

**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 **Seneca Center** ("Contractor"), and the City and County of San Francisco, a municipal corporation ("City"), acting by and through its Director of the Office of Contract Administration.

**RECITALS**

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

WHEREAS, City and Contractor desire to amend the Agreement on the terms and conditions set forth herein to extend the performance period, increase the contract amount, and update standard contractual clauses;

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

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

**1a. Agreement.** The term "Agreement" shall mean the Agreement dated July 1, 2010 from RFP 23-2009, dated July 31, 2009, Contract Numbers BPHM11000032, between Contractor and City, as amended by the :

First amendment dated October 25, 2010 and this Second amendment to amend the contract solicitation to a Sole Source.

**1b. 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.

**1c. Other Terms.** Terms used and not defined in this Amendment shall have the meanings assigned to such terms in the Agreement.

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

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

## 2. Term of the Agreement

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

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

## 2. Term of the Agreement

Subject to Section 2, the term of this Agreement shall be from July 1, 2010 through December 31, 2017.

**2b. 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 Public Health Department, in his or her sole discretion, concludes has been performed as of the 30th day of the immediately preceding month. In no event shall the amount of this Agreement exceed **Sixty Three Million Four Hundred Ninety Five Thousand Three Hundred Twenty Seven Dollars (\$63,495,327)**. The breakdown of costs associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein.

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

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

**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 work, as set forth in Section 4 of this Agreement, that the Director of the Public Health Department, in his or her sole discretion, concludes has been performed as of the 30th day of the immediately preceding month. In no event shall the amount of this Agreement exceed **Sixty-Nine Million Six Hundred Thirty Thousand One Hundred Eighty-Two Dollars (\$69,630,182)**. The breakdown of costs associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein.



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

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

**2c. Insurance.** Section 15 is hereby replaced 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.
- 5) Blanket Fidelity Bond (Commercial Blanket Bond): Limits in the amount of the Initial Payment provided for in the Agreement

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

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

**2d. Replacing "Earned Income Credit (EIC) Forms" Section with "Consideration of Criminal History in Hiring and Employment Decisions" Section.** Section 32 "Earned Income Credit (EIC) Forms" is hereby replaced 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](http://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's, 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 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.

**2e. Protection of Private Information.** Section 64 is hereby added to the Agreement, as follows:

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

**2f. Health Care Accountability Ordinance.** Section 44 is hereby replaced in its entirety to read as follows:

**44. Health Care Accountability Ordinance.**

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

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

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

c. Contractor's failure to comply with the HCAO shall constitute a material breach of this agreement. City shall notify Contractor if such a breach has occurred. If, within 30 days after receiving City's written notice of a breach of this Agreement for violating the HCAO, Contractor fails to cure such breach or, if such breach cannot reasonably be cured within such

period of 30 days, Contractor fails to commence efforts to cure within such period, or thereafter fails diligently to pursue such cure to completion, City shall have the right to pursue the remedies set forth in 12Q.5.1 and 12Q.5(f)(1-6). Each of these remedies shall be exercisable individually or in combination with any other rights or remedies available to City.

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

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

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

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

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

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

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

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

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

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



- 2g. Add Appendices A-1 through A-8 dated 7/1/2015 to Agreement as amended.**
- 2h. Delete Appendix B-Calculation of Charges and replace in its entirety with Appendix B-Calculation of Charges dated 7/1/2015 to Agreement as amended.**
- 2i. Add CBHS Budget Documents/Appendices B – 1 through B -8 dated 7/1/2015 to Agreement as amended.**
- 2j. Delete Appendix D- Additional Terms and replace in its entirety with Appendix D- Additional Terms dated 7/1/2015 to Agreement as amended.**
- 2k. Delete Appendix E- HIPAA Business Associate Agreement and replace in its entirety with Appendix E- HIPAA Business Associate Agreement dated 5/19/2015 to Agreement as amended.**
- 3. Effective Date.** Each of the modifications set forth in Section 2 shall be effective on and after July 1, 2015.
- 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.



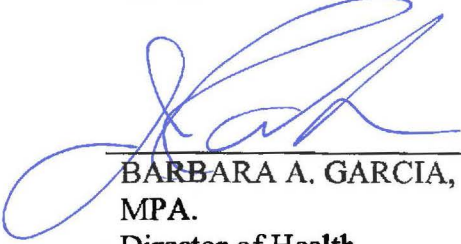
IN WITNESS WHEREOF, the parties hereto have executed this Agreement on the day first mentioned above.


CITY

CONTRACTOR

Recommended by:



Seneca Center

  
BARBARA A. GARCIA,  
MPA.  
Director of Health

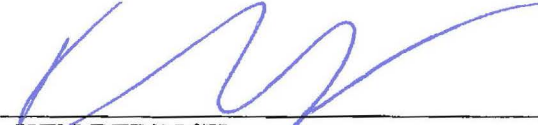
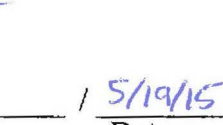
 / Date

Approved as to Form:

DENNIS J. HERRERA  
City Attorney

By  /  / Date  
KATHY MURPHY  
Deputy City Attorney

Approved:

 /  / Date  
KEN BERRICK  
Executive Director  
2275 Arlington Drive  
San Leandro, California 94578  
Kathenne West,  
COO

City vendor number: 24631

\_\_\_\_\_  
JACI FONG  
Director of the Office of  
Contract Administration, and  
Purchaser / Date



Contractor: Seneca Center  
Program: Therapeutic Behavioral Services (TBS)  
City Fiscal Year: 15-16  
CMS#: 6941

Appendix A-1  
Contract Term: 07.01.15 - 06.30.16

1. **PROGRAM NAME:** Therapeutic Behavioral Services (TBS)  
**PROGRAM ADDRESS:** 2513 24<sup>TH</sup> Street  
**CITY, STATE, ZIP CODE:** San Francisco, CA 94110  
**TELEPHONE:** 415-642-5968  
**FACSIMILE:** 415-695-1263  
**Program Code:** 38CQ5 (Seneca Connections TBS)

**Contractor Address:** Seneca Family of Agencies, 6925 Chabot Rd.  
**City, State, Zip Code:** Oakland, CA 94618

**Name of Person Completing this Narrative:** Janet Briggs  
**Telephone:** (510)-300-6325

2. **NATURE OF DOCUMENT**

☐ New    ☐ Renewal    ☒ Modification

3. **GOAL STATEMENT**

TBS services are provided to clients in need of services to prevent placement disruption or to increase the likelihood of a successful transition to a lower level of care.

4. **TARGET POPULATION**

Children and adolescents referred by S.F. BHS who are medi-cal eligible and meet class and eligibility requirements for TBS.

5. **MODALITIES/INTERVENTIONS**

A. **Modality of service/intervention:** Refer to CRDC.

B. **Definition of Billable Services:**

**Therapeutic Behavioral Services:** Therapeutic Behavioral Services (TBS) is a short term, intensive, one-to-one behavioral intervention available to certain mental health system clients who are EPSDT Medi-Cal eligible, and whose behaviors or symptoms are placing them at risk of placement in a higher level of care or preventing them from stepping down from level 12 or higher group home care.

6. **METHODOLOGY**

Treatment services are designed to stabilize placements or increase the likelihood of a successful transition to a lower level of care. Services will supplement those mental health services already in place, and be provided in the most appropriate setting. Services will be individualized and designed to meet the unique needs of each child referred for services.

Services will:

- be provided as needed,
- reflect treatment planning that includes measurable objectives for each client;
- be culturally appropriate.

7. **OBJECTIVES AND MEASUREMENTS**

**“All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled BHS CYF Performance Objectives FY15-16.”**

**8. CONTINUOUS QUALITY IMPROVEMENT (CQI):**

Seneca Family of Agencies (SFA) has a robust continuous quality improvement (CQI) program that serves to ensure compliance with local, state and federal requirements. Additionally, CQI activities are used to monitor and improve the quality of services provided by SFA. SFA's Quality Assurance (QA) department works closely with agency/program leaders to identify areas of program improvement through clinical discussion, electronic health record reports and/or review of incident reports.

**A. Achievement of Contract Performance Objectives**

Contract performance objectives are monitored closely by both the QA director and program leadership to ensure that all objectives are achieved. The method for tracking progress in performance objectives varies based on the objective, but include close consultation with SFDPH staff, utilization of Avatar and Seneca electronic health record reports and data analysis by SFA's performance improvement and quality assurance staff.

Specifically, service units are monitored on a monthly basis by QA and program staff to ensure timely and adequate billing as a reflection of quantity of service provided. Reports are provided weekly to program managers regarding the number of minutes billed and the timeliness in which notes are written. Service units are also monitored on a monthly basis by QA and accounting to ensure timely claiming in Avatar. Additionally, all clinical staff members receive CANS training annually. This training is tracked closely in Seneca's electronic learning management system and monitored by program supervisors and QA staff to ensure compliance. Also, SFA's QA Director, Division Director or their designee attend all CANS superuser calls and county provider meetings. Lastly, timely CANS and Plan of Care documentation is monitored closely through SFA's internal audit process (see below) and also via Avatar reports.

**B. Documentation Quality, including internal audits**

Program leaders work with the QA department to ensure compliance with all documentation standards. The QA department facilitates monthly Utilization Review meetings in each program that includes a review of charts to monitor the clinical utility of services as well as the thorough completion of clinical documentation. A UR checklist was developed to ensure that all items required by the county are present in the chart. If charts are found to be in need of improvement, they return to UR meetings monthly until the corrections are made. All charts in a program are reviewed between 30-60 days of entry into the program and every 6 months thereafter, in a timeline that coincides with the due dates for updated clinical documentation. A final review occurs within 30 days after discharge to ensure that all final documentation is completed as required.

**C. Cultural competency of staff and services**

All staff members working in our programs are required to obtain cultural competency training annually. These trainings can reflect a number of topics and are carefully monitored by SFA's training department to ensure relevance to ensuring the cultural competency of staff. Reports on staff attendance are monitored through Seneca's learning management software by program leadership and reported during compliance audit visits annually. Additionally, due to the size of the SFA San Francisco contract, program managers participate in county cultural competence training and write an annual cultural competence report. This report documents staff cultural make-up, recruitment efforts to ensure diversity and language capacities available to clients and families.

