

<b>ADPICS/FAMIS - FY 10-11</b> <b>CITY/COUNTY OF SAN FRANCISCO</b> <b>CONTRACT PURCHASE ORDER INPUT FORM</b>		<b>RENEWAL</b> Modification Increase Decrease Encumbrance Only		<b>DOCUMENT NUMBER</b> DPHM 11000277 BPHM 11000026		<b>REMARKS</b> 82 Mental Health & Substance Abuse HM-1-6660-MH	
<b>Contract Order type Agreements and Contracts</b> AMOUNT OF THIS ENCUMBRANCE - \$1,160,752 ORDER ORIGINATOR INFORMATION ORIGIN				<b>TOTAL APPROVED CONTRACT \$</b> 14,219,161 <b>LOW SERVICE RESERVING</b>			
<b>CMS # 6960</b> INSTITUTION: Instituto Familiar de la Raza - SOC ADDRESS: 2919 Mission Street San Francisco, CA 94110		<b>VERIFICATION</b> 09835 94-2325608 (415) 239-0500		<b>COVER TO</b> 01		<b>REMARKS</b> Same	
<b>REMARKS REQUIRED</b> IF YES, AMOUNT OR %		<b>YES/NO</b> NO		<b>REMARKS</b> PH&P Accounting Office 1380 Howard St., Rm. 447 San Francisco, CA 94103		<b>REMARKS</b> PH&P Accounting Office 1380 Howard St., Rm. 447 San Francisco, CA 94103	
<b>COMMODITY OR SERVICE CODE #</b> Monthly		<b>DETAILS DESCRIPTION OF SERVICES AND PRODUCTS</b> 10-11 New Contract under RFP 23-2009 per Award Letter dated August 17, 2010		<b>REMARKS</b> 10-11 New Contract under RFP 23-2009 per Award Letter dated August 17, 2010		<b>REMARKS</b> 10-11 New Contract under RFP 23-2009 per Award Letter dated August 17, 2010	
<b>CONTRACT TERM:</b> 07/01/10-12/31/2015 1011 Prev Encu (BPHM07000052) 1071 This Encumb 1172 To Encumber 1273 To Encumber 1374 To Encumber 1475 To Encumber 1475 To Encumber (8 mos)		<b>Original Award:</b> \$1,211,814 \$1,160,752 \$2,294,025 \$2,294,025 \$2,294,025 \$2,294,025 \$1,160,752		<b>Contingency Used</b> 1,211,814 1,160,752		<b>Contingency Still Avail.</b> 1,211,814 1,160,752	
<b>Blanket Total</b> 1,211,814 1,160,752		<b>Contingency Approved</b> 1,211,814 1,160,752		<b>Contingency Used</b> 1,211,814 1,160,752		<b>Contingency Still Avail.</b> 1,211,814 1,160,752	
<b>Total contract</b> \$12,695,679		<b>\$ 1,523,482</b>		<b>\$ 1,523,482</b>		<b>\$ 14,219,161</b>	
<b>APPROVED BY (PH&amp;P)</b> Elizabeth Apana Senior Administrative Analyst Phone # 255-3621 Fax # 252-3088		<b>APPROVALS</b>		<b>REMARKS</b> Original Agreement P-500 (5/10) Based on 08/17/2010 award letter		<b>REMARKS</b> Original Agreement P-500 (5/10) Based on 08/17/2010 award letter	
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City and County of San Francisco  
Office of Contract Administration  
Purchasing Division  
City Hall, Room 430  
1 Dr. Carlton B. Goodlett Place  
San Francisco, California 94102-4685

Agreement between the City and County of San Francisco and  
  
Instituto Familiar De La Raza

This Agreement is made this 1<sup>st</sup> day of July, 2010, in the City and County of San Francisco, State of California, by and between: Instituto Familiar De La Raza 2919 Mission Street, San Francisco, California 94110, hereinafter referred to as "Contractor," and the City and County of San Francisco, a municipal corporation, hereinafter referred to as "City," acting by and through its Director of the Office of Contract Administration or the Director's designated agent, hereinafter referred to as "Purchasing."

**Recitals**

WHEREAS, the Department of Public Health, Population Health and Prevention, Community Health Services, ("Department") wishes to provide mental health services for children, youth, families and adults; and,

WHEREAS, a Request for Proposal ("RFP") was issued on 09/25/2009, and City selected Contractor as the highest qualified scorer pursuant to the RFP; and

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

WHEREAS, approval for this Agreement was obtained when the Civil Service Commission approved Contract numbers 4150-09/10, 4152-09/10 and 4160-09/10 on 09/25/2009;

Now, THEREFORE, the parties agree as follows:

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

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

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

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

4. **Services Contractor Agrees to Perform.** The Contractor agrees to perform the services provided for in Appendix A, "Description of Services," attached hereto and incorporated by reference as though fully set forth herein.

5. **Compensation.** Compensation shall be made in monthly payments on or before the 1st day of each month for work, as set forth in Section 4 of this Agreement, that the Director of the Department of Public Health, in his or her sole discretion, concludes has been performed as of the 1st day of the immediately preceding month. In no event shall the amount of this Agreement exceed **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 Department of Public Health as being in accordance with this Agreement. City may withhold payment to Contractor in any instance in which Contractor has failed or refused to satisfy any material obligation provided for under this Agreement. In no event shall City be liable for interest or late charges for any late payments.

6. **Guaranteed Maximum Costs.** The City's obligation hereunder shall not at any time exceed the amount certified by the Controller for the purpose and period stated in such certification. Except as may be provided by laws governing emergency procedures, officers and employees of the City are not authorized to request, and the City is not required to reimburse the Contractor for, Commodities or Services beyond the agreed upon contract scope unless the changed scope is authorized by amendment and approved as required by law. Officers and employees of the City are not authorized to offer or promise, nor is the City required to honor, any offered or promised additional funding in excess of the maximum amount of funding for which the contract is certified without certification of the additional amount by the Controller. The Controller is not authorized to make payments on any contract for which funds have not been certified as available in the budget or by supplemental appropriation.

7. **Payment; Invoice Format.** Invoices furnished by Contractor under this Agreement must be in a form acceptable to the Controller, and must include a unique invoice number and must conform to Appendix F. All amounts paid by City to Contractor shall be subject to audit by City. Payment shall be made by City to Contractor at the address specified in the section entitled "Notices to the Parties."

8. **Submitting False Claims; Monetary Penalties.** Pursuant to San Francisco Administrative Code §21.35, any contractor, subcontractor or consultant who submits a false claim shall be liable to the City for the statutory penalties set forth in that section. The text of Section 21.35, along with the entire San Francisco Administrative Code is available on the web at <http://www.municode.com/Library/clientCodePage.aspx?clientID=4201>. A contractor, subcontractor or consultant will be deemed to have submitted a false claim to the City if the contractor, subcontractor or consultant: (a) knowingly presents or causes to be presented to an officer or employee of the City a false claim or request for payment or approval; (b) knowingly makes, uses, or causes to be made or used a false record or statement to get a false claim paid or approved by the City; (c) conspires to defraud the City by getting a false claim allowed or paid by the City; (d) knowingly makes, uses, or causes to be made or used a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the City; or (e) is a beneficiary of an inadvertent submission of a false claim to the City, subsequently discovers the falsity of the claim, and fails to disclose the false claim to the City within a reasonable time after discovery of the false claim.

9. **Disallowance.** If Contractor claims or receives payment from City for a service, reimbursement for which is later disallowed by the State of California or United States Government, Contractor shall promptly refund the disallowed amount to City upon City's request. At its option, City may offset the amount disallowed from any payment due or to become due to Contractor under this Agreement or any other Agreement. By executing this Agreement, Contractor certifies that Contractor is not suspended, debarred or otherwise excluded from participation in federal assistance programs. Contractor acknowledges that this certification of eligibility to receive federal funds is a material terms of the Agreement.

10. **Taxes.** Payment of any taxes, including possessory interest taxes and California sales and use taxes, levied upon or as a result of this Agreement, or the services delivered pursuant hereto, shall be the obligation of Contractor. Contractor recognizes and understands that this Agreement may create a "possessory interest" for property tax purposes. Generally, such a possessory interest is not created unless the Agreement entitles the Contractor to



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

1) Contractor, on behalf of itself and any permitted successors and assigns, recognizes and understands that Contractor, and any permitted successors and assigns, may be subject to real property tax assessments on the possessory interest;

2) Contractor, on behalf of itself and any permitted successors and assigns, recognizes and understands that the creation, extension, renewal, or assignment of this Agreement may result in a "change in ownership" for purposes of real property taxes, and therefore may result in a revaluation of any possessory interest created by this Agreement. Contractor accordingly agrees on behalf of itself and its permitted successors and assigns to report on behalf of the City to the County Assessor the information required by Revenue and Taxation Code section 480.5, as amended from time to time, and any successor provision.

3) Contractor, on behalf of itself and any permitted successors and assigns, recognizes and understands that other events also may cause a change of ownership of the possessory interest and result in the revaluation of the possessory interest. (see, e.g., Rev. & Tax. Code section 64, as amended from time to time). Contractor accordingly agrees on behalf of itself and its permitted successors and assigns to report any change in ownership to the County Assessor, the State Board of Equalization or other public agency as required by law.

4) Contractor further agrees to provide such other information as may be requested by the City to enable the City to comply with any reporting requirements for possessory interests that are imposed by applicable law.

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

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

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

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

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

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

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

## 15. Insurance

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## 16. Indemnification

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

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

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

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

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

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

8. Submitting False Claims; Monetary Penalties.

10. Taxes

15. Insurance

24. Proprietary or confidential information of City

30. Assignment

37. Drug-free workplace policy,

53. Compliance with laws

55. Supervision of minors

57. Protection of private information

58. Graffiti removal

And, item 1 of Appendix D attached to this Agreement

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

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

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

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

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

**21. Termination for Convenience**

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

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

- 1) Halting the performance of all services and other work under this Agreement on the date(s) and in the manner specified by City.
- 2) Not placing any further orders or subcontracts for materials, services, equipment or other items.
- 3) Terminating all existing orders and subcontracts.
- 4) At City's direction, assigning to City any or all of Contractor's right, title, and interest under the orders and subcontracts terminated. Upon such assignment, City shall have the right, in its sole discretion, to settle or pay any or all claims arising out of the termination of such orders and subcontracts.
- 5) Subject to City's approval, settling all outstanding liabilities and all claims arising out of the termination of orders and subcontracts.
- 6) Completing performance of any services or work that City designates to be completed prior to the date of termination specified by City.
- 7) Taking such action as may be necessary, or as the City may direct, for the protection and preservation of any property related to this Agreement which is in the possession of Contractor and in which City has or may acquire an interest.

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

- 1) The reasonable cost to Contractor, without profit, for all services and other work City directed Contractor to perform prior to the specified termination date, for which services or work City has not already tendered payment. Reasonable costs may include a reasonable allowance for actual overhead, not to exceed a total of 10% of Contractor's direct costs for services or other work. Any overhead allowance shall be separately itemized. Contractor may also recover the reasonable cost of preparing the invoice.
- 2) A reasonable allowance for profit on the cost of the services and other work described in the immediately preceding subsection (1), provided that Contractor can establish, to the satisfaction of City, that Contractor would have made a profit had all services and other work under this Agreement been completed, and provided further, that the profit allowed shall in no event exceed 5% of such cost.
- 3) The reasonable cost to Contractor of handling material or equipment returned to the vendor, delivered to the City or otherwise disposed of as directed by the City.
- 4) A deduction for the cost of materials to be retained by Contractor, amounts realized from the sale of materials and not otherwise recovered by or credited to City, and any other appropriate credits to City against the cost of the services or other work.

d. In no event shall City be liable for costs incurred by Contractor or any of its subcontractors after the termination date specified by City, except for those costs specifically enumerated and described in the immediately preceding subsection (c). Such non-recoverable costs include, but are not limited to, anticipated profits on this Agreement, post-termination employee salaries, post-termination administrative expenses, post-termination overhead or unabsorbed overhead, attorneys' fees or other costs relating to the prosecution of a claim or lawsuit, prejudgment interest, or any other expense which is not reasonable or authorized under such subsection (c).

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

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

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

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

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

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

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

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

b. Contractor shall maintain the usual and customary records for persons receiving Services under this Agreement. Contractor agrees that all private or confidential information concerning persons receiving Services

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

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

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

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

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

To CITY:	Office of Contract Management and Compliance Department of Public Health 1380 Howard Street, Room 442 San Francisco, California 94103	FAX: (415) 252-3088 e-mail: Elizabeth.apana@sfdph.org
And:	Eric Dubon CBHS, Business Office 1380 Howard Street, 5 <sup>th</sup> Floor San Francisco, Ca 94013	FAX: (415) 255-3567 e-mail: Eric.dubon@sfdph.org
To CONTRACTOR:	Instituto Familiar De LA Raza 2919 Mission Street San Francisco, California 94110	FAX: (415) 647-3662 e-mail: egarcia@ifrsf.org

Any notice of default must be sent by registered mail.

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

**27. Works for Hire.** If, in connection with services performed under this Agreement, Contractor or its subcontractors create artwork, copy, posters, billboards, photographs, videotapes, audiotapes, systems designs, software, reports, diagrams, surveys, blueprints, source codes or any other original works of authorship, such works

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of authorship shall be works for hire as defined under Title 17 of the United States Code, and all copyrights in such works are the property of the City. If it is ever determined that any works created by Contractor or its subcontractors under this Agreement are not works for hire under U.S. law, Contractor hereby assigns all copyrights to such works to the City, and agrees to provide any material and execute any documents necessary to effectuate such assignment. With the approval of the City, Contractor may retain and use copies of such works for reference and as documentation of its experience and capabilities.

## **28. Audit and Inspection of Records**

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

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

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

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

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

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

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

**32. Earned Income Credit (EIC) Forms.** Administrative Code section 120 requires that employers provide their employees with IRS Form W-5 (The Earned Income Credit Advance Payment Certificate) and the IRS EIC CMS# 6960



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

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

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

#### **b. Compliance and Enforcement**

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

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

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

### **34. Nondiscrimination; Penalties**

a. **Contractor Shall Not Discriminate.** In the performance of this Agreement, Contractor agrees not to discriminate against any employee, City and County employee working with such contractor or subcontractor,

applicant for employment with such contractor or subcontractor, or against any person seeking accommodations, advantages, facilities, privileges, services, or membership in all business, social, or other establishments or organizations, on the basis of the fact or perception of a person's race, color, creed, religion, national origin, ancestry, age, height, weight, sex, sexual orientation, gender identity, domestic partner status, marital status, disability or Acquired Immune Deficiency Syndrome or HIV status (AIDS/HIV status), or association with members of such protected classes, or in retaliation for opposition to discrimination against such classes.

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

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

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

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

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

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

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

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

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

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

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

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

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

a. Contractor agrees to comply fully with and be bound by all of the provisions of the Minimum Compensation Ordinance (MCO), as set forth in San Francisco Administrative Code Chapter 12P (Chapter 12P), including the remedies provided, and implementing guidelines and rules. The provisions of Sections 12P.5 and 12P.5.1 of Chapter 12P are incorporated herein by reference and made a part of this Agreement as though fully set forth. The text of the MCO is available on the web at [www.sfgov.org/olse/mco](http://www.sfgov.org/olse/mco). A partial listing of some of Contractor's obligations under the MCO is set forth in this Section. Contractor is required to comply with all the provisions of the MCO, irrespective of the listing of obligations in this Section.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

#### 45. First Source Hiring Program

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

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

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

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

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

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

5) Establish guidelines for employer good faith efforts to comply with the first source hiring requirements of this Chapter. The FSHA will work with City departments to develop employer good faith effort requirements appropriate to the types of contracts and property contracts handled by each department. Employers shall appoint a liaison for dealing with the development and implementation of the employer's agreement. In the event that the FSHA finds that the employer under a City contract or property contract has taken actions primarily for the purpose of circumventing the requirements of this Chapter, that employer shall be subject to the sanctions set forth in Section 83.10 of this Chapter.

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

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

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

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

- 1) To be liable to the City for liquidated damages as provided in this section;
- 2) To be subject to the procedures governing enforcement of breaches of contracts based on violations of contract provisions required by this Chapter as set forth in this section;
- 3) That the contractor's commitment to comply with this Chapter is a material element of the City's consideration for this contract; that the failure of the contractor to comply with the contract provisions required by this Chapter will cause harm to the City and the public which is significant and substantial but extremely difficult to quantify; that the harm to the City includes not only the financial cost of funding public assistance programs but also the insidious but impossible to quantify harm that this community and its families suffer as a result of unemployment; and that the assessment of liquidated damages of up to \$5,000 for every notice of a new hire for an entry level position improperly withheld by the contractor from the first source hiring process, as determined by the FSHA during its first investigation of a contractor, does not exceed a fair estimate of the financial and other damages that the City suffers as a result of the contractor's failure to comply with its first source referral contractual obligations.
- 4) That the continued failure by a contractor to comply with its first source referral contractual obligations will cause further significant and substantial harm to the City and the public, and that a second assessment of liquidated damages of up to \$10,000 for each entry level position improperly withheld from the FSHA, from the time of the conclusion of the first investigation forward, does not exceed the financial and other damages that the City suffers as a result of the contractor's continued failure to comply with its first source referral contractual obligations;
- 5) That in addition to the cost of investigating alleged violations under this Section, the computation of liquidated damages for purposes of this section is based on the following data:

(a) The average length of stay on public assistance in San Francisco's County Adult Assistance Program is approximately 41 months at an average monthly grant of \$348 per month, totaling approximately \$14,379; and

(b) In 2004, the retention rate of adults placed in employment programs funded under the Workforce Investment Act for at least the first six months of employment was 84.4%. Since qualified individuals under the First Source program face far fewer barriers to employment than their counterparts in programs funded by the Workforce Investment Act, it is reasonable to conclude that the average length of employment for an individual whom the First Source Program refers to an employer and who is hired in an entry level position is at least one year;

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

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

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

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

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

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

**48. Modification of Agreement.** This Agreement may not be modified, nor may compliance with any of its terms be waived, except by written instrument executed and approved in the same manner as this Agreement. Contractor shall cooperate with Department to submit to the Director of HRC any amendment, modification, supplement or change order that would result in a cumulative increase of the original amount of this Agreement by more than 20% (HRC Contract Modification Form).

**49. Administrative Remedy for Agreement Interpretation – *DELETED BY MUTUAL AGREEMENT OF THE PARTIES***

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

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

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

CMS# 6960



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

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

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

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

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

58. **Graffiti Removal.** Graffiti is detrimental to the health, safety and welfare of the community in that it promotes a perception in the community that the laws protecting public and private property can be disregarded with impunity. This perception fosters a sense of disrespect of the law that results in an increase in crime; degrades the community and leads to urban blight; is detrimental to property values, business opportunities and the enjoyment of life; is inconsistent with the City's property maintenance goals and aesthetic standards; and results in additional graffiti and in other properties becoming the target of graffiti unless it is quickly removed from public and private

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

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

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

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

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

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

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

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

CITY

CONTRACTOR

Recommended by:

Instituto Familiar De La Raza

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

10.27-10  
Date

Approved as to Form:

Dennis J. Herrera  
City Attorney

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

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

By:

  
TERENCE HOWZELL  
Deputy City Attorney

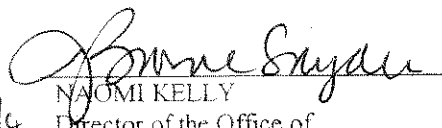
11/1/10  
Date

Approved:

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

10/26/2010  
Date

City vendor number: 09835

  
NAOMI KELLY  
Director of the Office of  
Contract Administration and  
Purchaser

12/15/10  
Date

#### Appendices

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

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21 of 21

Instituto Familiar De La Raza  
July 1, 2010

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**Appendix A**  
**Services to be provided by Contractor**

**1. Terms**

**A. Contract Administrator:**

In performing the Services hereunder, Contractor shall report to Eric 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. Patients Rights:

All applicable Patients Rights laws and procedures shall be implemented.

M. Under-Utilization Reports:

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

N. Quality Assurance:

Contractor agrees to develop and implement a Quality Assurance Plan based on internal standards established by Contractor applicable to the Services as follows:

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

**Other Miscellaneous Optional Provisions:**

O. Compliance With Grant Award Notices:

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

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

**2. Description of Services**

Detailed description of services are listed below and are attached hereto

Appendix A-1 Adult Outpatient Behavioral Health Clinic

Appendix A-1a Addendum to the CBHS Adult Mental/Behavioral Health Contract for FY 10-11

Appendix A-2 Child Outpatient Behavioral Health Services (General Fund)

Appendix A-2a Child Outpatient Behavioral Health Services (EDSDT)

Appendix A-3 Early Intervention Program Child Care Mental Health Consultation Initiative

Appendix A-4 Mental Health Consultation/SED Classroom

Appendix A-5 Early Intervention Program Consultation, Affirmation, Resources, Education

Appendix A-6 Early Intervention Program Child Care Mental Health Consultation Initiative

Appendix A-7 La Cultura Cura Program – Trauma Recovery and Healing Services

Appendix A-8 La Cultura Cura Intensive Home Based Supervision/EPST

Appendix A-9 Indigena Health and Wellness Collaborative

Appendix A-10 Community-Based Therapeutic Mentoring

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1. **Program Name:** Adult Outpatient Behavioral Health Clinic  
**Program Address:** 2919 Mission Street  
**City, State, Zip Code:** San Francisco, CA 94110  
**Telephone:** (415) 229-0500  
**Facsimile:** (415) 647-3662

2. **Nature of Document**

☒ **New**      ☐ **Renewal**      ☐ **Modification**

3. **Goal Statement**

The goal of Instituto Familiar de la Raza's (IFR) Outpatient Behavioral Health Clinic is to 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. **Modality(ies)/Interventions**

A. Modality of Services

*MENTAL HEALTH (Single Diagnosis) ONLY:*

<i>Units of Service (UOS) Description</i>	<i>Units of Service (UOS) in Mins</i>	<i>Unduplicated Clients (UDC)</i>
Mental Health Services <i>1.5 FTE x 35 hrs x 46 wks x 65.104% LOE x 60 mins</i>	94,337	126
Medication Support Services <i>0.1972 FTE x 35 hrs x 46 wks x 65% LOE x 60 mins</i>	12,384	Incl.
Crisis Intervention <i>0.015 FTE x 35 hrs x 46 wks x 66.321% LOE x 60 mins</i>	961	Incl.
Brokerage <i>0.35 FTE x 35 hrs x 46 wks x 65.548% LOE x 60 mins</i>	22,162	Incl.
Low Threshold <i>0.145 FTE x 35 hrs x 46 wks x 65.9242% LOE x 60 mins</i>	9,234	Incl.
<b>Total</b>	<b>139,078</b>	<b>126</b>

*DUAL DIAGNOSIS ONLY:*

<i>Units of Service (UOS) Description</i>	<i>Units of Service (UOS) in Mins</i>	<i>Unduplicated Clients (UDC)</i>
Mental Health Services <i>0.37 FTE x 35 hrs x 46 wks x 65.6986% LOE x 60 mins</i>	23,482	45
Medication Support Services <i>0.07 FTE x 35 hrs x 46 wks x 65.4096% LOE x 60 mins</i>	4,423	Incl.

Crisis Intervention 0.016 FTE x 35 hrs x 46 wks x 66.6408% LOE x 60 mins	1,030	Incl.
Brokerage 0.31 FTE x 35 hrs x 46 wks x 66.0789% LOE x 60 mins	19,788	Incl.
Low Threshold 0.05 FTE x 35 hrs x 46 wks x 68.2816% LOE x 60 mins	3,298	Incl.
<b>Total</b>	<b>52,021</b>	<b>45</b>

*SUBSTANCE ABUSE (Single Diagnosis) ONLY:*

Units of Service (UOS) Description	Units of Service (UOS) in Mins	Unduplicated Clients (UDC)
Substance Abuse Services 0.16 FTE x 35 hrs x 46 wks x 66.0585% LOE x 60 mins	10,210	9
<b>Total</b>	<b>10,210</b>	<b>9</b>

**B. Definition of Billable Services**

Billable services include Mental Health Services in the following forms:

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.

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.

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.

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 for Units of Service.

## 6. Methodology

### A. 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.

### B. 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 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.

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. A 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.

**C. 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 5 p.m. and evenings and Saturdays by appointment. 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 Clinica clients. All group activities provide emotional support to members in order to maintain and reinforce the client's natural support system, reduce caretaker and client burnout and address the unique needs of Chicano/Latinos.

IFR's collaboration with Mujeres Unidas y Activas, a grassroots organization, is now in its twentieth (20) year. We continue to provide education, consultation, advocacy and direct services to women and their families that have need for mental health services. This population has multiple needs for their children and youth including services that respond to issues of substance abuse problems, gang involvement and mental illness.

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.

**D. Program's Exit Criteria and Process**

IFR's PURQC Committee provides oversight of client utilization to determine appropriate discharge/exit plans for clients not longer meeting medical necessity criteria. PURQC committee will consider such factors as: risk of harm, compliance, progress and status of Care Plan objectives, and the client's overall environment, to determine which clients can be stepped-down in service modality and frequency or discharged from services. Clients are often referred to other IFR or other community services to ensure their well being. Part of the step down process includes linking clients with community organizations and services that can provide continued support and information of recourses available to promote clients well being.

**E. Program Staffing**

Please see Exhibit B.

**7. Objectives and Measurements**

**A. Outcome Objectives**

	Objectives	MH Adult
<b>Objective A.1: Reduced Psychiatric Symptoms</b>		
A.1.a	The total number of acute inpatient hospital episodes used by clients in Fiscal Year 2010-2011 will be reduced by at least 15% compared to the number of acute inpatient hospital episodes used by these same clients in Fiscal Year 2009-2010. This is applicable only to clients opened to the program no later than July 1, 2010. Data collected for July 2010 – June 2011 will be compared with the data collected in July 2009 – June 2010. Programs will be exempt from meeting this objective if more than 50% of the total number of inpatient episodes was used by 5% or less of the clients hospitalized. <i>Note: except supported housing programs.</i>	X
A.1.e	75% of clients who have been served for two months or more will have met or partially met 50% of their treatment objectives at discharge. <i>Note: if data available in AVATAR</i>	X

A.1.i	Providers will ensure that all clinicians who provide mental health services are certified in the use of the Adult Needs and Strengths Assessment (ANSA). New employees will have completed the ANSA training within 30 days of hire.	X
A.1.m	Clients with an open episode, for whom two or more contacts had been billed within the first 30 days, should have both the initial MRD/ANSA assessment and treatment plans completed in the online record within 30 days of episode opening. For the purpose of this program performance objective, an 85% completion rate will be considered a passing score.	X
<b>Objective A.3: Increase Stable Living Environment</b>		
A.3.a	35% of clients who were homeless when they entered treatment will be in a more stable living situation after 1 year in treatment. <i>Note: except 24-hour programs</i>	X
<b>Objective B.1: Access to Service</b>		
B.1.a	75% of uninsured active clients, with a DSM-IV diagnosis code that likely indicates disability, who are open in the program as of July 1, 2010, will have SSI linked Medi-Cal applications submitted by June 30, 2011. Programs are also strongly encouraged to refer eligible clients to Health San Francisco. <i>Note: except 24-hour programs</i>	X
<b>Objective B.2: Treatment Access and Retention</b>		
B.2.a	During Fiscal Year 2010-2011, 70% of treatment episodes will show three or more service days of treatment within 30 days of admission for substance abuse treatment and CYF mental health treatment providers, and 60 days of admission for adult mental health treatment providers as measured by BIS indicating clients engaged in the treatment process. <i>Note: Exempt Methadone Providers.</i>	X
<b>Objective C.2: Client Outcomes Data Collection</b>		
C.2.a	For clients on atypical antipsychotics, at least 50% will have metabolic monitoring as per American Diabetes Association – American Psychiatric Association Guidelines for the Use of Atypical Antipsychotics in Adults, documented in CBHS Avatar Health Monitoring, or for clinics without access to Avatar, documentation in the Antipsychotic Metabolic Monitoring Form or equivalent.	X
<b>Objective F.1: Health Disparity in African Americans</b>		
F.1.a	<b>Metabolic and health screening</b> Metabolic screening (Height, Weight, & Blood Pressure) will be provided for all behavioral health clients at intake and annually when medically trained staff and equipment are available. Outpatient providers will document screening information in the Avatar Health Monitoring section.	N/A for IFR

F.I.b	Primary Care provider and health care information All clients and families at intake and annually will have a review of medical history, verify who the primary care provider is, and when the last primary care appointment occurred. <i>The new Avatar system will allow electronic documentation of such information.</i>	X
F.I.c	Active engagement with primary care provider 75% of clients who are in treatment for over 90 days will have, upon discharge, an identified primary care provider.	X
<b>Objective G.1: Alcohol Use/Dependency</b>		
G.1.a	For all contractors and civil service clinics, information on self-help alcohol and drug addiction Recovery groups (such as Alcoholics Anonymous, Alateen, Alanon, Rational Recovery, and other 12-step or self-help programs) will be kept on prominent display and distributed to clients and families at all program sites. <i>Cultural Competency Unit will compile the informing material on self-help Recovery groups and made it available to all contractors and civil service clinics by September 2010.</i>	X
G.1.b	All contractors and civil service clinics are encouraged to develop clinically appropriate interventions (either Evidence Based Practice or Practice Based Evidence) to meet the needs of the specific population served, and to inform the SOC Program Managers about the interventions.	X
<b>Objective H.1: Planning for Performance Objective FY 2011-2012</b>		
H.1.a	Contractors and Civil Service Clinics will remove any barriers to accessing services by African American individuals and families. <i>System of Care, Program Review, and Quality Improvement unit will provide feedback to contractor/clinic via new clients survey with suggested interventions. The contractor/clinic will establish performance improvement objective for the following year, based on feedback from the survey.</i>	X
H.1.b	Contractors and Civil Service Clinics will promote engagement and remove barriers to retention by African American individuals and families.  <i>Program evaluation unit will evaluate retention of African American clients and provide feedback to contractor/clinic. The contractor/clinic will establish performance improvement objective for the following year, based on their program's client retention data. Use of best practices, culturally appropriate clinical interventions, and on-going review of clinical literature is encouraged.</i>	X

## B. Other Objectives

IFR Outpatient Clinic 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 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.

Additional:

- The Milestones of Recovery Scale (MORS) will be used to measure recovery progress. MORS will be administered at point of Intake, and every three months thereafter. 85% of all active registered clients will indicate an improvement of symptoms as measured through the MORS within the first three months of services.
- 100% of clients who do not have primary care provider will receive a referral to primary care and will receive case management to facilitate best outcome. Tracking this goal will occur at the Initial Authorization PURQC review (2 months after the case is opened); if client refused this will be noted in the plan of care and electronic log will maintain data for analysis at end of year. Tracking will occur during "Initial Authorization" and "ReAuthorization" case review in the QI -PURQC.
- A minimum of 6 planning meeting will be convened between IFR and substance abuse partners; the Latino Commission, and Haight Ashbury Free Clinic to continue developing an increasingly integrated system of referrals, guidelines for coordinating care, developing coordinated plans of care. Designated agency representative for IFR (Clinic Coordinator) will maintain a sign in sheet, attendance log, and minutes of meeting, a record of issues discussed decisions made.

## C. Evaluation of Objectives

See above (7A and B) 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.

## 8. Continuous Quality Improvement

Quality issues are addressed during bi-monthly multidisciplinary team meetings, during weekly QA/PURQC committee meetings, and during individual supervision. Every week, client charts are reviewed by the PURQC committee. QA procedures provide the opportunity to monitor the development of treatment plans of care, implementation of services, preventive interventions, chart content, chart order, billing issues, and an opportunity to meet PURQC authorization guidelines.

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. The Clinical Supervisor is responsible for reviewing the charts as indicated by his/her signature. In addition, the Program Manager conducts bi-monthly administrative supervision to review productivity, provide support regarding system issues impacting upon client services, review documentation for administrative compliance and ensure that staff follows program policies and procedures. The Program Manager also evaluates the staff development needs and creates plans of action and training objectives as indicated. Trainings provided by CBHS are attended by all clinicians. Those 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.



HIPPA Compliance:

- 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 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.



**ADDENDUM to the CBHS Adult Mental/Behavioral Health Contract for FY2010-11**

Instituto Familiar de la Raza Inc. (IFR) will implement a Behavioral Health and Primary Care Integration pilot project between IFR's adult outpatient mental/behavioral health clinic (La Clinica) and Mission Neighborhood Health Center's Primary Care Adult Clinic. Funds allocated for this effort is from add back dollars in the amount of \$91,500. The contract will be on a cost-reimbursement basis with a 3-month startup period (July-September) and subsequent months billed under Code 45. Units of service and modalities will be tracked manually. Intervention modalities will include 1) Consultation to medical providers 2) Client Contacts and 3) Referrals and initial Case Management.

Initially, IFR will base a half-time clinician at MNHC's site to implement this project. The model to be used will be hybrid of the CBHS Behaviorist Model and existing IFR/MNHC models (MNHC HIV Project (COE) and Teen Clinic Project).



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

Program Address: 2919 Mission Street  
City, State, Zip Code: San Francisco, California 94110  
Telephone: (415) 229-0500  
Facsimile: (415) 647-3662

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 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.

Latinos face unique social, educational, cultural, and linguistic barriers in accessing behavioral health services. Latino children in particular, face high levels of poverty. Latino youth are more likely to drop out of school, to report depression and anxiety and often engage in behaviors that are detrimental to their well-being and that of the community. Language barriers, unstable housing and homelessness, lack of health care benefits, cultural and racial discrimination and the current anti-immigrant sentiments create severe and persistent stressors for Latinos and their families.

Finally, the lack of bilingual/bicultural behavioral health providers constitutes a major obstacle to providing effective treatment once services are sought. Local, state and national studies have supported the need for language and cultural matching as a critical factor in the assessment, engagement, differential diagnosis and recidivism of Latinos and their families. 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. Modality of Service/Interventions

A. Modality of Services

<i>Units of Service (UOS) Description</i>	<i>Units of Service (UOS) in Mins</i>	<i>Unduplicated Clients (UDC)</i>
Mental Health Services <i>0.552 FTE x 35 hrs x 46 wks x 65.08% LOE x 60 mins</i>	34,703	44
Medication Support Services <i>0.0216 FTE x 35 hrs x 46 wks x 65.03% LOE x 60 mins</i>	1,357	Incl.
Crisis Intervention <i>0.0053 FTE x 35 hrs x 46 wks x 66.21% LOE x 60 mins</i>	339	Incl.
Brokerage <i>0.027 FTE x 35 hrs x 46 wks x 67.1344% LOE x 60 mins</i>	1,751	Incl.
Outreach <i>0.219 FTE x 35 hrs x 46 wks x 65.2316% LOE</i>	230 hrs	Incl.
<b>Total</b>	<b>38,380</b>	<b>44</b>

B. Definition of Billable Services

Billable services include Mental Health Services in the following forms:

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.

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.

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.

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

See Appendix B for Units of Service.

**6. Methodology**

**A. Program conducts 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 have created 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 Mental Health Services, Psychiatric services and Case Management are distributed to agencies in and around the Mission District.

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

Each client gets an assessment using the ASFCBHS CANS assessment form to establish medical necessity for specialty behavioral 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). It is important to note that many clients seen by IFR are not eligible for Medi-Cal. 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 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 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 30 days of opening a CANS assessment and plan of care completed and redone every 6 months, 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 also based on clients and family needs per CANS assessment, recovery and varied behavioral health and substance abuse theories, bicultural personality development, 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.

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, by appointment. 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 comprehensive clinic, 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.

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 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, coordinated 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 and substance abuse 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 provider, 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 coordinated care 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 CRAAFT and AADIS screening tool to determine client's needs for substance abuse services as well as the CANS.

#### Adjunct Services:

The outpatient clinic has access to 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.

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 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 step-down and discharge/exit criteria to alleviate increasing caseload pressure and to prioritize services to those most in need. Behavioral Health Specialists will use CANS as a tool to measure clients progress and 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 A/CBHS services. CANS profiles and case reevaluations by the PURQ 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's staffing (*Note: For CBHS, Appendix B is sufficient*).  
Please see Appendix B.

## 7. Objectives and Measurements

### A. Outcome Objectives

	Objectives	MH CYF
<b>Objective A.1: Reduced Psychiatric Symptoms</b>		
A.1.a	The total number of acute inpatient hospital episodes used by clients in Fiscal Year 2010-2011 will be reduced by at least 15% compared to the number of acute inpatient hospital episodes used by these same clients in Fiscal Year 2009-2010. This is applicable only to clients opened to the program no later than July 1, 2010. Data collected for July 2010 – June 2011 will be compared with the data collected in July 2009 – June 2010. Programs will be exempt from meeting this objective if more than 50% of the total number of inpatient episodes was used by 5% or less of the clients hospitalized. <i>Note: except supported housing programs.</i>	X
A.1.e	75% of clients who have been served for two months or more will have met or partially met 50% of their treatment objectives at discharge. <i>Note: if data available in AVATAR</i>	X
A.1.f	Providers will ensure that all clinicians who provide mental health services are certified in the use of the Child & Adolescent Needs and Strengths (CANS). New employees will have completed the CANS training within 30 days of hire. <i>Note: including School-Mental Health Partnership Programs</i>	X
A.1.g	Clients with an open episode, for whom two or more contacts had been billed within the first 30 days, should have both the initial CANS assessment and treatment plans completed in the online record within 30 days of episode opening. For the purpose of this program performance objective, an 85% completion rate will be considered a passing score. <i>Note: including school-based programs</i>	X

A.1.h	CYF agency representatives attend regularly scheduled SuperUser calls. For the purpose of this performance objective, an 80% attendance of all calls will be considered a passing score. <i>Note: including school-based programs</i>	X
A.1.i	Outpatient clients opened will have a Re-assessment/Outpatient Treatment Report in the online record within 30 days of the 6 month anniversary of their Episode Opening date and every 6 months thereafter. Day Treatment clients have a Re-assessment/Outpatient Treatment report in the online record within 30 days of the 3 month anniversary of their episode opening date, and every 3 months thereafter For the purpose of this program performance objective, a 100% completion rate will be considered a passing score. <i>Note: including school-based programs</i>	X
A.1.j	Outpatient clients opened will have an updated Treatment Plan in the online record within 30 days of the 6 month anniversary of their Episode Opening. Day Treatment clients have an updated Treatment Plan in the online record within 30 days of the 3 month anniversary and every 3 months thereafter. For the purpose of this program performance objective, a 100% completion rate will be considered a passing score. <i>Note: including school-based programs</i>	X
<b>Objective A.3: Increase Stable Living Environment</b>		
A.3.a	35% of clients who were homeless when they entered treatment will be in a more stable living situation after 1 year in treatment. <i>Note: except 24-hour programs</i>	X
<b>Objective B.2: Treatment Access and Retention</b>		
B.2.a	During Fiscal Year 2010-2011, 70% of treatment episodes will show three or more service days of treatment within 30 days of admission for substance abuse treatment and CYF mental health treatment providers, and 60 days of admission for adult mental health treatment providers as measured by BIS indicating clients engaged in the treatment process. <i>Note: Exempt Methadone Providers.</i>	X
<b>Objective F.1: Health Disparity in African Americans</b>		
F.1.a	<b>Metabolic and health screening</b> Metabolic screening (Height, Weight, & Blood Pressure) will be provided for all behavioral health clients at intake and annually when medically trained staff and equipment are available. Outpatient providers will document screening information in the Avatar Health Monitoring section.	N/A for IFR

F.1.b	Primary Care provider and health care information All clients and families at intake and annually will have a review of medical history, verify who the primary care provider is, and when the last primary care appointment occurred. <i>The new Avatar system will allow electronic documentation of such information.</i>	X
F.1.c	Active engagement with primary care provider 75% of clients who are in treatment for over 90 days will have, upon discharge, an identified primary care provider.	X
<b>Objective G.1: Alcohol Use/Dependency</b>		
G.1.a	For all contractors and civil service clinics, information on self-help alcohol and drug addiction Recovery groups (such as Alcoholics Anonymous, Alateen, Alanon, Rational Recovery, and other 12-step or self-help programs) will be kept on prominent display and distributed to clients and families at all program sites. <i>Cultural Competency Unit will compile the informing material on self-help Recovery groups and made it available to all contractors and civil service clinics by September 2010.</i>	X
G.1.b	All contractors and civil service clinics are encouraged to develop clinically appropriate interventions (either Evidence Based Practice or Practice Based Evidence) to meet the needs of the specific population served, and to inform the SOC Program Managers about the interventions.	X
<b>Objective H.1: Planning for Performance Objective FY 2011-2012</b>		
H.1.a	Contractors and Civil Service Clinics will remove any barriers to accessing services by African American individuals and families. <i>System of Care, Program Review, and Quality Improvement unit will provide feedback to contractor/clinic via new clients survey with suggested interventions. The contractor/clinic will establish performance improvement objective for the following year, based on feedback from the survey.</i>	X
H.1.b	Contractors and Civil Service Clinics will promote engagement and remove barriers to retention by African American individuals and families.  <i>Program evaluation unit will evaluate retention of African American clients and provide feedback to contractor/clinic. The contractor/clinic will establish performance improvement objective for the following year, based on their program's client retention data. Use of best practices, culturally appropriate clinical interventions, and on-going review of clinical literature is encouraged.</i>	X

## B. Other Objectives

IFR outpatient IFR will engage in a number of activities enhancement 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
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### Additional Objectives:

#### Short Term

- 100% of registered children will be screened for mental health and Substance Abuse, those identified with substance abuse issues will be linked whenever possible, to services that enhance treatment at IFR.
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#### Long-term

- Improve functioning in school and at home evidenced by reduction of problem behavior,
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#### Systems

- A minimum of 2 planning meeting will be convened between IFR and partners to continue developing an increasingly integrated system of referrals, guidelines for case conferences, and developing coordinated plans of care. Designated agency representative for IFR (Clinic Coordinator) will maintain a sign in sheet, attendance log, and minutes of meeting, a record of issues discussed decisions made.
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## 8. Continuous Quality Improvement

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

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- 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.



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

Program Address: 2919 Mission Street  
City, State, Zip Code: San Francisco, California 94110  
Telephone: (415) 229-0500  
Facsimile: (415) 647-3662

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. Modality of Service/Interventions

A. Modality of Services

<i>Units of Service (UOS) Description</i>	<i>Units of Service (UOS) in Mins</i>	<i>Unduplicated Clients (UDC)</i>
Mental Health Services <i>0.6429 FTE x 35 hrs x 46 wks x 65.005% LOE x 60 mins</i>	40,371	50
Medication Support Services <i>0.01 FTE x 35 hrs x 46 wks x 65.528% LOE x 60 mins</i>	633	Incl.
Crisis Intervention <i>0.018 FTE x 35 hrs x 46 wks x 66.1951% LOE x 60 mins</i>	1151	Incl.
Brokerage <i>0.046 FTE x 35 hrs x 46 wks x 66.3201% LOE x 60 mins</i>	2,947	Incl.
<b>Total</b>	<b>45,102</b>	<b>50</b>

B. Definition of Billable Services

Billable services include Mental Health Services in the following forms:

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.

