PN	IHS63 -130)3	
Fax No.: (415) 647-4104							Invoice F	Pariod:	luly 20	14.0			
							invoice r	renou.	July 20	J1Z		***************************************	
Funding Term: 07/01/2012 - 06/	30/2013						Final Inv	oice:		((Check if Y	es)	
PHP Division: Community Beha	vioral Heal	lth Services					ACE Co	ntrol Number:					
	TO	TAL	[DELIVERED	DEL	IVERED		% OF	I REMA	INING	%	OF	
	CONTRACTED			HIS PERIOD	TO DATE			TOTAL		RABLES	TOTAL		
Program/Exhibit	UOS	UDC	UC		UOS	UDC	UOS	UDC	uos	UDC	UOS	UDC	
B-9 MHSA - Trauma Recovery 8	Healing		U# 3	818					ļ				
45/ 10 - 19 MH Promotion	1	135					0%	0%	1	135	100%	100%	
					 				1.				
Unduplicated Counts for AIDS Us	ie Only.							<u></u>					
AND SAME VISCONDO PROPERTY OF THE PROPERTY OF			од-комичи	and the second s	EXF	PENSES	T E	(PENSES	%	OF	REM	AINING	
Description				BUDGET		PERIOD	E .	O DATE	BUD	GET	BAL	ANCE	
Total Salaries			\$	129,575.00	\$	_	\$	-		0.00%	\$ 12	9,575.00	
Fringe Benefits			\$	34,502.00	\$	_	\$	-		0.00%	\$ 3	4,502.00	
Total Personnel Expenses		· · · · · · · · · · · · · · · · · · ·	\$	164,077.00	\$		\$	_		0.00%	\$ 16	4,077.00	
Operating Expenses:	······································				I								
Occupancy			\$	10,461.00 \$ - \$				_		0.00%	\$ 1	0,461.00	
Materials and Supplies			\$	1,752.00	1,752.00 \$ - \$ -				0.00%	0.00% \$ 1,752.00			
General Operating			\$	3,776.00	\$	_	\$	-		0.00%	\$	3,776.00	
Staff Travel			\$	1,560.00	\$	-	\$	-		0.00%	\$	1,560.00	
Consultant/Subcontractor			\$	1,500.00	\$	_	\$			0.00%	\$	1,500.00	
	her: Program/ Educat'l Supplies & Cellphones Fees			1,140.00	\$		\$	**		0.00%		1,140.00	
Client Related Expenses/ Cu	ıltural Even	ts	\$	5,750.00	\$		\$	-		0.00%		5,750.00	
			\$		\$	···	\$			0.00%	\$	-	
					A.	and the second s	4				***************************************	***************************************	
Total Operating Expenses			\$	25,939.00	\$		\$		<u> </u>	0.00%		5,939.00	
Capital Expenditures	مارو و از دستان کرده او از چو کرد استان کاستان کاستان در		\$	- 100 010 00	\$	-	\$			0.00%	debitoristano versione e e e e e e e e e e e e e e e e e e		
TOTAL DIRECT EXPENSES			\$	190,016.00	\$		\$	-	<u> </u>	0.00%		0,016.00	
Indirect Expenses	***************************************		\$	24,365.00	\$	<u> </u>	\$	**	TOTAL THOUSAND WARRANCE	0.00%		4,365.00	
TOTAL EXPENSES			\$	214,381.00	1 4		\$	_	<u> </u>	0.00%	<u> ⊅ ∠1</u>	4,381.00	
Less: Initial Payment Recove							NOTES:						
Other Adjustments (DPH use	only)				 	·····	-						
DEIRADI IDGERACKIT					\$		-						
REIMBURSEMENT		007.00 000.000000000000000000000000000			<u> </u>	**	<u> </u>			Chill the Paris of the Control of th	**************************************		
certify that the information provid accordance with the contract app				, ,									
claims are maintained in our office					131011 01	arat oorara	oc. i anjud	tineation and ba	chup reco	ius ioi tiit	/3C		
0.1							Date:						
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					5		Phone:	÷					
illo.			***************************************				I HOHE.	Continuida de la contin				***************************************	
Send to: DPH Fiscal Invo 1380 Howard St		sing					DPH AL	ithorization for P	ayment				
San Francisco C		2614		B.CORROLL OF THE PARTY OF THE P									
				Anno-17 metalle commitment	A	uthorized S	Signatory	·		WOODS IN COMMISSION OF THE PARTY OF THE PART	Date		