**D. Client satisfaction**

Client and caregiver satisfaction surveys are distributed annually at the direction of SFDPH. Distribution of surveys is managed by QA staff to ensure that all eligible clients and families are provided with the opportunity to provide feedback to the programs and county. Staff members are available to provide assistance to any clients or caregivers who request help completing their surveys. Once all surveys are returned, they are provided en masse to staff at SFDPH to ensure a 100% completion rate.

**E. Measurement, analysis, and use of CANS or ANSA data**

**Contractor: Seneca Center**  
**Program: Therapeutic Behavioral Services (TBS)**  
**City Fiscal Year: 15-16**  
**CMS#: 6941**

**Appendix A-1**  
**Contract Term: 07.01.15 - 06.30.16**

For situations where formal assessments are required for Seneca charts but are not completed by private practitioners, a CANS Initial Assessment is conducted to inform the treatment planning process. CANS Assessments are updated every six or twelve months to track client progress over time. Depending on County reporting requirements, CANS data are analyzed by Seneca's Department of Performance Improvement to show change in CANS items at a program level.

**9. Required Language (if applicable):**  
Not applicable.





Contractor: Seneca Center  
Program: Intensive Treatment Foster Care (ITFC)  
City Fiscal Year: 15-16  
CMS#: 6941

Appendix A-2  
Contract Term: 07.01.15 - 06.30.16

1. **PROGRAM NAME:** Intensive Treatment Foster Care (ITFC)  
**PROGRAM ADDRESS:** 2513 24<sup>TH</sup> Street  
**CITY, STATE, ZIP CODE:** San Francisco, CA 94110  
**TELEPHONE:** 415-642-5968  
**FACSIMILE:** 415-695-1263  
**Program Code:** 38CQ6 (Seneca Connections ITFC Placement)

**Contractor Address:** Seneca Family of Agencies, 6925 Chabot Rd.  
**City, State, Zip Code:** Oakland, CA 94618

**Name of Person Completing this Narrative:** Janet Briggs  
**Telephone:** (510)-300-6325

2. **NATURE OF DOCUMENT**

☐ New ☐ Renewal ☒ Modification

3 **GOAL STATEMENT**

The goal of this program is to provide foster home placements for San Francisco youth who are at risk of placement in a residential treatment program. Foster Care services will be designed to work with a relative family so that within 6-9 months a child may be able to step down from foster care into a relative or kinship family home.

4. **TARGET POPULATION**

Children and adolescents through age 18 referred by S. F. Mental Health, S.F. Human Services Agency (HSA) or S.F. Probation who are likely to benefit from an intensive foster care placement, with relative family placement the planned outcome. Referred clients that meet Connections criteria will receive ITFC services delivered through Connections staff, and those clients that do not meet Connections criteria will be served through the Seneca ITFC foster care program. The goal for both target populations will be to return children to their kin families within 6-9 months.

5. **MODALITIES/INTERVENTIONS**

A. **Modality of service/intervention:** Refer to CRDC.

B. **Definition of Billable Services:**

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

**Case Management:** Case management means services that assist a beneficiary to access needed medical, educational, social, prevocational, vocational, rehabilitation, or other community services. The service activities may include, but are not limited to, communication, coordination,

and referral; monitoring service delivery to ensure beneficiary access to service and the service delivery system; monitoring of the beneficiary's progress; and plan development.

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

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

6. **METHODOLOGY**

Upon receipt of referral, Seneca will match the referred client with the most appropriate foster family that has been trained and certified as an ITFC family. Once a child is placed, services may resemble intensive wrap services and staff will work to:

1. Coordinate, select, and convene the Child and Family Team.
2. Facilitate the planning process (individualized, family-centered, strength-based, and needs-driven).
3. Provide intensive case management, including crisis intervention and support on a 24-hour basis, 7 days per week.
4. Coordinate with County agency staff, the courts, community members, families and schools.
5. Develop, coordinate, and provide formal and informal support and services, including home-based and community based, provided by professionals and non professionals.
6. Develop, monitor and adhere to individualized services plan (Child and Family Plan of Care).
7. Facilitate extensive community resource development.
8. Meet regularly with County staff to ensure the partnerships necessary for the success of the SB 163 wraparound project.
9. Activities recommended by the ITFC consultants to ensure that program services are adhering to the evidence based practice model.

7. **OBJECTIVES AND MEASUREMENTS**

**"All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled BHS CYF Performance Objectives FY15-16."**

8. **CONTINUOUS QUALITY IMPROVEMENT (CQI):**

Seneca Family of Agencies (SFA) has a robust continuous quality improvement (CQI) program that serves to ensure compliance with local, state and federal requirements. Additionally, CQI activities are used to monitor and improve the quality of services provided by SFA. SFA's Quality Assurance (QA) department works closely with agency/program leaders to identify areas of program improvement through clinical discussion, electronic health record reports and/or review of incident reports.

**A. Achievement of Contract Performance Objectives**

Contract performance objectives are monitored closely by both the QA director and program leadership to ensure that all objectives are achieved. The method for tracking progress in performance objectives varies based on the objective, but include close consultation with SFDPH staff, utilization of Avatar and Seneca electronic health record reports and data analysis by SFA's performance improvement and quality assurance staff.

Specifically, service units are monitored on a monthly basis by QA and program staff to ensure timely and adequate billing as a reflection of quantity of service provided. Reports are provided weekly to program managers regarding the number of minutes billed and the timeliness in which notes are written. Service units are also monitored on a monthly basis by QA and accounting to ensure timely claiming in Avatar. Additionally, all clinical staff members receive CANS training annually. This training is tracked closely in Seneca's electronic learning management system and monitored by program supervisors and QA staff to ensure compliance. Also, SFA's QA Director, Division Director or their designee attend all CANS superuser calls and county provider meetings. Lastly, timely CANS and Plan of Care documentation is monitored closely through SFA's internal audit process (see below) and also via Avatar reports.

**B. Documentation Quality, including internal audits**

Program leaders work with the QA department to ensure compliance with all documentation standards. The QA department facilitates monthly Utilization Review meetings in each program that includes a review of charts to monitor the clinical utility of services as well as the thorough completion of clinical documentation. A UR checklist was developed to ensure that all items required by the county are present in the chart. If charts are found to be in need of improvement, they return to UR meetings monthly until the corrections are made. All charts in a program are reviewed between 30-60 days of entry into the program and every 6 months thereafter, in a timeline that coincides with the due dates for updated clinical documentation. A final review occurs within 30 days after discharge to ensure that all final documentation is completed as required.

**C. Cultural competency of staff and services**

All staff members working in our programs are required to obtain cultural competency training annually. These trainings can reflect a number of topics and are carefully monitored by SFA's training department to ensure relevance to ensuring the cultural competency of staff. Reports on staff attendance are monitored through Seneca's learning management software by program leadership and reported during compliance audit visits annually. Additionally, due to the size of the SFA San Francisco contract, program managers participate in county cultural competence training and write an annual cultural competence report. This report documents staff cultural make-up, recruitment efforts to ensure diversity and language capacities available to clients and families.

**D. Client satisfaction**

Client and caregiver satisfaction surveys are distributed annually at the direction of SFDPH. Distribution of surveys is managed by QA staff to ensure that all eligible clients and families are provided with the opportunity to provide feedback to the programs and county. Staff members are available to provide assistance to any clients or caregivers who request help completing their surveys. Once all surveys are returned, they are provided en masse to staff at SFDPH to ensure a 100% completion rate.

**E. Measurement, analysis, and use of CANS or ANSA data**

For situations where formal assessments are required for Seneca charts but are not completed by private practitioners, a CANS Initial Assessment is conducted to inform the treatment planning process. CANS Assessments are updated every six or twelve months to track client progress over time. Depending on County reporting requirements, CANS data are analyzed by Seneca's Department of Performance Improvement to show change in CANS items at a program level.

**9. Required Language (if applicable):**

Not applicable.



Contractor: Seneca Center  
Program: Short Term Connections-Intensive Support Services  
City Fiscal Year: 15-16  
CMS#: 6941

Appendix A-3  
Contract Term: 07.01.15 - 06.30.16

1. **PROGRAM NAME:** Short Term Connections-Intensive Support Services  
**PROGRAM ADDRESS:** 2513 24<sup>TH</sup> Street  
**CITY, STATE, ZIP CODE:** San Francisco, CA 94110  
**TELEPHONE:** 415-642-5968  
**FACSIMILE:** 415-695-1263  
**PROGRAM CODE:** 38CQ3 (Seneca Connections Outpatient)

**Contractor Address:** Seneca Family of Agencies, 6925 Chabot Rd.  
**City, State, Zip Code:** Oakland, CA 94618

**Name of Person Completing this Narrative:** Janet Briggs  
**Telephone:** (510)-300-6325

2. **NATURE OF DOCUMENT**

☐ New      ☐ Renewal      ☒ Modification

3. **GOAL STATEMENT**

The goal of this program is to provide short-term stabilization for San Francisco Court Dependents who are assessed by Child Crisis to be at risk of losing a high level placement, or who are without placement and are at risk of psychiatric hospitalization, or in need of intensive 1:1 staffing to enable them to remain in the community. Child Crisis and Seneca will work collaboratively with these clients with a maximum length of service of 30 days.

4. **TARGET POPULATION**

Children and adolescents through age 18 referred by S.F. Human Services Agency (HSA) who are at risk of losing a high level placement or who are without placement and are at risk of psychiatric hospitalization or in need of intensive 1:1 staffing to enable them to remain in the community. A youth may be referred to Child Crisis for assessment for Intensive Support Services by group homes, foster homes, CPC and social workers.