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.

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.

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 for Units of Service.

## 6. Methodology

### 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 ASFCBHS CANS assessment 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 and a full plan of care will be developed within 30 days of opening a CANS assessment and plan of care completed and redone every 6 months. 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 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 also based on client and family needs per CANS assessment, 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, by appointment. 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 comprehensive clinic 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 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 as well as the CANS.

#### Adjunct Services:

The outpatient clinic has access to 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.

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 (For CBHS, Appendix B is sufficient).**

Please see Appendix B.

**7. Objectives and Measurements**

**A. Outcome Objectives**

	Objectives	MH CYF
<b>Objective A.1: Reduced Psychiatric Symptoms</b>		
A.1.a	The total number of acute inpatient hospital episodes used by clients in Fiscal Year 2010-2011 will be reduced by at least 15% compared to the number of acute inpatient hospital episodes used by these same clients in Fiscal Year 2009-2010. This is applicable only to clients opened to the program no later than July 1, 2010. Data collected for July 2010 – June 2011 will be compared with the data collected in July 2009 – June 2010. Programs will be exempt from meeting this objective if more than 50% of the total number of inpatient episodes was used by 5% or less of the clients hospitalized. <i>Note: except supported housing programs.</i>	X
A.1.e	75% of clients who have been served for two months or more will have met or partially met 50% of their treatment objectives at discharge. <i>Note: if data available in AVATAR</i>	X
A.1.f	Providers will ensure that all clinicians who provide mental health services are certified in the use of the Child & Adolescent Needs and Strengths (CANS). New employees will have completed the CANS training within 30 days of hire. <i>Note: including School-Mental Health Partnership Programs</i>	X
A.1.g	Clients with an open episode, for whom two or more contacts had been billed within the first 30 days, should have both the initial CANS assessment and treatment plans completed in the online record within 30 days of episode opening. For the purpose of this program performance objective, an 85% completion rate will be considered a passing score. <i>Note: including school-based programs</i>	X

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- 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.





**1. Program Information**

Early Intervention Program (EIP) Child Care Mental Health Consultation Initiative  
Instituto Familiar de la Raza, Inc. (IFR)  
2919 Mission Street, San Francisco, CA 94110  
Telephone: (415) 229-0500  
Facsimile: (415) 647-3662  
E-mail: ccoe@ifrsf.org

**2. Nature of Document**

☒ New      ☒ Renewal      ☐ Modification

*(New for CBHS funds, renewal for MHSA funds)*

**3. Goal Statement**

The IFR Early Intervention Program (EIP) will provide comprehensive mental health consultation services to 18 center-based child care sites (including one MHSA funded childcare center), two family resource centers, and 12 Latina family child care providers for fiscal year 2010-2011. The program will also open EPSDT charts on 7 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 and skills of teaching and 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 child care sites, 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 ten Mission Neighborhood Center Head Start sites: Valencia Center, Valencia Gardens, Women's Building, Stevenson, Capp Street, 24<sup>th</sup> Street, Bernal Dwellings, Mission Bay, Jean Jacobs, Southeast Center (Evans); 3 SFUSD child development centers: Theresa Mahler Center, Sanchez CDC and Bryant CDC; and 3 preK SFUSD sites: Cesar Chavez, Buena Vista, Paul Revere; and Holy Family Day Home and Mission YMCA. These programs serve primarily low-income at-risk Latino children and CalWorks families in part-day and full-day programs.

The 15 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 7 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. Modality(ies)/Interventions**

The IFR-EIP Program will provide mental health consultation services, including group and individual consultation; classroom and child observation, training/parent support; direct services to children and families including therapeutic play groups and individual/family interventions as defined below.

#	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	Maite
3	HSA	MNC - Stevenson	7	40	2	4	TBD
4	HSA	MNC – Valencia Gardens	7	40	2	7	Enrique
5	HSA	MNC Bernal Dwellings	5	24	1	4	Enrique
6	HSA	MNC 24 <sup>th</sup> St.	10	64	4	8	Maite
7	HSA	MNC - Women's Bldg	5	24	1	4	Nancy
8	HSA	MNC - Valencia	7	48	2	7	Nancy
9	HSA	MNC Mission Bay	7	44	2	7	Marisol
10	HSA	SFUSD Paul Revere PreK	5	20	1	3	Kristina
11	PFA	Holy Family Day Home	6	40	2	4	Nancy
12	PFA	SFUSD Cesar Chavez PreK	5	40	2	3	TBD
13	PFA	Sanchez CDC	6	40	2	6	TBD
14	PFA	Mission YMCA	6	60	3	8	Marisol
15	PFA	Bryant CDC	6	48	2	6	Elia
16	PFA	Theresa S. Mahler CDC	6	48	2	6	Elia
17	PFA	SFUSD Buena Vista PreK	5	40	2	3	Enrique
18	DCYP	Family Child Care Providers	9	20	6	8	Kristina/Nancy
19	SRI	IFR Family Resource Center	6	20	1	3	Nancy
20	SRI	Excelsior Family Connection FRC	6	20	1	4	Elia
21	MHSA	Southeast Center - Evans Preschool Classroom	7	24	1	4	Michelle
22	MHSA	Southeast Center - Evans Infant/Toddler Classroom	7	8	1	4	Maite

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

referrals to other agencies. Can also include talking to a parent/caregiver about their child and any concerns they may have about their child's development.

- **Direct Services – Group:** Conducting therapeutic playgroups/play therapy/socialization groups involving at least three children.

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 2010-2011, 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 482 UOS.  
 First Five FRC (SRI) funding (\$48,000) will serve 40 clients with a total of 640 UOS.  
 PFA funding (\$155,660) will serve 316 clients with a total of 2,066 UOS.  
 HSA funding (\$272,866) will serve 364 clients with a total of 3,628 UOS.  
 MHSA funding (\$42,000) will serve 32 clients with a total of 698 UOS.  
 EPSDT funding (\$41,149) will serve 8 clients with a total of 264 UOS.

#### 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
<b>Program Observation</b>	Initially upon entering the site and 2 to 3 times a year per classroom equaling 4 to 6 hours per year	Initially upon entering the site and 2 to 4 times a year per classroom equaling 6 to 10 hours per year	Initially upon entering the site and 2 to 4 times a year per classroom equaling 10 to 20 hours per year
<b>Meeting with Director</b>	Monthly 1 hour per month	Monthly 1 to 2 hours per month	Monthly 2 to 3 hours per month
<b>Meeting with Staff</b>	Bi-monthly with all staff members (usually by classroom) 2 hours a month	Bi-monthly with all staff members (usually by classroom) 2 to 4 hours a month	Bi-monthly with all staff members (usually by classroom) 4 to 6 hours a month
<b>Trainings</b>	As needed and as stipulated in the MOU between the site and the service providing agency	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
<b>Child Observation</b>	2 to 4 times initially for each child and as needed. Recommended 4 to 10 hours per child per year.	Same as for small center	Same as for small center
<b>Meeting with Director</b>	Once per month per child who is the focus of case consultation.	Same as for small center	Same as for small center
<b>Meeting with Staff</b>	Once per month per child for duration of case consultation.	Same as for small center.	Same as for small center.
<b>Meeting with Parents</b>	3 to 5 times per child	Same as for small center.	Same as for small center.

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.

All direct treatment providers follow federal HIPPA regulations pertaining to the provisions of services and the maintenance of records.

A written Memorandum of Agreement (MOA) will be provided by October 1, 2010 for each of the sites. The MOA will outline the following: Site information, the term of the MOA, number of on-site hours, agreed upon services, agreed upon client/site roles and responsibilities, and the agreed upon day and time for regular group consultation.

## 6. Methodology

### A. 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.
- The consultants will work closely with the Head Start ERSEE staff and other support staff to continue outreach efforts.

**B. 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.

**C. Program Service Delivery Model:**

The EIP's mental health consultation approach is to address the differing needs of Center based child care, family resource centers, and family child care 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 child care 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 care givers. We will provide 5-10 hours per week of bilingual child care mental health consultation services to 18 child care sites and average of 2 hours every two weeks for up to 15 family child care 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 15 family child care 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 child care provider homes, children will be attending part-day programs in a center and continuing their full-day coverage with a family child care 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 13<sup>th</sup> 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.

**D. 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.

E. Describe your program's staffing: See Appendix B.

## 7. Objectives and Measurements

### A. Outcome Objectives

#### *Objective #1 (Understanding emotional and development needs)*

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

#### *Objective #2 (Communication with parents)*

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

#### *Objective #3 (Response to children's behavior)*

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

#### *Objective #4 (Overall satisfaction)*

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

#### *Objective #5 (Responsiveness to Needs)*

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

#### *Objective #6 (Linkage to Resources)*

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

#### *Objective #7 (Understanding of Child's Behavior)*

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

#### *Objective #8 (Improvement of Child's Behavior)*

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

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

## B. Other Objectives

D.4b. Applicable to: All Early Childhood Mental Health Consultation Initiative Contractors

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

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

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

C.6a. Applicable to: All Early Childhood Mental Health Consultation Initiative Contractors

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

Data source: Surveys distributed and submitted to CBHS.

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

## C. Evaluation of Objectives

*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.

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

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

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

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

- 3) A Privacy Notice that meets the requirements of the FEDERAL Privacy Rule (HIPAA) is written and provided to all patients/clients in their threshold language. If the document is not available in the patient's/client's relevant language, verbal transition is provided.

**Required Documentation:** Program has evidence in patients'/clients' charts or electronic files that they were "noticed" in their relevant language either in writing or verbally. (APPLICABLE to DIRECT SERVICES ONLY)

- 4) A summary of the Privacy Notice is posted and visible in registration and common areas of treatment facility.

**Requirement Documentation:** Program has the DPH Summary of Privacy Notice posted in the appropriate threshold languages in patient/client common areas.

- 5) Each disclosure of a patient's/client's health information for purposes other than treatment, payment, or operations is documented.

**Requirement Documentation:** Program has a HIPAA complaint log form that is used by all relevant staff.  
(APPLICABLE to DIRECT SERVICES ONLY)

- 6) Authorization for disclosure of patient's/client's health information is obtained prior to release to providers outside the DPH SafetyNet, including early childhood mental health consultants.

**Requirement Documentation:** Program has evidence that HIPAA-compliant "Authorization to Release Protected Health Information" forms are used. (APPLICABLE to DIRECT SERVICES ONLY)

**MHSA ONLY:**

**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 15<sup>th</sup> 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 Improvement**

IFR agrees to abide by the most current State approved Quality Management Plan. IFR will enhance, improve and monitor the quality of services delivered. IFR guarantees compliance with the Health Commission, Local, State, Federal and/or Funding Source policies and requirements such as Harm Reduction, Health Insurance Portability and Accountability Act (HIPAA), Cultural Competency, and Client Satisfaction.

The IFR-EIP program agrees to participate in citywide planning for mental health services to young children and their families and to abide by quality assurance measures developed by CBHS to meet local and state standards of care. The program will utilize technical assistance from CBHS to implement quality assurance standards established for these services.

In addition, Instituto Familiar de la Raza as an agency and its programs are committed to providing the highest quality of care to the target population through program design and staffing that is culturally competent. The IFR-EIP program will complete a CBHS questionnaire on cultural competency to demonstrate its fulfillment of state requirements on cultural competency. The completed questionnaire will be submitted within timelines to the Competence and Consumer Relations Unit of CBHS.

There are multiple CQI activities that the Program undertakes to ensure quality services to clients and providers. These include weekly individual and group supervision, monthly in-house trainings on relevant mental health topics, and monthly chart reviews. Staff is supervised by a licensed clinician and team meetings foster team integrity and Program methodology that is reflected in practice.



1. Program Information

Mental Health Consultation/SED Classroom  
Instituto Familiar de la Raza, Inc.  
2919 Mission Street  
San Francisco, CA 94110  
Telephone: (415) 229-0500  
Facsimile: (415) 647-0740  
E-mail: ccoe@ifrsf.org

2. Nature of Document

☒ New ☐ Renewal ☐ Modification

3. Goal Statement

This program will provide school-based mental health consultation services at Cesar Chavez Elementary School and at Buena Vista Elementary School for the SED/LH students for fiscal year 2010-11. Services will consist of assisting the students in the classroom to meet their educational goals as well as providing individual counseling services and consultation to the classroom teacher, school principal and other school staff as a whole. Our goal is to address the social-emotional, behavioral, and mental health issues for learning disabled Latino students thereby decreasing barriers to learning.

4. Target Population

SED/LH bilingual (Spanish/English) children enrolled in the identified classrooms at Cesar Chavez Elementary School and Buena Vista Elementary School. Children may be designated as AB3632 but are not restricted to this. Services are also provided to the families of the children enrolled in the designated classrooms. Consultation services are provided to the identified classroom teacher, school principal, and other school staff as assigned by the principal.

5. Modalities/Interventions

UOS AND UDC are based on 2009-10 Award

<i>Units of Service (UOS) Description</i>	<i>Units of Service (UOS)</i>	<i>Unduplicated Clients (UDC)</i>
Mental Health Services .62 FTE x 35hrs x 36 wks x 72% LOE	561	8
<b>Total</b>	<b>561</b>	<b>8</b>

IFR will be reimbursed on a fee-for-service basis (for the 10 month academic year) per classroom for providing 8 hours on-site to the identified classroom. Direct and in-direct services will be billed through the AVATAR system with an identified number of cases (60%) being Medi-Cal cases. Services can include individual treatment, collaterals to parents and teachers, group interventions, case management, and crisis intervention. Clinician time spent providing services to the SED classroom and to students whom do not have an open BIS chart will be billed as indirect services as outlined by the SED Partnership Manager of CBHS. Total number of clients served will be 8 with a total of units being 561 (MH services 315; Case Management 100; Indirect Services 146). 1 hour represents 1 UOS.

6. Methodology

A. Outreach and readiness for this program is assessed and reached by the following criteria:

- The principal is committed to having a mental health component in the school

- Teachers are willing and accept consultation from the mental health consultant
- Teachers attend required interagency training or planning activities
- There is a space available within the school to be appropriated for pullout counseling services.

Outreach efforts include the following: 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/Site Agreements required by SFUSD will be developed jointly between the consultant and the Principal of each individual site.

B. Long term partnerships have been established between Cesar Chavez Elementary School, Buena Vista Elementary School and IFR. Enrollment and recruitment may include the following:

- A request by the principal for the service
- A letter of support from the involved teachers
- A statement of qualifications by IFR
- Agreement to the scope of work by both Cesar Chavez Elementary School and Buena Vista Elementary School and IFR.
- Identification by IFR of the licensed or licensed-eligible clinician assigned to the classroom for the fiscal year 2010-11. Emphasis is placed on continuity of the clinician and a commitment signed by the clinician for the school year.

C. Scope of services from mental health consultant:

- Mental health services to SED/LH children in the classroom
- Pull-out individual weekly therapy sessions during the school day or afterschool program for identified children
- Group activities with teacher or pull-out at school site (weekly sessions)
- Weekly consultation to teachers
- Consultation to principal, as needed to coordinate services and improve understanding of social-emotional and behavioral needs of children
- Attendance at SST and IEP meetings when appropriate
- Activities in the classroom, as requested by teacher
- Outreach and collateral services to parents and families
- Wrap around service coordination by consultant

The IFR model is designed to build upon positive and affirming relationships between the Mental Health Consultant and the teacher, family, student, and school staff. Treatment goals will be generated in coordination with all care providers and be reviewed regularly by the CARE team.

Direct treatment services occur at the school site per the established MOA and are provided to specific children and family members. All services to children are contingent upon written consent from parents or legal guardians and are provided by mental health consultants who are licensed or license-eligible. All direct treatment service providers and consultants, receive ongoing clinical supervision. Assessments for direct treatment service eligibility can include domestic violence in the family, alcohol or other substance use in the family, behavioral disorders, and trauma or other related mental health disorders. All direct treatment providers follow federal HIPPA regulations pertaining to the provisions of services and the maintenance of records. Services will be rendered over the course of the academic year and provided during summer months at the request and availability of the family to bring the client to IFR's outpatient mental health clinic,

D. Services will be provided to students in the identified classroom and/or Inclusion program. Services will also follow the classroom in the event that a classroom is moved from one school to another unless there is already a mental health provider in the new school. If this plan involves a provider switching services from a school without a SED/LH

classroom, that provider is responsible for a clinically appropriate transition plan for children currently in treatment to ensure that the IEP requirements for mental health are met.

- E. The mental health consultant is responsible all aspects of service delivery including the referral for any assessments for AB3632 in the classrooms and providing services contained in the IEP unless a more intensive level of care (i.e. day treatment) is required. However, consultation services include all students in the classroom regardless of AB3632 status. See Appendix B for further staffing information.

## 7. Objectives and Measurements

### A. Outcome Objectives

	Objectives	CYF
<b>Objective A.1: Reduced Psychiatric Symptoms</b>		
A.1.f	Providers will ensure that all clinicians who provide mental health services are certified in the use of the Child & Adolescent Needs and Strengths (CANS). New employees will have completed the CANS training within 30 days of hire. <i>Note: including School-Mental Health Partnership Programs</i>	School Based Program
A.1.g	Clients with an open episode, for whom two or more contacts had been billed within the first 30 days, should have both the initial CANS assessment and treatment plans completed in the online record within 30 days of episode opening. For the purpose of this program performance objective, an 85% completion rate will be considered a passing score. <i>Note: including school-based programs</i>	School Based Program
A.1.i	Outpatient clients opened will have a Re-assessment/Outpatient Treatment Report in the online record within 30 days of the 6 month anniversary of their Episode Opening date and every 6 months thereafter. Day Treatment clients have a Re-assessment/Outpatient Treatment report in the online record within 30 days of the 3 month anniversary of their episode opening date, and every 3 months thereafter For the purpose of this program performance objective, a 100% completion rate will be considered a passing score. <i>Note: including school-based programs</i>	School Based Program
A.1.j	Outpatient clients opened will have an updated Treatment Plan in the online record within 30 days of the 6 month anniversary of their Episode Opening. Day Treatment clients have an updated Treatment Plan in the online record within 30 days of the 3 month anniversary and every 3 months thereafter. For the purpose of this program performance objective, a 100% completion rate will be considered a passing score. <i>Note: including school-based programs</i>	School Based Program

### B. Other Objectives

*No additional objectives.*

### C. Evaluation of Objectives

See 7A 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.

### 8. Continuous Quality Improvement

IFR agrees to abide by the most current State approved Quality Management Plan. IFR will enhance, improve and monitor the quality of services delivered. IFR guarantees compliance with the Health Commission, Local, State, Federal and/or Funding Source policies and requirements such as Harm Reduction, Health Insurance Portability and Accountability Act (HIPAA), Cultural Competency, and Client Satisfaction.

There are multiple CQI activities that the Program undertakes to ensure quality services to clients and providers. These include weekly individual and group supervision, monthly in-house trainings on relevant mental health topics, and monthly chart reviews. Staff is supervised by a licensed clinician and team meetings foster team integrity and Program methodology that is reflected in practice.

#### 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 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 EIP 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 EIP 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 EIP 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 EIP 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.

1. Program Information:

Early Intervention Program (EIP) - Consultation, Affirmation, Resources, Education & Empowerment Program (CARE) - Paul Revere K-8 School  
Instituto Familiar de la Raza, Inc.  
2919 Mission Street, San Francisco, CA, 94110  
Telephone: (415) 229 0500  
Facsimile: (415) 647 0740  
Email: ccoe@ifrsf.org

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 2010-2011. 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 have experienced trauma, immigration, poverty, and are from the 94110 and 94124 neighborhoods. Particular emphasis will be placed on Latino and African-American students and their families who have been marginalized and disempowered by the system.

Of the 470 students currently enrolled at Paul Revere School, 54% are Latino and 25% African American. 60% are bused in from the Bay View District; 60% are English Second Language Learners, and more than 80% qualify for free or reduced-price lunch, indicating a high poverty rate, the majority of who are Latino and African American. Approximately only 10% of the students remain at Paul Revere School from kindergarten through to the 5<sup>th</sup> grade, illustrating a high degree of transience.

5. Modalities/Interventions

Provision of services is for the entire school community at Paul Revere K-8 School.

#	Center	Consultant	# of hrs per week	# of Children	# of Classrooms	# of Teachers
1	Prevention Services Paul Revere	Tenisha Gonzalez	28	470	26	26
2	Early Intervention Services	Kristina Lovato-Hermann	14	40	6	6
3	Prevention/Outreach	Cassandra Coe	8			

A written Memorandum of Agreement (MOA) between IFR and Paul Revere will be provided by November 15, 2010. The MOA will include the following: site information, the terms of the MOA, number of on-site hours, agreed upon services, agreed upon client/site roles and responsibilities, and the agreed upon day and time for regular group consultation.

**FOR IFR**

<i>Units of Service (UOS) Description</i>	<i>Units of Service (UOS)</i>	<i>Unduplicated Clients (UDC)</i>
Consultation: - Individual	360	470
- Group .52 FTE x 35hrs x 44 wks x 89% LOE	360	Incl.
Classroom or Child Observation 0.15 FTE x 35hrs x 44 wks x 92% LOE	250	
Training to providers (teachers)/parent engagement 0.11 FTE x 35hrs x 44 wks x 88% LOE	145	Incl.
Direct Individual Counseling Group Interventions 0.05 FTE x 35hrs x 44 wks x 88% LOE	53 20	Incl.
Outreach, Linkage, and Evaluation 0.56 FTE x 35hrs x 46 wks x 100% LOE	816	Incl.
<b>Total</b>	<b>2,004</b>	<b>470</b>

**FOR SUB-CONTRACTOR: SUPPORT FOR FAMILIES**

<i>Units of Service (UOS) Description</i>	<i>Units of Service (UOS)</i>	<i>Unduplicated Clients (UDC)</i>
Consultation: - Individual	79	25
- Group	80	Incl.
Classroom or Child Observation	78	Incl.
Training to providers (teachers)	2	Incl.
Direct Individual/Group Interventions		Incl.
Outreach, Linkage, and Evaluation		Incl.
<b>Total</b>	<b>239</b>	<b>25</b>

The IFR-CARE Program will provide mental health consultation services, including group and individual consultation; consultation to COST and 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 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 and the student advisor to continue outreach efforts.
- B. Students will be referred through the COST (Coordinated Service Team), by teachers, by parents. Teachers will be oriented to the procedures and protocols at the beginning of the year and on an ongoing basis. The parent liaison and student advisor will play a key role in informing parents of the services and supporting both outreach efforts and referral process. All mental health service providers at Paul Revere will participate in a monthly coordinated mental health service team meeting to triage and coordinate referrals.
- C. The IFR-CARE Program's mental health consultation approach is designed to address the needs of the Paul Revere 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 COST 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.

The 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), 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. All services will occur during the school hours for the course of the SFUSD school calendar for 2010-2011.

The IFR-CARE bilingual/bicultural Mental Health Consultant will support the COST meetings, (which includes teachers, Principal, Assistant Principal, nurse, LSP, parent liaison, and other outside service providers) by participating in their weekly meetings.

Consultation with teachers and staff is the core activity from which interventions and understanding occurs regarding student behavior. Consultations may occur during COST meetings and at the request of a teacher. They will also occur after consultants respond to and support crisis situations with students and families. As these relationships and trust develop, consultation time becomes a powerful tool for reflecting on individual and classroom needs and developing appropriate intervention plans. Consultations will occur weekly.

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.

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 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 afterschool 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 Bay View Health Center, currently providing outreach to the Paul Revere Community as well as utilizing our proven strategies engaging communities of color (e.g. relationship building, nonjudgmental attitudes, patience, and meeting families where they are).

The CARE Program will plan and develop, with the Principal and key staff, an end of the year teacher retreat to build leadership, community and enhance self-care.

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. Early Intervention services will include: 1) Time limited 1:1 interventions for students who need support developing strengths and coping skills and 2) short-term individual, group, and family counseling for students who may not otherwise access services/are adjusting to a stressor.

- D. 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.

E. Program Staffing: Please see Appendix B.

## 7. Objectives and Measurements

### A. Outcome Objectives

		Prevention
Objectives		MHSA
Objective E.1: Prevention		
E.1.f	Prevention and Early Intervention (PEI) and Workforce Development, Education and Training (WDET) providers will work with MHSA and Contract Development and Technical Assistance staff to develop three outcomes objectives for their programs. One of the objectives should address community member/client satisfaction with program services.	X See below for additional IFR outcomes

### B. Other Objectives

*The following outcomes are applicable to all modalities previously described. (Please see attached for the Program Logic Model.)*

*Objectives associated with short-term outcomes on Logic Model:*

Outcome Objectives	Evaluation
<u>Participation in Consultation Services:</u> During academic year 2010-2011, a minimum of 65% of staff at Paul Revere 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.
<u>Overall satisfaction:</u> During academic year 2010-2011, 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, 2011.
<u>Responsiveness to Needs:</u> During academic year 2010-2011, of those parents who received direct services from the early childhood mental health consultant, a minimum of 75% will report that the consultant was attentive and responsive to their needs	This will be measured utilizing a client satisfaction survey administered in May 2011.
<u>Increased Parental Engagement:</u> By June 30, 2011, as a result of parent engagement efforts, an increase in parent participation at school activities will occur.	This will be measured utilizing an EIP monthly tracking log and sign-in sheets for all parent participation activities.

*Objectives associated with medium-term outcomes on Logic Model:*

Outcome Objectives	Evaluation
<u>Understanding emotional, behavioral and development needs:</u> During academic year 2010-2011, a minimum of 75% of staff at Paul Revere receiving services will report that meeting with a consultant increased their understanding of a child's emotional and developmental needs, helping them to more effectively respond to the child's behavior.	This will be measured utilizing a client satisfaction survey administered annually.  Additionally, clinician chart notes will qualitatively reflect progress towards this outcome.
<u>Communication with parents:</u> During academic year 2010-2011, a minimum of 75% of staff at each site receiving consultation services will report that consultation helped them learn to communicate more effectively with parents of children where there were concerns about the child's behavior	This will be measured utilizing a client satisfaction survey administered annually.
<u>Responses to children's behavior:</u> During academic year 2010-2011, 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, 2011.
<u>Linkage to Resources:</u> During academic year 2010-2011, of those parents who themselves or their children received direct services from the mental health consultant, a minimum of 75% will report that consultant assisted them in linking to needed resources.	This will be measured utilizing a parent survey administered annually and through the EIP monthly tracking log.
<u>Increased Parental Engagement:</u> By June 30, 2011, as a result of parent engagement efforts, an increase in parent participation at school activities will occur.	This will be measured utilizing an EIP monthly tracking log and sign-in sheets for all parent participation activities.

*Objectives associated with long-term outcomes on Logic Model:*

Outcome Objectives	Evaluation
<u>Responses to children's behavior:</u> During academic year 2010-2011, 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, 2011.
<u>Overall satisfaction:</u> During academic year 2010-2011, 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, 2011.

<u>Responsiveness to Needs:</u> During academic year 2010-2011, of those parents who received direct services from the early childhood mental health consultant, a minimum of 75% will report that the consultant was attentive and responsive to their needs	This will be measured utilizing a client satisfaction survey administered in May 2011.
<u>Understanding of Child's Behavior:</u> During academic year 2010-2011, of those parents who received direct services from the mental health consultant, a minimum of 75% will report that they have a better understanding of their child's behavior.	This will be measured by client satisfaction survey.
<u>Increased Parental Engagement:</u> By June 30, 2011, as a result of parent engagement efforts, an increase in parent participation at school activities will occur.	This will be measured utilizing an EIP monthly tracking log and sign-in sheets for all parent participation activities.

- The IFR-CARE program will meet with Principal and key staff monthly to review accomplishments, areas of strength, coordination of services, and areas of improvement and action steps. Participation and process will be documented in IFR-CARE sign-in sheet. *Data Source:* IFR/Paul Revere Sign-in sheet
- IFR will collaborate with CBHS and MHSA staff to develop and implement an evaluation plan. CBHS evaluation staff will work with each program to establish an evaluation design, which will vary depending on the focus of the project. – ECHMC projects are required to meet existing evaluation requirements for the initiative.
- IFR will assign staff to participate in collaborative program development, planning, and training efforts as requested by CBHS or MHSA.
- IFR will collect and report quarterly on the number of individuals served through funded activities.

### C. Evaluation of Objectives

See above (7A and B) 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 15<sup>th</sup> 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 Improvement

There are multiple CQI activities that the Program undertakes to ensure quality services to clients and providers. These include weekly individual and group supervision, monthly in-house trainings on relevant mental health topics, and monthly chart reviews.

Staff is supervised by a licensed clinician and team meetings foster team integrity and Program methodology that is reflected in practice. Monthly meetings with Mission Neighborhood Center Administration occur to increase communication and collaboration at all MNC Head Start sites facilitating the coordination of services.

Additionally, the IFR-EIP program agrees to participate in citywide planning for mental health services to young children and their families and to abide by quality assurance measures developed by CBHS to meet local and state standards of care. The program will utilize technical assistance from CBHS to implement quality assurance standards established for these services.

Lastly, Instituto Familiar de la Raza as an agency and its programs are committed to providing the highest quality of care to the target population through program design and staffing that is culturally competent. The IFR-EIP program will complete a CBHS questionnaire on cultural competency to demonstrate its fulfillment of state requirements on cultural competency. The completed questionnaire will be submitted within timelines to the Competence and Consumer Relations Unit of CBHS.

*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 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 EIP 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 EIP 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 EIP 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 EIP 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.

1. Program Information

Early Intervention Program (EIP) Child Care Mental Health Consultation Initiative  
Instituto Familiar de la Raza, Inc. (IFR)  
2919 Mission Street, San Francisco, CA 94110  
Telephone: (415) 229-0500  
Facsimile: (415) 647-3662  
E-mail: ccoe@ifrsf.org

2. Nature of Document

☒ New ☒ Renewal ☐ Modification

*(New for CBHS funds, renewal for MHSA funds)*

3. Goal Statement

The IFR Early Intervention Program (EIP) will provide comprehensive mental health consultation services to 18 center-based child care sites (including one MHSA funded childcare center), two family resource centers, and 12 Latina family child care providers for fiscal year 2010-2011. The program will also open EPSDT charts on 7 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 and skills of teaching and 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 child care sites, 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 ten Mission Neighborhood Center Head Start sites: Valencia Center, Valencia Gardens, Women's Building, Stevenson, Capp Street, 24<sup>th</sup> Street, Bernal Dwellings, Mission Bay, Jean Jacobs, Southeast Center (Evans); 3 SFUSD child development centers: Theresa Mahler Center, Sanchez CDC and Bryant CDC; and 3 preK SFUSD sites: Cesar Chavez, Buena Vista, Paul Revere; and Holy Family Day Home and Mission YMCA. These programs serve primarily low-income at-risk Latino children and CalWorks families in part-day and full-day programs.

The 15 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 7 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. Modality(ies)/Interventions

The IFR-EIP Program will provide mental health consultation services, including group and individual consultation; classroom and child observation, training/parent support; direct services to children and families including therapeutic play groups and individual/family interventions as defined below.

#	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	Maite
3	HSA	MNC - Stevenson	7	40	2	4	TBD
4	HSA	MNC – Valencia Gardens	7	40	2	7	Enrique
5	HSA	MNC Bernal Dwellings	5	24	1	4	Enrique
6	HSA	MNC 24 <sup>th</sup> St.	10	64	4	8	Maite
7	HSA	MNC - Women's Bldg	5	24	1	4	Nancy
8	HSA	MNC - Valencia	7	48	2	7	Nancy
9	HSA	MNC Mission Bay	7	44	2	7	Marisol
10	HSA	SFUSD Paul Revere PreK	5	20	1	3	Kristina
11	PFA	Holy Family Day Home	6	40	2	4	Nancy
12	PFA	SFUSD Cesar Chavez PreK	5	40	2	3	TBD
13	PFA	Sanchez CDC	6	40	2	6	TBD
14	PFA	Mission YMCA	6	60	3	8	Marisol
15	PFA	Bryant CDC	6	48	2	6	Elia
16	PFA	Theresa S. Mahler CDC	6	48	2	6	Elia
17	PFA	SFUSD Buena Vista PreK	5	40	2	3	Enrique
18	DCYF	Family Child Care Providers	9	20	6	8	Kristina/Nancy
19	SRI	IFR Family Resource Center	6	20	1	3	Nancy
20	SRI	Excelsior Family Connection FRC	6	20	1	4	Elia
21	MHSA	Southeast Center - Evans Preschool Classroom	7	24	1	4	Michelle
22	MHSA	Southeast Center - Evans Infant/Toddler Classroom	7	8	1	4	Maite

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

referrals to other agencies. Can also include talking to a parent/caregiver about their child and any concerns they may have about their child's development.

- **Direct Services – Group:** Conducting therapeutic playgroups/play therapy/socialization groups involving at least three children.

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 2010-2011, 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 482 UOS.  
 First Five FRC (SRI) funding (\$48,000) will serve 40 clients with a total of 640 UOS.  
 PFA funding (\$155,660) will serve 316 clients with a total of 2,066 UOS.  
 HSA funding (\$272,866) will serve 364 clients with a total of 3,628 UOS.  
 MHSA funding (\$42,000) will serve 32 clients with a total of 698 UOS.  
 EPSDT funding (\$41,149) will serve 8 clients with a total of 264 UOS.

#### 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
<b>Child Observation</b>	2 to 4 times initially for each child and as needed. Recommended 4 to 10 hours per child per year.	Same as for small center	Same as for small center
<b>Meeting with Director</b>	Once per month per child who is the focus of case consultation.	Same as for small center	Same as for small center
<b>Meeting with Staff</b>	Once per month per child for duration of case consultation.	Same as for small center.	Same as for small center.
<b>Meeting with Parents</b>	3 to 5 times per child	Same as for small center.	Same as for small center.

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.

All direct treatment providers follow federal HIPPA regulations pertaining to the provisions of services and the maintenance of records.

A written Memorandum of Agreement (MOA) will be provided by October 1, 2010 for each of the sites. The MOA will outline the following: Site information, the term of the MOA, number of on-site hours, agreed upon services, agreed upon client/site roles and responsibilities, and the agreed upon day and time for regular group consultation.

## 6. Methodology

### A. 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.
- The consultants will work closely with the Head Start ERSEE staff and other support staff to continue outreach efforts.



**B. 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.

**C. Program Service Delivery Model:**

The EIP's mental health consultation approach is to address the differing needs of Center based child care, family resource centers, and family child care 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 child care 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 care givers. We will provide 5-10 hours per week of bilingual child care mental health consultation services to 18 child care sites and average of 2 hours every two weeks for up to 15 family child care 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 15 family child care 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 child care provider homes, children will be attending part-day programs in a center and continuing their full-day coverage with a family child care 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 13<sup>th</sup> 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.

**D. 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.

E. Describe your program's staffing: See Appendix B.

## 7. Objectives and Measurements

### A. Outcome Objectives

#### *Objective #1 (Understanding emotional and development needs)*

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

#### *Objective #2 (Communication with parents)*

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

#### *Objective #3 (Response to children's behavior)*

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

#### *Objective #4 (Overall satisfaction)*

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

#### *Objective #5 (Responsiveness to Needs)*

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

#### *Objective #6 (Linkage to Resources)*

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

#### *Objective #7 (Understanding of Child's Behavior)*

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

#### *Objective #8 (Improvement of Child's Behavior)*

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

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

## B. Other Objectives

D.4b. Applicable to: All Early Childhood Mental Health Consultation Initiative Contractors

**Early Childhood Mental Health Consultation Initiative contractors shall comply with outcome data collection requirements.**

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

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

C.6a. Applicable to: All Early Childhood Mental Health Consultation Initiative Contractors

**Early Childhood Mental Health Consultation Initiative contractors shall comply with satisfaction data requirements.**

Data source: Surveys distributed and submitted to CBHS.

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

## C. Evaluation of Objectives

*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.

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

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

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

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

- 3) A Privacy Notice that meets the requirements of the FEDERAL Privacy Rule (HIPAA) is written and provided to all patients/clients in their threshold language. If the document is not available in the patient's/client's relevant language, verbal translation is provided.

**Required Documentation:** Program has evidence in patients'/clients' charts or electronic files that they were "noticed" in their relevant language either in writing or verbally. **(APPLICABLE to DIRECT SERVICES ONLY)**

- 4) A summary of the Privacy Notice is posted and visible in registration and common areas of treatment facility.

**Requirement Documentation:** Program has the DPH Summary of Privacy Notice posted in the appropriate threshold languages in patient/client common areas.

- 5) Each disclosure of a patient's/client's health information for purposes other than treatment, payment, or operations is documented.

**Requirement Documentation:** Program has a HIPAA complaint log form that is used by all relevant staff.  
**(APPLICABLE to DIRECT SERVICES ONLY)**

- 6) Authorization for disclosure of patient's/client's health information is obtained prior to release to providers outside the DPH SafetyNet, including early childhood mental health consultants.

**Requirement Documentation:** Program has evidence that HIPAA-compliant "Authorization to Release Protected Health Information" forms are used. **(APPLICABLE to DIRECT SERVICES ONLY)**

**MHSA ONLY:**

*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 15<sup>th</sup> 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 Improvement**

IFR agrees to abide by the most current State approved Quality Management Plan. IFR will enhance, improve and monitor the quality of services delivered. IFR guarantees compliance with the Health Commission, Local, State, Federal and/or Funding Source policies and requirements such as Harm Reduction, Health Insurance Portability and Accountability Act (HIPAA), Cultural Competency, and Client Satisfaction.

The IFR-EIP program agrees to participate in citywide planning for mental health services to young children and their families and to abide by quality assurance measures developed by CBHS to meet local and state standards of care. The program will utilize technical assistance from CBHS to implement quality assurance standards established for these services.

In addition, Instituto Familiar de la Raza as an agency and its programs are committed to providing the highest quality of care to the target population through program design and staffing that is culturally competent. The IFR-EIP program will complete a CBHS questionnaire on cultural competency to demonstrate its fulfillment of state requirements on cultural competency. The completed questionnaire will be submitted within timelines to the Competence and Consumer Relations Unit of CBHS.

There are multiple CQI activities that the Program undertakes to ensure quality services to clients and providers. These include weekly individual and group supervision, monthly in-house trainings on relevant mental health topics, and monthly chart reviews. Staff is supervised by a licensed clinician and team meetings foster team integrity and Program methodology that is reflected in practice.

1. **Program Name:** La Cultura Cura Program - Trauma Recovery and Healing Services  
**Program Address:** Instituto Familiar de la Raza, Inc.  
2919 Mission Street, San Francisco, California 94110  
**Telephone:** (415) 229-0500  
**Facsimile:** (415) 647-0740

2. **Nature of Document**

☒ New      ☐ Renewal      ☐ Modification

3. **Goal Statement**

Instituto Familiar de la Raza will provide trauma recovery and healing services through its Cultura Cura Program to youth ages 14 to 25 and their families, with an emphasis upon Mission District youth and Latinos city wide. Services will include direct and indirect services to individuals, agencies, and the community. In providing intervention and treatment services, we aim to reduce the incidence and prevalence of trauma relation conditions in children, youth, and families, (including a reduction of risk for retaliation among youth engaged in negative street activity and further victimization of community violence) and providers' understanding of mental health issues in context of violence.

4. **Target Population**

Services will be provided to youth ages 14 to 25 and their families who reside in the Mission District with an emphasis on youth and their families affected by street and community violence. In addition, mental health consultation will be provided to violence prevention staff of Arriba Juntos, (lead agency for the Northwest Community Response Network,) and other locations to be determined by need. Support services will also be provided to case managers at Instituto Familiar de la Raza who provide violence prevention services, as well as to a CBHS Peer Advocate assigned to 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. **Modality(ies)/Interventions**

Services are billed under Mode 60 as Case Management Support. Billable services include: direct and indirect billable services as part of Case Management Support.

*Individual and Group Interventions -*

Case Management Support

Services include direct and indirect activity with or on behalf of an individual, family, and/or group designed to support the stabilization of individuals/families or community groups, including staff who have been affected by street and/or community violence. The goal of this intervention is to enhance self sufficiency and community functioning. This intervention shall not be provided as a component of residential services, 24 hour crisis services, day rehabilitation or intensive day treatment services. 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.

Psychosocial Assessment

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.

Crisis debriefing and Grief and Bereavement Counseling

Staff under this exhibit, including a Sr. Clinical Case Manager (Sr. Behavioral Health Specialist) and the full-time Clinical Case Manager/Behavioral Health Specialist may provide crisis debriefing and grief and 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.

Short-term interventions assist individuals and families in stabilization of traumatic conditions due to community violence that they may have been exposed to. 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.

Group interventions are also offered to parents and youth who may have been impacted by community violence. Groups include weekly therapeutic drumming for young men and support groups for youth and parents

Collateral

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

**Community Interventions** - In addition to individual and group interventions, we intend to continue community wide interventions that raise awareness about the harmful effects of violence and increase knowledge of integrative healing approaches. Community interventions will include planned and unplanned interventions.

1) *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 NWCRN Program Director, responsible for crisis response and aftercare in focus areas of Mission District, Western Addition, OMI, SOMA-Tenderloin districts.

2) *Ceremonies and Drumming for 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 continuing a quarterly Drumming for Peace gathering as well as two community ceremonies to support the public at large in addressing the aftermath of street and gang-related violence.

Drumming for Peace is an opportunity to experience a community gathering in a safe, protected, and healing environment. The gatherings are held at IFR and attract a diverse group of people who share a common vision of promoting peace in the community. The approach integrates traditional and complementary healing practices that help participants experience reduction of stress, mindfulness, connection to others, and hope for a violence-free environment.

Participants are a multicultural, multigenerational group of people who work, live, and otherwise congregate in the Mission District. We also see community ceremonies 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 recently awarded Indigena Health and Wellness Collaborative, funded by DPH, to work closely with Mission partners in the NWCRN, to provide bilingual/multilingual information about early identification of trauma-related conditions and trauma recovery services available in the city.

**Mental Health Consultation-** IFR proposes to continue mental health consultation to staff providing violence prevention services, with emphasis on those serving the Mission District. Mental health consultation includes bi-weekly case consultation to case managers through Care Development Meetings and biweekly supervision as well as monthly facilitation of the Healing Circle for VP workers/volunteers.