				Contro	Number)							
			•	L		J	INVOICE NUMBE	R:	M11	JL 2			
Contractor: Instituto Familiar de la Raza, Inc.							Ct. Blanket No.: Bl	PHM	TBD				
Address: 2919 Mission St., San Francisco, CA 94110							Ct. PO No.: POHM	VI	TBD		User	Cd	
Fel No.: (415) 229-0500							Fund Source:		SFCFC/S	DI Mini	∜ Order		
Fax No.: (415)										1/1 0001	N Oldel		
							Invoice Period :		July 2012				
Ffunding Term: 07/01/2012 - 06/30/2013							Final Invoice:				(Check if Yes)		
PHP Division: Community Behavioral Health Services							ACE Control Numb	oer:			<u> </u>		
	····		Total Con	tracted	Delivered	THIS PERIOD	Delivered to Da	ete	% of TOT	TAL	Remaining Deliverables		
Unduplicated Clients for Exhibit:			Exhibit	UDC	Ext	aibit UDC	Exhibit UDC		Exhibit U	DC	Exhibit UDC		
					CONTRACTOR S			44000000000		100000000		1000	
Unduplicated Counts for AIDS Use Only. DELIVERABLES			Delivered	THIS	T		Delivered		1		Remaining	- 1	
Program Name/Repig. Unit	Total Cor	ntracted	PERI		Unit		to Date		% of TOT	AL.	Deliverables		
Modality/Mode # - Svc Func (MH only)	บอร	CLIENTS	UOS	CLIENTS	Rate	AMOUNT DUE	UOS CL	IENTS	vos	LIENT	UOS CLIEN	TS	
I-5 El-Childcare MH Consultation Initiative PC# - 38182								Mile i					
5/20 - 29 Consultation (Group) Cmmty Client Svcs	191				\$ 75.00	\$	0.000		0.00%		191.000	\$	14,325.00
5/20 - 29 Consultation (Individual) Cmmty Client Svcs	186				\$ 75.00	\$ -	0.000		0.00%		186.000		13,950.00
5/20 - 29 Consultation (Class/Observation) Cmmty Client Svcs	91				\$ 75.00	\$	0,000		0.00%		91.000		6,825.00
5/20 - 29 Training/ Parent Support (Group) Cmmty Client Svcs	41			H di	\$ 75.00	\$ -	0.000		0.00%		41,000		3,075.00
5/20 - 29 Direct Individual/Fam.Group (Direct Service)	3	4166		1.1	\$ 75.00	\$ -	0.000		0.00%		3.000		225.00
5/20 - 29 Outreach & Linkage/ Cmmty Client Svcs	96	1			\$ 75.00	\$ -	0.000		0.00%		96.000		7,200,00
5/20 - 29 Evaluation Services/Cmmty Client Svcs	32				\$ 75.00	\$ -	0.000		0.00%		32.000		2,400.00
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. THE NUMBER OF THE RESIDENCE OF THE STATE THE TREE TO THE STATE OF TH													
1 TY						************************							
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TOTAL	640		0.000				0.000		0.00%		640.000	\$	48,000.00
·	·						NOTES:						
					MOUNT DUE	\$ -	4					-	
					ent Recovery	ACCES AND AND ADDRESS OF THE	,						
					Adjustments								
			r	VET REIME	BURSEMENT	\$ -	<u> I</u>						
certify that the information provided above is, to the best of n													
certify that the information provided above is, to the best of it is accordance with the contract approved for services provide													
laims are maintained in our office at the address indicated.	a under the	provision	or that com	adot. Fun	i justinozitoi	rand backup re	scords for those						
and the manual of the ones at the data out manual at													
Signature:						Date:							
Title:													
		_											
end to:		[DPH Auth	orization for P	ayment						7	
DPH Fiscal/Invoice P												1	
1380 Howard St 4th												ı	
San Francisco, CA 94	U3				Autho	rized Signatory	<i>!</i>			Date		l	

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

				Countin	i iznilibel	ı'					
					ompan Ju		INVOICE NUMBER:	M12 JL	2		
Contractor: Instituto Familiar de la Raza, inc.		,					Ct. Blanket No.: BPHM	TBD			
ddress: 2919 Mission St., San Francisco, CA 94110						CL PO No.: POHM TBD					
et No.: (415) 229-0500							Fund Source:	SFCFC PFA W	/ork Order	7	
ax No.: (415)											
•							Involce Period :	July 2012			
unding Term: 07/01/2012 - 06/30/2013							Final Invoice:		(Check if Yes)		
HP Division: Community Behavioral Health Services							ACE Control Number:				
			Total Con			THIS PERIOD	Delivered to Date % of TOTAL Remaining			7	
Unduplicated Clients for Exhibit:			Exhibit			nibit UDC	Exhibit UDC	Exhibit UDC	Exhibit UDC	d	

Industricated Counts for AIDS Use Only. DELIVERABLES			Delivered	A TLUE	ţ		Delivered		Remaining		
Program Name/Reptg, Unit	Total Co	otracteri	PERI		Unit		to Date	% of TOTAL	Deliverables		
Modality/Mode # - Svc Func (мя ону)		CLIENTS	uos	CLIENTS	Rate	AMOUNT DUE	UOS CLIENTS			s	
				200	, , , , , ,		12 (12)				
-5 El-Childcare MH Consultation initiative PC# - 38182				-			l	4		8.	
5/20 - 29 Consultation (Group) Cmmty Client Svcs	705				\$ 75.00	.¥	0.000	0.00%	705.000	\$	52,876.00
5/20 - 29 Consultation (Individual) Cmmty Client Svcs	690				\$ 75.00	.\$	0.000	0.00%	690,000		51,750.00
5/20 - 29 Consultation (Class/Observation) Cmmty Client Svcs	337				\$ 75.00	\$	0.000	0.00%	337,000	ŽĮ.	25,275.00
5/20 - 29 Training/ Parent Support (Group) Cmmtly Client Svcs	150				\$ 75.00	S -	0.000	0.00%	150.000		11,250,00
5/20 - 29 Direct Individual/Fam.Group (Direct Service)	13				\$ 75,00	\$ -	0.000	0.00%	13,000		975.00
5/20 - 29 Outreach & Linkage/ Cmmty Client Svcs	355				\$ 75,00	s -	0,000	0.00%	355.000	M	26,625,00
5/20 - 29 Evaluation Services/Cmmty Client Svcs	118				\$ 75.00	\$	0,000	0.00%	118.000		8,850,00
DEC TO PERBORALI OCA A OCO OLUMBA CHOR CACA CONTRACTOR CONTRACT		7.00				-Y	1			ň	0,000,00
		la in					l	J	† 		
TOTAL	2,368	- 9-88-1998	0.000				0.000	0.00%	2,368.000	1 \$	477 600 00
JOTAL	2,300	<u></u>	0.000	1	1	l 	NOTES:	1 0.00701	2,300,000]	۹,	177,600.00
			SUE	BTOTAL A	MOUNT DUE	s -	140 (LO.			ŀ	
					ent Recovery		1			ĺ	
					Adjustments					ľ	
					BURSEMENT			-		ĺ	
certify that the information provided above is, to the best of m a accordance with the contract approved for services provided aims are maintained in our office at the address indicated.								,			
Signature:						Date:					
•				<u></u>					·····		
Title:								•			
end to:		1		DPH Arth	orization for P	aument				7	
DPH Fiscal/Invoice P	rocessing	-		PLI Vag	Onzation 10t P	ayın cı lı					
1380 Howard St 4th		1								1	
San Francisco, CA 94		1			Autho	rized Signatory	 	Dat	<u> </u>		
Jan i ialicisco, CA 94	100	1			Autho	neca orginatory		()a			
		J	L.,,								