5. **MODALITIES/INTERVENTIONS**

A. **Modality of service/intervention:** Refer to CRDC.

B. **Definition of Billable Services:**

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

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

**Crisis Intervention:** "Crisis Intervention" means a service, lasting less than 24 hours, to or on behalf of a beneficiary for a condition which requires more timely response than a

regularly scheduled visit. Service activities may include but are not limited to assessment, collateral and therapy.

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

**Rehabilitation:** Rehabilitation means a service that may include any or all of the following:

- Assistance in restoring or maintaining an individual's or group of individuals' functional skills, daily living skills, social skills, grooming and personal hygiene skills, meal preparation skills, medication compliance, and support resources.
- Counseling of the individual and/or family
- Training in leisure activities needed to achieve the individual's goals/desired results/personal milestones
- Medication education

6. **METHODOLOGY**

Upon receipt of referral from Child Crisis, the Seneca ISS program will initiate services within 24 hours of receipt with the following provisions:

1. ISS services include 1:1 support counselor services, and crisis intervention and stabilization services.
2. Length, intensity and scope of ISS services will be determined by the plan documented in the progress note provided by Child Crisis.
3. Child Crisis will retain all Case Management responsibility while ISS services are being provided.
4. ISS will bill EPSDT for medical eligible youth and DHS flex-funds for non-medical eligible youth.
5. At the end of the specified time period, Child Crisis may end ISS services or may conduct a follow-up assessment and request a continuation of ISS services for up to 30 days.

7. **OBJECTIVES AND MEASUREMENTS**

"All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled **BHS CYF Performance Objectives FY15-16.**"

8. **CONTINUOUS QUALITY IMPROVEMENT (CQI):**

Seneca Family of Agencies (SFA) has a robust continuous quality improvement (CQI) program that serves to ensure compliance with local, state and federal requirements. Additionally, CQI activities are used to monitor and improve the quality of services provided by SFA. SFA's Quality Assurance (QA) department works closely with agency/program leaders to identify areas of program improvement through clinical discussion, electronic health record reports and/or review of incident reports.

**A. Achievement of Contract Performance Objectives**

Contract performance objectives are monitored closely by both the QA director and program leadership to ensure that all objectives are achieved. The method for tracking progress in performance objectives varies



based on the objective, but include close consultation with SFDPH staff, utilization of Avatar and Seneca electronic health record reports and data analysis by SFA's performance improvement and quality assurance staff.

Specifically, service units are monitored on a monthly basis by QA and program staff to ensure timely and adequate billing as a reflection of quantity of service provided. Reports are provided weekly to program managers regarding the number of minutes billed and the timeliness in which notes are written. Service units are also monitored on a monthly basis by QA and accounting to ensure timely claiming in Avatar. Additionally, all clinical staff members receive CANS training annually. This training is tracked closely in Seneca's electronic learning management system and monitored by program supervisors and QA staff to ensure compliance. Also, SFA's QA Director, Division Director or their designee attend all CANS superuser calls and county provider meetings. Lastly, timely CANS and Plan of Care documentation is monitored closely through SFA's internal audit process (see below) and also via Avatar reports.

#### **B. Documentation Quality, including internal audits**

Program leaders work with the QA department to ensure compliance with all documentation standards. The QA department facilitates monthly Utilization Review meetings in each program that includes a review of charts to monitor the clinical utility of services as well as the thorough completion of clinical documentation. A UR checklist was developed to ensure that all items required by the county are present in the chart. If charts are found to be in need of improvement, they return to UR meetings monthly until the corrections are made. All charts in a program are reviewed between 30-60 days of entry into the program and every 6 months thereafter, in a timeline that coincides with the due dates for updated clinical documentation. A final review occurs within 30 days after discharge to ensure that all final documentation is completed as required.

#### **C. Cultural competency of staff and services**

All staff members working in our programs are required to obtain cultural competency training annually. These trainings can reflect a number of topics and are carefully monitored by SFA's training department to ensure relevance to ensuring the cultural competency of staff. Reports on staff attendance are monitored through Seneca's learning management software by program leadership and reported during compliance audit visits annually.

Additionally, due to the size of the SFA San Francisco contract, program managers participate in county cultural competence training and write an annual cultural competence report. This report documents staff cultural make-up, recruitment efforts to ensure diversity and language capacities available to clients and families.

#### **D. Client satisfaction**

Client and caregiver satisfaction surveys are distributed annually at the direction of SFDPH. Distribution of surveys is managed by QA staff to ensure that all eligible clients and families are provided with the opportunity to provide feedback to the programs and county. Staff members are available to provide assistance to any clients or caregivers who request help completing their surveys. Once all surveys are returned, they are provided en masse to staff at SFDPH to ensure a 100% completion rate.

#### **E. Measurement, analysis, and use of CANS or ANSA data**

For situations where formal assessments are required for Seneca charts but are not completed by private practitioners, a CANS Initial Assessment is conducted to inform the treatment planning process. CANS Assessments are updated every six or twelve months to track client progress over time. Depending on County reporting requirements, CANS data are analyzed by Seneca's Department of Performance Improvement to show change in CANS items at a program level.

#### **9. Required Language (if applicable):**

Not applicable.



Contractor: Seneca Center  
Program: Long Term Connections-WRAP Services  
City Fiscal Year: 15-16  
CMS#: 6941

Appendix A-4  
Contract Term: 07.01.15 - 06.30.16

1. **PROGRAM NAME:** Long Term Connections – Wraparound Services  
**PROGRAM ADDRESS:** 2513 24<sup>TH</sup> Street  
**CITY, STATE, ZIP CODE:** San Francisco, CA 94110  
**TELEPHONE:** 415-642-5968  
**FACSIMILE:** 415-695-1263  
**PROGRAM CODE:** 38QC4 (Seneca Center WRAP)

**Contractor Address:** Seneca Family of Agencies, 6925 Chabot Rd.  
**City, State, Zip Code:** Oakland, CA 94618

**Name of Person Completing this Narrative:** Janet Briggs  
**Telephone:** (510)-300-6325

2. **NATURE OF DOCUMENT**

☐ New ☐ Renewal ☒ Modification

3. **GOAL STATEMENT**

The goal of this new program is to provide the most family like living environment possible for San Francisco youth who are placed in or at risk of placement in a locked Community Treatment Facility (CTF), Rate Classification Level (RCL) 10-14 group home, or residential treatment program.

4. **TARGET POPULATION**

Children and adolescents through age 18 referred by S. F. Mental Health, S.F. Human Services Agency (HSA) or S.F. Probation who are in or at risk of placement in a CTF or RCL 10-14 group home.

5. **MODALITIES/INTERVENTIONS**

A. **Modality of service/intervention:** Refer to CRDC.

B. **Definition of Billable Services:**

Medi-Cal services delivered to Medi-Cal eligible clients that include case management, individual and group Rehab, individual and family therapy, crisis intervention, plan development, assessment and evaluation – as defined in Title IX.

Non Medi-Cal Client Support Services will be billed to the MHSA flexible funds. These services may include, but are not limited to, respite, emergency shelter needs, and/or 1:1 services.

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

**Case Management:** Case management means services that assist a beneficiary to access needed medical, educational, social, prevocational, vocational, rehabilitation, or other community

services. The service activities may include, but are not limited to, communication, coordination, and referral; monitoring service delivery to ensure beneficiary access to service and the service delivery system; monitoring of the beneficiary's progress; and plan development.

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

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

**Mode 60/78: Other Non Medi-Cal Client Support Expenditures**

The cost of salaries, benefits and related general operating expenditures incurred in providing non-Medi-Cal client supports not otherwise reported in Treatment or Outreach Programs.

6. **METHODOLOGY**

Upon receipt of referral, Seneca will provide the following services:

1. Coordinate, select, and convene the Child and Family Team.
2. Facilitate the wraparound planning process (individualized, family-centered, strength-based, and needs-driven).
3. Secure wraparound and mental health services from a network of providers and complete appropriate service authorizations and agreements.
4. Provide intensive case management, including crisis intervention and support on a 24-hour basis, 7 days per week.
5. Coordinate with County agency staff, the courts, community members, families and schools.
6. Develop, coordinate, and provide formal and informal support and services, including home-based and community based, provided by professionals and non professionals.
7. Develop, monitor and adhere to individualized services plan (Child and Family Plan of Care).
8. Facilitate placement in the least restrictive care setting in conjunction with HSA and Community Mental Health Services.
9. Facilitate extensive community resource development.
10. Meet regularly with County staff to ensure the partnerships necessary for the success of the SB 163 wraparound project.

7. **OBJECTIVES AND MEASUREMENTS**

"All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled **BHS CYF Performance Objectives FY15-16.**"

8. **CONTINUOUS QUALITY IMPROVEMENT (CQI):**

Seneca Family of Agencies (SFA) has a robust continuous quality improvement (CQI) program that serves to ensure compliance with local, state and federal requirements. Additionally, CQI activities are used to monitor and improve the quality of services provided by SFA. SFA's Quality Assurance (QA) department works closely with

agency/program leaders to identify areas of program improvement through clinical discussion, electronic health record reports and/or review of incident reports.

#### **A. Achievement of Contract Performance Objectives**

Contract performance objectives are monitored closely by both the QA director and program leadership to ensure that all objectives are achieved. The method for tracking progress in performance objectives varies based on the objective, but include close consultation with SFDPH staff, utilization of Avatar and Seneca electronic health record reports and data analysis by SFA's performance improvement and quality assurance staff.

Specifically, service units are monitored on a monthly basis by QA and program staff to ensure timely and adequate billing as a reflection of quantity of service provided. Reports are provided weekly to program managers regarding the number of minutes billed and the timeliness in which notes are written. Service units are also monitored on a monthly basis by QA and accounting to ensure timely claiming in Avatar. Additionally, all clinical staff members receive CANS training annually. This training is tracked closely in Seneca's electronic learning management system and monitored by program supervisors and QA staff to ensure compliance. Also, SFA's QA Director, Division Director or their designee attend all CANS superuser calls and county provider meetings. Lastly, timely CANS and Plan of Care documentation is monitored closely through SFA's internal audit process (see below) and also via Avatar reports.