1) *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 Cultura Cura Program Manager and the Clinical Case Manager (this grant requests funding for the Clinical Case Manager) that support skills development and integration of a multidisciplinary approach to care. The clinical case manager provides supervision on a biweekly basis to staff from the Mission District provider network as needed. We anticipate that the clinical case manager will supervise 4 case managers (2 from IFR violence intervention services and 2 from Arriba Juntos) during the contract year.

2) *Healing Circles:* This is an intervention developed by IFR that we propose to continue as part of this request for funding. This culturally based method integrates traditional and contemporary knowledge and practices that both builds resiliency of mind, body and spirit and builds critical skills for Violence prevention workers involved in outreach and crisis response. The Healing Circle is co-facilitated by the Sr. Behavioral Health Specialist in this request for funding, and a seasoned social worker who volunteers her time. Both facilitators are bilingual/bicultural and experienced in integrative models of Healing Circles reinforce safety, self-care, teamwork and group support following an incident.

During the fiscal year 2010-2011, IFR will provide services to 112 unduplicated clients under this exhibit.

<i>Units of Service (UOS) Description</i>	<i>Units of Service</i>	<i>Unduplicated Clients (UDC)</i>
<b><i>Individual and Group Interventions</i></b>		
<i>Individual Clinical Case Management Activities</i>	<i>N/A</i>	<i>25</i>
<i>0.70 FTE x 35 hrs/wk x 46 wks x 65% level of effort</i>		
<i>Group Interventions</i>		<i>25</i>
<i>0.09 FTE x 35 hrs/wk x 46 wks x 65% level of effort</i>		
<b><i>Community Interventions</i></b>		
<i>Ceremonies/Drumming For Peace</i>	<i>N/A</i>	<i>50</i>
<i>0.03 FTE x 35 hrs/wk x 46 wk x 65% level of effort</i>		<i>Incl.</i>
<i>Debriefing</i>		
<i>0.15 FTE x 35 hrs/wk x 46 wk x 65% level of effort</i>		
<b><i>Mental Health Interventions</i></b>		
<i>Care Development</i>	<i>N/A</i>	<i>12</i>
<i>0.15 FTE x 35 hrs/wk x 46 wk x 65% level of effort</i>		<i>Incl.</i>
<i>Healing Circles</i>		
<i>0.03 FTE x 35 hrs/wk x 46 wk x 65% level of effort</i>		
<b><i>Total UOS Delivered</i></b>	<i>N/A</i>	
<b><i>Total UDC Served</i></b>		<i>112</i>

## 6. Methodology

**A. Outreach, Recruitment, Promotion and Advertisement:**

La Cultura Cura-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 CBHS Peer Advocate assigned to this program and oversees outreach and client recruitment activities. The Peer Advocate 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. Admission, Enrollment and Intake:**

Clients referred for direct services, including crisis intervention and grief counseling, will be registered at IFR and a chart will be opened; however, no BIS registration will be required until otherwise determined (i.e. if they are linked/coordinated into long term services). The client receives orientation to the agency and the public health system as part of the admission and intake process. IFR will adhere to prevailing guidelines of CBHS with regard to treatment of clients. All clients are informed of their rights as consumers, are given linguistically accurate documentation of their client rights and of their right to privacy in regards to HIPPA.

Youth and families referred will receive services through this Program utilizing minimal enrollment and registration requirements. Youth receiving planned group interventions in this Program (youth drumming group) will be registered for case management services at La Cultural Cura and required to document their attendance at each session. Community debriefings will be open to the public; registration is not required.

For any clients who may be referred/linked into ongoing/long-term services at IFR (i.e. Outpatient Clinic), IFR will conduct screening to confirm eligibility for services including San Francisco residency, indigent, low income status. Individuals referred who have private insurance are provided with services in the initial period, and if appropriate, will be assisted in accessing the private provider networks for extended services.

All individuals who are referred and meet the criteria for services will be offered services. In addition, youth and families will have access to intra-agency resources (e.g., Family Resource Services which provides social services to uninsured families with children under 5 years-old) or to appropriate outside service providers.

**C. Delivery Model:**

La Cultura Cura-Trauma Recovery and Healing Services was developed to build the capacity within a collaborative in the Mission District which includes agencies serving youth and their families affected by street and community violence. The delivery model that is utilized in this program integrates social learning theory, cultural identity development theory with best practices approaches (CBT, Family psycho-education, parent-youth interventions, trauma recovery counseling, and traditional practices). The model includes a multidisciplinary team approach (clinical supervisor and mental health specialist (this exhibit), peer advocate (funded by CBHS Cultural Competency and Consumer Unit), case managers and street outreach workers (funded by DCYF/VP) to provision of services.

Youth and families served through the program will have access to psychiatrist consultations through IFR's Outpatient Clinic. Access will be initiated through an interagency referral procedure. Referrals for a psychiatrist will be determined by the Sr. CCM/Clinical supervisor to ensure appropriate use of psychiatric services and disposition planning to address psychiatric symptoms that may be alleviated by psychotropic medication.



Direct Services will be provided at IFR as well as the CRN office located at Arriba Juntos. Co-location of the Clinical Case manager and Peer Counselor create accessibility for youth who are gang affiliated and have risk for conflict if they enter into areas that are "run" by an opposing neighborhood gang. When safe and appropriate, home visits are offered to engage the youth and his/her family. Outreach/Consultation services may be provided at a number of settings including schools, youth centers, and other settings, including the streets, where the target population congregates.

Youth and their families served through La Cultura Cura-Trauma Recovery Services and Healing Services will have full access to La Cultura's range of services including access to cultural arts programming; and access to any other IFR services for which they may meet criteria including mentoring services, family development services, early intervention/school-based mental health services, and the agency's spiritual and cultural activities. In addition to a full array of mental health and harm reduction services provided through our child/outpatient clinic, IFR has established strong links with the Department of Human Resources and the San Francisco Family Court system, placing us in a strong position to advocate on behalf of the youth and families interfacing with these systems.

IFR and its co-located site for services at Arriba Juntos are geographically and physically accessible to clients by MUNI and BART public transportation. IFR is located at 2919 Mission Street (one block from the 24<sup>th</sup> street BART) and Arriba Juntos at 1850 Mission Street (one block from the 16<sup>th</sup> Street BART). IFR hours of operation are Monday through Friday, 9 a.m. to 7 p.m., and Saturdays by appointment. Clients' emergencies will be managed by staff in this contract with back-up from the on-duty staff at IFR's Outpatient Clinic. IFR meets ADA requirements including wheelchair accessibility, TDD, and confidential office space that are fully accessible to wheelchair bound clients.

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.

#### **D. Exit Criteria and Process:**

La Cultura Cura-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 Clinical Case Manager, under guidance of the Sr. Clinical Case Manager, 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.

#### **E. Program Staffing:**

Please see Appendix B.

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

#### **A. and B. Performance/Outcome Objectives**

##### **Outcome A. Improve Access to services**

##### **Objective A1: Client Access and Services**

1. Instituto Familiar de la Raza, Inc. will serve 100 unduplicated clients through its range of services including direct and indirect interventions. Clients are defined as youth and families, staff, and community members who are targeted in this Appendix.

Data Source: MHSA Mode 60 Program Activity Report

Program Review Measurement: Objective will be documented utilizing the program's activity reports and are maintained on file. Monthly invoices are submitted to CBHS and quarterly reports are prepared by the Director following CBHS Evaluation guidelines. Review and evaluation by program staff will be conducted on a monthly basis to determine if target population and number of clients are being served.

#### **Objective A2: Staff Development/Training**

1. Instituto Familiar de la Raza, Inc. will participate in DMH-MHSA trainings and other trainings required by CBHS.

Data Source: Attendance sheets at MHSA Trainings/Training certificates

Program Review Measurement: Objective will be evaluated by completion of MHSA trainings by program staff as reflected in HR Personnel Files, where training certificates are maintained.

2. Instituto Familiar de la Raza, Inc. will ensure training of program staff on trauma and recovery approaches to client care (two trainings). Additional trainings will be offered to the staff in this exhibit to support quality of care and best practices.

Data Source: Training for staff of La Cultura Cura-Trauma Recovery and Healing Services will be reflected in the budget submitted to CBHS. -- Program Coordinator will identify staff needs and will be responsible for evaluating the efficacy of trainings to the scope of work for staff as well as tracking staff attendance and evaluating of expansion of knowledge.

Program Review Measurement: Objectives will be evaluated based on completion of trainings documented in program staff personnel files.

#### **Outcome B: Evaluate Services to Target Population**

*Additional expected Client Outcomes include- and will be evaluated as follows:*

B1. 70% of youth who receive behavioral health services for a minimum of 3 months 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.

B2. 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.

*Additional expected program outcomes include and will be evaluated as follows:*

B3. A minimum of 10 Care Development Meetings will be convened and facilitated by TR & HS staff with Mission partner agencies of the NWCRN to improve the coordination of case management and mental health services to the target population. Staff will maintain a sign-in-sheet, attendance log, and maintain records of the meeting.

B4. 75% of VP workers who participate in the Healing Circle will report a decrease in a minimum of one symptom of vicarious trauma and increase their knowledge of self care as evidenced by a pre and post survey measured on a likert scale. The pre and post measurement will be developed by the Director and Senior Clinical Case Manager in consultation with the CBHS Evaluation Team.

#### **7. C. Evaluation of Objectives**

See above (7A and B) 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.

## 8. Continuous Quality 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 this current year, reporting formats are being 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, monthly QA reviews and 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 follow 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 Senior Clinical Case Manager 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 provides supervision to the Senior Clinical Case Manager on a weekly basis. The Senior Clinical Manager, a licensed MFT, provides weekly supervision to the Clinical Case Manager, a licensed eligible staff, and the Clinical Case Manager provides supervision to the leveraged Peer Advocate on a weekly basis, or more frequently, based on her assignments.

TR & HS is a component of La Cultura Cura, 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 Clinical Case Manager convene the Care Management Development Meetings with Network providers who case manage 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. Review of case management service plans and supervision is provided by the Clinical Case Manager for 2-4 Case Managers in the Network. The Program Director and Senior Clinical Case Manager dedicate 5% to CQI activities while the Clinical Case Manager dedicates 10% to quality assurance activities.

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

- Program staff will attend a minimum of six hours of training on admission and discharge criteria and the role of the care manager for adults, children, and youth conducted by CBHS-SOC during FY 10-11.
- 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.
- Program staff will participate in meetings or training necessary for the implementation and maintenance of the System of Care.
- Program staff will participate in an ongoing series of HIPPA trainings to increase their ability to maintain compliance.
- Program staff will participate in six hours of training in harm reduction approach to dually diagnosed clients sponsored by IFR or CBHS during the FY 10-11.
- 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.
- Program staff under this exhibit will attend a minimum of one annual cultural event sponsored by the agency during FY 10-11.

### 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 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.

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

### **IHBS/EPSTD 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, 2<sup>nd</sup> Edition, May 2008*. In addition, half of all of treatment slots will be reserved for Intensive Home Based Supervision services (IHBS), which will be enhanced by ICM.

### **Intensive Home Based Supervision**

All referrals to IHBS programs are made through the San Francisco Juvenile Probation Department (JPD). Contractor shall provide IHBS 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 IHBS services have concluded. Contractor understands that continuation of services is contingent upon available non-IHBS 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:

1. Program Information

La Cultura Cura - Intensive Home Based Supervision/EPsDT  
Instituto Familiar de la Raza, Inc.  
2919 Mission Street, San Francisco, CA 94110  
Telephone: (415) 229-0500  
Facsimile: (415) 647-3662

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 Home-Based Supervision 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 pre- and post-adjudicated Chicano/Latino youth between the ages of 12-18 years old, 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 Medical 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 of Service/Interventions

Units of Service (UOS) Description	Units of Service (UOS) - Mins	Unduplicated Clients (UDC)
<b>Case Management Hour</b> 1.18 FTE x 35hrs x 46wks x 65.144% LOE x 60 Mins	74,257	24
<b>Mental Health Services</b> 0.62 FTE x 35hrs x 45 wks x 65.393% LOE x 60 Mins	38,314	24
<b>Total</b>		

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,

- 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, AIIM 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.

When clients are receiving ICM within the context of JPD-referred IHBS, a copy of the final plan will be sent to the assigned probation officer.

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 from a variety of sources including the justice system, community-based organizations, and via active and former clients. At least 50% of referrals will come from JPD. As IFR has had a 33 year presence in the Latino community of San Francisco, current and past clients also often refer their family and friends for services. IFR is recognized as a culturally competent agency serving Latinos and receives many referrals from organizations and agencies in San Francisco serving juvenile justice involved youth. (e.g. CARC, YJI etc.)

Brochures describing the array of services provided by IFR including IHBS services are distributed to agencies in and around the Mission District.

**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.

**C. 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.



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.

**D. 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.

**E. Program's staffing:**

Please see Appendix B.

**7. Objectives and Measurements**

**A. Outcome Objectives**

	Objectives	Adult	CYF
<b>Objective A.1: Reduced Psychiatric Symptoms</b>			
A.1.f	Providers will ensure that all clinicians who provide mental health services are certified in the use of the Child & Adolescent Needs and Strengths (CANS). New employees will have completed the CANS training within 30 days of hire. <i>Note: including School-Mental Health Partnership Programs</i>		X ICM
A.1.g	Clients with an open episode, for whom two or more contacts had been billed within the first 30 days, should have both the initial CANS assessment and treatment plans completed in the online record within 30 days of episode opening. For the purpose of this program performance objective, an 85% completion rate will be considered a passing score. <i>Note: including school-based programs</i>		X ICM

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. 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.

In collaboration with community agencies and other IFR programs, children and their families are able to access a wide spectrum of services. Through collaboration with Family Mosaic, IFR is able to provide therapeutic mentoring, to a multi-cultural population of severely emotionally disturbed children and youth. 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.

A.1.h	CYF agency representatives attend regularly scheduled SuperUser calls. For the purpose of this performance objective, an 80% attendance of all calls will be considered a passing score. <i>Note: including school-based programs</i>		X ICM
A.1.i	Outpatient clients opened will have a Re-assessment/Outpatient Treatment Report in the online record within 30 days of the 6 month anniversary of their Episode Opening date and every 6 months thereafter. Day Treatment clients have a Re-assessment/Outpatient Treatment report in the online record within 30 days of the 3 month anniversary of their episode opening date, and every 3 months thereafter For the purpose of this program performance objective, a 100% completion rate will be considered a passing score. <i>Note: including school-based programs</i>		X ICM
A.1.j	Outpatient clients opened will have an updated Treatment Plan in the online record within 30 days of the 6 month anniversary of their Episode Opening. Day Treatment clients have an updated Treatment Plan in the online record within 30 days of the 3 month anniversary and every 3 months thereafter. For the purpose of this program performance objective, a 100% completion rate will be considered a passing score. <i>Note: including school-based programs</i>		X ICM
A.1.k	Intensive Case Management providers will require that clinicians evaluate level of functioning for ALL CLIENTS by completing the Milestones of Recovery Scale (MORS). New clients will complete the MORS at intake, every month thereafter, and at discharge. Continuing clients will complete the MORS within 90 days of the new contract year, and every month thereafter, and at discharge. Providers must submit 75% of required MORS forms for all clients to pass this objective.	X Adult ICM Clients only	
A.1.l	Providers will ensure that all clinicians who provide mental health services are certified in the use of the Adult Needs and Strengths Assessment (ANSA). New employees will have completed the ANSA training within 30 days of hire.	X Adult ICM Clients only	
A.1.m	Clients with an open episode, for whom two or more contacts had been billed within the first 30 days, should have both the initial MRD/ANSA assessment and treatment plans completed in the online record within 30 days of episode opening. For the purpose of this program performance objective, an 85% completion rate will be considered a passing score.	X Adult ICM Clients only	
<b>Objective C.1: Access to Services</b>			

C.1.a	The program will have at least 24 new client episode openings for Fiscal Year 2010-11. The number of targeted new client episode openings during FY 2010-11 will be individually negotiated with the Program Manager for each specific Intensive Case Management Program based on historical rate of episode openings and baseline profile of psychiatric stability of caseload.)		X ICM
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#### B. Other 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 2010-2011, 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 2010-2011, 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 2010-2011, 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 2010-2011, 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.

#### C. Evaluation of Objectives

See 7A and 7B for Evaluation.

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

## 8. Continuous Quality Improvement

IFR agrees to abide by the most current State approved Quality Management Plan. IFR will enhance, improve and monitor the quality of services delivered. IFR guarantees compliance with the Health Commission, Local, State, Federal and/or Funding Source policies and requirements such as Harm Reduction, Health Insurance Portability and Accountability Act (HIPAA), Cultural Competency, and Client Satisfaction.

### 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 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 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.

In order to ensure quality services, LCC's case management staff will meet regularly with an assigned Mental Health Specialist (therapist/MHS) to discuss case matters that will inform the development of appropriate service/treatment goals and utilization of the CANS. Case Managers will also participate in bi-monthly case conferencing with a Licensed Clinical Social Worker. The MHS providing therapy services is provided with bi-weekly 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.

The Clinical Supervisor is responsible for reviewing the charts as indicated by his/her signature. In addition, the Program Coordinator conducts bi-monthly administrative supervision to review productivity, provide support regarding system issues impacting upon client services, review documentation for administrative compliance and ensure that staff follows program policies and procedures. The Program Coordinator also evaluates the staff development needs and creates plans of action and training objectives as indicated. Trainings provided by CBHS are attended by all clinicians. Those 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.

Quality issues are addressed during bi-monthly multidisciplinary team meetings, during weekly QI/PURQC committee meetings, and during individual supervision. Every week, client charts are reviewed by the PURQC committee. QI procedures provide the opportunity to monitor the development of treatment plans of care, implementation of services, preventive interventions, chart content, chart order, billing issues, and an opportunity to meet PURQC authorization guidelines.



**1. Program Information:**

Indigena Health and Wellness Collaborative (IHWC)  
Instituto Familiar de la Raza, Inc.  
2919 Mission Street, San Francisco, CA 94110  
Telephone: (415) 229 0500  
Facsimile: (415) 647 3662

**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 Ascoacion 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 and Tenderloin Districts and to the Geary Boulevard and Clement Street 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. Modalities and Interventions**

There are two components to the IHWC:

**1. Cultura y Salud.**

Cultura y Salud component focuses in providing opportunities for spiritual and emotional healing by organizing and sponsoring ceremonial, cultural and social gatherings and providing group education to families and individuals. Cultura y Salud will also provide individual health education and risk reduction services to individual 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 Indigenas. The Collaborative will utilize its extensive network of relationships with traditional healers and groups to integrate health promotion messages and HERR into traditional celebration, ceremonies and other cultural activities. All interventions and activities will be provided in a culturally congruent manner. IFR Program staff will work closely with the partner agency to develop culturally congruent outreach materials and strategies that engage the target population and encourage their participation in the range of services provided within the collaborative. A community forum will be designed by

program staff on individual and collective trauma and integrative approaches to healing. The program will also organize a cultural summit that will bring together cultural organizations and community leaders to have a dialogue about culture, healing and wellness practices. This summit will also target a total of 50 UDCs. Other group interventions will include workshops on different health topics as well as cultural activities such as embroidery and webbing. Individual interventions including HERR counseling, crisis intervention and linkage will be provided to the target population by the Early Intervention Specialist assigned to this effort. If as a result of the services provided, clients are determined to require outpatient care, they will be linked to IFR's outpatient services or other appropriate settings for treatment, including mental health services, psychiatric monitoring and case management.

## 2. Indigena Health Promoters (Promotores) Program

Indigena Health Promoters Program component relies on a team of 6 Mayan speakers who have received training on outreach techniques, interpretation and health education. These promoters/promotores organize and facilitate activities ranging from cultural events, workshops on traditional arts and health education sessions to outreach, interpretation services and information and referral to community members as needed. This team of Health Promoters will support the program with outreach and in organizing group activities as well as providing a range of peer based interventions including peer support, translation, outreach and I&R. They will play a key role in recruitment of participants to attend ceremonies and cultural events, workshops, a community forum and the Encuentro de Culturas Indigenas de America summit, and also be present in these activities to provide outreach and education services to participants. Health Promoters will be mentored by professional staff in this collaborative to co-facilitate workshops, a community forum and participate as panelists in the Encuentro de Culturas Indigenas de America summit. The IHWC will sponsor group activities and workshops on cultural and artistic activities that will serve as venues to provide outreach, education and peer support to participants. A written Memorandum of Understanding (MOU) will be implemented between IFR and Asociacion Mayab. The MOU will detail administrative and programmatic roles and responsibilities, collaborative schedule of meetings; deliverables; co-location activities; financial agreements, reporting requirements, conflict resolution protocols and quality assurance guidelines based on scope of work across the collaborative.

### Cultura y Salud UDC and UOS

Program A	B	C	D
Units of Service (UOS) Description	UOS	Number of Clients	UDC
<b>Group Education Activities</b> 1 Group/week x 5 participants/group=5 participants/week 5 participants/week x 1 hour/session=5UOS 5UOS x 16.50 Weeks=82UOS 1 hr-Sessions Youth Summer Program/week x 5 participants/session = 5 5 x 7 weeks =35UOS HE/EIS at 0.14 FTE x 35hrs x 36 x 66.33% LOE	117	50	50
<b>Outreach and Education</b> (0.20 FTE x 35Hrs per week x36 Wks per year x.67.46%) LOE x 4 Promotores) (Promotres will devote approximately 7hrs a week each to Outreach and Education activities under both components of the program )	680	300	300
<b>Early Identification to Individuals and Families</b> HE/EIS at 0.05 FTE x 35hrs x 44 x 65% LOE	50	50	50
<b>Pro-Social Cultural Events</b> - 6 Ceremonies x 3 hours =18hours 30 participants per Ceremony 18UOS/Ceremony x 30participants=540	940	280	50



<ul style="list-style-type: none"> <li>2 Group Activities: <ul style="list-style-type: none"> <li>*Community Forum on Trauma</li> <li>*Encuentro de Culturas de America</li> </ul> </li> </ul> <p>2 events x 4 hours/event = 8hours  50 participants each event x 8hours x  50participants=400  (HE/EIS at 0.2 FTE x 35hrs x 44 x 65% =200 x 2)</p>			100
<b>Total</b>	1787	680	550

**Indigena Health Promoters Program UOS and UDC**

Program A	B	C	D
Units of Service (UOS) Description	UOS	Number of Clients	UDC
<b>Group Education Activities</b> 2 Groups/week x 8 participant/group=16 participants/week  16 participants/wk x 1hr/session=16 16 x 36 Weeks=576 UOS	576	100	50
<b>Training and skills Development</b> 7 hours of ongoing training throughout the contract period = 7hours x 4 Mayan Health Promoters= 28	28	6	6
<b>Information and Referral</b> (0.10 FTE x 35Hrs per week x 25 Wks per year x.68.86% LOE x 4 Promotores)	241	100	50
<b>Total</b>	845	206	106

**6. Methodology**

- Outreach efforts 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, Mission Dolores Church; and street outreach in the Tenderloin and Geary Blvd corridor. Orientation to services for community based agencies will occur at designated staff meeting and be reinforced with a written description of the collaborative. Following the completion of training, Mayan Health Promoters will be positioned at 2-3 geographically strategic agencies and provide outreach to the target population. Asociacion Mayab has wide and strong networks in the local Mayan community that will also be used to distribute information and invite the community to participate in the activities planned by the program.
- 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 Behavioral Health Specialist will be present and available for one-on-one meetings with individuals and families who seek services. If these individuals require additional services, they will be referred to the appropriate program within IFR or to other agencies if needed. Promotores de Salud and other program staff will also be present in these group sessions and activities to assist participants with referrals and information as needed. Promotores de Salud will be responsible to follow up in these referrals and support clients with interpretation and navigation while accessing services at these agencies.

In addition, Health Promoters will be co-located at 2-3 agencies, where they will provide outreach, interpretation and information and referral services and assist providers at these agencies in passing out information and communicating with their indigenous clients. Promotores will engage in brief encounters with clients to conduct a quick needs assessment and provide referrals to services as needed. Promotores will be responsible to follow up on the status of these referrals and assist those clients who need it in accessing services. Promotores will have the support of a Health Educator/Early Intervention Specialist who will be available as a resource and for consultation.

#### C. **Cultura y Salud Component**

**Cultural Events/Group Activities:** These include ceremonies and other cultural and traditional activities existing in the community. Cultura y Salud will support these activities with materials, some organizational support, and will reach out to healers and community leaders to insert health messages during these activities and pass out information to participants about health and mental health resources. These activities include Dia de Los Muertos, Fiesta de Colores, Mayahuel, Año Nuevo Maya, and at least one of the traditional celebrations that Asociacion Mayab organizes annually.

Group activities also will include a community forum on trauma and a gathering of Indigena cultural groups called 'Encuentro de Culturas Indigenas de America.' Both of these activities will offer opportunities to pass out information and conduct our 'information and referral' and 'early identification' activities.

**Group Education Activities:** This will be a series of weekly stand-alone sessions on health topics for small groups of 5-10 participants. Groups will be facilitated by the HE/EIS with the support of Health Promotores. In addition to providing education and information to participants, the groups will serve as venues for outreach, early identification and to provide information and referral services as needed. These groups will be ongoing throughout the year and may include arts workshops such as embroidery and hammock making workshops or a Mayan language and culture youth summer program.

**Early Identification:** During group activities, a Behavioral Health Specialist will be present to provide one-on-one support to individuals and families that request mental health services. If needed, the Behavioral Health Specialist will refer these individuals to IFR's outpatient clinic or other services. Promotores and other program staff will also be present to support families with referrals to services and information about community resources for mental health and other social services. Early intervention will also include brief counseling for Risk Reduction and triaging into the system of care as indicated. This counseling and triaging will be provided by the BHS. Clients receiving early identification services will stay in our program for up to 3 months or upon successful linkage to appropriate services for those who need ongoing interventions.

#### **Indigena Health Promoters (Promotores) Component**

**Training and Skill Development:** Last year, a group of six Mayan Community Health Workers received training on outreach techniques, health education, and information and referral as well as on interpretation in health care settings. This year, this same group of Health Workers will continue their training with approximately 1-2 hours of continuous education a month for a period of 5-6 months. They will continue to receive training on specific areas of health promotion and about particular health topics affecting their community, such as substance abuse, mental health, diabetes, and other chronic diseases.

**Outreach and Education:** After completing their training, Promotores will be co-located between 2-3 agencies in the Mission and Tenderloin Districts. In these agencies, Promotores will engage in outreach (street and venue-based). Street outreach will target areas such as the Cesar Chavez Street corridor, Mission and 16<sup>th</sup> Streets, and Civic Center. Venue based outreach will be conducted during our group activities and sports events and cultural events organized by local Indigena organizations.

**Information and Referral:** Promotores de Salud will provide I&R services to families who need them. Promotores will engage in brief one-to-one encounters with community members seeking mental health or other services and provide referrals to services, as needed. Promotores will then follow up on the status of these referrals and assist clients who need interpretation and/or system navigation services. Promotores will receive supervision, clinical consultation, and

mentoring from the Senior Behavioral Specialist and administrative support from Asociacion Mayab's Program Liaison.

Group Education Activities: This will include workshops and other small cultural group activities that will serve as venues for participants to receive information about a variety of health topics, receive peer support, and form networks of support. Activities may include a Mayan Language and Culture Youth Summer Program, an embroidery group, hammock making class, and a dance class.

IFR is located at 2919 Mission Street and is open Monday-Friday between 9am-7pm and on Saturdays from 9am-2pm. IFR will serve as the general headquarters for the IHWC. At this location, all training, planning, and evaluation activities will occur. As the success of IHWC relies heavily on activities occurring in the community across locations, efforts will take place at various times and at locations listed earlier. Co-located staff will spend time at IFR and at Asociacion Mayab, located at 16<sup>th</sup> and Mission Streets. Asociacion Mayab is open Monday-Thursday 9am-5pm and Sunday, 4pm to 8pm.

D. Cultura y Salud: Cultural events are open to all interested individuals and families, exit criteria will only be developed for any behavioral health interventions.

E. Program Staffing: See Appendix B.

## 7. Objectives and Measurements

### A. Outcome Objectives

	Objectives	MHSA
E.1.f	Prevention and Early Intervention (PEI) and Workforce Development, Education and Training (WDET) providers will work with MHSA and Contract Development and Technical Assistance staff to develop three outcomes objectives for their programs. One of the objectives should address community member/client satisfaction with program services.	X

### B. Other Objectives

#### I. Cultura y Salud

A. Outcome Objectives	C. Evaluation
By the end of the contract period, 50% of participants in ceremonies and other cultural activities will have an increased awareness of the effects of trauma and other mental health disorders on the overall health and wellbeing of individuals and families.	This objective will be evaluated by conducting interviews with Community Healers and Leaders. In addition, for those who participate in the forum on trauma, we will apply pre and post surveys to assess the level of increased awareness and knowledge about trauma among participants in the forum.
By the end of the contract period, Indigena communities in San Francisco will have an increased capacity to provide cultural activities and traditional healing experiences to 150 community	This will be evaluated through interviews with community healers and leaders.

members who seek to participate in them	
B. Process Objectives	C. Evaluation
Provide health education and risk reduction information to 100 Indigena individuals participating in ceremonial and other cultural and group activities by June 2011	During the Ceremonies and cultural events, Promotores and program staff will be present to conduct a head count of the number of participants. During cultural events and group activities, where appropriate, sign-up sheets will be used to collect information from participants
Provide information about early identification and contemporary approaches to healing trauma to 50 Indigena individuals through a community forum and other cultural and group activities by June 2011	An attendance sign-up sheet used by Asociacion Mayab will be adapted to collect participant information during the community forum and the Encuentro de Culturas de America. For Ceremonies and other cultural events program, staff and promotores present will conduct a head count.

## II. Maya Health Promoters Project

A. Outcome Objectives	C. Evaluation
By the end of the contract period, 50% of Maya individuals participating will have increased their level of community participation by actively engaging in ceremonial, cultural, and social activities.	We will collect participant information using sign-in sheets and track for those individuals who come for the first time and those who continue to return to participate in the activities. The assumption is that if someone comes back more than once to participate in the program activities it is because they feel comfortable and safe in the program and so become more engaged and active in the program activities.
By the end of the contract period, 50 Indigena individuals will have an increased awareness about the root causes and effects of trauma on the overall health and wellbeing of individuals and families and will have received information about community resources to address issues of trauma and mental health.	Sign-in sheets will be used at events to collect participant information as appropriate.

B. Process Objectives	C. Evaluation
Provide small group activities and workshops to 50 Indigena individuals throughout the year.	Activities may include cultural gatherings, workshops in traditional arts and ceremonial gatherings. During these activities we will use sign-in sheets to track the number of participants in these groups. We will keep track of those who attend for the first time and those who come more than once to measure for the level of engagement of participants in these activities.
Provide outreach and health education activities to 300 members of the Indigena communities by June 2011	Health Promoters will collect basic information about the individuals that they contact during their outreach activities. Information will be collected on forms designed for this purpose and entered into a computer system by a program assistant. This will allow the program to count the number of individuals contacted

	and the type of information that these individuals received during our outreach activities
Provide I&R, system navigation and cultural and linguistic interpretation services to 50 Mayan individuals and families by June 2011	Health Promoters will collect basic information about individuals that they provide I&R services to on forms specially designated for this purpose. Promotores will also document all follow up activities such as home visits and phone calls. All this information will be given to a program assistant who will enter it into a computer database to count the number and type of I&R activities provided by Promotores and other program staff

### C. 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 15<sup>th</sup> 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 Improvement

**Cultura y Salud:** A Senior Behavioral Health Specialist will provide support and supervision to the Behavioral Health Specialist, Promotores de Salud, and other program staff with regards to clinical aspects of their work and serve as a resource for consultation and crisis intervention. The Senior BHS will provide group supervision to Promotores and BHS bi-weekly. The BHS will serve as a resource to- and supervise Promotores de Salud during weekly group consultation meetings. The Program Manager will provide administrative supervision to all staff and will coordinate training and curriculum development activities.

**Maya Health Promoters:** Health Promoters will be evaluated in their knowledge after finishing their training and will continue to receive training throughout the contract period. The Program Manager will be responsible for assessing training needs and coordinating these ongoing sessions of training. A Program Liaison at Asociacion Mayab will provide administrative and logistic support to the Promotores and the IHWC Program Manager will provide administrative support and ensure that Promotores continue to be engaged in outreach, education, and information and referral activities according to their capacity and skill level. Promotores will be supervised and supported by a BHS weekly (in groups) and bi-weekly with the SBHS for supervision, consultation and support.

#### 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.
- 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 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.

**1. Program Information:**

Community-Based Therapeutic Mentoring (CBTM) – *formerly Clinical Mentoring*  
Instituto Familiar de la Raza Inc.  
2919 Mission Street, San Francisco, CA 94110  
Telephone: (415) 229-0569  
Facsimile: (415) 647-0740

**2. Nature of Document**

☒ New      ☐ Renewal      ☐ Modification

**3. Goal Statement**

The purpose of the IFR Community-Based Therapeutic Mentoring Program (CBTM) is to aid the Family Mosaic Project in maintaining children in the least restrictive setting, reducing the need for institutionalization and/or out-of-home placement, and improving clients' ability to function in the community. The IFR Mentoring Program will provide this service in a manner consistent with the overall mission of IFR. The goals are to:

- Utilize the client's culture as a resource for appropriate interventions
- Develop individual and family empowerment, and
- Reinforce the spiritual and cultural values of clients.

This is a cost reimbursement contract with CBHS for July 1<sup>st</sup>, 2010 through September 30<sup>th</sup>, 2010 (FY10-11).

**4. Target Population**

CBTM targets children and families served by the Family Mosaic Project (Mission, Bayview, and Chinatown sites). The Program is available children and youth 5-17 years old, who have been identified as having serious emotional problems and/or who have a diagnosable mental illness that places them at risk for out-of-home placement or a higher level of institutional care. Services are also available, as appropriate, for siblings of those identified clients as well as adult parents or guardians who are in need of support. Also targeted are children who are already in out-of-home placement (i.e., residential treatment facility, a psychiatric hospital, or living arrangement with someone other than the biological parent).

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

Modalities of services include: assessment for matching, plan of care development, individual client mentoring, group mentoring, collateral contacts, and crisis intervention. One service unit is defined as a 60-minute increment of staff time.

The IFR Community-Based Therapeutic Mentoring Program will serve 13 unduplicated clients between July 1 and September 30<sup>th</sup> 2010.

Units of Service (UOS) Description	Units of Service	Unduplicated Clients (UDC)
Individual Mentoring (incl. all service modalities below and supervision/training time associated with services) 1.9 FTE x 13 weeks x 75% LOE	N/A	13
<b>Total</b>	N/A	13

Description of Service Modalities:

Assessment: Gathering information about the referred client's/family's and mentoring needs for the purpose of making an appropriate match with a mentor. Assessment activities include review of Plan of Care and interviews with Family Advocate/Care Manager, Parent/Guardian, Mentor, and Child, including the matching of the Client/family.

Individual: One-to-one mentoring with a client resulting in contact and intervention. The focus of these contacts is to make progress towards goals outlined in the child's Plan of Care. The number of weekly units will be determined by the individual service authorizations.

Group: Mentoring with at least one identified client and one to two other identified clients who have been screened for functioning within a group match. The focus of these contacts is to make progress towards goals outlined in the Plan of Care of the identified client. The number of weekly units will be determined by individual service authorizations.

Collateral: Face-to-face and telephone contact with other providers involved in the client's care will be provided, as appropriate. The client's Family Advocate/Care Manager and/or Mentor Supervisor will determine the frequency of mentor collateral contacts.

Crisis Intervention: One-to-one mentoring with a client/client's family to provide emergency mentoring services that will enable the client to cope with a crisis. This service is an unplanned activity that is based upon the client's immediate need for service intervention and is limited to stabilization of the presenting emergency. An individual service authorization will be issued to cover the number of additional service units provided in the crisis intervention.

## 6. Methodology

- A. Program outreach, recruitment, promotion, and advertisement: In order to facilitate the receipt of referrals, IFR will conduct informational in-services to FMP staff every four months or at the request of FMP. Program background, services offered, referral process, and relevant policies will be described. IFR will distribute a client-centered information sheet or brochure to FMP describing services, which will be used in the information packet for Clients.

Clients are referred through an internal referral process with Family Mosaic Project after their initial assessment and intake process.

- B. Program's admission, enrollment and/or intake criteria and process: Therapeutic mentoring is deemed appropriate when a Family Advocate/Care Manager or Clinician has assessed that a Client's present level of functioning can be improved or maintained with the attention of a one-to-one relationship not readily available within the Client's family or community. A Therapeutic Mentor enhances and supports existing primary/core services to the child or adolescent, and becomes part of the Client's treatment team.

Mentoring cases referred by FMP will be classified in levels, 1 – signifying a higher priority for matching and 2–signifying a priority for matching, but not as urgent as 1. Ratings will be done by the Clinical Supervisor at FMP.

No child/youth who meets the admission criteria of the Program will be denied access to services. However, the final “matching” of a client will depend on the availability of an appropriate Mentor who can adequately meet his/her needs and preferences, as well as the availability of Mentors in general.

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

Clients are matched with a Therapeutic Mentor in context of their culture, family, community, personality, and emotional needs as well as in context of the Mentor's cultural background and skills. In addition, attention is given to the stated preferences of the mentor, parent/guardian, and client. Our selection process is very deliberate



as we carefully consider these factors in determining the best possible "match." To initiate the match, the Mentor Supervisor first reviews the Client's referral form and discusses any additional concerns with the client's referring party. Based on the information gathered, the Mentor Supervisor then identifies an appropriate Mentor and arranges an assessment meeting with the Mentor and Family Advocate/Care Manager. During this meeting, client needs, treatment goals, and concerns are discussed. Following this meeting, a match meeting is scheduled with the Family Advocate, Mentor Supervisor, Client, and the Client's Parent/Guardian to discuss the Program, the Client's goals for mentoring, to set expectations, and to answer any questions/concerns. Once a match meeting has occurred, mentoring services will begin. Mentoring services are generally 4-8 hours per week, per client, depending on each client's service authorization, for 12 months. At the 12 month mark, the case will be evaluated to determine whether additional mentoring is necessary (and if so, for how long) or whether termination should begin/step-down into other community services.

Services will be delivered in community-based settings. During their time together, the Mentor provides the child/youth with whom he/she is "matched" (Mentee), the opportunity to participate in community activities which they may not otherwise have exposure to. By offering consistent and caring companionship, the Mentor gives direction through role modeling, reinforcing positive behavioral changes, attunement, and guiding his/her Mentee towards achieving personal goals.

The mission of the Community-Based Therapeutic Mentoring Program is to ultimately foster the child/youth's self-esteem and socialization skills so that he/she can: develop positive peer relationships; participate in organized extracurricular activities; acquire important life skills, and productively integrate into the community.

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

IFR CBTM Program Staff (Mentors or designated staff) will attend FMP's Plan of Care/Treatment Team meetings for Clients, as requested by FMP to re-assess and further develop the Client's service goals.

Program staff will request that the client's Family Advocate/Care Manager provide adequate notice (at least 90 days) when there is an intention to terminate Mentoring Services. The Family Advocate/Care Manager is requested to inform the Mentor Supervisor directly of any changes in the direction or frequency of mentoring services *in writing*. In turn, the Mentor Supervisor will inform the client's Family Advocate/Care Manager directly of any intention to terminate mentoring services.

After 12 months of mentoring, IFR staff, in collaboration with FMP staff, will meet to assess whether there is a continued need for mentoring services or if a transition plan should be developed so that the client may step down into community services. Step-down activities will begin upon notice of termination with the focused attention to emancipation and empowerment.

- E. Program's staffing: Please refer to Appendix B.

## 7. Objectives and Measurements

The Program Manager, Mentor Supervisor(s), Mentors, FMP Family Advocates/Care Managers, and Administrative Support Staff will participate in data collection/evaluation activities.

- Direct services will be measured by an ongoing collection of data. Instruments used will be weekly Activity Reports and Monthly Progress Reports, which will be submitted to the child/youth's FMP Family Advocate/Care Manager, who will assess the Mentor's role in maintaining the stability of the client.
- CBTM Staff will develop, distribute and compile the results of an annual Parent and Client Satisfaction Survey, with the intent to identify areas for program development.

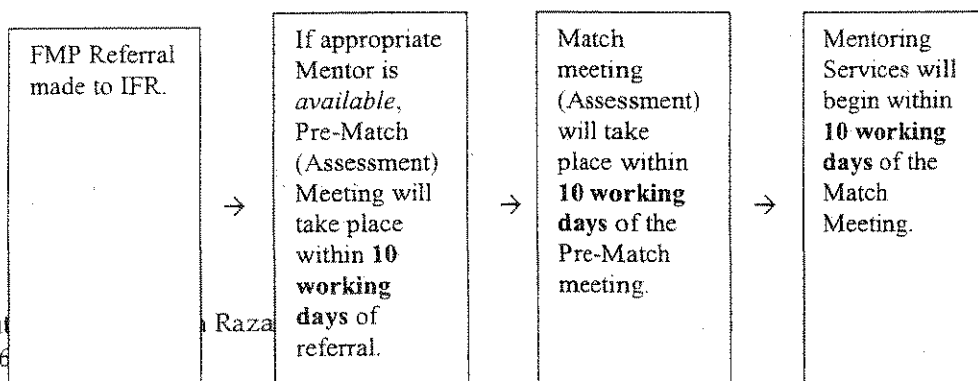
- CBTM Staff will provide Mentors with training sessions every other month, including an initial orientation addressing the Policies & Procedures Manual, child/adolescent development, mental health issues, and psychosocial risk factors in a culturally competent manner. Training evaluation surveys will be collected and analyzed after each training to assess the relevance, and effectiveness of the training component
- CBTM Staff will notify FMP of service utilization patterns, implementation issues, and service productivity levels through a quarterly program meeting. Data will be collected through monthly billing records and activity reports and will be compiled and analyzed through the program database.
- Mentors will receive clinical supervision on a bi-weekly-monthly basis by Mentor Supervisors who will utilize an approach based upon the theories of psychosocial theory and multicultural personality development. In certain cases, Mentors will receive clinical direction from, and support the methodology utilized by, the child's primary therapist. Mentor Supervisors will direct Mentors by providing reinforcement of the child's cultural strengths and identity, with an awareness of social factors.
- CBTM staff will meet with FMP Family Advocate/Care Manager on as needed basis/as requested to monitor progress towards mentoring goals and plan for the healthy transition of each client. A collaborative approach will be utilized to include the Mentor as an integral member of the child's team of providers, as he/she will receive information from and provide feedback to others involved in the treatment of the client.

