

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

Second Amendment

THIS AMENDMENT (this "Amendment") is made as of July 1, 2015 in San Francisco, California, by and between **Instituto Familiar de la Raza** ("Contractor"), and the City and County of San Francisco, a municipal corporation ("City"), acting by and through its Director of the Office of Contract Administration.

RECITALS

WHEREAS, the Department of Public Health, Community Behavioral Health Services ("Department") wishes to provide mental health and substance abuse services; and,

WHEREAS, City and Contractor desire to modify the Agreement on the terms and conditions set forth herein to renew the contract and add Appendices A and B for 2015-16, increase compensation and update standard contractual clauses; and

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

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

a. Agreement. The term "Agreement" shall mean the Agreement dated July 1, 2010, Contract Numbers BPHM11000026 and DPHM11000277 between Contractor and City as amended by the First Amendment Contract Numbers BPHM11000026 and DPHM13000112 and this Second Amendment.

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

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

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

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

2. Term of the Agreement.

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July 1, 2015

CMSP-550 (4-15; DPH 5-15): CMS#6960

Amendment Two
Instituto Familiar de la Raza

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

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

2. Term of the Agreement.

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

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

5. Compensation.

Compensation shall be made in monthly payments on or before the 30th day of each month for work, as set forth in Section 4 of this Agreement, that the Director of the 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.

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

5. Compensation.

Compensation shall be made in monthly payments on or before the 30th day of each month for works 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 **Twenty Six Million One Hundred Thirty Six Thousand Nine Hundred Ten Dollars (\$26,136,910)**. 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.

c. Section 8 is hereby amended in its entirety to read as follows:

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.amlegal.com/nxt/gateway.dll/California/administrative/administrativecode?f=templates\\$fn=default.htm\\$3.0\\$vid=amlegal:sanfrancisco_ca\\$sync=1](http://www.amlegal.com/nxt/gateway.dll/California/administrative/administrativecode?f=templates$fn=default.htm$3.0$vid=amlegal:sanfrancisco_ca$sync=1). 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.

d. **Section 14 is hereby amended in its entirety to read as follows:**

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, its agents, and employees will not represent or hold themselves out to be employees of the City at any time. 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. Contractor agrees to maintain and make available to City, upon request and during regular business hours, accurate books and accounting records demonstrating Contractor's compliance with this section. Should City determine that Contractor, or any agent or employee of Contractor, is not performing in accordance with the requirements of this Agreement, City shall provide Contractor with written notice of such failure. Within five (5) business days of Contractor's receipt of such notice, and in accordance with Contractor policy and procedure, Contractor shall remedy the deficiency. Notwithstanding, if City believes that an action of Contractor, or any agent or employee of Contractor, warrants immediate remedial action by Contractor, City shall contact Contractor and provide Contractor in writing with the reason for requesting such immediate action.

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, Contractor agrees to indemnify and save harmless City and its officers, agents and employees from, and, if requested, shall defend them against any and all claims, losses, costs, damages, and expenses, including attorney's fees, arising from this section.

e. **Section 15 is hereby amended in its entirety to read as follows:**

15. Insurance.

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

- 1) Workers' Compensation, in statutory amounts, with Employers' Liability Limits not less than \$1,000,000 each accident, injury, or illness; and
- 2) Commercial General Liability Insurance with limits not less than \$1,000,000 each occurrence and \$2,000,000 general aggregate for Bodily Injury and Property Damage, including Contractual Liability, Personal Injury, Products and Completed Operations; and
- 3) Commercial Automobile Liability Insurance with limits not less than \$1,000,000 each occurrence, "Combined Single Limit" for Bodily Injury and Property Damage, including Owned, Non-Owned and Hired auto coverage, as applicable.
- 4) Professional liability insurance, applicable to Contractor's profession, with limits not less than \$1,000,000 each claim with respect to negligent acts, errors or omissions in connection with the Services.

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

- 1) Name as Additional Insured the City and County of San Francisco, its Officers, Agents, and Employees.
- 2) That such policies are primary insurance to any other insurance available to the Additional Insureds, with respect to any claims arising out of this Agreement, and that insurance applies separately to each insured against whom claim is made or suit is brought.

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

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

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

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

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

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

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

f. **Section 20 is hereby amended in its entirety to read as follows:**

20. Default; Remedies.

a. 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:

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|---|--|
| 8. Submitting False Claims; Monetary Penalties. | 37. Drug-free workplace policy, |
| 10. Taxes | 53. Compliance with laws |
| 15. Insurance | 55. Supervision of minors |
| 24. Proprietary or confidential information of City | 57. Protection of private information |
| 30. Assignment | And, item 1 of Appendix D attached to this Agreement |

63. Protected Health Information

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.

g. Section 32 is hereby amended in its entirety to read as follows:

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

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

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

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

d. Contractor or Subcontractor shall not inquire about, require disclosure of, or if such information is received base an Adverse Action on an applicant's or potential applicant for employment, or employee's: (1) Arrest not leading to a Conviction, unless the Arrest is undergoing an active pending criminal investigation or trial that has not yet been resolved; (2) participation in or completion of a diversion or a deferral of judgment

program; (3) a Conviction that has been judicially dismissed, expunged, voided, invalidated, or otherwise rendered inoperative; (4) a Conviction or any other adjudication in the juvenile justice system; (5) a Conviction that is more than seven years old, from the date of sentencing; or (6) information pertaining to an offense other than a felony or misdemeanor, such as an infraction.

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

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

g. Contractor and Subcontractors shall post the notice prepared by the Office of Labor Standards Enforcement (OLSE), available on OLSE's website, in a conspicuous place at every workplace, job site, or other location under the Contractor or Subcontractor's control at which work is being done or will be done in furtherance of the performance of this Agreement. The notice shall be posted in English, Spanish, Chinese, and any language spoken by at least 5% of the employees at the workplace, job site, or other location at which it is posted.

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

h. Section 33 is hereby amended in its entirety to read as follows:

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 Contracts Monitoring Division or any other public official authorized to enforce the LBE Ordinance (separately and collectively, the "Director of CMD") 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 CMD 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 CMD 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 CMD or the Controller upon request.

i. Section 34 is hereby amended in its entirety to read as follows:

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 CMD-12B-101) with supporting documentation and secure the approval of the form by the San Francisco Contracts Monitoring Division (formerly '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.

j. Section 42 is hereby amended in its entirety to read as follows:

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 a board 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.

k. Section 43 is hereby amended in its entirety to read as follows:

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 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. 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.

l. Section 44 is hereby amended in its entirety to read as follows:

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 Chapter 12Q are incorporated by reference and made a part of this Agreement as though fully set forth herein. The text of the HCAO is available on the web at www.sfgov.org/olse. Capitalized terms used in this Section and not defined in this Agreement shall have the meanings assigned to such terms in Chapter 12Q.

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

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

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

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

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

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

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

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

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

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

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

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

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

m. Section 49 is hereby amended in its entirety to read as follows:

49. Administrative Remedy for Agreement Interpretation.

a. Negotiation; Alternative Dispute Resolution. The parties will attempt in good faith to resolve any dispute or controversy arising out of or relating to the performance of services under this Agreement by negotiation. The status of any dispute or controversy notwithstanding, Contractor shall proceed diligently with the performance of its obligations under this Agreement in accordance with the Agreement and the written directions of the City. If agreed by both parties in writing, disputes may be resolved by a mutually agreed-upon alternative dispute resolution process. Neither party will be entitled to legal fees or costs for matters resolved under this section.

b. Government Code Claims. No suit for money or damages may be brought against the City until a written claim therefor has been presented to and rejected by the City in conformity with the provisions of San Francisco Administrative Code Chapter 10 and California Government Code Section 900, et seq. Nothing set forth in this Agreement shall operate to toll, waive or excuse Contractor's compliance with the Government Code Claim requirements set forth in Administrative Code Chapter 10 and Government Code Section 900, et seq.

n. Section 55 is hereby amended in its entirety to read as follows:

55. Supervision of Minors. In accordance with California Public Resources Code Section 5164, if Contractor, or any subcontractor, is providing services at a City park, playground, recreational center or beach, Contractor shall not hire, and shall prevent its subcontractors from hiring, any person for employment or a volunteer position

in a position having supervisory or disciplinary authority over a minor if that person has been convicted of any offense listed in Public Resources Code Section 5164. In addition, if Contractor, or any subcontractor, is providing services to the City involving the supervision or discipline of minors, Contractor and any subcontractor shall comply with any and all applicable requirements under federal or state law mandating criminal history screening for positions involving the supervision of minors. In the event of a conflict between this section and Section 32, "Consideration of Criminal History in Hiring and Employment Decisions," of this Agreement, this section shall control.

o. Section 58 is hereby amended in its entirety to read as follows:

Section 58. Not Used

p. Section 59 is hereby amended in its entirety to read as follows:

59. Food Service Waste Reduction Requirements

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.

q. Section 63 is hereby amended in its entirety to read as follows:

63. Protected Health Information

Contractor, all subcontractors, all agents and employees of Contractor and any subcontractor shall comply with all federal and state laws regarding the transmission, storage and protection of all private health information disclosed to Contractor by City in the performance of this Agreement. Contractor agrees that any failure of Contractor to comply with the requirements of federal and/or state and/or local privacy laws shall be a material breach of the Contract. In the event that City pays a regulatory fine, and/or is assessed civil penalties or damages through private rights of action, based on an impermissible use or disclosure of protected health information given to Contractor or its subcontractors or agents by City, Contractor shall indemnify City for the amount of such fine or penalties or damages, including costs of notification. In such an event, in addition to any other remedies available to it under equity or law, the City may terminate the Contract.

r. Section 64 is hereby added to the Agreement and reads as follows:

64. Additional Terms

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

- s. **Appendix A dated 07/01/14 (i.e. July 1, 2014) is hereby replaced in its entirety with Appendix A dated 07/01/15 (i.e. July 1, 2015).**
 - t. **Appendices A-1 to A-12 dated 07/01/15 (i.e. July 1, 2015) are hereby added for 2015-16.**
 - u. **Appendix B dated 07/01/14 (i.e. July 1, 2014) is hereby replaced in its entirety with Appendix B dated 07/01/15 (i.e. July 1, 2015).**
 - v. **Appendices B-1 to B-12 dated 07/01/14 (i.e. July 1, 2014) are hereby added for 2015-16.**
 - w. **Appendix D, Additional Terms to the Original Agreement dated 07/01/10 (i.e. July 1, 2010) is hereby deleted in its entirety and replaced with Appendix D dated 07/01/15 (i.e. July 1, 2015).**
 - x. **Appendix E, Business Associate Addendum to the Original Agreement dated 07/01/10 (i.e. July 1, 2010) is hereby deleted in its entirety and replaced with Appendix E dated 05/19/15 (i.e. May 19, 2015).**
 - y. **Appendix F page A dated 07/01/15 (i.e. July 1, 2015) is hereby added for 2015-16.**
- 3. Effective Date.** Each of the modifications set forth in Section 2 shall be effective on and after the effective date of the agreement.
- 4. Legal Effect.** Except as expressly modified by this Amendment, all of the terms and conditions of the Agreement shall remain unchanged and in full force and effect.


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

CITY


CONTRACTOR

Recommended by:

INSTITUTO FAMILIAR DE LA RAZA



BARBARA A. GARCIA MPA
Director of Health



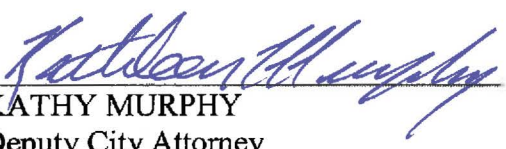
ESTELA R. GARCIA
EXECUTIVE DIRECTOR
2919 MISSION STREET
SAN FRANCISCO, CA 94110

Approved as to Form:

City vendor number: 09835

DENNIS J. HERRERA
City Attorney

By:



KATHY MURPHY
Deputy City Attorney

9/15/15

Approved:

JACI FONG
Director of the Office of Contract
Administration, and Purchaser

Appendix A
Community Behavioral Health Services
Services to be provided by Contractor

1. Terms

A. Contract Administrator:

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

B. Reports:

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

C. 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. Aerosol Transmissible Disease Program, Health and Safety:

(1) Contractor must have an Aerosol Transmissible Disease (ATD) Program as defined in the California Code of Regulations, Title 8, Section 5199, Aerosol Transmissible Diseases (<http://www.dir.ca.gov/Title8/5199.html>), and demonstrate compliance with all requirements including, but not limited to, exposure determination, screening procedures, source control measures, use of personal protective equipment, referral procedures, training, immunization, post-exposure medical evaluations/follow-up, and recordkeeping.

(2) Contractor shall assume liability for any and all work-related injuries/illnesses including infectious exposures such as Aerosol Transmissible Disease 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.

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

(4) Contractor assumes responsibility for procuring all medical equipment and supplies for use by their staff, including Personnel Protective Equipment such as respirators, and provides and documents all appropriate training.

K. 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."

L. 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, Medicare 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, but will be settled during the provider's settlement process.

M. CBHS Electronic Health Records System

Treatment Service Providers use the CBHS Electronic Health Records System and follow data reporting procedures set forth by SFDPH Information Technology (IT), CBHS Quality Management and CBHS Program Administration.

N. Patients Rights:

All applicable Patients Rights laws and procedures shall be implemented.

O. 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.

P Quality Improvement:

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

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

Q. Working Trial Balance with Year-End Cost Report

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

R. Harm Reduction

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

S. Compliance with Community Behavioral Health Services Policies and Procedures

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

T. Fire Clearance

Space owned, leased or operated by San Francisco Department of Public Health providers, including satellite sites, and used by CLIENTS or STAFF shall meet local fire codes. Providers shall undergo of fire safety inspections at least every three (3) years and documentation of fire safety, or corrections of any deficiencies, shall be made available to reviewers upon request."

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

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

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

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

Description of Services

2. Description of Services

Detailed description of services are listed below and are attached hereto

Appendix A-1: Adult Outpatient Behavioral Health Clinic

Appendix A-2: Behavioral Health Primary Care Integration

Appendix A-3: Indigena Health and Wellness Collaborative

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

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

Appendix A-5: Early Intervention Program (EIP) Child Care Mental Health Consultation Initiative

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

Appendix A-7: Early Intervention Program-Consultation, Affirmation, Resources, Education & Empowerment Program (CARE)

Appendix A-8: MHSA Early Intervention Program (EIP) Child Care Mental Health Consultation Initiative

Appendix A-9: Trauma Recovery and Healing Services

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

Appendix A-11: Semillas de Paz

Appendix A-12: Roadmap to Peace

1. Identifiers:

Program Name: Adult Outpatient Behavioral Health Clinic

Program Address: 2919 Mission Street

City, State, ZIP: San Francisco, CA 94110

Telephone: 415-229-0500

FAX: 415-647-3662

Website Address: www.ifrsf.org

Contractor Address: 2919 Mission Street

City, State, ZIP: San Francisco, CA 94110

Person Completing this Narrative: Carlos Disdier

Telephone: 415-229-0500

Email Address: carlos.disdier@ifrsf.org

Program Code(s): 3818-3

2. Nature of Document:

☐ New ☒ Renewal ☒ Amendment Two

3. Goal Statement:

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

4. Target Population:

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

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

Definition of Billable Services

Billable services include Mental Health Services in the following forms:

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

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

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

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

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

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

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

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

Please refer to exhibit B for Units of Service.

6. Methodology:

Direct client services

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/or Intake criteria and process

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

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

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

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

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

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

Saturdays from 9.00am to 2.00pm. Client emergencies are managed by the assigned psychotherapist, psychiatrist, Program Coordinator or by the scheduled Officer-of-the-Day (OD). This site meets minimum ADA requirements.

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

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

An ongoing group dealing with major depression and/or anxiety will be offered by IFR outpatient clinic.

The group will focus on psycho-education, 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.

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 address the unique needs of Chicano/Latinos.

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

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

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

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

d. Program's Exit Criteria and Process

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

e. Program Staffing

Please see Exhibit B.

For Indirect Services

N/A

7. Objectives and Measurements:

a. Standardized Objectives

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

8. Continuous Quality Improvement:

Achievement of contract performance objectives:

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

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

Documentation quality, including a description of internal audits:

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

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

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

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

Periodic Review of documentation is performed manually by support staff.

Cultural competency of staff and services:

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

Client Satisfaction:

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

Measurement, analysis, and use of CANS or ANSA data (Mental Health Programs Only)

All clients will receive an Adult Needs and Strengths Assessment (ANSA) at entry to services, within one year an ANSA Reassessment, and on departure an (ANSA) Closing Summary. IFR will use ANSA data to inform the focus of Treatment Plans of Care and mental health interventions.

Avatar reports and data provided by CBHS will be used for measurement and analysis of client services and effectiveness of treatment. IFR will participate in monthly ANSA SuperUser calls.

9. Required Language:

CBHS CYF-ECMHCI Required Language:

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

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

1. Identifiers:

Program Name: Behavioral Health Primary Care Integration

Program Address: 2919 Mission Street

City, State, ZIP: San Francisco, CA 94110

Telephone: 415-229-0500

FAX: 415-647-3662

Website Address: www.ifrsf.org

Contractor Address: 2919 Mission Street

City, State, ZIP: San Francisco, CA 94110

Person Completing this Narrative: Carlos Disdier

Telephone: 415-229-0500

Email Address: carlos.disdier@ifrsf.org

Program Code(s): N/A

2. Nature of Document:
☐ New
 ☒ Renewal
 ☒ Amendment Two
3. Goal Statement:

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

4. Target Population:

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

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

Units of Service (UOS) Description	Units of Service	Number of Clients	Unduplicated Clients (UDC)
Behavioral Health Intervention and consultation to Primary Care clinic patients and staff at MNHC. Billable services consist of Encounters= 30 minutes, These services will be billed as Mode 45 and will be documented on paper rather than AVATAR. 35hrs x 65% x 1FTE x 44 wks=1001	1,001 (number of encounters)		197
Total UOS Delivered	1,001		
Total UDC Served			197

Services will be tracked manually reflecting the following:

Number of consultations
Number of patient contacts (one encounter= 30 minutes)
Number of referrals to specialty mental health (after 6 sessions)

6. Methodology:

Direct client services (e.g. case management, treatment, prevention activities)

Outreach/Recruitment:

The Behavioral Health Consultant (BHC) responds to referrals from members of Mission Neighborhood Health Center adult primary Care team.

Referral process:

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

Intake Criteria:

The essential nature of the intervention is to treat and address mild to moderate symptoms/psychosocial concerns that interfere with the patient's level of functioning and /or ability to adhere to medical treatment.

Service Delivery Model:

All appointments are held at the primary care clinic (MNHC) to ensure follow-up. Each appointment is schedule for a minimum of thirty minutes, both drop-in and scheduled appointments. The main goal is for patients to be seen same-day. Patients that need more than 6 sessions will be referred to specialty mental health. Since this pilot program is a hybrid model, some of the encounters will be reserved to attend to clients who necessitate specialty mental health (these clients will meet medical necessity as per CBHS criteria.)

Some of the intervention include but are not necessarily limited to the following:

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

Discharge Planning and Exit Criteria and Process:

The basis for exit criteria is based on client's need, symptom reduction, and medical necessity.

Program Staffing:

Please refer to Appendix B.

For Indirect Services:

N/A

7. Objectives and Measurements:

A. Required Objectives

Does not apply to this program.

B. Individualized Program Objectives

N/A

8. Continuous Quality Improvement:

Achievement of Contract Performance Objectives:

- Monthly reports of UOS will be submitted to Program Manager for monitoring performance objectives.

Quality of Documentation & Services:

- Review of client records: Client records will be kept at MNHC medical records which are in full compliance with HIPPA regulation.
- Review and updating of written policies and protocols and practices: protocols will be developed in coordination with the Primary Care clinic and review by IFR's program director and clinical supervisor.
- Clinical consultation and supervision plan: Staff will receive weekly clinical supervision and bi-weekly administrative supervision.
- Quality Assurance Committee: Behavioral Health Consultants will meet on a weekly basis to review compliance with both IFR and MNHC practice standards.
- Case conferences: Staff will participate of weekly case conferences at IFR as well as weekly case consultation with the mental health team at MNHC.

Cultural Competency:

- Staff will be oriented and trained as to protocols and procedure existing at both IFR and MNHC which. Staff will in addition attend regular training session at IFR and as appropriate at MNHC. Cultural grounding is embedded in IFR trainings for staff and in the organizational culture.

Satisfaction with Services:

- Client satisfaction is assessed by MNHC evaluation of services.

Completion and use of data:

- Data managed by MNHC electronic system and access by BHS for ongoing assessment of clients.

9. Required Language:

CBHS CYF-ECMHCI Required Language:

- A. For CBHS CYF SOC ECMHCI: Contractor will adhere to all stipulated CBHS requirements for the completion of Site Agreements for each assigned program site and/or service setting. Contractor

also will comply with all stipulations of content, timelines, ensuring standards of practice, and all reporting requirements as put forth by the CBHS ECMHCI SOC Program Manager and RFP-10-2013.

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

1. Identifiers:

Program Name: Indigena Health & Wellness Collaborative

Program Address: 2919 Mission Street

City, State, ZIP: San Francisco, CA 94110

Telephone: 415-229-0500

FAX: 415-647-0740

Website Address: www.ifrsf.org

Contractor Address: 2919 Mission Street

City, State, ZIP: San Francisco, CA 94110

Person Completing this Narrative: Julia Orellana

Telephone: 415-556-9800

Email Address: Julia.orellana@ifrsf.org

Program Code(s): None

2. Nature of Document:

☐ New ☒ Renewal ☒ Amendment Two

3. Goal Statement:

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

4. Target Population:

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

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

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

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

Outreach & Engagement

Indigena Health Promoters will provide outreach to the target population thorough the following activities: Distribution of materials in settings where the target population congregates including restaurants, sports events, day labor sites, etc. Outreach and Engagement activities will be street and venue-based.

IFR, Native American Health Center/Urban Trails SF (Powows) and Asociacion Mayab (Vaquerías and annual Carnaval) have wide and strong networks in the local Mayan/Indigenous communities that will also be used to distribute information and invite the community to participate in the activities planned by the programs.

400 Mayan/Indigenous individuals will participate in outreach and engagement activities and will be invited to attend Pro-Social Cultural Events, Mayan/Indigenous Ceremonies and small Psychosocial Support/Arts groups as well as individual/family Mental Health Services. They will be invited to community Health, Mental Health, social, school and Faith base services.

Screening and Assessment

These activities will be carried primarily by Health Promoters; they will conduct brief intake interviews and individual needs screening and assessments on drop-in clients. These activities will engage individuals and families in determining their own risks and needs (self-risk and needs assessments). It will also help them in designing a care plan, identifying individual and family strengths and tools within a cultural and spiritual framework to achieve their goals. Referrals will be provided as needed.

By the end of the current fiscal year, 100 individual participants will be screened and/or assessed for practical, emotional and mental health concerns using the "Information & Referral Form" administered by staff, and as evidenced by the "Summary of I&R" document located in "Units of Services" binder in the Program Manager's office.

Wellness Promotion Activities (WPA)

These activities are intended to provide support and opportunity for emotional and spiritual growth to participants by promoting healthy behaviors (e.g. coping mechanisms, mindfulness techniques) and emotional wellbeing through spiritual and/or traditional healing practices.

As part of the wellness promotion activities, Health Promoters will facilitate psychosocial peer support/talleres twice a week for 2 hours each for 46 weeks. The arts and crafts talleres are intended to decrease isolation and provide cultural enrichment to foster a sense of belonging and interdependence as well as being a space for offering health education, substance use/abuse and violence prevention workshops/messages.

Ceremonial, cultural/social enrichment gatherings will be also organized and/or sponsored by IHWC and will focus on providing opportunities for spiritual and emotional enrichment and healing to families and individuals.

An annual community forum will be organized, "Cultura y Bienestar", where Mayan/Indigenous participants will learn the meaning and effects of trauma, the impact in individual behavior and skills for coping and minimizing those effects in their everyday family life.

Wellness Promotion activities includes a component on Training and Coaching to 4 Mayan/Indigenous peer Consumers/Health Promotoras on providing emotional/practical support, listening skills, group-co-facilitation, cultural competence, best practices, systems navigation, documentation, interpretation and

health education presentations. Training, coaching, and supervision will be provided by the Mental Health Specialist as well as other clinical IFR staff. As part of this intervention, mental health promoters will participate in local and state workshops.

Individual and Group Therapeutic Services

The Mental Health Specialist will provide Short term Individual/Family/Group Therapeutic Services to Mayan/Indigenous individuals/clients to identify and address trauma/barriers to wellness (past and present traumas, substance abuse, domestic violence) and identifying individual and family strengths. Activities include screening and assessment, short-term crisis intervention, self-risk and needs assessments, health education risk reduction counseling and clinical case management. Clients/families in need of long-term mental health services will be linked to IFR's outpatient services and/or other appropriate settings for treatment, including psychiatric services and medication monitoring.

Service Linkage

The Case Manager will facilitate access to needed social and mental health services and treatment, linkage to traditional healers, practical skills building, emotional support, language interpretation and translation as well as systems navigation support as needed.

Units of Service (UOS) Description	Units of Service (UOS)	Number of Clients (NOC)	Unduplicated Clients (UDC)
Outreach and Engagement HPs will devote approximately 1hr a week each to Outreach and Engagement activities 0.03FTE x 35hrs x 46wks x 65%LOE x 3HPs 33 O&E contacts/month x 12 months = 400 UOS =# of contacts	400	400	n/a
Screening and Assessment Staff will conduct brief intake interviews and individual needs screenings, and provide referrals as needed. 0.14FTE x 35hrs/week x 46 weeks x 65% LOE = 150 approx. 3 one or two hrs interventions with 50 individuals/families UOS = # hrs	150	100	50
Wellness Promotion Activities Talleres Health Promoters provide Psychosocial Peer Support/Talleres twice a week for 2 hours each.			

2hrs group x 2 times/week x 46 weeks x 3 staff = 552 UOS = 552 hrs	552	400	100
Cultural/Ceremonial/Social Events 400 clients will participate in 5 ceremonial/cultural/social events, including Dia de los Muertos and Posadas. UOS = # clients	400	400	n/a
60 clients will participate in the annual event "Cultura y Bienestar". UOS = # clients	60	60	60
Capacity Building 160 hrs of training will be provided to four (4) Health Promoters. UOS = # training hours	160	4	4
Individual Therapeutic Services MH Specialist will provide direct individual/family therapeutic services. 0.71FTE x 35 hrs/week x 46 weeks x 65% = 750 approx. UOS = hrs of intervention	750	75	75
Service Linkage Case manager will provide non-clinical case management services: 0.40FTE x 35hrs/weeks x 46 weeks x 65% LOE = 420 approx. UOS =# of hrs service	420	25	25
GRAND TOTAL	2,892		314

6. Methodology:

a. Outreach and Engagement:

Indigena Health Promotoras will provide outreach to the target population that includes the following activities: Distribution of materials in settings where the target population congregates including restaurants, sports events, day labor sites such as Cesar Chavez and Mission Dolores Church. Outreach and Engagement activities will be street and venue-based. Street outreach will target areas such as the Cesar Chavez Street corridor, Mission and 16th Streets, the Tenderloin, Geary Blvd corridors and Civic Center.

Venue based outreach is conducted by staff during IHWC group activities and at sports and cultural events organized by local Indigena organizations. Orientation to services for community based-agencies occurs at designated staff meeting and will be reinforced with a written description of the collaboration.

IFR, Native American Health Center/Urban Trails SF and Asociacion Mayab have wide and strong networks in the local Mayan/Indigenous communities that will also be used to distribute information and invite the community to participate in the activities planned by the programs.

During Outreach and Engagement as well as Wellness Promotion Activities individuals of the target population and members of the community are invited and encouraged to attend the spiritual and cultural events as well as the small peer support groups/weekly talleres.

Mayan/Indigenous Ceremonies, cultural events, and community forums will serve as the port of entry for clients to access additional services at IFR and other agencies as needed. These events are open to all interested individuals, families and community at large, small weekly support groups are stand-alone sessions and are open for clients to come as often as they can.

b. Admission, Enrollment and Intake

Individuals and families in need of Mental Health services are referred to the Early Intervention Mental Health Specialist for intake and assessment at which time a treatment plan is agreed upon with client input. The Early Intervention/Mental Health Specialist will make appointments for Individual/family Therapeutic Services for at least 12-1 hour sessions. If additional mental health services are needed, the Mental Health/Early Intervention Specialist will refer these individuals to IFR's outpatient clinic or other services as needed.

c. Program Service delivery model

Small and large group activities:

Small psychosocial support groups/Education Activities are twice a week on Wednesdays and Fridays from 10am to 12noon. These are stand-alone sessions on health topics for small groups of 5-10 participants and may include arts workshops such as embroidery and hammock making. These psychosocial peer support groups/Talleres will be co-facilitated by the Health Promotoras and are ongoing throughout the year. In addition to providing health education and information to participants the groups serve as venues for early identification of mental health services' needs. Promoters engage in brief encounters with clients to conduct a quick needs assessment and provide referrals to services as needed. Promoters are also responsible to assist those clients who need support accessing services (system navigation, interpretation and translation). Promoters have the support of the Early Intervention/Mental Health Specialist who is available as a resource and for consultation.