#### **B. Documentation Quality, including internal audits**

Program leaders work with the QA department to ensure compliance with all documentation standards. The QA department facilitates monthly Utilization Review meetings in each program that includes a review of charts to monitor the clinical utility of services as well as the thorough completion of clinical documentation. A UR checklist was developed to ensure that all items required by the county are present in the chart. If charts are found to be in need of improvement, they return to UR meetings monthly until the corrections are made. All charts in a program are reviewed between 30-60 days of entry into the program and every 6 months thereafter, in a timeline that coincides with the due dates for updated clinical documentation. A final review occurs within 30 days after discharge to ensure that all final documentation is completed as required.

#### **C. Cultural competency of staff and services**

All staff members working in our programs are required to obtain cultural competency training annually. These trainings can reflect a number of topics and are carefully monitored by SFA's training department to ensure relevance to ensuring the cultural competency of staff. Reports on staff attendance are monitored through Seneca's learning management software by program leadership and reported during compliance audit visits annually. Additionally, due to the size of the SFA San Francisco contract, program managers participate in county cultural competence training and write an annual cultural competence report. This report documents staff cultural make-up, recruitment efforts to ensure diversity and language capacities available to clients and families.

#### **D. Client satisfaction**

Client and caregiver satisfaction surveys are distributed annually at the direction of SFDPH. Distribution of surveys is managed by QA staff to ensure that all eligible clients and families are provided with the opportunity to provide feedback to the programs and county. Staff members are available to provide assistance to any clients or caregivers who request help completing their surveys. Once all surveys are returned, they are provided en masse to staff at SFDPH to ensure a 100% completion rate.

#### **E. Measurement, analysis, and use of CANS or ANSA data**

For situations where formal assessments are required for Seneca charts but are not completed by private practitioners, a CANS Initial Assessment is conducted to inform the treatment planning process. CANS Assessments are updated every six or twelve months to track client progress over time. Depending on County reporting requirements, CANS data are analyzed by Seneca's Department of Performance Improvement to show change in CANS items at a program level.

#### **9. Required Language (if applicable):**

Not applicable.





Contractor: Seneca Center  
Program: School Based Mental Health Services  
City Fiscal Year: 15-16  
CMS#: 6941

Appendix A-5  
Contract Term: 07.01.15 - 06.30.16

1. **PROGRAM: School Based Services**  
2275 Arlington Dr., San Leandro, CA 94578  
Telephone: 510-481-1222  
Fax: 510-317-1427  
Program Code: 8980OP (James Baldwin Academy OP)

**BUSINESS ADDRESS:** 2275 Arlington Dr., San Leandro, CA 94578  
**TELEPHONE:** (510) 481-1222  
**FACSIMILE:** (510) 317-1427

2. **NATURE OF DOCUMENT**

☐ New ☐ Renewal ☒ Modification

All contract and business correspondence will be mailed to the above **Business Address**. Payment for services will also be mailed to this address.

3 **GOAL STATEMENT**

The goal of School Based Services is to help clients achieve a level of success that may enable them to mainstream to a public program, or be referred to a lower level, less restrictive educational program.

The goal of School Based Services located at public district school partner sites is to help build inclusive school environments capable of increasing the achievement of all students, particularly students facing academic, behavioral, and/or social-emotional challenges that place them at risk of referral for more restrictive education settings.

4. **TARGET POPULATION**

Seneca school-based mental health program staff are very familiar with the enormous challenges that some students face, including poverty, academic failure, and domestic and community violence. These experiences place students at high risk of experiencing mental health challenges that compromise their potential for academic success. Students served through Seneca School Based Services will be students who are experiencing mental-health challenges and need additional support to find success at school. Cultural responsiveness plays a critical role in the success of Seneca's school-based programs. In every school-based program, the agency's services are tailored to leverage existing cultural and community strengths, in order to respond to the cultural and linguistic needs of students and their families

5. **MODALITIES/INTERVENTIONS**

A. **Modality of service/intervention:** Refer to CRDC.

B. **Definition of Billable Services:**

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

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

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

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

## 6. **METHODOLOGY**

Seneca's School Based Services support students referred by San Francisco County's Community Behavioral Health Section as defined by the California State Department of Mental Health. For services provided on at our district public school partnership sites, students are referred by teachers or identified through universal screeners as experiencing behavioral and/or social emotional challenges that interfere with their learning and place them at risk of placement at a more restrictive education setting. These services will be provided to students who meet the appropriate medical necessity criteria and in accordance with a treatment plan approved by a licensed physician or other appropriate mental health professional.

The School Based Program offer a structured, therapeutic milieu designed to treat each student's individual needs to promote the opportunity for that child to benefit from the educational program while building self-esteem and developing socio-emotional maturation. Staff members are apprised of the treatment goals during regular staff meetings, and are prepared to assist the student enhance self esteem, develop successful strategies for coping, increase socialization skills and reach the therapeutic goals established in the child's treatment plan. Services are delivered through a series of group and individualized activities.

Services at our district public school partnership sites are provided by behavioral support staff and mental health clinicians who collaborate with general education staff to create individualized plans that support students' treatment goals and ensure that students are able to build the social and behavioral skills necessary to succeed in an inclusive education setting. In addition to push-in classroom support, services are delivered through a series of group and individualized activities. Intake, admission, initial evaluation or psychiatric evaluation, psycho-educational assessments, and medication support and monitoring are provided as required, or deemed necessary by staff psychiatrists. The School based program operates 218 days per year, five days per week.

## 7. **OBJECTIVES AND MEASUREMENTS**

"All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled **BHS CYF Performance Objectives FY15-16.**"

## 8. **CONTINUOUS QUALITY IMPROVEMENT (CQI):**

Seneca Family of Agencies (SFA) has a robust continuous quality improvement (CQI) program that serves to ensure compliance with local, state and federal requirements. Additionally, CQI activities are used to monitor and improve

the quality of services provided by SFA. SFA's Quality Assurance (QA) department works closely with agency/program leaders to identify areas of program improvement through clinical discussion, electronic health record reports and/or review of incident reports.

**A. Achievement of Contract Performance Objectives**

Contract performance objectives are monitored closely by both the QA director and program leadership to ensure that all objectives are achieved. The method for tracking progress in performance objectives varies based on the objective, but include close consultation with SFDPH staff, utilization of Avatar and Seneca electronic health record reports and data analysis by SFA's performance improvement and quality assurance staff.

Specifically, service units are monitored on a monthly basis by QA and program staff to ensure timely and adequate billing as a reflection of quantity of service provided. Reports are provided weekly to program managers regarding the number of minutes billed and the timeliness in which notes are written. Service units are also monitored on a monthly basis by QA and accounting to ensure timely claiming in Avatar. Additionally, all clinical staff members receive CANS training annually. This training is tracked closely in Seneca's electronic learning management system and monitored by program supervisors and QA staff to ensure compliance. Also, SFA's QA Director, Division Director or their designee attend all CANS superuser calls and county provider meetings. Lastly, timely CANS and Plan of Care documentation is monitored closely through SFA's internal audit process (see below) and also via Avatar reports.

**B. Documentation Quality, including internal audits**

Program leaders work with the QA department to ensure compliance with all documentation standards. The QA department facilitates monthly Utilization Review meetings in each program that includes a review of charts to monitor the clinical utility of services as well as the thorough completion of clinical documentation. A UR checklist was developed to ensure that all items required by the county are present in the chart. If charts are found to be in need of improvement, they return to UR meetings monthly until the corrections are made. All charts in a program are reviewed between 30-60 days of entry into the program and every 6 months thereafter, in a timeline that coincides with the due dates for updated clinical documentation. A final review occurs within 30 days after discharge to ensure that all final documentation is completed as required.

**C. Cultural competency of staff and services**

All staff members working in our programs are required to obtain cultural competency training annually. These trainings can reflect a number of topics and are carefully monitored by SFA's training department to ensure relevance to ensuring the cultural competency of staff. Reports on staff attendance are monitored through Seneca's learning management software by program leadership and reported during compliance audit visits annually. Additionally, due to the size of the SFA San Francisco contract, program managers participate in county cultural competence training and write an annual cultural competence report. This report documents staff cultural make-up, recruitment efforts to ensure diversity and language capacities available to clients and families.

**D. Client satisfaction**

Client and caregiver satisfaction surveys are distributed annually at the direction of SFDPH. Distribution of surveys is managed by QA staff to ensure that all eligible clients and families are provided with the opportunity to provide feedback to the programs and county. Staff members are available to provide assistance to any clients or caregivers who request help completing their surveys. Once all surveys are returned, they are provided en masse to staff at SFDPH to ensure a 100% completion rate.

**E. Measurement, analysis, and use of CANS or ANSA data**

For situations where formal assessments are required for Seneca charts but are not completed by private practitioners, a CANS Initial Assessment is conducted to inform the treatment planning process. CANS Assessments are updated every six or twelve months to track client progress over time. Depending on County reporting requirements, CANS data are analyzed by Seneca's Department of Performance Improvement to show change in CANS items at a program level.

**9. Required Language (if applicable):**

Not applicable.



City Fiscal Year: 15-16  
CMS#: 6941

1. **PROGRAM NAME: Parenting Training Institute**  
**PROGRAM NAME: 2513 24<sup>TH</sup> Street**  
**CITY, STATE, ZIP CODE: San Francisco, CA 94110**  
**TELEPHONE: 415-642-5968**  
**FACSIMILE: 415-695-1263**  
**PROGRAM CODE: 38CQPTI (Parent Training Institute)**

**Contractor Address: Seneca Family of Agencies, 6925 Chabot Rd.**  
**City, State, Zip Code: Oakland, CA 94618**

**Name of Person Completing this Narrative: Janet Briggs**  
**Telephone: (510)-300-6325**

2. **NATURE OF DOCUMENT**

☐ New    ☐ Renewal    ☒ Modification

3. **GOAL STATEMENT**

Parenting Training Institute's goal is to improve child and family outcomes by providing evidence-based parenting interventions to caregivers of young seriously emotionally disturbed or at risk kids.

