

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:

- 1) 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 de La Raza
CMS#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.

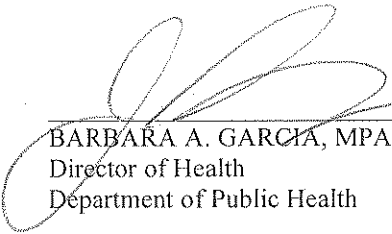
IN WITNESS WHEREOF, Contractor and City have executed this Amendment as of the date first referenced above.

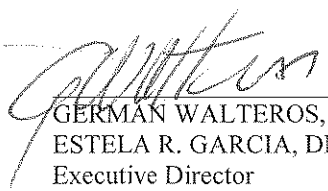
CITY

CONTRACTOR:

Recommended by:

INSTITUTO FAMILIAR DE LA RAZA


BARBARA A. GARCIA, MPA.
Director of Health
Department of Public Health


GERMAN WALTEROS, Acting Executive Director
ESTELA R. GARCIA, DMH
Executive Director
2919 Mission Street
San Francisco, California 94110

Approved as to Form:

City vendor number: 09835

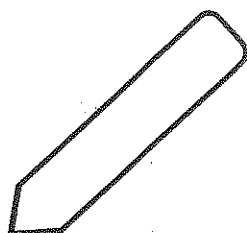
Dennis J. Herrera
City Attorney

By:


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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Appendix A

Community Behavioral Health Services Services to be provided by Contractor

I. 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. Evaluation:

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

D. Possession of Licenses/Permits:

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

E. Adequate Resources:

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

F. Admission Policy:

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

G. San Francisco Residents Only:

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

H. Grievance Procedure:

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

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

I. Infection Control, Health and Safety:

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

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

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

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

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

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

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

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

J. Acknowledgment of Funding:

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

K. Client Fees and Third Party Revenue:

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

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

L. 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. Patients Rights:

All applicable Patients Rights laws and procedures shall be implemented.

N. Under-Utilization Reports:

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

O. Quality Improvement:

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

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

P. 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. Harm Reduction

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

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, CONTRACTOR 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
Program: Adult Outpatient Behavioral Health Clinic
Fiscal Year: 2012-2013
CMS#: 6960

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

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)

2. **Nature of Document**

☐ New ☒ Renewal ☐ Modification

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.

5. **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

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.

Crisis Intervention - 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.

Targeted Case Management - 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.

Low Threshold - 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.

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 intra-agency 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 case 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.

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 resources 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:

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 then 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.

Contractor: Instituto Familiar de la Raza
Program: Behavioral Health Primary Care Integration
Fiscal Year: 2012-2013
CMS#: 6960

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

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 ☒ Renewal ☐ Modification

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's 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% x 1FTE 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

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 supervisor.
- 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 bi-weekly 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.

1. **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

3. **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

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	D
Units of Service (UOS) Description	UOS	Number of Clients	UDC
Wellness Promotion Activities – Small groups/Talleres 2 Groups/week x 5 participant/group=10 participants/week 10 participants/week x 46wks = 460 clients HP at 0.41FTE x 15hrs/wk x 46wks x 65% LOE x 3HPs UOS 2grps/wk x 2hrs/grp x 46wks x 3staff = 552UOS	552	460	100
Wellness Promotion Activities - Pro-Social Cultural Events -8 Ceremonies x 50 participants/Ceremony = 400 participants/UOS - 1 Group Activity: * Encuentro de Culturas/Community Forum on Trauma 1 event x 60 participants = 60 UOS	400 60	400 60	N/A 60

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			
TOTAL	1012	920	160
Units of Service (UOS) Description	UOS	Number of Clients	UDC
Individual and Family Therapeutic Services 12-1hr interventions x 60 individuals = 720UOS MHS/EI at 0.81FTE x 29.75hrs/wk x 46wks x 65% LOE UOS=# of clients x # of hrs	720	60	60
Outreach and Engagement HPs will devote approximately 2hrs a week each to Outreach and Engagement activities 40 O&E contacts/mo x 11mos = 440UOS 0.21 FTE x 15hrs/wk x 46 Wks x 65% LOE x 3HPs UOS =# of contacts	440	440	N/A
Training and Coaching Activities 40 hrs of ongoing training throughout the contract period for each HP 40hrs x 3 Mayan/Indigenous HPs and 1 Senior Promotora = 160 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 1 SP	160	4	4
TOTAL	1,320	504	64
GRAND TOTAL	2,332	1,424	224

6. 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

Date: 07/01/12

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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

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)

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.

8. 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 staff 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.

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

A client satisfaction survey will be developed and administered to a % of the Mayan/indigenous community members participating in the IHWC activities in 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 Executive 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 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.
- E. 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.

Contractor: Instituto Familiar de la Raza
Program: Child Outpatient Behavioral Health Services
(General Fund)
Fiscal Year: 2012-2013
CMS#: 6960

Appendix A-4a
Contract Term: 07/01/12 through 06/30/13

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 ☒ Renewal ☐ Modification

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:

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 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.

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 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.

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 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.

Crisis Intervention - 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.

Targeted Case Management - 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.

Outreach Services/Consultation - 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.

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 5 years-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 PURQC 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

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 culturally therapeutic drumming 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.

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.

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 then 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.

Contractor: Instituto Familiar de la Raza
Program: Child Outpatient Behavioral Health Services-
EPSDT
Fiscal Year: 2012-2013
CMS#: 6960

Appendix A-4b
Contract Term: 07/01/12 through 06/30/13

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

2. **Nature of Document**

☐ New ☒ Renewal ☐ Modification

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:

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 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.

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 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.

Medication Support Services - 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.

Crisis Intervention - 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.

Targeted Case Management - 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 5 years-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

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 PURQC 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.

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.

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 then reviewed once again to ensure compliance. Feedback is stored in the PURQC binder.

Contractor: Instituto Familiar de la Raza
Program: Child Outpatient Behavioral Health Services-
EPSDT
Fiscal Year: 2012-2013
CMS#: 6960

Appendix A-4b
Contract Term: 07/01/12 through 06/30/13

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.

Contractor: Instituto Familiar de la Raza
Program: Early Intervention Program (EIP) Child Care
Mental Health Consultation Initiative
Fiscal Year: 2012-2013
CMS#: 6960

Appendix A-5
Contract Term: 07/01/12 through 06/30/13

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

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**

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	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	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	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			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.

- **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
Program Observation	Initially upon entering the site and 2 to 3 times a year per classroom equaling 4 to 6 hours per year	Initially upon entering the site and 2 to 4 times a year per classroom equaling 6 to 10 hours per year	Initially upon entering the site and 2 to 4 times a year per classroom equaling 10 to 20 hours per year
Meeting with Director	Monthly 1 hour per month	Monthly 1 to 2 hours per month	Monthly 2 to 3 hours per month

Meeting with Staff	Bi-monthly with all staff members (usually by classroom) 2 hours a month	Bi-monthly with all staff members (usually by classroom) 2 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.

- 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.

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

Contractor: Instituto Familiar de la Raza
Program: Early Intervention Program- Child Care
Fiscal Year: 2012-2013
CMS#: 6960

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

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.

Contractor: Instituto Familiar de la Raza
Program: La Cultura Cura ISCS/EPSTDT Services
Fiscal Year: 2012-2013
CMS#: 6960

Appendix A-6
Contract Term: 07/01/12 through 06/30/13

1. Program Name: La Cultura Cura ISCS/EPSTDT 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

2. Nature of Document

☐ New ☒ Renewal ☐ Modification

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:

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 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 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.
- 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.
- Case Management - 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.
- Crisis Intervention - 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/EPSTDT 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

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

Referrals: 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, AHM, HIGHER, and MST. All forms authorizing consent for treatment and required waivers will be signed prior to initiation of services.

Comprehensive Needs Assessment: 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

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

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

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.

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

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 "CulturArte" 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

"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 2012-2013, 65% 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 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 then 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.

1. **Program Name:** MHSA-PEI School-Based Youth Early Intervention Program- Consultation, Affirmation, Resources, Education & Empowerment Program (CARE) James Lick Middle School and 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

2. **Nature of Document**

☐ New ☒ Renewal ☐ Modification

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.

4. **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.

5. **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:

- 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.
- 2) 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

- 1) 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 for 10-12 sessions.

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

#	Center	Consultant	# of hrs per week	# of Children	# of Classrooms	# of Teachers
1	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 0.44 FTE x 35hrs x 44 wks x 83% LOE	567 Individual	570 Incl.
- Group 0.51 FTE x 35hrs x 44 wks x 83% LOE	651 Group	
Classroom or Child Observation	255	Incl.

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

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

Program: Early Intervention Program (EIP) - Consultation, Affirmation, Resources, Education, Empowerment Program (CARE) James Lick Middle School and Hillcrest Elementary School
Fiscal Year: 2012-2013
CMS#: 6960

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

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, follow-up 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

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.

Contractor: Instituto Familiar de la Raza
Program: Early Intervention Program (EIP) Child Care
Mental Health Consultation Initiative
Fiscal Year: 2012-2013
CMS#: 6960

Appendix A-8
Contract Term: 07/01/12 through 06/30/13

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

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.

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	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	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	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			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.

- **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
Program Observation	Initially upon entering the site and 2 to 3 times a year per classroom equaling 4 to 6 hours per	Initially upon entering the site and 2 to 4 times a year per classroom equaling 6	Initially upon entering the site and 2 to 4 times a year per classroom equaling 10 to 20 hours

	year	to 10 hours per year	per year
Meeting with Director	Monthly 1 hour per month	Monthly 1 to 2 hours per month	Monthly 2 to 3 hours per month
Meeting with Staff	Bi-monthly with all staff members (usually by classroom) 2 hours a month	Bi-monthly with all staff members (usually by classroom) 2 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

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.

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

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.

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.

1. **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

2. **Nature of Document**

☐ New ☒ Renewal ☐ Modification

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.

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.

5. **Modalities/Interventions**

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

Outreach and Engagement

- i. 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.
- ii. The peer counselor will recruit 15 youth and 12 parents to groups developed by program staff to address reunification.
- iii. Peer counselor will be trained to co-facilitate the youth groups

Screening and Assessment

- i. Behavioral Health Specialist in this program will conduct a min of 25 risk assessments of youth 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

- i. 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.
- ii. Care Development Meetings follow a methodology that includes check-in, referrals to service, 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 -

- i. 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

- ii. 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

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

- iii. Short-term interventions assist individuals and families in stabilization of traumatic conditions due 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.
- iv. During FY 12-13, staff will develop culturally and socially relevant psycho education workshops 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 period.

Community Interventions

- v. 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.
- vi. *Debriefing:* TR&HS will support MCRN efforts to prevent retaliations and escalations of community 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 NWCN Program Director, responsible for crisis response and aftercare in focus areas of Mission District, Western Addition, OMI, SOMA-Tenderloin districts.
- vii. *Ceremonies and Dialogue on Peace:* IFR has a well-established history of integrating cultural and 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.

<i>Units of Service (UOS) Description</i>	<i>Units of Service</i>	<i>Unduplicated Clients (UDC)</i>
<i>Wellness Promotion Activities</i> <i>Outreach and Engagement:</i> 0.43 FTE Peer Counselor will provide 500 hours of I & R and client engagement into program activities. <i>Individual and Group Interventions</i> Individual Therapeutic Services 1.30 FTE x 35 hrs/wk x 46 wks x 65% level of effort <i>Group Interventions</i> 0.20 FTE x 35 hrs/wk x 46 wks x 65% level of effort Two psycho-educational groups x2 sessions of 2 hours to serve 12 parents. Two sessions of 2 hours for two groups of youth (up to 15 unduplicated youth.)		50 (included)
<i>Community Dialogues And Debriefing</i> Drumming groups, Peace Dialogues, and CRN 0.25 FTE x 35 hrs/wk x 46 wk x 65% level of effort	N/A	75

<i>Mental Health Interventions</i> <i>Care Development/Consultation</i> <i>0.25 FTE x 35 hrs/wk x 46 wk x 65% level of effort</i> <i>18 meetings to up to 10 providers.</i>	<i>N/A</i>	<i>10</i>
<i>Total UOS Delivered</i>	<i>N/A</i>	
<i>Total UDC Served</i>		<i>135</i>

6. 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

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.

7. Objectives and Measurements

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

- i. 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.

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 CQI 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.
- 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 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.

Contractor: Instituto Familiar de la Raza
Program: Early Intervention Program (EIP) Child Care
Mental Health Consultation Initiative
Fiscal Year: 2012-2013
CMS#: 6960

Appendix A-10
Contract Term: 07/01/12 through 06/30/13

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

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**

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	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	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	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			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.

- **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
Program Observation	Initially upon entering the site and 2 to 3 times a year per classroom equaling 4 to 6 hours per year	Initially upon entering the site and 2 to 4 times a year per classroom equaling 6 to 10 hours per year	Initially upon entering the site and 2 to 4 times a year per classroom equaling 10 to 20 hours per year
Meeting with Director	Monthly 1 hour per month	Monthly 1 to 2 hours per month	Monthly 2 to 3 hours per month

Meeting with Staff	Bi-monthly with all staff members (usually by classroom) 2 hours a month	Bi-monthly with all staff members (usually by classroom) 2 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

4. 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:

- 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

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

Contractor: Instituto Familiar de la Raza
Program: Early Intervention Program- Child Care
Fiscal Year: 2012-2013
CMS#: 6950

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.

Appendix B Calculation of Charges

I. Method of Payment

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

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

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

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

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

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

B. Final Closing Invoice

(1) Fee For Service Reimbursement:

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

(2) Cost Reimbursement:

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

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

D. Upon the effective date of this Agreement, contingent upon prior approval by the CITY'S Department of Public Health of an invoice or claim submitted by Contractor, and of each year's revised Appendix A (Description of Services) and each year's revised Appendix B (Program Budget and Cost Reporting Data Collection Form), and within each fiscal year, the CITY agrees to make an initial payment to CONTRACTOR not to exceed twenty-five per cent (25%) of the General Fund 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.