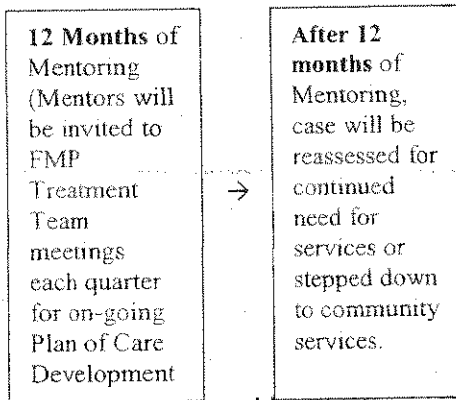
In addition, the CTBM Program agrees to provide service as outlined in the Program Procedures Manual, which includes:

- A definition of the priority target population
- A definition of the referral process
- An understanding of individual goals based upon the child's Plan of Care
- Initial and ongoing training to Mentors
- Supervision provided to Mentors
- An understanding of the role of the FMP Family Advocate/Care Manager and agency procedures; and
- A system of accountability based upon the biweekly Activities Reports, monthly Expense Reports, Monthly Progress Reports, and evaluation outcomes.

#### A. Performance/Outcome Objectives

- CBTM will serve at least 13 children/youth/adults referred by FMP identified as SED. This objective will be measured by data maintained by CBTM Program and FMP.
- Out of the total number of clients and family members who utilize mentoring services, 75% of those who terminate from the Program will have made continuous progress towards or achieved the goals outlined in the child's Plan of Care, as determined by the Monthly Progress Reports and FMP Family Advocate/Care Manager, and by the Mentoring Program's internal Progress Reports.
- Out of the total number of clients and family members who utilize mentoring services, 70% will show a favorable relationship with their Mentor and approval of activities, as determined by Parent and Client Satisfaction Surveys.
- IFR Mentoring Program will meet the following timeline in the provision of access to services for Clients referred:





**B. Other Measurable Objectives**

80% of active mentors will participate in service provision, supervision, training, appropriate documentation activities and other program activities, 80% of the available opportunities throughout the year, as specified in the mentor contract which will be evaluated through an annual performance evaluation.

**C. Evaluation of Objectives**

See above (7A and B) 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.

**8. Continuous Quality Improvement**

The IFR Community-Based Therapeutic Mentoring Program agrees to abide by the quality assurance (QA) requirements, as they are developed and implemented by FMP. IFR quality assurance activities include scheduled supervision, reporting and documentation, and ongoing training of Mentors. The CBTM Program also agrees to participate in the development and implementation of QA, HIPPA, and Cultural Competency requirements, as requested by CBHS.

**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 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.

**Appendix B**  
**Calculation of Charges**

**1. Method of Payment**

**FFS Option**

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

**Actual Cost**

A. Contractor shall submit monthly invoices in the format attached in Appendix F, by the fifteenth (15th) working day of each month for reimbursement of the actual costs for Services of the immediately preceding month. All costs associated with the Services shall be reported on the invoice each month. All costs incurred under this Agreement shall be due and payable only after Services have been rendered and in no case in advance of such Services.

**2. Program Budgets and Final Invoice**

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

Budget Summary

Appendix B-1 Adult Outpatient Behavioral Health Clinic

Appendix B-1a Addendum to the CBHS Adult Mental/Behavioral Health Contract for FY 10-11

Appendix B-2 Child Outpatient Behavioral Health Services (General Fund)

Appendix B-2a Child Outpatient Behavioral Health Services (EDSDT)

Appendix B-3 Early Intervention Program Child Care Mental Health Consultation Initiative

Appendix B-4 Mental Health Consultation/SED Classroom

Appendix B-5 Early Intervention Program Consultation, Affirmation, Resources, Education

Appendix B-6 Early Intervention Program Child Care Mental Health Consultation Initiative

Appendix B-7 La Cultura Cura Program – Trauma Recovery and Healing Services

Appendix B-8 La Cultura Cura Intensive Home Based Supervision/EPST

Appendix B-9 Indigena Health and Wellness Collaborative

Appendix B-10 Community-Based Therapeutic Mentoring

B. Contractor understands that, of the maximum dollar obligation listed in Section 5 of this Agreement, **\$1,523,482** is included as a contingency amount and is neither to be used in Program Budgets attached to this Appendix, or available to Contractor without a modification to this Agreement executed in the same manner as this Agreement or a revision to the Program Budgets of Appendix B, which has been approved by Contract Administrator. Contractor further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable City and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by Controller. Contractor agrees to fully comply with these laws, regulations, and policies/procedures.

The maximum dollar for each term shall be as follows:

Term	Amount
07/01/2010-06/30/2011	\$ 2,372,566
07/01/2011-06/30/2012	\$ 2,294,025
07/01/2012-06/30/2013	\$ 2,294,025
07/01/2013-06/30/2014	\$ 2,294,025

07/01/2014-06/30/2015	\$ 2,294,025
07/01/2015-12/31/2015	\$ 1,147,013
Contingency	\$ 1,523,482
Total	\$14,219,161

C. Contractor agrees to comply with its Program Budgets of Appendix B in the provision of Services. Changes to the budget that do not increase or reduce the maximum dollar obligation of the City are subject to the provisions of the Department of Public Health Policy/Procedure Regarding Contract Budget Changes. Contractor agrees to comply fully with that policy/procedure

D. Contractor further understands that \$1,211,814 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 2010-11.

E. Upon the effective date of this Agreement, contingent upon prior approval by the CITY'S Department of Public Health of an invoice or claim submitted by Contractor, CITY agrees to make an initial payment to the CONTRACTOR of Four Hundred Fifty One Thousand Seventy Two Dollars (\$451,072). CONTRACTOR agrees that a reduction shall be made from monthly payments to CONTRACTOR equal to one tenth (1/10) of the initial payment for the period October 1, 2010 through March 31, 2011. Any termination of this Agreement, whether for cause or for convenience, will result in the total outstanding amount of the advance being due and payable to the CITY within thirty (30) calendar days following written notice of termination from the CITY.

#### FFS option

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

#### Actual Cost Option

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

# DPH 1: Department of Public Health Contract Budget Summary

CONTRACT TYPE - This contract is:		New	Renewal	Modification		Appendix B Page 1 of 3	
If modification, Effective Date of Mod.:		# of Mod:		VENDOR ID (DPH USE ONLY):			
LEGAL ENTITY NUMBER:		00336					7/1/2010
LEGAL ENTITY/CONTRACTOR NAME: Instituto Familiar de la Raza, Inc.							

APPENDIX NUMBER	B-1	B-2	B-2a	B-3	B-4	TOTAL
PROVIDER NUMBER	3818	3818	3818	3818	3818	
PROVIDER NAME:	Adult Outpatient	Child Outpatient	Children EPSDT	El - Childcare MH Consultation Initiative	DMS-CYF MH Consult/SED Classroom	
CBHS FUNDING TERM:	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	
<b>FUNDING USES:</b>						
SALARIES & EMPLOYEE BENEFITS	505,669	106,965	91,439	442,595	38,120	1,184,788
OPERATING EXPENSE	51,872	12,570	14,665	51,876	4,248	135,231
CAPITAL OUTLAY (COST \$5,000 AND OVER)						
<b>SUBTOTAL DIRECT COSTS</b>	<b>557,541</b>	<b>119,535</b>	<b>106,104</b>	<b>494,471</b>	<b>42,368</b>	<b>1,320,019</b>
INDIRECT COST AMOUNT	66,903	14,345	12,735	59,338	5,083	158,404
INDIRECT %	12%	12%	12%	12%	12%	
<b>TOTAL FUNDING USES:</b>	<b>624,444</b>	<b>133,880</b>	<b>118,839</b>	<b>553,809</b>	<b>47,451</b>	<b>1,478,423</b>
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>						
<b>FEDERAL REVENUES - click below</b>						
SDMC Regular FFP (50%)	94,186	26,110	58,500	19,680	9,990	208,466
ARRA SDMC FFP (11.59)	21,832	6,055	13,560	4,562	2,316	48,325
<b>STATE REVENUES - click below</b>						
MHSA						
EPSDT State Match			39,090	13,150		52,240
<b>GRANTS - click below</b>						
Family Mosaic Capitated MediCal		740				740
<b>PRIOR YEAR ROLL OVER - click below</b>						
MHSA						
<b>WORK ORDERS - click below</b>						
Dept of Children, Youth & Families				36,134		36,134
Dept of Children, Youth & Families						
Dept of Children, Youth & Families						
HSA (Human Svcs Agency)				272,866		272,866
First Five (SF Children & Family Commission)				48,000		48,000
First Five (SF Children & Family Commission)				155,660		155,660
<b>3RD PARTY PAYOR REVENUES - click below</b>						
REALIGNMENT FUNDS	82,610	20,077			12,419	115,106
COUNTY GENERAL FUND	425,816	80,898	7,689	3,757	22,726	540,886
<b>TOTAL CBHS MENTAL HEALTH FUNDING SOURCES</b>	<b>624,444</b>	<b>133,880</b>	<b>118,839</b>	<b>553,809</b>	<b>47,451</b>	<b>1,478,423</b>
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES:</b>						
<b>FEDERAL REVENUES - click below</b>						
<b>STATE REVENUES - click below</b>						
<b>GRANTS/PROJECTS - click below</b>						
<b>WORK ORDERS - click below</b>						
<b>3RD PARTY PAYOR REVENUES - click below</b>						
COUNTY GENERAL FUND						
<b>TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>TOTAL DPH REVENUES</b>	<b>624,444</b>	<b>133,880</b>	<b>118,839</b>	<b>553,809</b>	<b>47,451</b>	<b>1,478,423</b>
<b>NON-DPH REVENUES - click below</b>						
<b>TOTAL NON-DPH REVENUES</b>						
<b>TOTAL REVENUES (DPH AND NON-DPH)</b>	<b>624,444</b>	<b>133,880</b>	<b>118,839</b>	<b>553,809</b>	<b>47,451</b>	<b>1,478,423</b>

Prepared by/Phone #: Benny Ng 415-229-0546

# DPH 1: Department of Public Health Contract Budget Summary

CONTRACT TYPE - This contract is:		New	Renewal	Modification	Appendix B Page 2 of 3		
If modification, Effective Date of Mod.:		# of Mod:		VENDOR ID (DPH USE ONLY):			
LEGAL ENTITY NUMBER:		00336		7/1/2010			
LEGAL ENTITY/CONTRACTOR NAME: Instituto Familiar de la Raza, Inc.							
APPENDIX NUMBER	B-5	B-6	B-7	B-8	B-9		
PROVIDER NUMBER	3818	3818	3818	3818	3818		
PROVIDER NAME:	MHSA PEI-School Based Youth-Centered Wellness	MHSA PEI-Early Childhood Mental Health Consultation	MHSA - Trauma Recovery & Healing Services (Cost Reimburs.)	La Cultura Cura (HBS/EPSTDT Services)	Indigena Health & Wellness COLL (Cost Reimburs.)	TOTAL	
CBHS FUNDING TERM:	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11		
<b>FUNDING USES:</b>							
SALARIES & EMPLOYEE BENEFITS	116,970	33,370	97,007	196,950	152,244	596,541	
OPERATING EXPENSE	30,353	4,130	13,350	26,265	102,158	176,256	
CAPITAL OUTLAY (COST \$5,000 AND OVER)							
SUBTOTAL DIRECT COSTS	147,323	37,500	110,357	223,215	254,402	772,797	
INDIRECT COST AMOUNT	17,677	4,500	13,243	26,785	20,598	82,803	
INDIRECT %	12%	12%	12%	12%	8%		
TOTAL FUNDING USES:	165,000	42,000	123,600	250,000	275,000	865,600	
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>							
<b>FEDERAL REVENUES - click below</b>							
SDMC Regular FFP (50%)				65,630		65,630	
ARRA SDMC FFP (11.59)				15,212		15,212	
<b>STATE REVENUES - click below</b>							
MHSA	150,000	42,000	123,600		250,000	565,600	
EPSTDT State Match				44,158		44,158	
<b>GRANTS - click below</b>							
Family Mosaic Capitated MediCal							
<b>PRIOR YEAR ROLL OVER - click below</b>							
MHSA							
<b>WORK ORDERS - click below</b>							
Dept of Children, Youth & Families							
Dept of Children, Youth & Families	VP local match			6,250		6,250	
Dept of Children, Youth & Families	Violence Prevention			118,750		118,750	
HSA (Human Svcs Agency)							
First Five (SF Children & Family Commission)	SRI-FRC w/o						
First Five (SF Children & Family Commission)	PFA w/o						
<b>3RD PARTY PAYOR REVENUES - click below</b>							
<b>REALIGNMENT FUNDS</b>							
<b>COUNTY GENERAL FUND</b>							
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	150,000	42,000	123,600	250,000	250,000	815,600	
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES:</b>							
<b>FEDERAL REVENUES - click below</b>							
<b>STATE REVENUES - click below</b>							
<b>GRANTS/PROJECTS - click below</b>							
<b>WORK ORDERS - click below</b>							
<b>3RD PARTY PAYOR REVENUES - click below</b>							
<b>COUNTY GENERAL FUND</b>							
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	-	-	-	-	-	-	
TOTAL DPH REVENUES	150,000	42,000	123,600	250,000	250,000	815,600	
<b>NON-DPH REVENUES - click below</b>							
Others	15,000				25,000	40,000	
TOTAL NON-DPH REVENUES	15,000				25,000	40,000	
TOTAL REVENUES (DPH AND NON-DPH)	165,000	42,000	123,600	250,000	275,000	865,600	



# DPH 1: Department of Public Health Contract Budget Summary

Appendix B Page 3 of 3

CONTRACT TYPE - This contract is:		New	Renewal	Modification	
If modification: Effective Date of Mod.:		# of Mod:		VENDOR ID (DPH USE ONLY)	
LEGAL ENTITY NUMBER:		00336		7/1/2010	
LEGAL ENTITY/CONTRACTOR NAME: Instituto Familiar de la Raza, Inc.					
APPENDIX NUMBER	B-10				
PROVIDER NUMBER	3818				
PROVIDER NAME:	Mentoring (Cost Reimbursement)				TOTAL
CBHS FUNDING TERM:	7/1/10-9/30/10				
FUNDING USES:					
SALARIES & EMPLOYEE BENEFITS		39,454			1,820,783
OPERATING EXPENSE		30,675			342,162
CAPITAL OUTLAY (COST \$5,000 AND OVER)					2,162,945
SUBTOTAL DIRECT COSTS		70,129			249,621
INDIRECT COST AMOUNT		8,414			12%
INDIRECT %		12%			2,412,566
TOTAL FUNDING USES:		78,543			
CBHS MENTAL HEALTH FUNDING SOURCES					
FEDERAL REVENUES - click below					274,096
SDMC Regular FFP (50%)					63,537
ARRA SDMC FFP (11.59)					
STATE REVENUES - click below					574,098
MHSA		8,498			96,398
EPSDT State Match:					
GRANTS - click below					45,870
Family Mosaic Capitated MediCal		45,130			
PRIOR YEAR ROLL OVER - click below					
MHSA					
WORK ORDERS - click below					36,134
Dept of Children, Youth & Families					6,250
Dept of Children, Youth & Families VP local match					118,750
Dept of Children, Youth & Families Violence Prevention					272,866
HSA (Human Svcs Agency)					48,000
First Five (SF Children & Family Commission) SRI-FRC w/o					155,660
First Five (SF Children & Family Commission) PFA w/o					
3RD PARTY PAYOR REVENUES - click below					115,106
REALIGNMENT FUNDS					566,801
COUNTY GENERAL FUND		24,915			2,372,566
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		78,543			
CBHS SUBSTANCE ABUSE FUNDING SOURCES:					
FEDERAL REVENUES - click below					
STATE REVENUES - click below					
GRANTS/PROJECTS - click below					
WORK ORDERS - click below					
3RD PARTY PAYOR REVENUES - click below					
COUNTY GENERAL FUND					
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES					2,372,566
TOTAL DPH REVENUES		78,543			
NON-DPH REVENUES - click below					40,000
Others					40,000
TOTAL NON-DPH REVENUES					2,412,566
TOTAL REVENUES (DPH AND NON-DPH)		78,543			



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

FISCAL YEAR:	Fy 10-11		APPENDIX #:	B-1 Page 1 of 3		
LEGAL ENTITY NAME:	Instituto Familiar de la Raza, Inc.		PROVIDER #:	3818		
PROVIDER NAME:	Instituto Familiar de la Raza, Inc.			7/1/2010		
REPORTING UNIT NAME:	Adult Outpatient- MH Svcs	Adult Outpatient- MH Svcs	Adult Outpatient- MH Svcs	Adult Outpatient- MH Svcs	Adult Outpatient- MH Svcs	
REPORTING UNIT:	38183	38183	38183	38183	38183	
MODE OF SVCS / SERVICE FUNCTION CODE	15/10-59	15/60-69	15/70-79	15/01-09		
SERVICE DESCRIPTION	MH Svcs	Medication Support	Crisis Intervention- OP	Case Mgt Brokerage	Low Threshold Svcs	TOTAL
CBHS FUNDING TERM:	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	
<b>FUNDING USES:</b>						
SALARIES & EMPLOYEE BENEFITS	199,516	48,367	3,023	36,276	15,115	302,297
OPERATING EXPENSE	20,325	4,927	308	3,695	1,540	30,796
CAPITAL OUTLAY (COST \$5,000 AND OVER)						
SUBTOTAL DIRECT COSTS	219,840	53,295	3,331	39,971	16,655	333,091
INDIRECT COST AMOUNT	26,380	6,395	400	4,796	1,998	39,970
TOTAL FUNDING USES:	246,220	59,690	3,731	44,767	18,653	373,061
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>						
FEDERAL REVENUES - click below						
SDMC Regular FFP (50%)	37,138	9,003	563	6,752	2,813	56,269
ARRA SDMC FFP (11.59)	8,608	2,087	130	1,565	652	13,043
STATE REVENUES - click below						
GRANTS - click below						
CFDA #:						
Please enter other here if not in pull down						
PRIOR YEAR ROLL OVER - click below						
WORK ORDERS - click below						
Please enter other here if not in pull down						
3RD PARTY PAYOR REVENUES - click below						
Please enter other here if not in pull down						
REALIGNMENT FUNDS	32,573	7,897	494	5,922	2,468	49,354
COUNTY GENERAL FUND	167,901	40,703	2,544	30,527	12,720	254,395
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	246,220	59,690	3,731	44,767	18,653	373,061
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES:</b>						
FEDERAL REVENUES - click below						
STATE REVENUES - click below						
GRANTS/PROJECTS - click below						
CFDA #:						
Please enter other here if not in pull down						
WORK ORDERS - click below						
Please enter other here if not in pull down						
3RD PARTY PAYOR REVENUES - click below						
Please enter other here if not in pull down						
COUNTY GENERAL FUND						
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES						
TOTAL DPH REVENUES	246,220	59,690	3,731	44,767	18,653	373,061
NON-DPH REVENUES - click below						
TOTAL NON-DPH REVENUES						
TOTAL REVENUES (DPH AND NON-DPH)	246,220	59,690	3,731	44,767	18,653	373,061
<b>CBHS UNITS OF SVCS/TIME AND UNIT COST:</b>						
UNITS OF SERVICE <sup>1</sup>						
UNITS OF TIME <sup>2</sup>	94,337	12,384	961	22,162	9,234	
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	2.61	4.82	3.88	2.02	2.02	
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	2.61	4.82	3.88	2.02	2.02	
PUBLISHED RATE (MEDICAL PROVIDERS ONLY)						
UNDUPLICATED CLIENTS	126	126	126	126	126	

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

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

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

FISCAL YEAR:		Fy 10-11		APPENDIX #:		B-1 Page 2 of 3	
LEGAL ENTITY NAME:		Instituto Familiar de la Raza, Inc.		PROVIDER #:		3818	
PROVIDER NAME:		Instituto Familiar de la Raza, Inc.				7/1/2010	
REPORTING UNIT NAME:		Adult Outpatient Dual Diagnosis	Adult Outpatient Dual Diagnosis	Adult Outpatient Dual Diagnosis	Adult Outpatient Dual Diagnosis	Adult Outpatient Dual Diagnosis	
REPORTING UNIT:		38183	38183	38183	38183	38183	
MODE OF SVCS / SERVICE FUNCTION CODE:		15/10-59	15/60-69	15/70-79	15/01-09		
SERVICE DESCRIPTION:		MH Svcs	Medication Support	Crisis Intervention- OP	Case Mgt Brokerage	Low Threshold Svcs	TOTAL
CBHS FUNDING TERM:		7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	
<b>FUNDING USES:</b>							
SALARIES & EMPLOYEE BENEFITS		71,255	17,274	3,239	32,389	5,398	129,555
OPERATING EXPENSE		7,259	1,760	330	3,300	550	13,199
CAPITAL OUTLAY (COST \$5,000 AND OVER)							
SUBTOTAL DIRECT COSTS		78,514	19,034	3,569	35,689	5,948	142,753
INDIRECT COST AMOUNT		9,422	2,284	428	4,282	714	17,130
TOTAL FUNDING USES:		87,936	21,318	3,997	39,971	6,662	159,883
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>							
FEDERAL REVENUES - click below							
SDMC Regular FFP (50%)		13,263	3,215	603	6,029	1,005	24,115
ARRA SDMC FFP (11.59)		3,074	745	140	1,397	233	5,590
STATE REVENUES - click below							
GRANTS - click below							
CFDA #:							
Please enter other here if not in pull down							
PRIOR YEAR ROLL OVER - click below							
WORK ORDERS - click below							
Please enter other here if not in pull down							
3RD PARTY PAYOR REVENUES - click below							
Please enter other here if not in pull down							
REALIGNMENT FUNDS		11,633	2,820	529	5,288	881	21,152
COUNTY GENERAL FUND		59,964	14,537	2,726	27,257	4,543	109,026
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		87,936	21,318	3,997	39,971	6,662	159,883
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>							
FEDERAL REVENUES - click below							
STATE REVENUES - click below							
GRANTS/PROJECTS - click below							
CFDA #:							
Please enter other here if not in pull down							
WORK ORDERS - click below							
Please enter other here if not in pull down							
3RD PARTY PAYOR REVENUES - click below							
Please enter other here if not in pull down							
COUNTY GENERAL FUND							
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES							
TOTAL DPH REVENUES		87,936	21,318	3,997	39,971	6,662	159,883
NON-DPH REVENUES - click below							
TOTAL NON-DPH REVENUES							
TOTAL REVENUES (DPH AND NON-DPH)		87,936	21,318	3,997	39,971	6,662	159,883
<b>CBHS UNITS OF SVCS/TIME AND UNIT COST:</b>							
UNITS OF SERVICE <sup>1</sup>							
UNITS OF TIME <sup>2</sup>		33,692	4,423	1,030	19,788	3,298	
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)		2.61	4.82	3.88	2.02	2.02	
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)		2.61	4.82	3.88	2.02	2.02	
PUBLISHED RATE (MEDICAL PROVIDERS ONLY)							
UNDUPLICATED CLIENTS		45	45	45	45	45	

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

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

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

FISCAL YEAR:	Fy 10-11	APPENDIX #:	B-1 Page 3 of 3
LEGAL ENTITY NAME:	Instituto Familiar de la Raza, Inc.	PROVIDER #:	3818
PROVIDER NAME:	Instituto Familiar de la Raza, Inc.		7/1/2010
REPORTING UNIT NAME:	CBHRC Integration		
REPORTING UNIT:	38183		
MODE OF SVCS / SERVICE FUNCTION CODE:	45/20-29		
SERVICE DESCRIPTION:	Cravity Client Svcs		TOTAL
CBHS FUNDING TERM:	7/1/10-6/30/11		
<b>FUNDING USES:</b>			
SALARIES & EMPLOYEE BENEFITS	73,817		73,817
OPERATING EXPENSE	7,878		7,878
CAPITAL OUTLAY (COST \$5,000 AND OVER)			
SUBTOTAL DIRECT COSTS	81,695		81,695
INDIRECT COST AMOUNT	9,805		9,805
TOTAL FUNDING USES:	91,500		91,500
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>			
FEDERAL REVENUES - click below			
SDMC Regular FFP (50%)	13,801		13,801
ARRA SDMC FFP (11.59)	3,199		3,199
STATE REVENUES - click below			
GRANTS - click below CFDA #:			
Please enter other here if not in pull down			
PRIOR YEAR ROLL OVER - click below			
WORK ORDERS - click below			
3RD PARTY PAYOR REVENUES - click below			
Please enter other here if not in pull down			
REALIGNMENT FUNDS	12,105		12,105
COUNTY GENERAL FUND	62,395		62,395
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	91,500		91,500
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>			
FEDERAL REVENUES - click below			
STATE REVENUES - click below			
GRANTS/PROJECTS - click below CFDA #:			
Please enter other here if not in pull down			
WORK ORDERS - click below			
Please enter other here if not in pull down			
3RD PARTY PAYOR REVENUES - click below			
Please enter other here if not in pull down			
COUNTY GENERAL FUND			
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES			
TOTAL DPH REVENUES	91,500		91,500
NON-DPH REVENUES - click below			
TOTAL NON-DPH REVENUES			
TOTAL REVENUES (DPH AND NON-DPH)	91,500		91,500
<b>CBHS UNITS OF SVCS/TIME AND UNIT COST:</b>			
UNITS OF SERVICE <sup>1</sup>			
UNITS OF TIME <sup>2</sup>	1		
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	CR		
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	CR		
PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY)			
UNDUPLICATED CLIENTS	100		

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

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

FISCAL YEAR:	Fy 10-11					APPENDIX #:	B-2
LEGAL ENTITY NAME:	Instituto Familiar de la Raza, Inc.					PROVIDER #:	3818
PROVIDER NAME:	Instituto Familiar de la Raza, Inc.						7/1/2010
REPORTING UNIT NAME:	Child Outpatient	Child Outpatient	Child Outpatient	Child Outpatient	Child Outpatient		
REPORTING UNIT:	38186	38186	38186	38186	38186		
MODE OF SVCS / SERVICE FUNCTION CODE	15/10-59	15/60-69	15/70-79	15/01-09	45/20-29		
SERVICE DESCRIPTION	MH Svcs	Medication Support	Crisis Intervention-OP	Case Mgt Brokerage	Outreach/Community Client Svcs		TOTAL
CBHS FUNDING TERM:	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11		
<b>FUNDING USES:</b>							
SALARIES & EMPLOYEE BENEFITS	84,887	5,225	1,278	2,827	12,747		106,965
OPERATING EXPENSE	9,976	614	150	332	1,498		12,570
CAPITAL OUTLAY (COST \$5,000 AND OVER)							
SUBTOTAL DIRECT COSTS	94,863	5,839	1,429	3,159	14,245		119,535
INDIRECT COST AMOUNT	11,384	701	171	379	1,710		14,345
TOTAL FUNDING USES:	106,247	6,540	1,600	3,538	15,955		133,880
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>							
FEDERAL REVENUES - click below							
SDMC Regular FFP (50%)	23,524	1,448	354	783			26,110
ARRA SDMC FFP (11.59)	5,455	336	82	182			6,055
STATE REVENUES - click below							
GRANTS - click below							
CFDA #:							
Capitated MediCal	740						740
PRIOR YEAR ROLL OVER - click below							
WORK ORDERS - click below							
Please enter other here if not in pull down							
3RD PARTY PAYOR REVENUES - click below							
Please enter other here if not in pull down							
REALIGNMENT FUNDS	18,089	1,113	272	602			20,077
COUNTY GENERAL FUND	58,439	3,643	891	1,970	15,955		80,898
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	106,247	6,540	1,600	3,538	15,955		133,880
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES:</b>							
FEDERAL REVENUES - click below							
STATE REVENUES - click below							
GRANTS/PROJECTS - click below							
CFDA #:							
Please enter other here if not in pull down							
WORK ORDERS - click below							
Please enter other here if not in pull down							
3RD PARTY PAYOR REVENUES - click below							
Please enter other here if not in pull down							
COUNTY GENERAL FUND							
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES							
TOTAL DPH REVENUES	106,247	6,540	1,600	3,538	15,955		133,880
NON-DPH REVENUES - click below							
TOTAL NON-DPH REVENUES							
TOTAL REVENUES (DPH AND NON-DPH)	106,247	6,540	1,600	3,538	15,955		133,880
<b>CBHS UNITS OF SVCS/TIME AND UNIT COST:</b>							
UNITS OF SERVICE <sup>1</sup>							
UNITS OF TIME <sup>2</sup>	40,708	1,357	412	1,751	230		
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	2.61	4.82	3.88	2.02	69.37		
COST PER UNIT--DPH RATE (DPH REVENUES ONLY)	2.61	4.82	3.88	2.02	69.37		
PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY)							
UNDUPLICATED CLIENTS	44	44	44	44	44		

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

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

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

FISCAL YEAR:		Fy 10-11		APPENDIX #:		B-2a	
LEGAL ENTITY NAME:		Instituto Familiar de la Raza, Inc.		PROVIDER #:		3818	
PROVIDER NAME:		Instituto Familiar de la Raza, Inc.				7/1/2010	
REPORTING UNIT NAME:	Children EPSDT	Children EPSDT	Children EPSDT	Children EPSDT			
REPORTING UNIT:	38185	38185	38185	38185			
MODE OF SVCS / SERVICE FUNCTION CODE	15/10-59	15/60-69	15/70-79	15/01-09			
SERVICE DESCRIPTION	MH Svcs	Medication Support	Crisis Intervention-OP	Case Mgt Brokerage			TOTAL
CBHS FUNDING TERM:	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11			
<b>FUNDING USES:</b>							
SALARIES & EMPLOYEE BENEFITS	81,074	2,348	3,436	4,581			91,439
OPERATING EXPENSE	13,003	377	551	735			14,665
CAPITAL OUTLAY (COST \$5,000 AND OVER)							
SUBTOTAL DIRECT COSTS	94,077	2,725	3,987	5,316			106,104
INDIRECT COST AMOUNT	11,291	327	478	638			12,735
TOTAL FUNDING USES:	105,368	3,052	4,465	5,954			118,839
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>							
FEDERAL REVENUES - click below							
SDMC Regular FFP (50%)	51,869	1,502	2,198	2,931			58,500
ARRA SDMC FFP (11.59)	12,023	348	509	679			13,560
STATE REVENUES - click below							
EPSDT State Match	34,659	1,004	1,469	1,958			38,090
GRANTS - click below CFDA #:							
Please enter other here if not in pull down							
PRIOR YEAR ROLL OVER - click below							
WORK ORDERS - click below							
Please enter other here if not in pull down							
3RD PARTY PAYOR REVENUES - click below							
Please enter other here if not in pull down							
REALIGNMENT FUNDS							
COUNTY GENERAL FUND	6,817	197	289	385			7,689
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	105,368	3,052	4,465	5,954			118,839
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES:</b>							
FEDERAL REVENUES - click below							
STATE REVENUES - click below							
GRANTS/PROJECTS - click below CFDA #:							
Please enter other here if not in pull down							
WORK ORDERS - click below							
Please enter other here if not in pull down							
3RD PARTY PAYOR REVENUES - click below							
Please enter other here if not in pull down							
COUNTY GENERAL FUND							
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES							
TOTAL DPH REVENUES	105,368	3,052	4,465	5,954			118,839
NON-DPH REVENUES - click below							
TOTAL NON-DPH REVENUES							
TOTAL REVENUES (DPH AND NON-DPH)	105,368	3,052	4,465	5,954			118,839
<b>CBHS UNITS OF SVCS/TIME AND UNIT COST:</b>							
UNITS OF SERVICE <sup>1</sup>							
UNITS OF TIME <sup>2</sup>	40,371	633	1,151	2,947			
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	2.61	4.82	3.88	2.02			
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	2.61	4.82	3.88	2.02			
PUBLISHED RATE (MEDICAL PROVIDERS ONLY)							
UNDULICATED CLIENTS	50	50	50	50			

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

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

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



FISCAL YEAR: Fy 10-11		APPENDIX #: B-3 Page 1 of 3				
LEGAL ENTITY NAME: Instituto Familiar de la Raza, Inc.		PROVIDER #: 3818				
PROVIDER NAME: Instituto Familiar de la Raza, Inc.		7/1/2010				
REPORTING UNIT NAME:	El - Childcare MH Consultation Initiative	El - Childcare MH Consultation Initiative	El - Childcare MH Consultation Initiative	El - Childcare MH Consultation Initiative	El - Childcare MH Consultation Initiative	
REPORTING UNIT:	38182	38182	38182	38182	38182	
MODE OF SVCS / SERVICE FUNCTION CODE	45/20-29	45/20-29	45/20-29	45/20-29	45/20-29	
SERVICE DESCRIPTION	Consultation (Group)/Cmnty Client Svcs	Consultation (Individuals)/Cmnty Client Svcs	Consultation (Class/Observation)/Cmnty Client Svcs	Training/Parent Support (Group)/Cmnty Client Svcs	Direct Services (Therapeutic Group)/Cmnty Client Svcs	TOTAL
CBHS FUNDING TERM:	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	
FUNDING USES:						
SALARIES & EMPLOYEE BENEFITS	121,032	112,867	44,774	25,584	3,780	308,048
OPERATING EXPENSE	14,186	13,229	5,248	3,000	443	36,106
CAPITAL OUTLAY (COST \$5,000 AND OVER)						
SUBTOTAL DIRECT COSTS	135,218	126,096	50,022	28,584	4,223	344,154
INDIRECT COST AMOUNT	16,227	15,132	6,003	3,431	507	41,299
TOTAL FUNDING USES:	151,445	141,228	56,025	32,025	4,730	385,453
CBHS MENTAL HEALTH FUNDING SOURCES:						
FEDERAL REVENUES - click below						
SDMC Regular FFP (50%)						
ARRA SDMC FFP (11.59)						
STATE REVENUES - click below						
MHSA						
EPSDT State Match						
GRANTS - click below CFDA #:						
PRIOR YEAR ROLL OVER - click below						
WORK ORDERS - click below						
Dept of Children, Youth & Families	10,674	9,954	3,949	2,267	333	27,168
HSA (Human Svcs Agency)	80,607	75,169	29,820	17,045	2,518	205,159
First Five (SF Children & Family Commission) VP local match	14,180	13,223	5,246	2,998	443	36,090
First Five (SF Children & Family Commission) Violence Prev	45,984	42,881	17,011	9,724	1,436	117,036
3RD PARTY PAYOR REVENUES - click below						
REALIGNMENT FUNDS						
COUNTY GENERAL FUND						
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	151,445	141,228	56,025	32,025	4,730	385,453
CBHS SUBSTANCE ABUSE FUNDING SOURCES:						
FEDERAL REVENUES - click below						
STATE REVENUES - click below						
GRANTS/PROJECTS - click below CFDA #:						
Please enter other here if not in pull down						
WORK ORDERS - click below						
3RD PARTY PAYOR REVENUES - click below						
COUNTY GENERAL FUND						
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES						
TOTAL DPH REVENUES	151,445	141,228	56,025	32,025	4,730	385,453
NON-DPH REVENUES - click below						
Others						
TOTAL NON-DPH REVENUES						
TOTAL REVENUES (DPH AND NON-DPH)	151,445	141,228	56,025	32,025	4,730	385,453
CBHS UNITS OF SVCS/TIME AND UNIT COST:						
UNITS OF SERVICE <sup>1</sup>						
UNITS OF TIME <sup>2</sup>	2,019	1,883	747	427	43	
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	75.00	75.00	75.00	75.00	110.00	
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	75.00	75.00	75.00	75.00	110.00	
PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY)						
UNDUPLICATED CLIENTS	752	752	752	752	752	

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

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

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



FISCAL YEAR:		Fy 10-11		APPENDIX #:		B-3 Page 2 of 3	
LEGAL ENTITY NAME:		Instituto Familiar de la Raza, Inc.		PROVIDER #:		3818	
PROVIDER NAME:		Instituto Familiar de la Raza, Inc.				7/1/2010	
REPORTING UNIT NAME:	REPORTING UNIT:	El - Childcare MH Consultation Initiative	El - Childcare MH Consultation Initiative	El - Childcare MH Consultation Initiative	El - Childcare MH Consultation Initiative	El - Childcare MH Consultation Initiative	
MODE OF SVCS / SERVICE FUNCTION CODE		45/20-29	45/20-29	45/20-29	15/10-59	15/70-79	
SERVICE DESCRIPTION		Direct Services (Individuals)/Community Client Svcs	Outreach & Linkage/Community Client Svcs	Evaluation Services/Community Client Svcs	EPSDT - MH Services	EPSDT - Crisis Intervention	TOTAL
CBHS FUNDING TERM:		7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	
<b>FUNDING USES:</b>							
SALARIES & EMPLOYEE BENEFITS		19,720	61,456	20,485	31,687	432	133,780
OPERATING EXPENSE		2,311	7,203	2,401	3,714	51	15,680
CAPITAL OUTLAY (COST \$5,000 AND OVER)							
SUBTOTAL DIRECT COSTS		22,031	68,660	22,887	35,401	482	149,460
INDIRECT COST AMOUNT		2,644	8,239	2,746	4,248	58	17,936
TOTAL FUNDING USES:		24,675	76,899	25,633	39,649	540	167,396
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>							
FEDERAL REVENUES - click below							
SDMC Regular FFP (50%)					18,963	258	19,221
ARRA SDMC FFP (11.59)					4,386	60	4,456
STATE REVENUES - click below							
EPSDT State Match					12,671	173	12,843
GRANTS - click below	CFDA #:						
Please enter other here if not in pull down:							
PRIOR YEAR ROLL OVER - click below							
<b>WORK ORDERS - click below</b>							
Dept of Children, Youth & Families		1,739	5,420	1,807			8,966
HSA (Human Svcs Agency)		13,133	40,930	13,643			67,707
First Five (SF Children & Family Commission)	VP local match	2,310	7,200	2,400			11,910
First Five (SF Children & Family Commission)	Violence Prev	7,492	23,349	7,783			38,624
<b>3RD PARTY PAYOR REVENUES - click below</b>							
<b>REALIGNMENT FUNDS</b>							
COUNTY GENERAL FUND					3,620	49	3,669
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		24,675	76,899	25,633	39,649	540	167,396
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES:</b>							
FEDERAL REVENUES - click below							
STATE REVENUES - click below							
GRANTS/PROJECTS - click below	CFDA #:						
Please enter other here if not in pull down:							
<b>WORK ORDERS - click below</b>							
<b>3RD PARTY PAYOR REVENUES - click below</b>							
<b>COUNTY GENERAL FUND</b>							
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES							
TOTAL DPH REVENUES		24,675	76,899	25,633	39,649	540	167,396
<b>NON-DPH REVENUES - click below</b>							
Others							
TOTAL NON-DPH REVENUES							
TOTAL REVENUES (DPH AND NON-DPH)		24,675	76,899	25,633	39,649	540	167,396
<b>CBHS UNITS OF SVCS/TIME AND UNIT COST:</b>							
UNITS OF SERVICE <sup>1</sup>							
UNITS OF TIME <sup>2</sup>		329	1,025	342	15,191	139	
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)		75.00	75.00	75.00	2.61	3.88	
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)		75.00	75.00	75.00	2.61	3.88	
PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY)							
UNDUPLICATED CLIENTS		752	752	752	8	8	

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

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

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

FISCAL YEAR:	Fy 10-11	APPENDIX #:	B-3 Page 3 of 3
LEGAL ENTITY NAME:	Instituto Familiar de la Raza, Inc.	PROVIDER #:	3818
PROVIDER NAME:	Instituto Familiar de la Raza, Inc.		7/1/2010
REPORTING UNIT NAME:	EI - Childcare MH Consultation Initiative		
REPORTING UNIT:	38182		
MODE OF SVCS / SERVICE FUNCTION CODE	15/01-09		
SERVICE DESCRIPTION	EPSDT - Case Mgt/Brokerage		TOTAL
CBHS FUNDING TERM:	7/1/10-6/30/11		
<b>FUNDING USES:</b>			
SALARIES & EMPLOYEE BENEFITS	767		442,595
OPERATING EXPENSE	90		51,876
CAPITAL OUTLAY (COST \$5,000 AND OVER)			
<b>SUBTOTAL DIRECT COSTS</b>	<b>857</b>		<b>494,471</b>
INDIRECT COST AMOUNT	103		59,338
<b>TOTAL FUNDING USES:</b>	<b>960</b>		<b>553,809</b>
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>			
FEDERAL REVENUES - click below			
SDMC Regular FFP (50%)	459		19,680
ARRA SDMC FFP (11.59)	106		4,562
STATE REVENUES - click below			
EPSDT State Match	307		13,150
GRANTS - click below	CFDA #:		
Please enter other here if not in pull down			
PRIOR YEAR ROLL OVER - click below			
WORK ORDERS - click below			
Dept of Children, Youth & Families			36,134
HSA (Human Svcs Agency)			272,866
First Five (SF Children & Family Commission)			48,000
First Five (SF Children & Family Commission)			155,660
3RD PARTY PAYOR REVENUES - click below			
REALIGNMENT FUNDS			
COUNTY GENERAL FUND	88		3,757
<b>TOTAL CBHS MENTAL HEALTH FUNDING SOURCES</b>	<b>960</b>		<b>553,809</b>
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES:</b>			
FEDERAL REVENUES - click below			
STATE REVENUES - click below			
GRANTS/PROJECTS - click below	CFDA #:		
Please enter other here if not in pull down			
WORK ORDERS - click below			
3RD PARTY PAYOR REVENUES - click below			
COUNTY GENERAL FUND			
<b>TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>			
<b>TOTAL DPH REVENUES</b>	<b>960</b>		<b>553,809</b>
NON-DPH REVENUES - click below			
Others			
TOTAL NON-DPH REVENUES			
<b>TOTAL REVENUES (DPH AND NON-DPH)</b>	<b>960</b>		<b>553,809</b>
<b>CBHS UNITS OF SVCS/TIME AND UNIT COST:</b>			
UNITS OF SERVICE <sup>1</sup>			
UNITS OF TIME <sup>2</sup>	475		
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	2.02		
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	2.02		
PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY)			
UNDUPLICATED CLIENTS	8		