4. **TARGET POPULATION**

Caregivers of young children with emotional or behavioral problems or who are at risk of developing such problems due to socio-economic and other risk factors.

5. **MODALITIES/INTERVENTIONS**

A. **Modality of service/intervention:** Refer to CRDC.

B. **Definition of Billable Services:**

Salary and Fringe for the staff working on this program.

Mode 60/78: Other Non Medi-Cal Client Support Expenditures

The cost of salaries, benefits and related general operating expenditures incurred in providing non-Medi-Cal client supports not otherwise reported in Treatment or Outreach Programs.

6. **METHODOLOGY**

Treatment services are designed to stabilize placements or increase the likelihood of a successful transition to a lower level of care. Services will supplement those mental health services already in place, and be provided in the most appropriate setting. Services will be individualized and designed to meet the unique needs of each child referred for services.

Activities include

- Selecting provider agencies using an organizational readiness assessment protocol
- Planning and coordinating training with developers of evidence-based parenting programs (e.g., the Incredible Years, Triple P Parenting) for provider agency clinicians
- Providing administrative and clinical support to provider agencies through monthly problem-solving calls with administrators and monthly clinical calls with trained clinical experts in the selected parenting interventions.

- Ensuring fidelity to the EBP protocols through collection and analysis of fidelity measures and session videotapes

7. **OBJECTIVES AND MEASUREMENTS** N/A

It is a cost based contract with no measurable objectives.

8. **CONTINUOUS QUALITY IMPROVEMENT (CQI):**

Seneca Family of Agencies (SFA) has a robust continuous quality improvement (CQI) program that serves to ensure compliance with local, state and federal requirements. Additionally, CQI activities are used to monitor and improve the quality of services provided by SFA. SFA's Quality Assurance (QA) department works closely with agency/program leaders to identify areas of program improvement through clinical discussion, electronic health record reports and/or review of incident reports.

**A. Achievement of Contract Performance Objectives**

Contract performance objectives are monitored closely by both the QA director and program leadership to ensure that all objectives are achieved. The method for tracking progress in performance objectives varies based on the objective, but include close consultation with SFDPH staff, utilization of Avatar and Seneca electronic health record reports and data analysis by SFA's performance improvement and quality assurance staff.

Specifically, service units are monitored on a monthly basis by QA and program staff to ensure timely and adequate billing as a reflection of quantity of service provided. Reports are provided weekly to program managers regarding the number of minutes billed and the timeliness in which notes are written. Service units are also monitored on a monthly basis by QA and accounting to ensure timely claiming in Avatar. Additionally, all clinical staff members receive CANS training annually. This training is tracked closely in Seneca's electronic learning management system and monitored by program supervisors and QA staff to ensure compliance. Also, SFA's QA Director, Division Director or their designee attend all CANS superuser calls and county provider meetings. Lastly, timely CANS and Plan of Care documentation is monitored closely through SFA's internal audit process (see below) and also via Avatar reports.

**B. Documentation Quality, including internal audits**

Program leaders work with the QA department to ensure compliance with all documentation standards. The QA department facilitates monthly Utilization Review meetings in each program that includes a review of charts to monitor the clinical utility of services as well as the thorough completion of clinical documentation. A UR checklist was developed to ensure that all items required by the county are present in the chart. If charts are found to be in need of improvement, they return to UR meetings monthly until the corrections are made. All charts in a program are reviewed between 30-60 days of entry into the program and every 6 months thereafter, in a timeline that coincides with the due dates for updated clinical documentation. A final review occurs within 30 days after discharge to ensure that all final documentation is completed as required.

**C. Cultural competency of staff and services**

All staff members working in our programs are required to obtain cultural competency training annually. These trainings can reflect a number of topics and are carefully monitored by SFA's training department to ensure relevance to ensuring the cultural competency of staff. Reports on staff attendance are monitored through Seneca's learning management software by program leadership and reported during compliance audit visits annually. Additionally, due to the size of the SFA San Francisco contract, program managers participate in county cultural competence training and write an annual cultural competence report. This report documents staff cultural make-up, recruitment efforts to ensure diversity and language capacities available to clients and families.

**D. Client satisfaction**

Client and caregiver satisfaction surveys are distributed annually at the direction of SFDPH. Distribution of surveys is managed by QA staff to ensure that all eligible clients and families are provided with the opportunity to provide feedback to the programs and county. Staff members are available to provide assistance to any clients or caregivers

City Fiscal Year: 15-16  
CMS#: 6941

who request help completing their surveys. Once all surveys are returned, they are provided en masse to staff at SFDPH to ensure a 100% completion rate.

**E. Measurement, analysis, and use of CANS or ANSA data**

For situations where formal assessments are required for Seneca charts but are not completed by private practitioners, a CANS Initial Assessment is conducted to inform the treatment planning process. CANS Assessments are updated every six or twelve months to track client progress over time. Depending on County reporting requirements, CANS data are analyzed by Seneca's Department of Performance Improvement to show change in CANS items at a program level.

**9. Required Language (if applicable):**  
Not applicable.





1. **PROGRAM NAME: Youth Transitional Services (YTS)**  
**PROGRAM NAME: 3801 3rd Street, No 400C**  
**CITY, STATE, ZIP CODE: San Francisco, CA 94124**  
**TELEPHONE: 415-970-3800**  
**FACSIMILE: 415-970-3855**  
**PROGRAM CODE: 38CQMST (Seneca MST Outpatient)**

**Contractor Address: Seneca Family of Agencies, 6925 Chabot Rd.**  
**City, State, Zip Code: Oakland, CA 94618**

**Name of Person Completing this Narrative: Janet Briggs**  
**Telephone: (510)-300-6325**

2. **NATURE OF DOCUMENT**

☐ New    ☐ Renewal    ☒ Modification

3 **GOAL STATEMENT**

The goal of this new program is to work with the Family and youth, reduce the likelihood that youth may re-offend and avoid any future placement out of home. This will be achieved by providing Youth Transitional Services to Youth and Families involved with the Juvenile Justice System.

4. **TARGET POPULATION**

Children and adolescents involved with the Juvenile Justice System.

5. **MODALITIES/INTERVENTIONS**

A. **Modality of service/intervention:** Refer to CRDC.

B. **Definition of Billable Services:**

Medi-Cal services delivered to Medi-Cal eligible clients that include case management, individual and group Rehab, individual and family therapy, crisis intervention, plan development, assessment and evaluation – as defined in Title IX.

Non Medi-Cal Client Support Services will be billed to the MHSA flexible funds. These services may include, but are not limited to, respite, emergency shelter needs, and/or 1:1 services.

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

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

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

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

**Mode 60/78: Other Non Medi-Cal Client Support Expenditures**

The cost of salaries, benefits and related general operating expenditures incurred in providing non-Medi-Cal client supports not otherwise reported in Treatment or Outreach Programs.

6. **METHODOLOGY**

Upon receipt of referral, Seneca will provide the following services: clinical assessment, treatment planning, therapy, case management and crisis intervention.

7. **OBJECTIVES AND MEASUREMENTS**

“All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled **BHS CYF Performance Objectives FY15-16.**”

8. **CONTINUOUS QUALITY IMPROVEMENT (CQI):**

Seneca Family of Agencies (SFA) has a robust continuous quality improvement (CQI) program that serves to ensure compliance with local, state and federal requirements. Additionally, CQI activities are used to monitor and improve the quality of services provided by SFA. SFA’s Quality Assurance (QA) department works closely with agency/program leaders to identify areas of program improvement through clinical discussion, electronic health record reports and/or review of incident reports.

**A. Achievement of Contract Performance Objectives**

Contract performance objectives are monitored closely by both the QA director and program leadership to ensure that all objectives are achieved. The method for tracking progress in performance objectives varies based on the objective, but include close consultation with SFDPH staff, utilization of Avatar and Seneca electronic health record reports and data analysis by SFA’s performance improvement and quality assurance staff.

Specifically, service units are monitored on a monthly basis by QA and program staff to ensure timely and adequate billing as a reflection of quantity of service provided. Reports are provided weekly to program managers regarding the number of minutes billed and the timeliness in which notes are written. Service units are also monitored on a monthly basis by QA and accounting to ensure timely claiming in Avatar. Additionally, all clinical staff members receive CANS training annually. This training is tracked closely in Seneca’s electronic learning management system and monitored by program supervisors and QA staff to ensure compliance. Also, SFA’s QA Director, Division Director or their designee attend all CANS superuser calls and county provider meetings. Lastly, timely CANS and Plan of Care documentation is monitored closely through SFA’s internal audit process (see below) and also via Avatar reports.

**B. Documentation Quality, including internal audits**

Program leaders work with the QA department to ensure compliance with all documentation standards. The QA department facilitates monthly Utilization Review meetings in each program that includes a review of charts to

monitor the clinical utility of services as well as the thorough completion of clinical documentation. A UR checklist was developed to ensure that all items required by the county are present in the chart. If charts are found to be in need of improvement, they return to UR meetings monthly until the corrections are made. All charts in a program are reviewed between 30-60 days of entry into the program and every 6 months thereafter, in a timeline that coincides with the due dates for updated clinical documentation. A final review occurs within 30 days after discharge to ensure that all final documentation is completed as required.

**C. Cultural competency of staff and services**

All staff members working in our programs are required to obtain cultural competency training annually. These trainings can reflect a number of topics and are carefully monitored by SFA's training department to ensure relevance to ensuring the cultural competency of staff. Reports on staff attendance are monitored through Seneca's learning management software by program leadership and reported during compliance audit visits annually. Additionally, due to the size of the SFA San Francisco contract, program managers participate in county cultural competence training and write an annual cultural competence report. This report documents staff cultural make-up, recruitment efforts to ensure diversity and language capacities available to clients and families.

**D. Client satisfaction**

Client and caregiver satisfaction surveys are distributed annually at the direction of SFDPH. Distribution of surveys is managed by QA staff to ensure that all eligible clients and families are provided with the opportunity to provide feedback to the programs and county. Staff members are available to provide assistance to any clients or caregivers who request help completing their surveys. Once all surveys are returned, they are provided en masse to staff at SFDPH to ensure a 100% completion rate.