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

July 1, 2010 through June 30, 2011	\$ 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.

C. 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.

DPH 1: Department of Public Health Contract Budget Summary

DMH Legal Entity Number (MHI): 00336 Prepared By/Phone #: Benny Ng 415 229-0546 Fiscal Year: FY 12-13
 DMH Legal Entity Name (MHI)/Contractor Name (SA): Instituto Familiar de la Raza, Inc. Document Date: 7/1/2012

Contract Appendix Number:

	B-1	B-2	B-3	B-4a	B-4b	B-5	
FUNDING USES	Adult Outpatient Behavioral Health Clinic 3818 7/1/12-6/30/13	Behavioral Health Primary Care Integration 3818 7/1/12-6/30/13	Indigena Health & Wellness Collaborative 3818 7/1/12-6/30/13	Child Outpatient Behavioral Health Services 3818 7/1/12-6/30/13	Child Outpatient EPSDT 3818 7/1/12-6/30/13	EI - Childcare Health Consultation Initiative 3818 7/1/12-6/30/13	SUB-TOTAL
Salaries & Employee Benefits:	444,538	71,097	178,218	85,061	144,130	480,626	1,403,660
Operating Expenses:	37,508	5,917	47,545	11,777	15,781	48,596	167,124
Capital Expenses:							
Subtotal Direct Expenses:	482,046	77,014	225,763	96,828	159,911	529,222	1,570,784
Indirect Expenses:	61,077	9,862	29,012	12,320	20,405	67,489	200,165
Indirect %:	13%	13%	13%	13%	13%	13%	
TOTAL FUNDING USES	543,123	86,866	254,775	109,148	180,316	596,711	1,770,939
					Employee Fringe Benefits %		27.62%
CBHS MENTAL HEALTH FUNDING SOURCES							
MH FED - SDMC Regular FFP (50%)	94,186			19,320	87,550	19,680	220,736
MH STATE - EPSDT State Match					78,793	17,712	96,505
MH WORK ORDER - Human Services Agency						292,292	292,292
MH WORK ORDER - Dept. Children, Youth & Families						36,134	36,134
MH WORK ORDER - Dept. Children, Youth & Families						48,000	48,000
MH WORK ORDER - First Five (SF Children & Family Commission)						177,660	177,660
MH WORK ORDER - First Five (SF Children & Family Commission)			254,775				254,775
MH STATE - MHSA							
MH Realignment	104,442			26,271			130,713
MH COUNTY - General Fund	344,495	86,866		63,557	13,973	5,233	514,124
MH COUNTY - General Fund - W/O CODB						690	690
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	543,123	86,866	254,775	109,148	180,316	596,711	1,770,939
CBHS SUBSTANCE ABUSE FUNDING SOURCES							
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	-	-	-	-	-	-	-
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES							
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES	-	-	-	-	-	-	-
TOTAL DPH FUNDING SOURCES	543,123	86,866	254,775	109,148	180,316	596,711	1,770,939
NON-DPH FUNDING SOURCES							
TOTAL NON-DPH FUNDING SOURCES	543,123	86,866	254,775	109,148	180,316	596,711	1,770,939

[illegible]

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

DPH Legal Entity Name (MHI) Contractor Name (SAY) Instituto Familiar de la Raza, Inc.										Contract Appendix #: B-1	
Provider Name: Instituto Familiar de la Raza, Inc.										Document Date: 7/1/2012	
Provider Number: 3818										Fiscal Year: FY 12-13	
Program Name: Adult Outpatient- Behavioral Health Clinic										Adult Outpatient- Behavioral Health Clinic	
Program Code (formerly Reporting Unit): 38183										38183	
Mod/SFC (MHI) or Modality (SA) 15/10-57										15/60-69	
Service Description: Adult Outpatient- Behavioral Health Clinic										Adult Outpatient- Behavioral Health Clinic	
Funding Term: 7/1/12-6/30/13										7/1/12-6/30/13	
Salaries & Employee Benefits: 278,860										104,210	
Operating Expenses: 23,529										8,793	
Capital Expense (greater than \$5,000): 302,389										113,003	
Subtotal Direct Expenses: 38,314										14,318	
Indirect Expenses: 340,703										127,321	
TOTAL FUNDING USES: CFDA #:										62,195	
MH FED - SDMC Regular FFP (50%): 62,195										23,242	
MH STATE - ERS/DT State Match: 212,991										79,595	
MH WORK ORDER - Dept. Children, Youth & Families: 65,517										24,484	
MH WORK ORDER - First Five (SF Children & Family Commission): 212,991										79,595	
MH WORK ORDER - First Five (SF Children & Family Commission): 212,991										79,595	
MH STATE - MESA: 65,517										24,484	
MH Realignment: 212,991										79,595	
MH COUNTY - General Fund: 212,991										79,595	
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES: CFDA #:										340,703	
CBHS SUBSTANCE ABUSE FUNDING SOURCES: CFDA #:										127,321	
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES: CFDA #:										127,321	
OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES: CFDA #:										5,931	
TOTAL DPH COMMUNITY PROGRAMS FUNDING SOURCES: CFDA #:										5,931	
TOTAL DPH FUNDING SOURCES: 340,703										127,321	
NON-DPH FUNDING SOURCES: 340,703										127,321	
TOTAL NON-DPH FUNDING SOURCES: 340,703										127,321	
TOTAL FUNDING SOURCES (DPH AND NON-DPH): 340,703										127,321	
CBHS UNITS OF SERVICE AND UNIT COST: 340,703										127,321	
Substance Abuse Only - Licensed Capacity for Med/Cal Provider with Narcotic Tx Program: 128,084										25,931	
Substance Abuse Only - Licensed Capacity for Med/Cal Provider with Narcotic Tx Program: 128,084										25,931	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY): 2.66										4.91	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES): 2.66										4.91	
Published Rate (Med/Cal Providers Only): 2.70										5.00	
Unduplicated Clients (UDC): 171										171	

Appendix #: B-1

Provider Number: 3818

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

Document Date: 7/1/12

	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: FTE	7/1/12-6/30/13 Salaries	Term: FTE	Salaries	Term: FTE	Salaries
	Position Title	7/1/12-6/30/13 Salaries	Term: FTE	Salaries	Term: FTE	Salaries
	Program Director	0.12 \$ 12,033.00	0.12	12,033		
	Program Manager	0.83 \$ 56,575.00	0.83	56,575		
	Program Coordinator	0.41 \$ 20,090.00	0.41	20,090		
	Psychiatrist	0.33 \$ 60,000.00	0.33	60,000		
	Psychologist/Clinical Supervisor	0.33 \$ 25,448.00	0.33	25,448		
	Behavioral Health Specialists	2.10 \$ 100,915.00	2.10	100,915		
	Eligibility Worker/BH Specialist	0.60 \$ 29,350.00	0.60	29,350		
	Program Assistants	1.13 \$ 48,051.00	1.13	48,051		
Totals:	5.86	\$352,462	5.86	\$352,462		

Employee Fringe Benefits:	26%	\$92,076	26%	\$92,076
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TOTAL SALARIES & BENEFITS

\$444,538

	\$444,538
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Time (min)	% Total Protein (Untreated)	% Total Protein (Treated)
0	100	100
10	100	20
20	100	25
30	100	30
40	100	35
50	100	40
60	100	45
70	100	50
80	100	55
90	100	60
100	100	65
120	100	68
140	100	70
160	100	72
180	100	75

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n	alpha=0.05	alpha=0.10	alpha=0.20	alpha=0.50	alpha=1.00
10	10	8	6	4	2
20	20	15	10	6	3
50	50	40	25	15	8
100	100	100	100	100	100

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

DPH Legal Entity Name (MHI)/Contractor Name (SAI): Instituto Familiar de la Raza, Inc. Provider Name: Instituto Familiar de la Raza, Inc. Provider Number: 3818		Contract Appendix #: B-2 Document Date: 7/1/2012 Fiscal Year: FY 12-13	
Program Name: Behavioral Program Code (Formerly Reporting Unit): Health Primary Model/SC (MHI) or Modality (SAI): Care Integration Service Description: N/A Funding Term: 7/1/12-6/30/13			
FUNDING USES Salaries & Employee Benefits: 71,097 Operating Expenses: 5,917 Capital Expenses (greater than \$5,000): Subtotal Direct Expenses: 77,014 Indirect Expenses: 9,852 TOTAL FUNDING USES: 86,866 CFDA #:		TOTAL 71,097 5,917 77,014 9,852 86,866	
CBHS MENTAL HEALTH FUNDING SOURCES CFDA #:			
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 STATE - MHSA MH Realignment MH COUNTY - General Fund			
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES CFDA #:		86,866 86,866	
CBHS SUBSTANCE ABUSE FUNDING SOURCES CFDA #:			
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES CFDA #:			
OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES CFDA #:			
TOTAL OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES CFDA #:			
NON-DPH FUNDING SOURCES CFDA #:			
TOTAL NON-DPH FUNDING SOURCES CFDA #:			
TOTAL FUNDING SOURCES (DPH AND NON-DPH) CFDA #:		86,866 86,866	
CBHS UNITS OF SERVICE AND UNIT COST Number of Beds Purchased (if applicable): Substance Abuse Only - Non-Rx 33 - ODP # of Group Sessions (classes): Substance Abuse Only - Licensed Capacity for Med/Cal Provider with Narcotic TX Program: Cost Reimbursement (CR) or Fee For Service (FFS): Units of Service: Unit Type: Staff Hour Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY): Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES): Published Rate (Med/Cal Providers Only): Unduplicated Clients (UDC)		2,002 CR CR 395 395	
TOTAL UDC:		395	

DPH 3: Salaries & Benefits Detail

Provider Number: 3818

Appendix #: B.2

Provider Name: Instituto Familiar de la Raza, Inc. - BH/PC Integration

Document Date: 7/1/12

	Position Title	7/1/12-6/30/13		7/1/12-6/30/13		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: FTE	Salaries	Term: FTE	Salaries	Term: FTE	Salaries	Term: FTE	Salaries	Term: FTE	Salaries	Term: FTE	Salaries	Term: FTE	Salaries
	Program Director	0.03	\$ 2,490.00	0.03	2,490										
	Behavioral Health Specialists	1.00	\$ 49,335.00	1.00	49,335										
	Program Assistants	0.08	\$ 3,520.00	0.08	3,520										
			\$ -												
	Totals:	1.11	\$55,345	1.11	\$55,345										

Employee Fringe Benefits:	28%	\$15,752	28%	\$15,752	#DIV/0!	#DIV/0!
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TOTAL SALARIES & BENEFITS

\$71,097

\$71,097

Provider Number: 3818

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

Appendix #: B-2[illegible]

TOTAL OPERATING EXPENSES

\$5,917

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

DMH Legal Entity Name (MHI)/Contractor Name (SA): Instituto Familiar de la Raza, Inc.		Contract Appendix #		B-3
Provider Name: Instituto Familiar de la Raza, Inc.		Document Date:		7/1/2012
Provider Number: 3618		Fiscal Year:		FY 12-13
Program Name: Collaborative		Indigena Health & Wellness		
Program Code (formerly Reporting Unit): N/A				
Model/STC (MHI) or Modality (SA): 45/10-19				
Service Description: Mat. Promotion for Home Community				
FUNDING TERM: 7/1/12-6/30/13				
TOTAL				
FUNDING USES				
Salaries & Employee Benefits:		178,218		
Operating Expenses:		47,545		
Capital Expenses (greater than \$5,000):				
Subtotal Direct Expenses:		225,763		
Indirect Expenses:		29,012		
TOTAL FUNDING USES:		254,775		
CBHS MENTAL HEALTH FUNDING SOURCES				
CFDA #:				
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 STATE - MMSA		254,775		
MH Realignment				
MH COUNTY - General Fund				
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		254,775		
CFDA #:				
CBHS SUBSTANCE ABUSE FUNDING SOURCES				
CFDA #:				
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES				
OTHER DPH/COMMUNITY PROGRAMS FUNDING SOURCES				
CFDA #:				
TOTAL OTHER DPH/COMMUNITY PROGRAMS FUNDING SOURCES				
TOTAL DPH FUNDING SOURCES		254,775		
NON-DPH FUNDING SOURCES				
TOTAL NON-DPH FUNDING SOURCES				
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		254,775		
CBHS UNITS OF SERVICE AND UNIT COST				
Number of Beds Purchased (if applicable)				
Substance Abuse Only - Non-Ras 33 : ODF # of Group Sessions (classes)				
Substance Abuse Only - Licensed Capacity for Med. Cal Provider with Narcotic TX Program				
Cost Reimbursement (CR) or Fee-For-Service (FFS)		CR		
Units of Service:		2,332		
Unit Type:		Staff Hour		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)		CR		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		CR		
Published Rate (Med. Cal Providers Only)				
Unduplicated Clients (UDC)		224		
Total UDC:		224		

Appendix #: B-3

Provider Number: 3818

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

Document Date: 7/1/12

[illegible][illegible]

TOTAL SALARIES & BENEFITS

\$178,218

1

Circumstance	Percentage (%)
No circumstances	10
Self-defense	85
To protect others	80
To protect property	75
To protect the environment	65
To protect the community	60
To protect the country	55
To protect the world	50

100 200 300 400 500 600 700 800 900 1000

Provider Number: 3818

Appendix #: B-3

Provider Number: 3818
 Provider Name: Instituto Familiar de la Raza, Inc. - Indigena Health & Wellness COLL
 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)
	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			
Utilities(Elec, Water, Gas, Phone, Scavenger)	\$ 2,913.00		2,913			
Office Supplies, Postage	\$ 1,837.00		1,837			
Building Maintenance Supplies and Repair	\$ 3,800.00		3,800			
Printing and Reproduction	\$ 317.00		317			
Insurance	\$ 1,837.00		1,837			
Staff Training	\$ 775.00		775			
Staff Travel (Local & Out of Town)	\$ 100.00		100			
Rental of Equipment	\$ 1,110.00		1,110			
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)						
Consultant and Clinician	\$ 700.00		700			
A Association Mayab to provide Outreach & Information Referrals	\$ 20,928.00		20,928			
Other:						
Program/Educational Supplies	\$ 250.00		250			
Client Related Expenses and Cultural Events	\$ 6,950.00		6,950			