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

				Contro	Number	3							
,				L		ۇ	INVOICE NUM	MBER :	M15 JL	2			
Contractor: Instituto Familiar de la Raza, Inc.							Ct. Blanket No	i.: BPHM	TTBD				
											User Cd		
Address: 2919 Mission St., San Francisco, CA 94110							Ct. PO No.: P	OHM	TED				
Tel No.: (415) 229-0500							Fund Source:		MHSA - Prop6	3 - PMHS63 - 1	310		
							Invoice Period	:	July 2012				
Funding Term: 07/01/2012 - 06/30/2013							Final Invoice:			(Check if Ye	s)		
PHP Division: Community Behavioral Health Services							ACE Control N	lumber;					
	•]							Remain	٠ ,		
			Total Con Exhibit		1	THIS PERIOD	Delivered Exhibit		% of TOTAL Exhibit UDG	Deliveral Exhibit U			
Unduplicated Clients for Exhibit:													
*Unduplicated Counts for AIOS Use Only.													
DELIVERABLES			Delivere	t THIS	T		Delive	red		Remain	ing		
Program Name/Reptg. Unit	Total Con		PER		Unit		to Da		% of TOTAL	Delivera			
Modality/Mode # - Svc Func (46+ only)	UOS	CLIENTS	UOS	CLIENTS	Rate	AMOUNT DUE	uos	CLIENTS	UOS LIEN	UOS	CLIENTS		
B-7 MHSA PEI-School-Based Youth-Centered Wellness PC# - 38182				4-4-	A 6/4 70				1				
45/ 20 · 29 Consultation (Group) Crimity Client Svcs	651			-	\$ 91.72	<u> </u>	0,000		0.00%	651,000			709.72
45/ 20 - 29 Consultation (Individual) Cmmty Client Sycs	576			+	S 91.72		0.000		0.00%	576.000	PRODUCT OF PROPERTY OF PROPERTY.		830,72
45/ 20 - 29 Consultation (Class/Observation) Cmmty Client Sycs	25!				\$ 91.72	[}	0.000	Federal Instantion Company of	0.00%	255.000	THE STANSON STANSONS ASSESSMENT	23,	388.60
45/20 - 29 Training to Providers/ / Parental/ Crimity Client Svcs	78			+	\$ 90,00 \$ 91.72	3	0.000		#DIV/0I 0.00%	0.000 78.000		~	-
45/20 - 29 Training/ Parent Support (Groupt) Cmmtly Client Svcs		SAME OF SAME OF SAME		1	\$ 168.54	1	0.000	TOTAL CONTRACTOR AND ADDRESS OF	0.00%	20.000			154.16 370.80
45/ 20 - 29 Direct Svcs (Group) Cmntty Client Svcs	20			+	\$ 84,27	l	0.000	Cara San Nasa San	0.00%	96.000	25/25/25/25/25/25/25/25/25/25/25/25/25/2		089.92
45/20 - 29 Parental Engagement/ Cmmty Client Svcs	74				\$ 84.27		0.000		. 0.00%	74.000	1356 2055 235 23 C		235.98
45/ 20 - 29 Direct Svcs (Individuals) Cmmty Client Svcss 45/ 20 - 29 Outreach & Linkage/ Cmmty Client Svcs	730	P1000000000000000000000000000000000000		1777	\$ 33.71		0.000	100000000000000000000000000000000000000	0.00%	730.000			230.90 608.30
45/ 20 - 29 Evaluation Services/Cmmty Client Svcs	243			1-1-	\$ 33.71		0.000		0.00%	243.000			191,53
40) 20 - 25 EVALUATION SERVICES/CHILITY CHER SYCS				1178	4			7.560	0.007	240.000	77.77	0,	101,00
				7777		l	· ·	l'alter	1				
TOTAL	2,723	3	0.00	0			0.000		0.00%	2,723.000		\$ 193.	579.73
			<u> </u>				NOTES:						
					MOUNT DUE		-						
					int Recovery								
							4				1		
				NETREIMB	URSEMENT	[\$ -							
I certify that the information provided above is, to the best of my	/ knowledne	complete	and accurate	the amo	int request	ed for reimburs	coment is						
in accordance with the contract approved for services provided													
claims are maintained in our office at the address indicated.	,			•		•							
Signature:						Date:							
- Title:											."		
Send to:				DPH Auth	orization for	Payment							
DPH Fiscal/Invoice		-	1										
1380 Howard St 4		-			A					-1-	.		
San Francisco, CA 9	24 103	-	1		Autho	rized Signator	у		Di	ate			