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

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

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

FISCAL YEAR:		Fy 10-11		APPENDIX #:		B-4	
LEGAL ENTITY NAME:		Instituto Familiar de la Raza, Inc.		PROVIDER #:		3818	
PROVIDER NAME:		Instituto Familiar de la Raza, Inc.				7/1/2010	
REPORTING UNIT NAME:	DMS-CYF-MH Consult/SED Classroom	DMS-CYF-MH Consult/SED Classroom	DMS-CYF-MH Consult/SED Classroom				
REPORTING UNIT:	3818SD	3818SD	3818SD				
MODE OF SVCS / SERVICE FUNCTION CODE	15/01-09	15/10-59	45/10-19				
SERVICE DESCRIPTION	Case Mgt Brokerage	MH Svcs	Indirect Svcs/MH Promotion				TOTAL
CBHS FUNDING TERM:	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11				
<b>FUNDING USES:</b>							
SALARIES & EMPLOYEE BENEFITS	5,222	25,274	7,624				38,120
OPERATING EXPENSE	582	2,817	850				4,249
CAPITAL OUTLAY (COST \$5,000 AND OVER)							
SUBTOTAL DIRECT COSTS	5,804	28,091	8,473				42,368
INDIRECT COST AMOUNT	696	3,376	1,017				5,089
TOTAL FUNDING USES:	6,500	31,467	9,490				47,457
<b>CBHS MENTAL HEALTH FUNDING SOURCES:</b>							
FEDERAL REVENUES - click below							
SDMC Regular FFP (50%)	1,368	6,624	1,998				9,990
ARRA SDMC FFP (11.59)	317	1,536	463				2,316
STATE REVENUES - click below							
GRANTS - click below							
CFDA #:							
Please enter other here if not in pull down							
PRIOR YEAR ROLL OVER - click below							
WORK ORDERS - click below							
3RD PARTY PAYOR REVENUES - click below							
Please enter other here if not in pull down							
REALIGNMENT FUNDS	1,701	8,234	2,484				12,419
COUNTY GENERAL FUND	3,113	15,068	4,545				22,726
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	6,500	31,461	9,490				47,451
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES:</b>							
FEDERAL REVENUES - click below							
STATE REVENUES - click below							
GRANTS/PROJECTS - click below							
CFDA #:							
Please enter other here if not in pull down							
WORK ORDERS - click below							
Please enter other here if not in pull down							
3RD PARTY PAYOR REVENUES - click below							
Please enter other here if not in pull down							
COUNTY GENERAL FUND							
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES							
TOTAL DPH REVENUES	6,500	31,461	9,490				47,451
NON-DPH REVENUES - click below							
TOTAL NON-DPH REVENUES							
TOTAL REVENUES (DPH AND NON-DPH)	6,500	31,461	9,490				47,451
<b>CBHS UNITS OF SVCS/TIME AND UNIT COST:</b>							
UNITS OF SERVICE <sup>1</sup>							
UNITS OF TIME <sup>2</sup>	6,000	18,877	8,760				
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	1.08	1.67	1.08				
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	1.08	1.67	1.08				
PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY)							
UNDUPLICATED CLIENTS	8	8	8				

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

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

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

FISCAL YEAR:		Fy 10-11		APPENDIX #:		B-5 Page 1 of 3	
LEGAL ENTITY NAME:		Instituto Familiar de la Raza, Inc.		PROVIDER #:		3818	
PROVIDER NAME:		Instituto Familiar de la Raza, Inc.				7/1/2010	
REPORTING UNIT NAME:	MHSA PEI- School-Based Youth-Centered Wellness	MHSA PEI- School-Based Youth-Centered Wellness	MHSA PEI- School-Based Youth-Centered Wellness	MHSA PEI- School-Based Youth-Centered Wellness	MHSA PEI- School-Based Youth-Centered Wellness		
REPORTING UNIT:	3818-	3818-	3818-	3818-	3818-		
MODE OF SVCS / SERVICE FUNCTION CODE	45/20-29	45/20-29	45/20-29	45/20-29	45/20-29		
SERVICE DESCRIPTION	Consultation - Group/Cmnty Client Svcs	Consultation - Individual/Cmnty Client Svcs	Consultation - Class/Child Observation/Cm- mty Client Svcs	Training to Providers/Parent al /Cmnty Client Svcs	Therapeutic Group (Direct Service)/Cmnty Client Svcs	TOTAL	
CBHS FUNDING TERM:	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11		
<b>FUNDING USES:</b>							
SALARIES & EMPLOYEE BENEFITS	28,073	28,073	19,495	11,307	2,866	89,814	
OPERATING EXPENSE	3,685	3,685	2,559	1,484	376	11,789	
CAPITAL OUTLAY (COST \$5,000 AND OVER)							
SUBTOTAL DIRECT COSTS	31,758	31,758	22,054	12,791	3,242	101,603	
INDIRECT COST AMOUNT	4,242	4,242	2,946	1,709	433	13,573	
TOTAL FUNDING USES:	36,000	36,000	25,000	14,500	3,676	115,176	
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>							
FEDERAL REVENUES - click below							
STATE REVENUES - click below							
MHSA	32,400	32,400	22,500	13,050	3,308	103,658	
GRANTS - click below CFDA #:							
Please enter other here if not in pull down							
PRIOR YEAR ROLL OVER - click below							
WORK ORDERS - click below							
3RD PARTY PAYOR REVENUES - click below							
REALIGNMENT FUNDS							
COUNTY GENERAL FUND							
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	32,400	32,400	22,500	13,050	3,308	103,658	
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES:</b>							
FEDERAL REVENUES - click below							
STATE REVENUES - click below							
GRANTS/PROJECTS - click below CFDA #:							
Please enter other here if not in pull down							
WORK ORDERS - click below							
3RD PARTY PAYOR REVENUES - click below							
COUNTY GENERAL FUND							
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES							
TOTAL DPH REVENUES	32,400	32,400	22,500	13,050	3,308	103,658	
NON-DPH REVENUES - click below							
Others	3,600	3,600	2,500	1,450	368	11,518	
TOTAL NON-DPH REVENUES	3,600	3,600	2,500	1,450	368	11,518	
TOTAL REVENUES (DPH AND NON-DPH)	36,000	36,000	25,000	14,500	3,676	115,176	
<b>CBHS UNITS OF SVCS/TIME AND UNIT COST:</b>							
UNITS OF SERVICE <sup>1</sup>							
UNITS OF TIME <sup>2</sup>	360	360	250	145	20		
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	100.00	100.00	100.00	100.00	183.78		
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	90.00	90.00	90.00	90.00	165.38		
PUBLISHED RATE (MEDICAL PROVIDERS ONLY)							
UNDUPLICATED CLIENTS	470	470	470	470	470		

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

FISCAL YEAR:		Fy 10-11		APPENDIX #:		B-5 Page 2 of 3	
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<sup>1</sup>Units of Service: Days, Client Day, Full Day/Half-Day

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

LEGAL ENTITY NAME:	Instituto Familiar de la Raza, Inc.				PROVIDER #:	3818
PROVIDER NAME:	Instituto Familiar de la Raza, Inc.				7/1/2010	
REPORTING UNIT NAME:	MHSA PEI- School-Based Youth-Centered Wellness	MHSA PEI- School-Based Youth-Centered Wellness	MHSA PEI- School-Based Youth-Centered Wellness	MHSA PEI- School-Based Youth-Centered Wellness	MHSA PEI- School-Based Youth-Centered Wellness	
REPORTING UNIT:	3818-	3818-	3818-	3818-	3818-	
MODE OF SVCS / SERVICE FUNCTION CODE	45/20-29	45/20-29	45/20-29	45/20-29	45/20-29	
SERVICE DESCRIPTION	Parental Engagement/Cm mty Client Svcs	Outreach & Linkage/Cmmt Client Svcs	Evaluation Services/Cmmt Client Svcs	Support for Families-Consult Group/Cmmt Client Svcs	Support for Families - Consult Individual/Cmmt Client Svcs	TOTAL
CBHS FUNDING TERM:	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	
<b>FUNDING USES:</b>						
SALARIES & EMPLOYEE BENEFITS	3,762	17,546	5,849			27,156
OPERATING EXPENSE	494	2,303	768	6,615	4,355	14,534
CAPITAL OUTLAY (COST \$5,000 AND OVER)						
SUBTOTAL DIRECT COSTS	4,256	19,848	6,616	6,615	4,355	41,690
INDIRECT COST AMOUNT	569	2,652	884			4,104
TOTAL FUNDING USES:	4,824	22,500	7,500	6,615	4,355	45,794
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>						
FEDERAL REVENUES - click below						
STATE REVENUES - click below						
MHSA	4,342	20,250	6,750	6,615	4,355	42,312
GRANTS - click below CFDA #:						
PRIOR YEAR ROLL OVER - click below						
WORK ORDERS - click below						
Dept of Children, Youth & Families						
Please enter other here if not in pull down						
3RD PARTY PAYOR REVENUES - click below						
REALIGNMENT FUNDS						
COUNTY GENERAL FUND						
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	4,342	20,250	6,750	6,615	4,355	42,312
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES:</b>						
FEDERAL REVENUES - click below						
STATE REVENUES - click below						
GRANTS/PROJECTS - click below CFDA #:						
Please enter other here if not in pull down						
WORK ORDERS - click below						
3RD PARTY PAYOR REVENUES - click below						
COUNTY GENERAL FUND						
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES						
TOTAL DPH REVENUES	4,342	20,250	6,750	6,615	4,355	42,312
NON-DPH REVENUES - click below						
Others	482	2,250	750			3,482
TOTAL NON-DPH REVENUES	482	2,250	750			3,482
TOTAL REVENUES (DPH AND NON-DPH)	4,824	22,500	7,500	6,615	4,355	45,794
<b>CBHS UNITS OF SVCS/TIME AND UNIT COST:</b>						
UNITS OF SERVICE <sup>1</sup>						
UNITS OF TIME <sup>2</sup>	53	612	204	80	79	
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	91.88	36.76	36.76	82.69	55.13	
COST PER UNIT--DPH RATE (DPH REVENUES ONLY)	82.69	33.08	33.08	82.69	55.13	
PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY)						
UNDUPLICATED CLIENTS	470	470	470	25	25	

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

FISCAL YEAR: Fy 10-11

APPENDIX #:

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

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

LEGAL ENTITY NAME:	Instituto Familiar de la Raza, Inc.		PROVIDER #:	3818	
PROVIDER NAME:	Instituto Familiar de la Raza, Inc.		7/1/2010		
REPORTING UNIT NAME:	MHSA PEI- School-Based Youth-Centered Wellness	MHSA PEI- School-Based Youth-Centered Wellness			
REPORTING UNIT:	3818-	3818-			
MODE OF SVCS / SERVICE FUNCTION CODE	45/20-29	45/20-29			
SERVICE DESCRIPTION:	Support for Families - Consultation Class/Child Observation/Cm mty Client Svcs	Support for Families - Training to Providers/Parent al/Cmmty Client Svcs			TOTAL
CBHS FUNDING TERM:	7/1/10-6/30/11	7/1/10-6/30/11			
<b>FUNDING USES:</b>					
SALARIES & EMPLOYEE BENEFITS					116,970
OPERATING EXPENSE	3,865	165			30,353
CAPITAL OUTLAY (COST \$5,000 AND OVER)					
SUBTOTAL DIRECT COSTS	3,865	165			147,323
INDIRECT COST AMOUNT					17,677
TOTAL FUNDING USES:	3,865	165			165,000
<b>CBHS MENTAL HEALTH FUNDING SOURCES:</b>					
FEDERAL REVENUES - click below					
STATE REVENUES - click below					
MHSA	3,865	165			150,000
GRANTS - click below CFDA #:					
PRIOR YEAR ROLL OVER - click below					
WORK ORDERS - click below					
Dept of Children, Youth & Families					
Please enter other here if not in pull down					
3RD PARTY PAYOR REVENUES - click below					
REALIGNMENT FUNDS					
COUNTY GENERAL FUND					
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	3,865	165			150,000
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES:</b>					
FEDERAL REVENUES - click below					
STATE REVENUES - click below					
GRANTS/PROJECTS - click below CFDA #:					
WORK ORDERS - click below					
3RD PARTY PAYOR REVENUES - click below					
COUNTY GENERAL FUND					
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES					
TOTAL DPH REVENUES	3,865	165			150,000
NON-DPH REVENUES - click below					
Others					15,000
TOTAL NON-DPH REVENUES					15,000
TOTAL REVENUES (DPH AND NON-DPH)	3,865	165			165,000
<b>CBHS UNITS OF SVCS/TIME AND UNIT COST:</b>					
UNITS OF SERVICE <sup>1</sup>					
UNITS OF TIME <sup>2</sup>	78	2			
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	49.61	82.50			
COST PER UNIT--DPH RATE (DPH REVENUES ONLY)	49.61	82.50			
PUBLISHED RATE (MEDICAL PROVIDERS ONLY)					
UNDUPLICATED CLIENTS	25	25			

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

FISCAL YEAR: Fy 10-11

APPENDIX #:

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

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



LEGAL ENTITY NAME:		Instituto Familiar de la Raza, Inc.					PROVIDER #:	3818
PROVIDER NAME:		Instituto Familiar de la Raza, Inc.					7/1/2010	
REPORTING UNIT NAME:	MHSA PE-Early Childhood Mental Health Consultation	MHSA PE-Early Childhood Mental Health Consultation	MHSA PE-Early Childhood Mental Health Consultation	MHSA PE-Early Childhood Mental Health Consultation	MHSA PE-Early Childhood Mental Health Consultation	MHSA PE-Early Childhood Mental Health Consultation		
REPORTING UNIT:	3818-	3818-	3818-	3818-	3818-	3818-		
MODE OF SVCS / SERVICE FUNCTION CODE	45/20-29	45/20-29	45/20-29	45/20-29	45/20-29	45/20-29		
SERVICE DESCRIPTION	Consultation - Group/Cmmty Client Svcs	Consultation - Individual/Cmmty Client Svcs	Consultation - Class/Child Observation/Cm- mty Client Svcs	Training to Providers/Cmmty Client Svcs	Therapeutic Group (Direct Service)/Cmmty Client Svcs		TOTAL	
<b>CBHS FUNDING TERM:</b> 7/1/10-6/30/11 7/1/10-6/30/11 7/1/10-6/30/11 7/1/10-6/30/11 7/1/10-6/30/11 7/1/10-6/30/11								
<b>FUNDING USES:</b>								
SALARIES & EMPLOYEE BENEFITS	11,169	5,738	1,971	854	3,416		23,148	
OPERATING EXPENSE	1,382	710	244	106	423		2,865	
CAPITAL OUTLAY (COST \$5,000 AND OVER)								
SUBTOTAL DIRECT COSTS	12,551	6,448	2,215	960	3,839		26,013	
INDIRECT COST AMOUNT	1,506	774	266	115	461		3,122	
TOTAL FUNDING USES:	14,057	7,222	2,481	1,075	4,300		29,135	
<b>CBHS MENTAL HEALTH FUNDING SOURCES:</b>								
FEDERAL REVENUES - click below								
STATE REVENUES - click below								
MHSA	14,057	7,222	2,481	1,075	4,300		29,135	
GRANTS - click below CFDA #:								
PRIOR YEAR ROLL OVER - click below								
WORK ORDERS - click below								
3RD PARTY PAYOR REVENUES - click below								
REALIGNMENT FUNDS								
COUNTY GENERAL FUND								
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	14,057	7,222	2,481	1,075	4,300		29,135	
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES:</b>								
FEDERAL REVENUES - click below								
STATE REVENUES - click below								
GRANTS/PROJECTS - click below CFDA #:								
Please enter other here if not in pull down								
WORK ORDERS - click below								
Please enter other here if not in pull down								
3RD PARTY PAYOR REVENUES - click below								
COUNTY GENERAL FUND								
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES								
TOTAL DPH REVENUES	14,057	7,222	2,481	1,075	4,300		29,135	
NON-DPH REVENUES - click below								
Others								
TOTAL NON-DPH REVENUES								
TOTAL REVENUES (DPH AND NON-DPH)	14,057	7,222	2,481	1,075	4,300		29,135	
<b>CBHS UNITS OF SVCS/TIME AND UNIT COST:</b>								
UNITS OF SERVICE <sup>1</sup>								
UNITS OF TIME <sup>2</sup>	170	131	50	13	26			
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	82.69	55.13	49.61	82.69	165.38			
COST PER UNIT--DPH RATE (DPH REVENUES ONLY)	82.69	55.13	49.61	82.69	165.38			
PUBLISHED RATE (MEDICAL PROVIDERS ONLY)								
UNDUPLICATED CLIENTS:	32	32	32	32	32			

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

FISCAL YEAR:	Fy 10-11	APPENDIX #:	B-6 Page 2 of 2
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<sup>1</sup>Units of Service: Days, Client Day, Full Day/Half-Day

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

LEGAL ENTITY NAME:	Instituto Familiar de la Raza, Inc.			PROVIDER #:	3818	
PROVIDER NAME:	Instituto Familiar de la Raza, Inc.			7/1/2010		
REPORTING UNIT NAME::	MHSA PEI-Early Childhood Mental Health Consultation	MHSA PEI-Early Childhood Mental Health Consultation	MHSA PEI-Early Childhood Mental Health Consultation			
REPORTING UNIT:	3818-	3818-	3818-			
MODE OF SVCS / SERVICE FUNCTION CODE	45/20-29	45/20-29	45/20-29			
SERVICE DESCRIPTION	Parental Engagement/Cm mty Client Svcs	Outreach & Linkage/Cmmty Client Svcs	Evaluation Services/Cmmty Client Svcs			TOTAL
CBHS FUNDING TERM:	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11			
FUNDING USES:						
SALARIES & EMPLOYEE BENEFITS	3,548	5,006	1,669			33,370
OPERATING EXPENSE	439	620	207			4,130
CAPITAL OUTLAY (COST \$5,000 AND OVER)						
SUBTOTAL DIRECT COSTS	3,987	5,625	1,875			37,500
INDIRECT COST AMOUNT	478	675	225			4,500
TOTAL FUNDING USES:	4,465	6,300	2,100			42,000
CBHS MENTAL HEALTH FUNDING SOURCES						
FEDERAL REVENUES - click below						
STATE REVENUES - click below						
MHSA	4,465	6,300	2,100			42,000
GRANTS - click below						
CFDA #:						
PRIOR YEAR ROLL OVER - click below						
WORK ORDERS - click below						
Dept of Children, Youth & Families						
Please enter other here if not in pull down						
3RD PARTY PAYOR REVENUES - click below						
REALIGNMENT FUNDS						
COUNTY GENERAL FUND						
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	4,465	6,300	2,100			42,000
CBHS SUBSTANCE ABUSE FUNDING SOURCES:						
FEDERAL REVENUES - click below						
STATE REVENUES - click below						
GRANTS/PROJECTS - click below						
CFDA #:						
WORK ORDERS - click below						
3RD PARTY PAYOR REVENUES - click below						
Please enter other here if not in pull down						
COUNTY GENERAL FUND						
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES						
TOTAL DPH REVENUES	4,465	6,300	2,100			42,000
NON-DPH REVENUES - click below						
Others						
TOTAL NON-DPH REVENUES						
TOTAL REVENUES (DPH AND NON-DPH)	4,465	6,300	2,100			42,000
CBHS UNITS OF SVCS/TIME AND UNIT COST:						
UNITS OF SERVICE <sup>1</sup>						
UNITS OF TIME <sup>2</sup>	54	190	63			
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	82.69	33.08	33.08			
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	82.69	33.08	33.08			
PUBLISHED RATE (MEDICAL PROVIDERS ONLY)						
UNDUPLICATED CLIENTS	32	32	32			

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

FISCAL YEAR:	Fy 10-11	APPENDIX #:	B-7
LEGAL ENTITY NAME:	Instituto Familiar de la Raza, Inc.	PROVIDER #:	3818

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

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



PROVIDER NAME:		Instituto Familiar de la Raza, Inc.				7/1/2010
REPORTING UNIT NAME:	MHSA - Trauma Recovery & Healing Services					
REPORTING UNIT:	3818-					
MODE OF SVCS / SERVICE FUNCTION CODE	60/78					
SERVICE DESCRIPTION	Other Non-Medical Client Support Exp					TOTAL
CBHS FUNDING TERM:						
FUNDING USES:						
SALARIES & EMPLOYEE BENEFITS	97,007					97,007
OPERATING EXPENSE	13,350					13,350
CAPITAL OUTLAY (COST \$5,000 AND OVER)						
SUBTOTAL DIRECT COSTS	110,357					110,357
INDIRECT COST AMOUNT	13,243					13,243
TOTAL FUNDING USES:	123,600					123,600
CBHS MENTAL HEALTH FUNDING SOURCES						
FEDERAL REVENUES - click below						
STATE REVENUES - click below						
MHSA	123,600					123,600
GRANTS - click below CFDA #:						
PRIOR YEAR ROLL OVER - click below						
WORK ORDERS - click below						
3RD PARTY PAYOR REVENUES - click below						
Please enter other here if not in pull down						
REALIGNMENT FUNDS						
COUNTY GENERAL FUND						
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	123,600					123,600
CBHS SUBSTANCE ABUSE FUNDING SOURCES						
FEDERAL REVENUES - click below						
STATE REVENUES - click below						
GRANTS/PROJECTS - click below CFDA #:						
WORK ORDERS - click below						
Please enter other here if not in pull down						
3RD PARTY PAYOR REVENUES - click below						
Please enter other here if not in pull down						
COUNTY GENERAL FUND						
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES						
TOTAL DPH REVENUES	123,600					123,600
NON-DPH REVENUES - click below						
TOTAL NON-DPH REVENUES						
TOTAL REVENUES (DPH AND NON-DPH)	123,600					123,600
CBHS UNITS OF SVCS/TIME AND UNIT COST:						
UNITS OF SERVICE <sup>1</sup>						
UNITS OF TIME <sup>2</sup> 1						
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES) CR						
COST PER UNIT-DPH RATE (DPH REVENUES ONLY) CR						
PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY)						
UNDUPLICATED CLIENTS 112						

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

FISCAL YEAR:	Fy 10-11	APPENDIX #:	B-8
LEGAL ENTITY NAME:	Instituto Familiar de la Raza, Inc.	PROVIDER #:	3818
PROVIDER NAME:	Instituto Familiar de la Raza, Inc.		7/1/2010

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

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

REPORTING UNIT NAME:	La Cultura Cura IHBS/EPST Services	La Cultura Cura IHBS/EPST Services				
REPORTING UNIT:	381810	381810				
MODE OF SVCS / SERVICE FUNCTION CODE	15/01-09	15/10-59				
SERVICE DESCRIPTION:	Case Mgt Brokerage	MH Svcs				TOTAL
CBHS FUNDING TERM:						
FUNDING USES:						
SALARIES & EMPLOYEE BENEFITS	118,170	78,780				196,950
OPERATING EXPENSE	15,759	10,506				26,265
CAPITAL OUTLAY (COST \$5,000 AND OVER)						
SUBTOTAL DIRECT COSTS	133,929	89,286				223,215
INDIRECT COST AMOUNT	16,071	10,714				26,785
TOTAL FUNDING USES:	150,000	100,000				250,000
CBHS MENTAL HEALTH FUNDING SOURCES						
FEDERAL REVENUES - click below						
SDMC Regular FFP (50%)	39,378	26,252				65,630
ARRA SDMC FFP (11.59)	9,127	6,085				15,212
STATE REVENUES - click below						
EPST State Match	26,495	17,663				44,158
GRANTS - click below	CFDA #:					
DCYF Local Match	3,750	2,500				6,250
DCYF Violence Prevention	71,250	47,500				118,750
WORK ORDERS - click below						
Dept of Children, Youth & Families						
Please enter other here if not in pull down						
3RD PARTY PAYOR REVENUES - click below						
REALIGNMENT FUNDS						
COUNTY GENERAL FUND						
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	150,000	100,000				250,000
CBHS SUBSTANCE ABUSE FUNDING SOURCES:						
FEDERAL REVENUES - click below						
STATE REVENUES - click below						
GRANTS/PROJECTS - click below	CFDA #:					
Please enter other here if not in pull down						
WORK ORDERS - click below						
3RD PARTY PAYOR REVENUES - click below						
COUNTY GENERAL FUND						
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES						
TOTAL DPH REVENUES	150,000	100,000				250,000
NON-DPH REVENUES - click below						
TOTAL NON-DPH REVENUES						
TOTAL REVENUES (DPH AND NON-DPH)	150,000	100,000				250,000
CBHS UNITS OF SVCS/TIME AND UNIT COST:						
UNITS OF SERVICE <sup>1</sup>						
UNITS OF TIME <sup>2</sup>	74,257	38,314				
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	2.02	2.61				
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	2.02	2.61				
PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY)						
UNDUPLICATED CLIENTS	24	24				

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

FISCAL YEAR:	Fy 10-11	APPENDIX #:	B-9
LEGAL ENTITY NAME:	Instituto Familiar de la Raza, Inc.	PROVIDER #:	3818
PROVIDER NAME:	Instituto Familiar de la Raza, Inc.		7/1/2010

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

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

REPORTING UNIT NAME:	Indigena Health & Wellness COLL					
REPORTING UNIT:	3818-					
MODE OF SVCS / SERVICE FUNCTION CODE:	45/20-29					
SERVICE DESCRIPTION:	Crnnty Client Svcs					TOTAL
CBHS FUNDING TERM:						
FUNDING USES:						
SALARIES & EMPLOYEE BENEFITS	152,244					152,244
OPERATING EXPENSE	102,158					102,158
CAPITAL OUTLAY (COST \$5,000 AND OVER)						
SUBTOTAL DIRECT COSTS	254,402					254,402
INDIRECT COST AMOUNT	20,598					20,598
TOTAL FUNDING USES:	275,000					275,000
CBHS MENTAL HEALTH FUNDING SOURCES:						
FEDERAL REVENUES - click below						
STATE REVENUES - click below						
MHSA	250,000					250,000
GRANTS - click below	CFDA #:					
Please enter other here if not in pull down						
PRIOR YEAR ROLL OVER - click below						
WORK ORDERS - click below						
3RD PARTY PAYOR REVENUES - click below						
REALIGNMENT FUNDS						
COUNTY GENERAL FUND						
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	250,000					250,000
CBHS SUBSTANCE ABUSE FUNDING SOURCES:						
FEDERAL REVENUES - click below						
STATE REVENUES - click below						
GRANTS/PROJECTS - click below	CFDA #:					
Please enter other here if not in pull down						
WORK ORDERS - click below						
Please enter other here if not in pull down						
3RD PARTY PAYOR REVENUES - click below						
COUNTY GENERAL FUND						
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES						
TOTAL DPH REVENUES	250,000					250,000
NON-DPH REVENUES - click below						
Others	25,000					25,000
TOTAL NON-DPH REVENUES	25,000					25,000
TOTAL REVENUES (DPH AND NON-DPH)	275,000					275,000
CBHS UNITS OF SVCS/TIME AND UNIT COST:						
UNITS OF SERVICE <sup>1</sup>						
UNITS OF TIME <sup>2</sup>	2,632					
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	CR					
COST PER UNIT--DPH RATE (DPH REVENUES ONLY)	CR					
PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY)						
UNDUPLICATED CLIENTS	886					

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

FISCAL YEAR:	Fy 10-11	APPENDIX #:	B-10
LEGAL ENTITY NAME:	Instituto Familiar de la Raza, Inc.	PROVIDER #:	3818
PROVIDER NAME:	Instituto Familiar de la Raza, Inc.		7/1/2010
REPORTING UNIT NAME:	Mentoring		

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

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

REPORTING UNIT:	3818-					
MODE OF SVCS / SERVICE FUNCTION CODE	60/78					
SERVICE DESCRIPTION	Other Non-MediCal Client Support Exp					TOTAL
<b>CBHS FUNDING TERM:</b>						
<b>FUNDING USES:</b>						
SALARIES & EMPLOYEE BENEFITS	39,454					39,454
OPERATING EXPENSE	30,675					30,675
CAPITAL OUTLAY (COST \$5,000 AND OVER)						
<b>SUBTOTAL DIRECT COSTS</b>	<b>70,129</b>					<b>70,129</b>
INDIRECT COST AMOUNT	8,414					8,414
<b>TOTAL FUNDING USES:</b>	<b>78,543</b>					<b>78,543</b>
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>						
FEDERAL REVENUES - click below						
STATE REVENUES - click below						
MHSA	8,498					8,498
GRANTS - click below	CFDA #:					
Family Mosaic Capitated MediCal	45,130					45,130
PRIOR YEAR ROLL OVER - click below						
WORK ORDERS - click below						
Please enter other here if not in pull down						
3RD PARTY PAYOR REVENUES - click below						
Please enter other here if not in pull down						
REALIGNMENT FUNDS						
COUNTY GENERAL FUND	24,915					24,915
<b>TOTAL CBHS MENTAL HEALTH FUNDING SOURCES</b>	<b>78,543</b>					<b>78,543</b>
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>						
FEDERAL REVENUES - click below						
STATE REVENUES - click below						
GRANTS/PROJECTS - click below	CFDA #:					
Please enter other here if not in pull down						
WORK ORDERS - click below						
Please enter other here if not in pull down						
3RD PARTY PAYOR REVENUES - click below						
COUNTY GENERAL FUND						
<b>TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>						
<b>TOTAL DPH REVENUES</b>	<b>78,543</b>					<b>78,543</b>
NON-DPH REVENUES - click below						
TOTAL NON-DPH REVENUES						
<b>TOTAL REVENUES (DPH AND NON-DPH)</b>	<b>78,543</b>					<b>78,543</b>
<b>CBHS UNITS OF SVCS/TIME AND UNIT COST:</b>						
UNITS OF SERVICE <sup>1</sup>						
UNITS OF TIME <sup>2</sup>	1					
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	CR					
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	CR					
PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY)						
UNDUPLICATED CLIENTS	13					

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

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

Provider Number (same as line 7 on DPH 1): 3818

Provider Name (same as line 8 on DPH 1): Child Outpatient

Document Date: 07/01/10

EMPLOYEE FRINGE BENEFITS

**\$106,965**

1000

DPH 3: Salaries & Benefits Detail

APPENDIX #: B-1  
Document Date: 07/07/10

Provider Number (same as line 7 on DPH 1): 3818  
Provider Name (same as line 8 on DPH 1): Adult Outpatient

POSITION TITLE	TOTAL			GENERAL FUND & (Agency-generated) OTHER REVENUE			Mental Health			Dual Diagnosis			Substance Abuse Only			BH/PC Integration (Cost Reimbursement)		
	Proposed Transaction			Proposed Transaction (Decrease)			Proposed Transaction (Decrease)			Proposed Transaction (Decrease)			Proposed Transaction (Decrease)			Proposed Transaction (Decrease)		
	FTE	SALARIES	Term: 7/1/10 - 6/30/11	FTE	SALARIES	Term: 7/1/10 - 6/30/11	FTE	SALARIES	Term: 7/1/10 - 6/30/11	FTE	SALARIES	Term: 7/1/10 - 6/30/11	FTE	SALARIES	Term: 7/1/10 - 6/30/11	FTE	SALARIES	Term: 7/1/10 - 6/30/11
Program Director	0.30	\$ 27,114.00					0.115	10,925	0.041	3,902	0.008	780	0.13	11,507				
Program Manager	0.91	\$ 58,286.00					0.570	36,250	0.204	12,947	0.041	2,589	0.10	6,500				
Psychiatrist	0.28	\$ 45,000.00					0.193	31,500	0.069	11,250	0.014	2,250						
Psychologist Supervisor	0.19	\$ 15,229.00					0.130	10,660	0.047	3,807	0.009	761						
Staff Development/Trainer	0.03	\$ 3,300.00					0.023	2,310	0.008	825	0.002	165						
Behavioral Health Specialists	2.47	\$ 117,360.00					1.729	82,152	0.618	29,340	0.123	5,868						
Mental Health Specialist	0.50	\$ 24,908.00					0.700	31,442	0.250	11,229	0.050	2,246						
Eligibility Worker	1.00	\$ 44,917.00					0.841	33,642	0.300	12,015	0.060	2,403						
Billing and Support Assistants	1.60	\$ 62,391.00														0.50	24,908	
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TOTALS	7.28	\$398,505					4.30	\$238,881	1.54	\$85,315	0.31	\$17,063	1.13	\$57,246				

26.9% \$107,164 27% \$63,415 27% \$22,648 27% \$4,530 29% \$16,571  
EMPLOYEE FRINGE BENEFITS

\$505,669 \$302,297 \$107,963 \$21,592 \$73,817  
TOTAL SALARIES & BENEFITS

APPENDIX #: B-2a  
Document Date: 07/01/10

3818

TOTALS

27.5%	\$19,723	28%
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	\$91,439
	\$91,439

Provider Number (same as line 7 on DPH 1): 3816

Provider Name (same as line 8 on DPH 1): El - Childcare MH Consultation Initiative

El - Childcare MH Consultation Initiative

Document Date: 07/01/10

POSITION TITLE	TOTAL		GENERAL FUND & (Agency-generated) OTHER REVENUE		WORK ORDER #1: HSA WO _____ (dept. name)		WORK ORDER #2: DCYF WO _____ (dept. name)		WORK ORDER #3: SFCFC/SRI WO _____ (dept. name)		WORK ORDER #4: SFCFC/PFA WO _____ (dept. name)	
	Proposed Transaction  Term: 7/1/10 - 6/30/11	FTE	Proposed Transaction (Debt)	Incr	Proposed Transaction (Debt)	Incr	Proposed Transaction	FTE	Proposed Transaction (Debt)	Incr	Proposed Transaction	FTE
	SALARIES		SALARIES		SALARIES		SALARIES		SALARIES		SALARIES	
Program Director	0.14	\$ 11,594.00	0.011	861	0.070	5,712	0.009	755	0.012	1,005	0.040	3,259
Program Manager	0.70	\$ 48,479.00	0.052	3,602	0.343	23,886	0.045	3,163	0.060	4,202	0.196	13,626
Mental Health Specialists	5.55	\$ 275,197.00	0.412	20,448	2.735	135,592	0.362	17,956	0.481	23,852	1.560	77,350
Billing and Support Assistant	0.30	\$ 13,842.00	0.022	1,028	0.148	6,820	0.020	903	0.026	1,200	0.084	3,891
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26.8%	\$93,483
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6,946

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8.102

26,275

\$442,595

**\$32,886**

**\$218,070**

**\$28,878**

**\$38,361**

\$124,401



## Document Date: 07/01/10

Provider Name (same as line 8 on DPH 1):	DMS-CYF MH Consult/SED Classroom

EMPLOYEE FRINGE BENEFITS	27.9%	\$8,319			
	28%	\$8,319			

TOTAL SALARIES & BENEFITS	\$38,120		
	\$38,120		

3010

# MHSA PEI-School-Based Youth-Centered Wellness

Document Date: 07/01/10

	TOTAL		GENERAL FUND & (Agency-generated) OTHER REVENUE		GRANT #1: MSHA (grant title)		IFR Matching Funds DCyf Funds		WORK ORDER #1: (dept name)		WORK ORDER #2: (dept name)	
	Proposed Transaction Term: 7/1/10 - 6/30/11	FTE SALARIES	Proposed Transaction (Decr) Term: 7/1/10 - 6/30/11	Incr	Proposed Transaction (Decr) Term: 7/1/10 - 6/30/11	Incr	Proposed Transaction Term: 7/1/10 - 6/30/11	FTE SALARIES	Proposed Transaction (Decr) Term:	Incr	Proposed Transaction Term:	FTE SALARIES
POSITION TITLE												
Program Director	0.07 \$ 5,647.00				0.03 2,319	0.04 3,328						
Program Manager	0.12 \$ 8,454.00				0.07 4,973	0.05 3,481						
MH Specialist	0.49 \$ 25,743.00				0.49 25,743							
MH Specialist	1.00 \$ 47,027.00				1.00 47,027							
Billing and Support Assistant	0.13 \$ 5,009.00				0.06 2,178	0.07 2,831						
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TOTALS	1.80 \$91,880				1.64 \$82,240	0.16 \$9,640						

\$2,644

\$12,284

## Document Date: 07/01/10

Provider Name (same as line 8 on DPH 1): MHSA PEI-Early Childhood Mental Health Consultation

TOTAL SALARIES & BENEFITS	
\$33,370	
\$33,370	

## APPENDIX B.7

Provider Number (same as line 7 on DPH 1):	3818
Provider Name (same as line 8 on DPH 1):	MHSA - Trauma Recovery & Healing Services (Cost Reimburse.)

POSITION TITLE	TOTAL		GENERAL FUND & (Agency-generated) OTHER REVENUE		GRANT #: MHSA - Trauma Recovery (Cost Reimbursement)		GRANT #2: (grant title)		WORK ORDER #1: (dept. name)		WORK ORDER #2: (dept. name)	
	Proposed Transaction Term: 7/1/10 - 6/30/11	FTE SALARIES	Proposed Transaction (Decr) Term: _____	Incr	Proposed Transaction (Decr) Term: 7/1/10 - 6/30/11	Incr	Proposed Transaction Term: _____	SALARIES	Proposed Transaction (Decr) Term: _____	SALARIES	Proposed Transaction Term: _____	SALARIES
Program Director	0.06	\$ 5,429.00			0.06	5,429						
Lic. Clinical BH Supervisor	0.14	\$ 12,375.00			0.14	12,375						
BH Specialist/Clinical CM	1.00	\$ 58,000.00			1.00	58,000						
Billing and Support Assistant	0.09	\$ 2,853.00			0.09	2,853						
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TOTALS	1.29	\$78,657			1.29	\$78,657						

1920

1000

Provider Name (same as line 8 on DPH 1): La Cultura Cura HBS/EPSTD Services

TOTAL SALARIES & BENEFITS

## APPENDIX #: B-9

3818

Document Date: 07/01/10

**Indigena Health & Wellness COLL (Cost Reimburs.)**

POSITION TITLE	TOTAL		GENERAL FUND & (Agency-generated) OTHER REVENUE		GRANT #1: MHSA (grant title)		IFR Matching Funds Fed/CDC Aids & SF Arts Commission		WORK ORDER #1: (dept. name)		WORK ORDER #2: (dept. name)	
	Proposed Transaction Term: 7/1/10 - 6/30/11	FTE SALARIES	Proposed Transaction (Dept) Term: 7/1/10 - 6/30/11	Incr	Proposed Transaction (Dept) Term: 7/1/10 - 6/30/11	Incr	Proposed Transaction Term: 7/1/10 - 6/30/11	FTE SALARIES	Proposed Transaction Term: 7/1/10 - 6/30/11	FTE SALARIES	Proposed Transaction Term: 7/1/10 - 6/30/11	FTE SALARIES
Program Director	0.18 \$	16,558			0.06	5,429		0.12	11,129			
Health & Wellness Coordinator	0.96 \$	52,643			0.96	52,643						
Sr. Behavioral Health Specialist	0.14 \$	8,800			0.14	8,800						
Health Educator/EI Specialist	0.85 \$	33,943			0.85	33,943						
Billing and Support Assistant	0.27 \$	9,046			0.14	4,761		0.13	4,285			
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**Abstract**

### DPH3: Salaries & Benefits Detail

Provider Number (same as line 7 on DPH 1):	3818
Provider Name (same as line 8 on DPH 1):	Mentioning (Cost Reimbursement)

[illegible]

EMPLOYEE FRINGE BENEFITS	2009	2008	2007	2006	2005
	\$8,870	\$2,814	\$960	\$5,097	
	29.0%	29%	29%	29%	

TOTAL SALARIES & BENEFITS	
\$39,454	\$12,515
\$4,269	\$22,670

APPENDIX #: B-2a  
Document Date: 07/01/10

3818  
Children EPSDT[illegible]



APPENDIX #: B-3  
Document Date: 07/01/10

<b>Provider Name (same as line 8 on DPH 1):</b>	<b>EI - Childcare MH Consultation Initiative</b>

[illegible]

TOTAL OPERATING EXPENSE

APPENDIX #: B-4  
Document Date: 07/01/10

07/01/10

TOTAL OPERATING EXPENSE

APPENDIX #: B-5  
Document Date: 07/01/10

Provider Number (same as line 7 on DPH 1):

Provider Name (same as line 8 on DPH 1):

TOTAL OPERATING EXPENSE

APPENDIX #: B-6

07/01/10

MHSA PEI-Early Childhood Mental Health Consultation

# MHSA PEI-Early Childhood Mental Health Consultation

[illegible]

Document Date:

3818

Provider Number (same as line 7 on DPH 1):

Provider Name (same as line 8 on DPH 1):

**MHSA - Trauma Recovery & Healing Services (Cost Reimburse.)**

TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE		GRANT #: MHSA - Trauma Recovery		GRANT #2: (grant title)		WORK ORDER #1: (dept. name)		WORK ORDER #2: (dept. name)	
	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION
	Term: 7/1/10 - 6/30/11	Term: 7/1/10 - 6/30/11	Term: 7/1/10 - 6/30/11	Term: 7/1/10 - 6/30/11	Term: 7/1/10 - 6/30/11	Term: 7/1/10 - 6/30/11	Term: 7/1/10 - 6/30/11	Term: 7/1/10 - 6/30/11	Term: 7/1/10 - 6/30/11	Term: 7/1/10 - 6/30/11
\$ 2,688.00			2,688							
\$ 1,099.00			1,099							
\$ 753.00			753							
\$ 1,519.00			1,519							
\$ 117.00			117							
\$ 701.00			701							
\$ 1,000.00			1,000							
\$ 720.00			720							
\$ 535.00			535							
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\$ 400.00			400							
\$ 245.00			245							
\$ 304.00			304							
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\$ 429.00			429							
\$ 540.00			540							
\$ 2,300.00			2,300							
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Expenditure Category

Rental of Property

Utilities(Elec. Water, Gas, Phone, Scavenger)

Office Supplies, Postage

Building Maintenance Supplies and Repair

Printing and Reproduction

Insurance

Staff Training

Staff Travel-(Local & Out of Town)

Rental of Equipment

CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)

Consultant for 2 events

Audit

Payroll Service

OTHER

Edu. Materials

Cell Phone Usage

Client Related Expenses

**\$13,350**

**\$13,350**

**TOTAL OPERATING EXPENSE**

APPENDIX #: B-8  
Document Date: 07/01/10

07/01/10

TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	GRANT #1: _____ DCYF Work Order _____ (grant title)	GRANT #2: _____ local match _____ (grant title)	WORK ORDER #1: _____ (dept. name)	WORK ORDER #2: _____ (dept. name)
PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION
Term: 7/1/10 - 6/30/11	Term: 7/1/10 - 6/30/11	Term: 7/1/10 - 6/30/11	Term: 7/1/10 - 6/30/11	Term: 7/1/10 - 6/30/11	Term: _____
Rental of Property	\$ 7,101.00	3,551	3,373	178	
Utilities/Elec. Water, Gas, Phone, Scavenger)	\$ 3,034.00	1,517	1,441	76	
Office Supplies, Postage	\$ 2,079.00	1,040	988	52	
Building Maintenance Supplies and Repair	\$ 4,196.00	2,098	1,993	105	
Printing and Reproduction	\$ 323.00	162	153	8	
Insurance	\$ 1,937.00	969	920	48	
Staff Training	\$ -				
Staff Travel-(Local & Out of Town)	\$ 1,800.00	900	855	45	
Rental of Equipment	\$ 1,478.00	739	702	37	
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)	\$ -				
Audit	\$ 678.00	339	322	17	
Payroll Service	\$ 839.00	420	399	21	
	\$ -				
	\$ -				
OTHER	\$ -				
Cell Phone for outreach	\$ 1,200.00	600	570	30	
Client Related Expenses	\$ 1,600.00	800	760	40	
	\$ -				
	\$ -				
	\$ -				
TOTAL OPERATING EXPENSE	\$26,265	\$13,133	\$12,476	\$657	

APPENDIX #: B-9  
Document Date: 07/01/10

Provider Number (same as line 7 on DPH 1): 3818

Provider Name (same as line 8 on DPH 1):

[illegible]

# DPH 4: Operating Expenses Detail

APPENDIX #: B-10

Document Date: 07/01/10

Provider Number (same as line 7 on DPH 1): 3818

Provider Name (same as line 8 on DPH 1): Mentoring (Cost Reimbursement)

Expenditure Category	PROPOSED TRANSACTION	PROPOSED TRANSACTION	GRANT #1: MHSA (grant title)	GRANT #2: Capitalized Medical title (grant title)	WORK ORDER #1: (dept. name)	WORK ORDER #2: (dept. name)
Rental of Property	Term: 7/1/10 - 9/30/10	Term: 7/1/10 - 9/30/10	Term: 7/1/10 - 9/30/10	Term: 7/1/10 - 9/30/10	Term: 7/1/10 - 9/30/10	Term: 7/1/10 - 9/30/10
Utilities(Elec. Water, Gas, Phone, Scavenger)	1,510	479	163	868		
Office Supplies, Postage	553	175	60	318		
Building Maintenance Supplies and Repair	379	120	41	218		
Printing and Reproduction	765	243	83	440		
Insurance	118	37	13	68		
Staff Training	471	149	51	271		
Staff Travel(Local & Out of Town)	-					
Rental of Equipment	285	90	31	164		
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)	-					
Audit	247	78	27	142		
Payroll Service	204	65	22	117		
OTHER	-					
Mentor Wages and Taxes	22,043	6,992	2,385	12,666		
End of Year Program Celebration	1,000	317	108	575		
Mentoring Client Related Expenses	3,100	983	335	1,781		
TOTAL OPERATING EXPENSE	\$30,675	\$9,731	\$3,319	\$17,626		



### DPH 6: Contract-Wide Indirect Detail

CONTRACTOR NAME: Instituto Familiar de la Raza, Inc.