Large Group activities include ceremonies and cultural/traditional activities in the community like Dia de Los Muertos, Fiesta de Colores, Mayahuel, Año Nuevo Maya, Dia de las madres, Mother Earth, Water walk. Program staff supports these activities with materials and by reaching out to healers and community leaders to insert health messages during the ceremonies. Large group activities also include a community forum on trauma in which participants learn the meaning and effects of trauma and the impact in individual and collective behavior. Participants will also learn skills for coping and minimizing those effects in their everyday family life.

Small and Large group activities offer opportunities to recruit client for Individual and Family Therapeutic Services and to hand out program information and health/mental health resources and to provide information and referrals to other services as needed.

Individual/Family Therapeutic Services:

Individual/family interventions include Screening and Assessment, activities that will engage individuals and families in determining their own risks and needs (self-risk and needs assessments)

and help them in designing a care plan, identifying individual and family strengths and tools within a cultural and spiritual framework to achieve their goals. It will also include Health Education and Risk Reduction counseling, short-term crisis intervention, clinical case management, and barriers to wellness (trauma, substance abuse, domestic violence).

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

The Early Intervention/Mental Health Specialist will provide Individual/Family Therapeutic services.

Training and Coaching:

Promotoras are peer employees/consumers who represent the target population and are involved in developing outreach strategies, materials and interventions. They are also fully integrated into agency wide cultural and spiritual events at IFR to build upon our understanding of the rich and diverse traditions of indigenous people of the North and South. The Promoters will continue to receive training on specific areas of health promotion and health topics affecting the Mayan/Indigena community, such as substance abuse, mental health, diabetes, chronic diseases and other emerging health needs and Social issues like domestic/family/community violence as well as health and healing through cultural activities and ceremonies. During this Fiscal Year, training and coaching for the promoters will focus on acquiring knowledge, skill and practice to provide emotional/practical support to individuals and families (listening skills, cultural competence, best practices, systems navigation).

Collaboration:

Written Memorandums of Understanding (MOU's) exist between IFR and (1) Asociacion Mayab, (2) Native American Health Center/Urban Trails Program, (3) San Francisco Unified School District. The MOU's detail administrative roles and responsibilities, collaborative schedule of activities and meetings, co-location of activities, financial agreements, reporting and documentation requirements, conflict resolution protocols and quality assurance guidelines based on scope of work across the collaborative.

Location of services:

Spiritual and Cultural events take place at available, appropriate and accessible locations in San Francisco.

Small groups/talleres, Individual/family therapeutic services, drop-in clients in crisis and/or in need of navigation receive services at 3012-16th St, suite 202, San Francisco, CA 94103. The office phone number is (415) 556- 9800. The hours of operation are from 9am-5pm, Monday to Friday. Arrangements can be made for Evening hours and/or services at IFR's main office at 2919 Mission St, San Francisco, CA 94110 if needed.

d. Exit Criteria:

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

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

e. Staffing

The program is staffed by professional, para-professional and Promotoras (peer health educators). The Program Manager (PM) is responsible for the administration, implementation and supervision of the program as well as the staff. The PM is responsible to, and supervised by the Executive Director of IFR.

The Mental Health Early Intervention Specialist provides Individual/Family Therapeutic services to the Mayan/Indigenous community and Case consultation to the Urban Trails Case Manager, as well as to the Promotoras. In addition, the Mental Health Specialist provides support with cultural events and presentations to the community throughout the year. The EI Mental Health Specialist receives administrative supervision from the Program Manager and clinical supervision from an IFR licensed psychologist.

The part-time Case Manager will provide non-clinical case management services, facilitating referrals and successful linkages between mental health and social services. The Case Manager also supports in the preparation and facilitation of ceremonial/cultural activities.

The Health Promotoras co-facilitate the twice a week small peer support groups/talleres and are responsible for the outreach and engagement activities with the support of the staff.

The Promotoras receive clinical consultation and mentoring from the Early Intervention/Mental Health Specialist, administrative support from the Senior Health Promotora, individual and administrative supervision from the Program Manager.

7. Objectives and Measurements:

a. Outreach & Engagement:

Process Objectives:

- By the end of the current fiscal year, 400 individuals will participate in 5 group activities (Vaqueria, Carnaval, Health Fairs, powwows) as evidenced by Head Count forms stored in the "Units of Service" binder located in the Program Manager's (PM) office.
- By the end of the current fiscal year, 100 individuals will be contacted through outreach activities (street outreach, phone calls, home visits) as evidenced by Logs/Units of Service forms located in "Units of Service" binder located in PM office.

b. Screening & Assessment:

Process Objective:

- By the end of the current fiscal year, 100 individual participants will be screened and/or assessed for practical, emotional and mental health concerns using the "Information & Referral Form" administered by staff, and as evidenced by the "Summary of I&R" document located in "Units of Services" binder in PM office.

Outcome Objective:

- By the end of the current fiscal year, 60% will be referred internally for Individual/Group Therapy, Service Linkages/Case Management and/or Peer Psychosocial support/Talleres as evidenced by "I&R" forms stored in "Information & Referrals" binder located in PM office.

c. Wellness Promotion:

Process Objective:

- By the end of the current fiscal year, 100 unduplicated clients will participate in small psychosocial peer support group/talleres, as evidenced by signatures on "Attendance Logs" stored in the "Units of Service" binder located in the PM and Billing offices.

Outcome Objective:

- By the end of the current fiscal year, 65% of individuals participating in the Psychosocial Peer Support groups/Talleres will increase or maintain social connectedness as measured by the "Holistic Wellness Social Connectedness Survey" (Questions 1 & 2), stored in "Program Evaluation" binder located in PM office.

d. Individual & Group Therapeutic Services:

Process Objectives:

- By the end of the current fiscal year, 75 unduplicated clients will receive individual/family therapeutic services as evidenced in monthly "Therapeutic Services Tracking Form" stored in the "Units of Service" binder located in the PM and Billing offices.
- By the end of the current fiscal year, 75 individuals will have a stated goal and/or case/care plan as evidenced by random review of 10 charts at the end of fiscal year by Clinical Supervisor and documented in "M.H. Annual Monitoring Form" form stored in the "Evaluation Binder" binder located in the PM office.

Outcome Objectives:

- By the end of the current fiscal year, 75% of clients will complete at least one individual treatment goal as evidenced by random review of 10 charts at the end of fiscal year by Clinical Supervisor and documented in "M.H. Annual Monitoring Form" stored in the "Evaluation Binder" located in the PM's office. A short and long term goal tracking form will be placed in each client individual record/chart/file.

e. Service Linkage:

Process Objectives:

- By the end of the current fiscal year, 25 clients receiving non-clinical case management will be referred to behavioral health and/or social services as evidenced by random review of 10 Case Management charts at the end of fiscal year by Program Manager and documented in the "C.M. Annual Monitoring Form" stored in the "Evaluation Binder" located in the PM's office.
- By the end of the current fiscal year, 25 clients will have a written case/care plan evidenced by random review of 10 Case Management charts at the end of fiscal year by Program Manager and documented in the "C.M. Annual Monitoring Form" stored in the "Evaluation Binder" located in the PM's office.

Outcome Objectives:

- At least 25 clients who receive non-clinical Case Management will achieve one case/care goal as evidenced by random review of 10 Case Management charts at the end of fiscal year by Program Manager and documented in the "C.M. Annual Monitoring Form" stored in the "Evaluation Binder" located in the PM's office.

Evaluation of Objectives

Program Manager collects and submits UOS and UDC data on all clients. IFR complies with DPH policies and procedures for collecting and maintaining timely, complete, and accurate UDC and

service information in the Database. 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:

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

Program challenges are addressed during weekly staff meetings

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

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

Maya Health Promotoras will receive continuing health education and training throughout the contract period. The Program Manager will be responsible for assessing training needs and coordinating these ongoing sessions of training, and ensure that Promotoras continue to be engaged in Wellness Promotion and referral activities according to their capacity and skill level. Promotoras will be supervised and supported by a MH/EIS weekly (in groups) and individual case supervision, consultation and support.

A client satisfaction survey will be developed and administered to a minimum of 35% of the Mayan/indigenous community members participating in the IHWC activities in FY 15-16.

HIPAA Compliance Procedures:

DPH Privacy Policy is integrated in the contractor's governing policies and procedures regarding patient privacy and confidentiality. The Executive Director will ensure that the policy and procedures as outlined in the DPH Privacy Policy have been adopted, approved, and implemented.

- A. 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.
- B. 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 Clinical Supervisor will ensure that documentation is in the patient's chart, at the time of the chart review, that the patient was "notified."
- C. 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.
- D. Each disclosure of a client's health information for the purposes other than treatment, payment, or operations is documented. The Clinical Supervisor will ensure that documentation is in the client's chart, at the time of the chart review. Authorization for disclosure of a client's health information is obtained prior to release: (1) to provider outside the DPH Safety Net; or (2) from a substance abuse

Contractor: Instituto Familiar de la Raza, Inc.

City Fiscal Year: 2015-2016

CMS#: 6960

Appendix A-3

Contract Term: 07/01/15 – 06/30/16

Funding Source(s): MHSA

program. The Supervisor 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. Identifiers:

Program Name: Child Outpatient Behavioral Health Services
Program Address: 2919 Mission Street
City, State, ZIP: San Francisco, CA 94110
Telephone: 415-229-0500 FAX: 415-647-3662
Website Address: www.ifrsf.org

Contractor Address: 2919 Mission Street
City, State, ZIP: San Francisco, CA 94110
Person Completing this Narrative: Carlos Disdier
Telephone: 415-229-0500
Email Address: carlos.disdier@ifrsf.org
Program Code(s): 3818-6

2. Nature of Document:

☐ New ☒ Renewal ☒ Amendment Two

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 do not 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 to access 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(s)/Intervention(s):

Modalities and Definition of Billable Services

Billable services include Mental Health Services in the following forms:

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

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

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

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

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

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

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

6. Methodology:

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

A. Outreach, recruitment, promotion, and advertisement

IFR has a 36 year presence in the Latino community of San Francisco thus; current and past clients refer their family and friends. IFR is recognized as a culturally competent agency serving Latinos and receives many referrals from organizations and agencies in San Francisco. IFR has long standing

relationships with agencies and institutions that serve Latino youth and who provide linkages to mental health services (e.g., Mission Neighborhood Health Center, San Francisco General Hospital, S.F.U.S.D., J.J.C., and the Human Services Agency).

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

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

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

The IFR screening process confirms that clients have San Francisco residency, do not have private insurance and are low income; clients are screened for eligibility to receive services with an alternative source of payment (e.g. Medi-Cal or private insurance). Clients that do not meet eligibility requirements are referred to intra-agency resources (e.g., Family Resource Services which provides services to uninsured families with children under 5 years-old and 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. 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. Consent for Treatment or Participation is also required and clients are provided with a copy of the signed form. They are also informed of the Grievance Procedure process, which is documented in the chart.

C. Service Delivery Model

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

Coordinated services are primarily provided at IFR; however, the team also provides services in clients' homes, schools, and other sites that are convenient to clients. IFR is geographically and physically accessible to clients by MUNI and BART public transportation. The program is accessible by telephone at (415) 229-0500. Hours of operation are Monday through Friday, 9 a.m. to 7 p.m. and Saturdays, by appointment. Client's emergencies are managed by the assigned Behavioral Health Specialist, psychiatrist, Program Manager 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. IFR has an agreement with Mission Children, Youth and Family Service for IFR to access psychiatric services through their program. IFR will request parental consent to refer child to Medication Services and will accompany the family to every psychiatrist appointment. Mental Health Behaviorist will monitor compliance and other issues, important changes in clients' mental status and will consult and provide feedback to prescribing psychiatrist. Mission Children services will bill for services provided by their staff psychiatrist to their program.

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

Adjunct Services:

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

as other short-term interventions that focus on grief, loss, hope, and inspiration using traditional techniques.

D. Exit Criteria and Process

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

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

E. Program Staffing

See Appendix B.

Indirect Services

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

7. Objectives and Measurements:

A. Required Objectives

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

B. Individualized Program Objectives

IFR outpatient 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 all relevant CBHS trainings, particularly as it relates to compliance issues.
- 100% of registered children and youth will be screened for health coverage eligibility (Medi-Cal, Healthy San Francisco, etc.) and referred to enrollment sites. Clients will be tracked monthly Through Avatar reports to determine if they have successfully accessed benefits. Behaviorist Health specialist will be informed of status for follow-up and clinic manager will work with support staff to determine compliance.

Evaluation of Individualized Objectives:

- IFR will review the Uninsured Client Report on a weekly basis.

- The front desk will use the swipe and internet access to Medi-Caid to determine clients' status and eligibility.
- At Intake, client will be reviewed for insurance status and be provided with information and location where they register.
- Support staff will assist client to fill out paperwork and direct client to appropriate registration site.
- We will provide hard copy material regarding the insurance services available, waiting for Spanish Language availability.

8. Continuous Quality Improvement:

Achievement of contract performance objectives:

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

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

Documentation quality, including a description of internal audits:

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

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

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

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

Periodic Review of documentation is performed manually by support staff.

Cultural competency of staff and services:

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

Client Satisfaction:

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

Measurement, analysis, and use of CANS or ANSA data (Mental Health Programs Only)

All clients will receive an Adult Needs and Strengths Assessment (ANSA) at entry to services, within one year an ANSA Reassessment, and on departure an (ANSA) Closing Summary. IFR will use ANSA data to inform the focus of Treatment Plans of Care and mental health interventions.

Avatar reports and data provided by CBHS will be used for measurement and analysis of client services and effectiveness of treatment. IFR will participate in monthly ANSA SuperUser calls.

9. Required Language:

CBHS CYF-ECMHCI Required Language:

- A. For CBHS CYF SOC ECMHCI: Contractor will adhere to all stipulated CBHS requirements for the completion of Site Agreements for each assigned program site and/or service setting. Contractor also will comply with all stipulations of content, timelines, ensuring standards of practice, and all reporting requirements as put forth by the CBHS ECMHCI SOC Program Manager and RFP-10-2013.
- B. Changes may occur to the composition of program sites during the contract year due to a variety of circumstances. Any such changes will be coordinated between the contractor and the CBHS ECMHCI SOC Program Manager and will not necessitate a modification to the Appendix-A target population table. Contractor is responsible for assigning mental health consultants to all program sites and for notifying the CBHS ECMHCI SOC Program Manager of any changes.

1. Identifiers:

Program Name: Child Outpatient Behavioral Health Clinic-EPSDT

Program Address: 2919 Mission Street

City, State, ZIP: San Francisco, CA 94110

Telephone: 415-229-0500

FAX: 415-647-3662

Website Address: www.ifrsf.org

Contractor Address: 2919 Mission Street

City, State, ZIP: San Francisco, CA 94110

Person Completing this Narrative: Carlos Disdier

Telephone: 415-229-0500

Email Address: carlos.disdier@ifrsf.org

Program Code(s): 3818-5

2. Nature of Document:

☐ New ☒ Renewal ☒ Amendment Two

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 to access 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(s)/Intervention(s):

Modalities and Definition of Billable Services

Billable services include Mental Health Services in the following forms:

Mental Health Services - means those individual or group therapies and interventions that are designed to provide reduction of mental disability and improvement or maintenance of functioning consistent with the goals of learning, development, independent living and enhanced self-sufficiency and that are not

provided as a component of children residential services, crisis services, residential treatment services, crisis stabilization, day rehabilitation, or day treatment intensive. Service activities may include but are not limited to assessment, plan development, therapy, rehabilitation, and collateral.

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

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

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

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

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

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

6. Methodology:

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

A. Outreach, recruitment, promotion, and advertisement

IFR has a 36 year presence in the Latino community of San Francisco thus; current and past clients refer their family and friends. IFR is recognized as a culturally competent agency serving Latinos and receives many referrals from organizations and agencies in San Francisco. IFR has long standing relationships with agencies and institutions that serve Latino youth and who provide linkages to mental health services (e.g., Mission Neighborhood Health Center, San Francisco General Hospital, S.F.U.S.D., J.J.C., and the Human Services Agency).

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

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

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

The IFR screening process confirms that clients have San Francisco residency, do not have private insurance and are low income; clients are screened for eligibility to receive services with an alternative source of payment (e.g. Medi-Cal or private insurance). Clients that do not meet eligibility requirements are referred to intra-agency resources (e.g., Family Resource Services which provides services to uninsured families with children under 5 years-old and 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. 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. Consent for Treatment or Participation is also required and clients are provided with a copy of the signed form. They are also informed of the Grievance Procedure process, which is documented in the chart.

C. Service Delivery Model

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

Coordinated services are primarily provided at IFR; however, the team also provides services in clients' homes, schools, and other sites that are convenient to clients. IFR is geographically and physically accessible to clients by MUNI and BART public transportation. The program is accessible by telephone at (415) 229-0500. Hours of operation are Monday through Friday, 9 a.m. to 7 p.m. and Saturdays, by appointment. Client's emergencies are managed by the assigned Behavioral Health Specialist, psychiatrist, Program Manager 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. IFR has an agreement with Mission Children, Youth and Family Service for IFR to access psychiatric services through their program. IFR will request parental consent to refer child to Medication Services and will accompany the family to every psychiatrist appointment. Mental Health Behaviorist will monitor compliance and other issues, important changes in clients' mental status and will consult and provide feedback to prescribing psychiatrist. Mission Children services will bill for services provided by their staff psychiatrist to their program.

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 CRAFFT and AADIS screening tool to determine client needs for substance abuse services.

Adjunct 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

See Appendix B.

Indirect Services

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

7. Objectives and Measurements:

A. Required Objectives

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

B. Individualized Program Objectives

IFR outpatient 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 all relevant CBHS trainings, particularly as it relates to compliance issues.
- 100% of registered children and youth will be screened for health coverage eligibility (Medi-Cal, Healthy San Francisco, etc.) and referred to enrollment sites. Clients will be tracked monthly Through Avatar reports to determine if they have successfully accessed benefits. Behaviorist Health specialist will be informed of status for follow-up and clinic manager will work with support staff to determine compliance.

Evaluation of Individualized Objectives:

- IFR will review the Uninsured Client Report on a weekly basis.
- The front desk will use the swipe and internet access to Medi-Cal to determine clients' status and eligibility.
- At Intake, client will be reviewed for insurance status and be provided with information and location where they register.
- Support staff will assist client to fill out paperwork and direct client to appropriate registration site.
- We will provide hard copy material regarding the insurance services available, waiting for Spanish Language availability.

8. Continuous Quality Improvement:

Achievement of contract performance objectives:

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

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

Documentation quality, including a description of internal audits:

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

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

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

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

Periodic Review of documentation is performed manually by support staff.

Cultural competency of staff and services:

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

Client Satisfaction:

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

Measurement, analysis, and use of CANS or ANSA data (Mental Health Programs Only)

All clients will receive an Adult Needs and Strengths Assessment (ANSA) at entry to services, within one year an ANSA Reassessment, and on departure an (ANSA) Closing Summary. IFR will use ANSA data to inform the focus of Treatment Plans of Care and mental health interventions.

Avatar reports and data provided by CBHS will be used for measurement and analysis of client services and effectiveness of treatment. IFR will participate in monthly ANSA SuperUser calls.

9. Required Language:

CBHS CYF-ECMHCI Required Language:

- A. For CBHS CYF SOC ECMHCI: Contractor will adhere to all stipulated CBHS requirements for the completion of Site Agreements for each assigned program site and/or service setting. Contractor also will comply with all stipulations of content, timelines, ensuring standards of practice, and all reporting requirements as put forth by the CBHS ECMHCI SOC Program Manager and RFP-10-2013.
- B. Changes may occur to the composition of program sites during the contract year due to a variety of circumstances. Any such changes will be coordinated between the contractor and the CBHS ECMHCI SOC Program Manager and will not necessitate a modification to the Appendix-A target population table. Contractor is responsible for assigning mental health consultants to all program sites and for notifying the CBHS ECMHCI SOC Program Manager of any changes.

1. Identifiers:

Program Name: Early Intervention Program (EIP) Child Care MH Consultation Initiative Program
Program Address: 2919 Mission Street
City, State, ZIP: San Francisco, CA 94110
Telephone: 415-229-0500 FAX: 415-647-0740
Website Address: www.ifrsf.org

Contractor Address: 2919 Mission Street
City, State, ZIP: San Francisco, CA 94110
Person Completing this Narrative: Cassandra Coe
Telephone: 415-229-0500
Email Address: Cassandra.coe@ifrsf.org
Program Code(s): 3818(2)

2. Nature of Document:

☐ New ☒ Renewal ☒ Amendment One

3. Goal Statement:

The IFR Early Intervention Program (EIP) will provide comprehensive mental health consultation services to 24 center-based childcare sites (including one MHSA funded childcare center), two family resource centers, and approximately 40 Latina family childcare providers for fiscal year 2015-2016. The program will also open EPSDT charts on 6 children, ages 0-5 years old.

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

4. Target Population:

The target population is at-risk children and families enrolled in 24 center-based preschool childcare site, 40 Latina family child care providers who are part of the FCCQN, 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 Gardens, Women's Building, Stevenson, Capp Street, 24th Street, Bernal Dwellings, Mission Bay, Jean Jacobs. Southeast Families United Center, and Alemany Center; 4 SFUSD child development centers: Theresa Mahler Center, Zaida Rodriguez Center, Juniper Sierra EEC, Brett Harte EEC, and Bryant EEC; and 4 pre-K SFUSD sites: Cesar Chavez, Sanchez, John Muir and Paul Revere; and three private nonprofit sites: Mission YMCA, FSA Developmental Center and Martha Hills Learning Center. These programs serve primarily low-income, at-risk Latino children and Cal Works families in part-day and full-day programs.

The 40 Latina family child care providers are part of the Family Child Care Quality Network (FCCQN) and are facing the demands and stressors becoming part of a new Network. They serve some of our

most vulnerable families. One of these providers contracts with Wu Yee Children's Services' Early Head Start Program. The program will also open EPSDT charts on 6 children, ages 0-5 years; children who might not typically access mental health services due to linguistic and cultural barriers.

Instituto Familiar de la Raza's Family Resource Center (Casa Corazon) and the Chicano/Latino Family Resource Center will receive consultation services to staff and clients.

#	Center	# of Class-rooms	# of Children	# of Teachers	# of hrs per week	Funding	Site Type
1	MNC-Capp	4	64	6	10	HSA	ECE
2	MNC-Jean Jacobs	2	40	3	7	HSA	ECE
3	MNC-Stevenson	2	40	3	7	HSA	ECE
4	MNC-Valencia Gardens	4	64	7	10	HSA	ECE
5	MNC Bernal Dwellings	1	24	4	5	HSA	ECE
6	MNC 24 th Street	4	64	6	10	HSA	ECE
7	MNC-Women's Bldg	1	24	4	5	HSA	ECE
8	MNC Mission Bay	2	44	7	7	HSA	ECE
9	MNC Alemany	1	24	4	7	HSA	ECE
10	SFUSD Paul Revere Pre-K	1	20	3	2	HSA	ECE
11	Family Childcare Providers (FCCQN)	Up to 31	TBD	31	14	HSA	FCC
12	SFUSD - Zaida Rodriguez	4	68	7	12	First 5 PFA	ECE
13	SFUSD - Cesar Chavez Pre-K	2	40	2	5	First 5 PFA	ECE
14	SFUSD - Sanchez PreK EEC	2	40	3	7	First 5 PFA	ECE
15	Mission YMCA	3	60	6	7	First 5 PFA	ECE
16	SFUSD - Bryant CDC	2	48	6	7	First 5 PFA	ECE
17	SFUSD - Theresa S. Mahler EEC	2	48	6	7	First 5 PFA	ECE
18	Family Child Care Providers	Up to 31	TBD	Up to 31	10	PFA	FCC
19	IFR Family Resource Center	1	20	4	7	First 5 SRI	FRC
20	Chicano-Latino FRC	1	20	4	3	First 5 SRI	FRC
21	Southeast Families United (MNC) PreK Classroom	1	24	4	7	MHSA	ECE
22	Southeast Families United (MNC)/Infant/Toddler Classroom	2	14	4	5	MHSA	ECE
23	SFUSD - Brett Harte	3	68	6	7	HSA	ECE

	EEC						
24	SFUSD - Juniper Sierra EEC	3	72	9	7	First 5 PFA	ECE
25	SFUSD - John Muir EEC	1	15	2	4	First 5 PFA	ECE
26	Martha Hills Learning Center	3	40	7	5	First 5 PFA	ECE
27	Family Service Agency Developmental Center	8	120	20	14	HSA	ECE

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

- **Consultation – Individual:** Discussions with a staff member on an individual basis about a child or a group of children, including possible strategies for intervention. It can also include discussions with a staff member on an individual basis about mental health and child development in general.
- **Consultation -Group:** Talking/working with a group of two or more providers at the same time about their interactions with a particular child, group of children and/or families.
- **Consultation – Class/Child Observation:** Observing a child or group of children within a defined setting.
- **Staff Training:** Providing structured, formal in-service training to a group of four or more individuals comprised of staff/teachers, and/or family care providers on a specific topic.
- **Parent Support Group:** Providing structured, formal in-service training to a group of four or more parents, on a specific topic. Can also include leading a parent support group or conducting a parent training class or providing a consultation to a parent.
- **Early Referral/Linkage:** refer children and families for community services such as multi-disciplinary assessment; special education; occupational, speech, and physical therapy; family resource center services; or individual child or parent-child mental health services.
- **Consultant Training/Supervision:** individual and group supervision to consultants and participation in the Training Institute for new consultants.
- **Evaluation:** Activities conducted to assess the progress of any agency towards meeting the stated goals and objectives for the Early Childhood Mental Health Consultation Initiative. Can also include time spent complying with the CBHS-initiated evaluation efforts.
- **Systems Work:** coordination efforts and collaboration with other quality improvement efforts at individual sites to enhance the quality of care and alignment of efforts - includes participation in trans disciplinary teams that are part of the Center for Inclusive Early Education, coaching and consultant collaborative meetings, SF Quality Partnership meetings, etc.

- **Early Intervention – Individual:** Activities directed to a specific child, parent, or caregiver that are not considered to be planned mental health services. Meeting with a parent/caregiver to discuss specific concerns they may have about their child's development, and/or helping them explore and implement new and specific parenting practices that would improve their child's social-emotional and behavioral functioning.
- **Early Intervention – Group:** Conducting playgroups/socialization groups involving at least three children. The groups occur on site and are led by the mental health consultant, and in some instances can be co-facilitated by a member of the site staff.
- **Mental Health Services – Individual/Family:** Activities directed to a child, parent, or caregiver. Activities may include, but are not limited individual child interventions, collaterals with parents/caregivers, developmental assessment, referrals to other agencies. Can also include talking on an ongoing basis to a parent/caregiver about their child and any concerns they may have about their child's development. Clinical charts are open in these cases.
- **Mental Health Services – Group:** Conducting therapeutic playgroups/play therapy/socialization groups involving at least three children. Clinical charts are maintained.
- **Training-Institute:** IFR will deliver 6 session training for newly hired mental health consultants city-wide who have less than one year of experience providing consultation services through the ECMHC. Consultants will meet once a month for a didactic seminar that will provide an overview of the mental health consultation model outlined in the most recent CBHS RFP. Further topics will explore the role of the mental health consultant, how to begin consultation, understanding childcare culture, aligning efforts with First Five Initiatives, working with parents and developing inclusive practices. A strong cultural perspective and emphasis on relationship based, strength based interventions will frame the seminar

Please refer to Appendix B-5 for breakdown of Units of Service.

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 (Site Agreements) will be developed jointly between the consultant and the site supervisor of each individual site.
- Parents will be oriented to the program during monthly parent meetings conducted by the preschool staff and will be provided with a letter of introduction with the consultants contact information and description of her role.

- The consultants will work closely with the Head Start family specialist staff, education specialists, SFUSD 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 childcare, family resource centers, and family childcare settings. The program design is based upon a cultural framework that affirms and builds upon the strengths of the child, their caregivers (child care provider and parent/guardian), the family of service providers, and the community they identify with. An underlying assumption is that access to consultation, affirmation, resources and education empowers caregivers and families to create healthy environments and relationships for the healthy social and emotional development of preschool children.

The IFR-EIP model establishes a multi-disciplinary group consisting of site-specific childcare staff; other involved site-based caregivers and a bilingual/bicultural Mental Health Consultant. Depending upon the scope of the problem, outside caregivers may be invited to participate in an individual child's review including pediatricians, speech therapists, and other caregivers. We will provide 4-14 hours per week of bilingual child care mental health consultation services to 24 early education childcare sites and two monthly charlas and individual consultations as requested to 40 family childcare providers participating in the FCCQN (Q Circle) 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 40 family childcare providers, mental health consultation will be individualized and based upon the needs of the provider, the age of the children and their relationships to a center-based program. Partnership meetings with parents will be established at the providers request 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 16th 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.