DE. TMENT OF PUBLIC HEALTH CONTRACTOR COST REIMBURSEMENT INVOICE

Contractor Institute Fam Address: 2918 Mission St Tel No.: (415) 229-0506 Fax No.: (415) 647-4104	eet, San Fr			1 ()				INVOICE		MIT	Ji.		
Address: 2918 Mission St Tel No.: (415) 229-0500	eet, San Fr			10						have the terminal transfer of the terminal tra	بان. 	-ú.	
Address: 2918 Mission St Tel No.: (415) 229-0500	eet, San Fr			10				Ci Blance	ENG BPHM	UTBD			
Tel No.: (415) 229-0500		ancisc	o CA 941	10					21 - 211.	(TBE) User Co			
·	- 06/30/20				Address: 2918 Mission Street, San Francisco CA 94110					TBD		Us	er Cd
·	- 06/30/20							Fund Sou	rce:	MHSA - Pro	maa . PM	UQ65.10	10
	- 06/30/20							and ood	1 (4)(4)	10/10/11)pas - : 10	11 1000 - 11	110
	- 06/30/20					-		Invoice Pe	eriod:	July 2012	?		
Funding Term: 07/01/2013		13						Final Invo	ice:		((Check if Y	es)
PHP Division: Community	Behavioral	Health	Services	-				ACE Cont	roi Number	s. geriötssä aci	320000000		
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	0		ACTED	!	IS PERIOD		DATE	1	OTAL	DELIVER			n or Mal
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45/20 - 19 MH Promotion		2,332	224			ļ	-	0%	0%	2,332	224	100%	100%
for Maya: Community						ļ			·······				
Unduplicated Counts for All	SC Hoo Onl	h .	<u>}</u>			A STATE OF THE PARTY NAMED IN			in der de la company de la		***	Water Control of the	207000MAChimeleonomy, managena
Unduplicated Courts for An	o use on	у.	***************************************		ATTACA BARRATTA AND AND AND AND AND AND AND AND AND AN	l EVID	ENSES		STROCK	· · · · · · · · · · · · · · · · · · ·		F-10-10-10-10-10-10-10-10-10-10-10-10-10-	Division disconnection of the Contract of the
Description					BUDGET		PERIOD	1	PENSES DATE	% O BUDG	. i		AINING ANCE
Total Salaries			vola nemá stopom mendeb dododki	\$	135,252.00	\$		\$	-	1 5050	0.00%	Ordinal and All Communication of the Communication	WITH THE PARTY OF
Fringe Benefits			····	\$	42,966.00			\$		·	0.00%		5,252.00
Total Personnel Expenses		7 4************************************	-	\$	178,218.00		-	\$			0.00%	THE PROPERTY OF THE PERSON NAMED IN COLUMN TWO	2,966,00
Operating Expenses:				1 4	170,2.10.00	1		ΙΨ	_	<u>i</u>	0.00%	3 1/	8,218.00
Occupancy	· · · · · · · · · · · · · · · · · · ·			 	12,741.00	\$		\$	****		0.000/	() 4	0.714.00
Materials and Supplies				<u> 3</u> \$	2,154.00			\$			0.00%		2,741.00
General Operating			\$	3,722.00			\$	je-		0.00%		2.154.00	
Staff Travel				<u>\$</u> \$	3,722.00 100.00					<u> </u>	0.00%		3,722.00
Consultant/Subcontrac			\$-	21.628.00	+	-	\$	*		0.00%		100.00	
Other: Program/ Educ		oline		\$	250.00	, , , , , , , , , , , , , , , , , , , 		\$	-		0.00%		1,628.00
Client Related Expe			-vente	2	6,950.00			\$			0.00%	***************************************	250.00
Out I TOBE O LAD	maca di Odi	nai ai a	_VG11(3	\$	0,830,00	\$		\$	-	! 	0.00%	·····	6,950.00
				<u>Ψ</u>		1 42		4			0.00%	\$	
Total Operating Expenses	The section of the se		······································	1 \$	47.545.00	15		\$	***	**************************************	0.00%	\$ A	7,545.00
Capital Expenditures	***************************************			\$		\$	-	\$			0.00%		1040.00
TOTAL DIRECT EXPENSE	3	***************************************	***************************************	\$	225,763.00	\$		\$	**************************************	***************************************	0.00%	The state of the s	5,763.00
Indirect Expenses				\$	29,012.00	\$	_	\$	-		0.00%		9,012.00
TOTAL EXPENSES				\$	254,775.00	·		\$			0.00%	-	4,775.00
Less: Initial Payment R	coverv							NOTES:			0.0070	4/ 1.0-	t,770.00 k
Other Adjustments (DPI							***************************************	110120.					
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REIMBURSEMENT						\$					W.		
I certify that the information accordance with the contractions are maintained in our Signature:	approved office at the	for ser e addr	rvices prov ess indica	rided un ted.	der the provision	mplete an	d accurat contract.	e; the amou Full justificat Date:	nt requested fo tion and backu	or reimburser p records for	nent is in those		Microsoft Management (Microsoft Appendix)
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Send to: DPH Fiscal 1380 Howa San Francis	d St 4th Fl	oor	_				-		horization for F	aymeni	mandamanyanang-ng-pp 1979-999-924-924-924-924-924-924-924-924-92		An all titles and the control of the
		**************				Aut	norized S	ignatory				Date	