TOTAL OPERATING EXPENSES

\$47,545

\$47,545

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

DMH Legal Entity Name (MHI)/Contractor Name (SA):		Instituto Familiar de la Raza, Inc.		Contract Appendix #:		B-4a
Provider Name:		Instituto Familiar de la Raza, Inc.		Document Date:		7/1/2012
Provider Number:		3818		Fiscal Year:		FY 12-13
Program Name:	Child Outpatient Behavioral Health Services	Child Outpatient Behavioral Health Services	Child Outpatient Behavioral Health Services	Child Outpatient Behavioral Health Services	Child Outpatient Behavioral Health Services	
Program Code (formerly Reporting Unit):	38186	38186	38186	38186	38186	
Model/SFC (MHI or Modality (SA))	15/10-57	15/60-69	15/70-79	15/01-09	45/20-29	
Service Description:	MH Svc	Medication Support	Crisis Intervention-OP	Case Mgt/Briefcase	Crisis Client Svc	
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	7/1/12-6/30/13	TOTAL
FUNDING USES	Salaries & Employee Benefits: 60,123 Operating Expenses: 8,325 Capital Expenses (greater than \$5,000): Subtotal Direct Expenses: 68,448 Indirect Expenses: 8,709 TOTAL FUNDING USES: 77,157	5,194 719 5,913 752 6,665	1,270 176 1,446 184 1,630	2,810 389 3,199 407 3,606	15,655 2,168 17,822 2,268 20,090	85,051 11,777 96,828 12,320 109,148
CBHS MENTAL HEALTH FUNDING SOURCES	CFDA #:					
MH FED - SDMC Regular FFP (50%)		16,738	1,446	354	782	19,320
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 STATE - MHSA						
MH Realignment		18,571	1,604	392	868	20,435
MH COUNTY - General Fund		41,847	3,615	884	1,956	48,302
CBHS SUBSTANCE ABUSE FUNDING SOURCES	CFDA #:					
CBHS SUBSTANCE ABUSE FUNDING SOURCES		77,157	6,665	1,630	3,606	109,148
OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES	CFDA #:					
OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES						
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES						
TOTAL DPH COMMUNITY PROGRAMS FUNDING SOURCES						
TOTAL DPH FUNDING SOURCES		77,157	6,665	1,630	3,606	109,148
NON-DPH FUNDING SOURCES						
TOTAL NON-DPH FUNDING SOURCES						
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		77,157	6,665	1,630	3,606	109,148
CBHS UNITS OF SERVICE AND UNIT COST	Number of Beds Purchased (if applicable)					
Substance Abuse Only - Non Res 33 - ODF # of Group Sessions (Classes)						
Substance Abuse Only - Licensed Capacity for Med/Cat Provider with Narcotic TX Program						
Cost Reimbursement (CR) or Fee-For-Service (FFS)						
Units of Service:						
Staff Minute	29,006	1,357	413	1,750	284	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)	2.66	4.91	3.95	2.06	70.69	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	2.66	4.91	3.95	2.06	70.69	
Published Rate (Med/Cat Providers Only)	2.70	5.00	4.10	2.20	76.31	
Unduplicated Clients (UDC)	33	33	33	33	33	33

[illegible]

	28%	\$18,416	28%	\$18,416	#DIV/0!	#DIV/0!
Employee Fringe Benefits:	28%	\$18,416	28%	\$18,416	#DIV/0!	#DIV/0!

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Appendix #: B-4a

7/1/2012

\$11,777

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

DMH Legal Entity Name (WHY)/Contractor Name (SA): Instituto Familiar de la Raza, Inc.					Contract Appendix #: B-4b	
Provider Name: Instituto Familiar de la Raza, Inc.					Document Date: 7/1/2012	
Provider Number: 3818					Fiscal Year: FY 12-13	
Program Name: Program Code (formerly Reporting Unit): Mode/SFC (WHY) or Modality (SA)		Child Outpatient EPSDT	Child Outpatient EPSDT	Child Outpatient EPSDT	Child Outpatient EPSDT	
Service Description: Funding Term:		MH Svc 7/1/12-6/30/13	Medication Support 7/1/12-6/30/13	Crisis Intervention 7/1/12-6/30/13	Case Mgt Brokerage 7/1/12-6/30/13	TOTAL
Salaries & Employee Benefits:		137,925	2,485	759	2,961	144,130
Operating Expenses:		15,102	272	83	324	15,781
Capital Expenses (greater than \$5,000):						
Subtotal Direct Expenses:		153,026	2,757	842	3,286	159,911
Indirect Expenses:		19,527	352	107	419	20,405
TOTAL FUNDING USES:		172,553	3,109	949	3,705	180,316
CBHS MENTAL HEALTH FUNDING SOURCES						
CFDA #:						
MH FED - SDMC Regular FFP (50%)						
MH STATE - EPSDT State Match		83,781	1,510	461	1,799	87,550
MH WORK ORDER - Human Services Agency		75,401	1,359	415	1,619	78,793
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						
MH COUNTY - General Fund		13,971	241	74	287	13,973
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		172,553	3,109	949	3,705	180,316
CBHS SUBSTANCE ABUSE FUNDING SOURCES						
CFDA #:						
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES						
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES						
CFDA #:						
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES		172,553	3,109	949	3,705	180,316
TOTAL DPH FUNDING SOURCES		172,553	3,109	949	3,705	180,316
NON-DPH FUNDING SOURCES						
TOTAL NON-DPH FUNDING SOURCES						
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		172,553	3,109	949	3,705	180,316
CBHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased (if applicable)						
Substance Abuse Only - Licensed Capacity for Med/Cat Provider with Narcotic Tx Program						
Cost Reimbursement (CR) or Fee-For-Service (FFS)						
Units of Service:						
Unit Type						
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)		64,870	633	240	1,799	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		2,66	4,91	3,95	2,06	
Published Rate (Med/Cat Providers Only)		2,66	4,91	3,95	2,06	
Unpublished Clients (UDC)		71	71	71	71	71
Total UDC:		71	71	71	71	71

Appendix #: B-4b

Provider Name: Instituto Familiar de la Raza, Inc. - Children EPSDT

Document Date: 7/1/12

Employee Fringe Benefits:	28%	\$31,542	28%	\$31,542				
TOTAL SALARIES & BENEFITS				\$144,130				

Provider Number: 3818

Appendix #: B-4b

Provider Number:	3818
Provider Name:	Instituto Familiar de la Raza, Inc. - Children EPSDT
Document Date:	7/1/2012

Expenditure Category	TOTAL Term: 7/1/12-6/30/13	General Fund Term: 7/1/12-6/30/13	Funding Source 1 (overwrite here with Funding Source Name) Term:	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:
Rental of Property	\$ 3,893.00	3,893				
Utilities(Elec, Water, Gas, Phone, Scavenger)	\$ 1,846.00	1,846				
Office Supplies, Postage	\$ 1,164.00	1,164				
Building Maintenance Supplies and Repair	\$ 3,017.00	3,017				
Printing and Reproduction	\$ 201.00	201				
Insurance	\$ 1,164.00	1,164				
Staff Training	\$ 540.00	540				
Staff Travel (Local & Out of Town)	\$ -	-				
Rental of Equipment	\$ 703.00	703				
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)						
Internship Trainer Fees	\$ 750.00	750				
Psychiatrist fee	\$ 2,003.00	2,003				
Other:						
Program/Educational Supplies	\$ 200.00	200				
Client Related Expenses	\$ 300.00	300				
Cultural Events	\$ -	-				

TOTAL OPERATING EXPENSES

\$15,781

\$15,781

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

DMH Legal Entity Name (MHI):		Contractor Name (SA):		Instituto Familiar de la Raza, Inc.		Contract Appendix #		B-5 P1 of 2	
Provider Name:		Provider Name:		Instituto Familiar de la Raza, Inc.		Document Date:		11/21/2012	
Provider Number:		3818				Fiscal Year:		FY 12-13	
Program Name:		EI - Childcare MH Consultation Initiative		EI - Childcare MH Consultation Initiative		EI - Childcare MH Consultation Initiative		EI - Childcare MH Consultation Initiative	
Program Code (Formerly Reporting Unit):		38182		38182		38182		38182	
Model/SFC (MHI) or Modality (SA)		45/20-29		45/20-29		45/20-29		45/20-29	
Service Description:		Consultation (Group)/Crmnty Client Svcs		Consultation (Individuals)/Crmnty Client Svcs		Consultation (Class/Observat on)/Crmnty Client Svcs		Training/Parent Support (Group)/Crmnty Client Svcs	
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	
FUNDING USES		Salaries & Employee Benefits:		133,076		130,128		63,630	
		Operating Expenses:		13,455		13,157		6,434	
		Capital Expenses (greater than \$5,000):							
		Subtotal Direct Expenses:		146,531		143,285		70,064	
		Indirect Expenses:		18,686		18,272		8,935	
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES:		165,218		161,558		78,999		35,046	
CFDA #:									
MH FEED - SDMC Regular FFP (60%)									
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 STATE - MHSA									
MH Realignment									
MH COUNTY - General Fund									
MH COUNTY - General Fund - WO CODE									
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		165,218		161,558		78,999		35,046	
CFDA #:									
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES									
TOTAL DPH FUNDING SOURCES		165,218		161,558		78,999		35,046	
NON-DPH FUNDING SOURCES									
TOTAL NON-DPH FUNDING SOURCES									
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		165,218		161,558		78,999		35,046	
CBHS UNITS OF SERVICE AND UNIT COST									
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (Classes)									
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program									
Cost Reimbursement (CR) or Fee-For-Service (FFS):		FFS		FFS		FFS		FFS	
Units of Service:		2,203		2,154		1,053		467	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)		75.00		75.00		75.00		75.00	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		75.00		75.00		75.00		75.00	
Published Rate (Medi-Cal Providers Only)		92.00		92.00		92.00		92.00	
Unduplicated Clients (UDC):		752		752		752		752	
TOTAL UDC:									

[illegible]

Provider Number: 3818

Provider Number: 3818

Provider Name: Instituto Familiar de la Raza, Inc. - Childcare MH Consultation Initiative
Document Date: 7/1/12

Appendix #: B-5

	TOTAL	General Fund	HSA Work Order	DCYF work Order	SFC/CISRI WO	SFC/C/PFA WO
	Term: 7/1/12-6/30/13 Position Title FTE Salaries	Term: 7/1/12-6/30/13 FTE Salaries	Term: 7/1/12-6/30/13 FTE Salaries	Term: 7/1/12-6/30/13 FTE Salaries	Term: 7/1/12-6/30/13 FTE Salaries	Term: 7/1/12-6/30/13 FTE Salaries
Program Director	0.28 \$ 24,429.00	0.02 1,745	0.13 11,966	0.02 1,479	0.02 1,965	0.08 7,273
Program Manager	0.62 \$ 43,289.00	0.04 3,092	0.31 21,205	0.04 2,621	0.05 3,482	0.19 12,889
Program Coordinator	0.13 \$ 6,289.00	0.01 449	0.06 3,081	0.01 381	0.01 506	0.04 1,872
Psychologist/Kinical Supervisor	0.06 \$ 4,343.00	0.00 310	0.03 2,127	0.00 263	0.00 349	0.02 1,293
Mental Health Specialists	5.41 \$ 274,724.00	0.39 19,624	2.65 134,570	0.33 16,636	0.43 22,099	1.61 81,794
Program Assistants	0.54 \$ 24,182.00	0.04 1,727	0.27 11,845	0.03 1,464	0.04 1,945	0.16 7,200
Total:	7.02 \$377,256	0.50 \$28,949	3.44 \$184,794	0.42 \$22,645	0.56 \$30,347	2.09 \$112,321

Employee Fringe Benefits:	27%	\$103,370	27%	7,384	27%	\$0,635	27%	6,450	27%	8,315	27%	30,777
TOTAL SALARIES & BENEFITS		\$430,626		\$34,333		\$235,429		\$29,104		\$38,662		\$143,098

DMH Legal Entity Name (b)(4): Contractor Name (SA): Instituto Familiar de la Raza, Inc

Contract Appendix #: B-6
Document Date: 11/21/2014
Fiscal Year: FY 12-13

Fiscal Year. F.Y. 12-13

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Abstract

TOTAL

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Figure 1. A schematic diagram of the experimental setup. The subject is seated in a chair, viewing a screen displaying a target. The target is a vertical line. The subject's hand is positioned at the starting point, and the distance from the starting point to the target is indicated. The subject is instructed to move their hand towards the target. The distance from the starting point to the target is 10 cm. The subject is instructed to move their hand towards the target. The distance from the starting point to the target is 10 cm. The subject is instructed to move their hand towards the target. The distance from the starting point to the target is 10 cm.