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.

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. Program's staffing: See Appendix B.

7. Objectives and Measurements:

A. Required Objectives:

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

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

B. Individualized Program Objectives

None

8. Continuous Quality Improvement:

- a. **Achievement of contract performance objectives:** The Early Intervention Program's CQI activities include weekly Team meetings utilizing a reflection Case Presentation model that supports and deepens consultant's work and methodology. Meetings include administrative check-ins to review and reflect on the achievement of contract performance objectives.
- b. **Documentation quality, including a description of internal audits:** Charts are maintained for each individual childcare site, family resource centers and a chart for family childcare providers. Charts are reviewed quarterly for quality and accountability by the Program Director.
- c. **Cultural competency of staff and services:** All staff are bilingual and bicultural and our work is based on a cultural framework that is central to its success.
- d. **Client Satisfaction:** An annual client satisfaction is performed every year as per CBHS requirements. Results are analyzed and changes are implemented if necessary. We will also seek regular feedback from Program Directors and Site Directors at all the sites we serve. We incorporate their feedback and readily address issues as they surface.
- e. **Measurement, analysis, and use of CANS or ANSA data (Mental Health Programs Only)**
For Individual mental health cases, the CANS will be administered every 6 months and results analyzed to determine medical necessity and progress of case.

9. Required Language:

CBHS CYF-ECMHCI Required Language:

- a. For CBHS CYF SOC ECMHCI: Contractor will adhere to all stipulated CBHS requirements for the completion of Site Agreements for each assigned program site and/or service setting. Contractor also will comply with all stipulations of content, timelines, ensuring standards of practice, and all reporting requirements as put forth by the CBHS ECMHCI SOC Program Manager and RFP-10-2013.
- b. Changes may occur to the composition of program sites during the contract year due to a variety of circumstances. Any such changes will be coordinated between the contractor and the CBHS ECMHCI SOC Program Manager and will not necessitate a modification to the Appendix-A target population table. Contractor is responsible for assigning mental health consultants to all program sites and for notifying the CBHS ECMHCI SOC Program Manager of any changes.

1. Identifiers:

Program Name: La Cultura Cura ISCS/EPSTD Services

Program Address: 2919 Mission Street

City, State, ZIP: San Francisco, CA 94110

Telephone: 415-229-0500

FAX: 415-647-3662

Website Address: www.ifrsf.org

Contractor Address: 2919 Mission Street

City, State, ZIP: San Francisco, CA 94110

Person Completing this Narrative: Jesús Yañez

Telephone: 415-229-0500

Email Address: jesus.yanez@ifrsf.org

Program Code(s): 3818-10

2. Nature of Document:

☐ New ☒ Renewal ☒ Amendment Two

3. Goal Statement:

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

4. Target Population:

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

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

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

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

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

Billable services include Mental Health Services in the following forms:

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

- *Assessment* - means a service activity which may include a clinical analysis of the history and current status of a beneficiary's mental, emotional, or behavioral disorder, relevant cultural issues and history; diagnosis; and the use of testing procedures.
- *Collateral* - means a service activity to a significant support person in the beneficiary's life with the intent of improving or maintaining the mental health of the beneficiary. The beneficiary may or may not be present for this service activity.
- *Therapy* - means a service activity which is a therapeutic intervention that focuses primarily on symptom reduction as a means to improve the functional impairments. Therapy may be delivered to an individual or group of beneficiaries and may include family therapy at which the beneficiary is present.
- *Case Management* - means services that assist a beneficiary to access needed medical, educational, pre-vocational, vocational, rehabilitative, or other community services. The activities may include, but are not limited to, communication, coordination, and referral; monitoring service delivery to ensure beneficiary access to service and the service delivery system; monitoring of the beneficiary's progress; and plan development.
- *Crisis Intervention* - means a service, lasting less than 24 hours, to or on behalf of a beneficiary for a condition that requires more timely response than a regularly scheduled appointment. Service activities may include but are not limited to assessment, collateral, and therapy.

6. Methodology:

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

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

A. Outreach & Recruitment:

IFR has long standing relationships with agencies and institutions that serve Latino youth and who provide linkages to mental health services (e.g., Mission Neighborhood Health Center, San Francisco

General Hospital, S.F.U.S.D., J.J.C., and the Human Services Agency). Outreach efforts are extended to families when there are circumstances that prevent them from enrolling into services at IFR prior to Episode Opening and could include meeting with families in their home or at a mutually agreed to "safe" location. Outreach is also utilized when mandated participants are out of compliance with scheduled meetings and the carrying provider has to extend support at school district sites, while waiting for matters to be called in to court, and during times when a socialization activity is offered to the youth based on merit.

B. Admission and Intake Criteria:

Intensive Supervision and Clinical Services (ISCS)

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

Intensive Case Management

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

C. Service Delivery Model:

Intensive Supervision and Clinical Services (ISCS)

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

Contractor activities on behalf of a client will be documented and an individual case file will be maintained. Contractor agrees that upon initiation of services, clients will be mandated to sign Release of Information forms allowing communication of client information to the assigned probation officer and any other critical JPD staff. Individual progress reports shall be submitted once a month to JPD, using the standard report format. Reports will include:

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

- Employment status
- Referrals to community resources

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

Intensive Case Management

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

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

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

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

D. Discharge Planning and Exit Criteria:

Client Discharge occurs when a youth has successfully completed their probation term or advanced their treatment goals. Termination may also occur when a youth has moved out of the area, sent to an out-of-home placement, or has been out of contact with probation or program staff for an extended

period of time. At the point of termination there will be a CANS closing Discharge summary submitted into the client's chart and an Episode closing form which needs to be inputted into AVATAR .

E. Program Staffing:

Please refer to Exhibit B.

No Indirect Services for this component.

7. Objectives and Measurements:

a. Standardized Objectives

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

b. Individualized Program Objectives

The following objectives will also be tracked:

Objective 1:

By June 30th of Fiscal Year 2015-2016, 65% of participants actively involved in the program for 6 months 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 by June 30th 2015 and present to the Associate Director to analyze the data to inform program implementation.

Objective 2:

During Fiscal Year 2015-2016, 90% of participants enrolled in the program and actively participating for a 3 month period 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 by June 30th 2016 and present to the Associate Director to analyze the data to inform program implementation.

Objective 3:

During Fiscal Year 2015-2016, 35% of participants involved in services for 3 to 6 months 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 by June 30th 2016 and present to the Associate Director to analyze the data to inform program implementation.

Objective 4:

During Fiscal Year 2015-2016, 65% of participants involved with services for a period of 3 to 6 months 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 by June 30th 2016 and present to the Associate Director to analyze the data to inform program implementation.

8. Continuous Quality Improvement:

a. Achievement of contract performance objectives:

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

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

b. Documentation quality, including a description of internal audits:

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

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

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

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

Periodic Review of documentation is performed manually by support staff.

c. Cultural competency of staff and services:

The staffing pattern and collaborative efforts directly aim at being representative and reflective of the groups within the community IFR serves. IFR staff represents a multidisciplinary, multi-ethnic cadre of people who demonstrate high levels of immersion in the cultural values of the community, their life experiences (as immigrants, women, gay and lesbian, transgender, etc.) as well as a high level of

professional training. Retention of qualified staff is enhanced by ongoing quality professional staff development and by a responsive Human Resources department.

d. Client Satisfaction:

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

e. Measurement, analysis, and use of CANS or ANSA data (Mental Health Programs Only)

All clients will receive an Adult Needs and Strengths Assessment (ANSA) at entry to services, within one year an ANSA Reassessment, and on departure an (ANSA) Closing Summary. IFR will use ANSA data to inform the focus of Treatment Plans of Care and mental health interventions.

Avatar reports and data provided by CBHS will be used for measurement and analysis of client services and effectiveness of treatment. IFR will participate in monthly ANSA SuperUser calls.

9. Required Language:

CBHS CYF-ECMHCI Required Language:

- A. For CBHS CYF SOC ECMHCI: Contractor will adhere to all stipulated CBHS requirements for the completion of Site Agreements for each assigned program site and/or service setting. Contractor also will comply with all stipulations of content, timelines, ensuring standards of practice, and all reporting requirements as put forth by the CBHS ECMHCI SOC Program Manager and RFP-10-2013.
- B. Changes may occur to the composition of program sites during the contract year due to a variety of circumstances. Any such changes will be coordinated between the contractor and the CBHS ECMHCI SOC Program Manager and will not necessitate a modification to the Appendix-A target population table. Contractor is responsible for assigning mental health consultants to all program sites and for notifying the CBHS ECMHCI SOC Program Manager of any changes.

1. Identifiers:

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

Program Address: 2919 Mission Street

City, State, ZIP: San Francisco, CA 94110

Telephone: 415-229-0500

FAX: 415-647-0740

Website Address: www.ifrsf.org

Contractor Address: 2919 Mission Street

City, State, ZIP: San Francisco, CA 94110

Person Completing this Narrative: Cassandra Coe

Telephone: 415-229-0500

Email Address: Cassandra.coe@ifrsf.org

Program Code(s): 3818

2. Nature of Document:

☐ New ☒ Renewal ☒ Amendment Two

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 2015-2016. The CARE Program will serve as an integrative bridge between teachers, out-of-school time providers, students, and parents in order to facilitate the building of positive, esteem building relationships for students in the classroom, at home, and during after school programming. The goals of the program are to 1) Improve and enhance the quality of relationships between care providers (teachers, support staff, OST providers, families and children) thus improving the overall school climate 2) Decrease mental health crisis episodes, and 3) Increase teachers' and care providers' capacity to respond to- and support the mental health, behavioral, and developmental issues of their students, as well as creating culturally and developmentally appropriate environments for them. Long-term goals include removing barriers to learning, improving academic achievement through increased school functioning and increased family functioning and engagement.

4. Target Population:

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

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

Mental Health Consultation:

- At Hillcrest, the mental health consultant will provide 700 hours of consultation to identified teachers - facilitating monthly consultation meetings as well addressing weekly needs in order to build teacher capacity to respond to and identify emerging mental health issues and foster positive teacher-student relationships. Consultation efforts will also help foster coordination of care for identified clients, creating a seamless experience for clients.
- At Hillcrest, 200 hours of mental health consultation support will be provided to the afterschool staff with information bridged back to the school day team. Support will increase the ASP staff's capacity to identify and respond to emerging mental health needs and develop skills to respond to these needs.
- At Hillcrest 200 hours of Inclusion Consultation will be provided weekly by Support for Families with Children with Disabilities. The support will increase staff's capacity to create inclusive environments, develop skills to respond to learning and behavioral challenges of at-risk students.
- At James Lick Middle School, the mental health consultant will provide 500 hours of consultation services to support staff, administration and teachers. Consultation efforts will also help foster coordination of care for identified clients, creating a seamless experience for clients.
- At James Lick Middle School, 200 hours of Inclusion Consultation Services will be provided weekly by Support for Families with Children with Disabilities. The support will increase staff's capacity to create inclusive environments, develop skills to respond to learning and behavioral challenges of at-risk students.

Systems Work:

- At Hillcrest, The Mental Health Consultant will facilitate a bimonthly Mental Health Collaborative meeting with Leadership, support staff and other mental health providers to ensure the alignment of services and support deepening a shared vision regarding student support, family engagement and teacher capacity building. At minimum, we will provide 75 hours of systems work to site.
- At James Lick Middle School, the Mental Health Consultant will facilitate a bimonthly counselor/CARE Team meeting with Leadership, support staff and other mental health providers to ensure the alignment of services and support deepening a shared vision regarding student support, family engagement and teacher capacity building. At minimum, we will provide 75 hours of systems work to site.

Outreach and Engagement:

- At Hillcrest, IFR mental health consultant will provide 400 hours of outreach and linkage services about community resources, early identification of mental health issues, and linkage to school community including staff, parents and youth
- At James Lick Middle School, IFR mental health consultant will provide 300 hours of outreach to parents at two school-wide community events providing referrals and information about all programs at IFR.

Individual Therapeutic Services

- At Hillcrest, Mental Health Consultant will provide face-to-face assessments and brief early intervention services to at least 7 to 8 individuals and/or families suffering from or at risk for trauma. On average families will receive 4-6 sessions (typically 1 hour each). At least 40 hours of this service will be provided.

- At James Lick Middle School, the mental health consultant will provide face-to-face assessments and brief early intervention services to at least 7 to 8 individuals and/or families suffering from or at risk for trauma. On average families will receive 4-6 sessions (typically 1 hour each). At least 40 hours of this service will be provided.

Group Therapeutic Services

- At Hillcrest, the Mental Health Consultant will provide one therapeutic group with a minimum of 3 students targeting children who have experienced significant separations from their parent (i.e. from immigration, incarceration, divorce). Group will meet on average for 8-10 sessions for a total of 10 hours.
- At James Lick Middle School, the Mental Health Consultant will provide one therapeutic group with a minimum of 3 students targeting students who are adapting to being recent immigrants and may be experiencing social stressors due to this transition. Group will meet on average from 8-10 sessions for a total of 10 hours.

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

#	Center	Consultant	# of hrs per week	# of Children	# of Classrooms	# of Teachers
1	Prevention Services Hillcrest	Julio Lagos/Nancy Leos de Thiele (ASP)	14/7	330	15	15
2	Inclusion Consultation Services Hillcrest	Alison Stewart (SFF)	7	INC		8
3	Early Intervention Services	Stefanie Chiquillo Julio Lagos	7 7	40	6	6
4	Prevention Services James Lick MS	Jasmine Alvarez	28	570	32	32
5	Inclusion Consultation Services James Lick	Alison Stewart (SFF)	7	INC		6

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

- Consultation – Individual:** Discussions with a staff member on an individual basis about a child or a group of children, including possible strategies for intervention. May also include discussions with a staff member on an individual basis about mental health and child development in general.
- Consultation -Group:** Consulting with a group of three or more teachers/staff regarding the mental health needs of students. Includes facilitation of COST meetings, participation in SST, IEP meetings, and other relevant school meetings.

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

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

6. Methodology:

Outreach, Recruitment, Promotion, and Advertisement:

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

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

B. Admission/Intake Criteria

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

C. Service Delivery Model

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

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

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

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

Frequency of Services/Hours/Location:

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.

Services are delivered at each school community. There are an array of partnerships and collaborations that help to ensure students' educational opportunities. The following description outlines the primary

vehicle for achieving our goals: The Mental Health Consultant provides an array of services to the child, parent and teachers with the service goal of building upon the strengths of the child, parent and teacher. Partnership meetings include the staff person closest to the child and parent, the Mental Health Consultant and the parent/guardian.

D. Exit Criteria:

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

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

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

E. Program Staffing:

Please see Appendix B.

7. Objectives and Measurements:

MHSA SMART GOAL #1:

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

Performance Objective #1:

Participation in Consultation Services: During academic year 2015-16, a minimum of 65% of staff at James Lick Hillcrest (including Afterschool staff) will receive at least one consultation from the Mental Health Consultant to support them to respond to stressors in their classroom. This will be measured utilizing a survey administered annually and through the EIP monthly tracking log which tracks unduplicated count for teachers.

Performance Objective #2:

During academic year 2015-16, 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 2016.

Performance Objective #3:

During academic year 2015-16, 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 2016.

MHSA SMART GOAL #2

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

Performance Objective#1

During academic year 2015-16, the mental health consultant will participate in all SAP and CARE meetings and assist in identifying those students with emerging mental health needs and make appropriate linkages. This will be measured by weekly tracking logs as well as documentation regarding successful linkages to mental health resources.

Performance Objective#2

During academic year 2015-16, a minimum of 15 students/families total at both schools sites will receive either pull-out or push-in support and will show a reduction in the frequency of behavioral or emotional outbursts in the classroom as measured by self-report, counselor and teacher observation and collateral information when available and documented in the program records and individual student charts.

During academic year 2015-16, IFR staff will attend all planning and collaborative meetings requested by MHSA Program demonstrating increased knowledge and alignment with MHSA goals as measured by their participation in meetings and documented in sign-in sheets.

MHSA SMART GOAL #3

Enhance and improve systems to respond effectively to student and family need.

Performance Objective #1

During academic year 2015-16, the mental health consultant will co-facilitate biweekly Mental Health Collaborative meetings and by the end of the academic year- will have developed a health and wellness support plan for Hillcrest.

8. Continuous Quality Improvement:

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

A primary goal of the Early Intervention Program and our consultative efforts is to support providers (teachers/administrators) to first recognize and then develop the skills needed to understand, communicate with, and effectively serve people across cultures. By being nonjudgmental and creating spaces for teachers to explore their biases and assumptions about their students and bridging those

back to our deep understanding of the community and the Latino experience, we can help providers deepen their understanding and value the cultural backgrounds of their students. The EIP deepens their knowledge of working with multicultural students and their family through ongoing weekly group supervision, which emphasizes the provision of consultation through a cultural lens and utilizes a reflective case presentation model where clinicians can reflect on the complexities of working with diverse populations and improve their practice.

9. Required Language:
N/A

1. Identifiers:

Program Name: Trauma Recovery & Healing Services (TR&HS)
Program Address: 2919 Mission Street
City, State, ZIP: San Francisco, CA 94110
Telephone: 415-229-0500 FAX: 415-647-0740
Website Address: www.ifrsf.org

Contractor Address: 2919 Mission Street
City, State, ZIP: San Francisco, CA 94110
Person Completing this Narrative: Jesús Yañez, Program Manager
Telephone: 415-229-0500
Email Address: clery.villacrez@ifrsf.org
Program Code(s): 3818-X

2. Nature of Document:

☐ New ☒ Renewal ☒ Amendment Two

3. Goal Statement:

The goal of IFR's Trauma Recovery and Healing Services is to 1) reduce the incidence and prevalence of trauma related conditions in children, youth, and families, including risk for retaliation among youth engaged in negative street activity further and victimization through violence; 2) Increase violence prevention providers' understanding of mental health issues in context of violence; 3) Mitigate risk factors associated with vicarious trauma among violence prevention providers and 4) Decrease Stigma among youth and families in accessing public health services. This is a cost reimbursement contract with CBHS - MHSA for FY 15-16.

4. Target Population:

TR&HS will provide youth ages 12 to 25 and their families who reside in the Mission District and Latinos city wide with trauma recovery services during FY 15-16. The target population will be youth and their families affected by street and community violence. This program will have primary focus on 94110, 94112, 94102, and 94103.

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

In addition, to individual and family centered interventions to address trauma related conditions, mental health consultation will be provided to violence prevention staff of HealthRight360's SVRT, and other VP service providers that impact on the target population including case managers and peer advocates who provide violence prevention services at Instituto Familiar de la Raza.

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

WELLNESS PROMOTION:

Community Interventions

i. Provide 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.

ii. Debriefing: TR&HS will support HealthRight360's efforts to prevent retaliations and escalations of community violence. These are unplanned interventions coordinated under the direction of the SVRT Program Director, responsible for crisis response and aftercare in focus areas of Mission District, Western Addition, OMI, SOMA-Tenderloin districts.

iii. Ceremonies and Dialogue on Peace: IFR has a well-established history of integrating cultural and spiritual practices as part of the approach to intervention. Believing that preserving traditional knowledge and practices is healthy and healing. TR&HS convene two (2) facilitated dialogues on peace as well as two (2) community ceremonies to support the public at large in addressing the aftermath of street and gang-related violence. Community ceremonies serve as a means to raise public awareness about the harmful effects of community violence and how and where to receive help. IFR will leverage resources from the Indigena Health and Wellness Collaborative, funded by DPH, to work closely with leaders in the indigenous community to integrate messages of peace, forgiveness, and reconciliation in the community. Ceremonies will include Día de los Muertos, Xilonen, and Cuahatemoc. Youth and families impacted by street violence will be encouraged to participate in these Healing ceremonies. IFR expects to reach at least twenty-two (22) unduplicated clients under this modality.

OUTREACH AND ENGAGEMENT:

i. TR&HS staff will provide 200 hours of outreach; basic information about the services at various sites including safe havens, community events, collaborative meetings, and school settings.

SCREENING AND ASSESSMENT:

i. The Behavioral Health Specialists in this program will conduct a minimum of fifty (50) risk assessments of youth referred for individual intervention. Direct services, which result in an open chart for clients, will include a psychosocial assessment. Psychosocial assessment means a service activity which may include a psychosocial, clinical and cultural formulation of the client's status, including history, mental and behavioral status, relevant cultural issues and history, diagnosis, and treatment goals.

MENTAL HEALTH CONSULTATION:

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

(funded in this exhibit) that support skills development and integration of a multidisciplinary approach to care.

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

iii. *Individual Therapeutic Services*

Services with or on behalf of an individual, family, and/or group designed to support the stabilization of individuals/families or community groups, including staff that have been affected by street and/or community violence. The goal of this intervention is to enhance self-sufficiency and community functioning. Services may include, but are not limited to, assessment, plan development, grief, and bereavement counseling to individuals and groups, crisis response, and collateral intervention. In addition, providers in this program will work closely with HealthRight360's SVRT staff (emphasis upon the Mission District) to support de-escalation and prevent retaliations among the target population.

- iv. The full-time Behavioral Health Specialists assigned to this contract may provide crisis debriefing and grief & bereavement counseling to clients, family members, and staff who have been affected by street and/or community violence in order to support healthy functioning and reduce risk factors including retaliation following an incident of violence. Interventions are part of a coordinated effort to protect the public in general and the individuals/families targeted with violence. These interventions may be delivered to an individual, family, or group.
- v. Short-term interventions assist individuals and families in stabilization of traumatic conditions due to community violence to which they may have been exposed. Individual services for 6 sessions or up to 6 weeks before re-assessment then up to 6 to 12 months, depending on the severity and the needs of the individual/ family.

Group Therapeutic Service

- vi. During FY 15-16, staff will develop culturally and socially relevant curriculum addressing trauma and reunification. A psycho-education group for teens and a separate group for parents will be provided to target population in the fall of 2014. Up to 6 parents and 5 youth will be served through these interventions.
- vii. During FY 15-16, Behavioral Health Specialist will facilitate multiple sessions of a leadership group "Joven Noble". This activity will impact 10-12 youth.

During the fiscal year 2015-16, IFR will provide services to 116 unduplicated clients under this appendix.

Units of Service (UOS) Description	Units of Service	Unduplicated Clients (UDC)
Outreach & Engagement: 0.3 FTE Staff will provide 200 hours of I&R and client engagement into program activities.	200	
Mental Health Consultation:		

Community Dialogues And Debriefing 0.08 FTE x 35 hrs/wk x 45 wk x 65% level of effort	82	32
Care Development and Capacity Building Consultation 0.52 FTE x 35 hrs/wk x 45 wk x 65% level of effort	532	
Individual Therapeutic Services Individual Therapeutic Services 0.9 FTE x 35 hrs/wk x 45 wks x 65% level of effort	921	50 (included)
Group Therapeutic Services 0.2 FTE x 35 hrs/wk x 45 wks x 65% level of effort		
1 psycho-educational group and multi-sessions to serve up to 6 parents and up to 5 youth.		34 (included)
Joven Noble: Leadership groups for up to 12 unduplicated youth.		
Total UOS Delivered	1,735	
Total UDC Served		116

6. Methodology:

A. Outreach, Recruitment, Promotion, and Advertisement:

La Cultura Cura-Trauma Recovery and Healing Services will receive its referrals from the HR360 SVRT, Mission Peace Collaborative (MPC), as well as self-referral. The MPC is a convening 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 Specialists in this contract are responsible for outreach and client recruitment activities. Outreach and recruitment will be done at schools, community agencies, areas where youth congregate, and at community events.

Informational flyers 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 individual therapeutic services, including crisis intervention and grief counseling, will be registered at IFR and a chart will be opened; however, registration in the System of Care (AVATAR) will not be required until otherwise determined (i.e. if they are linked/coordinated into long term services). The client receives an orientation to the agency and the public health system as part of the admission and intake process. IFR will adhere to prevailing guidelines of BHS 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 who meet criteria for case management services 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 5years-old) or to appropriate outside service providers.

C. Delivery Model:

La Cultura Cura-Trauma Recovery and Healing Services program 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 behavioral health specialist (this appendix) case managers and street outreach workers (funded by DCYF/VP) to provide 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 /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 partner agencies including but not limited to HealthRight 360, SFUSD sites, Mission Neighborhood Centers, and additional partners in response to the needs as determined by the target population. Co-location of the behavioral health specialist 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 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 child/outpatient clinic, IFR has established strong links with the Department of Human Resources and the San Francisco Family Court system, placing 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 HealthRight360 and Mission Neighborhood Centers are geographically and physically accessible to clients by MUNI and BART public transportation. IFR is located at 2919 Mission Street (one block from the 24th 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 Behavioral Health Specialist, under guidance of the Clinical Supervisor, a licensed behavioral health provider, will consider such factors as suicidal risk factors, domestic violence exposure, substance abuse involvement, recent trauma, community functioning, progress, and status of Care Plan objectives to determine which clients can be discharged from services. For direct services: every three months, a chart/case review will be conducted to assess client need for services and/or creation of a step-down plan into the community or system of care. Chart maintenance and standards of documentation will be reviewed within weekly supervision.

E. Program Staffing:

Two (2) full time Mental Health Specialists will provide Individual Therapeutic Services and facilitate Group Interventions and provide 30 capacity building consultations providers. The La Cultura Cura Program Manager (LCC Program Manager) is responsible for the administration, implementation and supervision of the program as well as the staff. The LCC Program Manager is supervised by the Associate Director.

F. Systems Transformation:

IFR's Trauma Recovery and Healing Services is aligned with the principles of MHSA to engage youth and families in the development of programs that are responsive to their needs. Beginning in 2012, Leadership of IFR and program staff facilitated the involvement of youth and families in an extensive planning process conducted by the Mission Peace Collaborative (MPC) to develop a 5 year violence prevention plan. Stakeholders included community and civic leaders, faith based community, parents, teachers, youth and the business community. Along with other agency members of the MPC, IFR has participated in three (3) town hall meetings to develop strategies and recommendations to present a 5 year plan. The involvement of parents, youth and families has informed the process to date. It is the intention to remain active in this community planning process and ensure that youth and families play a major role in service priorities and design.

As part of the Cultural Competency evaluation conducted at our agency in October 2013, youth from this program participated in a focus group to gather feedback on their sense of involvement in the program design, information about the sensitivity of the providers (language, culture, and social

sensitivity), and recommendations for improvement. Based on the findings and following the Department of Public Health guidelines, a Community Advisory Board (CAB) for our youth program will be established by March 2015. The CAB members will be engaged in the input and/or participation in agency cultural events and fundraising events/activities as well as in advising on youth development competency for providers and providing valuable insight for program's assessment.

IFR through its TR&HS program has promoted the principle of improving service coordination with the goal of providing a seamless experience for clients: TR&HS has enhanced IFR's capacity to promote trauma informed perspective as part of service coordination among violence prevention providers in the Mission District. Since the inception of TR&HS, one of the principle goals has been to increase Trauma sensitivity, understanding, and compassion among community members and service providers. As a leading agency in providing mental health and social services, IFR has had a strong influence among the network of Latino providers to view violence as a public health issue. This program in particular has made a tremendous difference in engaging and building capacity within non-mental health agencies to integrate case development methodologies that improve outcomes for isolated youth and families. In addition to case development approaches to care, the program has utilized healing circle and community interventions to increase access and quality of care to Youth and Families who are affiliated and or identified with gang activity or street violence. While continue to work toward standards of practice among violence preventions workers, it can be said that TR&HS has greatly influenced outreach workers and case managers with regard to the important of emotional and spiritual health for the target population as well as self-care.

7. Objectives and Measurements:

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

- i. During FY15-16, 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.

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

- i. During Fiscal Year 15-16, 25 youth will receive individual interventions and of these, 60% will demonstrate improvements in symptoms of depression, anxiety, self-concept, and/or behavior as measured by pre and post T-scores on the UCLA PTSD Index Trauma Screen, client self-report, and/or observations as reflected in the client's charts.
- ii. During FY 15-16, a total of 6 parents and 5 youth will complete multi-sessions group on the issue of reunification and its relationship to risk behavior among youth. Parents will learn to identify trauma and basic skills to address behaviors; parents will receive linkage services to community resources. Participants who complete these Psycho-educational group sessions will be asked to complete a survey to determine if the intervention enhances knowledge and understanding between youth and parent/adult caretaker.

8. Continuous Quality Improvement:

IFR strives to comply with all CQI standards for DPH, CBHS and AIDS to meet prevailing standards of care. IFR is committed to working collaboratively with the Evaluation Unit to design and implement evaluation measures in the program. To ensure CQI, random QA reviews and biweekly supervision has been a standard of practice for TR & HS. The Program adapted CBHS charting standards when it began in 2006 to document direct services, and developed an indirect reporting form to track mental health consultation services and community interventions. For this program, youth and families are not registered into AVATAR; however, a chart is opened and follows minimum guidelines based on CBHS protocols. Charts are maintained at IFR. Client registration occurs for youth who are in brief therapy or crisis counseling. The Clinical Supervisor 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 Behavioral Health Specialists are supervised on a bi-weekly basis by a licensed clinician.