**E. Measurement, analysis, and use of CANS or ANSA data**

For situations where formal assessments are required for Seneca charts but are not completed by private practitioners, a CANS Initial Assessment is conducted to inform the treatment planning process. CANS Assessments are updated every six or twelve months to track client progress over time. Depending on County reporting requirements, CANS data are analyzed by Seneca's Department of Performance Improvement to show change in CANS items at a program level.

**9. Required Language (if applicable):**

Not applicable.



Contractor: Seneca Center  
Program: AIIM Higher  
City Fiscal Year: 15-16  
CMS#: 6941

Appendix A-8  
Contract Term: 07.01.15 - 06.30.16

1. **PROGRAM NAME:** AIIM Higher  
**PROGRAM ADDRESS:** 3801 3rd Street, No 400C  
**CITY, STATE, ZIP CODE:** San Francisco, CA 94124  
**TELEPHONE:** 415-970-3800  
**FACSIMILE:** 415-970-3855  
**PROGRAM CODE:** 38CQAH (Seneca AIIM Higher)

**Contractor Address:** Seneca Family of Agencies, 6925 Chabot Rd.  
**City, State, Zip Code:** Oakland, CA 94618

**Name of Person Completing this Narrative:** Janet Briggs  
**Telephone:** (510)-300-6325

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

☐ New    ☐ Renewal    X ☒ Modification

3. **Goal Statement**

AIIM Higher is a partnership between the San Francisco Department of Public Health, Juvenile Justice Center, and Seneca Center. The goal of the program is to provide data-driven assessment, planning, and linkage services to connect probation-involved youth with mental health needs to community-based services with the long-term goals of reducing recidivism and increasing psychosocial functioning.

4. **Target Population**

AIIM Higher's target population is San Francisco probation-involved youth through age 18 who have been detained at Juvenile Hall and who present with moderate to severe mental health needs.

Services are delivered at the Juvenile Justice Center and in the community (client's homes, schools, and community centers). Service delivery areas include all zip codes in San Francisco, although a high concentration of service delivery occurs at the Juvenile Justice Center (94127), Bayview and Hunter's Point (94124), and Mission Districts (94110, 94107).

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

Screening and Assessment

- Attend the daily Juvenile Justice Center intake review meeting and participate in the screening of all youth who have been detained within the past 24-72 hours (using the brief CAT assessment measure) in order to identify youth with moderate to severe mental health needs.
- Provide informal services (brief screening and consultation) for at least 250 youth and families.
- Conduct at least 150 comprehensive psychosocial assessments for youth with moderate to severe mental health needs (using the CANS assessment measure) in order to identify strengths and needs and ensure that the planning and service linkage process is informed by the values and goals of each youth and family.

#### Mental Health Consultation

- Provide 1000 hours of consultation services on-site at the Juvenile Justice Center for youth, families, probation officers, judges, attorneys, and other stakeholders and providers working with probation-involved youth (regardless of enrollment in AIIM Higher) in order to provide information regarding AIIM Higher's services, mental health issues, and community resources.
- Provide direct consultation and outreach services to at least 200 youth and families in order to "leverage the crisis" of incarceration by enhancing their capacity and motivation for treatment, and increasing awareness and access to services in their own communities.
- Provide 1000 hours of consultation and outreach to community-based, behavioral health service providers in order to collaborate around effective engagement strategies and individualized treatment approaches for youth referred through AIIM Higher.

#### Individual Therapeutic Services

- Clinicians will provide face-to-face assessment and brief early intervention services to at least 150 youth and families with moderate to severe mental health needs. On average youth and families will receive 1-3 sessions (typically 1 hour each). At least 300 hours of these services will be provided.
- Clinicians will provide short-term clinical case management, treatment planning, and collateral services for at least 150 youth and families in order to link them successfully to more sustainable and longer-term community-based providers matched to their individualized strengths and needs. At least 1000 hours of these services will be provided.

### **6. Methodology**

#### Service Delivery Methodology

- A. AIIM Higher clinicians are based on-site at the Juvenile Justice Center which enables the program to develop and sustain relationships with key stakeholders, such as the Probation Department and Juvenile Courts. Program staff attend daily intake review meetings at the Juvenile Justice Center to identify possible AIIM Higher referrals and offer daily drop-in office hours to provide consultations regarding potential referrals, promotion of the program, and general information regarding mental health issues and community resources.
- B. AIIM Higher accepts referrals for probation-involved youth under the age of 18 who have been detained at Juvenile Hall and who screen in with moderate to severe mental health needs. Clients are referred either directly from the Juvenile Courts or Probation Department, as well as identified through a collaborative daily intake review meeting at the Juvenile Justice Center.
- C. Upon receipt of referral, AIIM Higher will provide the following services:
  - Contact the referral source, probation officer, and family within 24 hours of referral.
  - Conduct intake assessment session(s) with youth and family to introduce services, gain informed consent, and gather assessment information.
  - Complete a full CANS assessment, identifying the strengths and needs of the youth and family.
  - Facilitate the linkage planning process (individualized, client-centered, strengths-based, and needs driven) and make referrals to community-based behavioral health providers based on identified level of service need.



- Provide brief, short-term therapeutic services in order to address immediate safety concerns, plan for discharge from Juvenile Hall, engage youth and families in the treatment process, and overcome any barriers to successful connections with community providers.
- Coordinate service provision with County agency staff, probation, courts, community providers and stakeholders, families, and schools.
- Follow-up with youth and families and community-based providers to assess appropriateness and effectiveness of referred services and revise linkage plans as necessary.
- Facilitate extensive community resource development to identify and build relationships with community-based behavioral health providers.
- Meet regularly with County staff to ensure the partnership necessary for the success of the program.

D. Clients are successfully discharged from the program when they have been linked to community-based services that match their identified level of need and when there is a demonstrated connection to these services, as evidenced by participation in at least three appointments/sessions with providers. AIIM Higher will consult with the youth, family and probation officer before closing in order to ensure that this is a collaborative decision.

E. AIIM Higher staff includes: 3 full-time (40 hours/week) Master's level Linkage Clinicians, employed by Seneca Center, and a full-time (40 hours/week) Master's-level Intake Coordinator/Linkage Clinician employed by the Department of Public Health. All clinicians are registered with the California Board of Behavioral Sciences and certified in the administration of the CANS assessment tool.

F. As an expansion of existing services to AIIM Higher, Seneca will use FIRST funding to enhance services by adding a clinical team. These additional clinicians will be trained to implement the Intensive Family Therapy (IFT) model and offer direct services to participating youth and families in placement and at home. In addition TRACK funds will be used to fund a Recovery Coach (RC). The RC will use cross system planning, training and coaching to scaffold youth and family progress and improve provider practice.

## **7. Objectives and Measurements**

**1. MHSA GOAL: Increased knowledge about available community resources related to enhancing one's health and well-being (traditional health services, cultural, faith-based).**

A) Individualized Process Objective: Every day that the Juvenile Justice Center is open between July 1, 2014 and June 30, 2015, AIIM Higher will hold drop-in consultation hours on-site from 9am to 12pm during which time clients, families, probation officers, attorneys, and other providers working with probation-involved youth (regardless of enrollment in AIIM Higher) can receive consultations regarding available community resources to enhance health and well-being, as evidenced by consultation logs.

**2. MHSA GOAL: Increased identification of emerging mental health issues, especially the earliest possible identification of potentially severe and disabling mental illness.**

A) Individualized Performance Objective: By June 30, 2016, AIIM Higher will identify 150 probation-involved youth who have moderate to severe mental health issues, as measured by CANS assessments, and as evidenced by service logs and client database.

B) Individualized Process Objective: Between July 1, 2015 and June 30, 2016, 100% of AIIM Higher clinical staff will be trained and certified in the use of the CANS assessment tool in order to accurately identify youth in need of mental health services, as evidenced by staff training plans and Human Resource Department records.

**3. MHSA GOAL: Increased access to and utilization of behavioral health services (clinical, cultural-based healing, peer-led and other recovery oriented services).**

A) Individualized Performance Objective: Between July 1, 2015 and June 30, 2016, 100% of clients referred to AIIM Higher for full assessment and linkage planning will be connected to culturally appropriate, community-based programs that provide behavioral health services which match each client's identified level of service need, measured by CANS assessments, and as evidenced by service logs and client database.

B) Individualized Process Objective: Between July 1, 2015 and June 30, 2016, 100% of AIIM Higher clients referred for full assessment and linkage planning will gain access to and utilization of behavioral health services, as measured by having at least 3 successful appointments/sessions with community-based providers before being discharged by AIIM Higher, and as evidenced by service logs and client database.

C) Individualized Performance Objective: By June 30, 2016, 75% of caregivers served through AIIM Higher will indicate that they believe their child was connected to the type of services they needed, as evidenced by Caregiver satisfaction surveys.

D) Individualized Performance Objective: By June 30, 2016, 75% of clients served through AIIM Higher will indicate that they believe they were connected to the type of services that they needed, as evidenced by Client satisfaction surveys.

E) Individualized Outcome Objective: Clients served through AIIM Higher during the period of July 1, 2015 and June 30, 2016 will demonstrate lower recidivism rates than the general probation-involved youth population, measured by comparison rates of clients with new criminal charges and probation violations following program discharge, to youth not served by AIIM Higher, and as evidenced by CBHS database reporting.

**8. CONTINUOUS QUALITY IMPROVEMENT (CQI):**

Seneca Family of Agencies (SFA) has a robust continuous quality improvement (CQI) program that serves to ensure compliance with local, state and federal requirements. Additionally, CQI activities are used to monitor and improve the quality of services provided by SFA. SFA's Quality Assurance (QA) department works closely with agency/program leaders to identify areas of program improvement through clinical discussion, electronic health record reports and/or review of incident reports.

**A. Achievement of Contract Performance Objectives**

Contract performance objectives are monitored closely by both the QA director and program leadership to ensure that all objectives are achieved. The method for tracking progress in performance objectives varies based on the objective, but include close consultation with SFDPH staff, utilization of Avatar and Seneca electronic health record reports and data analysis by SFA's performance improvement and quality assurance staff.