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

		Contro	of Number					
		<u> </u>			INVOICE NUMBER :	M20 JL	2	
Contractor : Instituto Familiar de la Raza, inc.					Ct.Blanket No.: BPHM	TBD		
Address: 2919 Mission St., San Francisco, CA 94110					Ct. PO No.: POHM	TBD	User Cd	
Tel No.: (415) 229-0500					Fund Source:	MHSA - Prop63	- PMHS63 - 1310	
Fax No.: (415)					Invoice Period :	July 2012		
Funding Term: 07/01/2012 - 06/30/2013					Final Invoice		(Check if Yes)	
PHP Division: Community Behavioral Health Services					ACE Control Number:			
Headyslinehad Cliente for Euclidia		Total Contracted Exhibit UDC	Exhil	THIS PERIOD bit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC	
Unduplicated Clients for Exhibit:	W							
Undusticated Counts for AIDS tiss Only. DÉLIVÉRABLES Program Name/Reptg. Unit	Total Contracted	Delivered THIS PERIOD	Unit		Delivered to Date	% of TOTAL	Remaining Deliverables	
Modality/Mode # - Svc Func (MH Chry) 3-8 MHSA PELEarly Childhood MH Consultation PC# - 3818 55/20 - 29 Consultation Group/ Cmmty Client Svcs 15/20 - 29 Consultation Individual/ Cmmty Client Svcs 5/20 - 29 Consultation Class/ Child Observation/ Cmmty Client Svcs 5/20 - 29 Training to Providers/ Cmmty Client Svcs 5/20 - 29 Parental Engagement/ Cmmty Client Svcs 15/20 - 29 Cutreach & Linkage/ Cmmty Client Svcs 15/20 - 29 Evaluation Services/Cmmty Client Svcs	UOS CLIENTS 150 1 150 1 138 1 10 2 84 28 1 560	O.000 SUBTOTAL An Less: Initial Paymer (FOLDPHUSE) Other A	\$ 75.00 \$ 75.00 \$ 75.00 \$ 75.00 \$ 75.00 \$ 75.00 \$ 75.00	S -	0.000 CLIENTS 0.000 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	0.00% 0.00% 0.00% 0.00% 0.00% 0.00% 0.00% 0.00% 0.00% 0.00% 0.00% 0.00% 0.00% 0.00% 0.00% 0.00% 0.00% 0.00%	150,000 115 138,000 115 10,000 0,000 84,000 28,000	\$ 11,250.00 11,250.00 10,350.00 750.00 6,300.00 2,100.00 \$ 42,000.00
certify that the information provided above is, to the best of accordance with the contract approved for services provide laims are maintained in our office at the address indicated. Signature:								
Title:		hala delle delle delle accessorie delle						
end to: DPH Fiscal/Involce Pro 1380 Howard St 4th F San Francisco. CA 941	loor	DPH Auth	norization for F	ayment zed Signatory		Date		
Gan Handisco, OA 941	~~		Admon	Lou orginatory		Date	±0w2	

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR COST REIMBURSEMENT INVOICE

			Contro	l Number		3						
			,·,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,]	INVOICE	NUMBER:	M26	JL	2	
	700 I 0000											
Contractor: Insituto Familiar	De La Kazza,	Inc.					Ct. Blank	cet No.: BPHM	[IRD		He	ser Cd
Address: 2918 Mission Street	, San Francisco	, CA 941	10				Ct. PO N	No.: POHM TBD				
Tel No.: (415) 229-0500							Fund So	urce:	General f	und		
Fax No.: (415) 647-4104							Invoice F	Period:	July 20	112		
Funding Term: 07/01/2012 - 0	6/30/2013						Final Inv	oice:		((Check if \	res)
PHP Division: Community Bel				ACE Cor	ntrol Number:			1000000				
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Unduplicated Counts for AIDS	use only.	anne and an anne and an anne and an anne	1	ON STANSON OF THE STA	EVDC	NSES		(PENSES	07.	ΛE.	DEM	IAILIAI AI
Description			BU	DGET	E	PERIOD	1	O DATE	1	% OF REMAINING BUDGET BALANCE		
Total Salaries				55,345.00	\$	-	\$	-		0.00%	***************************************	55,345.00
Fringe Benefits				15,752.00	\$		\$			0.00%	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	15,752.00
Total Personnel Expenses		A THE STREET STREET	e de la companya del companya de la companya del companya de la co	71,097.00	\$	-	\$	nersemmente sekrekteriskikken i dekentrisken inderekterisk		0.00%	CANOCINE DESCRIPTION OF STREET	71,097.00
Operating Expenses:		· · · · · · · · · · · · · · · · · · ·										
Occupancy			\$	4,293.00	\$	-	\$	-		0.00%	\$	4,293.00
Materials and Supplies			\$	686.00	\$	-	\$			0.00%		686.00
General Operating			\$	938.00	\$		\$	-		0.00%	\$	938.00
Staff Travel			\$	-	\$	-	\$	-		0.00%	\$	*
Consultant/Subcontractor			\$		\$	_	\$	-		0.00%		-
Other: Audit Fee			\$		\$		\$			0.00%		
Payroll Service Fees			\$	-	\$		\$		ļ	0.00%		
			\$	-	\$	*	\$		ļ	0.00%	\$	
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Total Operating Expenses		······································	\$	5,917.00	\$		\$ \$	-		0.00%		5,917.00
Capital Expenditures TOTAL DIRECT EXPENSES			Carrier and the second	- 77,014.00	\$	-	\$	- conservations and the state of the state o		0.00%	THE PERSON NAMED IN COLUMN 2 I	77.014.00
Indirect Expenses			\$	9,852.00			\$	-	<u> </u>	0.00%		77,014.00 9,852.00
TOTAL EXPENSES	THE RESERVE OF THE PERSON OF T	anne de la company de la compa	-d	86,866.00			\$	CHANGE STREET,	-	0.00%		36,866.00
Less: Initial Payment Reco	WARV		1 Ψ	00,000.00	1 4		NOTES:		<u> </u>	0.0076	Ψ	20,000.00
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REIMBURSEMENT				anno marcon abou Canadrol (MACO	\$	-				ninaminaturista (kananan kananan kanan		
I certify that the information pro accordance with the contract ap claims are maintained in our off Signature:	proved for ser	vices prov ess indica	rided unde	er the provis								nklikóki Málfalladók czenerna szacio szereszel
Printed Name:			9690000pth/distant-virus-	W/20100000000000000000000000000000000000	2							
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Send to: DPH Fiscal Invoice Processing 1380 Howard St 4th Floor San Francisco CA 94103-2614						thorized S	DPH Au Signatory	ithorization for F	Payment .		Date	A TOTAL CONTRACTOR OF THE PARTY
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INSTI-4