TR&HS is a component of La Cultura Cura (LCC), and as such, the full-time behavioral health specialists are part of the program team and attend a biweekly administrative meeting with the Program Manager who is the liaison to the HealthRight360 and MNC programs. In addition, the LCC Program Manager and Behavioral Health Specialists (BHSs) convene the Care Management Development Meetings with Network providers in the system. The Care Development Meetings ensure quality and standards of care in case management services and improve the coordination of services to the target population. The BHSs provide review of case management service plans and supervision for up to 4 Case Managers in the Network. The IFR Program Director dedicates 5% to CQI activities while the BHS dedicates 15% to quality assurance activities.

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

- a. Program staff will attend a minimum of six hours of training on trauma informed approaches including CBT, Psycho-educational interventions and crises response.
- b. Program staff will attend training on provision of services to the designated target population of the program, regardless of ethnic, cultural background, gender, sexual orientation, creed, or disability.
- c. Program staff will participate in meetings or training necessary for the implementation and maintenance of the System of Care.
- d. Program staff will participate in an ongoing series of HIPAA trainings to increase their ability to maintain compliance.
- e. Program staff will participate in six hours of training in Groups facilitation.
- f. Program staff will attend trainings to increase knowledge, skills, and approaches to violence prevention and trauma recovery to the target population of youth and families served.
- g. Program staff under this exhibit will attend a minimum of one annual cultural event sponsored by the agency during FY 15-16.

HIPAA Compliance Procedures:

- a. DPH Privacy Policy is integrated in the contractor's governing policies and procedures regarding patient privacy and confidentiality. The IFR Program 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 are trained (including new hires) and annually updated in the agency privacy/confidentiality policies and procedures. The LCC 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 LCC 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 LCC 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 LCC 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 LCC 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. Identifiers:

Program Name: Semillas de Paz

Program Address: 2919 Mission Street

City, State, ZIP: San Francisco, CA 94110

Telephone: 415-229-0500

FAX: 415-647-0740

Website Address: www.ifrsf.org

Contractor Address: 2919 Mission Street

City, State, ZIP: San Francisco, CA 94110

Person Completing this Narrative: Jesús Yañez, Program Manager

Telephone: 415-229-0500

Email Address: jesus.yanez@ifrsf.org

Program Code(s): 3818C

2. Nature of Document:

☒ New ☐ Renewal ☐ Informal Modification Two

3. Goal Statement:

Instituto Familiar de la Raza will assemble a venue-based triage team to respond to youth emergencies, with emphasis upon Mission district and Latino citywide, through venue-based outreach and support at schools, youth centers, and other locations. To address youth emergencies, Semillas de Paz will conduct an assessment utilizing appropriate assessment tools and prepare an individual and/or family service plan. Services will be provided until the client can be safely transferred to another provider or terminated in accord with Medi-Cal standards for Mode 15 services. This is a cost reimbursement contract with CBHS for FY 15-16.

4. Target Population:

Semillas de Paz will provide with timely mental health, trauma support, and case management services in emergencies during FY 15-16. The target population will be Latino children and youth, primarily between the ages of 12 to 24. This program will have primary focus on serving youth and young adults impacted by varying levels of trauma as a result of violence due to street affiliation, intimate partner, and bullying. The project will also emphasize services to recently arrived immigrant minors. Services will focus on addressing the service gaps to serve the recent surge in minors arriving to the City including ensuring that there is access to treatment, legal, and educational support services to this highly traumatized and vulnerable population.

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

Clinical Case Management

Crisis Triage Counselors (CTC) will screen clients referred for services and will coordinate the authorization of clients from the Child Crisis. Eligible clients will be assessed for needs and readiness for services. The CTCs assigned to a case will identify relevant community linkages and follow-up support.

CTCs will implement and update the care plan, including 1) identifying service needs, 2) brokerage of services with other providers (intra and inter-agency), 3) client advocacy, 4) coordination of services, and 5)

follow-up and monitoring of the goals, objectives and activities involved in serving the client's needs. Progress notes maintained by CTCs will address goals and objectives from the service plan. They will indicate any change in the client's overall health and identify obstacles or problems faced by the client, which may require modifications to the Care Plan.

Follow-up and monitoring of clients may be planned, unplanned, or under crisis conditions.

Individual/Family Mental Health Services

Crisis Triage Counselors (CTC) will provide specialty mental health services. CTCs will render emergency debriefing and counseling to clients, family members, staff, and community members who have been affected by a traumatic event in order to support healthy functioning and reduce risk factors. Based on needs identified via CANS, a comprehensive individual service plan will be developed to address immediate concerns and needs. The assessment will help identify whether other family members might also warrant support or intervention. In such cases, a family service plan will be developed to identify the services, including case management and specialty mental health services, needed to address the issues contributing to the initial incident while also addressing contributing or preventive issues.

CTCs will determine an appropriate transfer or termination of support, and coordinate after-care services as needed. CTCs will compile and submit data and reports in a timely fashion.

CTCs will conduct risk assessments of clients in need of crises-related services on a drop-in basis through Wellness Centers at school sites and at community agencies participating in the program.

Group Therapeutic Services

During FY 15-16, a team of Crisis Triage Counselors (CTC) will facilitate therapeutic group interventions. These interventions will address trauma and self-care and will be targeted to youth as well as parents/guardians. Group interventions will be provided in the spring of 2015, and will serve up to 6 youth and 5 parents. As part of the group interventions, discussions on the topic of reunification and its relationship to risk behavior among youth will take place. Through these group interventions, IFR also aims to provide tools to parents/guardians to identify trauma and basic skills to address behaviors. Parents/guardians will receive linkage services to community resources.

Case Conferencing

IFR will schedule Case Conferences among IFR staff and other providers involved in the client's care. These conferences will serve for coordination of provider efforts, determining collateral services to link youth and family with, and to determine service providers' roles. Case conferencing will also assist with facilitating communication between service providers, family, and contacts with the client and/or on behalf of the client in order to advance treatment and/or service coordination goals.

Units of Service (UOS) Description	Units of Service	Unduplicated Clients (UDC)
Outreach & Engagement Mode 45: 0.6 FTE Staff will provide outreach and client engagement into program activities x 35 hrs/wk x 18 weeks x 50% level of effort.	189	n/a

Clinical Case Management Mode 45: CTCs will provide services at school settings and community agencies: 2.4 FTE x 35 hrs/wk x 18 weeks x 50% level of effort Mode 15: For clients presenting medical necessity: 0.3 FTE x 35 hrs/wk x 18 weeks x 50% level of effort	756	
Individual/Family Mental Health Services Mode 45: CTCs will provide individual therapeutic services at school settings and community agencies which might include drop-in clients: 1.6 FTE x 35 hrs/wk x 18 weeks x 50% level of effort Mode 15: For clients presenting medical necessity: 0.17 FTE x 35 hrs/wk x 18 weeks x 50% level of effort Group Therapeutic Services Group sessions for clients at school settings and/or community agencies: 0.74 FTE staff will provide group therapeutic services x 35 hrs/wk x 22.5 weeks x 50% level of effort Case Conferencing With school providers and community agencies' staff: 0.06 FTE x 35 hrs/wk x 22.5 wk x 50% level of effort	504 54	
Total UOS Delivered/UDC Served	1,598	Up to 30
Mode 45	1,449	27
Mode 15	149	3

6. Methodology:

A. Outreach and Engagement:

Semillas de Paz has assembled an outreach plan and has identified community centers, and areas where youth tend to congregate. IFR will coordinate with the SFUSD's "Unaccompanied Immigrant Children Program Coordinator" on the identification of middle and high schools that require support based on the gravity of needs for emergency treatment services, support groups, and outreach efforts including capacity building to administrative staff and teachers in order to identify and reach the target population of Unaccompanied Minors.

The Transitional Aged-Youth Peer Advocate will act as mentor to youth clients to provide support and enhance their capacity to remain engaged in services and overall engagement with community resources.

IFR will develop formal collaborations with key Mission District and Citywide youth serving organizations to offer the service to the target population and will delve into further discussions with organizations such

as CARECEN, Mission Neighborhood Centers, THC's La Voz, and other community organizations to enhance outreach efforts. Informational flyers describing the array of services of Semillas de Paz will be distributed to the target population in these community venues, SFUSD sites, CBO's and other locations in and around the Mission District, as well as Citywide, where youth and families congregate.

B. Admission, Enrollment, and Intake:

Referrals will be received from the Mobile Crisis Treatment Team, Child Crisis Team, and Crisis Response Team, SFUSD providers, partner CBO's, SFVIP, and may also be self-referred individuals that meet criteria for services. If medical necessity is met, then standards for Mode 15 will be followed and client will be registered in system of care through AVATAR. All other direct services will follow standards for Mode 45 and will be documented following internal processes. Semillas de Paz team and CYF-CBHS Representatives will convene on a monthly basis to review open cases and authorization of services.

IFR will adhere to prevailing guidelines of CBHS with regard to treatment of clients. All clients will be informed of their rights as consumers and will be given linguistically accurate documentation of their client rights and of their right to privacy as required by HIPAA

Refereed 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 5years-old) or to appropriate outside service providers.

C. Delivery Model:

Crisis Triage Counselors (CTC) will meet with client to conduct a criteria and eligibility screening, assess for service access readiness, safety, and implement a thorough psycho-social needs assessment. Authorization for services will be reviewed by CBHS during monthly meetings. Based on needs identified through psycho-social screening, a comprehensive individual service plan will be developed to address immediate concerns and needs. The assessment will help identify whether other family members might also warrant support or intervention. In such cases, a family service plan will be developed by the assigned provider to identify the additional services, including case management and therapy, needed to address the issues contributing to the initial incident while also addressing contributing or preventive issues.

Clients referred for therapeutic services will meet with Crisis Triage Counselor specializing in Mental Health services to conduct a short-version of CANS-clinical assessment and a clinical service plan will be developed. Clients presenting medical necessity will be enrolled in the system of care and a full re-assessment will be performed 60 days from opening case following CBHS standards for Mode 15. Plans of Care will be updated as informed by re-assessment scores and as required by client driven developments including crisis, hospitalization, or incarceration. All other direct services not opened in AVATAR will follow standards for Mode 45. Detailed documentation of referrals will be kept updated. Semillas de Paz will also coordinate secondary services (i.e. support services from other providers), and determine an appropriate transfer or termination of support.

Semillas de Paz team will provide coverage during those hours when emergencies, accidents, and violent activities occur most frequently—late afternoon to early evening. The bulk of coverage will take place from 2:00—9:00pm when school is out and many youth have nowhere to go. One Crisis Triage Counselor specializing in Mental Health Services and two Crisis Triage Counselors specializing in Case Management services will be available during this shift. The overlap in coverage extends the hours of outreach and support time while providing additional staffing during critical after-school periods. Mission Connect staff will coordinate and work with Mobile Crisis Treatment Team, Child Crisis Team,

and Crisis Response Team to identify emerging problem areas and issues throughout the Mission District and citywide. The team will be responsible for maintaining an active caseload, data collection and reporting requirements. Since a significant amount of case management linkages, mental health support, and follow-up visits will generally need to be done during normal business hours, one CTC will likely undertake many of the duties related to updating client files, data collection, and program reporting.

Semillas de Paz will work as a coordinated team. The TAY Peer Advocate will be engaged in providing outreach coverage in pre-designated sites. The TAY Peer Advocate will remain visible in various community venues where they will gain the trust of individuals frequenting these areas. Client-related work will be delegated among the remaining team members. The CTCs specializing in case management will provide initial and ongoing assessments and identify additional relevant community linkages and follow-up support. The CTC specializing in mental health services will provide ongoing mental health assessments, support, and related referrals. The Crisis Triage Supervisor will review cases to ensure appropriate treatment and standards of care are in place and adhered to.

D. Exit Criteria and Process:

In a coordinated manner, the Crisis Triage Counselors, under guidance of the Crisis Triage Supervisor, a licensed behavioral health provider, will consider such factors as suicidal risk factors, domestic violence exposure, substance abuse involvement, recent trauma, community functioning, progress, and status of Care Plan objectives to determine which clients can be discharged from services. For direct services 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 existing agency protocols.

E. Program Staffing:

Please refer to Appendix B.

F. Systems Transformation:

A Trauma-Informed intervention will aim to address the issue of youth community violence as a public health issue that needs to be undertaken at multiple levels. This program aims to address behavioral issues as salient in the prevention and treatment of trauma and youth violence.

IFR's Semillas de Paz is aligned with the principles of MHSA to engage youth and families in the development of programs that are responsive to their needs. Beginning in 2012, Leadership of IFR and program staff facilitated the involvement of youth and families in an extensive planning process conducted by the Mission Peace Collaborative to develop a 5 year violence prevention plan. Stakeholders included community and civic leaders, faith based community, parents, teachers, youth and the business community. Along with other agency members of MPC, IFR has participated in 3 town hall meetings to develop strategies and recommendations to present a 5 year plan. The involvement of parents, youth and families has informed the process to date. As a result of the comprehensive community planning process the MPC nominated IFR to lead what became the Roadmap to Peace (RTP) Steering Committee which is tasked with advancing the goals identified by the 5-year plan including resource administration and oversight. The RTP 5-year plan document has been published and supported by various City Department Directors as a best practice approach to community planning and consensus-building. It is our intention to remain active in this community planning process and ensure that youth and families play a major role in service priorities and design.

As part of the Cultural Competency evaluation conducted at our agency in October 2013, youth from La Cultura Cura program participated in a focus group to gather feedback on their sense of involvement in the program design, information about the sensitivity of the providers (language, culture, and social sensitivity), and recommendations for improvement. Based on the findings and following the Department of Health guidelines, a Community Advisory Board (CAB) for our youth program will be established by March 2015. The CAB members will be engaged in the input and/or participation in agency cultural events and fundraising events/activities as well as in advising on youth development competency for providers and providing valuable insight for program's assessment.

IFR's programs recently completed a year-long series of Trauma-Informed Care trainings and program re-design to ensure providers are versed in service delivery with a trauma-informed lens to care. The process was instrumental in reiterating the importance of our agency's commitment to create an environment where the values and tenets of trauma-informed care are experienced throughout all of our service delivery efforts, from program staff to the families and providers we serve. Semillas de Paz will enhance the ability of IFR to partner with SFUSD and identified CBO's to offer capacity building support and access to trauma specific treatment through Case Conferencing and targeted workshops to providers and families.

Through Semillas de Paz, and following the framework of IFR's Trauma Recovery & Healing Services program, IFR will promote the principle of improving service coordination with the goal of providing seamless experience for clients. Semillas de Paz aims to expand its impact on engaging and building capacity within non-mental health agencies to integrate case development methodologies that improve outcomes for isolated youth and families.

7. Objectives and Measurements:

Individualized Objectives:

- During FY 15-16, up to 30 clients will receive Individual Case Management services as documented by a master log.
- At least 50% of clients receiving Case Management services will have complete at least one treatment goal as stated in Plan of Care by the end of the fiscal year as documented in clients' chart.
- During FY 15-16, up to 10 clients will receive individual mental health interventions as documented by master log kept by program and/or by AVATAR reports.
- At least 50% of clients receiving Mental Health Services will demonstrate improvements in symptoms as measured by CANS re-assessment, by client self-report, and/or by observations as reflected in the client's chart. Data will be collected through AVATAR reports. For services not opened in AVATAR, a summary of clients' progress will be prepared at the end of the fiscal year.
- During FY 15-16, up to 6 youth and 5 parents/guardians will participate and benefit from Therapeutic Group interventions as documented by a master log kept by Crisis Triage Counselor.
- At least 60% of parents/guardians participating in Therapeutic Group interventions will report that they are better able to respond to the behavioral and social-emotional needs of their children, and will express a better understanding of behavior linked to trauma, as measured by a Parent/Guardian satisfaction survey to be administered by June 2015 and documented by Semillas de Paz team.

8. Continuous Quality Improvement:

CQI is supported through supervision, administrative reviews and training. The Crisis Triage Counselors are supervised on a weekly basis by a licensed clinician. All Semillas de Paz staff also receives Administrative supervision from the Program Manager to advance contract specific outcomes. During weekly meetings the status of new and continuing cases are reviewed for quality control and to identify areas for improvement. For review of access and utilization of open cases, Semillas de Paz team will convene with the CYF CBHS Representatives on a monthly basis.

In addition to weekly supervision, bi-monthly program PURCQ and CM Q&A will provide systematic oversight of service documentation to ensure standards of care and compliance for chart maintenance. Program PURQC will chart for all documentation requirements; Assessments, Plans of Care and the Client Service Authorization (CSA) Request. Medical records are reviewed within two months of opening and then once again at 6 months from opening date. Feedback is given to each Crisis Triage Counselor/Mental Health Specialist whose chart is up for review. Feedback includes items that are out of compliance and need immediate action. A deadline is provided as to when feedback must be addressed. The medical record is then reviewed once again to ensure compliance. Feedback is stored in the PURQC binder.

Semillas de Paz will develop an indirect reporting form to track services to clients who do not meet medical necessity and are not registered in AVATAR. For these cases, a chart is opened and follows minimum guidelines based on CBHS protocols.

The La Cultura Cura Manager, Case Managers, Peer and MH Specialists convene the Capacity Building Meetings with network providers in the system. Case Conferences will be held to ensure quality and standards of care in case management services and improve the coordination of services to the target population.

Periodic trainings will be held among all Semillas de Paz team members to ensure the team is up-to-date on needs and protocols related to outreach and case management, and continuing education related to effectively serving the community.

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

- a. Program staff will attend a minimum of six hours of training on trauma informed approaches including CBT, Psycho-educational interventions and crises response.
- b. Program staff will attend training on provision of services to the designated target population of the program, regardless of ethnic, cultural background, gender, sexual orientation, creed, or disability.
- c. Program staff will participate in meetings or training necessary for the implementation and maintenance of the System of Care.
- d. Program staff will participate in an ongoing series of HIPPA trainings to increase their ability to maintain compliance.
- e. Program staff will participate in six hours of training in Groups facilitation.
- f. Program staff will attend trainings to increase knowledge, skills, and approaches to violence prevention and trauma recovery to the target population of youth and families served.
- g. Program staff under this exhibit will attend a minimum of one annual cultural event sponsored by the agency during FY 15-16.

HIPAA Compliance Procedures:

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

1. Identifiers:

Program Name: Roadmap to Peace

Program Address: 2919 Mission Street

City, State, ZIP: San Francisco, CA 94110

Telephone: 415-229-0500

FAX: 415-647-3662

Website Address: www.ifrsf.org

Contractor Address: 2919 Mission Street

City, State, ZIP: San Francisco, CA 94110

Person Completing this Narrative: Estela García

Telephone: 415-229-0500

Email Address: estela.garcia@ifrsf.org

Program Code(s): 3818-X

2. Nature of Document:☒ New ☐ Renewal ☒ Amendment Two**3. Goal Statement:**

To support the achievement of milestones of the Roadmap to Peace (RTP) initiative through work with community partners. RTP is the collective effort of community stakeholders to address the need of Latino/a disconnected youth, in the Mission District and citywide, to reduce violence and advance health and safety outcomes through comprehensive, coordinated, and timely interventions.

4. Target Population:

Latino/a disconnected youth ages 13-24, at-risk and in-risk of gun and gang/street violence in the Mission district and citywide.

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

The focus of the RTP Service Connector position will be to enhance a coordinated network of services to respond to the most vulnerable youth through engagement of partner agencies as well as identification of other agencies serving the target population. The goal of RTP is to provide services that are trauma informed and based on restorative justice practices. This position will support the development of a service integration model. RTP will work closely with the Community Builder/Planner to advance the goals, objectives and strategies of this initiative.

Units of Service (UOS) Description	Units of Service (UOS)	Number of Clients (NOC)	Unduplicated Clients (UDC)
Identification & Engagement of Partners 0.4 FTE x 35hrs x 26wks x 60% LOE UOS = hours	218		
Networking 0.4 FTE x 35hrs x 20 wks x 60% LOE UOS = hours	168	20	20
Assessment of Service Integration Model			

0.22 FTE x 35hrs x 20 wks x 60% LOE UOS = hours	92		
Training & Capacity Building for Implementation of Shared Care Conferencing Methods: 0.25 FTE x 35 hrs x 20 wks x 60% LOE UOS = hours	105		
Total UOS	583		
Total Unduplicated Clients		20	20

6. Methodology:

- **Identification and Engagement of partners:**
The RTP Service Connector in consultation with the Community Builder/Planner will identify new partners to participate in RTP and engage existing partners to work toward integrating efforts to connect youth on demand to a continuum of support in workforce and economic opportunities, health, housing, legal/immigrant services, arts & culture, and education within a restorative justice and trauma-informed approach.
- **Networking:**
The RTP Service Connector will coordinate bi-monthly networking meetings among RTP providers for coordination of activities and meeting with potential RTP partners.
- **Assessment of Service Integration model:**
The RTP Service Connector will assess and evaluate existing procedures and tools used by RTP partners for the intake of clients and delivery of services in order to strategically implement a service integration model tailored to the needs of the Latino youth/TAY that is community defined and evidenced informed to address the root causes of violence.
- **Training & Capacity Building for implementation of Case Conference Methods:**
The RTP Service Connector will develop the guidelines to implement shared care conferencing methods and will coordinate training activities among the RTP providers network to adopt restorative justice and trauma-informed practices in the delivery of services/interventions/and individual goals of program participants.
A Youth Peer will work with the RTP Service Connector to inform the training on restorative justice and trauma-informed approaches; the Youth Peer will outreach to youth and coordinate activities for a Town Hall meeting to be held in June 2016.

7. Objectives and Measurements:

A. Required Objectives

Does not apply to this program.

B. Individualized Program Objectives

- The RTP Service Connector will recruit between 3 and 5 new partners for the implementation of RTP by June 2016. A membership list will be kept by the RTP Service Connector.
- The RTP Service Connector will convene at least 4 networking meetings by June 2016 for RTP activities coordination. Log-in sheets will be kept for each meeting.
- A plan for trainings on restorative justice and trauma-informed approach will be developed by June 2016. Documentation of Trainings Plan will be kept by the RTP Service Connector.

- At least one training on restorative justice, trauma-informed approach as well as shared care conferencing approach will be performed by June 2016 as evidenced by log-in sheets and meeting agendas.

8. Continuous Quality Improvement:

The RTP Lead Agency's Executive Director will provide oversight of development and quality assurance of the program. The RTP Steering Committee will be actively involved in the ongoing assessment of the service network capacity building and in the monitoring of advancement toward objectives and accomplishment of the RTP timeline.

9. Required Language:

CBHS CYF-ECMHCI Required Language:

- A. For CBHS CYF SOC ECMHCI: Contractor will adhere to all stipulated CBHS requirements for the completion of Site Agreements for each assigned program site and/or service setting. Contractor also will comply with all stipulations of content, timelines, ensuring standards of practice, and all reporting requirements as put forth by the CBHS ECMHCI SOC Program Manager and RFP-10-2013.
- B. Changes may occur to the composition of program sites during the contract year due to a variety of circumstances. Any such changes will be coordinated between the contractor and the CBHS ECMHCI SOC Program Manager and will not necessitate a modification to the Appendix-A target population table. Contractor is responsible for assigning mental health consultants to all program sites and for notifying the CBHS ECMHCI SOC Program Manager of any changes.

Appendix B Calculation of Charges

1. Method of Payment

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

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

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

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

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

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

B. Final Closing Invoice

(1) Fee For Service Reimbursement:

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

(2) Cost Reimbursement:

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

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

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

CONTRACTOR agrees that within that fiscal year, this initial payment shall be recovered by the CITY through a reduction to monthly payments to CONTRACTOR during the period of October 1 through March 31 of the applicable fiscal year, unless and until CONTRACTOR chooses to return to the CITY all or part of the initial payment for that fiscal year. The amount of the initial payment recovered each month shall be calculated by dividing the total initial payment for the fiscal year by the total number of months for recovery. Any termination of this Agreement, whether for cause or for convenience, will result in the total outstanding amount of the initial payment for that fiscal year being due and payable to the CITY within thirty (30) calendar days following written notice of termination from the CITY.

2. Program Budgets and Final Invoice

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

Budget Summary

Appendix B-1: Adult Outpatient Behavioral Health Clinic

Appendix B-2: Behavioral Health Primary Care Integration

Appendix B-3: Indigena Health and Wellness Collaborative

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

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

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

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

Appendix B-7: Early Intervention Program-Consultation, Affirmation, Resources, Education & Empowerment Program (CARE)

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

Appendix B-9: Trauma Recovery and Healing Services

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

Appendix B-11: Semillas de Paz

Appendix B-12: Roadmap to Peace

B. COMPENSATION

Compensation shall be made in monthly payments on or before the 30th day after the DIRECTOR, in his or her sole discretion, has approved the invoice submitted by CONTRACTOR. The breakdown of costs and sources of revenue associated with this Agreement appears in Appendix B, Cost Reporting/Data Collection (CR/DC) and Program Budget, attached hereto and incorporated by reference as though fully set forth herein. The maximum dollar obligation of the CITY under the terms of this Agreement shall not exceed **Twenty Six Million One Hundred Thirty Six Thousand Nine Hundred Ten Dollars (\$26,136,910) for the period of July 1, 2010 through December 31, 2017.**

CONTRACTOR understands that, of this maximum dollar obligation, **\$1,128,961** is included as a contingency amount and is neither to be used in Appendix B, Budget, or available to CONTRACTOR without a modification to this Agreement executed in the same manner as this Agreement or a revision to Appendix B, Budget, which has been approved by the Director of Health. CONTRACTOR further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable CITY and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by the Controller. CONTRACTOR agrees to fully comply with these laws, regulations, and policies/procedures.

(1) For each fiscal year of the term of this Agreement, CONTRACTOR shall submit for approval of the CITY's Department of Public Health a revised Appendix A, Description of Services, and a revised Appendix B, Program Budget and Cost Reporting Data Collection form, based on the CITY's allocation of funding for SERVICES for the appropriate fiscal year. CONTRACTOR shall create these Appendices in compliance with the instructions of the Department of Public Health. These Appendices shall apply only to the fiscal year for which they were created. These Appendices shall become part of this Agreement only upon approval by the CITY.

(2) CONTRACTOR understands that, of the maximum dollar obligation stated above, the total amount to be used in Appendix B, Budget and available to CONTRACTOR for the entire term of the contract is as follows, not

withstanding that for each fiscal year, the amount to be used in Appendix B, Budget and available to CONTRACTOR for that fiscal year shall conform with the Appendix A, Description of Services, and a Appendix B, Program Budget and Cost Reporting Data Collection form, as approved by the CITY's Department of Public Health based on the CITY's allocation of funding for SERVICES for that fiscal year.

July 1, 2010 through June 30, 2011	\$ 2,403,886
July 1, 2011 through June 30, 2012	\$ 2,494,207
July 1, 2012 through June 30, 2013	\$ 2,540,799
July 1, 2013 through June 30, 2014	\$ 2,802,850
July 1, 2014 through June 30, 2015	\$ 3,572,131
July 1, 2015 through June 30, 2016	\$ 3,572,131
July 1, 2016 through June 30, 2017	\$ 5,371,458
July 1, 2017 through December 31, 2017	\$ 2,250,487
Sub Total: July 1, 2010 through December 31, 2017	\$25,007,949
Contingency: July 1, 2010 through December 31, 2017	\$1,128,961
Total July 1, 2010 through December 31, 2017	\$ 26,136,910

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

C. CONTRACTOR further understands that \$1,211,814 of the period from July 1, 2010 through December 31, 2010 in the Contract Number BPHM07000052 is included in this Agreement. Upon execution of this Agreement, all the terms under this Agreement will supersede the Contract Number BPHM07000052 for the Fiscal Year 2010-2011.

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

E. No costs or charges shall be incurred under this Agreement nor shall any payments become due to CONTRACTOR until reports, SERVICES, or both, required under this Agreement are received from CONTRACTOR and approved by the DIRECTOR as being in accordance with this Agreement. CITY may withhold payment to CONTRACTOR in any instance in which CONTRACTOR has failed or refused to satisfy any material obligation provided for under this Agreement.