Specifically, service units are monitored on a monthly basis by QA and program staff to ensure timely and adequate billing as a reflection of quantity of service provided. Reports are provided weekly to program managers regarding the number of minutes billed and the timeliness in which notes are written. Service units are also monitored on a monthly basis by QA and accounting to ensure timely claiming in Avatar. Additionally, all clinical staff members receive CANS training annually. This training is tracked closely in Seneca's electronic learning management system and monitored by program supervisors and QA staff to ensure compliance. Also, SFA's QA Director, Division Director or their designee attend all CANS superuser calls and county provider meetings. Lastly,

timely CANS and Plan of Care documentation is monitored closely through SFA's internal audit process (see below) and also via Avatar reports.

**B. Documentation Quality, including internal audits**

Program leaders work with the QA department to ensure compliance with all documentation standards. The QA department facilitates monthly Utilization Review meetings in each program that includes a review of charts to monitor the clinical utility of services as well as the thorough completion of clinical documentation. A UR checklist was developed to ensure that all items required by the county are present in the chart. If charts are found to be in need of improvement, they return to UR meetings monthly until the corrections are made. All charts in a program are reviewed between 30-60 days of entry into the program and every 6 months thereafter, in a timeline that coincides with the due dates for updated clinical documentation. A final review occurs within 30 days after discharge to ensure that all final documentation is completed as required.

**C. Cultural competency of staff and services**

All staff members working in our programs are required to obtain cultural competency training annually. These trainings can reflect a number of topics and are carefully monitored by SFA's training department to ensure relevance to ensuring the cultural competency of staff. Reports on staff attendance are monitored through Seneca's learning management software by program leadership and reported during compliance audit visits annually.

Additionally, due to the size of the SFA San Francisco contract, program managers participate in county cultural competence training and write an annual cultural competence report. This report documents staff cultural make-up, recruitment efforts to ensure diversity and language capacities available to clients and families.

**D. Client satisfaction**

Client and caregiver satisfaction surveys are distributed annually at the direction of SFDPH. Distribution of surveys is managed by QA staff to ensure that all eligible clients and families are provided with the opportunity to provide feedback to the programs and county. Staff members are available to provide assistance to any clients or caregivers who request help completing their surveys. Once all surveys are returned, they are provided en masse to staff at SFDPH to ensure a 100% completion rate.

**E. Measurement, analysis, and use of CANS or ANSA data**

For situations where formal assessments are required for Seneca charts but are not completed by private practitioners, a CANS Initial Assessment is conducted to inform the treatment planning process. CANS Assessments are updated every six or twelve months to track client progress over time. Depending on County reporting requirements, CANS data are analyzed by Seneca's Department of Performance Improvement to show change in CANS items at a program level.

**9. Required Language (if applicable):**

Not applicable.



## **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 (15<sup>th</sup>) calendar day of each month, based upon the number of units of service that were delivered in the preceding month. All deliverables associated with the SERVICES defined in Appendix A times the unit rate as shown in the appendices cited in this paragraph shall be reported on the invoice(s) each month. All charges incurred under this Agreement shall be due and payable only after SERVICES have been rendered and in no case in advance of such SERVICES.

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

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

### **B. Final Closing Invoice**

#### **(1) Fee For Service Reimbursement:**

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

#### **(2) Cost Reimbursement:**

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

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

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

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

## 2. Program Budgets and Final Invoice

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

Budget Summary  
CRDC B1 – B8  
Appendix B-1 Therapeutic Behavioral Services (TBS)  
Appendix B -2 Intensive Therapeutic Foster Care (ITFC)  
Appendix B-3 Short Term Connections-Intensive Support Services  
Appendix B-4 Long Term Connections – Wraparound Services  
Appendix B-5 School Based Services  
Appendix B-6 Parenting Training Institute  
Appendix B-7 Youth Transitional Services (YTS)  
Appendix B-8 AIIM Higher

### B.. Compensation

Compensation shall be made in monthly payments on or before the 30<sup>th</sup> day after the DIRECTOR, in his or her sole discretion, has approved the invoice submitted by CONTRACTOR. The breakdown of costs and sources of revenue associated with this Agreement appears in Appendix B, Cost Reporting/Data Collection (CR/DC) and Program Budget, attached hereto and incorporated by reference as though fully set forth herein. The maximum dollar obligation of the CITY under the terms of this Agreement shall not exceed **Sixty Nine Million Six Hundred Thirty Thousand One Hundred Eighty Two Dollars (\$69,630,182)** for the period of **July 1, 2010 through December 31, 2017**.

CONTRACTOR understands that, of this maximum dollar obligation, **\$2,063,071** 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	\$10,378,434
July 1, 2011 through June 30, 2012	\$9,949,267
July 1, 2012 through June 30, 2013	\$8,310,219
July 1, 2013 through June 30, 2014	\$8,624,346
July 1, 2014 through June 30, 2015	\$8,741,727
July 1, 2015 through June 30, 2016	\$8,741,727
July 1, 2016 through June 30, 2017	\$8,506,005
July 1, 2017 through December 31, 2017	<u>\$4,315,386</u>
Sub.total July 1, 2010 through December 31, 2017	\$67,567,111
Contingency July 1, 2010 through December 31, 2017	<u>\$2,063,071</u>
Total July 1, 2010 through December 31, 2017	\$69,630,182

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

(4) CONTRACTOR further understands that, \$5,153,842 of the period from July 1, 2010 through December 31, 2010 in the Contract Number BPHM06500043 is included with this Agreement. Upon execution of this Agreement, all the terms under this Agreement will supersede the Contract Number BPHM06500043 for the Fiscal Year 2010-11.

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

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

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

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





**CBHS BUDGET DOCUMENTS**

**DPH 1: Department of Public Health Contract Budget Summary**

DHCS Legal Entity Number (MH): 00115		Prepared By/Phone #:		Janet Briggs/ 510-300-6325		Fiscal Year: 2015-16			
DHCS Legal Entity Name (MH)/Contractor Name (SA): Seneca Center		Document Date:		7/1/2015					
Contract CMS # (CDTA use only): 6941									
Contract Appendix Number:	B-1	B-2	B-3	B-4	B-5	B-6	B-7	B-8	
Appendix A/Program Name:	TBS	Intensive Therapeutic Foster Care	Short Term Connections	Long Term Connections- WRAP	School Based	Parenting Training Institute	YTS	AIMM Higher	
Provider Number	38CQ	38CQ	38CQ	38CQ	8980	38CQ	38CQ	38CQ	
Program Code(s)	38CQ5	38CQ6	38CQ3	38CQ4	8980OP	38CQPTI	38CQMST	38CQAH	
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	7/1/15-6/30/16	7/1/15-6/30/16	TOTAL
Salaries & Employee Benefits:	702,895	360,086	373,723	4,344,595	347,248	103,206	162,628	749,936	7,144,317
Operating Expenses:	41,289	22,940	36,286	502,467	23,995	0	27,057	109,918	763,952
Capital Expenses:									0
Subtotal Direct Expenses:	744,184	383,026	410,009	4,847,062	371,243	103,206	189,685	859,854	7,908,269
Indirect Expenses:	89,302	45,962	49,201	581,645	44,549	12,385	22,762	87,652	933,458
Indirect %:	12%	12%	12%	12%	12%	12%	12%	10%	12%
TOTAL	833,486.00	428,988.00	459,210	5,428,707.00	415,792.00	115,591	212,447.00	947,506.00	8,841,727.00
Employee Fringe Benefits %:									25
MENTAL HEALTH FUNDING SOURCES									
State FFP (50%)	356,682	210,494	215,134	2,528,239	207,695	0	22,577	24,860	3,565,681
PSDT	321,014	189,444	81,120	2,275,413	180,910	0	20,320	22,375	3,090,596
Human Services Agency (Match)	41,226	21,049	9,013	241,009	26,785	0	0	0	339,082
Human Services Agency	0	0	0	0	0	113,883	0	0	113,883
								398,253	398,253
								174,825	174,825
CSS)	0	0	0	277,753	0	0	0	0	277,753
PEI)	0	0	0	0	0	0	0	324,707	324,707
State Fund - CODB		7,685	7,951	90,863					106,499
State Fund	113,946	0	145,857	11,815	0	0	169,550	2,486	443,654
State Fund WO-CODB	618	316	135	3,615	402	1,708			6,794
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	833,486.00	428,988.00	459,210.00	5,428,707.00	415,792.00	115,591.00	212,447.00	947,506.00	8,841,727.00
SUBSTANCE ABUSE FUNDING SOURCES									
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	-	-	-	-	-	-	-	-	-
COMMUNITY PROGRAMS FUNDING SOURCES									
State DPH-COMMUNITY PROGRAMS FUNDING SOURCES	-	-	-	-	-	-	-	-	-
State FUNDING SOURCES	833,486	428,988	459,210	5,428,707	415,792	115,591	212,447	947,506	8,841,727
State SOURCES									
State FUNDING SOURCES	0	0	0	0	0	0	0	0	0
State SOURCES (DPH AND NON-DPH)	833,486	428,988	459,210	5,428,707	415,792	115,591	212,447	947,506	8,841,727