OP ID: MR

DATE (MM/DD/YYYY)

ERTIFIC TE OF LIABILITY INSURANCE 06/27/12 THIS CERTIFICATE IS ISSUED AS A MAITER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OF PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). 415-661-6500 CONTACT PRODUCES FAX (A/C, No) CAL Insurance & Associates Inc 415-661-2254 PHONE (A/C. No. Ext):
E-MAIL ADDRESS: License #0241094

2311 Taraval Street San Francisco, CA 94116-2253 INSURER(S) AFFORDING COVERAGE Joe DeLucchi Renewal INSURER A: Tower Select Ins. Company INSURFO Instituto Familiar de la Raza INSURER B : NIF Group Dr. Estela Garcia INSURER C : 2919 Mission Street INSURER D: San Francisco, CA 94110 INSURER E : INSURERF: COVERAGES CERTIFICATE NUMBER: REVISION NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. ADDL SUBR POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY) TYPE OF INSURANCE LIMITS POLICY NUMBER GENERAL LIABILITY 1.000.000 EACH OCCURRENCE DAMAGE TO RENTED 07/01/12 24CC284457-20 07/01/13 1,000,000 B COMMERCIAL GENERAL LIABILITY PREMISES (Ea occurrence) 10,000 CLAIMS-MADE X OCCUR MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY 3.000.000 GENERAL AGGREGATE S 3.000.000 PRODUCTS - COMPIOP AGG GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-JECT Emp Ben. 1,000,000 Loc DMBINED SINGLE LIMI AUTOMOBILE LIABILITY 1,000,000 (Ea accident) 24CC284457-11 07/01/12 07/01/13 BODILY INJURY (Per person) В ANY AUTO S ALL OWNED AUTOS SCHEDULED BODILY BUILDRY (Per ancident) | \$ AUTOS NON-OWNED PROPERTY DAMAGE X AUTOS HIRED AUTOS (Per accident) 3. UMBRELLA LIAB \$ EACH OCCURRENCE OCCUR EXCESS LIAB CLAIMS-MADE AGGREGATE S RETENTIONS loso! X WC STATU-TORY LIMITS WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 09/01/11 09/01/12 1.000.000 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? WCC02249700 E.L. EACH ACCIDENT 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ (Mandatory in NH)
If yes, describe under
DESCRIPTION OF OPERATIONS below 1.000.000 E.L. DISEASE - POLICY LIMIT | \$ PHSD646947 07/01/12 07/01/13 900,000 CRIME* C HLP7745066C 07/01/12 07/01/13 1MIL/3MIL В PROFESSIONAL** DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) 30 DAY CANCELLATION NOTICE APPLIES THE CITY AND COUNTY OF SAN FRANCISCO, SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH, THEIR OFFICERS, DIRECTO INSURED PER ATTACHED CG20260704 THEIR OFFICERS, DIRECTORS, AND AGENTS, ARE NAMED AS ADDITIONAL

CERTIFICATE HOLDER	CANCELLATION	
SAN FRANCISCO DEPARTMENT OF	RAN SHOULD ANY OF THE ABOVE DESCRIBED POLICII THE EXPIRATION DATE THEREOF, NOTICE ACCORDANCE WITH THE POLICY PROVISIONS.	
PUBLIC HEALTH, CONTRACT OFFICE ATTN: E. APANA	AUTHORIZED REPRESENTATIVE	

1380 HOWARD STREET SAN FRANCISCO, CA 94102

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

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

Any person or organization that you are required to add as an additional insured on this policy, under a written contract or agreement currently in effect, or becoming effective during the term of this policy, and for which a certificate of insurance naming such person or organization as additional insured has been issued, but only with respect to their liability arising out of their requirements for certain performance placed upon you, as a nonprofit organization, in consideration for funding or financial contributions you receive from them. The additional insured status will not be afforded with respect to liability arising out of or related to your activities as a real estate manager for that person or organization.