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

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

DPH 1: Department of Public Health Contract Budget Summary

DHCS Legal Entity Number (MH):		00336		Prepared By/Phone #:		Benny Ng/415-229-0546		Fiscal Year:		15-16	
DHCS Legal Entity Name (MH)/Contractor Name (SA):		Instituto Familiar de la Raza, Inc.				Document Date:		7/1/2015		Appendix B, Page 4	
Contract CMS # (CDTA use only):		6960									
Contract Appendix Number:		B-1	B-2	B-3	B-4a	B-4b	B-5				
		Adult Outpatient Behavioral Health Clinic	Behavioral Health Primary Care Integration	Indigena Health & Wellness Collaborative	Child Outpatient Behavioral Health Services	Child Outpatient Behavioral Health Clinic- EPSDT	EI - Childcare MH Consultation Initiative				
Appendix A/Program Name:		3818	3818	3818	3818	3818	3818				
Provider Number		38183	None	None	38186	38185	38182				
Program Code(s)											
FUNDING TERM:		7/1/15 -6/30/16	7/1/15 -6/30/16	7/1/15 -6/30/16	7/1/15 -6/30/16	7/1/15 -6/30/16	7/1/15 -6/30/16	TOTAL			
FUNDING USES											
Salaries & Employee Benefits:		435,909	71,828	179,107	89,085	243,249	676,066	1,695,244			
Operating Expenses:		64,443	7,821	73,310	11,526	23,715	74,566	255,381			
Capital Expenses:											
Subtotal Direct Expenses:		500,352	79,649	252,417	100,611	266,964	750,632	1,950,625			
Indirect Expenses:		60,044	9,558	30,290	12,073	32,036	90,076	234,077			
Indirect %:		12%	12%	12%	12%	12%	12%	12%			
TOTAL FUNDING USES		560,396	89,207	282,707	112,684	299,000	840,708	2,184,702			
						Employee Fringe Benefits %:		27.05%			
CBHS MENTAL HEALTH FUNDING SOURCES											
MH FED - SDMC Regular FFP (50%)		94,186			19,320	142,988	19,680	276,174			
MH STATE - PSR EPSDT						128,687	17,712	146,399			
MH WORK ORDER - Human Services Agency							399,318	399,318			
MH WORK ORDER - Dept. Children, Youth & Families							68,332	68,332			
MH WORK ORDER - Dept. Children, Youth & Families											
MH WORK ORDER - Dept. Children, Youth & Families											
MH WORK ORDER - First Five (SF Children & Family Commission)							48,000	48,000			
MH WORK ORDER - First Five (SF Children & Family Commission)							262,660	262,660			
MH WORK ORDER - First Five (SF Children & Family Commission)							17,844	17,844			
MH STATE - MHSA				282,707				282,707			
MH STATE - MH Realignment		104,442			26,271	5,200		135,913			
MH COUNTY - General Fund		361,768	89,207		67,093	22,125	6,436	546,629			
Triage Grant											
MH COUNTY - General Fund WO CODB						-	726	726			
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		560,396	89,207	282,707	112,684	299,000	840,708	2,184,702			
CBHS SUBSTANCE ABUSE FUNDING SOURCES											
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES											
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES											
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES											
TOTAL DPH FUNDING SOURCES		560,396	89,207	282,707	112,684	299,000	840,708	2,184,702			
NON-DPH FUNDING SOURCES											
TOTAL NON-DPH FUNDING SOURCES											
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		560,396	89,207	282,707	112,684	299,000	840,708	2,184,702			

DPH 1: Department of Public Health Contract Budget Summary

DHCS Legal Entity Number (MH):		00336		Prepared By/Phone #:		Benny Ng/415-229-0546		Fiscal Year:		15-16	
DHCS Legal Entity Name (MH)/Contractor Name (SA):		Instituto Familiar de la Raza, Inc.				Document Date:		7/1/2015		Appendix B, Page 5	
Contract CMS # (CDTA use only):		6960									
Contract Appendix Number:		B-6	B-7	B-8	B-9	B-10	B-11				
Appendix A/Program Name:		ISCS/EPSDT Services	MHSA PEI-School-Based Youth-Centered Wellness	MHSA Early Childhood Mental Health Consultation	MHSA - Trauma Recovery & Healing Services	MHSA PEI ECMHC Training	Semillas de Paz				
Provider Number		3818	3818	3818	3818	3818	3818				
Program Code(s)		381810	None	None	None	None	3818C				
FUNDING TERM:		7/1/15 -6/30/16	7/1/15 -6/30/16	7/1/15 -6/30/16	7/1/15 -6/30/16	7/1/15 -6/30/16	10/1/15-6/30/16	TOTAL			
FUNDING USES											
Salaries & Employee Benefits:		275,547	134,851	65,848	167,771	14,651	410,715	2,764,627			
Operating Expenses:		34,923	42,592	5,067	29,544	700	11,001	379,208			
Capital Expenses:											
Subtotal Direct Expenses:		310,470	177,443	70,915	197,315	15,351	421,716	3,143,835			
Indirect Expenses:		37,404	22,177	8,510	23,681	1,842	50,605	378,296			
Indirect %:		12%	12%	12%	12%	12%	12%	12%			
TOTAL FUNDING USES		347,874	199,620	79,425	220,996	17,193	472,321	3,522,131			
						Employee Fringe Benefits %:		27.05%			
CBHS MENTAL HEALTH FUNDING SOURCES											
MH FED - SDMC Regular FFP (50%)		68,930						345,104			
MH STATE - PSR EPSDT		62,038						208,437			
MH WORK ORDER - Human Services Agency								399,318			
MH WORK ORDER - Dept. Children, Youth & Families								68,332			
MH WORK ORDER - Dept. Children, Youth & Families		142,354						142,354			
MH WORK ORDER - Dept. Children, Youth & Families								-			
MH WORK ORDER - First Five (SF Children & Family Commission)								48,000			
MH WORK ORDER - First Five (SF Children & Family Commission)								262,660			
MH WORK ORDER - First Five (SF Children & Family Commission)								17,844			
MH STATE - MHSA			199,620	79,425	220,996	17,193		799,941			
MH STATE - MH Realignment								135,913			
MH COUNTY - General Fund		72,417					12,321	631,367			
Triage Grant							460,000	460,000			
MH COUNTY - General Fund WO CODB		2,135						2,861			
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		347,874	199,620	79,425	220,996	17,193	472,321	3,522,131			
CBHS SUBSTANCE ABUSE FUNDING SOURCES											
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES											
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES											
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES											
TOTAL DPH FUNDING SOURCES		347,874	199,620	79,425	220,996	17,193	472,321	3,522,131			
NON-DPH FUNDING SOURCES											
TOTAL NON-DPH FUNDING SOURCES											
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		347,874	199,620	79,425	220,996	17,193	472,321	3,522,131			

DPH 1: Department of Public Health Contract Budget Summary

DHCS Legal Entity Number (MH):		00336	Prepared By/Phone #:		Benny Ng/415-229-0546		Fiscal Year:		15-16
DHCS Legal Entity Name (MH)/Contractor Name (SA):		Instituto Familiar de la Raza, Inc.			Document Date:		7/1/2015		Appendix B, Page 6
Contract CMS # (CDTA use only):		6960							
Contract Appendix Number:		B-12							
Appendix A/Program Name:		Road Map to Peace							
Provider Number		3818							
Program Code(s)		3818R							
FUNDING TERM:		1/1/16-6/30/16							TOTAL
FUNDING USES									
Salaries & Employee Benefits:		33,929							2,798,556
Operating Expenses:		10,714							389,922
Capital Expenses:									
Subtotal Direct Expenses:		44,643							3,188,478
Indirect Expenses:		5,357							383,653
Indirect %:		12%							12%
TOTAL FUNDING USES		50,000							3,572,131
							Employee Fringe Benefits %:		27.05%
CBHS MENTAL HEALTH FUNDING SOURCES									
MH FED - SDMC Regular FFP (50%)									345,104
MH STATE - PSR EPSDT									208,437
MH WORK ORDER - Human Services Agency									399,318
MH WORK ORDER - Dept. Children, Youth & Families									68,332
MH WORK ORDER - Dept. Children, Youth & Families									142,354
MH WORK ORDER - Dept. Children, Youth & Families		50,000							50,000
MH WORK ORDER - First Five (SF Children & Family Commission)									48,000
MH WORK ORDER - First Five (SF Children & Family Commission)									262,660
MH WORK ORDER - First Five (SF Children & Family Commission)									17,844
MH STATE - MHSA									799,941
MH STATE - MH Realignment									135,913
MH COUNTY - General Fund									631,367
Triage Grant									460,000
MH COUNTY - General Fund WO CODB									2,861
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		50,000			-	-	-	-	3,572,131
CBHS SUBSTANCE ABUSE FUNDING SOURCES									
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES									
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES									
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES									
TOTAL DPH FUNDING SOURCES		50,000							3,572,131
NON-DPH FUNDING SOURCES									
TOTAL NON-DPH FUNDING SOURCES									
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		50,000			-	-	-	-	3,572,131

DPH 7: Contract-Wide Indirect Detail

Document Date: 07/01/15

Fiscal Year: 15-16

Appendix B, Page 7

Position Title	FTE	Salaries
Executive Director	0.30	\$ 36,060
Executive Assistant	0.60	\$ 29,504
HR Director	0.70	\$ 44,929
Fiscal Director	0.54	\$ 50,156
Contract Staff Accountant	0.71	\$ 40,343
Staff Accountant/Payroll	0.71	\$ 35,688
Receptionists	0.40	\$ 14,861
EMPLOYEE FRINGE BENEFITS	30.00%	\$ 75,463
TOTAL SALARIES & BENEFITS		\$ 327,005

Expenditure Category	Amount
Audit Fees	\$ 8,534
Payroll Service Fees	\$ 15,271
Meetings and Trainings	\$ 4,796
IT Services	\$ 28,048
TOTAL OPERATING COSTS	\$ 56,648

(Salaries & Benefits + Operating Costs)

FY 15-16 CBHS BUDGET DOCUMENTS

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

DHCS Legal Entity Name (MH)/Contractor Name (SA): Instituto Familiar de la Raza, Inc.					Appendix/Page #: B-1/Page 1	
Provider Name: Instituto Familiar de la Raza, Inc.					Document Date: 7/1/2015	
Provider Number: 3818					Fiscal Year: 15-16	
Program Name:	Adult Outpatient-Behavioral Health Clinic	Adult Outpatient-Behavioral Health Clinic	Adult Outpatient-Behavioral Health Clinic	Adult Outpatient-Behavioral Health Clinic	Adult Outpatient-Behavioral Health Clinic	
Program Code (formerly Reporting Unit):	38183	38183	38183	38183	38183	
Mode/SFC (MH) or Modality (SA)	15/10-56	15/60-69	15/70-79	15/01-09	45/20-29	
Service Description:	MH Svcs	Medication Support	Crisis Intervention-OP	Case Mgt Brokerage	Commty Client Svcs	TOTAL
FUNDING TERM:	7/1/15 -6/30/16	7/1/15 -6/30/16	7/1/15 -6/30/16	7/1/15 -6/30/16	7/1/15 -6/30/16	
FUNDING USES						
Salaries & Employee Benefits:	296,167	102,601	4,766	10,786	21,589	435,909
Operating Expenses:	43,784	15,168	FALSE	1,595	3,192	63,738
Capital Expenses (greater than \$5,000):						
Subtotal Direct Expenses:	339,951	117,769	4,766	12,380	24,781	499,647
Indirect Expenses:	40,795	14,133	656	1,486	2,974	60,044
TOTAL FUNDING USES:	380,746	131,902	5,422	13,866	27,755	559,691
CBHS MENTAL HEALTH FUNDING SOURCES	Index Code/Project Detail/CFDA#:					
MH FED - SDMC Regular FFP (50%)	HMHMCC730515	67,327	23,324	1,083	2,452	94,186
MH STATE - PSR EPSDT						
MH WORK ORDER - Human Services Agency						
MH WORK ORDER - Dept. Children, Youth & Families						
MH WORK ORDER - Dept. Children, Youth & Families						
MH WORK ORDER - First Five (SF Children & Family Commission)						
MH WORK ORDER - First Five (SF Children & Family Commission)						
MH STATE - MHSA						
MH STATE - MH Realignment	HMHMCC730515	70,960	24,583	1,142	2,584	104,442
MH COUNTY - General Fund	HMHMCC730515	242,459	83,996	3,902	8,829	361,768
MH COUNTY - General Fund WO CODB						
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		380,746	131,902	6,127	13,866	560,396
CBHS SUBSTANCE ABUSE FUNDING SOURCES	Index Code/Project Detail/CFDA#:					
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES						
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES	Index Code/Project Detail/CFDA#:					
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES						
TOTAL DPH FUNDING SOURCES		380,746	131,902	6,127	13,866	560,396
NON-DPH FUNDING SOURCES						
TOTAL NON-DPH FUNDING SOURCES						
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		380,746	131,902	6,127	13,866	560,396
CBHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased (if applicable)						
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)						
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program						
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS	FFS	FFS	FFS	FFS	
DPH Units of Service:	136,959	25,562	1,480	6,449	217	
Unit Type:	Staff Minute	Staff Minute	Staff Minute	Staff Minute	Staff Hour	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)	2.78	5.16	4.14	2.15	128.05	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	2.78	5.16	4.14	2.15	128.05	
Published Rate (Medi-Cal Providers Only):	2.91	5.41	4.37	2.29	137.28	Total UDC:
Unduplicated Clients (UDC):	171	171	171	171	171	171

FY 15-16 CBHS BUDGET DOCUMENTS

DPH 3: Salaries & Benefits Detail

Program Code: 38183

Program Name: Adult Outpatient-Behavioral Health Clinic

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

	TOTAL		GENERAL FUND (HMHMCC730515)		Funding Source 1 (Include Funding Source Name and Index Code/Project Detail/CFDA#)		Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#)		Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)		Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	
	Term: 7/1/15 -6/30/16		Term: 7/1/15 -6/30/16		Term:		Term:		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Program Director	0.12	\$ 12,290.00	0.12	12,290								
Program Manager	0.77	\$ 57,857.00	0.77	57,857								
Program Coordinator	0.30	\$ 16,686.00	0.30	16,686								
Psychiatrist	0.33	\$ 61,800.00	0.33	61,800								
Psychologist/Clinical Supervisor	0.38	\$ 29,835.00	0.38	29,835								
Behavioral Health Specialists	2.42	\$ 117,590.00	2.42	117,590								
Eligibility Worker/BH Specialist	0.50	\$ 20,302.00	0.50	20,302								
Program Assistants	0.67	\$ 27,783.00	0.67	27,783								

[illegible]**TOTAL SALARIES & BENEFITS**

\$435,909

\$435,909

	2000	2001	2002
1. Total	100	100	100
2. Government	100	100	100
3. Private	100	100	100
4. Total	100	100	100
5. Government	100	100	100
6. Private	100	100	100
7. Total	100	100	100
8. Government	100	100	100
9. Private	100	100	100
10. Total	100	100	100
11. Government	100	100	100
12. Private	100	100	100
13. Total	100	100	100
14. Government	100	100	100
15. Private	100	100	100
16. Total	100	100	100
17. Government	100	100	100
18. Private	100	100	100
19. Total	100	100	100
20. Government	100	100	100
21. Private	100	100	100
22. Total	100	100	100
23. Government	100	100	100
24. Private	100	100	100
25. Total	100	100	100
26. Government	100	100	100
27. Private	100	100	100
28. Total	100	100	100
29. Government	100	100	100
30. Private	100	100	100
31. Total	100	100	100
32. Government	100	100	100
33. Private	100	100	100
34. Total	100	100	100
35. Government	100	100	100
36. Private	100	100	100
37. Total	100	100	100
38. Government	100	100	100
39. Private	100	100	100
40. Total	100	100	100
41. Government	100	100	100
42. Private	100	100	100
43. Total	100	100	100
44. Government	100	100	100
45. Private	100	100	100
46. Total	100	100	100
47. Government	100	100	100
48. Private	100	100	100
49. Total	100	100	100
50. Government	100	100	100
51. Private	100	100	100
52. Total	100	100	100
53. Government	100	100	100
54. Private	100	100	100
55. Total	100	100	100
56. Government	100	100	100
57. Private	100	100	100
58. Total	100	100	100
59. Government	100	100	100
60. Private	100	100	100
61. Total	100	100	100
62. Government	100	100	100
63. Private	100	100	100
64. Total	100	100	100
65. Government	100	100	100
66. Private	100	100	100
67. Total	100	100	100
68. Government	100	100	100
69. Private	100	100	100
70. Total	100	100	100
71. Government	100	100	100
72. Private	100	100	100
73. Total	100	100	100
74. Government	100	100	100
75. Private	100	100	100
76. Total	100	100	100
77. Government	100	100	100
78. Private	100	100	100
79. Total	100	100	100
80. Government	100	100	100
81. Private	100	100	100
82. Total	100	100	100
83. Government	100	100	100
84. Private	100	100	100
85. Total	100	100	100
86. Government	100	100	100
87. Private	100	100	100
88. Total	100	100	100
89. Government	100	100	100
90. Private	100	100	100
91. Total	100	100	100
92. Government	100	100	100

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FY 15-16 CBHS BUDGET DOCUMENTS

DPH 4: Operating Expenses Detail

Program Code: 38183
 Program Name: Adult Outpatient-Behavioral Health Clinic
 Document Date: 7/1/15

Appendix/Page #: B-1/Page 3

Expenditure Category	TOTAL	General Fund (HMMCC730515)	Funding Source 1 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)
	Term: 7/1/15-6/30/16	Term: 7/1/15-6/30/16				
Occupancy:						
Rent	\$ 9,516.00	\$ 9,516.00				
Utilities(telephone, electricity, water, gas)	\$ 4,513.00	\$ 4,513.00				
Building Repair/Maintenance	\$ 9,119.00	\$ 9,119.00				
Materials & Supplies:						
Office Supplies	\$ 3,139.00	\$ 3,139.00				
Photocopying	\$ -					
Printing	\$ 589.00	\$ 589.00				
Program Supplies	\$ 500.00	\$ 500.00				
Computer hardware/software	\$ -					
General Operating:						
Training/Staff Development	\$ 1,750.00	\$ 1,750.00				
Insurance	\$ 3,924.00	\$ 3,924.00				
Professional License						
Permits						
Equipment Lease & Maintenance	\$ 1,668.00	\$ 1,668.00				
Staff Travel:						
Local Travel						
Out-of-Town Travel						
Field Expenses						
Consultant/Subcontractor:						
Internship Trainer Fee at \$100/hr with 20 hours total	\$ 2,000.00	2,000				
Contract Supervisor Fee at \$75/hr with 7 hours/wk for 10 months	\$ 23,625.00	23,625				
w/Dates, Hourly Rate and Amounts)						
(add more Consultant lines as necessary)						
Other:						
Client Related Expenses	\$ 1,100.00	1,100				
Stipends	\$ 3,000.00	3,000				

TOTAL OPERATING EXPENSE

\$64,443

\$64,443

FY 15-16 CBHS BUDGET DOCUMENTS

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

DHCS Legal Entity Name (MH)/Contractor Name (SA): Instituto Familiar de la Raza, Inc.		Appendix/Page #: B-2/Page 1	
Provider Name: Instituto Familiar de la Raza, Inc.		Document Date: 7/1/2015	
Provider Number: 3818		Fiscal Year: 15-16	
Program Name:	Behavioral Health Primary Care Integration		
Program Code (formerly Reporting Unit):	None		
Mode/SFC (MH) or Modality (SA)	45/20-29		
Service Description:	Community Client Svcs		
FUNDING TERM:	7/1/15 - 6/30/16		TOTAL
FUNDING USES			
Salaries & Employee Benefits:	71,828		71,828
Operating Expenses:	7,821		7,821
Capital Expenses (greater than \$5,000):			
Subtotal Direct Expenses:	79,649		79,649
Indirect Expenses:	9,558		9,558
TOTAL FUNDING USES:	89,207		89,207
CBHS MENTAL HEALTH FUNDING SOURCES	Index Code/Project Detail/CFDA#:		
MH FED - SDMC Regular FFP (50%)			
MH STATE - PSR EPSDT			
MH WORK ORDER - Human Services Agency			
MH WORK ORDER - Dept. Children, Youth & Families			
MH WORK ORDER - Dept. Children, Youth & Families			
MH WORK ORDER - First Five (SF Children & Family Commission)			
MH WORK ORDER - First Five (SF Children & Family Commission)			
MH STATE - MHSA			
MH STATE - MH Realignment			
MH COUNTY - General Fund	HMHMCC730515	89,207	89,207
MH COUNTY - General Fund WO CODB			
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		89,207	89,207
CBHS SUBSTANCE ABUSE FUNDING SOURCES	Index Code/Project Detail/CFDA#:		
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES			
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES	Index Code/Project Detail/CFDA#:		
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES			
TOTAL DPH FUNDING SOURCES		89,207	89,207
NON-DPH FUNDING SOURCES			
TOTAL NON-DPH FUNDING SOURCES			
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		89,207	89,207
CBHS UNITS OF SERVICE AND UNIT COST			
Number of Beds Purchased (if applicable)			
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)			
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program			
Cost Reimbursement (CR) or Fee-For-Service (FFS):	CR		
DPH Units of Service:	1,001		
Unit Type:	Staff Hour		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	89.12		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	89.12		
Published Rate (Medi-Cal Providers Only):			Total UDC:
Unduplicated Clients (UDC):	197		197

FY 15-16 CBHS BUDGET DOCUMENTS

DPH 3: Salaries & Benefits Detail

Program Code: None

Appendix/Page #: B-2/Page 2

Program Name: Behavioral Health Primary Care Integration

Document Date: 7/1/15[illegible][illegible]**TOTAL SALARIES & BENEFITS**

\$71,828

\$71,828

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FY 15-16 CBHS BUDGET DOCUMENTS

DPH 4: Operating Expenses Detail

Program Code: None
 Program Name: Behavioral Health Primary Care Integration
 Document Date: 7/1/15

Appendix/Page #: B-2/Page 3

Expenditure Category	TOTAL	General Fund (HMHMCC730515)	Funding Source 1 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)
	Term: 7/1/15-6/30/16	Term: 7/1/15-6/30/16				
Occupancy:						
Rent	\$ 2,108.00	\$ 2,108.00				
Utilities(telephone, electricity, water, gas)	\$ 1,000.00	\$ 1,000.00				
Building Repair/Maintenance	\$ 2,516.00	\$ 2,516.00				
Materials & Supplies:						
Office Supplies	\$ 949.00	\$ 949.00				
Photocopying						
Printing	\$ 130.00	\$ 130.00				
Program Supplies						
Computer hardware/software						
General Operating:						
Training/Staff Development						
Insurance	\$ 749.00	\$ 749.00				
Professional License						
Permits						
Equipment Lease & Maintenance	\$ 369.00	\$ 369.00				
Staff Travel:						
Local Travel						
Out-of-Town Travel						
Field Expenses						
Consultant/Subcontractor:						
w/Dates, Hourly Rate and Amounts)						
w/Dates, Hourly Rate and Amounts)						
w/Dates, Hourly Rate and Amounts)						
(add more Consultant lines as necessary)						
Other:						

TOTAL OPERATING EXPENSE

\$7,821

\$7,821

FY 15-16 CBHS BUDGET DOCUMENTS

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

DHCS Legal Entity Name (MH)/Contractor Name (SA): Instituto Familiar de la Raza, Inc.		Appendix/Page #: B-3/Page 1	
Provider Name: Instituto Familiar de la Raza, Inc.		Document Date: 7/1/2015	
Provider Number: 3818		Fiscal Year: 15-16	
Program Name:	Indigena Health & Wellness Collaborative		
Program Code (formerly Reporting Unit):	None		
Mode/SFC (MH) or Modality (SA):	45/10-19		
Service Description:	MH Promotion for Maya Community		TOTAL
FUNDING TERM:	7/1/15 -6/30/16		
FUNDING USES			
Salaries & Employee Benefits:	179,107		179,107
Operating Expenses:	73,310		73,310
Capital Expenses (greater than \$5,000):			
Subtotal Direct Expenses:	252,417		252,417
Indirect Expenses:	30,290		30,290
TOTAL FUNDING USES:	282,707		282,707
CBHS MENTAL HEALTH FUNDING SOURCES	Index Code/Project Detail/CFDA#:		
MH FED - SDMC Regular FFP (50%)			
MH STATE - PSR EPSDT			
MH WORK ORDER - Human Services Agency			
MH WORK ORDER - Dept. Children, Youth & Families			
MH WORK ORDER - Dept. Children, Youth & Families			
MH WORK ORDER - First Five (SF Children & Family Commission)			
MH WORK ORDER - First Five (SF Children & Family Commission)			
MH STATE - MHSA	HMHMPROP63/PMHS6 3-1510	282,707	282,707
MH STATE - MH Realignment			
MH COUNTY - General Fund			
MH COUNTY - General Fund WO CODB			
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		282,707	282,707
CBHS SUBSTANCE ABUSE FUNDING SOURCES	Index Code/Project Detail/CFDA#:		
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES			
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES	Index Code/Project Detail/CFDA#:		
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES			
TOTAL DPH FUNDING SOURCES		282,707	282,707
NON-DPH FUNDING SOURCES			
TOTAL NON-DPH FUNDING SOURCES			
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		282,707	282,707
CBHS UNITS OF SERVICE AND UNIT COST			
Number of Beds Purchased (if applicable)			
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)			
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program			
Cost Reimbursement (CR) or Fee-For-Service (FFS): CR			
DPH Units of Service: 2,892			
Unit Type: Staff Hour			
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only): 112.65			
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES): 112.65			
Published Rate (Medi-Cal Providers Only):			
Unduplicated Clients (UDC): 314			
			Total UDC:
			314

FY 15-16 CBHS BUDGET DOCUMENTS

DPH 3: Salaries & Benefits Detail

Program Code: None

Program Name: Indigena Health & Wellness Collaborative

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

	TOTAL		General Fund (Include all Funding Sources with this Index Code)		MHSA (HMHPROP63/PMHS63-1510)		Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#)		Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)		Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	
	Term: 7/1/15 -6/30/16		Term:		Term: 7/1/15 -6/30/16		Term:		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Program Director	0.04	\$ 4,236.00			0.04	4,236						
Health & Wellness Manager	0.97	\$ 58,257.00			0.97	58,257						
EI / Mental Health Specialists	1.00	\$ 45,856.00			1.00	45,856						
Case Manager	0.10	\$ 3,399.00			0.10	3,399						
Health Promoters	1.29	\$ 23,914.00			1.29	23,914						
Program Assistants	0.09	\$ 3,092.00			0.09	3,092						
Totals:	3.49	\$138,754			3.49	\$138,754						

Employee Fringe Benefits:	29%	\$40,353			29%	\$40,353						
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TOTAL SALARIES & BENEFITS

\$179,107

\$179,107

FY 15-16 CBHS BUDGET DOCUMENTS

DPH 4: Operating Expenses Detail

Program Code: None
 Program Name: Indigena Health & Wellness Collaborative
 Document Date: 7/1/15

Appendix/Page #: B-3/Page 3

Expenditure Category	TOTAL	General Fund (Include all Funding Sources with this Index Code)	MHSA (HMHMPROP63/PMH S63-1510)	Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)
	Term: 7/1/15-6/30/16		Term: 7/1/15-6/30/16			
Occupancy:						
Rent	\$ 33,228.00		\$ 33,228.00			
Utilities(telephone, electricity, water, gas)	\$ 848.00		\$ 848.00			
Building Repair/Maintenance	\$ 21,479.00		\$ 21,479.00			
Materials & Supplies:						
Office Supplies	\$ 4,885.00		\$ 4,885.00			
Photocopying						
Printing	\$ 261.00		\$ 261.00			
Program Supplies	\$ 210.00		\$ 210.00			
Computer hardware/software						
General Operating:						
Training/Staff Development	\$ 800.00		\$ 800.00			
Insurance	\$ 1,743.00		\$ 1,743.00			
Professional License						
Permits						
Equipment Lease & Maintenance	\$ 741.00		\$ 741.00			
Staff Travel:						
Local Travel	\$ 240.00		\$ 240.00			
Out-of-Town Travel						
Field Expenses						
Consultant/Subcontractor:						
w/Dates, Hourly Rate and Amounts)						
w/Dates, Hourly Rate and Amounts)						
w/Dates, Hourly Rate and Amounts)						
(add more Consultant lines as necessary)						
Other:						
Client Related Exp and Cultural Event Activities	\$ 8,875.00		\$ 8,875.00			