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Figure 1. The geometry of the problem. The coordinate system is defined by the unit vectors \mathbf{e}_1 and \mathbf{e}_2 . The angle θ is the angle between the \mathbf{e}_1 axis and the \mathbf{e}_2 axis. The angle ϕ is the angle between the \mathbf{e}_1 axis and the \mathbf{e}_3 axis. The angle ψ is the angle between the \mathbf{e}_1 axis and the \mathbf{e}_4 axis. The angle χ is the angle between the \mathbf{e}_1 axis and the \mathbf{e}_5 axis. The angle γ is the angle between the \mathbf{e}_1 axis and the \mathbf{e}_6 axis. The angle δ is the angle between the \mathbf{e}_1 axis and the \mathbf{e}_7 axis. The angle ϵ is the angle between the \mathbf{e}_1 axis and the \mathbf{e}_8 axis. The angle ζ is the angle between the \mathbf{e}_1 axis and the \mathbf{e}_9 axis. The angle η is the angle between the \mathbf{e}_1 axis and the \mathbf{e}_{10} axis. The angle θ_0 is the angle between the \mathbf{e}_1 axis and the \mathbf{e}_2 axis. The angle ϕ_0 is the angle between the \mathbf{e}_1 axis and the \mathbf{e}_3 axis. The angle ψ_0 is the angle between the \mathbf{e}_1 axis and the \mathbf{e}_4 axis. The angle χ_0 is the angle between the \mathbf{e}_1 axis and the \mathbf{e}_5 axis. The angle γ_0 is the angle between the \mathbf{e}_1 axis and the \mathbf{e}_6 axis. The angle δ_0 is the angle between the \mathbf{e}_1 axis and the \mathbf{e}_7 axis. The angle ϵ_0 is the angle between the \mathbf{e}_1 axis and the \mathbf{e}_8 axis. The angle ζ_0 is the angle between the \mathbf{e}_1 axis and the \mathbf{e}_9 axis. The angle η_0 is the angle between the \mathbf{e}_1 axis and the \mathbf{e}_{10} axis.

Figure 1. The effect of the concentration of the *Agaricus bisporus* spores on the growth of *Agaricus bisporus* on the substrate.

0.00 0.05 0.10 0.15 0.20 0.25 0.30 0.35 0.40 0.45 0.50 0.55 0.60 0.65 0.70 0.75 0.80 0.85 0.90 0.95 1.00

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[illegible]

Figure 1. A schematic diagram of the experimental setup. The subject is seated in a chair, viewing a screen displaying a target (a red dot) and a starting point (a green dot). The subject's hand is positioned at the starting point, and the target is located at a distance of 10 cm from the starting point. The subject is instructed to move their hand from the starting point to the target. The screen is divided into two regions: a starting region (green) and a target region (red). The subject's hand is positioned at the starting point, and the target is located at a distance of 10 cm from the starting point. The subject is instructed to move their hand from the starting point to the target. The screen is divided into two regions: a starting region (green) and a target region (red). The subject's hand is positioned at the starting point, and the target is located at a distance of 10 cm from the starting point. The subject is instructed to move their hand from the starting point to the target. The screen is divided into two regions: a starting region (green) and a target region (red).

Figure 1 is a line graph showing the percentage of respondents who believe that the use of force is justified in various circumstances. The Y-axis represents the percentage (0 to 100). The X-axis represents the circumstances (0 to 100). The graph shows a steady increase in the percentage of respondents who believe that the use of force is justified as the circumstances become more severe.

Figure 1 is a line graph showing the percentage of respondents who believe that the use of force is justified in various circumstances. The x-axis represents the percentage of respondents who believe that the use of force is justified in the circumstance (0% to 100%). The y-axis represents the percentage of respondents who believe that the use of force is justified in the circumstance (0% to 100%). The graph shows a positive correlation between the two variables, with a regression line and a confidence interval.

[illegible]

Age Group	Percentage of Respondents
18-29	85%
30-49	80%
50-69	75%
70+	70%

1,000

[illegible]

100

The graph illustrates the projected increase in the percentage of the population aged 65 and over in several countries from 1950 to 2050. The Y-axis represents the percentage of the population aged 65 and over, ranging from 0 to 20. The X-axis represents the year, from 1950 to 2050. The countries shown are Japan, Germany, France, Italy, and the United States. All countries show a significant increase in the percentage of the population aged 65 and over over time, with Japan and Germany showing the most dramatic increases.

Year	Japan	Germany	France	Italy	United States
1950	~10	~10	~10	~10	~10
1960	~12	~12	~12	~12	~12
1970	~14	~14	~14	~14	~14
1980	~16	~16	~16	~16	~16
1990	~18	~18	~18	~18	~18
2000	~20	~20	~20	~20	~20
2010	~22	~22	~22	~22	~22
2020	~24	~24	~24	~24	~24
2030	~26	~26	~26	~26	~26
2040	~28	~28	~28	~28	~28
2050	~30	~30	~30	~30	~30

[illegible][illegible]

Total UDC

al

B-6	12/21/2011	12-13
TOTAL	217	29,
	247,	32,
	280,	

Document Date 7/1/12

Position Title	TOTAL		General Fund/EPFSDI		DCYF		Funding Source 2 (overwrite here with Funding Source Name)		Funding Source 1 (overwrite here with Funding Source Name)		Funding Source 4 (overwrite here with Funding Source Name)	
	Term: FTE	7/1/12-6/30/13 Salaries	Term: FTE	7/1/12-6/30/13 Salaries	Term: FTE	7/1/12-6/30/13 Salaries	Term: FTE	Salaries	Term: FTE	Salaries	Term: FTE	Salaries
Program Director	0.20	\$ 16,540.00	0.11	8,762	0.09	7,338						
Program Manager	0.69	\$ 39,552.00	0.36	20,808	0.33	19,744						
Program Coordinator	0.11	\$ 5,590.00	0.05	2,941	0.05	2,849						
Case Manager	1.00	\$ 39,728.00	0.53	20,901	0.47	19,827						
MH Specialist	0.90	\$ 43,569.00	0.47	22,921	0.43	20,648						
QA Specialist	0.10	\$ 4,841.00	0.05	2,547	0.05	2,294						
Program Assistants	0.48	\$ 19,411.00	0.25	10,312	0.23	9,199						
Totals	3.48	\$169,231	1.83	\$59,031	1.65	\$80,200						

	20%	\$8,632	29%	25,995	29%	\$7,744
Employee Fringe Benefits	29%	\$217,883		\$114,616		\$103,247
TOTAL SALARIES & BENEFITS						

3-9

[illegible]

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

DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)										Contract Appendix # B-7 Pt of 2	
DPH Legal Entity Name (MH)/Contractor Name (SA): Instituto Familiar de la Raza, Inc.										Document Date: 7/1/2012	
Provider Name: Instituto Familiar de la Raza, Inc.										Fiscal Year: FY 12-13	
Provider Number: 3818											
Program Name: School-Based Youth-Centered Wellness											
Program Code (Formerly Reporting Unit): 45/20-29											
Model/FC (MH) or Modality (SA): 38182											
Service Description: Consultation (Group)/Community Client Svcs											
FUNDING TERM: 7/1/12-6/30/13											
FUNDING USES										SUB-TOTAL	
Salaries & Employee Benefits:										39,967	98,051
Operating Expenses:										13,030	31,957
Capital Expenses (greater than \$5,000):											
Subtotal Direct Expenses:										52,998	130,018
Indirect Expenses:										6,771	15,465
TOTAL FUNDING USES:										59,769	146,483
CBHS MENTAL HEALTH FUNDING SOURCES										CFDA #:	
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 STATE - MHSA										59,709	146,483
MH Realignment											
MH COUNTY - General Fund											
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES										59,709	146,483
CBHS SUBSTANCE ABUSE FUNDING SOURCES										CFDA #:	
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES										-	-
OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES										CFDA #:	
TOTAL OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES										-	-
TOTAL DPH FUNDING SOURCES										59,709	146,483
NON-DPH FUNDING SOURCES											
TOTAL NON-DPH FUNDING SOURCES										-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)										59,709	146,483
CBHS UNITS OF SERVICE AND UNIT COST											
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (Classes)											
Substance Abuse Only - Licensed Capacity for Med/Cal Provider with Narcotic TX Program											
Cost Reimbursement (CR) or Fee-For-Service (FFS):											
Units of Service:											
Unit Type: Staff Hour											
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)										91.72	168.54
Cost Per Unit - Contract Rate (DPH & Non DPH FUNDING SOURCES)										91.72	168.54
Published Rate (Med/Cal Providers Only)										92.00	170.00
Unduplicated Clients (UDC)										570	570

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

DMH Legal Entity Name (MH)/Contractor Name (SA): Instituto Familiar de la Raza, Inc.		Provider Name: Instituto Familiar de la Raza, Inc.		Contract Appendix # B.2 P2 of 2	
Program Name: MHSA PEI - School-Based Youth-Centered Wellness		Provider Number: 3818		Document Date: 7/1/2012	
Program Code (formerly Reporting Unit): MHSA PEI - School-Based Youth-Centered Wellness		Funding Term: 7/1/12-6/30/13		Fiscal Year: FY 12-13	
FUNDING USES		MHSA PEI - School-Based Youth-Centered Wellness	MHSA PEI - School-Based Youth-Centered Wellness	MHSA PEI - School-Based Youth-Centered Wellness	
Service Description: Direct Services (Individuals)/Community Client Svcs		38182	45/20-29	38182	45/20-29
FUNDING TERM: 7/1/12-6/30/13		38182	45/20-29	38182	45/20-29
Salaries & Employee Benefits		4,176	16,464	5,488	5,430
Operating Expenses		1,361	5,368	1,789	1,770
Capital Expenses (greater than \$5,000)					
Subtotal Direct Expenses:		5,537	21,831	7,277	7,201
Indirect Expenses:		701	2,765	922	912
TOTAL FUNDING USES:		6,239	24,596	8,199	8,113
CFDA #:					
CBHS MENTAL HEALTH FUNDING SOURCES					
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 STATE - MHSA		6,239	24,596	8,199	8,113
MH Realignment					
MH COUNTY - General Fund					
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		6,239	24,596	8,199	8,113
CFDA #:					
CBHS SUBSTANCE ABUSE FUNDING SOURCES					
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES					
CFDA #:					
OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES					
TOTAL DPH FUNDING SOURCES		6,239	24,596	8,199	8,113
NON-DPH FUNDING SOURCES					
TOTAL NON-DPH FUNDING SOURCES					
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		6,239	24,596	8,199	8,113
CBHS UNITS OF SERVICE AND UNIT COST					
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)					
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program					
Cost Reimbursement (CR) or Fee-For-Service (FFS)		FFS	FFS	FFS	FFS
Units of Service		74	730	243	96
Unit Type		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
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		84.27	33.71	33.71	84.27
Published Rate (Medi-Cal Providers Only)		92.00	92.00	92.00	92.00
Unduplicated Clients (UDC)		570	570	570	570
TOTAL UDC:					570

DPH 4: Operating Expenses Detail

883

Provider Number:

Provider Name: Instituto Familiar de la Raza, Inc. - PEI-School-Based Youth-Centered Wellness

Document Date: 7/1/2012

Appendix #:
B-7

[illegible]

TOTAL OPERATING EXPENSE

\$42,256

\$42.256

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

DMH Legal Entity Name (MH)/Contractor Name (SA):		Provider Name:		Contract Appendix #	
Instituto Familiar de la Raza, Inc.		Instituto Familiar de la Raza, Inc.		B.8 P2 of 2	
Provider Number:		Provider Number:		Document Date:	
3818		3818		7/1/2012	
Fiscal Year:		Fiscal Year:		FY 12-13	
Program Name:		Program Name:			
Model/SFC (MH or Modality (SA))		Model/SFC (MH or Modality (SA))			
Service Description:		Service Description:			
FUNDING TERM:		FUNDING TERM:			
Salaries & Employee Benefits:		Salaries & Employee Benefits:			
Operating Expenses:		Operating Expenses:			
Capital Expenses (greater than \$5,000):		Capital Expenses (greater than \$5,000):			
Subtotal Direct Expenses:		Subtotal Direct Expenses:			
Indirect Expenses:		Indirect Expenses:			
TOTAL FUNDING USES:		TOTAL FUNDING USES:			
CFDA #:		CFDA #:			
CBHS MENTAL HEALTH FUNDING SOURCES		CBHS MENTAL HEALTH FUNDING SOURCES			
MH FED - SDMC Regular FFP (50%)		MH FED - SDMC Regular FFP (50%)			
MH STATE - EPSDT State Match		MH STATE - EPSDT State Match			
MH WORK ORDER - Human Services Agency		MH WORK ORDER - Human Services Agency			
MH WORK ORDER - Dept. Children, Youth & Families		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 WORK ORDER - First Five (SF Children & Family Commission)			
MH STATE - MHSA		MH STATE - MHSA			
MH Realignment		MH Realignment			
MH COUNTY - General Fund		MH COUNTY - General Fund			
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		TOTAL CBHS MENTAL HEALTH FUNDING SOURCES			
CFDA #:		CFDA #:			
OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES		OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES			
CFDA #:		CFDA #:			
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES			
CFDA #:		CFDA #:			
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES		TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES			
TOTAL DPH FUNDING SOURCES		TOTAL DPH FUNDING SOURCES			
TOTAL NON-DPH FUNDING SOURCES		TOTAL NON-DPH FUNDING SOURCES			
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		TOTAL FUNDING SOURCES (DPH AND NON-DPH)			
CBHS UNITS OF SERVICE AND UNIT COST		CBHS UNITS OF SERVICE AND UNIT COST			
Number of Beds Purchased (if applicable)		Number of Beds Purchased (if applicable)			
Substance Abuse Only - Non Res 33 - ODF # of Group Sessions (classes)		Substance Abuse Only - Non Res 33 - ODF # of Group Sessions (classes)			
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program		Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program			
Cost Reimbursement (CR) or Fee-For-Service (FFS)		Cost Reimbursement (CR) or Fee-For-Service (FFS)			
Units of Service:		Units of Service:			
Unit Type:		Unit Type:			
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)		Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)			
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)			
Published Rate (Medi-Cal Providers Only)		Published Rate (Medi-Cal Providers Only)			
Unduplicated Clients (UDC):		Unduplicated Clients (UDC):			
32		32		32	

Provider Number: 3818

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

Appendix #: B-8

	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)
Term:	7/1/12-6/30/13	Term:	7/1/12-6/30/13	Term:	Term:	Term:
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries
Program Manager	0.08	\$ 5,361.00				
Program Coordinator	0.01	\$ 699.00	0.06	5,361		
Mental Health Specialists	0.40	\$ 19,979.00	0.01	699		
Program Assistant	0.01	\$ 436.00	0.40	19,979		
			0.01	436		
Total:	0.50	\$28,475	0.50	\$28,475		