DATE: 07/01/2010

FISCAL YEAR:

Fy 10-11

LEGAL ENTITY #: 3818

## 1. SALARIES & BENEFITS

[illegible]

## 2. OPERATING COSTS

[illegible]

**TOTAL OPERATING COSTS**

\$

TOTAL INDIRECT COSTS

\$

247,726

# **CBHS BUDGET JUSTIFICATION**

<b>Provider Number (same as line 7 on DPH 1):</b>	3818	<b>B-1</b>
<b>Provider Name (same as line 8 on DPH 1):</b>	Adult Outpatient	
<b>DATE: 07/01/2010</b>	<b>Fiscal Year: 10-11</b>	

Salaries and Benefits	Salaries	FTE
Program Director: responsible for oversight of the development of programs, contract negotiations, evaluation and quality assurance of the project. Master Degree level in Psychology or Social Work; 2 years experiences in program administration.		
0.285411 FTE x \$95,000 for 12 months =	\$27,114	0.3000
Program Manager: will ensures completion of all contract compliance requirements, responsible for implementation of Continuous Quality Implementation (CQI) systems and standards. Master Degree level in Counseling Psychology of Social Work must be licensed; 2 years experience in program administration.		
0.9107 FTE x \$64,000 for 12 months =	\$58,286	0.9100
Psychiatrist: prescribes, and monitors psychiatric medications or biological. Licensed MD. With specialty in Psychiatry.		
0.28 FTE at \$90/hr x 10 hours/week x 50 weeks =	\$45,000	0.2800
Psychologist Supervisor: provides clinical supervision to PhD interns and staff as assigned. PhD in Clinical Psychology; must be licensed with experience in clinical supervision.		
0.187781 FTE x \$81,100 for 12 months =	\$15,229	0.1900
Staff development /trainer responsible for preparation of training curriculum and delivery of training content to IFR out patient clinical staff. Trainer will provide a total of 10 trainings @ 3 hour each. 5 years experience with Licensed in Behavioral Mental Health.		
0.03 FTE at \$55/hr x 60 hours per year =	\$3,300	0.0330
Behavioral Health Specialists: provide behavioral health and co-occurring substance abuse services to adults. Master Degree level in Psychology or Social Work, licensed or license eligible.		
2.47 FTEs at average of \$47,514 per year x 2.47 FTE =	\$117,360	2.4700
Mental Health specialist (BH/PC integration) assigned to provide services at Mission Neighborhood Health Center adult primary care IFR. Services include consultation to staff, direct client contact , initial assessment and referrals. Master Degree level in Psychology or Social Work, licensed or license eligible.		
0.50 FTE x \$49,816 for 11 months =	\$24,908	0.5000
Eligibility Worker: responsible for screening potential Clients for intake, eligibility, and registration for behavioral health services for adults. Master Degree level in Counseling Psychology of Social Work, licensed or license eligible; 2 years experience.		
1.00 FTE x \$49,000 for 11 months =	\$44,917	1.0000
Billing and Support Assistants: will provide administrative support to staff, including data entry and collection, scheduling of appointment for clients, and assistance with reporting requirements. High school diploma with 2 years experience in related field.		
1.5994 FTEs at average of \$39,009 per year x 1.5994 FTE =	\$62,391	1.6000
<b>TOTAL SALARIES</b>	<b>\$398,505</b>	

Includes FICA, SUI, Health and Dental Benefits, Workers' Compensation, Long -Term Disability Insurance, and 403B Retirement contributions at 26.89% to the total Salaries.

Payroll Tax @7.65%	\$30,485	
SUI @ 8.14%	\$4,573	
Health & Dental @ 520.95 per month per staff x FTE x 12 months	\$49,630	
Workers' Comp @ 1.25%	\$4,982	
LTD @ 0.39%	\$1,554	
403B @ 4%	\$15,940	
<b>TOTAL BENEFITS</b>	<b>\$107,164</b>	

**TOTAL SALARIES & BENEFITS****\$505,669****Operating Expenses****Formulas to be expressed with FTE's, square footage, or % of program within agency - not as a total amount divided****Occupancy:**Rent:

Office Space Rental for 7.28 FTE program staff at the ratio of 13.94% to the agency budget. This will cover expenses for the space use to provide direct services and activities. **\$15,330**

Utilities:

Utilities and Communication for 7.28 FTE program staff at the ratio of 13.94% to the agency budget. This will cover the costs of electricity, water, gas, phone, scavenger and other utilities. **\$6,550**

Building Maintenance:

Costs for 7.28 FTE ratio of 13.94% to the agency budget will cover Building Maintenance Supplies and Repairs, such as space cleaning, janitorial supplies, and minor building repairs to ensure the office space meets safety and health standards for staff and clients. **\$9,059**

**Total Occupancy: \$30,939****Materials and Supplies:**Office Supplies:

Office Supplies/Postages for program staff - 7.28 FTE ratio of 13.94% to the agency budget will be used to provide staff with sufficient office supplies, such as folders for record keeping, furniture, computer and software and postage for letters mailed related to direct services. **\$4,488**

Printing/Reproduction:

Costs for 7.28 FTE ratio of 13.94% to the agency budget will cover printing flyers, calendars and brochures, as well as direct service related printing and reproduction. **\$696**

Program/Medical Supplies:

Costs will cover program related materials for outreach and promotion of activities. **\$900**

**Total Materials and Supplies: \$6,084****General Operating:**Insurance:

Costs for 7.28 FTE ratio of 13.94% to the agency budget will be for general and professional insurance. **\$4,181**

Staff Training:

Internship training lecturer: is responsible for the development and delivery of training content to at least 5 interns with IFR outpatient clinic. **\$3,000**

Rental of Equipment:

Costs for 7.28 FTE ratio of 13.94% to the agency budget will cover rental of copy machines and mailing equipment for program use. **\$3,192**

Client Related Expenses:

To fund client related emergency expenses, transportation vouchers and related items. **\$1,200**

**Total General Operating: \$11,573****Staff Travel (Local & Out of Town):**

\$0

**Consultants/Subcontractors:**

Audit fees for 7.28 FTE ration of 13.94% to the agency budget will contribute towards annual fiscal audit for the agency.

\$1,464

Payroll Service for 7.28 FTE ration of 13.94% to the agency budget will be used to procure payroll services for staff salaries.

\$1,812

Total Consultants/Subcontractors:

\$3,276

**TOTAL OPERATING COSTS:**

**\$51,872**

**CAPITAL EXPENDITURES:** *(If needed - A unit valued at \$5,000 or more)*

**\$0**

**TOTAL DIRECT COSTS (Salaries & Benefits plus Operating Costs):**

**\$557,541**

**CONTRACT TOTAL:**

**\$624,444**

**Total Occupancy:** **\$7,158**

**Materials and Supplies:**

Office Supplies:

Office Supplies/Postages for program staff - 1.70 FTE ratio of 3.22% to the agency budget will be used to provide staff with sufficient office supplies, such as folders for record keeping, furniture, computer and software and postage for letters mailed related to direct services. **\$1,038**

Printing/Reproduction:

Costs for 1.70 FTE ratio of 3.22% to the agency budget will cover printing flyers, calendars and brochures, as well as direct service related printing and reproduction. **\$161**

Program/Medical Supplies:

Costs will cover program related materials for outreach and promotion of activities. **\$300**

**Total Materials and Supplies:** **\$1,499**

**General Operating:**

Insurance:

Costs for 1.70 FTE ratio of 3.22% to the agency budget will be for general and professional insurance. **\$967**

Staff Training:

Internship training lecturer: is responsible for the development and delivery of training content to at least 5 interns with IFR outpatient clinic. **\$1,000**

Rental of Equipment:

Costs for 1.70 FTE ratio of 3.22% to the agency budget will cover rental of copy machines and mailing equipment for program use. **\$738**

Client Related Expenses:

To fund client related emergency expenses, transportation vouchers and related items. **\$450**

**Total General Operating:** **\$3,155**

**Staff Travel (Local & Out of Town):**

**\$0**

**Consultants/Subcontractors:**

Audit fees for 1.70 FTE ratio of 3.22% to the agency budget will contribute towards annual fiscal audit for the agency. **\$339**

Payroll Service for 1.70 FTE ratio of 3.22% to the agency budget will be used to procure payroll services for staff salaries. **\$419**

**Total Consultants/Subcontractors:** **\$758**

**TOTAL OPERATING COSTS:** **\$12,570**

**CAPITAL EXPENDITURES:** (If needed - A unit valued at \$5,000 or more) **\$0**

**TOTAL DIRECT COSTS (Salaries & Benefits plus Operating Costs):** **\$119,535**

**CONTRACT TOTAL:** **\$133,880**

# CBHS BUDGET JUSTIFICATION

Provider Number (same as line 7 on DPH 1):	3818	B-2
Provider Name (same as line 8 on DPH 1):	Child Outpatient	
DATE: 07/01/2010	Fiscal Year: 10-11	

Salaries and Benefits	Salaries	FTE
Program Director: responsible for oversight of the development of programs, contract negotiations, evaluation and quality assurance of the project. Master Degree level in Psychology or Social Work; 2 years experiences in program administration.		
0.090253 FTE x \$95,000 for 12 months =	\$8,574	0.0900
Program Manager: will ensures completion of all contract compliance requirements, responsible for implementation of Continuous Quality Implementation (CQI) systems and standards. Master Degree level in Counseling Psychology or Social Work must be licensed; 2 years experience in program administration.		
0.126109 FTE x \$64,000 for 12 months =	\$8,071	0.1300
Psychologist Supervisor: provides clinical supervision to PhD interns and staff as assigned. PhD in Clinical Psychology; must be licensed with experience in clinical supervision.		
0.014439 FTE x \$81,100 for 12 months =	\$1,171	0.0100
Behavioral Health Specialists: provide behavioral health and co-occurring substance abuse services to adults. Master Degree level in Psychology or Social Work, licensed or license eligible.		
1.01 FTEs at average of \$47,978 per year x 1.01 FTE =	\$48,458	1.0100
Billing and Support Assistants: will provide administrative support to staff, including data entry and collection, scheduling of appointment for clients, and assistance with reporting requirements. High school diploma with 2 years experience in related field.		
0.46 FTEs at average of \$38,213 per year x 0.46 FTE =	\$17,578	0.4600
<b>TOTAL SALARIES</b>	<b>\$83,852</b>	

Includes FICA, SUI, Health and Dental Benefits, Workers' Compensation, Long -Term Disability Insurance, and 403B Retirement contributions at 27.56% to the total Salaries.

Payroll Tax @ 7.65%	\$6,415	
SUI @ 8.14%	\$1,015	
Health & Dental @ 520.95 per month per staff x FTE x 12 months	\$10,953	
Workers' Comp @ 1.25%	\$1,048	
LTD @ 0.39%	\$327	
403B @ 4%	\$3,355	
<b>TOTAL BENEFITS</b>	<b>\$23,113</b>	

## TOTAL SALARIES & BENEFITS

**\$106,965**

### Operating Expenses

Formulas to be expressed with FTE's, square footage, or % of program within agency - not as a total amount divided

#### Occupancy:

##### Rent:

Office Space Rental for 1.70 FTE program staff at the ratio of 3.22% to the agency budget. This will cover expenses for the space use to provide direct services and activities.

\$3,547

##### Utilities:

Utilities and Communication for 1.70 FTE program staff at the ratio of 3.22% to the agency budget. This will cover the costs of electricity, water, gas, phone, scavenger and other utilities.

\$1,515

##### Building Maintenance:

Costs for 1.70 FTE ratio of 3.22% to the agency budget will cover Building Maintenance Supplies and Repairs, such as space cleaning, janitorial supplies, and minor building repairs to ensure the office space meets safety and health standards for staff and clients.

\$2,096

## CBHS BUDGET JUSTIFICATION

Provider Number (same as line 7 on DPH 1):	3818	B-2a
Provider Name (same as line 8 on DPH 1):	Children EPSDT	
DATE: 07/01/2010	Fiscal Year: 10-11	

Salaries and Benefits	Salaries	FTE
Program Director: responsible for oversight of the development of programs, contract negotiations, evaluation and quality assurance of the project. Master Degree level in Psychology or Social Work; 2 years experiences in program administration. 0.098832 FTE x \$95,000 for 12 months =	\$9,389	0.1000
Program Manager: will ensure completion of all contract compliance requirements, responsible for implementation of Continuous Quality Implementation (CQI) systems and standards. Master Degree level in Counseling Psychology or Social Work must be licensed; 2 years experience in program administration. 0.126109 FTE x \$64,000 for 12 months =	\$8,071	0.1300
Psychologist Supervisor: provides clinical supervision to PhD interns and staff as assigned. PhD in Clinical Psychology; must be licensed with experience in clinical supervision. 0.014439 FTE x \$81,100 for 12 months =	\$1,171	0.0100
Behavioral Health Specialists: provide behavioral health and co-occurring substance abuse services to adults. Master Degree level in Psychology or Social Work, licensed or license eligible. 0.71 FTEs at average of \$48,351 per year x 0.71 FTE =	\$34,329	0.7100
Billing and Support Assistants: will provide administrative support to staff, including data entry and collection, scheduling of appointment for clients, and assistance with reporting requirements. High school diploma with 2 years experience in related field. 0.49 FTEs at average of \$38,278 per year x 0.49 FTE =	\$18,756	0.4900
<b>TOTAL SALARIES</b>	<b>\$71,716</b>	

Includes FICA, SUI, Health and Dental Benefits, Workers' Compensation, Long -Term Disability Insurance, and 403B Retirement contributions at 27.50% to the total Salaries.

Payroll Tax @ 7.65%	\$5,486	
SUI @ 8.14%	\$863	
Health & Dental @ 520.95 per month per staff x FTE x 12 months	\$9,328	
Workers' Comp @ 1.25%	\$896	
LTD @ 0.39%	\$280	
403B @ 4%	\$2,870	
<b>TOTAL BENEFITS</b>	<b>\$19,723</b>	

### TOTAL SALARIES & BENEFITS

**\$91,439**

### Operating Expenses

Formulas to be expressed with FTE's, square footage, or % of program within agency - not as a total amount divided

#### Occupancy:

##### Rent:

Office Space Rental for 1.44 FTE program staff at the ratio of 2.73% to the agency budget. This will cover expenses for the space use to provide direct services and activities. \$3,004

##### Utilities:

Utilities and Communication for 1.44 FTE program staff at the ratio of 2.73% to the agency budget. This will cover the costs of electricity, water, gas, phone, scavenger and other utilities. \$1,284

##### Building Maintenance:

Costs for 1.44 FTE ratio of 2.73% to the agency budget will cover Building Maintenance Supplies and Repairs, such as space cleaning, janitorial supplies, and minor building repairs to ensure the office space meets safety and health standards for staff and clients. \$1,775

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<b>Total Occupancy:</b>	<b>\$6,063</b>
<b>Materials and Supplies:</b>	
<u>Office Supplies:</u>	
Office Supplies/Postages for program staff - 1.44 FTE ratio of 2.73% to the agency budget will be used to provide staff with sufficient office supplies, such as folders for record keeping, furniture, computer and software and postage for letters mailed related to direct services.	\$879
<u>Printing/Reproduction:</u>	
Costs for 1.44 FTE ratio of 2.73% to the agency budget will cover printing flyers, calendars and brochures, as well as direct service related printing and reproduction.	\$137
<u>Program/Medical Supplies:</u>	
Costs will cover program related materials for outreach and promotion of activities.	\$300
<b>Total Materials and Supplies:</b>	<b>\$1,316</b>
<b>General Operating:</b>	
<u>Insurance:</u>	
Costs for 1.44 FTE ratio of 2.73% to the agency budget will be for general and professional insurance.	\$819
<u>Staff Training:</u>	
Internship training lecturer: is responsible for the development and delivery of training content to at least 5 interns with IFR outpatient clinic.	\$1,000
<u>Rental of Equipment:</u>	
Costs for 1.44 FTE ratio of 2.73% to the agency budget will cover rental of copy machines and mailing equipment for program use.	\$625
<u>Client Related Expenses:</u>	
To fund client related emergency expenses, transportation vouchers and related items.	\$300
<b>Total General Operating:</b>	<b>\$2,744</b>
<b>Staff Travel (Local &amp; Out of Town):</b>	
	<b>\$0</b>
<b>Consultants/Subcontractors:</b>	
Audit fees for 1.44 FTE ration of 2.73% to the agency budget will contribute towards annual fiscal audit for the agency.	\$287
Payroll Service for 1.44 FTE ration of 2.73% to the agency budget will be used to procure payroll services for staff salaries.	\$355
Psychiatrist: Consultant services will be responsible for psychiatric assessment of children and Medical recipient and support.	\$3,900
<b>Total Consultants/Subcontractors:</b>	<b>\$4,542</b>
<b>TOTAL OPERATING COSTS:</b>	<b>\$14,665</b>
<b>CAPITAL EXPENDITURES: (If needed - A unit valued at \$5,000 or more)</b>	<b>\$0</b>
<b>TOTAL DIRECT COSTS (Salaries &amp; Benefits plus Operating Costs):</b>	<b>\$106,104</b>
<b>CONTRACT TOTAL:</b>	<b>\$118,839</b>



# CBHS BUDGET JUSTIFICATION

Provider Number (same as line 7 on DPH 1):

3818

B-3

Provider Name (same as line 8 on DPH 1):

EI - Childcare MH Consultation Initiative

DATE: 07/01/2010

Fiscal Year: 10-11

## Salaries and Benefits

	Salaries	FTE
Program Director: will oversight and direction of the program. Provides weekly supervision to Program Manager in all areas of management and program development. Ensures compliance and oversight of quality assurance protocols. 20 years experiences in supervision of Early Intervention Program, experience in contract development and management and program developments.		
0.1428 FTE x \$81,159 for 12 months =	\$11,594	0.1400
Program Manager: responsible for day-to-day administrative operations of the program including: clinical and administrative supervision of client related services, conducting evaluation of program, ensuring quality of care. Responsible for administrative duties including; implementing and monitoring program, contract management, and ensuring high quality standards of care. Minimum of five years experience and licensed with Master's degree in Social Work.		
0.696 FTE x \$69,628 for 12 months =	\$48,479	0.7000
Mental Health Specialist: responsible for delivery of mental health consultation services, compliance with all documentation requirements, assistance with evaluation efforts of program MSW, or Master's degree in counseling, psychology, social science or behavioral science field.		
5.55 FTEs at average of \$49,045 per year x 5.55 FTE =	\$275,197	5.5500
Billing and Support Asst: will provide administrative support to staff, including data entry and collection, assistance with reporting requirements, and completion of all monthly billing. High school diploma with 5 years experience in related field.		
0.30 FTEs at average of \$46,140 per year x 0.30 FTE =	\$13,842	0.3000
<b>TOTAL SALARIES</b>	<b>\$349,112</b>	

Includes FICA, SUI, Health and Dental Benefits, Workers' Compensation, Long -Term Disability Insurance, and 403B Retirement contributions at 26.78% to the total Salaries.

Payroll Tax @7.65%	\$26,707
SUI @ 8.14%	\$3,893
Health & Dental @ 520.95 per month per staff x FTE x 12 months	\$43,193
Workers' Comp @ 1.25%	\$4,364
LTD @ 0.39%	\$1,362
403B @ 4%	\$13,964
<b>TOTAL BENEFITS</b>	<b>\$93,483</b>

## TOTAL SALARIES & BENEFITS

**\$442,595**

## Operating Expenses

Formulas to be expressed with FTE's, square footage, or % of program within agency - not as a total amount divided

### Occupancy:

#### Rent:

Office Space Rental for 6.69 FTE program staff at the ratio of 12.60% to the agency budget. This will cover expenses for the space use to provide direct services and activities.

\$13,883

#### Utilities:

Utilities and Communication for 6.69 FTE program staff at the ratio of 12.60% to the agency budget. This will cover the costs of electricity, water, gas, phone, scavenger and other utilities.

\$5,932

#### Building Maintenance:

Costs for 6.69 FTE ratio of 12.60% to the agency budget will cover Building Maintenance Supplies and Repairs, such as space cleaning, janitorial supplies, and minor building repairs to ensure the office space meets safety and health standards for staff and clients. \$8,204

**Total Occupancy: \$28,019**

**Materials and Supplies:**

Office Supplies:

Office Supplies/Postages for program staff - 6.69 FTE ratio of 12.60% to the agency budget will be used to provide staff with sufficient office supplies, such as folders for record keeping, furniture, computer and software and postage for letters mailed related to direct services. \$4,064

Printing/Reproduction:

Costs for 6.69 FTE ratio of 12.60% to the agency budget will cover printing flyers, calendars and brochures, as well as direct service related printing and reproduction. \$631

Program/Medical Supplies:

Costs will cover program related materials for outreach and promotion of activities performed at school site. \$500

**Total Materials and Supplies: \$5,195**

**General Operating:**

Insurance:

Costs for 6.69 FTE ratio of 12.60% to the agency budget will be for general and professional insurance. \$3,786

Staff Training:

Costs for registration for relevant trainings pertaining to early childhood mental health \$1,000

Rental of Equipment:

Costs for 6.69 FTE ratio of 12.60% to the agency budget will cover rental of copy machines and mailing equipment for program use. \$2,890

Client Related Expenses:

Family Childcare Training: cost for travel expenses, food, and rental fee for location as well as program supplies to support annual training activities. \$2,000

Group Activities and Supplies: cost for materials and supplies that support therapeutic group work in the childcare centers and also support the needs of the agency to promote clients activities within the agency events. \$1,700

**Total General Operating: \$11,376**

**Staff Travel (Local & Out of Town):**

Local travel for outreach and meetings and to and from agency to school sites, including Fast Pass or mileages and parking fees @ \$60 per month. \$4,320

**\$4,320**

**Consultants/Subcontractors:**

Audit fees for 6.69 FTE ratio of 12.60% to the agency budget will contribute towards annual fiscal audit for the agency. \$1,325

Payroll Service for 6.69 FTE ratio of 12.60% to the agency budget will be used to procure payroll services for staff salaries. \$1,641

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Total Consultants/Subcontractors:	\$2,966
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TOTAL OPERATING COSTS:	\$51,876
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CAPITAL EXPENDITURES: (If needed - A unit valued at \$5,000 or more)	\$0
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TOTAL DIRECT COSTS (Salaries & Benefits plus Operating Costs):	\$494,471
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CONTRACT TOTAL:	\$553,809
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# CBHS BUDGET JUSTIFICATION

Provider Number (same as line 7 on DPH 1):	3818	B-4
Provider Name (same as line 8 on DPH 1):	DMS-CYF MH Consult/SED Classroom	
DATE: 07/01/2010	Fiscal Year: 10-11	

Salaries and Benefits	Salaries	FTE
Program Manager: responsible for day-to-day administrative operations of the program including: clinical and administrative supervision of client related services, conducting evaluation of program, ensuring quality of care. Responsible for administrative duties including: implementing and monitoring program, contract management, and ensuring high quality standards of care. Minimum of five years experience and licensed with Master's degree in Social Work.		
0.057 FTE x \$69,628 for 12 months =	\$3,979	0.0600
Mental Health Specialist: responsible for delivery of mental health consultation services, compliance with all documentation requirements, assistance with evaluation efforts of program MSW, or Master's degree in counseling, psychology, social science or behavioral science field.		
0.314 FTE x \$45,000 for 9 months =	\$10,607	0.3100
Mental Health Specialist: responsible for delivery of mental health consultation services, compliance with all documentation requirements, assistance with evaluation efforts of program MSW, or Master's degree in counseling, psychology, social science or behavioral science field.		
0.314 FTE x \$48,410 for 12 months =	\$15,215	0.3100
<b>TOTAL SALARIES</b>	<b>\$29,801</b>	

Includes FICA, SUI, Health and Dental Benefits, Workers' Compensation, Long -Term Disability Insurance, and 403B Retirement contributions at 27.92% to the total Salaries.

Payroll Tax @ 7.65%	\$2,280	
SUI @ 8.14%	\$399	
Health & Dental @ 520.95 per month per staff x FTE x 12 months	\$3,959	
Workers' Comp @ 1.25%	\$373	
LTD @ 0.39%	\$116	
403B @ 4%	\$1,192	
<b>TOTAL BENEFITS</b>	<b>\$8,319</b>	

## TOTAL SALARIES & BENEFITS

**\$38,120**

## Operating Expenses

Formulas to be expressed with FTE's, square footage, or % of program within agency - not as a total amount divided

### Occupancy:

#### Rent:

Office Space Rental for 0.69 FTE program staff at the ratio of 1.29% to the agency budget. This will cover expenses for the space use to provide direct services and activities.

\$1,423

#### Utilities:

Utilities and Communication for 0.69 FTE program staff at the ratio of 1.29% to the agency budget. This will cover the costs of electricity, water, gas, phone, scavenger and other utilities.

\$608

#### Building Maintenance:

Costs for 0.69 FTE ratio of 1.29% to the agency budget will cover Building Maintenance Supplies and Repairs, such as space cleaning, janitorial supplies, and minor building repairs to ensure the office space meets safety and health standards for staff and clients.

\$747

**Total Occupancy:**

**\$2,778**

**Materials and Supplies:**Office Supplies:

Office Supplies/Postages for program staff - 0.69 FTE ratio of 1.29% to the agency budget will be used to provide staff with sufficient office supplies, such as folders for record keeping, furniture, computer and software and postage for letters mailed related to direct services. \$417

Printing/Reproduction:

Costs for 0.69 FTE ratio of 1.29% to the agency budget will cover printing flyers, calendars and brochures, as well as direct service related printing and reproduction. \$65

**Total Materials and Supplies: \$482**

**General Operating:**Insurance:

Costs for 0.69 FTE ratio of 1.29% to the agency budget will be for general and professional insurance. \$388

Staff Training:Rental of Equipment:

Costs for 0.69 FTE ratio of 1.29% to the agency budget will cover rental of copy machines and mailing equipment for program use. \$296

Client Related Expenses:

**Total General Operating: \$684**

**Staff Travel (Local & Out of Town):**

**\$0**

**Consultants/Subcontractors:**

Audit fees for 0.69 FTE ratio of 1.29% to the agency budget will contribute towards annual fiscal audit for the agency. \$136

Payroll Service for 0.69 FTE ratio of 1.29% to the agency budget will be used to procure payroll services for staff salaries. \$168

**Total Consultants/Subcontractors: \$304**

**TOTAL OPERATING COSTS: \$4,248**

**CAPITAL EXPENDITURES: (If needed - A unit valued at \$5,000 or more) \$0**

**TOTAL DIRECT COSTS (Salaries & Benefits plus Operating Costs): \$42,368**

**CONTRACT TOTAL: \$47,451**

# CBHS BUDGET JUSTIFICATION

Provider Number (same as line 7 on DPH 1): 3818- B-5  
 Provider Name (same as line 8 on DPH 1): MHSA PEI-School-Based Youth-Centered Wellne  
 DATE: 07/01/2010 Fiscal Year: 10-11

Salaries and Benefits	Salaries	FTE
Program Director: will oversight and direction of the program. Provides weekly supervision to Program Manager in all areas of management and program development. Ensures compliance and oversight of quality assurance protocols. 20 years experiences in supervision of Early Intervention Program, experience in contract development and management and program developments.		
0.0286 FTE x \$81,159 for 12 months =	\$2,319	0.0300
Program Manager: responsible for day-to-day administrative operations of the program including: clinical and administrative supervision of client related services, conducting evaluation of program, ensuring quality of care. Responsible for administrative duties including; implementing and monitoring program, contract management, and ensuring high quality standards of care. Minimum of five years experience and licensed with Master's degree in Social Work.		
0.071422 FTE x \$69,628 for 12 months =	\$4,973	0.0700
Mental Health Specialists: responsible for delivery of mental health consultation services, compliance with all documentation requirements, assistance with evaluation efforts of program MSW, or Master's degree in counseling, psychology, social science or behavioral science field.		
1.49 FTEs at average of \$48,839 per year x 1.49 FTE =	\$72,770	1.4900
Billing and Support Asst: will provide administrative support to staff, including data entry and collection, assistance with reporting requirements, and completion of all monthly billing. High school diploma with 5 years experience in related field.		
0.057 FTEs at average of \$38,110 per year x 0.057 FTE =	\$2,178	0.0600
<b>TOTAL SALARIES</b>	<b>\$82,240</b>	

Includes FICA, SUI, Health and Dental Benefits, Workers' Compensation, Long -Term Disability Insurance, and 403B Retirement contributions at 27.29% to the total Salaries.

Payroll Tax @7.65%	\$6,291
SUI @ 8.14%	\$956
Health & Dental @ 520.95 per month per staff x FTE x 12 months	\$10,560
Workers' Comp @ 1.25%	\$1,028
LTD @ 0.39%	\$321
403B @ 4%	\$3,290
<b>TOTAL BENEFITS</b>	<b>\$22,446</b>

## TOTAL SALARIES & BENEFITS

**\$104,686**

### Operating Expenses

Formulas to be expressed with FTE's, square footage, or % of program within agency - not as a total amount divided

#### Occupancy:

##### Rent:

Office Space Rental for 1.64 FTE program staff at the ratio of 3.10% to the agency budget. This will cover expenses for the space use to provide direct services and activities.

\$3,410

##### Utilities:

Utilities and Communication for 1.64 FTE program staff at the ratio of 3.10% to the agency budget. This will cover the costs of electricity, water, gas, phone, scavenger and other utilities.

\$1,457

##### Building Maintenance:

Costs for 1.64 FTE ratio of 3.10% to the agency budget will cover Building Maintenance Supplies and Repairs, such as space cleaning, janitorial supplies, and minor building repairs to ensure the office space meets safety and health standards for staff and clients. \$2,015

**Total Occupancy: \$6,882**

**Materials and Supplies:**

Office Supplies:

Office Supplies/Postages for program staff - 1.64 FTE ratio of 3.10% to the agency budget will be used to provide staff with sufficient office supplies, such as folders for record keeping, furniture, computer and software and postage for letters mailed related to direct services. \$998

Printing/Reproduction:

Costs for 1.64 FTE ratio of 3.10% to the agency budget will cover printing flyers, calendars and brochures, as well as direct service related printing and reproduction. \$155

Program/Medical Supplies:

Costs will cover program related materials for outreach and promotion of activities performed at school site. \$500

**Total Materials and Supplies: \$1,653**

**General Operating:**

Insurance:

Costs for 1.64 FTE ratio of 3.10% to the agency budget will be for general and professional insurance. \$930

Staff Training:

Costs for registration for relevant trainings pertaining to early childhood mental health. \$400

Rental of Equipment:

Costs for 1.64 FTE ratio of 3.10% to the agency budget will cover rental of copy machines and mailing equipment for program use. \$710

Client Related Expenses:

Teacher Retreats: costs will cover transportation, program supplies related to retreat activities, food, and rental fee for location of retreat. \$1,500

**Total General Operating: \$3,540**

**Staff Travel (Local & Out of Town):**

Local travel for outreach and meetings and to and from agency to school sites, including Fast Pass or mileages and parking fees @ \$60 per month. \$1,440

**\$1,440**

**Consultants/Subcontractors:**

Audit fees for 1.64 FTE ratio of 3.10% to the agency budget will contribute towards annual fiscal audit for the agency. \$325

Payroll Service for 1.64 FTE ratio of 3.10% to the agency budget will be used to procure payroll services for staff salaries. \$403

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Sub-contractor: Support for Families of Children with Disabilities: Responsible for consultation to staff on Inclusion Principles. Master's degree in special Education or related field with minimum of 2 years experience working in field.

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\$15,000

Total Consultants/Subcontractors:

\$15,728

**TOTAL OPERATING COSTS:**

**\$29,243**

**CAPITAL EXPENDITURES:** *(If needed - A unit valued at \$5,000 or more)*

**\$0**

**TOTAL DIRECT COSTS (Salaries & Benefits plus Operating Costs):**

**\$133,929**

**CONTRACT TOTAL:**

**\$150,000**

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# CBHS BUDGET JUSTIFICATION

**Provider Number (same as line 7 on DPH 1):** 3818- **B-6**  
**Provider Name (same as line 8 on DPH 1):** MHSA PEI-Early Childhood Mental Health Consultation  
**DATE: 07/01/2010** **Fiscal Year: 10-11**

Salaries and Benefits	Salaries	FTE
Program Manager: responsible for day-to-day administrative operations of the program including: clinical and administrative supervision of client related services, conducting evaluation of program, ensuring quality of care. Responsible for administrative duties including: implementing and monitoring program, contract management, and ensuring high quality standards of care.		
0.057 FTE x \$69,628 for 12 months =	\$3,979	0.0600
Mental Health Specialist: responsible for delivery of mental health consultation services; compliance with all documentation requirements, assistance with evaluation efforts of program MSW, or Master's degree in counseling, psychology, social science or behavioral science field.		
0.45 FTE x \$46,933 for 12 months =	\$21,120	0.4500
Billing and Support Asst: will provide administrative support to staff, including data entry and collection, assistance with reporting requirements, and completion of all monthly billing. High school diploma with 5 years experience in related field.		
0.029 FTE x \$38,110 for 12 months =	\$1,089	0.0300
<b>TOTAL SALARIES</b>	<b>\$26,188</b>	

Includes FICA, SUI, Health and Dental Benefits, Workers' Compensation, Long -Term Disability Insurance, and 403B Retirement contributions at 27.42% to the total Salaries.

Payroll Tax @ 7.65%	\$2,003	
SUI @ 8.14%	\$309	
Health & Dental @ 520.95 per month per staff x FTE x 12 months	\$3,393	
Workers' Comp @ 1.25%	\$327	
LTD @ 0.39%	\$102	
403B @ 4%	\$1,048	
<b>TOTAL BENEFITS</b>	<b>\$7,182</b>	

## TOTAL SALARIES & BENEFITS

**\$33,370**

### Operating Expenses

Formulas to be expressed with FTE's, square footage, or % of program within agency - not as a total amount divided

#### Occupancy:

##### Rent:

Office Space Rental for 0.53 FTE program staff at the ratio of 1.00% to the agency budget. This will cover expenses for the space use to provide direct services and activities. **\$1,103**

##### Utilities:

Utilities and Communication for 0.53 FTE program staff at the ratio of 1.00% to the agency budget. This will cover the costs of electricity, water, gas, phone, scavenger and other utilities. **\$471**

##### Building Maintenance:

Costs for 0.53 FTE ratio of 1.00% to the agency budget will cover Building Maintenance Supplies and Repairs, such as space cleaning, janitorial supplies, and minor building repairs to ensure the office space meets safety and health standards for staff and clients. **\$697**

**Total Occupancy:**

**\$2,271**

### Materials and Supplies:

#### Office Supplies:

Office Supplies/Postages for program staff - 0.53 FTE ratio of 1.00% to the agency budget will be used to provide staff with sufficient office supplies, such as folders for record keeping, furniture, computer and software and postage for letters mailed related to direct services. \$323

Printing/Reproduction:

Costs for 0.53 FTE ratio of 1.00% to the agency budget will cover printing flyers, calendars and brochures, as well as direct service related printing and reproduction. \$50

Program/Medical Supplies:

**Total Materials and Supplies: \$373**

**General Operating:**

Insurance:

Costs for 0.53 FTE ratio of 1.00% to the agency budget will be for general and professional insurance. \$301

Staff Training:

Rental of Equipment:

Costs for 0.53 FTE ratio of 1.00% to the agency budget will cover rental of copy machines and mailing equipment for program use. \$230

Client Related Expenses:

**Total General Operating: \$531**

**Staff Travel (Local & Out of Town):**

Local travel for outreach and meetings and to and from agency to school sites, including Fast Pass or mileages and parking fees @ \$60 per month. \$720

**\$720**

**Consultants/Subcontractors:**

Audit fees for 0.53 FTE ratio of 1.00% to the agency budget will contribute towards annual fiscal audit for the agency. \$105

Payroll Service for 0.53 FTE ratio of 1.00% to the agency budget will be used to procure payroll services for staff salaries. \$130

**Total Consultants/Subcontractors: \$235**

**TOTAL OPERATING COSTS: \$4,130**

**CAPITAL EXPENDITURES: (If needed - A unit valued at \$5,000 or more) \$0**

**TOTAL DIRECT COSTS (Salaries & Benefits plus Operating Costs): \$37,500**

**CONTRACT TOTAL: \$42,000**

## CBHS BUDGET JUSTIFICATION

Provider Number (same as line 7 on DPH 1):	3818	B-7
Provider Name (same as line 8 on DPH 1):	MHSA - Trauma Recovery & Healing Services (C	
DATE: 07/01/2010	Fiscal Year: 10-11	

Salaries and Benefits	Salaries	FTE
Program Director: will oversight and direction of the program. Provides weekly supervision to Program Manager in all areas of management and program development. Ensures compliance and oversight of quality assurance protocols. 5 years experiences in supervision of a multi-disciplinary team, experience in contract development and management and program developments.		
0.057 FTE x \$95,000 for 12 months =	\$5,429	0.0570
Lic. Clinical BH Supervisor: will provide professional oversight of direct services to individuals and families, facilitates weekly therapeutic drumming for youth, monthly healing circle and quarterly community drumming. Provides clinical supervision to professional staff and develops evaluation tools and assist in evaluation of outcomes. 5 years experience with Licensed in Behavioral Mental Health.		
Hourly rate at \$55 per hour x 5 hrs/w x 45 weeks =	\$12,375	0.1430
BH Specialist/Clinical Case Manager: will conduct intakes, psychosocial and clinical assessments of participants referred for intervention; develop workshops, supervise peer advocate and facilitating Case Development Meetings. Staff person will also provide supervision to casemenagers providing violence prevention and intervention. Lic. eligible in 3 years experience working in at risk youth.		
1.0 FTE x \$58,000 for 12 months =	\$58,000	1.0000
Billing and Support Asst: will provide administrative support to staff, including data entry and collection, scheduling of appointment for clients, and assistance with reporting requirements. High school diploma with 2 years experience in related field.		
0.086 FTE x \$33,285 for 12 months =	\$2,853	0.0860
<b>TOTAL SALARIES</b>	<b>\$78,657</b>	

Includes FICA, SUI, Health and Dental Benefits, Workers' Compensation, Long -Term Disability Insurance, and 403B Retirement contributions at 23.33% to the total Salaries.

Payroll Tax @ 7.65%	\$6,017
SUI @ 8.14%	\$1,247
Health & Dental @ 520.95 per month per staff x FTE x 12 months	\$7,144
Workers' Comp @ 1.25%	\$983
LTD @ 0.39%	\$307
403B @ 4%	\$2,652
<b>TOTAL BENEFITS</b>	<b>\$18,350</b>

### TOTAL SALARIES & BENEFITS

**\$97,007**

#### Operating Expenses

Formulas to be expressed with FTE's, square footage, or % of program within agency - not as a total amount divided

#### Occupancy:

##### Rent:

Office Space Rental for 1.29 FTE program staff at the ratio of 2.34% to the agency budget. This will cover expenses for the space use to provide direct services and activities.

\$2,688

##### Utilities:

Utilities and Communication for 1.29 FTE program staff at the ratio of 2.34% to the agency budget. This will cover the costs of electricity, water, gas, phone, scavenger and other utilities.