TOTAL OPERATING EXPENSE

\$73,310

\$73,310

FY 15-16 CBHS BUDGET DOCUMENTS

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

DHCS Legal Entity Name (MH)/Contractor Name (SA): Instituto Familiar de la Raza, Inc.					Appendix/Page #: B-4a/Page 1	
Provider Name: Instituto Familiar de la Raza, Inc.					Document Date: 7/1/2015	
Provider Number: 3818					Fiscal Year: 15-16	
Program Name:	Child Outpatient Behavioral Health Services	Child Outpatient Behavioral Health Services	Child Outpatient Behavioral Health Services	Child Outpatient Behavioral Health Services		
Program Code (formerly Reporting Unit):	38186	38186	38186	38186		
Mode/SFC (MH) or Modality (SA)	15/10-56	15/70-79	15/01-09	45/20-29		
Service Description:	MH Svcs	Crisis Intervention-OP	Case Mgt Brokerage	Outreach		TOTAL
FUNDING TERM:	7/1/15 -6/30/16	7/1/15 -6/30/16	7/1/15 -6/30/16	7/1/15 -6/30/16		
FUNDING USES						
Salaries & Employee Benefits:	69,711	1,332	1,676	16,365		89,085
Operating Expenses:	9,019	172	217	2,117		11,526
Capital Expenses (greater than \$5,000):						
Subtotal Direct Expenses:	78,731	1,504	1,893	18,483		100,611
Indirect Expenses:	9,447	181	227	2,218		12,073
TOTAL FUNDING USES:	88,178	1,685	2,120	20,701		112,684
CBHS MENTAL HEALTH FUNDING SOURCES	Index Code/Project Detail/CFDA#:					
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	18,521	354	445		19,320
MH STATE - PSR EPSDT						
MH WORK ORDER - Human Services Agency						
MH WORK ORDER - Dept. Children, Youth & Families						
MH WORK ORDER - Dept. Children, Youth & Families						
MH WORK ORDER - First Five (SF Children & Family Commission)						
MH WORK ORDER - First Five (SF Children & Family Commission)						
MH STATE - MHSA						
MH STATE - MH Realignment	HMHMCP751594	20,558	393	494	4,826	26,271
MH COUNTY - General Fund	HMHMCP751594	49,099	938	1,181	15,875	67,093
MH COUNTY - General Fund WO CODB						
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		88,178	1,685	2,120	20,701	112,684
CBHS SUBSTANCE ABUSE FUNDING SOURCES	Index Code/Project Detail/CFDA#:					
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES						
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES	Index Code/Project Detail/CFDA#:					
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES						
TOTAL DPH FUNDING SOURCES		88,178	1,685	2,120	20,701	112,684
NON-DPH FUNDING SOURCES						
TOTAL NON-DPH FUNDING SOURCES						
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		88,178	1,685	2,120	20,701	112,684
CBHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased (if applicable)						
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)						
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program						
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS	FFS	FFS	FFS		
DPH Units of Service:	32,182	414	1,000	284		
Unit Type:	Staff Minute	Staff Minute	Staff Minute	Staff Hour		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	2.74	4.07	2.12	72.89		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	2.74	4.07	2.12	72.89		
Published Rate (Medi-Cal Providers Only):	2.91	4.37	2.29	80.08		
Unduplicated Clients (UDC):	33	33	33	33		Total UDC: 33

FY 15-16 CBHS BUDGET DOCUMENTS

DPH 3: Salaries & Benefits Detail

Program Code: 38186Appendix/Page #: B-4a/Page 2

Program Name: Child Outpatient Behavioral Health Services

Document Date: 7/1/15

	TOTAL		General Fund (HMHMCP751594)		Funding Source 1 (Include Funding Source Name and Index Code/Project Detail/CFDA#)		Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#)		Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)		Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	
	Term: 7/1/15 -6/30/16		Term: 7/1/15 -6/30/16		Term:		Term:		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Program Director	0.04	\$ 4,338.00	0.04	4,338								
Program Manager	0.06	\$ 4,968.00	0.06	4,968								
Program Coordinator	0.03	\$ 1,589.00	0.03	1,589								
Psychologist/Clinical Supervisor	0.16	\$ 12,594.00	0.16	12,594								
Behavioral Health Specialists	0.71	\$ 36,249.00	0.71	36,249								
Eligibility Worker/BH Specialist	0.10	\$ 4,060.00	0.10	4,060								
Program Assistants	0.16	\$ 6,497.00	0.16	6,497								
			</									

[illegible]**TOTAL SALARIES & BENEFITS**

\$89,085

\$89,085

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FY 15-16 CBHS BUDGET DOCUMENTS

DPH 4: Operating Expenses Detail

Program Code: 38186
 Program Name: Child Outpatient Behavioral Health Services
 Document Date: 7/1/15

Appendix/Page #: B-4a/Page 3

Expenditure Category	TOTAL	General Fund (HMMCP751594)	Funding Source 1 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)
	Term: 7/1/15-6/30/16	Term: 7/1/15-6/30/16				
Occupancy:						
Rent	\$ 2,178.00	\$ 2,178.00				
Utilities(telephone, electricity, water, gas)	\$ 1,033.00	\$ 1,033.00				
Building Repair/Maintenance	\$ 2,207.00	\$ 2,207.00				
Materials & Supplies:						
Office Supplies	\$ 718.00	\$ 718.00				
Photocopying						
Printing	\$ 135.00	\$ 135.00				
Program Supplies	\$ 200.00	\$ 200.00				
Computer hardware/software						
General Operating:						
Training/Staff Development	\$ 1,375.00	\$ 1,375.00				
Insurance	\$ 898.00	\$ 898.00				
Professional License						
Permits						
Equipment Lease & Maintenance	\$ 382.00	\$ 382.00				
Staff Travel:						
Local Travel						
Out-of-Town Travel						
Field Expenses						
Consultant/Subcontractor:						
Internship Trainer Fee at \$100 per hour with total of 10 hours	\$ 1,000.00	\$ 1,000.00				
w/Dates, Hourly Rate and Amounts)						
w/Dates, Hourly Rate and Amounts)						
(add more Consultant lines as necessary)						
Other:						
Client Related Exp and Cultural Event Activities	\$ 400.00	\$ 400.00				
Stipends	\$ 1,000.00	\$ 1,000.00				

TOTAL OPERATING EXPENSE

\$11,526

\$11,526

FY 15-16 CBHS BUDGET DOCUMENTS

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

DHCS Legal Entity Name (MH)/Contractor Name (SA): Instituto Familiar de la Raza, Inc.				Appendix/Page #: B-4b/Page 1
Provider Name: Instituto Familiar de la Raza, Inc.				Document Date: 7/1/2015
Provider Number: 3818				Fiscal Year: 15-16
Program Name:	Child Outpatient Behavioral Health Clinic- EPSDT	Child Outpatient Behavioral Health Clinic- EPSDT	Child Outpatient Behavioral Health Clinic- EPSDT	
Program Code (formerly Reporting Unit):	38185	38185	38185	
Mode/SFC (MH) or Modality (SA)	15/10-56	15/70-79	15/01-09	
Service Description:	MH Svcs	Crisis Intervention- OP	Case Mgt Brokerage	TOTAL
FUNDING TERM:	7/1/15 -6/30/16	7/1/15 -6/30/16	7/1/15 -6/30/16	
FUNDING USES				
Salaries & Employee Benefits:	238,939	861	3,449	243,249
Operating Expenses:	23,295	84	336	23,715
Capital Expenses (greater than \$5,000):				
Subtotal Direct Expenses:	262,233	945	3,786	266,964
Indirect Expenses:	31,468	113	454	32,036
TOTAL FUNDING USES:	293,702	1,058	4,240	299,000
CBHS MENTAL HEALTH FUNDING SOURCES				
	Index Code/Project Detail/CFDA#:			
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	140,454	506	2,028
MH STATE - PSR EPSDT	HMHMCP751594	126,407	455	1,825
MH WORK ORDER - Human Services Agency				
MH WORK ORDER - Dept. Children, Youth & Families				
MH WORK ORDER - Dept. Children, Youth & Families				
MH WORK ORDER - First Five (SF Children & Family Commission)				
MH WORK ORDER - First Five (SF Children & Family Commission)				
MH STATE - MHSA				
MH STATE - MH Realignment	HMHMCP751594	5,108	18	74
MH COUNTY - General Fund	HMHMCP751594	21,733	78	314
MH COUNTY - General Fund WO CODB	HMHMCP751594			
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		293,702	1,058	4,240
CBHS SUBSTANCE ABUSE FUNDING SOURCES				
	Index Code/Project Detail/CFDA#:			
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES				
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES				
	Index Code/Project Detail/CFDA#:			
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES				
TOTAL DPH FUNDING SOURCES		293,702	1,058	4,240
NON-DPH FUNDING SOURCES				
TOTAL NON-DPH FUNDING SOURCES				
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		293,702	1,058	4,240
CBHS UNITS OF SERVICE AND UNIT COST				
Number of Beds Purchased (if applicable)				
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)				
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program				
Cost Reimbursement (CR) or Fee-For-Service (FFS):				
DPH Units of Service:	FFS	FFS	FFS	
Unit Type:	Staff Minute	Staff Minute	Staff Minute	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)	2.74	4.07	2.12	
Cost Per Unit - Contract Rate (DPH & NON-DPH FUNDING SOURCES):	2.74	4.07	2.12	
Published Rate (Medi-Cal Providers Only):	2.91	4.37	2.29	
Unduplicated Clients (UDC):	98	98	98	Total UDC: 98

FY 15-16 CBHS BUDGET DOCUMENTS

DPH 3: Salaries & Benefits Detail

Program Code: 38185Appendix/Page #: B-4b/Page 2

Program Name: Child Outpatient Behavioral Health Clinic-EPSDT

Document Date: 7/1/15

	TOTAL		General Fund (HMHMCP751594)				Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#)		Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)		Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	
	Term: 7/1/15 -6/30/16		Term: 7/1/15 -6/30/16		Term: 7/1/15 -6/30/16		Term:		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Program Director	0.03	\$ 2,892.00	0.03	2,892								
Program Manager	0.34	\$ 24,786.00	0.34	24,786								
Program Coordinator	0.31	\$ 17,481.00	0.31	17,481								
Psychologist/Clinical Supervisor	0.19	\$ 15,475.00	0.19	15,475								
Behavioral Health Specialists	2.15	\$ 110,168.00	2.15	110,168								
Eligibility Worker/BH Specialist	0.19	\$ 7,541.00	0.19	7,541								
Program Assistants	0.32	\$ 13,919.00	0.32	13,919								

[illegible]**TOTAL SALARIES & BENEFITS**

\$243,249

\$243,249

FY 15-16 CBHS BUDGET DOCUMENTS

DPH 4: Operating Expenses Detail

Program Code: 38185
 Program Name: Child Outpatient Behavioral Health Clinic-EPSTD
 Document Date: 7/1/15

Appendix/Page #: B-4b/Page 3

Expenditure Category	TOTAL	General Fund (HMHMCP751594)	Funding Source 1 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)
	Term: 7/1/15-6/30/16	Term: 7/1/15-6/30/16				
Occupancy:						
Rent	\$ 5,815.00	\$ 5,815.00				
Utilities(telephone, electricity, water, gas)	\$ 2,758.00	\$ 2,758.00				
Building Repair/Maintenance	\$ 5,572.00	\$ 5,572.00				
Materials & Supplies:						
Office Supplies	\$ 1,918.00	\$ 1,918.00				
Photocopying						
Printing	\$ 360.00	\$ 360.00				
Program Supplies	\$ 200.00	\$ 200.00				
Computer hardware/software						
General Operating:						
Training/Staff Development	\$ 1,375.00	\$ 1,375.00				
Insurance	\$ 2,398.00	\$ 2,398.00				
Professional License						
Permits						
Equipment Lease & Maintenance	\$ 1,019.00	\$ 1,019.00				
Staff Travel:						
Local Travel						
Out-of-Town Travel						
Field Expenses						
Consultant/Subcontractor:						
Internship Trainer Fee at \$100 per hour with total of 10 hours	\$ 1,000.00	\$ 1,000.00				
w/Dates, Hourly Rate and Amounts)						
w/Dates, Hourly Rate and Amounts)						
(add more Consultant lines as necessary)						
Other:						
Client Related Exp and Cultural Event Activities	\$ 300.00	\$ 300.00				
Stipends	\$ 1,000.00	\$ 1,000.00				

TOTAL OPERATING EXPENSE

\$23,715

\$23,715

FY 15-16 CBHS BUDGET DOCUMENTS

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

DHCS Legal Entity Name (MH)/Contractor Name (SA): Instituto Familiar de la Raza, Inc.					Appendix/Page #: B-5/Page 1a
Provider Name: Instituto Familiar de la Raza, Inc.					Document Date: 7/1/2015
Provider Number: 3818					Fiscal Year: 15-16
Program 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
Program Code (formerly Reporting Unit):	38182	38182	38182	38182	38182
Mode/SFC (MH) or Modality (SA)	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19
Service Description:	Consultation (Individuals)	Consultation (Group)	Consultation (Observation)	Staff Training	Parent Training/Support Group
FUNDING TERM:	7/1/15 -6/30/16	7/1/15 -6/30/16	7/1/15 -6/30/16	7/1/15 -6/30/16	7/1/15 -6/30/16
FUNDING USES					
Salaries & Employee Benefits:	153,009	113,341	98,744	12,620	30,263
Operating Expenses:	16,876	12,501	10,891	1,392	3,338
Capital Expenses (greater than \$5,000):					
Subtotal Direct Expenses:	169,886	125,842	109,634	14,012	33,601
Indirect Expenses:	20,386	15,101	13,156	1,681	4,032
TOTAL FUNDING USES:	190,272	140,943	122,791	15,693	37,633
CBHS MENTAL HEALTH FUNDING SOURCES	Index Code/Project Detail/CFDA#:				
MH FED - SDMC Regular FFP (50%)	HMHMCP751594				
MH STATE - PSR EPSDT	HMHMCP751594				
MH WORK ORDER - Human Services Agency	HMHMCHCDHSWO	94,814	70,233	61,188	7,820
MH WORK ORDER - Dept. Children, Youth & Families	HMHMCHCDCYFOW	16,225	12,018	10,471	1,338
MH WORK ORDER - Dept. Children, Youth & Families	HMHMCHDCYFOW				
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHSRIPWO	11,397	8,442	7,355	940
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHPFAPWO	62,366	46,197	40,247	5,144
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMPROP10WO	4,237	3,138	2,734	349
MH STATE - MHSA					
MH STATE - MH Realignment					
MH COUNTY - General Fund	HMHMCP751594	1,061	786	685	87
MH COUNTY - General Fund WO CODB	HMHMCP751594	172	128	111	14
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		190,272	140,943	122,791	15,693
CBHS SUBSTANCE ABUSE FUNDING SOURCES	Index Code/Project Detail/CFDA#:				
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES					
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES	Index Code/Project Detail/CFDA#:				
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES					
TOTAL DPH FUNDING SOURCES		190,272	140,943	122,791	15,693
NON-DPH FUNDING SOURCES					
TOTAL NON-DPH FUNDING SOURCES					
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		190,272	140,943	122,791	15,693
CBHS UNITS OF SERVICE AND UNIT COST					
Number of Beds Purchased (if applicable)					
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)					
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program					
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS	FFS	FFS	FFS	FFS
DPH Units of Service:	2,497	1,850	1,612	206	494
Unit Type:	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)	76.19	76.19	76.19	76.19	76.19
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	76.19	76.19	76.19	76.19	76.19
Published Rate (Medi-Cal Providers Only):	98.80	98.80	98.80	98.80	98.80
Unduplicated Clients (UDC):	935	935	935	935	935

FY 15-16 CBHS BUDGET DOCUMENTS

DPH 3: Salaries & Benefits Detail

Program Code: 38182

Program Name: EI - Childcare MH Consultation Initiative

Document Date: 7/1/15

Appendix/Page #: B-5/Page 2a

	Sub-TOTAL		General Fund (HMHMCP751594) EPSDT		HSA Work Order (HMHMCHCDHSWO)		DCYF work Order (HMHMCHDCYFWO)		SFCFC/SRI WO (HMHMCHSRIPWO)		SFCFC/PFA WO (HMHMCHPFAPWO)	
	Term: 7/1/15 -6/30/16		Term: 7/1/15 -6/30/16		Term: 7/1/15 -6/30/16		Term: 7/1/15 -6/30/16		Term: 7/1/15 -6/30/16		Term: 7/1/15 -6/30/16	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Program Director	0.25	\$ 23,702.38	0.01	1,087	0.12	11,603	0.02	1,986	0.01	1,395	0.08	7,632
Program Manager	0.31	\$ 24,400.97	0.01	1,119	0.15	11,945	0.03	2,044	0.02	1,436	0.10	7,857
Program Coordinator	1.00	\$ 50,986.95	0.05	2,337	0.49	24,960	0.08	4,271	0.06	3,000	0.32	16,418
Psychologist/Clinical Supervisor	0.06	\$ 4,471.91	0.00	205	0.03	2,189	0.00	375	0.00	263	0.02	1,440
Mental Health Specialists	6.97	\$ 380,866.24	0.32	17,459	3.41	186,449	0.58	31,905	0.41	22,412	2.25	122,641
Program Assistants	0.76	\$ 32,816.00	0.03	1,504	0.37	16,065	0.06	2,749	0.04	1,931	0.25	10,567
Totals:	9.36	\$517,244	0.43	\$23,711	4.58	\$253,211	0.78	\$43,330	0.55	\$30,437	3.01	\$166,555

Employee Fringe Benefits:	27%	\$	138,713	27%	6,359	27%	67,905	27%	11,620	27%	8,163	27%	44,666
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TOTAL SALARIES & BENEFITS

\$655,957

\$30,069

\$321,117

\$54,950

\$38,600

\$211,221

FY 15-16 CBHS BUDGET DOCUMENTS

DPH 4: Operating Expenses Detail

Program Code: 38182
 Program Name: EI - Childcare MH Consultation Initiative
 Document Date: 7/1/15

Appendix/Page #: B-5/Page 3a

Expenditure Category	TOTAL	General Fund (HMHMCP751594) non-EPST	SFCFC/Prop 10 (HMHMPROP10WO)			
	Term: 7/1/15-6/30/16	Term: 7/1/15-6/30/16	Term: 7/1/15-6/30/16			
Occupancy:						
Rent	\$ 16,701.00	\$ 142.28	\$ 354.48			
Utilities(telephone, electricity, water, gas)	\$ 8,092.00	\$ 68.94	\$ 171.75			
Building Repair/Maintenance	\$ 16,005.00	\$ 136.35	\$ 339.71			
Materials & Supplies:						
Office Supplies	\$ 5,510.00	\$ 46.94	\$ 116.95			
Photocopying	\$ -	\$ -	\$ -			
Printing	\$ 1,033.00	\$ 8.80	\$ 21.93			
Program Supplies	\$ 2,500.00	\$ 21.30	\$ 53.06			
Computer hardware/software						
General Operating:						
Training/Staff Development	\$ 4,000.00	\$ 34.08	\$ 84.90			
Insurance	\$ 6,887.00	\$ 58.67	\$ 146.18			
Professional License	\$ -	\$ -	\$ -			
Permits	\$ -	\$ -	\$ -			
Equipment Lease & Maintenance	\$ 2,927.00	\$ 24.94	\$ 62.13			
Staff Travel:						
Local Travel	\$ 4,911.00	\$ 41.84	\$ 104.24			
Out-of-Town Travel						
Field Expenses						
Consultant/Subcontractor:						
Internship Trainer Fee at \$100 per hour with total of 10 hrs	\$ 1,000.00	\$ 8.52	\$ 21.22			
w/Dates, Hourly Rate and Amounts)						
w/Dates, Hourly Rate and Amounts)						
(add more Consultant lines as necessary)						
Other:						
Client Related Exp and Cultural Event Activities	\$ 2,000.00	\$ 17.04	\$ 42.45			
Family Childcare Providers Training	\$ 3,000.00	\$ 25.56	\$ 63.67			
	\$ -					

TOTAL OPERATING EXPENSE

\$74,566

\$635

\$1,583

FY 15-16 CBHS BUDGET DOCUMENTS

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

DHCS Legal Entity Name (MH)/Contractor Name (SA): Instituto Familiar de la Raza, Inc.					Appendix/Page #: B-5/Page 1b	
Provider Name: Instituto Familiar de la Raza, Inc.					Document Date: 7/1/2015	
Provider Number: 3818					Fiscal Year: 15-16	
Program 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	
Program Code (formerly Reporting Unit):	38182	38182	38182	38182	38182	
Mode/SFC (MH) or Modality (SA)	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	
Service Description:	Early Ref/Linkage	Consultant Train/Supv	Evaluation	System Work	Early Intervention/(Indivi duals)	Sub-TOTAL
FUNDING TERM:	7/1/15 -6/30/16	7/1/15 -6/30/16	7/1/15 -6/30/16	7/1/15 -6/30/16	7/1/15 -6/30/16	
FUNDING USES						
Salaries & Employee Benefits:	64,441	77,330	32,221	32,221	17,684	223,897
Operating Expenses:	7,107	8,529	3,554	3,554	1,950	24,694
Capital Expenses (greater than \$5,000):						
Subtotal Direct Expenses:	71,549	85,859	35,774	35,774	19,635	248,591
Indirect Expenses:	8,586	10,303	4,293	4,293	2,356	29,831
TOTAL FUNDING USES:	80,135	96,162	40,067	40,067	21,991	278,422
CBHS MENTAL HEALTH FUNDING SOURCES	Index Code/Project Detail/CFDA#:					
MH FED - SDMC Regular FFP (50%)	HMHMCP751594					
MH STATE - PSR EPSDT	HMHMCP751594					
MH WORK ORDER - Human Services Agency	HMHMCHCDHSWO	39,932	47,918	19,966	19,966	138,740
MH WORK ORDER - Dept. Children, Youth & Families	HMHMCHCDCYFWO	6,833	8,200	3,417	3,417	23,741
MH WORK ORDER - Dept. Children, Youth & Families	HMHMCHDCYFWO					
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHSRIPWO	4,800	5,760	2,400	2,400	16,677
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHPFAPWO	26,266	31,519	13,133	13,133	91,259
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMPROP10WO	1,784	2,141	892	892	6,200
MH STATE - MHSA						
MH STATE - MH Realignment						
MH COUNTY - General Fund	HMHMCP751594	447	536	223	223	1,552
MH COUNTY - General Fund WO CODB	HMHMCP751594	73	87	36	36	252
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		80,135	96,162	40,067	40,067	278,422
CBHS SUBSTANCE ABUSE FUNDING SOURCES	Index Code/Project Detail/CFDA#:					
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES						
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES	Index Code/Project Detail/CFDA#:					
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES						
TOTAL DPH FUNDING SOURCES		80,135	96,162	40,067	40,067	278,422
NON-DPH FUNDING SOURCES						
TOTAL NON-DPH FUNDING SOURCES						
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		80,135	96,162	40,067	40,067	278,422
CBHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased (if applicable)						
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)						
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program						
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS	FFS	FFS	FFS	FFS	
DPH Units of Service:	1,052	1,262	526	526	289	
Unit Type:	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	76.19	76.19	76.19	76.19	76.19	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	76.19	76.19	76.19	76.19	76.19	
Published Rate (Medi-Cal Providers Only):	80.08	98.80	80.08	98.80	98.80	
Unduplicated Clients (UDC):	935	935	935	935	935	Total UDC: 1,870

FY 15-16 CBHS BUDGET DOCUMENTS

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

DHCS Legal Entity Name (MH)/Contractor Name (SA): Instituto Familiar de la Raza, Inc.					Appendix/Page #: B-5/Page 2b
Provider Name: Instituto Familiar de la Raza, Inc.					Document Date: 7/1/2015
Provider Number: 3818					Fiscal Year: 15-16
Program 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
Program Code (formerly Reporting Unit):	38182	38182	38182	38182	38182
Mode/SFC (MH) or Modality (SA)	45/10-19	45/10-19	15/10-56	15/70-79	15/01-09
Service Description:	Early Intervention/(Group)	MH Services Indv/Family	EPSDT - MH Services	EPSDT - Crisis Intervention	EPSDT - Case Mgt/Brokerage
FUNDING TERM:	7/1/15 -6/30/16	7/1/15 -6/30/16	7/1/15 -6/30/16	7/1/15 -6/30/16	7/1/15 -6/30/16
FUNDING USES					
Salaries & Employee Benefits:	6,402	6,138	30,469	160	1,023
Operating Expenses:	706	677	3,360	18	113
Capital Expenses (greater than \$5,000):					
Subtotal Direct Expenses:	7,109	6,815	33,829	178	1,136
Indirect Expenses:	853	818	4,059	21	136
TOTAL FUNDING USES:	7,962	7,632	37,889	199	1,272
CBHS MENTAL HEALTH FUNDING SOURCES					
Index Code/Project Detail/CFDA#:					
MH FED - SDMC Regular FFP (50%)	HMHMCP751594		18,944	100	636
MH STATE - PSR EPSDT	HMHMCP751594		17,050	90	572
MH WORK ORDER - Human Services Agency	HMHMCHCDHSWO	3,967	3,803		
MH WORK ORDER - Dept. Children, Youth & Families	HMHMCHCDCYFWO	679	651		
MH WORK ORDER - Dept. Children, Youth & Families	HMHMCHDCYFWO				
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHSRIPWO	477	457		
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHPFAPWO	2,610	2,502		
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMPROP10WO	177	170		
MH STATE - MHSA					
MH STATE - MH Realignment					
MH COUNTY - General Fund	HMHMCP751594	44	43	10	64
MH COUNTY - General Fund WO CODB	HMHMCP751594	7	7		
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	7,962	7,632	37,889	199	1,272
CBHS SUBSTANCE ABUSE FUNDING SOURCES					
Index Code/Project Detail/CFDA#:					
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES					
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES					
Index Code/Project Detail/CFDA#:					
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES					
TOTAL DPH FUNDING SOURCES	7,962	7,632	37,889	199	1,272
NON-DPH FUNDING SOURCES					
TOTAL NON-DPH FUNDING SOURCES					
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	7,962	7,632	37,889	199	1,272
CBHS UNITS OF SERVICE AND UNIT COST					
Number of Beds Purchased (if applicable)					
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)					
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program					
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS	FFS	FFS	FFS	FFS
DPH Units of Service:	104	100	13,828	49	600
Unit Type:	Staff Hour	Staff Hour	Staff Minute	Staff Minute	Staff Minute
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	76.19	76.19	2.74	4.07	2.12
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	76.19	76.19	2.74	4.07	2.12
Published Rate (Medi-Cal Providers Only):	95.00	95.00	2.91	4.37	2.29
Unduplicated Clients (UDC):	935	935	6	6	6
					941

FY 15-16 CBHS BUDGET DOCUMENTS

DPH 3: Salaries & Benefits Detail

Program Code: 38182

Appendix/Page #: B-5/Page3b

Program Name: El - Childcare MH Consultation Initiative

Document Date: 7/1/15

[illegible][illegible]**TOTAL SALARIES & BENEFITS**

\$676,066

\$5,759

\$14,349

FY 14-15 CBHS BUDGET DOCUMENTS

DPH 4: Operating Expenses Detail

Program Code: 38182
 Program Name: El - Childcare MH Consultation Initiative
 Document Date: 7/1/15

Appendix/Page #: B-5/Page 4b

Expenditure Category	TOTAL	General Fund (HMHMCP751594) non-EPSDT	SFCFC/Prop 10 (HMHMPROP10WO)			
	Term: 7/1/15-6/30/16	Term: 7/1/15-6/30/16	Term: 7/1/15-6/30/16			
Occupancy:						
Rent	\$ 16,701.00	\$ 142.28	\$ 354.48			
Utilities(telephone, electricity, water, gas)	\$ 8,092.00	\$ 68.94	\$ 171.75			
Building Repair/Maintenance	\$ 16,005.00	\$ 136.35	\$ 339.71			
Materials & Supplies:						
Office Supplies	\$ 5,510.00	\$ 46.94	\$ 116.95			
Photocopying	\$ -	\$ -	\$ -			
Printing	\$ 1,033.00	\$ 8.80	\$ 21.93			
Program Supplies	\$ 2,500.00	\$ 21.30	\$ 53.06			
Computer hardware/software						
General Operating:						
Training/Staff Development	\$ 4,000.00	\$ 34.08	\$ 84.90			
Insurance	\$ 6,887.00	\$ 58.67	\$ 146.18			
Professional License	\$ -	\$ -	\$ -			
Permits	\$ -	\$ -	\$ -			
Equipment Lease & Maintenance	\$ 2,927.00	\$ 24.94	\$ 62.13			
Staff Travel:						
Local Travel	\$ 4,911.00	\$ 41.84	\$ 104.24			
Out-of-Town Travel						
Field Expenses						
Consultant/Subcontractor:						
Internship Trainer Fee at \$100 per hour with total of 10 hrs	\$ 1,000.00	\$ 8.52	\$ 21.22			
w/Dates, Hourly Rate and Amounts)						
w/Dates, Hourly Rate and Amounts)						
(add more Consultant lines as necessary)						
Other:						
Client Related Exp and Cultural Event Activities	\$ 2,000.00	\$ 17.04	\$ 42.45			
Family Childcare Providers Training	\$ 3,000.00	\$ 25.56	\$ 63.67			
	\$ -					

TOTAL OPERATING EXPENSE

\$74,566

\$635

\$1,583

FY 14-15 CBHS BUDGET DOCUMENTS

DPH 4: Operating Expenses Detail

Program Code: 38182
 Program Name: EI - Childcare MH Consultation Initiative
 Document Date: 7/1/15