THE CITY AND COUNTY OF SAN FRANCISCO, SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH, THEIR OFFICERS, DIRECTORS, AND AGENTS

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.



'SURANCE BINDER

UP III. KK

DATE (MM/DD/YYYY) 06/28/2012

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT AGENCY	T TO THE CONDITIONS SHO		DE OF THIS FORM. # 9481
CAL insurance & Associates Inc		DIRDEN	" 5401
License #0241094	NIF Group	<u> </u>	EXPIRATION
2311 Taraval Street	DATE EFFECTIVE		T
San Francisco, CA 94116-2253	07/01/12	AN 07/31	12:01 AM
Joe DeLucchi PHONE IAIC, No. Extl. 415-661-6500 FAX IAIC, No. Extl. 415-661-2254	THIS BINDER IS ISSUED TO	EXTEND COVERAGE ID THE 480V	147.1.
CODE: SUB CODE:	PER EXPIRING POLICY #:H		:
AGENCY CUSTOMER ID: INST)-4	DESCRIPTION OF OPERATIONS/VE Nonprofit social service a		ion;
INSURED Instituto Familiar de la Raza 2919 Mission Street	Latino community	grico, serving	
San Francisco CA 94110			
COVERAGES		LIMI"	r'S
TYPE OF INSURANCE COVERAGE/	FORMS	DEDUCTIBLE COINS %	AMOUN?
PROPERTY CAUSES OF LOSS			
BASE BROAD SPEC			
CENEDAL HADRITY			
GENERAL LIABILITY		EACH OCCURRENCE	1000000
COMMERCIAL GENERAL LIABILITY		RENTED PREMISES	# S
CLAIMS MADE OCCUR X Misc Professional	•	MED EXP (Any one person)	\$
A MISC Professional		PERSONAL & ADV INJURY	5 2000000
		GENERAL AGGREGATE	\$ 3000000
RETRO DATE FOR CLAIMS MADE: AUTOMOBILE LIABILITY		PRODUCTS - COMP/OP AGG	3 S
The control of the co		COMBINED SINGLE LIMIT	S
ANY AUTO		BODILY INJURY (Per person)	
ALL OWNED AUTOS		BODILY INJURY (Per accident) PROPERTY DAMAGE	1 \$
SCHEDULED AUTOS		>	5.
HIRED AUTOS	vi	MEDICAL PAYMENTS PERSONAL INJURY PROT	\$
NON-OWNED AUTOS		UNINSURED MOTORIST	/s ·
			5
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COLLISION:		STATED AMOUNT	
OTHER THAN COL.		OTHER	
GARAGE LIABILITY		AUTO ONLY - EA ACCIDENT	3
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		EACH ACCIDENT	\$
		AGGREGATE	g
EXCESS LIABILITY		EACH OCCURRENCE	\$
UMBRELLA FORM		AGGREGATE	\$
OTHER THAN UMBRELLA FORM RETRO DATE FOR CLAIMS MADE:		SELF-INSURED RETENTION	<u> \$</u>
		WC STATUTORY LIMITS	A CONTRACTOR OF THE CONTRACTOR
WORKER'S COMPENSATION		E.L. EACH ACCIDENT	\$
AND EMPLOYER'S LIABILITY		E.L. DISEASE - EA EMPLOYEE	1
		E.L. DISEASE - POLICY LIMIT	<u> \$ </u>
SPECIAL CONDITIONS/		FEES	5
OTHER COVERAGES		TAXES	3
		ESTIMATED TOTAL PREMIUM	} §
NAME & ADDRESS		P. DITTONIA I MAIO LIPETTO	
		DDITIONAL INSURED	
	LOSS PAYEE LOAN #	- I A A A A A A A A A A A A A A A A A A	
	AUTHORIZED REPRESENTATIVE		
	Jan Committee Co	The state of the s	
ACORD 75 (2004/09) NOTE: IMPORTANT STATE	INFORMATION ON REVERSE	SIDE @ ACORD CORPO	RATION 1993-2004





INSURANCE BINDER

DATE (MM/DB/YYYY)

06/28/2012

THIS BINDER IS A TEMPORAR AGENCY	Y INSURANCE CONTRACT, SUBJECT	TO THE CONDITIONS SHO	WN ON THE REVI	ERSE SIDE OF BINDER # 9480	71.71 MACTION 11.71 Sept. 41.11 Sept. 41.1		
CAL Insurance & Associates I	inc	NIF Group					
License #0241094		Addison,,		EXPIRAT	TION		
2311 Taraval Street		DATE EFFECTIVE	TIME	DATE			
San Francisco, CA 94116-225	3	07/01/12	AM-	07/04/40	12:01 AM		
Joe DeLucchi PHONE JA/C. No. Extl. 415-661-6500	FAX (A/C, No) 415-661-2254	07/01/12	PM PM	07/31/12	NOOM		
		THIS BINDER IS ISSUED TO	EXTEND COVERAGE IN	THE ABOVE HAMEL	COMPALE		
AGENCY MACE	SUB CODE:	PER EXPIRING POLICY #2					
AGENCY CUSTOMER ID: INSTI-4		DESCRIPTION OF OPERATIONS/VE		iding Location)			
INSURED Instituto Familia		Social Service Non-Profit facility. Mental health ther					
2919 Mission St San Francisco		patient only.	apy - Out	4			
San Francisco	CA 34110						
COVERAGES				: IMBITO			
TYPE OF INSURANCE	COVERAGE/FC	121.60	DEMANDS C	LIMITS coms /	A #4 COLOR DV		
PROPERTY OF STATE AND ADDRESS OF STATE AND ADDRESS OF STATE ADDRESS OF STA	BUILDING	NE DO	DEOUCTIBLE 1000:	CORPAN No.	260250		
UNUSES OF EURS	BPP		1000		255000		
BASIC BROAD X SPEC	COMPUTERS		1000		7500		
	ORD/LAW B,C		1000		20000		
GENERAL LIABILITY]				
			EACH OCCURRENCE DAMAGE TO	Æ \$	1000000		
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OTHER COVERAGES			TAXES	\$			
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tuto Familiar de la Raza, OP L ιK INSURED'S NAME