\$1,099

##### Building Maintenance:

Costs for 1.29 FTE ratio of 2.34% to the agency budget will cover Building Maintenance Supplies and Repairs, such as space cleaning, janitorial supplies, and minor building repairs to ensure the office space meets safety and health standards for staff and clients. \$1,519

Total Occupancy: \$5,306

**Materials and Supplies:**

Office Supplies:

Office Supplies/Postages for program staff - 1.29 FTE ratio of 2.34% to the agency budget will be used to provide staff with sufficient office supplies, such as folders for record keeping, furniture, computer and software and postage for letters mailed related to direct services. \$753

Printing/Reproduction:

Costs for 1.29 FTE ratio of 2.34% to the agency budget will cover printing flyers, calendars and brochures, as well as direct service related printing and reproduction. \$117

Program/Medical Supplies:

Costs will cover program related materials for outreach and promotion of activities. \$429

Total Materials and Supplies: \$1,299

**General Operating:**

Insurance:

Costs for 1.29 FTE ratio of 2.34% to the agency budget will be for general and professional insurance. \$701

Staff Training:

Costs for registration and round trip flight, 2 nights hotel accommodation and per diem for staff to attend national conference on Public Health and Social Justice and local training needs. \$1,000

Rental of Equipment:

Costs for 1.29 FTE ratio of 2.34% to the agency budget will cover rental of copy machines and mailing equipment for program use. \$535

Cell phone usage for staff for communication \$540

Client Related Expenses:

Community Debriefings and Peace Gatherings - Costs for food, rental of van to transport youth to and from planned events, rental costs for audio/visual equipment \$600

\$30/session x 10 session = \$300 to provide nutritional meals for young women's group facilitated by peer advocate; \$200 for food, materials and supplies to support young women's rites of passage (Xilonen) in June. \$25/session x 8 sessions = \$200 to provide nutritional food for young men's therapeutic drumming group. \$300 to cover for community alters. \$25/youth x 20 = \$500 for individual incentives for youth who complete 3 months service plans. \$1,500

Cultural/Spiritual Events: Costs for program at agency wide events, such as Dia De los Muertos and Las Posadas. These costs also cover program activities to address program development, strategic planning and assess community needs. \$200

Total General Operating: \$5,076

**Staff Travel (Local & Out of Town):**

Local travel for outreach and meetings, including Fast Pass or mileages and parking fees @ \$60 per month. \$720

\$720

**Consultants/Subcontractors:**

Audit fees for 1.29 FTE ration of 2.34% to the agency budget will contribute towards annual fiscal audit for the agency. \$245

Payroll Service for 1.29 FTE ration of 2.34% to the agency budget will be used to procure payroll services for staff salaries. \$304

Consultant for 2 hours at \$100/hr x 2 events for Indigenous healer to participate in community debriefings and provide spiritual support and guidance to youth and families impacted by violence. \$400

**Total Consultants/Subcontractors: \$949**

**TOTAL OPERATING COSTS: \$13,350**

**CAPITAL EXPENDITURES: (If needed - A unit valued at \$5,000 or more) \$0**

**TOTAL DIRECT COSTS (Salaries & Benefits plus Operating Costs): \$110,357**

**CONTRACT TOTAL: \$123,600**

# CBHS BUDGET JUSTIFICATION

Provider Number (same as line 7 on DPH 1):

3818

B-8

Provider Name (same as line 8 on DPH 1):

La Cultura Cura IHBS/EPSDT Services

DATE: 07/01/2010

Fiscal Year: 10-11

## Salaries and Benefits

	Salaries	FTE
Program Director: will oversight and direction of the program. Provides weekly supervision to Program Manager in all areas of management and program development. Ensures compliance and oversight of quality assurance protocols. 5 years experiences in supervision of a multi-disciplinary team, experience in contract development and management and program developments.		
0.100 FTE x \$75,000 for 12 months =	\$7,500	0.1000
Program Manager: responsible for completion of program's objectives, and delivery of services. Administrative supervision of staff. Ensures staff development goals, evaluations and progressive disciplinary practices. Minimum of 5 years experience overseeing the management, reporting, and implementation of systems-involved C.M. youth service contracts		
0.862 FTE x \$53,000 for 12 months =	\$45,685	0.8600
Case Manager: provide direct services including initial intake and psychosocial assessment(CANS), primary and secondary CM services. Assists clients/Families with compliance to probation guidelines. Attends court proceedings as needed. Bachelors level with a minimum of 2 years of experience providing C.M. and advocacy service for Juvenile Justice involved youth		
1.0 FTE x \$46,000 for 12 months =	\$46,000	1.0000
Mental Health Specialist: responsible for initial screening for program eligibility; supervises case managers in planned interventions for eligible youth. Provides MH services to target population. Conducts quality assurance reviews. Masters level, License eligible social worker with experience working with systems-involved youth in a community-based setting.		
0.80 FTE x \$47,000 for 12 months =	\$37,600	0.8000
QA Specialist: responsible for ensuring documentation meets Medi-Cal requirements including chart reviews, PURG. Masters level, License eligible social worker with experience working with systems-involved youth in a community-based setting.		
0.20 FTE x \$47,000 for 12 months =	\$9,400	0.2000
Billing and Support Asst: will provide administrative support to staff, including data entry and collection, scheduling of appointment for clients, and assistance with reporting requirements and quality assurance procedures. High school diploma with 2 years experience in related field.		
0.2143 FTE x \$33,285 for 12 months =	\$7,133	0.2100
<b>TOTAL SALARIES</b>	<b>\$153,318</b>	

Includes FICA, SUI, Health and Dental Benefits, Workers' Compensation, Long -Term Disability Insurance, and 403B Retirement contributions at 28.46% to the total Salaries.

Payroll Tax @7.65%	\$11,729	
SUI @ 8.14%	\$1,991	
Health & Dental @ 520.95 per month per staff x FTE x 12 months	\$21,264	
Workers' Comp @ 1.25%	\$1,916	
LTD @ 0.39%	\$598	
403B @ 4%	\$6,134	
<b>TOTAL BENEFITS</b>	<b>\$43,632</b>	

## TOTAL SALARIES & BENEFITS

**\$196,950**

## Operating Expenses

Formulas to be expressed with FTE's, square footage, or % of program within agency - not as a total amount divided

**Occupancy:**Rent:

Office Space Rental for 3.42 FTE program staff at the ratio of 6.46% to the agency budget. This will cover expenses for the space use to provide direct services and activities. \$7,101

Utilities:

Utilities and Communication for 3.42 FTE program staff at the ratio of 6.46% to the agency budget. This will cover the costs of electricity, water, gas, phone, scavenger and other utilities. \$3,034

Building Maintenance:

Costs for 3.42 FTE ratio of 6.46% to the agency budget will cover Building Maintenance Supplies and Repairs, such as space cleaning, janitorial supplies, and minor building repairs to ensure the office space meets safety and health standards for staff and clients. \$4,196

**Total Occupancy: \$14,331**

**Materials and Supplies:**Office Supplies:

Office Supplies/Postages for program staff - 3.42 FTE ratio of 6.46% to the agency budget will be used to provide staff with sufficient office supplies, such as folders for record keeping, furniture, computer and software and postage for letters mailed related to direct services. \$2,079

Printing/Reproduction:

Costs for 3.42 FTE ratio of 6.46% to the agency budget will cover printing flyers, calendars and brochures, as well as direct service related printing and reproduction. \$323

Program/Medical Supplies:

**Total Materials and Supplies: \$2,402**

**General Operating:**Insurance:

Costs for 3.42 FTE ratio of 6.46% to the agency budget will be for general and professional insurance. \$1,937

Staff Training:Rental of Equipment:

Costs for 3.42 FTE ratio of 6.46% to the agency budget will cover rental of copy machines and mailing equipment for program use. \$1,478

2 Cell phones usage for staff to facilitate communication between CM and families when out in the field at \$50 per month x 2 phones x 12 months = \$1,200

Client Related Expenses:

Food: \$50 per month x 12 months = \$600 for incentives and engagement activities. Client related expenses for \$50 per month x 12 months = \$600 will cover incentives and educational related materials to assist youth meet service goals. These will also include but not be limited to clothes, stipends, support services enrollment fees, outings entrance fees, and supplies identified between youth and staff to facilitate progress towards goals. \$400 will support agency-wide activities, such as Dia De los Muertos and Las Posadas that promote clients to participate. These costs also cover program activities to address program development, strategic planning and assess community needs. \$1,600

**Total General Operating: \$6,215**

**Staff Travel (Local & Out of Town):**

Local travel for outreach and meetings, including Fast Pass or mileages and parking fees @ \$50 per month for 3 staff in this program. \$1,800

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**\$1,800****Consultants/Subcontractors:**

Audit fees for 3.42 FTE ration of 6.46% to the agency budget will contribute towards annual fiscal audit for the agency. \$678

Payroll Service for 3.42 FTE ration of 6.46% to the agency budget will be used to procure payroll services for staff salaries. \$839

**Total Consultants/Subcontractors: \$1,517**

**TOTAL OPERATING COSTS: \$26,265**

**CAPITAL EXPENDITURES: (If needed - A unit valued at \$5,000 or more) \$0**

<b>TOTAL DIRECT COSTS (Salaries &amp; Benefits plus Operating Costs):</b>	<b>\$223,215</b>
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<b>CONTRACT TOTAL:</b>	<b>\$250,000</b>
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# **CBHS BUDGET JUSTIFICATION**

<b>Provider Number (same as line 7 on DPH 1):</b>	3818	<b>B-9</b>
<b>Provider Name (same as line 8 on DPH 1):</b>	Indigena Health & Wellness COLL (Cost Reimburi	
<b>DATE: 07/01/2010</b>	<b>Fiscal Year: 10-11</b>	

Salaries and Benefits	Salaries	FTE
Program Director: will oversight and direction of the program. Provides weekly supervision to Program Manager in all areas of management and program development. Ensures compliance and oversight of quality assurance protocols. Masters degree in Psychology, Social Work, Public Health or related field or 5 years experience supervising a multi-disciplinary team and experience in contract development and management and program planning, implementation and evaluation.		
0.057 FTE x \$95,000 for 12 months =	\$5,429	0.0600
Health and Wellness Coordinator: will supervise the planning and implementation of programs, supervises service delivery staff at IFR, monitors contract deliverables and compliance, develops and implements curriculum and evaluation of the collaborative and maintain compliance with reporting requirements. Requires Masters degree in Public Health, Social Work or related field or BA in realted disipline and 5 years experience planning, implementing and evaluating programs in public health and health education.		
0.957 FTE x \$55,000 for 12 months =	\$52,643	0.9600
Sr. Behavioral Health Specialist - will provide professional oversight of direct services to individuals and families, clinical supervision to professional staff and behavioral health consultation to Mayan Health Promoters, assist in development of evaluation tools and assist in evaluation of outcomes. 5 years experience with Licensed in Behavioral Mental Health.		
Hourly rate at \$55 per hour x 4 hrs/w x 40 weeks =	\$8,800	0.1400
Health Educator/Early Intervention Specialist: assess and provides targeted early intervention and risk reduction counseling, health education and referral. Supports and coordinates mentoring and professional development of Maya Health promoters. Plans and implements strategies for outreach and targeted health education efforts. Minimal qualifications: bachelor's degree in health education or related field or 2 years of equivalent experience.		
0.849 FTE x \$40,000 for 12 months =	\$33,943	0.8500
Billing and Support Asst: will provide administrative support to staff, including data entry and collection, scheduling of appointment for clients, and assistance with reporting requirements and quality assurance procedures. High school diploma with 2 years experience in related field.		
0.142 FTE x \$33,324 for 12 months =	\$4,761	0.1400
<b>TOTAL SALARIES</b>	<b>\$105,576</b>	

Includes FICA, SUI, Health and Dental Benefits, Workers' Compensation, Long -Term Disability Insurance, and 403B Retirement contributions at 26.07% to the total Salaries.

Payroll Tax @ 7.65%	\$8,076	
SUI @ 8.14%	\$1,250	
Health & Dental @ 520.95 per month per staff x FTE x 12 months	\$12,632	
Workers' Comp @ 1.25%	\$1,320	
LTD @ 0.39%	\$377	
403B @ 4%	\$3,872	
<b>TOTAL BENEFITS</b>	<b>\$27,527</b>	

## **TOTAL SALARIES & BENEFITS**

**\$133,103**

## **Operating Expenses**

Formulas to be expressed with FTE's, square footage, or % of program within agency - not as a total amount divided  
Occupancy:

**Rent:**

Office Space Rental for 2.40 FTE program staff at the ratio of 3.91% to the agency budget. This will cover expenses for the space use to provide direct services and activities. \$4,297

**Utilities:**

Utilities and Communication for 2.40 FTE program staff at the ratio of 3.91% to the agency budget. This will cover the costs of electricity, water, gas, phone, scavenger and other utilities. \$1,836

**Building Maintenance:**

Costs for 2.40 FTE ratio of 3.91% to the agency budget will cover Building Maintenance Supplies and Repairs, such as space cleaning, janitorial supplies, and minor building repairs to ensure the office space meets safety and health standards for staff and clients. \$2,539

**Total Occupancy: \$8,672**

**Materials and Supplies:****Office Supplies:**

Office Supplies/Postages for program staff - 2.40 FTE ratio of 3.91% to the agency budget will be used to provide staff with sufficient office supplies, such as folders for record keeping, furniture, computer and software and postage for letters mailed related to direct services. \$1,258

**Printing/Reproduction:**

Costs for 2.40 FTE ratio of 3.91% to the agency budget will cover printing flyers, calendars and brochures, as well as direct service related printing and reproduction. \$195

**Program/Medical Supplies:**

Program/Educational Supplies - \$500 annually will be used to purchase program related materials for outreach and promotion of activities such as handbooks and manuals and audiovisual equipment for program staff. \$500

**Total Materials and Supplies: \$1,953**

**General Operating:****Insurance:**

Costs for 2.40 FTE ratio of 3.91% to the agency budget will be for general and professional insurance. \$1,172

**Staff Training:**

Will cover training on Trauma for BHS and related training for program needs. \$500

**Rental of Equipment:**

Costs for 2.40 FTE ratio of 3.91% to the agency budget will cover rental of copy machines and mailing equipment for program use. \$895

**Client Related Expenses:**

Group Activities at \$1,000 for gathering to cover food and other expenses for Foro Comunitario Sobre Taruma; \$10 per person x 100 people. \$600 will cover 40 sections of group education at \$15 per session. \$1,600

\$300 will cover expenses for Dia de los Muertos, \$800 will cover 4 ceremonies conducted by Danza Xitlalli @ \$200 per ceremony to cover cost of food; flowers for alters and basic supplies for the ceremonies. \$300 will cover Guatemalan Mayan Ceremonies conducted by Mayan group to cover cost for food and basic supplies for the ceremonies. \$800 will cover 1 Gathering(Encuentro de Culturas) for food, materials and other related expenses including multilingual translation services. \$2,200

<b>Total General Operating:</b>	<b>\$6,367</b>
<b>Staff Travel (Local &amp; Out of Town):</b>	
Local travel for outreach and meetings, including Fast Pass or mileages and parking fees.	\$164
	<b>\$164</b>

**Consultants/Subcontractors:**

Audit fees for 2.40 FTE ration of 3.91% to the agency budget will contribute towards annual fiscal audit for the agency. \$410

Payroll Service for 2.40 FTE ration of 3.91% to the agency budget will be used to procure payroll services for staff salaries \$508

Consultant and workshop: \$400 will cover 2 platicas @ \$100 x 2 hours per section. \$400

Subcontract for \$80,235 for Asociacion Mayab to support a 25% FTE Program Liaison and a 25% FTE Program Assistant Position to provide assistance in the implementation of the Mayan Health Promoter Project. It will cover training expenses for 6 Health Promoters including presenters' fees, books, audiovisual materials and some travel expenses to attend a Promotores de Salud state conference. In addition, it will cover salary of 6 part time Mayan Health Worker positions at 42% FTE each and other program related expenses such as transportation, facility rental, utilities and other equipment. It also covers expenses for group related activities including food and other materials for a ceremony and at least one group activity. Asociacion Mayab will provide outreach and education to a minimum of 450 Mayan families and Information and Referral, system navigation and cultural/language interpretation services to a minimum of 100 Mayan individuals and families. \$80,235

**Total Consultants/Subcontractors: \$81,553**

**TOTAL OPERATING COSTS: \$98,709**

**CAPITAL EXPENDITURES: (If needed - A unit valued at \$5,000 or more) \$0**

<b>TOTAL DIRECT COSTS (Salaries &amp; Benefits plus Operating Costs):</b>	<b>\$231,812</b>
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<b>CONTRACT TOTAL:</b>	<b>\$250,000</b>
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# CBHS BUDGET JUSTIFICATION

Provider Number (same as line 7 on DPH 1):

3818

B-10

Provider Name (same as line 8 on DPH 1):

Mentoring (Cost Reimbursement)

DATE: 07/01/2010

Fiscal Year: 10-11

## Salaries and Benefits

	Salaries	FTE
Program Director: will oversight and direction of the program. Provides weekly supervision to Program Manager in all areas of management and program development. Ensures compliance and oversight of quality assurance protocols. 5 years experiences in supervision of a multi-disciplinary team, experience in contract development and management and program developments.		
0.343 FTE x \$78,795 / 12 months x 3 months =	\$6,754	0.3430
Program Manager: responsible for day-to-day administrative operations of the program including: supervision of client related services, conducting evaluation of program, ensuring quality of care. Responsible for administrative duties including; implementing and monitoring. Master in Public Health, psychology or social work or equivalent experience in management position. Licensed or licensed eligible preferred.		
1.00 FTE x \$55,000 / 12 months x 3 months =	\$13,750	1.0000
Mentor Manager: implement "matching" procedures; provide supervision to Mentors; Monitor the quality of work and workload of Mentors, Maintain contact with parent/guardian and youth as necessary; Maintain clear and complete written records of all contacts related to client cases; Facilitate necessary communication and collaboration with other providers; Ensure compliance with quality assurance standards for supervised caseload (including time sheets, activities reports and progress reports). MSW, or Master's degree in counseling, psychology, social science or behavioral science field.		
0.6426 FTE x \$40,000 / 12 months x 2.50 months =	\$5,355	0.6400
Billing and Support Assistant: responsible for creation and maintenance of client files, data entry for billing, and assisting program staff for registration, as needed. Position also responsible for preparing staff productivity reports, monthly billing invoices, and assisting in quality assurance activities including chart reviews and survey distribution. High school diploma with 2 years experience in related field.		
0.40 FTE x \$37,000 / 12 months x 3 months =	\$3,700	0.4000
<b>TOTAL SALARIES</b>	<b>\$29,559</b>	

Includes FICA, SUI, Health and Dental Benefits, Workers' Compensation, Long -Term Disability Insurance, and 403B Retirement contributions at 33.475% to the total Salaries.

Payroll Tax @7.65%	\$2,261	
SUI @ 8.14%	\$1,887	
Health & Dental @ 520.95 per month per staff x FTE x 12 months	\$4,079	
Workers' Comp @ 1.25%	\$369	
LTD @ 0.39%	\$115	
403B @ 4%	\$1,184	
<b>TOTAL BENEFITS</b>	<b>\$9,895</b>	

## TOTAL SALARIES & BENEFITS

**\$39,454**

## Operating Expenses

Formulas to be expressed with FTE's, square footage, or % of program within agency - not as a total amount divided

### Occupancy:

#### Rent:

Office Space Rental for 2.38 FTE program staff at the ratio of 4.71% for 3 months to the agency budget. This will cover expenses for the space use to provide direct services and activities.

**\$1,510**

### Utilities:

Utilities and Communication for 2.38 FTE program staff at the ratio of 4.71% for 3 months to the agency budget. This will cover the costs of electricity, water, gas, phone, scavenger and other utilities. \$553

Building Maintenance:

Costs for 2.38 FTE ratio of 4.71% for 3 months to the agency budget will cover Building Maintenance Supplies and Repairs, such as space cleaning, janitorial supplies, and minor building repairs to ensure the office space meets safety and health standards for staff and clients. \$765

**Total Occupancy: \$2,828**

**Materials and Supplies:**

Office Supplies:

Office Supplies/Postages for program staff - 2.38 FTE ratio of 4.71% for 3 months to the agency budget will be used to provide staff with sufficient office supplies, such as folders for record keeping, furniture, computer and software and postage for letters mailed related to direct services. \$379

Printing/Reproduction:

Costs for 2.38 FTE ratio of 4.71% for 3 months to the agency budget will cover printing flyers, calendars and brochures, as well as direct service related printing and reproduction \$118

Program/Medical Supplies:

**Total Materials and Supplies: \$497**

**General Operating:**

Insurance:

Costs for 2.38 FTE ratio of 4.71% for 3 months to the agency budget will be for general and professional insurance. 471

Staff Training:

Rental of Equipment:

Costs for 2.38 FTE ratio of 4.71% for 3 months to the agency budget will cover rental of copy machines and mailing equipment for program use. \$285

Client Related Expenses:

Mentor Wages and Taxes: Meet with identified youths (Mentees), minimum of 4-6 hours per week, per client (as required by client's service authorization); Bi-weekly supervision with IFR Mentor Supervisor; Cooperate and communicate with other service providers; Attend training/staff meetings (6/year); Timely and appropriate submission of documentation (timesheets, activities reports, and expense reports)

Minimum Qualifications: 18 years of age or older; Related educational background; Flexible schedule (weekend and evening availability preferred); Knowledge of community resources, activities for youth; Fingerprint clearance; Experience working with children/youth with emotional difficulties, and from diverse cultures; Understanding of psychosocial and environmental risk factors for youth; Bilingual/bicultural preferred. 3.90 FTE x 13 weeks x 75% LOE \$22,043

End of Year Program Celebration: Cost of invitations, food, entertainment, and award/recognition for select staff: Food for 30-40 people at \$20 per person = \$800 and \$200 for 4 gift cards for recognizing long-term contributions of select Mentors. \$1,000

Mentoring Client Related Expenses: reimburse costs related to client activities, such as museum tickets, transportation of clients, foods, entrance fees, and event tickets, etc. at \$30-40 per month per client. This also cover some of the costs for mailing and postages, and program materials for staff to deliver services and ongoing program activities, including but not limited to client files, charts, training materials and all educational materials related expenses as well as activities reports and parent survey packets, activity books, and all activities to close this program costs. 13 clients x \$30-40 per month x 3 months = \$1,560 and \$1,540 will cover all other expenditures associate to this program.

\$3,100

**Total General Operating: \$26,899**

**Staff Travel (Local & Out of Town):**

\$0

**Consultants/Subcontractors:**

Audit fees for 2.38 FTE ration of 4.71% for 3 months to the agency budget will contribute towards annual fiscal audit for the agency.

\$247

Payroll Service for 2.38 FTE ration of 4.71% for 3 months to the agency budget will be used to procure payroll services for staff salaries.

\$204

**Total Consultants/Subcontractors: \$451**

**TOTAL OPERATING COSTS: \$30,675**

**CAPITAL EXPENDITURES: (If needed - A unit valued at \$5,000 or more) \$0**

**TOTAL DIRECT COSTS (Salaries & Benefits plus Operating Costs): \$70,129**

**CONTRACT TOTAL: \$78,543**

**Appendix C**  
**Insurance Waiver**

**RESERVED**

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**Appendix D  
Additional Terms**

**1. HIPAA**

The parties acknowledge that CITY is a Covered Entity as defined in the Healthcare Insurance Portability and Accountability Act of 1996 ("HIPAA") and is therefore required to abide by the Privacy Rule contained therein. The parties further agree that CONTRACTOR falls within the following definition under the HIPAA regulations:

- ☐ A Covered Entity subject to HIPAA and the Privacy Rule contained therein; or
- ☒ A Business Associate subject to the terms set forth in Appendix E;
- ☐ Not Applicable, CONTRACTOR will not have access to Protected Health Information.

**2. THIRD PARTY BENEFICIARIES**

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

**3. CERTIFICATION REGARDING LOBBYING**

CONTRACTOR certifies to the best of its knowledge and belief that:

A. No federally appropriated funds have been paid or will be paid, by or on behalf of CONTRACTOR to any persons for influencing or attempting to influence an officer or an employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the entering into of any federal cooperative agreement, or the extension, continuation, renewal, amendment, or modification of a federal contract, grant, loan or cooperative agreement.

B. If any funds other than federally appropriated funds have been paid or will be paid to any persons for influencing or attempting to influence an officer or employee of an agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this federal contract, grant, loan or cooperative agreement, CONTRACTOR shall complete and submit Standard Form -111, "Disclosure Form to Report Lobbying," in accordance with the form's instructions.

C. CONTRACTOR shall require the language of this certification be included in the award documents for all subawards at all tiers, (including subcontracts, subgrants, and contracts under grants, loans and cooperation agreements) and that all subrecipients shall certify and disclose accordingly.

D. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

**4. MATERIALS REVIEW**

CONTRACTOR agrees that all materials, including without limitation print, audio, video, and electronic materials, developed, produced, or distributed by personnel or with funding under this Agreement shall be subject to review and approval by the Contract Administrator prior to such production, development or distribution. CONTRACTOR agrees to provide such materials sufficiently in advance of any deadlines to allow for adequate review. CITY agrees to conduct the review in a manner which does not impose unreasonable delays on CONTRACTOR'S work, which may include review by members of target communities.



## Appendix E

### BUSINESS ASSOCIATE ADDENDUM

This Business Associate Addendum is entered into to address the privacy and security protections for certain information as required by federal law. City and County of San Francisco is the Covered Entity and is referred to below as "CE". The CONTRACTOR is the Business Associate and is referred to below as "BA".

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#### RECITALS

- A. CE wishes to disclose certain information to BA pursuant to the terms of the Contract, some of which may constitute Protected Health Information ("PHI") (defined below).
- B. CE and BA intend to protect the privacy and provide for the security of PHI disclosed to BA pursuant to the Contract in compliance with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 ("HIPAA"), the Health Information Technology for Economic and Clinical Health Act, Public Law 111-005 ("the HITECH Act"), and regulations promulgated thereunder by the U.S. Department of Health and Human Services (the "HIPAA Regulations") and other applicable laws.
- C. As part of the HIPAA Regulations, the Privacy Rule and the Security Rule (defined below) require CE to enter into a contract containing specific requirements with BA prior to the disclosure of PHI, as set forth in, but not limited to, Title 45, Sections 164.314(a), 164.502(e) and 164.504(e) of the Code of Federal Regulations ("C.F.R.") and contained in this Addendum.

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

#### 1. Definitions

- a. **Breach** shall have the meaning given to such term under the HITECH Act [42 U.S.C. Section 17921].
- b. **Business Associate** shall have the meaning given to such term under the Privacy Rule, the Security Rule, and the HITECH Act, including, but not limited to, 42 U.S.C. Section 17938 and 45 C.F.R. Section 160.103.
- c. **Covered Entity** shall have the meaning given to such term under the Privacy Rule and the Security Rule, including, but not limited to, 45 C.F.R. Section 160.103.
- d. **Data Aggregation** shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.
- e. **Designated Record Set** shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.
- f. **Electronic Protected Health Information** means Protected Health Information that is maintained in or transmitted by electronic media.
- g. **Electronic Health Record** shall have the meaning given to such term in the HITECH Act, including, but not limited to, 42 U.S.C. Section 17921.
- h. **Health Care Operations** shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.

- i. **Privacy Rule** shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and E.
  - j. **Protected Health Information or PHI** means any information, whether oral or recorded in any form or medium: (i) that relates to the past, present or future physical or mental condition of an individual; the provision of health care to an individual; and (ii) that identifies the individual or with respect to where there is a reasonable basis to believe the information can be used to identify the individual, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501. Protected Health Information includes Electronic Protected Health Information [45 C.F.R. Sections 160.103, 164.501].
  - k. **Protected Information** shall mean PHI provided by CE to BA or created or received by BA on CE's behalf.
  - l. **Security Rule** shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and C.
  - m. **Unsecured PHI** shall have the meaning given to such term under the HITECH Act and any guidance issued pursuant to such Act including, but not limited to, 42 U.S.C. Section 17932(h).
2. **Obligations of Business Associate**
- a. **Permitted Uses.** BA shall not use Protected Information except for the purpose of performing BA's obligations under the Contract and as permitted under the Contract and Addendum. Further, BA shall not use Protected Information in any manner that would constitute a violation of the Privacy Rule or the HITECH Act if so used by CE. However, BA may use Protected Information (i) for the proper management and administration of BA, (ii) to carry out the legal responsibilities of BA, or (iii) for Data Aggregation purposes for the Health Care Operations of CE [45 C.F.R. Sections 164.504(e)(2)(i), 164.504(e)(2)(ii)(A) and 164.504(e)(4)(i)].
  - b. **Permitted Disclosures.** BA shall not disclose Protected Information except for the purpose of performing BA's obligations under the Contract and as permitted under the Contract and Addendum. BA shall not disclose Protected Information in any manner that would constitute a violation of the Privacy Rule or the HITECH Act if so disclosed by CE. However, BA may disclose Protected Information (i) for the proper management and administration of BA; (ii) to carry out the legal responsibilities of BA; (iii) as required by law; or (iv) for Data Aggregation purposes for the Health Care Operations of CE. If BA discloses Protected Information to a third party, BA must obtain, prior to making any such disclosure, (i) reasonable *written* assurances from such third party that such Protected Information will be held confidential as provided pursuant to this Addendum and only disclosed as required by law or for the purposes for which it was disclosed to such third party, and (ii) a *written* agreement from such third party to immediately notify BA of any breaches of confidentiality of the Protected Information, to the extent it has obtained knowledge of such breach [42 U.S.C. Section 17932; 45 C.F.R. Sections 164.504(e)(2)(i), 164.504(e)(2)(i)(B), 164.504(e)(2)(ii)(A) and 164.504(e)(4)(ii)].
  - c. **Prohibited Uses and Disclosures.** BA shall not use or disclose Protected Information for fundraising or marketing purposes. BA shall not disclose Protected Information to a health plan for payment or health care operations purposes if the patient has requested this special restriction, and has paid out of pocket in full for the health care item or service to which the PHI solely relates 42 U.S.C. Section 17935(a). BA shall not directly or indirectly receive remuneration in exchange for Protected Information, except with the prior written consent of CE and as permitted by the HITECH Act, 42 U.S.C. Section 17935(d)(2); however, this prohibition shall not affect payment by CE to BA for services provided pursuant to the Contract.

- d. **Appropriate Safeguards.** BA shall implement appropriate safeguards as are necessary to prevent the use or disclosure of Protected Information otherwise than as permitted by the Contract or Addendum, including, but not limited to, administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality, integrity and availability of the Protected Information, in accordance with 45 C.F.R. Section 164.308(b)). BA shall comply with the policies and procedures and documentation requirements of the HIPAA Security Rule, including, but not limited to, 45 C.F.R. Section 164.316 [42 U.S.C. Section 17931]
- e. **Reporting of Improper Access, Use or Disclosure.** BA shall report to CE in writing of any access, use or disclosure of Protected Information not permitted by the Contract and Addendum, and any Breach of Unsecured PHI of which it becomes aware without unreasonable delay and in no case later than 10 calendar days after discovery [42 U.S.C. Section 17921; 45 C.F.R. Section 164.504(e)(2)(ii)(C); 45 C.F.R. Section 164.308(b)].
- f. **Business Associate's Agents.** BA shall ensure that any agents, including subcontractors, to whom it provides Protected Information, agree in writing to the same restrictions and conditions that apply to BA with respect to such PHI. If BA creates, maintains, receives or transmits electronic PHI on behalf of CE, then BA shall implement the safeguards required by paragraph c above with respect to Electronic PHI [45 C.F.R. Section 164.504(e)(2)(ii)(D); 45 C.F.R. Section 164.308(b)]. BA shall implement and maintain sanctions against agents and subcontractors that violate such restrictions and conditions and shall mitigate the effects of any such violation (see 45 C.F.R. Sections 164.530(f) and 164.530(e)(1)).
- g. **Access to Protected Information.** BA shall make Protected Information maintained by BA or its agents or subcontractors available to CE for inspection and copying within ten (10) days of a request by CE to enable CE to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.524 [45 C.F.R. Section 164.504(e)(2)(ii)(E)]. If BA maintains an Electronic Health Record, BA shall provide such information in electronic format to enable CE to fulfill its obligations under the HITECH Act, including, but not limited to, 42 U.S.C. Section 17935(e).
- h. **Amendment of PHI.** Within ten (10) days of receipt of a request from CE for an amendment of Protected Information or a record about an individual contained in a Designated Record Set, BA or its agents or subcontractors shall make such Protected Information available to CE for amendment and incorporate any such amendment to enable CE to fulfill its obligation under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.526. If any individual requests an amendment of Protected Information directly from BA or its agents or subcontractors, BA must notify CE in writing within five (5) days of the request. Any approval or denial of amendment of Protected Information maintained by BA or its agents or subcontractors shall be the responsibility of CE [45 C.F.R. Section 164.504(e)(2)(ii)(F)].
- i. **Accounting Rights.** Within ten (10) calendar days of notice by CE of a request for an accounting for disclosures of Protected Information or upon any disclosure of Protected Information for which CE is required to account to an individual, BA and its agents or subcontractors shall make available to CE the information required to provide an accounting of disclosures to enable CE to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.528, and the HITECH Act, including but not limited to 42 U.S.C. Section 17935(c), as determined by CE. BA agrees to implement a process that allows for an accounting to be collected and maintained by BA and its agents or subcontractors for at least six (6) years prior to the request. However, accounting of disclosures from an Electronic Health Record for treatment, payment or health care operations purposes are required to be collected and maintained for only three (3) years prior to the request, and only to the extent that BA maintains an electronic health record and is subject to this requirement. At a minimum, the information collected and maintained shall include: (i) the date of disclosure; (ii) the name of the entity or person who received Protected Information and, if known, the address of the entity or person; (iii) a brief description of Protected Information disclosed; and (iv) a brief statement of purpose of the disclosure that reasonably informs the individual of the basis for the disclosure, or a copy of the

individual's authorization, or a copy of the written request for disclosure. In the event that the request for an accounting is delivered directly to BA or its agents or subcontractors, BA shall within five (5) calendar days of a request forward it to CE in writing. It shall be CE's responsibility to prepare and deliver any such accounting requested. BA shall not disclose any Protected Information except as set forth in Sections 2.b. of this Addendum [45 C.F.R. Sections 164.504(e)(2)(ii)(G) and 165.528]. The provisions of this subparagraph h shall survive the termination of this Agreement.

- j. **Governmental Access to Records.** BA shall make its internal practices, books and records relating to the use and disclosure of Protected Information available to CE and to the Secretary of the U.S. Department of Health and Human Services (the "Secretary") for purposes of determining BA's compliance with the Privacy Rule [45 C.F.R. Section 164.504(e)(2)(ii)(H)]. BA shall provide to CE a copy of any Protected Information that BA provides to the Secretary concurrently with providing such Protected Information to the Secretary.
- k. **Minimum Necessary.** BA (and its agents or subcontractors) shall request, use and disclose only the minimum amount of Protected Information necessary to accomplish the purpose of the request, use or disclosure. [42 U.S.C. Section 17935(b); 45 C.F.R. Section 164.514(d)(3)] BA understands and agrees that the definition of "minimum necessary" is in flux and shall keep itself informed of guidance issued by the Secretary with respect to what constitutes "minimum necessary."
- l. **Data Ownership.** BA acknowledges that BA has no ownership rights with respect to the Protected Information.
- m. **Business Associate's Insurance.** BA shall maintain a sufficient amount of insurance to adequately address risks associated with BA's use and disclosure of Protected Information under this Addendum.
- n. **Notification of Breach.** During the term of the Contract, BA shall notify CE within twenty-four (24) hours of any suspected or actual breach of security, intrusion or unauthorized use or disclosure of PHI of which BA becomes aware and/or any actual or suspected use or disclosure of data in violation of any applicable federal or state laws or regulations. BA shall take (i) prompt corrective action to cure any such deficiencies and (ii) any action pertaining to such unauthorized disclosure required by applicable federal and state laws and regulations.
- o. **Breach Pattern or Practice by Covered Entity.** Pursuant to 42 U.S.C. Section 17934(b), if the BA knows of a pattern of activity or practice of the CE that constitutes a material breach or violation of the CE's obligations under the Contract or Addendum or other arrangement, the BA must take reasonable steps to cure the breach or end the violation. If the steps are unsuccessful, the BA must terminate the Contract or other arrangement if feasible, or if termination is not feasible, report the problem to the Secretary of DHHS. BA shall provide written notice to CE of any pattern of activity or practice of the CE that BA believes constitutes a material breach or violation of the CE's obligations under the Contract or Addendum or other arrangement within five (5) calendar days of discovery and shall meet with CE to discuss and attempt to resolve the problem as one of the reasonable steps to cure the breach or end the violation.
- p. **Audits, Inspection and Enforcement.** Within ten (10) calendar days of a written request by CE, BA and its agents or subcontractors shall allow CE to conduct a reasonable inspection of the facilities, systems, books, records, agreements, policies and procedures relating to the use or disclosure of Protected Information pursuant to this Addendum for the purpose of determining whether BA has complied with this Addendum; provided, however, that (i) BA and CE shall mutually agree in advance upon the scope, timing and location of such an inspection, (ii) CE shall protect the confidentiality of all confidential and proprietary information of BA to which CE has access during the course of such inspection; and (iii) CE shall execute a nondisclosure agreement, upon terms mutually agreed upon by the parties, if requested by BA. The fact that CE inspects, or fails to inspect, or has the right to inspect, BA's facilities, systems, books, records, agreements, policies and procedures does not relieve BA of its responsibility to comply with this Addendum,

agree that CE must receive satisfactory written assurance from BA that BA will adequately safeguard all Protected Information. Upon the request of either party, the other party agrees to promptly enter into negotiations concerning the terms of an amendment to this Addendum embodying written assurances consistent with the standards and requirements of HIPAA, the HITECH Act, the Privacy Rule, the Security Rule or other applicable laws. CE may terminate the Contract upon thirty (30) calendar days written notice in the event (i) BA does not promptly enter into negotiations to amend the Contract or Addendum when requested by CE pursuant to this Section or (ii) BA does not enter into an amendment to the Contract or Addendum providing assurances regarding the safeguarding of PHI that CE, in its sole discretion, deems sufficient to satisfy the standards and requirements of applicable laws.

#### **8. Assistance in Litigation or Administrative Proceedings**

BA shall make itself, and any subcontractors, employees or agents assisting BA in the performance of its obligations under the Contract or Addendum, available to CE, at no cost to CE, to testify as witnesses, or otherwise, in the event of litigation or administrative proceedings being commenced against CE, its directors, officers or employees based upon a claimed violation of HIPAA, the HITECH Act, the Privacy Rule, the Security Rule, or other laws relating to security and privacy, except where BA or its subcontractor, employee or agent is a named adverse party.

#### **9. No Third-Party Beneficiaries**

Nothing express or implied in the Contract or Addendum is intended to confer, nor shall anything herein confer, upon any person other than CE, BA and their respective successors or assigns, any rights, remedies, obligations or liabilities whatsoever.

#### **10. Effect on Contract**

Except as specifically required to implement the purposes of this Addendum, or to the extent inconsistent with this Addendum, all other terms of the Contract shall remain in force and effect.

#### **11. Interpretation**

The provisions of this Addendum shall prevail over any provisions in the Contract that may conflict or appear inconsistent with any provision in this Addendum. This Addendum and the Contract shall be interpreted as broadly as necessary to implement and comply with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule. The parties agree that any ambiguity in this Addendum shall be resolved in favor of a meaning that complies and is consistent with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule.

#### **12. Replaces and Supersedes Previous Business Associate Addendums or Agreements**

This Business Associate Addendum replaces and supersedes any previous business associate addendums or agreements between the parties hereto.