Appendix/Page #: B-5/Page 5b

Expenditure Category	Sub-TOTAL	General Fund (HMHMCP751594) EPSDT	HSA Work Order (HMHMCHCDHSWO)	DCYF Work Order (HMHMCHDCYFWO)	SFCFC/SRI WO (HMHMCHSRIPWO)	SFCFC/PFA WO (HMHMCHPFAPWO)
	Term: 7/1/15-6/30/16	Term: 7/1/15-6/30/16	Term: 7/1/15-6/30/16	Term: 7/1/15-6/30/16	Term: 7/1/15-6/30/16	Term: 7/1/15-6/30/16
Occupancy:						
Rent	\$ 16,204.25	\$ 742.81	\$ 7,932.61	\$ 1,357.44	\$ 953.54	\$ 5,217.85
Utilities(telephone, electricity, water, gas)	\$ 7,851.31	\$ 359.91	\$ 3,843.52	\$ 657.71	\$ 462.01	\$ 2,528.16
Building Repair/Maintenance	\$ 15,528.95	\$ 711.85	\$ 7,602.03	\$ 1,300.87	\$ 913.80	\$ 5,000.40
Materials & Supplies:						
Office Supplies	\$ 5,346.11	\$ 245.07	\$ 2,617.13	\$ 447.85	\$ 314.59	\$ 1,721.47
Photocopying						
Printing	\$ 1,002.27	\$ 45.94	\$ 490.65	\$ 83.96	\$ 58.98	\$ 322.74
Program Supplies	\$ 2,425.64	\$ 111.19	\$ 1,187.45	\$ 203.20	\$ 142.74	\$ 781.07
Computer hardware/software						
General Operating:						
Training/Staff Development	\$ 3,881.02	\$ 177.91	\$ 1,899.91	\$ 325.12	\$ 228.38	\$ 1,249.71
Insurance	\$ 6,682.15	\$ 306.31	\$ 3,271.18	\$ 559.77	\$ 393.21	\$ 2,151.69
Professional License						
Permits						
Equipment Lease & Maintenance	\$ 2,839.94	\$ 130.18	\$ 1,390.26	\$ 237.90	\$ 167.12	\$ 914.47
Staff Travel:						
Local Travel	\$ 4,764.93	\$ 218.43	\$ 2,332.62	\$ 399.16	\$ 280.39	\$ 1,534.33
Out-of-Town Travel						
Field Expenses						
Consultant/Subcontractor:						
Internship Trainer Fee at \$100 per hour with total of 10 hrs	\$ 970.26	\$ 44.48	\$ 474.98	\$ 81.28	\$ 57.09	\$ 312.43
w/Dates, Hourly Rate and Amounts)						
w/Dates, Hourly Rate and Amounts)						
(add more Consultant lines as necessary)						
Other:						
Client Related Exp and Cultural Event Activities	\$ 1,940.51	\$ 88.95	\$ 949.96	\$ 162.56	\$ 114.19	\$ 624.85
Family Childcare Providers Training	\$ 2,910.77	\$ 133.43	\$ 1,424.93	\$ 243.84	\$ 171.28	\$ 937.28
TOTAL OPERATING EXPENSE	\$72,348	\$3,316	\$35,417	\$6,061	\$4,257	\$23,296

FY 15-16 CBHS BUDGET DOCUMENTS

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

DHCS Legal Entity Name (MH)/Contractor Name (SA): Instituto Familiar de la Raza, Inc.						Appendix/Page #: B-6/Page 1	
Provider Name: Instituto Familiar de la Raza, Inc.						Document Date: 7/1/2015	
Provider Number: 3818						Fiscal Year: 15-16	
Program Name:	ISCS/EPSDT Services	ISCS/EPSDT Services	ISCS/EPSDT Services		ISCS/EPSDT Services		
Program Code (formerly Reporting Unit):	381810	381810	381810		381810		
Mode/SFC (MH) or Modality (SA):	15/01-09	15/10-56	45/20-29		45/10-19		
Service Description:	Case Mgt Brokerage	MH Svcs	Commty Client Svcs		MH Promotion	TOTAL	
FUNDING TERM:	7/1/15 -6/30/16	7/1/15 -6/30/16	7/1/15 -6/30/16		7/1/15 -6/30/16		
FUNDING USES							
Salaries & Employee Benefits:	136,526	73,807	38,014		27,200	275,547	
Operating Expenses:	18,700	10,110	3,797		2,316	34,923	
Capital Expenses (greater than \$5,000):							
Subtotal Direct Expenses:	155,226	83,917	41,811		29,516	310,470	
Indirect Expenses:	18,697	10,109	5,056		3,542	37,404	
TOTAL FUNDING USES:	173,924	94,026	46,867		33,057	347,874	
CBHS MENTAL HEALTH FUNDING SOURCES							
	Index Code/Project Detail/CFDA#:						
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	42,702	26,228			68,930	
MH STATE - PSR EPSDT	HMHMCP751594	38,433	23,605			62,038	
MH WORK ORDER - Human Services Agency							
MH WORK ORDER - Dept. Children, Youth & Families							
MH WORK ORDER - Dept. Children, Youth & Families	HMHMCHPREVWO	87,562	40,983	13,809		142,354	
MH WORK ORDER - First Five (SF Children & Family Commission)							
MH WORK ORDER - First Five (SF Children & Family Commission)							
MH STATE - MHSA							
MH STATE - MH Reallgnment							
MH COUNTY - General Fund	HMHMCP751594	3,904	2,398	33,058	33,057	72,417	
MH COUNTY - General Fund WO CODB	HMHMCP751594	1,323	812			2,135	
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		173,924	94,026	46,867	33,057	347,874	
CBHS SUBSTANCE ABUSE FUNDING SOURCES							
	Index Code/Project Detail/CFDA#:						
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES							
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES							
	Index Code/Project Detail/CFDA#:						
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES							
TOTAL DPH FUNDING SOURCES		173,924	94,026	46,867	33,057	347,874	
NON-DPH FUNDING SOURCES							
TOTAL NON-DPH FUNDING SOURCES							
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		173,924	94,026	46,867	33,057	347,874	
CBHS UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased (if applicable)							
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)							
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program							
Cost Reimbursement (CR) or Fee-For-Service (FFS): FFS FFS FFS CR							
DPH Units of Service: 82,040 34,316 643 1							
Unit Type: Staff Minute Staff Minute Staff Hour Staff Hour							
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY): 2.12 2.74 72.89 33,057.00							
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES): 2.12 2.74 72.89 33,057.00							
Published Rate (Medi-Cal Providers Only): 2.29 2.91 80.08							
Unduplicated Clients (UDC): 8 8 8 8 Total UDC: 8							

FY 15-16 CBHS BUDGET DOCUMENTS

DPH 3: Salaries & Benefits Detail

Program Code: 381810
 Program Name: ISCS/EPSTD Services
 Document Date: 7/1/15

Appendix/Page #: B-6/Page 2

	TOTAL		General Fund (HMMCP751594)		DCYF (HMMCHPREVVO)		Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#)		General Fund (HMMCP751594) CR		Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	
	Term: 7/1/15 -6/30/16		Term: 7/1/15 -6/30/16		Term: 7/1/15 -6/30/16		Term:		Term: 7/1/15 -6/30/16		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Program Director	0.18	\$ 15,963.00	0.09	7,937	0.08	7,347			0.01	679		
Program Manager	0.37	\$ 22,624.00	0.18	11,276	0.16	10,438			0.03	910		
Program Coordinator	0.09	\$ 4,767.00	0.05	2,475	0.04	2,292						
Psychologist/Clinical Supervisor	0.10	\$ 7,785.00	0.02	2,856	0.02	2,644			0.06	2,286		
Case Manager	1.00	\$ 43,998.00	0.52	22,848	0.48	21,150						
MH Specialist	1.00	\$ 51,290.00	0.52	26,634	0.48	24,656						
QA Specialist	0.40	\$ 15,000.00	0.21	7,789	0.19	7,211						
Program Assistants	0.47	\$ 18,409.00	0.24	9,404	0.22	8,705			0.01	300		
Family Therapy	1.00	\$ 36,314.00	0.26	9,429	0.24	8,728			0.50	18,157		
Totals:	4.61	\$216,150	2.08	\$100,649	1.92	\$93,171			0.61	\$22,331		

Employee Fringe Benefits:	27%	\$59,397	28%	28,316	28%	26,212				4,869		
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TOTAL SALARIES & BENEFITS

\$275,547	\$128,964	\$119,383		\$27,200	
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FY 15-16 CBHS BUDGET DOCUMENTS

DPH 4: Operating Expenses Detail

Program Code: 381810
 Program Name: ISCS/EPSTD Services
 Document Date: 7/1/15

Appendix/Page #: B-6/Page 3

Expenditure Category	TOTAL	General Fund (HMHMCP751594)	DCYF (HMHMCHDCYFWO)	Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	General Fund (HMHMCP751594) CR	Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)
	Term: 7/1/15-6/30/16	Term: 7/1/15-6/30/16	Term: 7/1/15-6/30/16		Term: 7/1/15-6/30/16	
Occupancy:						
Rent	\$ 6,423.00	\$ 3,239.33	\$ 2,998.67		\$ 185.00	
Utilities(telephone, electricity, water, gas)	\$ 3,412.00	\$ 1,647.45	\$ 1,525.05		\$ 239.50	
Building Repair/Maintenance	\$ 5,936.00	\$ 3,013.18	\$ 2,789.32		\$ 133.50	
Materials & Supplies:						
Office Supplies	\$ 3,651.00	\$ 1,466.22	\$ 1,357.28		\$ 827.50	
Photocopying						
Printing	\$ 497.00	\$ 226.15	\$ 209.35		\$ 61.50	
Program Supplies	\$ 2,660.00	\$ 1,251.49	\$ 1,158.51		\$ 250.00	
Computer hardware/software						
General Operating:						
Training/Staff Development	\$ 955.00	\$ 443.99	\$ 411.01		\$ 100.00	
Insurance	\$ 4,305.00	\$ 2,129.09	\$ 1,970.91		\$ 205.00	
Professional License						
Permits						
Equipment Lease & Maintenance	\$ 2,004.00	\$ 950.30	\$ 879.70		\$ 174.00	
Staff Travel:						
Local Travel	\$ 2,080.00	\$ 1,007.42	\$ 932.58		\$ 140.00	
Out-of-Town Travel						
Field Expenses						
Consultant/Subcontractor:						
w/Dates, Hourly Rate and Amounts)						
w/Dates, Hourly Rate and Amounts)						
w/Dates, Hourly Rate and Amounts)						
(add more Consultant lines as necessary)						
Other:						
Client Related Exp and Cultural Event Activities	\$ 3,000.00	\$ 1,557.87	\$ 1,442.13			

TOTAL OPERATING EXPENSE

\$34,923

\$16,932

\$15,675

\$2,316

FY 15-16 CBHS BUDGET DOCUMENTS

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

DHCS Legal Entity Name (MH)/Contractor Name (SA): Instituto Familiar de la Raza, Inc.					Appendix/Page #: B-7/Page 1a	
Provider Name: Instituto Familiar de la Raza, Inc.					Document Date: 7/1/2015	
Provider Number: 3818					Fiscal Year: 15-16	
Program 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	
Program Code (formerly Reporting Unit):	None	None	None	None	None	
Mode/SFC (MH) or Modality (SA)	45/20-29	45/20-29	45/20-29	45/20-29	45/20-29	
Service Description:	Consultation (Group)/Cmmtty Client Svcs	Consultation (Individuals)/Cmmtty Client Svcs	Consultation (Class/Observation)/Cmmtty Client Svcs	Training/Parent Support (Group)/Cmmtty Client Svcs	Direct Services (Group)/Cmmtty Client Svcs	TOTAL
FUNDING TERM:	7/1/15 -6/30/16	7/1/15 -6/30/16	7/1/15 -6/30/16	7/1/15 -6/30/16	7/1/15 -6/30/16	
FUNDING USES						
Salaries & Employee Benefits:	42,929	36,257	16,051	10,462	2,313	108,013
Operating Expenses:	13,559	11,452	5,070	3,304	731	34,115
Capital Expenses (greater than \$5,000):						
Subtotal Direct Expenses:	56,488	47,709	21,121	13,766	3,044	142,128
Indirect Expenses:	7,060	5,963	2,639	1,720	380	17,763
TOTAL FUNDING USES:	63,548	53,672	23,761	15,487	3,424	159,891
CBHS MENTAL HEALTH FUNDING SOURCES						
Index Code/Project Detail/CFDA#:						
MH FED - SDMC Regular FFP (50%)						
MH STATE - PSR EPSDT						
MH WORK ORDER - Human Services Agency						
MH WORK ORDER - Dept. Children, Youth & Families						
MH WORK ORDER - Dept. Children, Youth & Families						
MH WORK ORDER - First Five (SF Children & Family Commission)						
MH WORK ORDER - First Five (SF Children & Family Commission)						
MH STATE - MHSA						
MH STATE - MH Realignment						
MH COUNTY - General Fund						
MH COUNTY - General Fund WO COB						
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES						
	63,548	53,672	23,761	15,487	3,424	159,891
CBHS SUBSTANCE ABUSE FUNDING SOURCES						
Index Code/Project Detail/CFDA#:						
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES						
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES						
Index Code/Project Detail/CFDA#:						
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES						
TOTAL DPH FUNDING SOURCES						
	63,548	53,672	23,761	15,487	3,424	159,891
NON-DPH FUNDING SOURCES						
TOTAL NON-DPH FUNDING SOURCES						
TOTAL FUNDING SOURCES (DPH AND NON-DPH)						
	63,548	53,672	23,761	15,487	3,424	159,891
CBHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased (if applicable)						
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)						
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program						
Cost Reimbursement (CR) or Fee-For-Service (FFS):						
DPH Units of Service:	682	576	255	166	20	
Unit Type:	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only):	93.18	93.18	93.18	93.18	171.22	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	93.18	93.18	93.18	93.18	171.22	
Published Rate (Medi-Cal Providers Only):	98.80	98.80	98.80	98.80	182.00	Total UDC:
Unduplicated Clients (UDC):	570	570	570	570	570	570

FY 15-16 CBHS BUDGET DOCUMENTS

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

DHCS Legal Entity Name (MH)/Contractor Name (SA): Instituto Familiar de la Raza, Inc.				Appendix/Page #: B-7/Page 1b	
Provider Name: Instituto Familiar de la Raza, Inc.				Document Date: 7/1/2015	
Provider Number: 3818				Fiscal Year: 15-16	
Program Name:	MHSA PEI- School-Based Youth-Centered Wellness	MHSA PEI- School-Based Youth-Centered Wellness	MHSA PEI- School-Based Youth-Centered Wellness		
Program Code (formerly Reporting Unit):	None	None	None		
Mode/SFC (MH) or Modality (SA)	45/20-29	45/20-29	45/20-29		
Service Description:	Early Intervention/(Indi viduals)	Early Ref/Linkage	MH Services Indv/Family		
FUNDING TERM:	7/1/15 -6/30/16	7/1/15 -6/30/16	7/1/15 -6/30/16		TOTAL
FUNDING USES					
Salaries & Employee Benefits:	4,280	16,844	5,715		134,851
Operating Expenses:	1,352	5,320	1,805		42,592
Capital Expenses (greater than \$5,000):					
Subtotal Direct Expenses:	5,631	22,164	7,520		177,443
Indirect Expenses:	704	2,770	940		22,177
TOTAL FUNDING USES:	6,335	24,934	8,460		199,620
CBHS MENTAL HEALTH FUNDING SOURCES	Index Code/Project Detail/CFDA#:				
MH FED - SDMC Regular FFP (50%)					
MH STATE - PSR EPSDT					
MH WORK ORDER - Human Services Agency					
MH WORK ORDER - Dept. Children, Youth & Families					
MH WORK ORDER - Dept. Children, Youth & Families					
MH WORK ORDER - First Five (SF Children & Family Commission)					
MH WORK ORDER - First Five (SF Children & Family Commission)					
MH STATE - MHSA	HMHMPROP63 PMHS63-1510	6,335	24,934	8,460	199,620
MH STATE - MH Realignment					
MH COUNTY - General Fund					
MH COUNTY - General Fund WO CODB					
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		6,335	24,934	8,460	199,620
CBHS SUBSTANCE ABUSE FUNDING SOURCES	Index Code/Project Detail/CFDA#:				
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES					
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES	Index Code/Project Detail/CFDA#:				
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES					
TOTAL DPH FUNDING SOURCES		6,335	24,934	8,460	199,620
NON-DPH FUNDING SOURCES					
TOTAL NON-DPH FUNDING SOURCES					
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		6,335	24,934	8,460	199,620
CBHS UNITS OF SERVICE AND UNIT COST					
Number of Beds Purchased (if applicable)					
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)					
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program					
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS	FFS	FFS		
DPH Units of Service:	74	728	247		
Unit Type:	Staff Hour	Staff Hour	Staff Hour		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	85.61	34.25	34.25		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	85.61	34.25	34.25		
Published Rate (Medi-Cal Providers Only):	98.80	80.08	80.08		
Unduplicated Clients (UDC):	570	570	570		Total UDC: 570

FY 15-16 CBHS BUDGET DOCUMENTS

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

DHCS Legal Entity Name (MH)/Contractor Name (SA): Instituto Familiar de la Raza, Inc.				Appendix/Page #: B-7/Page 1c	
Provider Name: Instituto Familiar de la Raza, Inc.				Document Date: 7/1/2015	
Provider Number: 3818				Fiscal Year: 15-16	
Program Name:	MHSA -Early Childhood Mental Health Consultation	MHSA -Early Childhood Mental Health Consultation	MHSA -Early Childhood Mental Health Consultation	MHSA -Early Childhood Mental Health Consultation	MHSA -Early Childhood Mental Health Consultation
Program Code (formerly Reporting Unit):	None	None	None	None	None
Mode/SFC (MH) or Modality (SA)	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19
Service Description:	Consultation (Individuals)	Consultation (Group)	Consultation (Observation)	Staff Training	Parent Training/Support Group
FUNDING TERM:	7/1/15 -6/30/16	7/1/15 -6/30/16	7/1/15 -6/30/16	7/1/15 -6/30/16	7/1/15 -6/30/16
FUNDING USES					
Salaries & Employee Benefits:	17,779	11,853	9,219	1,317	3,951
Operating Expenses:	1,368	912	709	101	304
Capital Expenses (greater than \$5,000):					
Subtotal Direct Expenses:	19,147	12,765	9,928	1,418	4,255
Indirect Expenses:	2,298	1,532	1,191	170	511
TOTAL FUNDING USES:	21,445	14,297	11,120	1,589	4,766
CBHS MENTAL HEALTH FUNDING SOURCES					
Index Code/Project Detail/CFDA#:					
MH FED - SDMC Regular FFP (50%)					
MH STATE - PSR EPSDT					
MH WORK ORDER - Human Services Agency					
MH WORK ORDER - Dept. Children, Youth & Families					
MH WORK ORDER - Dept. Children, Youth & Families					
MH WORK ORDER - First Five (SF Children & Family Commission)					
MH WORK ORDER - First Five (SF Children & Family Commission)					
MH STATE - MHSA	HMHMPROP63 PMHS63-1510	21,445	14,297	11,120	1,589
MH STATE - MH Realignment					
MH COUNTY - General Fund					
MH COUNTY - General Fund WO CODB					
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		21,445	14,297	11,120	1,589
CBHS SUBSTANCE ABUSE FUNDING SOURCES					
Index Code/Project Detail/CFDA#:					
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES					
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES					
Index Code/Project Detail/CFDA#:					
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES					
TOTAL DPH FUNDING SOURCES		21,445	14,297	11,120	1,589
NON-DPH FUNDING SOURCES					
TOTAL NON-DPH FUNDING SOURCES					
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		21,445	14,297	11,120	1,589
CBHS UNITS OF SERVICE AND UNIT COST					
Number of Beds Purchased (if applicable)					
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)					
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program					
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS	FFS	FFS	FFS	FFS
DPH Units of Service:	281	188	146	21	63
Unit Type:	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	76.19	76.19	76.19	76.19	76.19
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	76.19	76.19	76.19	76.19	76.19
Published Rate (Medi-Cal Providers Only):	98.80	98.80	98.80	98.80	98.80
Unduplicated Clients (UDC):	106	106	106	106	106
Total UDC:					

FY 15-16 CBHS BUDGET DOCUMENTS

DPH 3: Salaries & Benefits Detail

Program Code: None

Appendix/Page #: B-7/Page 2

Program Name: MHSA PEI-School-Based Youth-Centered Wellness

Document Date: 7/1/15

	TOTAL		General Fund (Include all Funding Sources with this Index Code)		MHSA (HMHPROP63 PMHS6363-1510)		Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#)		Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)		Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	
	Term: 7/1/15 -6/30/16		Term:		Term: 7/1/15 -6/30/16		Term:		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Program Manager	0.11	\$ 8,934.00			0.11	8,934						
Program Coordinator	0.13	\$ 7,151.00			0.13	7,151						
Mental Health Specialists	1.47	\$ 81,629.00			1.47	81,629						
Program Assistant	0.21	\$ 8,245.00			0.21	8,245						
Totals:	1.92	\$105,959			1.92	\$105,959						

[illegible]**TOTAL SALARIES & BENEFITS**

\$134,851

\$134,851

FY 15-16 CBHS BUDGET DOCUMENTS

DPH 4: Operating Expenses Detail

Program Code: None
 Program Name: MHSA PEI-School-Based Youth-Centered Wellness
 Document Date: 7/1/15

Appendix/Page #: B-7/Page 3

Expenditure Category	TOTAL	General Fund (Include all Funding Sources with this Index Code)	MHSA (HMHMPROP63 PMHS63-1510)	Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)
	Term: 7/1/15-6/30/16		Term: 7/1/15-6/30/16			
Occupancy:						
Rent	\$ 3,331.00		\$ 3,331.00			
Utilities(telephone, electricity, water, gas)	\$ 1,614.00		\$ 1,614.00			
Building Repair/Maintenance	\$ 2,404.00		\$ 2,404.00			
Materials & Supplies:						
Office Supplies	\$ 1,099.00		\$ 1,099.00			
Photocopying						
Printing	\$ 206.00		\$ 206.00			
Program Supplies	\$ 500.00		\$ 500.00			
Computer hardware/software						
General Operating:						
Training/Staff Development	\$ 500.00		\$ 500.00			
Insurance	\$ 1,373.00		\$ 1,373.00			
Professional License						
Permits						
Equipment Lease & Maintenance	\$ 584.00		\$ 584.00			
Staff Travel:						
Local Travel	\$ 881.00		\$ 881.00			
Out-of-Town Travel						
Field Expenses						
Consultant/Subcontractor:						
Internship Trainer Fee at \$100 per hour with total of 5 hours	\$ 500.00		\$ 500.00			
Support for Families of Children w Disabilities at \$2425/month	\$ 29,100.00		\$ 29,100.00			
w/Dates, Hourly Rate and Amounts)						
(add more Consultant lines as necessary)						
Other:						
Client Related Exp and Cultural Event Activities	\$ 500.00		\$ 500.00			

TOTAL OPERATING EXPENSE

\$42,592

\$42,592

FY 15-16 CBHS BUDGET DOCUMENTS

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

DHCS Legal Entity Name (MH)/Contractor Name (SA): Instituto Familiar de la Raza, Inc.					Appendix/Page #: B-8/Page 1	
Provider Name: Instituto Familiar de la Raza, Inc.					Document Date: 7/1/2015	
Provider Number: 3818					Fiscal Year: 15-16	
Program Name:	MHSA -Early Childhood Mental Health Consultation	MHSA -Early Childhood Mental Health Consultation	MHSA -Early Childhood Mental Health Consultation	MHSA -Early Childhood Mental Health Consultation	MHSA -Early Childhood Mental Health Consultation	
Program Code (formerly Reporting Unit):	None	None	None	None	None	
Mode/SFC (MH) or Modality (SA)	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	
Service Description:	Early Ref/Linkage	Consultant Train/Supv	Evaluation	System Work	Early Intervention/(Indivi duals)	TOTAL
FUNDING TERM:	7/1/15 -6/30/16	7/1/15 -6/30/16	7/1/15 -6/30/16	7/1/15 -6/30/16	7/1/15 -6/30/16	
FUNDING USES						
Salaries & Employee Benefits:	6,585	7,902	3,292	3,292	658	65,848
Operating Expenses:	507	608	253	253	51	5,067
Capital Expenses (greater than \$5,000):						
Subtotal Direct Expenses:	7,092	8,510	3,546	3,546	709	70,915
Indirect Expenses:	851	1,021	426	426	85	8,510
TOTAL FUNDING USES:	7,943	9,531	3,971	3,971	794	79,425
CBHS MENTAL HEALTH FUNDING SOURCES	Index Code/Project Detail/CFDA#:					
MH FED - SDMC Regular FFP (50%)						
MH STATE - PSR EPSDT						
MH WORK ORDER - Human Services Agency						
MH WORK ORDER - Dept. Children, Youth & Families						
MH WORK ORDER - Dept. Children, Youth & Families						
MH WORK ORDER - First Five (SF Children & Family Commission)						
MH WORK ORDER - First Five (SF Children & Family Commission)						
MH STATE - MHSA	HMHMPROP63 PMHS63-1510	7,943	9,531	3,971	3,971	794
MH STATE - MH Realignment						
MH COUNTY - General Fund						
MH COUNTY - General Fund WO CODB						
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		7,943	9,531	3,971	3,971	794
CBHS SUBSTANCE ABUSE FUNDING SOURCES	Index Code/Project Detail/CFDA#:					
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES						
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES	Index Code/Project Detail/CFDA#:					
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES						
TOTAL DPH FUNDING SOURCES		7,943	9,531	3,971	3,971	794
NON-DPH FUNDING SOURCES						
TOTAL NON-DPH FUNDING SOURCES						
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		7,943	9,531	3,971	3,971	794
CBHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased (if applicable)						
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)						
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program						
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS	FFS	FFS	FFS	FFS	
DPH Units of Service:	104	125	52	52	10	
Unit Type:	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	76.19	76.19	76.19	76.19	76.19	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	76.19	76.19	76.19	76.19	76.19	
Published Rate (Medi-Cal Providers Only):	80.08	98.80	80.08	80.08	80.08	Total UDC:
Unduplicated Clients (UDC):	106	106	106	106	106	106

FY 15-16 CBHS BUDGET DOCUMENTS

DPH 3: Salaries & Benefits Detail

Program Code: None

Program Name: MHSA Early Childhood Mental Health Consultation

Document Date: 7/1/15

Appendix/Page #: B-8/Page 2

	TOTAL		General Fund (Include all Funding Sources with this Index Code)		MHSA (HMHMPROP63 PMHS6363-1510)		Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#)		Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)		Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	
	Term: 7/1/15 -6/30/16		Term:		Term: 7/1/15 -6/30/16		Term:		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Program Manager	0.33	\$ 26,131.00			0.33	26,131						
Program Coordinator	0.04	\$ 2,066.00			0.04	2,066						
Mental Health Specialists	0.43	\$ 23,571.00			0.43	23,571						
Program Assistant	0.01	\$ 455.00			0.01	455						

Employee Fringe Benefits:	26%	\$13,625			26%	\$13,625							
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TOTAL SALARIES & BENEFITS

\$65,848

\$65,848

FY 15-16 CBHS BUDGET DOCUMENTS

DPH 4: Operating Expenses Detail

Program Code: None
 Program Name: MHSA Early Childhood Mental Health Consultation
 Document Date: 7/1/15

Appendix/Page #: B-8/Page 3

Expenditure Category	TOTAL	General Fund (Include all Funding Sources with this Index Code)	MHSA (HMHMPROP63 PMHS63-1510)	Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)
	Term: 7/1/15-6/30/16		Term: 7/1/15-6/30/16			
Occupancy:						
Rent	\$ 1,406.00		\$ 1,406.00			
Utilities(telephone, electricity, water, gas)	\$ 681.00		\$ 681.00			
Building Repair/Maintenance	\$ 1,346.00		\$ 1,346.00			
Materials & Supplies:						
Office Supplies	\$ 464.00		\$ 464.00			
Photocopying						
Printing	\$ 87.00		\$ 87.00			
Program Supplies						
Computer hardware/software						
General Operating:						
Training/Staff Development						
Insurance	\$ 580.00		\$ 580.00			
Professional License						
Permits						
Equipment Lease & Maintenance	\$ 246.00		\$ 246.00			
Staff Travel:						
Local Travel	\$ 257.00		\$ 257.00			
Out-of-Town Travel						
Field Expenses						
Consultant/Subcontractor:						
w/Dates, Hourly Rate and Amounts)						
w/Dates, Hourly Rate and Amounts)						
w/Dates, Hourly Rate and Amounts)						
(add more Consultant lines as necessary)						
Other:						
Client Related Exp and Cultural Event Activities						