Employee Fringe Benefits:	28%	\$7,485	28%	\$7,485	#DIV/0!	#DIV/0!
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TOTAL SALARIES & BENEFITS

533,980

\$33,950

1

[illegible]

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

DPH Legal Entity Name (MHI)/Contractor Name (SA): Instituto Familiar de la Raza, Inc. Provider Name: Instituto Familiar de la Raza, Inc. Provider Number: 3818		Contract Appendix # B-9 Document Date: 7/1/2012 Fiscal Year: FY 12-13	
Program Name: MHSA - Trauma Recovery & Healing Services Program Code (Formerly Reporting Unit): 3818- Mode/SFC (MHI) or Modality (SA): 45/10-19			
Service Description: MH Paneling FUNDING TERM: 7/1/12-6/30/13		TOTAL	
FUNDING USES			
Salaries & Employee Benefits:		164,077	164,077
Operating Expenses:		25,939	25,939
Capital Expenses (greater than \$5,000):			
Sumtotal Direct Expenses:		190,016	190,016
Indirect Expenses:		24,365	24,365
TOTAL FUNDING USES:		214,381	214,381
CFDA #:			
CBHS MENTAL HEALTH FUNDING SOURCES			
MH FED - SDCM 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 STATE - MHSA		214,381	214,381
MH Realignment			
MH COUNTY - General Fund			
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		214,381	214,381
CFDA #:			
CBHS SUBSTANCE ABUSE FUNDING SOURCES			
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES			
CFDA #:			
OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES			
TOTAL OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES			
TOTAL DPH FUNDING SOURCES		214,381	214,381
NON-DPH FUNDING SOURCES			
TOTAL NON-DPH FUNDING SOURCES			
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		214,381	214,381
CBHS UNITS OF SERVICE AND UNIT COST			
Number of Beds Purchased (if applicable)			
Substance Abuse Only - Non-Ras 33 - ODR # of Group Sessions (classes)			
Substance Abuse Only - Licensed Capacity for Med/Car Provider with Narcotic TX Program			
Cost Reimbursement (CR) or Fee-For-Service (FFS)		CR	
Units of Service		1	
Unit Type		Staff Hour	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)		CR	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		CR	
Purvised Rate (Med/Car Providers Only)			
Unduplicated Clients (UDC)		135	135
Total UDC:		135	135

Document Date: 7/11/12

[illegible]

		\$34,502	27%	Employee Fringe Benefits:		\$34,502	27%

TOTAL SALARIES & BENEFITS

\$164,077



7

0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 148 149 150 151 152 153 154 155 156 157 158 159 160 161 162 163 164 165 166 167 168 169 170 171 172 173 174 175 176 177 178 179 180 181 182 183 184 185 186 187 188 189 190 191 192 193 194 195 196 197 198 199 200 201 202 203 204 205 206 207 208 209 210 211 212 213 214 215 216 217 218 219 220 221 222 223 224 225 226 227 228 229 230 231 232 233 234 235 236 237 238 239 240 241 242 243 244 245 246 247 248 249 250 251 252 253 254 255 256 257 258 259 260 261 262 263 264 265 266 267 268 269 270 271 272 273 274 275 276 277 278 279 280 281 282 283 284 285 286 287 288 289 290 291 292 293 294 295 296 297 298 299 300 301 302 303 304 305 306 307 308 309 310 311 312 313 314 315 316 317 318 319 320 321 322 323 324 325 326 327 328 329 330 331 332 333 334 335 336 337 338 339 340 341 342 343 344 345 346 347 348 349 350 351 352 353 354 355 356 357 358 359 360 361 362 363 364 365 366 367 368 369 370 371 372 373 374 375 376 377 378 379 380 381 382 383 384 385 386 387 388 389 390 391 392 393 394 395 396 397 398 399 400 401 402 403 404 405 406 407 408 409 410 411 412 413 414 415 416 417 418 419 420 421 422 423 424 425 426 427 428 429 430 431 432 433 434 435 436 437 438 439 440 441 442 443 444 445 446 447 448 449 450 451 452 453 454 455 456 457 458 459 460 461 462 463 464 465 466 467 468 469 470 471 472 473 474 475 476 477 478 479 480 481 482 483 484 485 486 487 488 489 490 491 492 493 494 495 496 497 498 499 500 501 502 503 504 505 506 507 508 509 510 511 512 513 514 515 516 517 518 519 520 521 522 523 524 525 526 527 528 529 530 531 532 533 534 535 536 537 538 539 540 541 542 543 544 545 546 547 548 549 550 551 552 553 554 555 556 557 558 559 560 561 562 563 564 565 566 567 568 569 570 571 572 573 574 575 576 577 578 579 580 581 582 583 584 585 586 587 588 589 590 591 592 593 594 595 596 597 598 599 600 601 602 603 604 605 606 607 608 609 610 611 612 613 614 615 616 617 618 619 620 621 622 623 624 625 626 627 628 629 630 631 632 633 634 635 636 637 638 639 640 641 642 643 644 645 646 647 648 649 650 651 652 653 654 655 656 657 658 659 660 661 662 663 664 665 666 667 668 669 670 671 672 673 674 675 676 677 678 679 680 681 682 683 684 685 686 687 688 689 690 691 692 693 694 695 696 697 698 699 700 701 702 703 704 705 706 707 708 709 710 711 712 713 714 715 716 717 718 719 720 721 722 723 724 725 726 727 728 729 730 731 732 733 734 735 736 737 738 739 740 741 742 743 744 745 746 747 748 749 750 751 752 753 754 755 756 757 758 759 760 761 762 763 764 765 766 767 768 769 770 771 772 773 774 775 776 777 778 779 780 781 782 783 784 785 786 787 788 789 790 791 792 793 794 795 796 797 798 799 800 801 802 803 804 805 806 807 808 809 810 811 812 813 814 815 816 817 818 819 820 821 822 823 824 825 826 827 828 829 830 831 832 833 834 835 836 837 838 839 840 841 842 843 844 845 846 847 848 849 850 851 852 853 854 855 856 857 858 859 860 861 862 863 864 865 866 867 868 869 870 871 872 873 874 875 876 877 878 879 880 881 882 883 884 885 886 887 888 889 890 891 892 893 894 895 896 897 898 899 900 901 902 903 904 905 906 907 908 909 910 911 912 913 914 915 916 917 918 919 920 921 922 923 924 925 926 927 928 929 930 931 932 933 934 935 936 937 938 939 940 941 942 943 944 945 946 947 948 949 950 951 952 953 954 955 956 957 958 959 960 961 962 963 964 965 966 967 968 969 970 971 972 973 974 975 976 977 978 979 980 981 982 983 984 985 986 987 988 989 990 991 992 993 994 995 996 997 998 999 1000 1001 1002 1003 1004 1005 1006 1007 1008 1009 1010 1011 1012 1013 1014 1015 1016 1017 1018 1019 1020 1021 1022 1023 1024 1025 1026 1027 1028 1029 1030 1031 1032 1033 1034 1035 1036 1037 1038 1039 1040

B-9

7/1/2012

\$25,939

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

DMH Legal Entity Name (MHI)/Contractor Name (SA):		Provider Name: Instituto Familiar de la Raza, Inc.		Contract Appendix #:		B-10	
Provider Number: 3818		Program Name: ECMH Training		Document Date: 7/1/2012		Fiscal Year: FY 12-13	
Model/SC (MHI) or Modality (SA): 6078		Service Description: Other Non Medical Client Support Exp		FUNDING TERM: 7/1/12-6/30/13		TOTAL	
FUNDING USES		Salaries & Employee Benefits:		9,258			
		Operating Expenses:		3,000			
		Capital Expenses (greater than \$5,000):					
		Subtotal Direct Expenses:		12,258			
		Indirect Expenses:		1,471			
		TOTAL FUNDING USES:		13,729			
CBHS MENTAL HEALTH FUNDING SOURCES		CFDA #:					
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 STATE - MHSA				13,729			
MH Reassignment							
MH COUNTY - General Fund							
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		CFDA #:		13,729		13,729	
CBHS SUBSTANCE ABUSE FUNDING SOURCES		CFDA #:					
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES							
OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES		CFDA #:					
TOTAL OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES							
NONDPH FUNDING SOURCES		TOTAL DPH FUNDING SOURCES		13,729		13,729	
TOTAL NONDPH FUNDING SOURCES							
TOTAL FUNDING SOURCES (DPH AND NON-DPH)				13,729		13,729	
CBHS UNITS OF SERVICE AND UNIT COST		Number of Beds Purchased (if applicable):					
Substance Abuse Only - Licensed Capacity for Medication Provider with Narcotic 1x Program		Cost Reimbursement (CR) or Fee-for-Service (FFS):		CR			
Units of Service:		Staff Hour or Client Day, depending on contract		1			
Unit Type:		CR					
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)		CR					
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		CR					
Published Rate (Medical Providers Only)							
Unduplicated Clients (UDC)		10				Total UDC: 10	

Appendix #: B-10

Provider Number: 3818

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

Document Date: 7/1/12

	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)
	Term: FTESalaries7/1/12-6/30/13	Term: FTESalaries7/1/12-6/30/13	Term: FTESalaries7/1/12-6/30/13	Term: FITESalaries7/1/12-6/30/13	Term: FITESalaries7/1/12-6/30/13	Term: FITESalaries7/1/12-6/30/13
Program Director	0.03 \$ 3,257.00		0.03 3,257			
Program Manager	0.06 \$ 4,250.00		0.06 4,250			
Totals:	0.09\$7,507	\$7,507	0.09\$7,507			

Employee Finge Benefits:	23%	\$1,751	61.751	23%	#DIV/0!
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TOTAL SALARIES & BENEFITS

[illegible]

Provider Number: 3818

Appendix #: B-10

Provider Number: 3818
 Provider Name: Instituto Familiar de la Raza, Inc. - ECMH Training
 Document Date: 7/1/2012

[illegible]

Contractor Name Instituto Familiar de la Raza, Inc.

Document Date: 07/01/12

[illegible]

Expenditure Category	Amount
Audit Fees	\$ 6,166
Payroll Service Fees	\$ 9,745
TOTAL OPERATING COSTS	\$ 15,911

TOTAL INDIRECT COSTS	\$	285,353
(Salaries & Benefits + Operating Costs)		

Appendix F
Invoice

Instituto Familiar De La Raza
CMS#6960

FY 12/13 Renewal
Amendment One
July 1, 2012

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

Appendix F
PAGE A

Control Number

Contractor: Instituto Familiar de la Raza, Inc.

Address: 2919 Mission St., San Francisco, CA 94110

Tel No.: (415) 229-0500

Funding Term: 07/01/2012 - 06/30/2013

PHP Division: Community Behavioral Health Services

INVOICE NUMBER : M01 JL 2

Ct. Blanket No.: BPHM TBD

User Cd

Cl. PO No.: POHM TBD

Fund Source: GF, SDMC Regular FFP, Realignment

Invoice Period : July 2012

Final Invoice: (Check if Yes)

ACE Control Number:

Unduplicated Clients for Exhibit:	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC

*Unduplicated Counts for AIDS Use Only.

DELIVERABLES Program Name/Reptg Unit Modality/Mode # - Svc Func (MH Only)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENTS	UOS	CLIENTS
B-4a Child Outpatient Behavioral Health Svcs PC# - 38186												
15/ 10 - 57 MH Svcs	29,006				\$ 2.66	\$ -	0.000		0.00%		29,006.000	
15/ 60 - 69 Medication Support	1,357				\$ 4.91	\$ -	0.000		0.00%		1,357.000	
15/ 70 - 79 Crisis Intervention-OP	413				\$ 3.95	\$ -	0.000		0.00%		413.000	
15/ 01 - 09 Case Mgt Brokerage	1,750				\$ 2.06	\$ -	0.000		0.00%		1,750.000	
45/ 20 - 09 Outreach/Commty Client Svcs					\$ 70.69	\$ -	0.000		#DIV/0!		0.000	
45/ 20 - 09 Commty Client Svcs	284				\$ 70.69	\$ -	0.000		0.00%		284.000	
B-4b Children EPSDT PC# - 38185												
15/ 10 - 57 MH Svcs	64,870				\$ 2.66	\$ -	0.000		0.00%		64,870.000	
15/ 60 - 69 Medication Support	633				\$ 4.91	\$ -	0.000		0.00%		633.000	
15/ 70 - 79 Crisis Intervention-OP	240				\$ 3.95	\$ -	0.000		0.00%		240.000	
15/ 01 - 09 Case Mgt Brokerage	1,798				\$ 2.06	\$ -	0.000		0.00%		1,798.000	
B-6 DMS-CYF MH Consult/SED Classroom PC# 38185D												
15/ 10 - 57 MH Svcs					\$ 1.67	\$ -	0.000		#DIV/0!		0.000	
15/ 01 - 09 Case Mgt Brokerage					\$ 1.08	\$ -	0.000		#DIV/0!		0.000	
45/ 10 - 19 Indirect Svcs/ MH Promotion					\$ 64.80	\$ -	0.000		#DIV/0!		0.000	
TOTAL	100,351		0.000				0.000		0.00%		100,351.000	

SUBTOTAL AMOUNT DUE \$ -
Less: Initial Payment Recovery
(For DPH Use) Other Adjustments
NET REIMBURSEMENT \$ -

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____ Date: _____

Title: _____

Send to:
DPH Fiscal/Invoice Processing
1380 Howard St. - 4th Floor
San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory

Date

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

Appendix F
PAGE A

Control Number

Contractor: Instituto Familiar de la Raza, Inc.