**Appendix F**  
**Invoice**

CMS# 6960

P-500 (5-10)

Instituto Familiar De La Raza  
July 1, 2010



**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) 226-0500

Contract Term: 07/01/2010 - 06/30/2011

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: M01 JL 0

Ct. Blanket No.: BPHM TBD

Ct. PO No.: POHM TBD

Fund Source: ARRA SDMC FFP Realignment & GF

Invoice Period: July 2010

Final Invoice: (Check if Yes)

ACE Control Number:

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

\*Unduplicated Counts for AIDS Use Only

DELIVERABLES Program Name/Reptg Unit Modality/Mode # - Svc Func (M-F Only)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables		
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENTS	UOS	CLIENTS	
<b>B-1 Adult Outpatient MH Svcs RU# 38183</b>													
15/ 10 - 59 MH Svcs	94,337				\$ 2.61	\$ -	0,000		0.00%		94,337,000		\$ 246,219.57
15/ 60 - 69 Medication Support	12,384				\$ 4.82	\$ -	0,000		0.00%		12,384,000		58,690.88
15/ 70 - 79 Crisis Intervention-OP	961				\$ 3.88	\$ -	0,000		0.00%		961,000		3,728.68
15/ 01 - 09 Case Mgt Brokerage	22,162				\$ 2.02	\$ -	0,000		0.00%		22,162,000		44,767.24
Low Threshold	9,234				\$ 2.02	\$ -	0,000		0.00%		9,234,000		18,652.68
													\$ 373,059.05
<b>B-2 Child Outpatient RU# 38186</b>													
15/ 10 - 59 MH Svcs	40,424				\$ 2.61	\$ -	0,000		0.00%		40,424,000		105,506.64
15/ 60 - 69 Medication Support	1,356				\$ 4.82	\$ -	0,000		0.00%		1,356,000		6,535.92
15/ 70 - 79 Crisis Intervention-OP	412				\$ 3.88	\$ -	0,000		0.00%		412,000		1,598.56
15/ 01 - 09 Case Mgt Brokerage	1,751				\$ 2.02	\$ -	0,000		0.00%		1,751,000		3,537.02
45/ 20 - 09 Outreach/Commty Client Svcs	230				\$ 69.37	\$ -	0,000		0.00%		230,000		15,955.10
													\$ 133,133.24
<b>B-2a Children EPSDT RU# 38185</b>													
15/ 10 - 59 MH Svcs	40,371				\$ 2.61	\$ -	0,000		0.00%		40,371,000		105,368.31
15/ 60 - 69 Medication Support	633				\$ 4.82	\$ -	0,000		0.00%		633,000		3,051.06
15/ 70 - 79 Crisis Intervention-OP	1,151				\$ 3.88	\$ -	0,000		0.00%		1,151,000		4,465.88
15/ 01 - 09 Case Mgt Brokerage	2,947				\$ 2.02	\$ -	0,000		0.00%		2,947,000		5,952.94
													\$ 118,838.19
<b>B-4 DMS-CYF MH Consult/SED Classroom RU# 38185D</b>													
15/ 10 - 59 MH Svcs	6,018				\$ 1.08	\$ -	0,000		0.00%		6,018,000		6,499.44
15/ 01 - 09 Case Mgt Brokerage	18,839				\$ 1.67	\$ -	0,000		0.00%		18,839,000		31,461.13
45/ 10 - 19 Indirect Svcs/ MH Promotion	8,787				\$ 1.08	\$ -	0,000		0.00%		8,787,000		9,489.96
													\$ 47,450.53
<b>B-1 Adult Outpatient-Dual Diagnosis RU# 38183</b>													
15/ 10 - 59 MH Svcs	33,692				\$ 2.61	\$ -	0,000		0.00%		33,692,000		87,936.12
15/ 60 - 69 Medication Support	4,423				\$ 4.82	\$ -	0,000		0.00%		4,423,000		21,318.86
15/ 70 - 79 Crisis Intervention-OP	1,030				\$ 3.88	\$ -	0,000		0.00%		1,030,000		3,996.40
15/ 01 - 09 Case Mgt Brokerage	19,787				\$ 2.02	\$ -	0,000		0.00%		19,787,000		39,969.74
Low Threshold	3,298				\$ 2.02	\$ -	0,000		0.00%		3,298,000		6,661.96
													159,883.08
<b>TOTAL</b>	<b>324,227</b>		<b>0,000</b>				<b>0,000</b>		<b>0.00%</b>		<b>324,227,000</b>		<b>\$ 832,384.09</b>

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

NOTES

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

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

DPH Authorization for Payment

Authorized Signatory

Date

Appendix F  
PAGE A

INVOICE NUMBER:	M02 JL 0	
CL Blanket No BPHM	TBD	
CL PO No.: POHM	TBD	User Co TBD
Fund Source	Capitated Medical	
Invoice Period	July 2010	
Final Invoice:		(Check if Yes)
ACE Control Number	[REDACTED]	

\*Unduplicated Counts for AIDS Use Only

GRADUATED CLIENT REPORT - Use Only													
DELIVERABLES		Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
Program Name/Reptg. Unit Modality/Mode # - Svc Func (MH Only)	UOS	CLIENTS	UOS	CLIENTS		UOS		CLIENTS	UOS	CLIENT	UOS	CLIENTS	
B-2 Child Outpatient RU# 38186													
15/ 10 - 58 MH Svcs	283				\$ 2.61	\$ -	0.000		0.00%			283.000	

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

DPH Authorization for Payment

\_\_\_\_\_  
Authorized Signatory

\_\_\_\_\_  
Date

Appendix F  
PAGE A

INVOICE NUMBER	M03 JL 0
Ct. Blanket No.: BPHM	TBD
Ct. PO No. POHM	TBD
Fund Source:	HSA Work Order
Invoice Period	July 2010
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:					

UNRECOVERED COSTS FOR AIDS USE ONLY											
DELIVERABLES		Delivered THIS PERIOD		Unit Rate		Delivered to Date		% of TOTAL		Remaining Deliverables	
Program Name/Reptg Unit Modality/Mode # - Svc Func (MH Only)	Total Contracted				AMOUNT DUE						
	UOS	CLIENTS	UOS	CLIENTS		UOS	CLIENTS	UOS	CLIENTS	UOS	CLIENTS
B-3 Hight Quality Childcare MH Consultation Initiative RU# 38182											
45/20 - 29 Consultation (Group) Cmnty Client Svcs	1,074				\$ 75.00 \$ -	0,000		0,00%		1,074,000	
45/20 - 29 Consultation (Individual) Cmnty Client Svcs	1,002				\$ 75.00 \$ -	0,000		0,00%		1,002,000	
45/20 - 29 Consultation (Class/Observation) Cmnty Client Svcs	397				\$ 75.00 \$ -	0,000		0,00%		397,000	
45/20 - 29 Training/ Parent Support (Group) Cmnty Client Svcs	227				\$ 75.00 \$ -	0,000		0,00%		227,000	
45/20 - 29 Direct Services (Therapeutic Group) Cmnty Client Svcs	23				\$ 110.00 \$ -	0,000		0,00%		23,000	
45/20 - 29 Direct Individual/Fam.Group (Direct Service)	175				\$ 75.00 \$ -	0,000		0,00%		175,000	
45/20 - 29 Outreach & Linkage/ Cmnty Client Svcs	546				\$ 75.00 \$ -	0,000		0,00%		546,000	
45/20 - 29 Evaluation Services/Cmnty Client Svcs	182				\$ 75.00 \$ -	0,000		0,00%		182,000	
TOTAL	3,626		0,000			0,000		0,00%		3,626,000	

NOTES:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

DPH Authorization for Payment:

\_\_\_\_\_  
Authorized Signatory

\_\_\_\_\_  
Date

Appendix F  
PAGE A

INVOICE NUMBER: MO4 JL C

Cl. Blanket No.: BPHM TBD

CL. PO No. POHM YSD

Fund Source: DCYF Work Order

invoice Period: July 2010

ACE Control Number: [REDACTED]

\*Unduplicated Counts for AIDS Use Only

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

DPH Authorization for Payment

\_\_\_\_\_  
Authorized Signatory

\_\_\_\_\_  
Date

Appendix F  
PAGE A

INVOICE NUMBER:

MOG	JL	0
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Cl. Blanket No. BPHM

180

Cl. PO No.: POHM

TBD

Fund Source

## DCYF Work Order - Local Match

Invoice Period :

July 2010

Final Invoice:

(Check if Yes)

ACE Control Number:

\*Unduplicated Counts for AIDS Use Only

\$	75,000.58
	49,999.77

\$ 125,000.35

NOTES:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

DPH Authorization for Payment:

Authorized Signatory

Date \_\_\_\_\_

Appendix F  
PAGE A

INVOICE NUMBER:	M07 JL 0	
Ct. Blanket No. BPHM	TBD	
Ct. PO No. POHIM	TBD	User Cd
Fund Source:	ARRA, SDMC Regular FFP, EPSDT State Match	
Invoice Period	July 2010	
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:					

UNRECORDED ACCOUNTS FOR ADR USE ONLY												
DELIVERABLES		Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL	Remaining Deliverables	
Program Name/Reptg. Unit Modality/Mode # - Svc Func (MH only)		UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENTS	UOS
B-9 IHBS/ EPSDT Services RU# 381810												
15/ 01 - 09 Case Mgt Brokerage		37,129				\$ 2.02	\$ -	0.000		0.00%		37,129.000
15/ 10 - 59 MH Svcs		19,157				\$ 2.61	\$ -	0.000		0.00%		19,157.000
TOTAL		56,286		0.000				0.000		0.00%		56,286.000

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

NOTES:	
--------	--

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:	M08 JL 0	
Cl. Blanket No., BPHM	TBD	
	User Cd	
Cl. PO No., POHM	TBD	
Fund Source:	ARRA, SDMC Regular FFP, EPSDT, GF	
Invoice Period :	July 2010	
Final Invoice:		(Check if Yes)
ACE Control Number:		

PHP Division: Community Behavioral Health Services

**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

Contract Term: 07/01/2010 - 06/30/2011

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: M10 JL 0

Ct. Blanket No.: BPHM TBD

Ct. PO No.: POHM TBD

Fund Source: MHSA - Prop63

Invoice Period: July 2010

Final Invoice: (Check if Yes)

ACE Control Number

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-8 MHSA - Truma Recovery & Healing Services RU# 3818												
60/ 78 Other Non-Medical Client	1	112					0%	0%	1	112	100%	100%
Support Exp												

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 78,657.00	\$ -	\$ -	0.00%	\$ 78,657.00
Fringe Benefits	\$ 18,350.00	\$ -	\$ -	0.00%	\$ 18,350.00
<b>Total Personnel Expenses</b>	<b>\$ 97,007.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 97,007.00</b>
<b>Operating Expenses:</b>					
Occupancy	\$ 5,306.00	\$ -	\$ -	0.00%	\$ 5,306.00
Materials and Supplies	\$ 870.00	\$ -	\$ -	0.00%	\$ 870.00
General Operating	\$ 2,236.00	\$ -	\$ -	0.00%	\$ 2,236.00
Staff Travel	\$ 720.00	\$ -	\$ -	0.00%	\$ 720.00
Consultant/Subcontractor	\$ 949.00	\$ -	\$ -	0.00%	\$ 949.00
Other: Educ. Materials, Cell Phone Usage	\$ 3,269.00	\$ -	\$ -	0.00%	\$ 3,269.00
Client Related Expenses	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
<b>Total Operating Expenses</b>	<b>\$ 13,350.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 13,350.00</b>
<b>Capital Expenditures</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ -</b>
<b>TOTAL DIRECT EXPENSES</b>	<b>\$ 110,357.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 110,357.00</b>
Indirect Expenses	\$ 13,243.00	\$ -	\$ -	0.00%	\$ 13,243.00
<b>TOTAL EXPENSES</b>	<b>\$ 123,600.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 123,600.00</b>
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
<b>REIMBURSEMENT</b>		<b>\$ -</b>			

NOTES:

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

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

DPH Authorization for Payment

Authorized Signatory

Date

Jul New Contract 10-22

CMHS/CSAS/CHS 10/22/2010 INVOICE

Appendix F  
PAGE A

INVOICE NUMBER: M11 JL C

C. Blanket No.: BPHM TBC

CL PO No.: POHM (TBD)

Fund Source: SFCFC/ SRI Work Order

Invoice Period : July 2010

Final Invoice*	(Check if Yes)
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ACE 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)

Contract Term: 07/01/2010 - 06/30/2011

PHP Division: Community Behavioral Health Services

\*Unrecipitated Counts for A152 Line OnlySUBTOTAL 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:	M12	21	9
CL Blanket No.: BPHM	TBD		
Ct PO No. POHM	TBD		
Fund Source	SFCFC PFA Work Order		
Invoice Period	July 2010		
Final Invoice.		(Check if Yes)	
ACE Control Number:			

PHP Division: Community Behavioral Health Services

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

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

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: 2819 Mission St., San Francisco, CA 94110

Tel No. (415) 225-0500

Contract Term: 07/01/2010 - 06/30/2011

PHP Division: Community Behavioral Health Services

INVOICE NUMBER : M15 JL 0

CL Blanket No.: BPHM TBD

CL PO No.: POHM TBD

Fund Source: MHSA - Prop63

Invoice Period: July 2010

Final Invoice: (Check if Yes)

ACE Control Number:

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

DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - Svc Func. (M1 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 MHSA PEI-School-Based Youth-Centered Wellness RU# 3818													
45/20 - 29 Consultation-Group/ Cmnty Client Svcs	360				\$ 90.00	\$ -	0.000		0.00%		360.000		\$ 32,400.00
45/20 - 29 Consultation-Individual/ Cmnty Client Svcs	360				\$ 90.00	\$ -	0.000		0.00%		360.000		32,400.00
45/20 - 29 Consultation-Class/Observation/ Cmnty Client Svcs	250				\$ 90.00	\$ -	0.000		0.00%		250.000		22,500.00
45/20 - 29 Training to Providers/ Parental/ Cmnty Client Svcs	145				\$ 90.00	\$ -	0.000		0.00%		145.000		13,050.00
45/20 - 29 Therapeutic Group (Direct Service)/ Cmnty Client Svcs	20				\$ 165.38	\$ -	0.000		0.00%		20.000		3,307.60
45/20 - 29 Parental Engagement/ Cmnty Client Svcs	52				\$ 82.69	\$ -	0.000		0.00%		52.000		4,299.88
45/20 - 29 Outreach & Linkage/ Cmnty Client Svcs	612				\$ 33.06	\$ -	0.000		0.00%		612.000		20,244.96
45/20 - 29 Evaluation Services/Cmnty Client Svcs	204				\$ 33.06	\$ -	0.000		0.00%		204.000		6,748.32
45/20 - 29 Support for Families-Consult. Group/ Cmnty Client Svcs	80				\$ 82.69	\$ -	0.000		0.00%		80.000		6,615.20
45/20 - 29 Support for Families-Consult. Individual/ Cmnty Client Svcs	79				\$ 55.13	\$ -	0.000		0.00%		79.000		4,355.27
45/20 - 29 Support for Families-Consult. Class/Child Observation/ Cmnty Client Svcs	78				\$ 49.61	\$ -	0.000		0.00%		78.000		3,869.58
45/20 - 29 Support for Families-Training to Providers/ Parental Cmnty Client Svcs	2				\$ 82.50	\$ -	0.000		0.00%		2.000		165.00
<b>TOTAL</b>	<b>2,242</b>		<b>0.000</b>				<b>0.000</b>		<b>0.00%</b>		<b>2,242.000</b>		<b>\$ 149,955.81</b>

SUBTOTAL AMOUNT DUE \$

Less: Initial Payment Recovery

(For DPH Use) Other Adjustments

NET REIMBURSEMENT \$

NOTES

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

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

DPH Authorization for Payment	
Authorized Signatory	Date

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

Appendix F  
PAGE A

Control Number

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

Contract Term: 07/01/2010 - 06/30/2011

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: M17 JL 0

Ct. Blanket No.: BPHM TBD

User Cd

Ct. PO No.: POHM TBD

Fund Source: MHSA - Prop63

Invoice Period: July 2010

Final Invoice: (Check if Yes)

ACE Control Number:

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-10 Indigena Health & Wellness Coll RU# 3818												
45/ 20 - 29 Cmmty Client Svcs	2,632	886					0%	0%	2,632	886	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 105,576.00	\$ -	\$ -	0.00%	\$ 105,576.00
Fringe Benefits	\$ 27,527.00	\$ -	\$ -	0.00%	\$ 27,527.00
<b>Total Personnel Expenses</b>	<b>\$ 133,103.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 133,103.00</b>
Operating Expenses:					
Occupancy	\$ 8,672.00	\$ -	\$ -	0.00%	\$ 8,672.00
Materials and Supplies	\$ 1,453.00	\$ -	\$ -	0.00%	\$ 1,453.00
General Operating	\$ 2,567.00	\$ -	\$ -	0.00%	\$ 2,567.00
Staff Travel	\$ 164.00	\$ -	\$ -	0.00%	\$ 164.00
Consultant/Subcontractor	\$ 81,553.00	\$ -	\$ -	0.00%	\$ 81,553.00
Other: Program/ Educational Supplies	\$ 4,300.00	\$ -	\$ -	0.00%	\$ 4,300.00
Client Related Expenses & Cultural Events	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
<b>Total Operating Expenses</b>	<b>\$ 98,709.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 98,709.00</b>
<b>Capital Expenditures</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ -</b>
<b>TOTAL DIRECT EXPENSES</b>	<b>\$ 231,812.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 231,812.00</b>
<b>Indirect Expenses</b>	<b>\$ 18,188.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 18,188.00</b>
<b>TOTAL EXPENSES</b>	<b>\$ 250,000.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 250,000.00</b>
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
<b>REIMBURSEMENT</b>		<b>\$ -</b>			

NOTES:

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

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

DPH Authorization for Payment

Authorized Signatory

Date

Jul New Contract 10-22

CMHS/CSAS/CHS 10/22/2010 INVOICE

Appendix F  
PAGE A

INVOICE NUMBER	M20	JL	0
CI Blanket No BPHM	TBD	User C	
CI PO No POHM	TBD	TBD	
Fund Source:	MHSA - Prop63		
Invoice Period	July 2010		
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  
Fax No.: (415)  
Contract Term: 07/01/2010 - 06/30/2011  
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:					

(Unapportioned Counts per ADFS User Only)											
DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - Svc Func (Mn 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-6 MHSA PEI-Early Childhood MH Consultation RU# 3818											
45/20 - 29 Consultation Group/ Cmnty Client Svcs	170				\$ 82.69	\$ -	0.000		0.00%	170.000	\$ 14,057.30
45/20 - 29 Consultation Individual/ Cmnty Client Svcs	131				\$ 55.13	\$ -	0.000		0.00%	131.000	7,222.03
45/20 - 29 Consultation Class/ Child Observation/ Cmnty Client Svcs	50				\$ 49.61	\$ -	0.000		0.00%	50.000	2,480.50
45/20 - 29 Training to Providers/ Cmnty Client Svcs	13				\$ 82.69	\$ -	0.000		0.00%	13.000	1,074.97
45/20 - 29 Therapeutic Group (Direct Service)/ Cmnty Client Svcs	26				\$ 165.38	\$ -	0.000		0.00%	26.000	4,299.88
45/20 - 29 Parental Engagement/ Cmnty Client Svcs	54				\$ 82.69	\$ -	0.000		0.00%	54.000	4,465.26
45/20 - 29 Outreach & Linkage/ Cmnty Client Svcs	190				\$ 33.08	\$ -	0.000		0.00%	190.000	6,285.20
45/20 - 29 Evaluation Services/Cmnty Client Svcs	63				\$ 33.08	\$ -	0.000		0.00%	63.000	2,084.04

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

Contract Term: 07/01/2010 - 09/30/2010

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: M23 JL 0

Ct. Blanket No.: BPHM TBD

Ct. PO No.: POHM TBD

Fund Source: Family Mosaic Capitated Medical

Invoice Period: July 2010

Final Invoice: (Check if Yes)

ACE Control Number:

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-10 Mentoring RU# 3818												
Other Non-Medical Client	1	4					0%	0%	1	4	100%	100%
Support Exp												

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 17,573.00	\$ -	\$ -	0.00%	\$ 17,573.00
Fringe Benefits	\$ 5,097.00	\$ -	\$ -	0.00%	\$ 5,097.00
<b>Total Personnel Expenses</b>	<b>\$ 22,670.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 22,670.00</b>
Operating Expenses:					
Occupancy	\$ 1,626.00	\$ -	\$ -	0.00%	\$ 1,626.00
Materials and Supplies	\$ 286.00	\$ -	\$ -	0.00%	\$ 286.00
General Operating	\$ 435.00	\$ -	\$ -	0.00%	\$ 435.00
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ 259.00	\$ -	\$ -	0.00%	\$ 259.00
Other: Mentor Wages & Taxes	\$ 12,666.00	\$ -	\$ -	0.00%	\$ 12,666.00
End of Year Program Celebration	\$ 575.00	\$ -	\$ -	0.00%	\$ 575.00
Mentoring Client Related Expenses	\$ 1,781.00	\$ -	\$ -	0.00%	\$ 1,781.00
<b>Total Operating Expenses</b>	<b>\$ 17,628.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 17,628.00</b>
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
<b>TOTAL DIRECT EXPENSES</b>	<b>\$ 40,298.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 40,298.00</b>
Indirect Expenses	\$ 4,834.00	\$ -	\$ -	0.00%	\$ 4,834.00
<b>TOTAL EXPENSES</b>	<b>\$ 45,132.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 45,132.00</b>
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
<b>REIMBURSEMENT</b>		<b>\$ -</b>			

NOTES:

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

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

DPH Authorization for Payment

Authorized Signatory

Date



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

Appendix F  
PAGE A

Control Number

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

Contract Term: 07/01/2010 - 09/30/2010

PHP Division: Community Behavioral Health Services

INVOICE NUMBER:

M24 JL 0

Ct. Blanket No.: BPHM

TBD

Ct. PO No.: POHM

TBD

User Cd

Fund Source:

MHSA - Prop63

Invoice Period:

July 2010

Final Invoice:

(Check if Yes)

ACE Control Number:

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
<b>B-4 Mentoring</b>												
Single Service	1	13					0%	0%	1	13	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 3,309.00	\$ -	\$ -	0.00%	\$ 3,309.00
Fringe Benefits	\$ 960.00	\$ -	\$ -	0.00%	\$ 960.00
<b>Total Personnel Expenses</b>	\$ 4,269.00	\$ -	\$ -	0.00%	\$ 4,269.00
Operating Expenses:					
Occupancy	\$ 306.00	\$ -	\$ -	0.00%	\$ 306.00
Materials and Supplies	\$ 54.00	\$ -	\$ -	0.00%	\$ 54.00
General Operating	\$ 82.00	\$ -	\$ -	0.00%	\$ 82.00
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ 49.00	\$ -	\$ -	0.00%	\$ 49.00
Other: Mentor Wages & Taxes	\$ 2,385.00	\$ -	\$ -	0.00%	\$ 2,385.00
End of Year Program Celebration	\$ 108.00	\$ -	\$ -	0.00%	\$ 108.00
Mentoring Client Related Expenses	\$ 335.00	\$ -	\$ -	0.00%	\$ 335.00
<b>Total Operating Expenses</b>	\$ 3,319.00	\$ -	\$ -	0.00%	\$ 3,319.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
<b>TOTAL DIRECT EXPENSES</b>	\$ 7,588.00	\$ -	\$ -	0.00%	\$ 7,588.00
Indirect Expenses	\$ 910.00	\$ -	\$ -	0.00%	\$ 910.00
<b>TOTAL EXPENSES</b>	\$ 8,498.00	\$ -	\$ -	0.00%	\$ 8,498.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
<b>REIMBURSEMENT</b>		\$ -			

NOTES:

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

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

DPH Authorization for Payment

Authorized Signatory

Date

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

Appendix F  
PAGE A

Control Number

Contractor: Insituto Familiar De La Razza, Inc.

Address: 2918 Mission Street, San Francisco, CA 94110

Tel No.: (415) 229-0500

Fax No.: (415) 647-4104

Contract Term: 07/01/2010 - 09/30/2010

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: M25 JL 0

Ct. Blanket No.: BPHM TBD

User Cd

Ct. PO No.: POHM TBD

Fund Source: General Fund

Invoice Period: July 2010

Final Invoice: (Check if Yes)

ACE Control Number:

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
<b>B-4 Mentoring</b>												
Single Service	1	13					0%	0%	1	13	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 9,702.00	\$ -	\$ -	0.00%	\$ 9,702.00
Fringe Benefits	\$ 2,814.00	\$ -	\$ -	0.00%	\$ 2,814.00
<b>Total Personnel Expenses</b>	<b>\$ 12,516.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 12,516.00</b>
Operating Expenses:					
Occupancy	\$ 897.00	\$ -	\$ -	0.00%	\$ 897.00
Materials and Supplies	\$ 157.00	\$ -	\$ -	0.00%	\$ 157.00
General Operating	\$ 239.00	\$ -	\$ -	0.00%	\$ 239.00
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ 143.00	\$ -	\$ -	0.00%	\$ 143.00
Other: Mentor Wages & Taxes	\$ 6,992.00	\$ -	\$ -	0.00%	\$ 6,992.00
End of Year Program Celebration	\$ 317.00	\$ -	\$ -	0.00%	\$ 317.00
Mentoring Client Related Expenses	\$ 983.00	\$ -	\$ -	0.00%	\$ 983.00
<b>Total Operating Expenses</b>	<b>\$ 9,728.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 9,728.00</b>
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
<b>TOTAL DIRECT EXPENSES</b>	<b>\$ 22,244.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 22,244.00</b>
Indirect Expenses	\$ 2,670.00	\$ -	\$ -	0.00%	\$ 2,670.00
<b>TOTAL EXPENSES</b>	<b>\$ 24,914.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 24,914.00</b>
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
<b>REIMBURSEMENT</b>		<b>\$ -</b>			

NOTES:

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

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

DPH Authorization for Payment

Authorized Signatory

Date

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

Appendix F  
PAGE A

Control Number

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

Contract Term: 07/01/2010 - 06/30/2011

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: M26 JL 0

Ct. Blanket No.: BPHM TBD

Ct. PO No.: POHM TBD

Fund Source: GF ARRA SDMC FFP Realignment

Invoice Period: July 2010

Final Invoice: (Check if Yes)

ACE Control Number:

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-1 BH/ PC Integration RU# 38183												
45/ 20 - 29 Cmmty Client Svcs	1						0%	#DIV/0!	1	-	100%	#DIV/0!

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 57,246.00	\$ -	\$ -	0.00%	\$ 57,246.00
Fringe Benefits	\$ 16,571.00	\$ -	\$ -	0.00%	\$ 16,571.00
<b>Total Personnel Expenses</b>	<b>\$ 73,817.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 73,817.00</b>
Operating Expenses:					
Occupancy	\$ 5,211.00	\$ -	\$ -	0.00%	\$ 5,211.00
Materials and Supplies	\$ 873.00	\$ -	\$ -	0.00%	\$ 873.00
General Operating	\$ 1,242.00	\$ -	\$ -	0.00%	\$ 1,242.00
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ 552.00	\$ -	\$ -	0.00%	\$ 552.00
Other:	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
<b>Total Operating Expenses</b>	<b>\$ 7,878.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 7,878.00</b>
<b>Capital Expenditures</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ -</b>
<b>TOTAL DIRECT EXPENSES</b>	<b>\$ 81,695.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 81,695.00</b>
<b>Indirect Expenses</b>	<b>\$ 9,805.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 9,805.00</b>
<b>TOTAL EXPENSES</b>	<b>\$ 91,500.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 91,500.00</b>
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
<b>REIMBURSEMENT</b>		<b>\$ -</b>			

NOTES:

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

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

DPH Authorization for Payment

Authorized Signatory

Date

Jul New Contract 10-22

CMHS/CSAS/CHS 10/22/2010 INVOICE



## Appendix G

### Dispute Resolution Procedure For Health and Human Services Nonprofit Contractors 9-06

#### Introduction

The City Nonprofit Contracting Task Force submitted its final report to the Board of Supervisors in June 2003. The report contains thirteen recommendations to streamline the City's contracting and monitoring process with health and human services nonprofits. These recommendations include: (1) consolidate contracts, (2) streamline contract approvals, (3) make timely payment, (4) create review/apellate process, (5) eliminate unnecessary requirements, (6) develop electronic processing, (7) create standardized and simplified forms, (8) establish accounting standards, (9) coordinate joint program monitoring, (10) develop standard monitoring protocols, (11) provide training for personnel, (12) conduct tiered assessments, and (13) fund cost of living increases. The report is available on the Task Force's website at [http://www.sfgov.org/site/npcontractingtf\\_index.asp?id=1270](http://www.sfgov.org/site/npcontractingtf_index.asp?id=1270). The Board adopted the recommendations in February 2004. The Office of Contract Administration created a Review/Appellate Panel ("Panel") to oversee implementation of the report recommendations in January 2005.

The Board of Supervisors strongly recommends that departments establish a Dispute Resolution Procedure to address issues that have not been resolved administratively by other departmental remedies. The Panel has adopted the following procedure for City departments that have professional service grants and contracts with nonprofit health and human service providers. The Panel recommends that departments adopt this procedure as written (modified if necessary to reflect each department's structure and titles) and include it or make a reference to it in the contract. The Panel also recommends that departments distribute the finalized procedure to their nonprofit contractors. Any questions or concerns about this Dispute Resolution Procedure should be addressed to [purchasing@sfgov.org](mailto:purchasing@sfgov.org).

#### Dispute Resolution Procedure

The following Dispute Resolution Procedure provides a process to resolve any disputes or concerns relating to the administration of an awarded professional services grant or contract between the City and County of San Francisco and nonprofit health and human services contractors.

Contractors and City staff should first attempt to come to resolution informally through discussion and negotiation with the designated contact person in the department.

If informal discussion has failed to resolve the problem, contractors and departments should employ the following steps:

- **Step 1**      The contractor will submit a written statement of the concern or dispute addressed to the Contract/Program Manager who oversees the agreement in question. The writing should describe the nature of the concern or dispute, i.e., program, reporting, monitoring, budget, compliance or other concern. The Contract/Program Manager will investigate the concern with the appropriate department staff that are involved with the nonprofit agency's program, and will either convene a meeting with the contractor or provide a written response to the contractor within 10 working days.
- **Step 2**      Should the dispute or concern remain unresolved after the completion of Step 1, the contractor may request review by the Division or Department Head who supervises the Contract/Program Manager. This request shall be in writing and should describe why the concern is still unresolved and propose a solution that is satisfactory to the contractor. The Division or Department Head will consult with other Department and City staff as appropriate, and will provide a written determination of the resolution to the dispute or concern within 10 working days.
- **Step 3**      Should Steps 1 and 2 above not result in a determination of mutual agreement, the contractor may forward the dispute to the Executive Director of the Department or their designee. This dispute

shall be in writing and describe both the nature of the dispute or concern and why the steps taken to date are not satisfactory to the contractor. The Department will respond in writing within 10 working days.

In addition to the above process, contractors have an additional forum available only for disputes that concern implementation of the thirteen policies and procedures recommended by the Nonprofit Contracting Task Force and adopted by the Board of Supervisors. These recommendations are designed to improve and streamline contracting, invoicing and monitoring procedures. For more information about the Task Force's recommendations, see the June 2003 report at [http://www.sfgov.org/site/npcontractingtf\\_index.asp?id=1270](http://www.sfgov.org/site/npcontractingtf_index.asp?id=1270).

The Review/Appellate Panel oversees the implementation of the Task Force report. The Panel is composed of both City and nonprofit representatives. The Panel invites contractors to submit concerns about a department's implementation of the policies and procedures. Contractors can notify the Panel after Step 2. However, the Panel will not review the request until all three steps are exhausted. This review is limited to a concern regarding a department's implementation of the policies and procedures in a manner which does not improve and streamline the contracting process. This review is not intended to resolve substantive disputes under the contract such as change orders, scope, term, etc. The contractor must submit the request in writing to [purchasing@sfgov.org](mailto:purchasing@sfgov.org). This request shall describe both the nature of the concern and why the process to date is not satisfactory to the contractor. Once all steps are exhausted and upon receipt of the written request, the Panel will review and make recommendations regarding any necessary changes to the policies and procedures or to a department's administration of policies and procedures.

## Appendix H

### Emergency Response

CONTRACTOR will develop and maintain an Agency Disaster and Emergency Response Plan containing Site Specific Emergency Response Plan(s) for each of its service sites. The agency-wide plan should address disaster coordination between and among service sites. CONTRACTOR will update the Agency/site(s) plan as needed and CONTRACTOR will train all employees regarding the provisions of the plan for their Agency/site(s). CONTRACTOR will attest on its annual Community Programs' Contractor Declaration of Compliance whether it has developed and maintained an Agency Disaster and Emergency Response Plan, including a site specific emergency response plan for each of its service sites. CONTRACTOR is advised that Community Programs Contract Compliance Section staff will review these plans during a compliance site review. Information should be kept in an Agency/Program Administrative Binder, along with other contractual documentation requirements for easy accessibility and inspection.

In a declared emergency, CONTRACTOR'S employees shall become emergency workers and participate in the emergency response of Community Programs, Department of Public Health. Contractors are required to identify and keep Community Programs staff informed as to which two staff members will serve as CONTRACTOR'S prime contacts with Community Programs in the event of a declared emergency.







# CERTIFICATE OF LIABILITY INSURANCE

OP ID: AS

DATE (MM/DD/YYYY)

09/01/10

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 <b>CAL Insurance &amp; Associates</b> License # 0241094 2311 Taraval Street San Francisco, CA 94116 Joe DeLucchi Renewal	415-661-6500 415-661-2254	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: <b>INSTI-4</b>	FAX (A/C, No):
INSURED <b>Instituto Familiar de la Raza</b> <b>Dr. Estela Garcia</b> 2919 Mission Street San Francisco, CA 94110		INSURER(S) AFFORDING COVERAGE INSURER A: <b>State Compensation Ins. Fund</b> INSURER B: <b>NIF Group</b> INSURER C: <b>Philadelphia Insurance Co.</b> INSURER D: INSURER E: INSURER F:	NAIC # <b>35076</b>

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

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> DOEP D&O, EPLI, & FIDUCIARY GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	X	24CC284457-10  PHSD421064 2ML/4ML	07/01/10  07/01/10	07/01/11  07/01/11	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 Emp Ben. \$ 1,000,000
B	<b>AUTOMOBILE LIABILITY</b> <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		24CC284457-10	07/01/10	07/01/11	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DEDUCTIBLE RETENTION \$	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A	834-0001887-10	09/01/10	09/01/11	<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	<b>Crime emp dis**</b> ptofessional*		PHSD534206	07/01/10	07/01/11	** 1,000,000 *900,000 3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
CITY AND COUNTY OF SAN FRANCISCO, COMMUNITY BEHAVIORAL HEALTH SERVICES, THEIR OFFICERS, AGENTS, AND DIRECTORS, ARE NAMED AS ADDITIONAL INSURED PER ATTACHED CG7635 0905 Should any of the above described policies be cancelled before the expiration date thereof, the issuing insurer will endeavor to mail 30 days written notice to the certificate holder named to the left\*\*

**CERTIFICATE HOLDER****CANCELLATION**

CITY&CO  CITY AND COUNTY OF SAN FRANCISCO, COMMUNITY BEHAVIORAL HEALTH SERVICES 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 
--	---

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NOTEPAD:

HOLDER CODE CITY&CO  
INSURED'S NAME Instituto Familiar de la Raza

INSTI-4  
OP ID: AS

PAGE 2  
DATE 05/01/10

\*\* but failure to do so shall impose no obligation or liability of any  
kind upon the insurer, its agents or representatives 30 DAY CANCELLATION  
NOTICE AUTO ADDITIONAL INSURED PER ATTACHED CG2048



COMMERCIAL GENERAL LIABILITY  
CG 76 35 09 05

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

### LIABILITY PLUS ENDORSEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Instituto Familiar de la Raza 24CC284457-10

#### ADDITIONAL INSURED — BY WRITTEN CONTRACT, AGREEMENT OR PERMIT, OR SCHEDULE

The following paragraph is added to WHO IS AN  
INSURED (Section II):

4. Any person or organization shown in the Schedule or for whom you are required by written contract, agreement or permit to provide insurance is an insured, subject to the following additional provisions:

- a. The contract, agreement or permit must be in effect during the policy period shown in the Declarations, and must have been executed prior to the "bodily injury," "property damage," "personal and advertising injury."
- b. The person or organization added as an insured by this endorsement is an insured only to the extent you are held liable due to:

(1) The ownership, maintenance or use of that part of premises you own, rent, lease or occupy, subject to the following additional provisions:

- (a) This insurance does not apply to any "occurrence" which takes place after you cease to be a tenant in any premises leased to or rented to you;
- (b) This insurance does not apply to any structural alterations, new construction or demolition operations performed by or on behalf of the person or organization added as an insured;

(2) Your ongoing operations for that insured, whether the work is performed by you or for you;

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(3) The maintenance, operation or use by you of equipment leased to you by such person or organization, subject to the following additional provisions:

(a) This insurance does not apply to any "occurrence" which takes place after the equipment lease expires;

(b) This insurance does not apply to "bodily injury" or "property damage" arising out of the sole negligence of such person or organization;

(4) Permits issued by any state or political subdivision with respect to operations performed by you or on your behalf, subject to the following additional provision:

This insurance does not apply to "bodily injury," "property damage," "personal and advertising injury" arising out of operations performed for the state or municipality.

c. The insurance with respect to any architect, engineer, or surveyor added as an insured by this endorsement does not apply to "bodily injury," "property damage," "personal and advertising injury" arising out of the rendering of or the failure to render any professional services by or for you, including:

(1) The preparing, approving, or failing to prepare or approve maps, drawings, opinions, reports, surveys, change orders, designs or specifications; and

(2) Supervisory, inspection or engineering services.

d. This insurance does not apply to "bodily injury" or "property damage" included within the "products-completed operations hazard."

A person's or organization's status as an insured under this endorsement ends when your operations for that insured are completed.

No coverage will be provided if, in the absence of this endorsement, no liability would be imposed by law on you. Coverage shall be limited to the extent of your negligence or fault according to the applicable principles of comparative fault.

#### NON-OWNED WATERCRAFT AND NON-OWNED AIRCRAFT LIABILITY

Exclusion g. of COVERAGE A (Section I) is replaced by the following:

g. "Bodily injury" or "property damage" arising out of the ownership, maintenance, use or entrustment to others of any aircraft, "auto" or watercraft owned or operated by or rented or loaned to any insured. (Use includes operation and "loading or unloading.")

This exclusion applies even if the claims against any insured allege negligence or other wrongdoing in the supervision, hiring, employment, training or monitoring of others by that insured, if the "occurrence" which caused the "bodily injury" or "property damage" involved the ownership, maintenance, use or entrustment to others of any aircraft, "auto" or watercraft that is owned or operated by or rented or loaned to any insured.

This exclusion does not apply to:

(1) A watercraft while ashore on premises you own or rent;

(2) A watercraft you do not own that is:

(a) Less than 52 feet long; and

(b) Not being used to carry persons or property for a charge;

(3) Parking an "auto" on, or on the ways next to, premises you own or rent, provided the "auto" is not owned by or rented or loaned to you or the insured;

(4) Liability assumed under any "insured contract" for the ownership, maintenance or use of aircraft or watercraft; or

(5) "Bodily injury" or "property damage" arising out of the operation of any of the equipment listed in paragraph f.(2) or f.(3) of the definition of "mobile equipment."

(6) An aircraft you do not own provided it is not operated by any insured.

#### TENANTS' PROPERTY DAMAGE LIABILITY

When a Damage to Premises Rented to you Limit is shown in the Declarations, Exclusion J. of Coverage A, Section I is replaced by the following:

J. Damage To Property

"Property damage" to:

(1) Property you own, rent, or occupy, including any costs or expenses incurred by you, or any other person, organization or entity, for repair, replacement, enhancement, restoration or maintenance of such property for any reason, including prevention of injury to a person or damage to another's property;

(2) Premises you sell, give away or abandon, if the "property damage" arises out of any part of those premises;

(3) Property loaned to you;

(4) Personal property in the care, custody or control of the insured;

(5) That particular part of real property on which you or any contractors or subcontractors working directly or indirectly on your behalf are performing operations, if the "property damage" arises out of those operations, or

(6) That particular part of any property that must be restored, repaired or replaced because "your work" was incorrectly performed on it.

Paragraphs (1), (3) and (4) of this exclusion do not apply to "property damage" (other than damage by fire) to premises, including the contents of such premises, rented to you. A separate limit of insurance applies to Damage To Premises Rented To You as described in Section III — Limits Of Insurance.

Paragraph (2) of this exclusion does not apply if the premises are "your work" and were never occupied, rented or held for rental by you.

Paragraphs (3), (4), (5) and (6) of this exclusion do not apply to liability assumed under a side-track agreement.

Paragraph (6) of this exclusion does not apply to "property damage" included in the "products-completed operations hazard."

Paragraph 6. of Section III is replaced by the following:

6. Subject to 5. above, the Damage To Property Limit is the most we will pay under Coverage A for damages because of "property damage" to any one premises, while rented to you, or in the case of damage by fire, while rented to you or temporarily occupied by you with permission of the owner.

The Tenants' Property Damage to Premises Rented to You limit is the higher of \$200,000 or the amount shown in the Declarations as Damage to Premises Rented to You Limit.

#### WHO IS AN INSURED — MANAGERS

The following is added to Paragraph 2.a. of WHO IS AN INSURED (Section II):

Paragraph (1) does not apply to executive officers, or to managers at the supervisory level or above.

#### SUPPLEMENTARY PAYMENTS — COVERAGES A AND B — BAIL BONDS

Paragraph 1.b. of SUPPLEMENTARY PAYMENTS — COVERAGES A AND B is replaced by the following:

- b. Up to \$2,000 for cost of bail bonds required because of accidents or traffic law violations arising out of the use of any vehicle to which the Bodily Injury Liability Coverage applies. We do not have to furnish these bonds.

#### EMPLOYEES AS INSURED — HEALTH CARE SERVICES

Provision 2.a.(1) d. of WHO IS AN INSURED (Section II) is deleted, unless excluded by separate endorsement.

#### EXTENDED COVERAGE FOR NEWLY ACQUIRED ORGANIZATIONS

Provision 4.a. of WHO IS AN INSURED (Section II) is replaced by the following:

- a. Coverage under this provision is afforded only until the end of the policy period.

#### EXTENDED "PROPERTY DAMAGE"

Exclusion a. of COVERAGE A. (Section I) is amended to read:

- a. "Bodily injury" or "property damage" expected or intended from the standpoint of the insured. This exclusion does not apply to "bodily injury" or "property damage" resulting from the use of reasonable force to protect persons or property.

#### INCREASED MEDICAL EXPENSE LIMIT

The medical expense limit is amended to \$10,000.

#### KNOWLEDGE OF OCCURRENCE

The following is added to Paragraph 2. Duties In The Event Of Occurrence, Offense, Claim Or Suit of COMMERCIAL GENERAL LIABILITY CONDITIONS (Section IV):

Knowledge of an "occurrence," claim or "suit" by your agent, servant or employee shall not in itself constitute knowledge of the named insured unless an officer of the named insured has received such notice from the agent, servant or employee.

#### UNINTENTIONAL FAILURE TO DISCLOSE ALL HAZARDS

The following is added to Paragraph 6. Representations of COMMERCIAL GENERAL LIABILITY CONDITIONS (Section IV):

If you unintentionally fail to disclose any hazards existing at the inception date of your policy, we will not deny coverage under this Coverage Form because of such failure. However, this provision does not affect our right to collect additional premium or exercise our right of cancellation or non-renewal.

#### LIBERALIZATION CLAUSE

The following paragraph is added to COMMERCIAL GENERAL LIABILITY CONDITIONS (Section IV):

10. If a revision to this Coverage Part, which would provide more coverage with no additional premium, becomes effective during the policy period in the state shown in the Declarations, your policy will automatically provide this additional coverage on the effective date of the revision.



## CERTIFICATE OF LIABILITY INSURANCE

OF ID AS

DATE (MM/DD/YYYY)

07/09/10

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 Phone: 415-661-6500 Fax: 415-661-2254	CONTACT NAME PHONE (A/C No. Ext.) FAX (A/C No.) E-MAIL ADDRESS PRODUCER CUSTOMER ID# INSTI-4 INSURER(S) AFFORDING COVERAGE NAIC # 35076
INSURED Instituto Familiar de la Raza Dr. Estela Garcia 2919 Mission Street San Francisco CA 94110	INSURER A: State Compensation Ins Fund INSURER B: NIF Group INSURER C: SAFECO- Commercial Lines INSURER D: Philadelphia Insurance Co. INSURER E: INSURER F:

## COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> DOLP D&O, EPLI, & FIDUCIARY GEN. AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJ. <input type="checkbox"/> LOC	<input checked="" type="checkbox"/>	24CC284457-10 PHSD421064 2ML/4ML	07/01/10	07/01/11	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (E&O OCCURRENCE) \$ 50,000 MED. EXP. (Per person) \$ 5,000 PERSONAL & ADV. INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 Emp Ben. \$ 1,000,000
C	<input type="checkbox"/> 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		24CC284457-10	07/01/10	07/01/11	COMBINED SINGLE LIMIT (E&O AGGREGATE) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	UMBRELLA LIAB EXCESS LIAB DEDUCTIBLE RETENTION \$	<input type="checkbox"/> OCCUP <input type="checkbox"/> CLAIMS-MADE				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	<input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A	834-0001887-09	09/01/09	09/01/10	<input checked="" type="checkbox"/> NO STATE MANDATORY LIMITS E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - PER EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	Crime EMP DIS		PHSD421064**	07/01/10	07/01/11	** \$ 1,000,000
B	PROFESSIONAL*					*\$900,000 \$ 3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required):  
CITY AND COUNTY OF SAN FRANCISCO, COMMUNITY BEHAVIORAL HEALTH SERVICES, THEIR OFFICERS, AGENTS, AND DIRECTORS, ARE NAMED AS ADDITIONAL INSURED PER ATTACHED CG7635 0905 should any of the above described policies be cancelled before the expiration date thereof, the issuing insurer will endeavor to mail 30 days written notice to the certificate holder named to the left\*\*

## CERTIFICATE HOLDER

## CANCELLATION

CITY&CO  CITY AND COUNTY OF SAN FRANCISCO, COMMUNITY BEHAVIORAL HEALTH SERVICES 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 
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