TOTAL OPERATING EXPENSE

\$5,067

\$5,067

FY 15-16 CBHS BUDGET DOCUMENTS

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

DHCS Legal Entity Name (MH)/Contractor Name (SA): Instituto Familiar de la Raza, Inc.				Appendix/Page #: B-9/Page 1	
Provider Name: Instituto Familiar de la Raza, Inc.				Document Date: 7/1/2015	
Provider Number: 3818				Fiscal Year: 15-16	
Program Name:		MHSA - Trauma Recovery & Healing Services			
Program Code (formerly Reporting Unit):		None			
Mode/SFC (MH) or Modality (SA)		45/10-19			
Service Description:		MH Promotion			TOTAL
FUNDING TERM:		7/1/15 -6/30/16			
FUNDING USES					
Salaries & Employee Benefits:		167,771			167,771
Operating Expenses:		29,544			29,544
Capital Expenses (greater than \$5,000):					
Subtotal Direct Expenses:		197,315			197,315
Indirect Expenses:		23,681			23,681
TOTAL FUNDING USES:		220,996			220,996
CBHS MENTAL HEALTH FUNDING SOURCES		Index Code/Project Detail/CFDA#:			
MH FED - SDMC Regular FFP (50%)					
MH STATE - PSR EPSDT					
MH WORK ORDER - Human Services Agency					
MH WORK ORDER - Dept. Children, Youth & Families					
MH WORK ORDER - Dept. Children, Youth & Families					
MH WORK ORDER - First Five (SF Children & Family Commission)					
MH WORK ORDER - First Five (SF Children & Family Commission)					
MH STATE - MHSA		HMI-MPROP63			
MH STATE - MH Realignment		PMHS63-1503	220,996		220,996
MH COUNTY - General Fund					
MH COUNTY - General Fund WO CODB					
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES			220,996		220,996
CBHS SUBSTANCE ABUSE FUNDING SOURCES		Index Code/Project Detail/CFDA#:			
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES					
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES		Index Code/Project Detail/CFDA#:			
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES					
TOTAL DPH FUNDING SOURCES			220,996		220,996
NON-DPH FUNDING SOURCES					
TOTAL NON-DPH FUNDING SOURCES					
TOTAL FUNDING SOURCES (DPH AND NON-DPH)			220,996		220,996
CBHS UNITS OF SERVICE AND UNIT COST					
Number of Beds Purchased (if applicable)					
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)					
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program					
Cost Reimbursement (CR) or Fee-For-Service (FFS):		CR			
DPH Units of Service:		1,735			
Unit Type:		Staff Hour			
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)		127.38			
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):		127.38			
Published Rate (Medi-Cal Providers Only):					Total UDC:
Unduplicated Clients (UDC):		116			116

FY 15-16 CBHS BUDGET DOCUMENTS

DPH 3: Salaries & Benefits Detail

Program Code: None
 Program Name: MHSA - Trauma Recovery & Healing Services
 Document Date: 7/1/15

Appendix/Page #: B-9/Page 2

	TOTAL		General Fund (Include all Funding Sources with this Index Code)		MHSA (HMHMPROP63 PMHS63-1503)		Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#)		Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)		Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	
	Term: 7/1/15 -6/30/16		Term:		Term: 7/1/15 -6/30/16		Term:		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Program Director	0.13	\$ 12,354.00			0.13	12,354						
Program Manager	0.10	\$ 6,241.00			0.10	6,241						
Psychologist/Clinical Supervisor	0.07	\$ 959.00			0.07	959						
Mental Health Specialist	1.00	\$ 44,498.00			1.00	44,498						
Behavioral Health Specialist/Case Manager	1.03	\$ 57,223.00			1.03	57,223						
Program Assistant	0.22	\$ 8,105.00			0.22	8,105						

Employee Fringe Benefits:	30%	\$38,391			30%	\$38,391					
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TOTAL SALARIES & BENEFITS	\$167,771		\$167,771				
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FY 15-16 CBHS BUDGET DOCUMENTS

DPH 4: Operating Expenses Detail

Program Code: None
 Program Name: MHSA - Trauma Recovery & Healing Services
 Document Date: 7/1/15

Appendix/Page #: B-9/Page 3

Expenditure Category	TOTAL	General Fund (Include all Funding Sources with this Index Code)	MHSA (HMHMPROP63-1503)	Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)
	Term: 7/1/15-6/30/16		Term: 7/1/15-6/30/16			
Occupancy:						
Rent	\$ 4,419.00		\$ 4,419.00			
Utilities(telephone, electricity, water, gas)	\$ 2,141.00		\$ 2,141.00			
Building Repair/Maintenance	\$ 5,785.00		\$ 5,785.00			
Materials & Supplies:						
Office Supplies	\$ 1,458.00		\$ 1,458.00			
Photocopying						
Printing	\$ 273.00		\$ 273.00			
Program Supplies	\$ 1,390.00		\$ 1,390.00			
Computer hardware/software						
General Operating:						
Training/Staff Development	\$ 2,481.00		\$ 2,481.00			
Insurance	\$ 1,622.00		\$ 1,622.00			
Professional License						
Permits						
Equipment Lease & Maintenance	\$ 775.00		\$ 775.00			
Staff Travel:						
Local Travel	\$ 601.00		\$ 601.00			
Out-of-Town Travel						
Field Expenses						
Consultant/Subcontractor:						
Consultant for 2 Events at \$100/hr for the total of 3 hours	\$ 600.00		600.00			
w/Dates, Hourly Rate and Amounts)						
w/Dates, Hourly Rate and Amounts)						
(add more Consultant lines as necessary)						
Other:						
Client Related Exp and Cultural Event Activities	\$ 7,999.00		\$ 7,999.00			

TOTAL OPERATING EXPENSE

\$29,544

\$29,544

FY 15-16 CBHS BUDGET DOCUMENTS

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

DHCS Legal Entity Name (MH)/Contractor Name (SA): Instituto Familiar de la Raza, Inc.		Appendix/Page #: B-10/Page 1	
Provider Name: Instituto Familiar de la Raza, Inc.		Document Date: 7/1/2015	
Provider Number: 3818		Fiscal Year: 15-16	
Program Name:	MHSA PEI		
Program Code (formerly Reporting Unit):	ECMHC Training		
Mode/SFC (MH) or Modality (SA)	None		
	60/78		
Service Description:	Other Non-Medi-Cal Client Support Exp		
FUNDING TERM:	7/1/15 -6/30/16		TOTAL
FUNDING USES			
Salaries & Employee Benefits:	14,651		14,651
Operating Expenses:	700		700
Capital Expenses (greater than \$5,000):			
Subtotal Direct Expenses:	15,351		15,351
Indirect Expenses:	1,842		1,842
TOTAL FUNDING USES:	17,193		17,193
CBHS MENTAL HEALTH FUNDING SOURCES	Index Code/Project Detail/CFDA#:		
MH FED - SDMC Regular FFP (50%)			
MH STATE - PSR EPSDT			
MH WORK ORDER - Human Services Agency			
MH WORK ORDER - Dept. Children, Youth & Families			
MH WORK ORDER - Dept. Children, Youth & Families			
MH WORK ORDER - First Five (SF Children & Family Commission)			
MH WORK ORDER - First Five (SF Children & Family Commission)			
MH STATE - MHSA	HMHMPROP63		
MH STATE - MH Realignment	PMHS63-1510	17,193	17,193
MH COUNTY - General Fund			
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		17,193	17,193
CBHS SUBSTANCE ABUSE FUNDING SOURCES	Index Code/Project Detail/CFDA#:		
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES			
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES	Index Code/Project Detail/CFDA#:		
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES			
TOTAL DPH FUNDING SOURCES		17,193	17,193
NON-DPH FUNDING SOURCES			
TOTAL NON-DPH FUNDING SOURCES			
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		17,193	17,193
CBHS UNITS OF SERVICE AND UNIT COST			
Number of Beds Purchased (if applicable)			
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)			
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program			
Cost Reimbursement (CR) or Fee-For-Service (FFS):	CR		
DPH Units of Service:	12		
Unit Type:	Staff Hour		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	1,432.75		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	1,432.75		
Published Rate (Medi-Cal Providers Only):			Total UDC:
Unduplicated Clients (UDC):	10		10

FY 15-16 CBHS BUDGET DOCUMENTS

DPH 3: Salaries & Benefits Detail

Program Code: None

Program Name: MHSA PEI ECMHC Training

Document Date: 7/1/15

Appendix/Page #: B-10/Page 2

	TOTAL		General Fund (Include all Funding Sources with this Index Code)		MHSA (HMHMPROP63 PMHS63-1510)		Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#)		Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)		Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	
	Term: 7/1/15 -6/30/16		Term:		Term: 7/1/15 -6/30/16		Term:		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Program Director	0.04	\$ 4,071.00			0.04	4,071						
Program Manager	0.09	\$ 6,700.00			0.09	6,700						
Program Assistant	0.03	\$ 1,138.00			0.03	1,138						
Totals:	0.16	\$11,909			0.16	\$11,909						

Employee Fringe Benefits:	23%	\$2,742		23%	\$2,742							
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TOTAL SALARIES & BENEFITS

\$14,651

\$14,651

FY 15-16 CBHS BUDGET DOCUMENTS

DPH 4: Operating Expenses Detail

Program Code: None
 Program Name: MHSA PEI ECMHC Training
 Document Date: 7/1/15

Appendix/Page #: B-10/Page 3

Expenditure Category	TOTAL	General Fund (Include all Funding Sources with this Index Code)	MHSA (HMHMPROP63 PMHS63-1510)	Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)
	Term: 7/1/15-6/30/16		Term: 7/1/15-6/30/16			
Occupancy:						
Rent						
Utilities(telephone, electricity, water, gas)						
Building Repair/Maintenance						
Materials & Supplies:						
Office Supplies						
Photocopying						
Printing						
Program Supplies	\$ 300.00		\$ 300.00			
Computer hardware/software						
General Operating:						
Training/Staff Development						
Insurance						
Professional License						
Permits						
Equipment Lease & Maintenance						
Staff Travel:						
Local Travel						
Out-of-Town Travel						
Field Expenses						
Consultant/Subcontractor:						
w/Dates, Hourly Rate and Amounts)						
w/Dates, Hourly Rate and Amounts)						
w/Dates, Hourly Rate and Amounts)						
(add more Consultant lines as necessary)						
Other:						
Client Related Exp and Cultural Event Activities	\$ 400.00		\$ 400.00			

TOTAL OPERATING EXPENSE

\$700

\$700

FY 15-16 CBHS BUDGET DOCUMENTS

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

DHCS Legal Entity Name (MH)/Contractor Name (SA): Instituto Familiar de la Raza, Inc.		Appendix/Page #: B-11/Page 1	
Provider Name: Instituto Familiar de la Raza, Inc.		Document Date: 7/1/2015	
Provider Number: 3818		Fiscal Year: 15-16	
Program Name:	Semillas de Paz	Semillas de Paz	
Program Code (formerly Reporting Unit):	3818C	3818C	
Mode/SFC (MH) or Modality (SA):	45/20-29	45/20-29	
Service Description:	Commty Client Svcs	Commty Client Svcs	TOTAL
FUNDING TERM:	10/1/15-6/30/16	10/1/15-6/30/16	
FUNDING USES			
Salaries & Employee Benefits:	410,715		410,715
Operating Expenses:		11,001	11,001
Capital Expenses (greater than \$5,000):			
Subtotal Direct Expenses:	410,715	11,001	421,716
Indirect Expenses:	49,285	1,320	50,605
TOTAL FUNDING USES:	460,000	12,321	472,321
CBHS MENTAL HEALTH FUNDING SOURCES	Index Code/Project Detail/CFDA#:		
MH FED - SDMC Regular FFP (50%)			
MH STATE - PSR EPSDT			
MH WORK ORDER - Human Services Agency			
MH WORK ORDER - Dept. Children, Youth & Families			
MH WORK ORDER - Dept. Children, Youth & Families			
MH WORK ORDER - First Five (SF Children & Family Commission)			
MH WORK ORDER - First Five (SF Children & Family Commission)			
MH STATE - MHSA			
MH STATE - MH Realignment			
MH COUNTY - General Fund	HMHMCP751594	12,321	12,321
Triage Grant	HMHMCHGRANTS HMCH06/1500	460,000	460,000
MH COUNTY - General Fund WO CODB			
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		460,000	12,321
CBHS SUBSTANCE ABUSE FUNDING SOURCES	Index Code/Project Detail/CFDA#:		
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES			
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES	Index Code/Project Detail/CFDA#:		
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES			
TOTAL DPH FUNDING SOURCES		460,000	12,321
NON-DPH FUNDING SOURCES			
TOTAL NON-DPH FUNDING SOURCES			
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		460,000	12,321
CBHS UNITS OF SERVICE AND UNIT COST			
Number of Beds Purchased (if applicable)			
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)			
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program			
Cost Reimbursement (CR) or Fee-For-Service (FFS):	CR	CR	
DPH Units of Service:	1,595	1	
Unit Type:	Staff Hour	Staff Hour	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	288.40	12,321.00	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	288.40	12,321.00	
Published Rate (Medi-Cal Providers Only):			Total UDC:
Unduplicated Clients (UDC):	29	1	30

FY 15-16 CBHS BUDGET DOCUMENTS

DPH 3: Salaries & Benefits Detail

Program Code: 3818CAppendix/Page #: B-11/Page 2

Program Name: Semillas de Paz

Document Date: 7/1/15

	TOTAL		General Fund (Include all Funding Sources with this Index Code)		Triage Grant (HMMCHGRANTS HMCH06/1500)		Triage Grant (HMMCHGRANTS HMCH06/1500)		Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)		Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	
	Term: 10/1/15-6/30/2016		Term: 10/1/15-6/30/2016		Term: 10/1/15-6/30/2016		Term: 10/1/15-6/30/2016		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Crisis Triage Managers	1.00	\$ 80,000.00			1.00	80,000						
Crisis Triage Supervisors (therapists)	2.00	\$ 92,000.00			2.00	92,000						
Crisis Triage Counselors (case managers)	3.00	\$ 100,270.00			3.00	100,270						
Crisis Peer Triage Counselor	1.00	\$ 24,750.00			1.00	24,750						
Evaluator	0.35	\$ 19,230.00					0.35	19,230				
Totals:	7.35	\$316,250			7.00	\$297,020	0.35	\$19,230				

Employee Fringe Benefits:	30%	\$94,465		30%	\$88,695	30%	\$5,770					
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TOTAL SALARIES & BENEFITS

\$410,715

\$385,715

\$25,000

FY 15-16 CBHS BUDGET DOCUMENTS

DPH 4: Operating Expenses Detail

Program Code: 3818C
 Program Name: Semillas de Paz
 Document Date: 7/1/15

Appendix/Page #: B-11/Page 3

Expenditure Category	TOTAL	General Fund (Include all Funding Sources with this Index Code)	Funding Source 1 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)
	Term: 7/1/15-6/30/16	Term: 7/1/15-6/30/16				
Occupancy:						
Rent						
Utilities (telephone, electricity, water, gas)						
Building Repair/Maintenance						
Materials & Supplies:						
Office Supplies	\$ 6,880.00	\$ 6,880.00				
Photocopying						
Printing						
Program Supplies	\$ -					
Computer hardware/software						
General Operating:						
Training/Staff Development	\$ 922.00	\$ 922.00				
Insurance						
Professional License						
Permits						
Equipment Lease & Maintenance						
Staff Travel:						
Local Travel	\$ 131.00	\$ 131.00				
Out-of-Town Travel						
Field Expenses						
Consultant/Subcontractor:						
w/Dates, Hourly Rate and Amounts)						
w/Dates, Hourly Rate and Amounts)						
w/Dates, Hourly Rate and Amounts)						
(add more Consultant lines as necessary)						
Other:						
Client Related Exp and Cultural Event Activities	\$ 3,068.00	\$ 3,068.00				

TOTAL OPERATING EXPENSE

\$11,001

\$11,001

FY 15-16 CBHS BUDGET DOCUMENTS

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

DHCS Legal Entity Name (MH)/Contractor Name (SA): Instituto Familiar de la Raza, Inc.				Appendix/Page #: B-12/Page 1	
Provider Name: Instituto Familiar de la Raza, Inc.				Document Date: 7/1/2015	
Provider Number: 3818				Fiscal Year: 15-16	
Program Name:		Road Map to Peace			
Program Code (formerly Reporting Unit):		3818R			
Mode/SFC (MH) or Modality (SA)		45/20-29			
Service Description:		Cmmty Client Svcs			TOTAL
FUNDING TERM:		1/1/16-6/30/16			
FUNDING USES					
Salaries & Employee Benefits:		33,929			33,929
Operating Expenses:		10,714			10,714
Capital Expenses (greater than \$5,000):					
Subtotal Direct Expenses:		44,643			44,643
Indirect Expenses:		5,357			5,357
TOTAL FUNDING USES:		50,000			50,000
CBHS MENTAL HEALTH FUNDING SOURCES		Index Code/Project Detail/CFDA#:			
MH FED - SDMC Regular FFP (50%)					
MH STATE - PSR EPSDT					
MH WORK ORDER - Human Services Agency					
MH WORK ORDER - Dept. Children, Youth & Families					
MH WORK ORDER - Dept. Children, Youth & Families					
MH WORK ORDER - First Five (SF Children & Family Commission)					
MH WORK ORDER - First Five (SF Children & Family Commission)					
MH WORK ORDER - First Five (SF Children & Family Commission)		HMHMSFRTPWOF	50,000		50,000
MH STATE - MHSA					
MH STATE - MH Realignment					
MH COUNTY - General Fund					
MH WORK ORDER - First Five (SF Children & Family Commission)					
MH COUNTY - General Fund WO CODB					
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES			50,000		50,000
CBHS SUBSTANCE ABUSE FUNDING SOURCES		Index Code/Project Detail/CFDA#:			
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES					
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES		Index Code/Project Detail/CFDA#:			
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES					
TOTAL DPH FUNDING SOURCES			50,000		50,000
NON-DPH FUNDING SOURCES					
TOTAL NON-DPH FUNDING SOURCES					
TOTAL FUNDING SOURCES (DPH AND NON-DPH)			50,000		50,000
CBHS UNITS OF SERVICE AND UNIT COST					
Number of Beds Purchased (if applicable)					
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)					
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program					
Cost Reimbursement (CR) or Fee-For-Service (FFS):		CR			
DPH Units of Service:		583			
Unit Type:		Staff Hour			
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		85.76			
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):		85.76			
Published Rate (Medi-Cal Providers Only):					Total UDC:
Unduplicated Clients (UDC):		20			20

FY 15-16 CBHS BUDGET DOCUMENTS

DPH 3: Salaries & Benefits Detail

Program Code: 3818R

Appendix/Page #: B-12/Page 2

Program Name: Road Map to Peace

Document Date: 7/1/15

	TOTAL		General Fund (Include all Funding Sources with this Index Code)		DCYF (HMHMSFRTPWOF)		Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#)		Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)		Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	
	Term: 1/1/16-6/30/16		Term:		Term: 1/1/16-6/30/16		Term:		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Community Builder	0.75	\$ 29,125.00			0.75	29,125						
Service Coordinator												
Youth worker	0.04	\$ 1,056.00			0.04	1,056						

[illegible]**TOTAL SALARIES & BENEFITS**

\$33,929

\$33,929

FY 15-16 CBHS BUDGET DOCUMENTS

DPH 4: Operating Expenses Detail

Program Code: 3818R
 Program Name: Road Map to Peace
 Document Date: 7/1/15

Appendix/Page #: B-12/Page 3

Expenditure Category	TOTAL	General Fund (Include all Funding Sources with this Index Code)	DCYF (HMHMSFRTPOF)	Funding Source 2 (Include Funding Source Name and Index Code/Project)	Funding Source 3 (Include Funding Source Name and Index Code/Project)	Funding Source 4 (Include Funding Source Name and Index Code/Project)
	Term: 1/1/2016-6/30/16		Term: 1/1/2016-6/30/16			
Occupancy:						
Rent						
Utilities(telephone, electricity, water, gas)						
Building Repair/Maintenance						
Materials & Supplies:						
Office Supplies	\$ 1,825.00		\$ 1,825.00			
Photocopying						
Printing						
Program Supplies						
Computer hardware/software						
General Operating:						
Training/Staff Development	\$ 4,494.00		\$ 4,494.00			
Insurance						
Professional License						
Permits						
Equipment Lease & Maintenance						
Staff Travel:						
Local Travel	\$ 270.00		\$ 270.00			
Out-of-Town Travel						
Field Expenses						
Consultant/Subcontractor:						
Consultant at \$45/hr x 10 hours/wk x 4.50 weeks	\$ 2,025.00		2,025			
w/Dates, Hourly Rate and Amounts)						
w/Dates, Hourly Rate and Amounts)						
(add more Consultant lines as necessary)						
Other:						
Service Meetings	\$ 1,400.00		\$ 1,400.00			
Client Related Expenses/Stipends	\$ 700.00		\$ 700.00			

TOTAL OPERATING EXPENSE

\$10,714

\$10,714

**Appendix D
Additional Terms**

1. PROTECTED HEALTH INFORMATION AND BAA

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

The parties acknowledge that CONTRACTOR is one of the following:

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

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

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

The Business Associate Agreement is not required.

2. THIRD PARTY BENEFICIARIES

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



Appendix E
San Francisco Department of Public Health
Business Associate Agreement

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

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

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

RECITALS

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

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

1. Definitions.

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



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San Francisco Department of Public Health
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17921 and 45 C.F.R. Section 164.402], as well as California Civil Code Sections 1798.29 and 1798.82.

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



Appendix E
San Francisco Department of Public Health
Business Associate Agreement

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

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

2. Obligations of Business Associate.

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



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

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



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- (iv) a brief statement of purpose of the disclosure that reasonably informs the individual of the basis for the disclosure, or a copy of the individual's authorization, or a copy of the written request for disclosure [45 C.F.R. 164.528(b)(2)]. If an individual or an individual's representative submits a request for an accounting directly to BA or its agents or subcontractors, BA shall forward the request to CE in writing within five (5) calendar days.
- g. **Access to Protected Information.** BA shall make Protected Information maintained by BA or its agents or subcontractors in Designated Record Sets available to CE for inspection and copying within (5) days of request by CE to enable CE to fulfill its obligations under state law [Health and Safety Code Section 123110] and the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.524 [45 C.F.R. Section 164.504(e)(2)(ii)(E)]. If BA maintains Protected Information in electronic format, BA shall provide such information in electronic format as necessary to enable CE to fulfill its obligations under the HITECH Act and HIPAA Regulations, including, but not limited to, 42 U.S.C. Section 17935(e) and 45 C.F.R. 164.524.
- h. **Amendment of Protected Information.** Within ten (10) days of a request by CE for an amendment of Protected Information or a record about an individual contained in a Designated Record Set, BA and its agents and subcontractors shall make such Protected Information available to CE for amendment and incorporate any such amendment or other documentation to enable CE to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.526. If an individual requests an amendment of Protected Information directly from BA or its agents or subcontractors, BA must notify CE in writing within five (5) days of the request and of any approval or denial of amendment of Protected Information maintained by BA or its agents or subcontractors [45 C.F.R. Section 164.504(e)(2)(ii)(F)].
- i. **Governmental Access to Records.** BA shall make its internal practices, books and records relating to the use and disclosure of Protected Information available to CE and to the Secretary of the U.S. Department of Health and Human Services (the "Secretary") for purposes of determining BA's compliance with HIPAA [45 C.F.R. Section 164.504(e)(2)(ii)(I)]. BA shall provide CE a copy of any Protected Information and other documents and records that BA provides to the Secretary concurrently with providing such Protected Information to the Secretary.
- j. **Minimum Necessary.** BA, its agents and subcontractors shall request, use and disclose only the minimum amount of Protected Information necessary to accomplish the intended purpose of such use, disclosure, or request. [42 U.S.C. Section 17935(b); 45 C.F.R. Section 164.514(d)]. BA understands and agrees that the definition of "minimum necessary" is in flux and shall keep itself informed of guidance issued by the Secretary with respect to what constitutes "minimum necessary" to accomplish the intended purpose in accordance with HIPAA and HIPAA Regulations.
- k. **Data Ownership.** BA acknowledges that BA has no ownership rights with respect to the Protected Information.
- l. **Notification of Breach.** BA shall notify CE within 5 calendar days of any breach of Protected Information; any use or disclosure of Protected Information not permitted by the Agreement; any Security Incident (except as otherwise provided below) related to Protected Information, and any use or disclosure of data in violation of any applicable federal or state laws by BA or its agents or subcontractors. The notification shall include, to the extent possible, the identification of each individual whose unsecured Protected Information has been,



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

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

3. Termination.

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



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

4. Amendment to Comply with Law.

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

5. Reimbursement for Fines or Penalties.

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

Attachments (links)

- ***Privacy, Data Security, and Compliance Attestations*** located at <https://www.sfdph.org/dph/files/HIPAAdocs/PDSCAttestations.pdf>
- ***Data Trading Partner Request to Access SFDPH Systems and Notice of Authorizer*** located at <https://www.sfdph.org/dph/files/HIPAAdocs/DTPAuthorization.pdf>
- ***User Agreement for Confidentiality, Data Security and Electronic Signature Form*** located at <https://www.sfdph.org/dph/files/HIPAAdocs/2015Revisions/ConfSecElecSigAgr.pdf>



Appendix E
San Francisco Department of Public Health
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Office of Compliance and Privacy Affairs
San Francisco Department of Public Health
101 Grove Street, Room 330, San Francisco, CA 94102
Office email: compliance.privacy@sfdph.org
Office telephone: 415-554-2787
Confidential Privacy Hotline (Toll-Free): 1-855-729-6040
Confidential Compliance Hotline: 415-642-5790

Appendix F
Invoice



CERTIFICATE OF LIABILITY INSURANCE

INSTI-4

OP ID: MR

DATE (MM/DD/YYYY)

06/24/2015

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

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

PRODUCER
CAL Insurance & Associates Inc
License #0241094
2311 Taraval Street
San Francisco, CA 94116-2253
Joe DeLucchi Renewal

CONTACT NAME: Michaelyn Ragatz

PHONE (A/C, No, Ext): 415-680-2127

FAX (A/C, No): 415-680-2153

E-MAIL ADDRESS: mragatz@cal-insure.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: State Compensation Ins. Fund

35076

INSURER B: Nonprofits Ins. Alliance of CA

11384

INSURER C: NIF Group

INSURER D: Philadelphia Insurance Co.

18058

INSURER E:

INSURER F:

INSURED Instituto Familiar de la Raza
2919 Mission Street
San Francisco, CA 94110

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X		2015-12435-NPO	07/01/2015	07/01/2016	EACH OCCURRENCE \$ 1,000,000
B	<input checked="" type="checkbox"/> Liquor Liab.			2015-12435-NPO	07/01/2015	07/01/2016	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000
B	<input checked="" type="checkbox"/> Abuse/Molestation			2015-12435-NPO	07/01/2015	07/01/2016	MED EXP (Any one person) \$ 20,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 1,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 3,000,000
	OTHER:						PRODUCTS - COMP/OP AGG \$ 3,000,000
							Emp Ben. \$ 1,000,000
C	<input type="checkbox"/> AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO			2015-12435	07/01/2015	07/01/2016	BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						\$
	<input checked="" type="checkbox"/> NON-OWNED AUTOS						\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB						EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> EXCESS LIAB			2015-12435	07/01/2015	07/01/2016	AGGREGATE \$
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A	9070916-14	09/01/2014	09/01/2015	E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
D	Crime**			RENL OF PHSD945737	07/01/2015	07/01/2016	E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B	Professional Liab*			2015-12435-NPO	07/01/2015	07/01/2016	** 900,000
							* 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached 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 TO GENERAL LIABILITY PER ATTACHED CG2026 & TO COMMERCIAL AUTO PER ATTACHED CG2048

SEE HOLDER NOTES

CERTIFICATE HOLDER

CITY&CO

CITY AND COUNTY OF SAN FRANCISCO, COMMUNITY BEHAVIORAL HEALTH SERVICES
1380 HOWARD STREET
SAN FRANCISCO, CA 94102

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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NOTEPAD:

HOLDER CODE CITY&CO
INSURED'S NAME Instituto Familiar de la Raza

INSTI-4
OP ID: MR

PAGE 2
Date 06/24/2015

Should any of the above described policies be cancelled before the expiration date thereof, the issuing insurer will endeavor to mail 30 days written notice to the certificate holder named to the left but failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives 30 DAY CANCELLATION

POLICY NUMBER: 2015-12435-NPO

COMMERCIAL GENERAL LIABILITY
CG 20 26 07 04

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – DESIGNATED
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

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

Any person or organization that you are required to add as an additional insured on this policy, under a written contract or agreement currently in effect, or becoming effective during the term of this policy. The additional insured status will not be afforded with respect to liability arising out of or related to your activities as a real estate manager for that person or organization.

CITY AND COUNTY OF SAN FRANCISCO, COMMUNITY BEHAVIORAL HEALTH SERVICES,
THEIR OFFICERS, AGENTS, AND DIRECTORS

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

Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A.** In the performance of your ongoing operations, or
- B.** In connection with your premises owned by or rented to you.