Address: 2919 Mission St., San Francisco, CA 94110

Tel No.: (415) 229-0500

Funding Term: 07/01/2012 - 06/30/2013

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: M03 JL 2

Ct. Blanket No.: BPHM TBD

Ct. PO No.: POHM TBD

Fund Source: HSA Work Order

Invoice Period: July 2012

Final Invoice: (Check if Yes)

ACE Control Number:

	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC
Unduplicated Clients for Exhibit:					

*Unduplicated Counts for AIDS Use Only

DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - Svc Func (Mtr Only)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENT	UOS	CLIENTS
B-5 El-Childcare MH Consultation Initiative PC# - 38182												
45/20 - 29 Consultation (Group) Cmnty Client Svcs	1,163				\$ 75.00	\$ -	0.000		0.00%		1,163.000	
45/20 - 29 Consultation (Individual) Cmnty Client Svcs	1,138				\$ 75.00	\$ -	0.000		0.00%		1,138.000	
45/20 - 29 Consultation (Class/Observation) Cmnty Client Svcs	556				\$ 75.00	\$ -	0.000		0.00%		556.000	
45/20 - 29 Training/ Parent Support (Group) Cmnty Client Svcs	247				\$ 75.00	\$ -	0.000		0.00%		247.000	
45/20 - 29 Direct Individual/Fam.Group (Direct Service)	21				\$ 75.00	\$ -	0.000		0.00%		21.000	
45/20 - 29 Outreach & Linkage/ Cmnty Client Svcs	586				\$ 75.00	\$ -	0.000		0.00%		586.000	
45/20 - 29 Evaluation Services/Cmnty Client Svcs	186				\$ 75.00	\$ -	0.000		0.00%		186.000	
TOTAL	3,897		0.000				0.000		0.00%		3,897.000	

SUBTOTAL AMOUNT DUE \$ -
Less: Initial Payment Recovery
(For DPH Use) Other Adjustments
NET REIMBURSEMENT \$ -

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____ Date: _____
Title: _____

Send to:	DPH Fiscal/Invoice Processing
	1380 Howard St. - 4th Floor
	San Francisco, CA 94103

DPH Authorization for Payment
Authorized Signatory _____ Date _____

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

Appendix F
PAGE A

Control Number

Contractor: Instituto Familiar de la Raza, Inc.
Address: 2919 Mission St., San Francisco, CA 94110
Tel No.: (415) 229-0500

Funding Term: 07/01/2012 - 06/30/2013

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: M04 JL 2

Ct. Blanket No.: BPHM TBD

Ct. PO No.: POHM TBD

Fund Source: DCYF Work Order

Invoice Period: July 2012

Final Invoice: (Check if Yes)

ACE Control Number:

Unduplicated Clients for Exhibit:	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC
-----------------------------------	---------------------------------	--------------------------------------	----------------------------------	---------------------------	--

DELIVERABLES		Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL	Remaining Deliverables	
Program Name/Reptg. Unit Modality/Mode # - Svc Func (SM Only)		UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENTS	
B-5 El-Childcare MH Consultation Initiative PC# - 38182												
45/20 - 29 Consultation (Group) Cmmtly Client Svcs		143				\$ 75.00	\$ -	0.000		0.00%	143.000	\$ 10,725.00
45/20 - 29 Consultation (Individual) Cmmtly Client Svcs		140				\$ 75.00	\$ -	0.000		0.00%	140.000	10,500.00
45/20 - 29 Consultation (Class/Observation) Cmmtly Client Svcs		69				\$ 75.00	\$ -	0.000		0.00%	69.000	5,175.00
45/20 - 29 Training/ Parent Support (Group) Cmmtly Client Svcs		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/ Cmmtly Client Svcs		72				\$ 75.00	\$ -	0.000		0.00%	72.000	5,400.00
45/20 - 29 Evaluation Services/Cmmtly Client Svcs		33				\$ 75.00	\$ -	0.000		0.00%	33.000	2,475.00
TOTAL		490.00		0.000				0.000		0.00%	490.000	\$ 36,750.00

SUBTOTAL AMOUNT DUE		\$ -	NOTES: DCYF Workder - HMMHCHDCYFWO - \$36,134.00 GF (CODB) - HMMHCP751594 - \$690.00
Less: Initial Payment Recovery			
(Per DPH Use) Other Adjustments			
NET REIMBURSEMENT		\$ -	

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____ Date: _____
Title: _____

Send to:	DPH Fiscal/Invoice Processing
	1380 Howard St. - 4th Floor
	San Francisco, CA 94103

DPH Authorization for Payment	
Authorized Signatory	Date

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

Appendix F
PAGE A

Control Number

INVOICE NUMBER : M05 JL 2

Ct. Blanket No.: BPHM TBD

Ct. PO No.: POHM TBD User Cd

Fund Source: GF, SDMC Reg FFP, Realignment

Invoice Period : July 2012

Final Invoice: (Check if Yes)

ACE Control Number:

Contractor: Instituto Familiar de la Raza, Inc.

Address: 2919 Mission St., San Francisco, CA 94110

Tel No.: (415) 229-0500

Funding Term: 07/01/2012 - 06/30/2013

PHP Division: Community Behavioral Health Services

	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC
Unduplicated Clients for Exhibit:					

*Unduplicated Counts for AIDS Use Only

DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - Svc Func (MH Only)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables		
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENTS	UOS	CLIENTS	
B-1 Adult Outpatient - Behavioral Health Clinic PC# - 38183													
15/ 10 - 57 MH Svcs	128,084				\$ 2.66	\$ -	0.000		0.00%		128,084.000		\$ 340,703.44
15/ 60 - 69 Medication Support	25,931				\$ 4.91	\$ -	0.000		0.00%		25,931.000		127,321.21
15/ 70 - 79 Crisis Intervention-OP	1,501				\$ 3.95	\$ -	0.000		0.00%		1,501.000		5,928.95
15/ 01 - 09 Case Mgt Brokerage	20,386				\$ 2.06	\$ -	0.000		0.00%		20,386.000		41,995.16
45/ 20 - 29 Low Threshold Svcs/Comm Client Svcs	220				\$ 123.51	\$ -	0.000		0.00%		220.000		27,172.20
TOTAL	176,122		0.000				0.000		0.00%		176,122.000		\$ 543,120.96

SUBTOTAL AMOUNT DUE \$ -
Less: Initial Payment Recovery
(For DPH Use) Other Adjustments
NET REIMBURSEMENT \$ -

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____ Date: _____

Title: _____

Send to:
DPH Fiscal/Invoice Processing
1380 Howard St. - 4th Floor
San Francisco, CA 94103

DPH Authorization for Payment	
_____ Authorized Signatory	_____ Date

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

Appendix F
PAGE A

Control Number

Contractor: Instituto Familiar de la Raza, Inc.

Address: 2919 Mission St., San Francisco, CA 94110

Tel No.: (415) 229-0500
Fax No.: (415)

Funding Term: 07/01/2012 - 06/30/2013

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: M06 JL 2

Ct. Blanket No.: BPHM TBD

CL PO No.: POHM TBD

Fund Source: DCYF Work Order/ Local Match

Invoice Period: July 2012

Final Invoice: (Check if Yes)

ACE Control Number:

Unduplicated Clients for Exhibit:	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC

*Unduplicated Counts for AIDS Use Only:

DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - Svc Func (MH Only)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENT	UOS	CLIENTS
B-11 IHBS/ EPSDT Services RU# 381810												
15/01 - 09 Case Mgt Brokerage					\$ 2.02	\$ -	0.000		#DIV/0!		0.000	
15/10 - 57 MH Svcs					\$ 2.61	\$ -	0.000		#DIV/0!		0.000	
B-11 IHBS/ EPSDT Services RU# 381810 - Local Match												
15/01 - 09 Case Mgt Brokerage					\$ 2.02	\$ -	0.000		#DIV/0!		0.000	
15/10 - 57 MH Svcs					\$ 2.61	\$ -	0.000		#DIV/0!		0.000	
B-6 ISCS/ EPSDT Services PC# - 381810												
15/01 - 09 Case Mgt Brokerage	40,380				\$ 2.06	\$ -	0.000		0.00%		40,380.000	\$ 83,182.80
15/10 - 57 MH Svcs	18,686				\$ 2.66	\$ -	0.000		0.00%		18,686.000	49,704.76 \$ 132,887.56
B-6 ISCS/ EPSDT Services PC# - 381810 - Local Match												
15/01 - 09 Case Mgt Brokerage	2,208				\$ 2.06	\$ -	0.000		0.00%		2,208.000	4,548.48
15/10 - 57 MH Svcs	1,011				\$ 2.66	\$ -	0.000		0.00%		1,011.000	2,689.26 \$ 7,237.74
TOTAL	62,285		0.000				0.000		0.00%		62,285.000	\$ 140,125.30

SUBTOTAL AMOUNT DUE \$ -
Less: Initial Payment Recovery
(For DPH Use) Other Adjustments
NET REIMBURSEMENT \$ -

NOTES:
DCYF WorkOrder - HHMCHPREVWO - \$130,263.00
DCYF WorkOrder (Local Match - HHMCHPREVWO - \$7,237.00
GF (CODB) - HHMCP751594 - \$2,626.00

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____ Date: _____
Title: _____

Send to:
DPH Fiscal/Invoice Processing
1380 Howard St. - 4th Floor
San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory

Date

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

Appendix F
PAGE A

Control Number

INVOICE NUMBER: M07 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: SDMC Regular FFP, EPSDT State Match

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:

Unduplicated Clients for Exhibit:	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC

*Unduplicated Counts for AIDS Use Only.

DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - Svc Func (MH Only)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENT	UOS	CLIENTS
B-11 IHBS/ EPSDT Services PC# - 381810												
15/ 01 - 09 Case Mgt Brokerage					\$ 2.02	\$ -	0.000		#DIV/0!		0.000	
15/ 10 - 57 MH Svcs					\$ 2.61	\$ -	0.000		#DIV/0!		0.000	
B-6 ISCS/ EPSDT Services PC# - 381810												
15/ 01 - 09 Case Mgt Brokerage	42,876				\$ 2.06	\$ -	0.000		0.00%		42,876.000	
15/ 10 - 57 MH Svcs	19,425				\$ 2.66	\$ -	0.000		0.00%		19,425.000	
TOTAL	62,301		0.000				0.000		0.00%		62,301.000	

\$ 88,324.56
51,670.50

\$ 139,995.06

SUBTOTAL AMOUNT DUE \$ -
Less: Initial Payment Recovery
(For DPH Use) Other Adjustments
NET REIMBURSEMENT \$ -

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____

Date: _____

Title: _____

Send to:
DPH Fiscal/Invoice Processing
1380 Howard St. - 4th Floor
San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory

Date

Appendix F
PAGE A

INVOICE NUMBER:	MOB JL 2
Clt. Blanket No.: BPHM	TBD
Clt. PO No.: POHM	TBD User Cd
Fund Source:	GF, SDCM Regular FFP, EPSDT State Match
Invoice Period :	July 2012
Final Invoice:	(Check if Yes)
ACE Control Number:	

PHP Division: Community Behavioral Health Services

*Unduplicated Counts for AHS Use Only

\$	40,873.56
	237.00
	821.94

NOTES:

Title: _____

DPH Authorization for Payment

Date _____

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
COST REIMBURSEMENT INVOICE**

Appendix F
PAGE A

Control Number

Contractor: Instituto Familiar De La Razza, Inc.

Address: 2918 Mission Street, San Francisco, CA 94110

Tel No.: (415) 229-0500

Fax No.: (415) 647-4104

Funding Term: 07/01/2012 - 06/30/2013

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: M09 JL 2

Cl. Blanket No.: BPHM TBD

Cl. PO No.: POHM TBD

Fund Source: MHSA-Prop63-PMHS63-1310

Invoice Period: July 2012

Final Invoice: (Check if Yes)

ACE Control Number:

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-10 ECMH Training PC# - 3818												
60/ 78 Other Non-Medical Client Support Exp	1	10			-	-	0%	0%	1	10	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 7,507.00	\$ -	\$ -	0.00%	\$ 7,507.00
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	\$ -	\$ -	\$ -	0.00%	\$ -
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ 2,500.00	\$ -	\$ -	0.00%	\$ 2,500.00
Other: Program/ Educational Supplies	\$ 100.00	\$ -	\$ -	0.00%	\$ 100.00
Client Related Expenses/ Group Activities	\$ 400.00	\$ -	\$ -	0.00%	\$ 400.00
	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 3,000.00	\$ -	\$ -	0.00%	\$ 3,000.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 12,258.00	\$ -	\$ -	0.00%	\$ 12,258.00
Indirect Expenses	\$ 1,471.00	\$ -	\$ -	0.00%	\$ 1,471.00
TOTAL EXPENSES	\$ 13,729.00	\$ -	\$ -	0.00%	\$ 13,729.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Phone: _____

Send to: DPH Fiscal Invoice Processing
1380 Howard St 4th Floor
San Francisco CA 94103-2614

DPH Authorization for Payment

Authorized Signatory

Date

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
COST REIMBURSEMENT INVOICE**

Appendix F
PAGE A

Control Number

Contractor: Insituto Familiar De La Razza, Inc.