PAGE 2 DATE 6/28/2012

Commercial Property Section - Additional Subject of Insurance

COVERAGES/FORMS

DEDUCTIBLE COINS & AMOUNT



INSURANCE BINDER

OP ID: KK

DATE (MM/DÖ/YŸYY)

06/28/2012

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INSURED'S NAME Instituto Familiar de la Raza,

OP ID: KK

DATE 6/28/2012

Commercial Property Section - Additional Subject of Insurance COVERAGES/FORMS

DEDUCTIBLE COINS %

MOUNT

Amendment of the Whole in Committee. 12/1/10

FILE NO. 100927

RESOLUTION NO. 5 (3-16)

2	[Contract Approval - 18 Non-Profit Organizations and the University of California of San Francisco - Behavioral Health Services - \$674,388,406]
3	Resolution retroactively approving \$674,388,406 in contracts between the Department
4	of Public Health and 18 non-profit organizations and the University of California at San
Ē	Francisco to provide behavioral health services for the period of July 1 2016 through
6	December 31, 2015.
7	
8	WHEREAS, The Department of Public Health has been charged with providing needed
9	behavioral health services to residents of San Francisco; and,
10	WHEREAS, The Department of Public Health has conducted Requests for Proposals
11	or has obtained appropriate approvals for sole source contracts to provide these services; and
12	WHEREAS, The San Francisco Charter Chapter 9.118 requires contracts over \$10
13	million to be approved by the Board of Supervisors; and
14	WHEREAS, Contracts with providers will exceed \$10 million for a total of
15	\$674,388,406, as follows:
16	Alternative Family Services, \$11,057,200;
17	Asian American Recovery Services, \$11,025,858;
18	Baker Places, \$69,445,722;
19	Bayview Hunters Point Foundation for Community Improvement, \$27,451,857;
20	Central City Hospitality House, \$15,923,347;
21	Community Awareness and Treatment Services (CATS), \$12,464,714;
22	Community Vocational Enterprises (CVE), \$9,705,509;
23	Conard House, \$37,192,197;
24	Edgewood Center for Children and Families, \$29,109,089;
25	Family Service Agency, \$45,483,140;

25

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Instituto Familiar de la Raza, \$14,219,161;
Progress Foundation, \$92,018,333;
Richmond Area Multi-Services, \$34,773,853;
San Francisco Study Center, \$11,016,593;
Seneca Center, \$63,495,327;
Walden House, \$54,256,546;
Westside Community Mental Health Center, \$43,683,160;
Regents of the University of California, \$74,904,591; and

WHEREAS, The Department of Public Health estimates that the annual payment of some contracts may be increased over the original contract amount, as additional funds become available between July 2010 and the end of the contract term; now, be it

RESOLVED, That the Board of Supervisors hereby retroactively approves these contracts for the period of July 1, 2010, through December 31, 2015; and, be if

FURTHER RESOLVED, That the Board of Supervisors hereby authorizes the Director of the Department of Public Health and the Purchaser, on behalf of the City and County of San Francisco, to execute agreements with these contractors, as appropriate; and, be it

FURTHER RESOLVED, That the Board of Supervisors requires the Department of Public Health to submit a report each June with increases over the original contract amount, as additional funds become available during the term of contracts.

RECOMMENDED;

Mitchell Katz, M.D. Director of Health

APPROVED:

Mark Morewitz, Secretary to the Health Commission



City and County of San Francisco Tarks

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RESENTATION

File Number:

100927

Date Passed: December 07, 2010

Resolution retroactively approving \$674,388,406 in contracts between the Department of Public Health and 18 non-profit organizations and the University of California at San Francisco, to provide behavioral health services for the period of July 1, 2010, fitrough December 31, 2015.

December C. 1996 Budge and Finance Lomminger - AMENDED ALLAMEROMATE - -THE WHOLE BEARING NEW TITLE

December 01, 2010 Budge; and Finance Committee - RECOMMENDED AS AMENDED.

December 07, 2010 Board of Supervisors - ADOPTED

Ayes: 19 - Alioto-Pier, Avalos, Campos, Chiu, Chu, Daly, Dufty, Elsberrd, Mar, Maxwell and Mirkarimi

File No. 100927

Thereby certify that the foregoing Resolution was ADOPTED on 12/7/2010 by the Board of Supervisors of the City and County of San Francisco.

Mayor Gavin Newsom

Date Approved

Angela Caivillo Clerk of the Board And the second of the second o