Address: 2918 Mission Street, San Francisco, CA 94110

Tel No.: (415) 229-0500

Fax No.: (415) 647-4104

Funding Term: 07/01/2012 - 06/30/2013

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: M10 JL 2

Ct. Blanket No.: BPHM TBD

User Cd

Ct. PO No.: POHM TBD

Fund Source: MHSA - Prop63 - PMHS63 -1303

Invoice Period: July 2012

Final Invoice: (Check if Yes)

ACE Control Number:

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-9 MHSA - Trauma Recovery & Healing Services RU# 3818												
45/ 10 - 19 MH Promotion	1	135			-	-	0%	0%	1	135	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 129,575.00	\$ -	\$ -	0.00%	\$ 129,575.00
Fringe Benefits	\$ 34,502.00	\$ -	\$ -	0.00%	\$ 34,502.00
Total Personnel Expenses	\$ 164,077.00	\$ -	\$ -	0.00%	\$ 164,077.00
Operating Expenses:					
Occupancy	\$ 10,461.00	\$ -	\$ -	0.00%	\$ 10,461.00
Materials and Supplies	\$ 1,752.00	\$ -	\$ -	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
Other: Program/ Educat'l Supplies & Cellphones Fees	\$ 1,140.00	\$ -	\$ -	0.00%	\$ 1,140.00
Client Related Expenses/ Cultural Events	\$ 5,750.00	\$ -	\$ -	0.00%	\$ 5,750.00
	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 25,939.00	\$ -	\$ -	0.00%	\$ 25,939.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 190,016.00	\$ -	\$ -	0.00%	\$ 190,016.00
Indirect Expenses	\$ 24,365.00	\$ -	\$ -	0.00%	\$ 24,365.00
TOTAL EXPENSES	\$ 214,381.00	\$ -	\$ -	0.00%	\$ 214,381.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Phone: _____

Send to: DPH Fiscal Invoice Processing
1380 Howard St 4th Floor
San Francisco CA 94103-2614

DPH Authorization for Payment

Authorized Signatory	Date
----------------------	------

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

Appendix F
PAGE A

Control Number

Contractor: Instituto Familiar de la Raza, Inc.
Address: 2919 Mission St., San Francisco, CA 94110
Tel No.: (415) 229-0500
Fax No.: (415)
Funding Term: 07/01/2012 - 06/30/2013
PHP Division: Community Behavioral Health Services

INVOICE NUMBER: M11 JL 2
Cl. Blanket No.: BPHM TBD
Cl. PO No.: POHM TBD
Fund Source: SFCFC/ SRI Work Order
Invoice Period: July 2012
Final Invoice: (Check if Yes)
ACE Control Number:

Unduplicated Clients for Exhibit:	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC
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*Unduplicated Counts for AIDS Use Only.

DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - Svc Func (MH Only)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENTS	UOS	CLIENTS
B-5 EI-Childcare MH Consultation Initiative PC# - 38182												
45/20 - 29 Consultation (Group) Cmnty Client Svcs	191				\$ 75.00	\$ -	0.000		0.00%		191.000	
45/20 - 29 Consultation (Individual) Cmnty Client Svcs	186				\$ 75.00	\$ -	0.000		0.00%		186.000	
45/20 - 29 Consultation (Class/Observation) Cmnty Client Svcs	91				\$ 75.00	\$ -	0.000		0.00%		91.000	
45/20 - 29 Training/ Parent Support (Group) Cmnty Client Svcs	41				\$ 75.00	\$ -	0.000		0.00%		41.000	
45/20 - 29 Direct Individual/Fam Group (Direct Service)	3				\$ 75.00	\$ -	0.000		0.00%		3.000	
45/20 - 29 Outreach & Linkage/ Cmnty Client Svcs	96				\$ 75.00	\$ -	0.000		0.00%		96.000	
45/20 - 29 Evaluation Services/Cmnty Client Svcs	32				\$ 75.00	\$ -	0.000		0.00%		32.000	
TOTAL	640		0.000				0.000		0.00%		640.000	

SUBTOTAL AMOUNT DUE \$ -
Less: Initial Payment Recovery
(For DPH Use) Other Adjustments
NET REIMBURSEMENT \$ -

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____ Date: _____
Title: _____

Send to:
DPH Fiscal/Invoice Processing
1380 Howard St. - 4th Floor
San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory Date

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

Appendix F
PAGE A

Control Number

INVOICE NUMBER: M12 JL 2

Contractor: Instituto Familiar de la Raza, Inc.

Cl. Blanket No.: BPHM TBD

Address: 2919 Mission St., San Francisco, CA 94110

Cl. PO No.: POHM TBD

Tel No.: (415) 229-0500

Fax No.: (415)

Fund Source: SFCFC PFA Work Order

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:

Unduplicated Clients for Exhibit:	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC

*Unduplicated Counts for AIDS Use Only

DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - Svc Func. (MHS Only)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL	Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS		UOS	CLIENTS
B-5 El-Childcare MH Consultation Initiative PC# - 38182											
45/20 - 29 Consultation (Group) Cmnty Client Svcs	705				\$ 75.00	\$ -	0.000		0.00%	705.000	
45/20 - 29 Consultation (Individual) Cmnty Client Svcs	690				\$ 75.00	\$ -	0.000		0.00%	690.000	
45/20 - 29 Consultation (Class/Observation) Cmnty Client Svcs	337				\$ 75.00	\$ -	0.000		0.00%	337.000	
45/20 - 29 Training/ Parent Support (Group) Cmnty Client Svcs	150				\$ 75.00	\$ -	0.000		0.00%	150.000	
45/20 - 29 Direct Individual/Fam Group (Direct Service)	13				\$ 75.00	\$ -	0.000		0.00%	13.000	
45/20 - 29 Outreach & Linkage/ Cmnty Client Svcs	355				\$ 75.00	\$ -	0.000		0.00%	355.000	
45/20 - 29 Evaluation Services/Cmnty Client Svcs	118				\$ 75.00	\$ -	0.000		0.00%	118.000	
TOTAL	2,368		0.000				0.000		0.00%	2,368.000	

\$ 52,875.00
\$ 51,750.00
\$ 25,275.00
\$ 11,250.00
\$ 975.00
\$ 26,625.00
\$ 8,850.00

SUBTOTAL AMOUNT DUE \$ -
Less: Initial Payment Recovery
(For DPH Use) Other Adjustments
NET REIMBURSEMENT \$ -

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____ Date: _____
Title: _____

Send to:
DPH Fiscal/Invoice Processing
1380 Howard St. - 4th Floor
San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory Date

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

Appendix F
PAGE A

Control Number

Contractor: Instituto Familiar de la Raza, Inc.

Address: 2919 Mission St., San Francisco, CA 94110

Tel No.: (415) 229-0500

Funding Term: 07/01/2012 - 06/30/2013

PHP Division: Community Behavioral Health Services

INVOICE NUMBER : M15 JL 2

Ct. Blanket No.: BPHM TBD

User Cd

Ct. PO No.: POHM TBD

Fund Source: MHSA - Prop63 - PMHS63 - 1310

Invoice Period : July 2012

Final Invoice: (Check if Yes)

ACE Control Number:

Unduplicated Clients for Exhibit:	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC

*Unduplicated Counts for AIDS Use Only

DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - Svc Func (AHS Only)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENTS	UOS	CLIENTS
B-7 MHSA PEI-School-Based Youth-Centered Wellness PC# - 38182												
45/20 - 29 Consultation (Group) Cmnty Client Svcs	651				\$ 91.72	\$ -	0.000		0.00%		651.000	
45/20 - 29 Consultation (Individual) Cmnty Client Svcs	575				\$ 91.72	\$ -	0.000		0.00%		575.000	
45/20 - 29 Consultation (Class/Observation) Cmnty Client Svcs	285				\$ 91.72	\$ -	0.000		0.00%		285.000	
45/20 - 29 Training to Providers/ Parental/ Cmnty Client Svcs					\$ 90.00	\$ -	0.000		#DIV/0!		0.000	
45/20 - 29 Training/ Parent Support (Group) Cmnty Client Svcs	78				\$ 91.72	\$ -	0.000		0.00%		78.000	
45/20 - 29 Direct Svcs (Group) Cmnty Client Svcs	20				\$ 168.54	\$ -	0.000		0.00%		20.000	
45/20 - 29 Parental Engagement/ Cmnty Client Svcs	96				\$ 84.27	\$ -	0.000		0.00%		96.000	
45/20 - 29 Direct Svcs (Individual) Cmnty Client Svcs	74				\$ 84.27	\$ -	0.000		0.00%		74.000	
45/20 - 29 Outreach & Linkage/ Cmnty Client Svcs	730				\$ 33.71	\$ -	0.000		0.00%		730.000	
45/20 - 29 Evaluation Services/Cmnty Client Svcs	243				\$ 33.71	\$ -	0.000		0.00%		243.000	
TOTAL	2,723		0.000				0.000		0.00%		2,723.000	

\$ 59,709.72
\$ 52,830.72
23,388.60
-
7,154.16
3,370.80
8,089.92
6,235.98
24,608.30
8,191.53

\$ 193,579.73

SUBTOTAL AMOUNT DUE \$ -
Less: Initial Payment Recovery
(For DPH Use) Other Adjustments
NET REIMBURSEMENT \$ -

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____ Date: _____

Title: _____

Send to:
DPH Fiscal/Invoice Processing
1380 Howard St. - 4th Floor
San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory

Date

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
COST REIMBURSEMENT INVOICE

Appendix F
PAGE A

Control Number

Contractor: Instituto Familiar De La Raza, Inc

Address: 2918 Mission Street, San Francisco CA 94110

Tel No.: (415) 229-0500

Fax No.: (415) 647-4104

Funding Term: 07/01/2012 - 06/30/2013

PHP Division: Community Behavioral Health Services

INVOICE NUMBER

M17 JL 2

Contract Blanket No. BPHM

TBD

User Cd

Contract PO No. POHM

TBD

Fund Source:

MHSA - Prop63 - PMHS63-1310

Invoice Period:

July 2012

Final Invoice:

(Check if Yes)

ACE Control Number

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-3 Indigena Health & Wellness Collaborative												
45/20 - 19 MH Promotion for Maya Community	2,332	224					0%	0%	2,332	224	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 135,252.00	\$ -	\$ -	0.00%	\$ 135,252.00
Fringe Benefits	\$ 42,966.00	\$ -	\$ -	0.00%	\$ 42,966.00
Total Personnel Expenses	\$ 178,218.00	\$ -	\$ -	0.00%	\$ 178,218.00
Operating Expenses:					
Occupancy	\$ 12,741.00	\$ -	\$ -	0.00%	\$ 12,741.00
Materials and Supplies	\$ 2,154.00	\$ -	\$ -	0.00%	\$ 2,154.00
General Operating	\$ 3,722.00	\$ -	\$ -	0.00%	\$ 3,722.00
Staff Travel	\$ 100.00	\$ -	\$ -	0.00%	\$ 100.00
Consultant/Subcontractor	\$ 21,628.00	\$ -	\$ -	0.00%	\$ 21,628.00
Other: Program/ Educational Supplies	\$ 250.00	\$ -	\$ -	0.00%	\$ 250.00
Client Related Expenses & Cultural Events	\$ 6,950.00	\$ -	\$ -	0.00%	\$ 6,950.00
	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 47,545.00	\$ -	\$ -	0.00%	\$ 47,545.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 225,763.00	\$ -	\$ -	0.00%	\$ 225,763.00
Indirect Expenses	\$ 29,012.00	\$ -	\$ -	0.00%	\$ 29,012.00
TOTAL EXPENSES	\$ 254,775.00	\$ -	\$ -	0.00%	\$ 254,775.00

Less: Initial Payment Recovery		NOTES:
Other Adjustments (DPH use only)		
REIMBURSEMENT	\$ -	

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Phone: _____

Send to: DPH Fiscal Invoice Processing
1380 Howard St 4th Floor
San Francisco CA 94103-2614

DPH Authorization for Payment

Authorized Signatory

Date

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

Appendix F
PAGE A

Control Number

Contractor : Instituto Familiar de la Raza, Inc.

Address: 2919 Mission St., San Francisco, CA 94110

Tel No.: (415) 229-0500

Fax No.: (415)

Funding Term: 07/01/2012 - 06/30/2013

PHP Division: Community Behavioral Health Services

INVOICE NUMBER : M20 JL 2

Ct.Blanket No.: BPHM TBD
User Cd

Ct. PO No.: POHM TBD

Fund Source: MHSA - Prop63 - PMHS63 - 1310

Invoice Period : July 2012

Final Invoice (Check if Yes)

ACE Control Number:

Unduplicated Clients for Exhibit:	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC
-----------------------------------	---------------------------------	--------------------------------------	----------------------------------	---------------------------	--

*Unduplicated Counts for AIDS Use Only.

DELIVERABLES Program Name/Repts. Unit Modality/Mode # - Svc Func. (MH Only)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENT	UOS	CLIENTS
B-8 MHSA PEI-Early Childhood MH Consultation PC# - 3818												
45/20 - 29 Consultation Group/ Cmnty Client Svcs	150				\$ 75.00	\$ -	0.000		0.00%		150.000	
45/20 - 29 Consultation Individual/ Cmnty Client Svcs	150				\$ 75.00	\$ -	0.000		0.00%		150.000	
45/20 - 29 Consultation Class/ Child Observation/ Cmnty Client Svcs	138				\$ 75.00	\$ -	0.000		0.00%		138.000	
45/20 - 29 Training to Providers/ Cmnty Client Svcs	10				\$ 75.00	\$ -	0.000		0.00%		10.000	
45/20 - 29 Parental Engagement/ Cmnty Client Svcs					\$ 75.00	\$ -	0.000		#DIV/0!		0.000	
45/20 - 29 Outreach & Linkage/ Cmnty Client Svcs	84				\$ 75.00	\$ -	0.000		0.00%		84.000	
45/20 - 29 Evaluation Services/Cmnty Client Svcs	28				\$ 75.00	\$ -	0.000		0.00%		28.000	
TOTAL	560		0.000				0.000		0.00%		560.000	
SUBTOTAL AMOUNT DUE						\$ -	NOTES:					
Less: Initial Payment Recovery												
(For DPH Use) Other Adjustments												
NET REIMBURSEMENT						\$ -						

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____ Date: _____
Title: _____

Send to:

DPH Fiscal/Invoice Processing
1380 Howard St. - 4th Floor
San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory

Date

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
COST REIMBURSEMENT INVOICE**

Appendix F
PAGE A

Control Number

Contractor: Insituto Familiar De La Razza, Inc.

Address: 2918 Mission Street, San Francisco, CA 94110

Tel No.: (415) 229-0500

Fax No.: (415) 647-4104

Funding Term: 07/01/2012 - 06/30/2013

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: M26 JL 2

Ct. Blanket No.: BPHM TBD

User Cd

Ct. PO No.: POHM TBD

Fund Source: General Fund

Invoice Period: July 2012

Final Invoice: (Check if Yes)

ACE Control Number:

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-2 BH/ PC Integration												
45/ 20 - 29 Cmnty Client Svcs	2,002	395			-	-	0%	0%	2,002	395	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 55,345.00	\$ -	\$ -	0.00%	\$ 55,345.00
Fringe Benefits	\$ 15,752.00	\$ -	\$ -	0.00%	\$ 15,752.00
Total Personnel Expenses	\$ 71,097.00	\$ -	\$ -	0.00%	\$ 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	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 5,917.00	\$ -	\$ -	0.00%	\$ 5,917.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 77,014.00	\$ -	\$ -	0.00%	\$ 77,014.00
Indirect Expenses	\$ 9,852.00	\$ -	\$ -	0.00%	\$ 9,852.00
TOTAL EXPENSES	\$ 86,866.00	\$ -	\$ -	0.00%	\$ 86,866.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Phone: _____

Send to: DPH Fiscal Invoice Processing
1380 Howard St 4th Floor
San Francisco CA 94103-2614

DPH Authorization for Payment

Authorized Signatory

Date



CERTIFICATE OF LIABILITY INSURANCE

INST-4

OP ID: MR

DATE (MM/DD/YYYY)

06/27/12

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

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

PRODUCER CAL Insurance & Associates Inc License #0241094 2311 Taraval Street San Francisco, CA 94116-2253 Joe DeLucchi Renewal	415-661-6500 415-661-2254	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:	FAX (A/C, No):
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Tower Select Ins. Company	
		INSURER B: NIF Group	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

INSURED
Instituto Familiar de la Raza
Dr. Estela Garcia
2919 Mission Street
San Francisco, CA 94110

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR VWD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		24CC284457-20	07/01/12	07/01/13	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 Emp Ben. \$ 1,000,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		24CC284457-11	07/01/12	07/01/13	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A	WCC02249700	09/01/11	09/01/12	<input checked="" type="checkbox"/> WC STATUTORY LIMITS E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	CRIME*		PHSD646947	07/01/12	07/01/13	* 900,000
B	PROFESSIONAL**		HLP7745066C	07/01/12	07/01/13	** 1MIL/3MIL

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, DIRECTORS, AND AGENTS, ARE NAMED AS ADDITIONAL INSURED PER ATTACHED CG20260704

CERTIFICATE HOLDER

CANCELLATION

SANFRAN SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH, CONTRACT OFFICE ATTN: E. APANA 1380 HOWARD STREET SAN FRANCISCO, CA 94102	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
--	---

© 1988-2010 ACORD CORPORATION. All rights reserved.

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)

<p>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.</p>

<p>THE CITY AND COUNTY OF SAN FRANCISCO, SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH, THEIR OFFICERS, DIRECTORS, AND AGENTS</p>

<p>Information required to complete this Schedule, if not shown above, will be shown in the Declarations.</p>

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

DATE (MM/DD/YYYY)

06/28/2012

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.

AGENCY CAL Insurance & Associates Inc License #0241094 2311 Taraval Street San Francisco, CA 94116-2253 Joe DeLucchi PHONE (A/C, No, EX): 415-661-6500 FAX (A/C, No): 415-661-2254 CODE: SUB CODE:		COMPANY NIF Group BINDER # 9481 DATE EFFECTIVE TIME DATE EXPIRATION TIME 07/01/12 AM 12:01 AM PM 07/31/12 NOOL X THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #HLP7745066C	
AGENCY CUSTOMER ID: INST-4 INSURED Instituto Familiar de la Raza 2919 Mission Street San Francisco CA 94110		DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (including Location) Nonprofit social service agency serving Latino community	

COVERAGES		LIMITS	
TYPE OF INSURANCE	COVERAGE/FORMS	REDUCTIBLE	AMOUNT
PROPERTY CAUSES OF LOSS BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC <input type="checkbox"/>			
GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> X Misc Professional	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE DAMAGE TO RENTED PREMISES MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COM/PROP AGG	\$ 1000000 \$ \$ \$ \$ 3000000 \$
AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS		COMBINED SINGLE LIMIT BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE MEDICAL PAYMENTS PERSONAL INJURY PROT UNINSURED MOTORIST	\$ \$ \$ \$ \$ \$ \$
AUTO PHYSICAL DAMAGE DEDUCTIBLE COLLISION: OTHER THAN COL	ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES <input type="checkbox"/>	ACTUAL CASH VALUE STATED AMOUNT OTHER	\$ \$ \$
GARAGE LIABILITY ANY AUTO		AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY EACH ACCIDENT AGGREGATE	\$ \$ \$ \$
EXCESS LIABILITY UMBRELLA FORM OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE AGGREGATE SELF-INSURED RETENTION WC STATUTORY LIMITS	\$ \$ \$ \$
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY		E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$ \$ \$
SPECIAL CONDITIONS/ OTHER COVERAGES		FEES TAXES ESTIMATED TOTAL PREMIUM	\$ \$ \$

NAME & ADDRESS

MORTGAGEE		ADDITIONAL INSURED	
LOSS PAYEE			
LOAN #			
AUTHORIZED REPRESENTATIVE 			



INSURANCE BINDER

OP ID: KK

DATE (MM/DD/YYYY)

06/28/2012

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.

AGENCY CAL Insurance & Associates Inc License #0241094 2311 Taraval Street San Francisco, CA 94116-2253 Joe DeLucchi PHONE (A/C, No, Ext): 415-661-6500 FAX (A/C, No): 415-661-2254		COMPANY NIF Group BINDER # 9480
CODE: AGENCY CUSTOMER ID: INSTI-4 INSURED Instituto Familiar de la Raza, 2919 Mission Street San Francisco CA 94110		EXPIRATION DATE EFFECTIVE TIME DATE TIME 07/01/12 AM 07/31/12 NOON THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #24CC284457-30
		DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (including Location) Social Service Non-Profit health care facility. Mental health therapy - Out patient only.

COVERAGES		LIMITS	
TYPE OF INSURANCE	COVERAGE/FORM	DEDUCTIBLE	AMOUNT
PROPERTY CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input checked="" type="checkbox"/> SPEC	BUILDING BPP COMPUTERS ORD/LAW B,C	1000 1000 1000 1000	2602500 255000 75000 200000
GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR Employee Benefit	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE DAMAGE TO RENTED PREMISES MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COM/OP AGG	\$ 1000000 \$ 1000000 \$ 10000 \$ 1000000 \$ 3000000 \$ 3000000
AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		COMBINED SINGLE LIMIT BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE MEDICAL PAYMENTS PERSONAL INJURY PROT UNINSURED MOTORIST	\$ 1000000 \$ \$ \$ \$ \$ \$
AUTO PHYSICAL DAMAGE DEDUCTIBLE <input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES COLLISION: OTHER THAN COL:		ACTUAL CASH VALUE STATED AMOUNT OTHER	\$ \$ \$
GARAGE LIABILITY <input type="checkbox"/> ANY AUTO		AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY: EACH ACCIDENT AGGREGATE	\$ \$ \$ \$
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE AGGREGATE SELF-INSURED RETENTION	\$ \$ \$
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY		WC STATUTORY LIMITS E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$ \$ \$ \$
SPECIAL CONDITIONS/ OTHER COVERAGES		FEES TAXES ESTIMATED TOTAL PREMIUM	\$ \$ \$

NAME & ADDRESS

Northern California Community 870 Market St #677 San Francisco CA 94102	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> ADDITIONAL INSURED
	<input checked="" type="checkbox"/> LOSS PAYEE	
	LOAN #	
	AUTHORIZED REPRESENTATIVE 	

NOTES:

INSURED'S NAME

tuto Familiar de la Raza,

OP. KK

PAGE 2

DATE 6/28/2012

Commercial Property Section - Additional Subject of Insurance

COVERAGES/FORMS
1000

DEDUCTIBLE

50

COINS %

AMOUNT



INSURANCE BINDER

OP ID: KK

DATE (MM/DD/YYYY)

06/28/2012

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.

AGENCY CAL Insurance & Associates Inc License #0241094 2311 Taraval Street San Francisco, CA 94116-2253 Joe DeLucchi PHONE (A/C, No, Ext): 415-661-6500 FAX (A/C, No): 415-661-2254		COMPANY NIF Group	BINDER # 9480
CODE AGENCY CUSTOMER ID: INSTI-4		DATE EFFECTIVE TIME 07/01/12 PM	EXPIRATION TIME 07/31/12 11:59 AM
INSURED Instituto Familiar de la Raza, 2919 Mission Street San Francisco CA 94110		THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY # 24CC284457-30	
SUB CODE:		DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (including Location) Social Service Non-Profit health care facility. Mental health therapy - Out patient only.	

COVERAGES

LIMITS

TYPE OF INSURANCE	COVERAGE/FORM	DEDUCTIBLE	CORR %	AMOUNT
PROPERTY CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input checked="" type="checkbox"/> SPEC	BUILDING BPP COMPUTERS ORD/LAW B,C	1000 1000 1000 1000		2602500 255000 75000 200000
GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR Employee Benefit	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE DAMAGE TO RENTED PREMISES MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ \$ \$ \$ \$ \$	1000000 1000000 10000 1000000 3000000 3000000
AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	RETRO DATE FOR CLAIMS MADE:	COMBINED SINGLE LIMIT BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE MEDICAL PAYMENTS PERSONAL INJURY PROT UNINSURED MOTORIST	\$ \$ \$ \$ \$ \$ \$	1000000
AUTO PHYSICAL DAMAGE DEDUCTIBLE <input type="checkbox"/> COLLISION <input type="checkbox"/> OTHER THAN COL	<input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES	ACTUAL CASH VALUE STATED AMOUNT OTHER	\$ \$ \$	
GARAGE LIABILITY <input type="checkbox"/> ANY AUTO		AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY EACH ACCIDENT AGGREGATE	\$ \$ \$ \$	
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE AGGREGATE SELF-INSURED RETENTION WC STATUTORY LIMITS	\$ \$ \$ \$	
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY		E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$ \$ \$	
SPECIAL CONDITIONS/ OTHER COVERAGES		FEES TAXES ESTIMATED TOTAL PREMIUM	\$ \$ \$	

NAME & ADDRESS

JPMorgan Chase Bank, NA Servicing KY1-2514 P.O. Box 33035 Louisville KY 40232	<input checked="" type="checkbox"/> MORTGAGEE	<input type="checkbox"/> ADDITIONAL INSURED
	<input type="checkbox"/> LOSS PAYEE	
	LOAN #	
	AUTHORIZED REPRESENTATIVE 	

NOTES:

INSURED'S NAME Instituto Familiar de la Raza,

INC 11-4

PAGE 4

Commercial Property Section - Additional Subject of Insurance

OP ID: KK

DATE 6/28/2012

COVERAGES/FORMS
1000

DEDUCTIBLE

COINS %

AMOUNT

50

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

FILE NO. 100927

RESOLUTION NO. 563-10

[Contract Approval - 18 Non-Profit Organizations and the University of California of San Francisco - Behavioral Health Services - \$674,388,406]

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 - 2010 through December 31, 2015.

WHEREAS, The Department of Public Health has been charged with providing needed behavioral health services to residents of San Francisco; and,

WHEREAS, The Department of Public Health has conducted Requests for Proposals or has obtained appropriate approvals for sole source contracts to provide these services; and

WHEREAS, The San Francisco Charter Chapter 9.118 requires contracts over \$10 million to be approved by the Board of Supervisors; and

WHEREAS, Contracts with providers will exceed \$10 million for a total of \$674,388,406, as follows:

Alternative Family Services, \$11,057,200;

Asian American Recovery Services, \$11,025,858;

Baker Places, \$69,445,722;

Bayview Hunters Point Foundation for Community Improvement, \$27,451,857;

Central City Hospitality House, \$15,923,347;

Community Awareness and Treatment Services (CATS), \$12,464,714;

Community Vocational Enterprises (CVE), \$9,705,509;

Conard House, \$37,192,197;

Edgewood Center for Children and Families, \$29,109,089;

Family Service Agency, \$45,483,140;

Hyde Street Community Service, \$17,162,210;

Instituto Familiar de la Raza, \$14,219,161;

Progress Foundation, \$92,018,333;

Richmond Area Multi-Services, \$34,773,853;

San Francisco Study Center, \$11,016,593;

Seneca Center, \$63,495,327;

Walden House, \$54,256,546;

Westside Community Mental Health Center, \$43,683,160;

Regents of the University of California, \$74,904,591; and

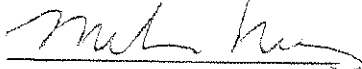
WHEREAS, The Department of Public Health estimates that the annual payment of some contracts may be increased over the original contract amount, as additional funds become available between July 2010 and the end of the contract term; now, be it

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

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

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

RECOMMENDED:



Mitchell Katz, M.D.
Director of Health

APPROVED:



Mark Morewitz, Secretary to the
Health Commission

Mayor Newsom



City and County of San Francisco
Title
Resolution

City Hall
Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4440

File Number: 100927

Date Passed: December 07, 2010

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

December 01, 2010 Budget and Finance Committee - AMENDED - ALL AMENDMENTS -
THE WHOLE BEARING NEW TITLE

December 01, 2010 Budget and Finance Committee - RECOMMENDED AS AMENDED

December 07, 2010 Board of Supervisors - ADOPTED

Ayes: 11 - Alioto-Pier, Avalos, Campos, Chiu, Chu, Daly, Duffy, Elsbernd, Mar, Maxwell and Mirkarimi

File No. 100927

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

Angela Calvillo
Clerk of the Board

Mayor Gavin Newsom

December 8, 2010

Date Approved