CBHS BUDGET DOCUMENTS

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

DHCS Legal Entity Name (MH)/Contractor Name (SA):		Seneca Center				Appendix/Page #: B-1, Page 1	
Provider Name:		Seneca Center/San Francisco Connections				Document Date: 7/1/2015	
Provider Number:		38CQ				Fiscal Year: 2015-16	
Program Name:		TBS					
Program Code (formerly Reporting Unit):		38CQ5					
Mode/SFC (MH) or Modality (SA):		15/58					
Service Description:		TBS				TOTAL	
FUNDING TERM:		7/1/15-6/30/16					
FUNDING USES							
Salaries & Employee Benefits:		702,895				702,895	
Operating Expenses:		41,289				41,289	
Capital Expenses (greater than \$5,000):		0				0	
Subtotal Direct Expenses:		744,184				744,184	
Indirect Expenses:		89,302				89,302	
TOTAL FUNDING USES:		833,486				833,486	
CBHS MENTAL HEALTH FUNDING SOURCES							
Index Code/Project Detail/CFDA#:							
MH FED - SDMC Regular FFP (50%)		HMHMCP751594				356,682	
MH STATE - PSR-EPSDT		HMHMCP751594				321,014	
MH WORK ORDER - Human Services Agency (Match)		HMHMCP751594				41,226	
MH COUNTY - General Fund		HMHMCP751594				113,946	
MH COUNTY - General Fund WO-CODE		HMHMCP751594				618	
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		833,486				833,486	
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		833,486				833,486	
NON-DPH FUNDING SOURCES							
TOTAL NON-DPH FUNDING SOURCES		-				-	
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		833,486				833,486	
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					
DPH Units of Service:		319,343					
Unit Type:		Staff Minute					
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		2.61				0.00	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):		2.61				0.00	
Published Rate (Medi-Cal Providers Only):		2.61					
Unduplicated Clients (UDC):		95				95	

### DPH 3: Salaries & Benefits Detail

**Program Code: 38CQ5**

**Program Name:** Therapeutic Behavioral Services (TBS)

Document Date: 7/1/15

Appendix/Page #: B-1 Page 2

	TOTAL		General Fund HMHMCP751594		Work Order HSA HMHMCHMTCHWO		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
Asst. Director	0.70	\$ 49,000	0.70	\$ 49,000								
TBS Clinician	8.80	\$ 431,316	8.26	\$ 404,504	0.55	26,812						
TBS Coach	1.00	\$ 46,000	1.00	\$ 46,000								
Direct Clerical	1.00	\$ 36,000	1.00	\$ 36,000								
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
<b>Totals:</b>	11.50	\$ 562,316	10.96	\$ 535,504	0.55	\$26,812	0.00	\$0	0.00	\$0	0.00	\$0

<b>Employee Fringe Benefits:</b>	25%	<b>\$140,579</b>	25%	<b>\$133,876</b>	25%	<b>\$6,703</b>	<b>#DIV/0!</b>		<b>#DIV/0!</b>		<b>#DIV/0!</b>	
----------------------------------	-----	------------------	-----	------------------	-----	----------------	----------------	--	----------------	--	----------------	--

**TOTAL SALARIES & BENEFITS**

**\$702,895**

**\$669,380**

**\$33,515**

**\$0**

**\$0**

**\$0**



## DPH 4: Operating Expenses Detail

Program Code: 38CQ5

Program Name: Therapeutic Behavioral Services (TBS)

Document Date: 7/1/15

Appendix/Page #: B-1 Page 3

Expenditure Category	TOTAL	General Fund HMHMCP751594	Work Order HSA HMHMCHMTCHWO	Funding Source 3 (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#)
	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	Term: _____	Term: _____	Term: _____
<b>Occupancy:</b>						
Rent	\$ 3,500.00	\$ 3,500.00				
Utilities (telephone, electricity, water, gas)	\$ 3,200.00	\$ 3,200.00				
Building Repair/Maintenance	\$ 2,667.00	\$ 2,667.00				
<b>Materials &amp; Supplies:</b>						
Office Supplies	\$ 1,507.00	\$ 1,507.00				
Photocopying	\$ -					
Printing	\$ -					
Program Supplies	\$ 3,036.00	\$ 3,036.00				
Computer hardware/software	\$ -					
<b>General Operating:</b>						
Training/Staff Development	\$ 1,400.00	\$ 1,400.00				
Insurance	\$ -					
Professional License	\$ -					
Permits	\$ -					
Equipment Lease & Maintenance	\$ 1,016.00	\$ 1,016.00				
<b>Staff Travel:</b>						
Local Travel	\$ 18,246.00	\$ 16,000.00	\$ 2,246.00			
Out-of-Town Travel	\$ -					
Field Expenses	\$ -					
<b>Consultant/Subcontractor:</b>						
CONSULTANT/SUBCONTRACTOR - Jessica Rock - Quality Assurance, \$25 Hour, various dates, 162 hours	\$ 4,050.00	2,450	1,600			
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -					
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -					
(add more Consultant lines as necessary)						
<b>Other:</b>						
Staff Recruitment	\$ 2,667.00	2,667				
	\$ -					
	\$ -					
	\$ -					
	\$ -					

TOTAL OPERATING EXPENSE

\$41,289

\$37,443

\$3,846

\$0

\$0

\$0

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

DHCS Legal Entity Name (MH)/Contractor Name (SA): Seneca Center					Appendix/Page #: B-2, Page 1
Provider Name: Seneca Center/San Francisco Connections					Document Date: 7/1/2015
Provider Number: 38CQ 38CQ 38CQ 38CQ					Fiscal Year: 2015-16
Program Name:	Intensive Therapeutic Foster Care	Intensive Therapeutic Foster Care	Intensive Therapeutic Foster Care	Intensive Therapeutic Foster Care	
Program Code (formerly Reporting Unit):	38CQ6	38CQ6	38CQ6	38CQ6	
Mode/SFC (MH) or Modality (SA)	15/01-09	15/10-57	15/70-79	15/60-69	
Service Description:	Case Mgt Brokerage	MH Svcs	Crisis Intervention-OP	Medication Support	0 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	-
<b>FUNDING USES</b>					
Salaries & Employee Benefits:	50,412	302,472	3,601	3,601	360,086
Operating Expenses:	3,212	19,270	229	229	22,940
Capital Expenses (greater than \$5,000):	0	0	0	0	0
Subtotal Direct Expenses:	53,624	321,742	3,830	3,830	0 383,026
Indirect Expenses:	6,435	38,607	460	460	45,962
TOTAL FUNDING USES:	60,059	360,349	4,290	4,290	0 428,988
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>					
MH FED - SDMC Regular FFP (50%)	29,469	176,815	2,105	2,105	210,494
MH STATE - PSR-EPSDT	26,522	159,133	1,895	1,894	189,444
MH WORK ORDER - Human Services Agency (Walch)	2,547	17,881	210	211	21,049
MH COUNTY - General Fund- CODB	1,076	6,455	77	77	7,685
MH COUNTY - General Fund WO-CODB	45	285	3	3	316
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	60,059	360,349	4,290	4,290	0 428,988
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>					
	-	-	-	-	-
	-	-	-	-	-
	-	-	-	-	-
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	-	-	-	-	-
<b>OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES</b>					
	-	-	-	-	-
	-	-	-	-	-
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES	-	-	-	-	-
TOTAL DPH FUNDING SOURCES	60,059	360,349	4,290	4,290	- 428,988
<b>NON-DPH FUNDING SOURCES</b>					
	-	0	0	0	0
TOTAL NON-DPH FUNDING SOURCES	-	0	0	0	0
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	60,059	360,349	4,290	4,290	- 428,988
<b>CBHS UNITS OF SERVICE AND UNIT COST</b>					
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:	29,297	135,470	1,100	888	-
Unit Type:	Staff Minute	Staff Minute	Staff Minute	Staff Minute	0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	2.05	2.66	3.90	4.83	0.00
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	2.05	2.66	3.90	4.83	0.00
Published Rate (Medi-Cal Providers Only):	2.05	2.66	3.90	4.83	Total UDC:
Unduplicated Clients (UDC):	15	15	15	15	15

Appendix/Page #: B-2 Page 2

\$0



## DPH 4: Operating Expenses Detail

Program Code: 38CQ6

Program Name: Intensive Treatment Foster Care (ITFC)

Document Date: 7/1/15

Appendix/Page #: B-2 Page 3

Expenditure Category	TOTAL	General Fund HMHMCP751594	Work Order HSA HMHMCHMTCHWO		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#)
	7/1/15-6/30/16	7/1/15-6/30/16	Term: _____	Term: _____	Term: _____	Term: _____
Occupancy:						
Rent	\$ -	\$ -				
Utilities(telephone, electricity, water, gas)	\$ -					
Building Repair/Maintenance	\$ -					
Materials & Supplies:						
Office Supplies	\$ 2,018.00	\$ 2,018.00				
Photocopying	\$ -					
Printing	\$ -					
Program Supplies	\$ -					
Computer hardware/software	\$ -					
General Operating:						
Training/Staff Development	\$ 6,145.00	\$ 6,145.00				
Insurance	\$ -					
Professional License	\$ -					
Permits	\$ -					
Equipment Lease & Maintenance	\$ 1,352.00	\$ 1,352.00				
Staff Travel:						
Local Travel	\$ 13,425.00	\$ 13,425.00				
Out-of-Town Travel	\$ -					
Field Expenses	\$ -					
Consultant/Subcontractor:						
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -					
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -					
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -					
(add more Consultant lines as necessary)						
Other:						
	\$ -					
	\$ -					
	\$ -					

TOTAL OPERATING EXPENSE

\$22,940

\$22,940

\$0

\$0

\$0

## CBHS BUDGET DOCUMENTS

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

DHCS Legal Entity Name (MH)/Contractor Name (SA): Seneca Center					Appendix/Page #: B-3, Page 1
Provider Name: Seneca Center/San Francisco Connections					Document Date: 7/1/2015
Provider Number: 38CQ 38CQ 38CQ 38CQ					Fiscal Year: 2015-16
Program Name:	ST Connections- Intensive Support Services	ST Connections- Intensive Support Services	ST Connections- Intensive Support Services	ST Connections- Intensive Support Services	
Program Code (formerly Reporting Unit):	38CQ3	38CQ3	38CQ3	38CQ3	
Mode/SFC (MH) or Modality (SA):	15/01-09	15/10-57	15/70-79	15/60-69	
Service Description:	Case Mgt Brokerage	MH Svcs	Crisis Intervention- OP	Medication Support	0
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	TOTAL
FUNDING USES					
Salaries & Employee Benefits:	44,848	303,466	17,562	7,847	373,723
Operating Expenses:	4,354	29,465	1,705	762	36,286
Capital Expenses (greater than \$5,000):					0
Subtotal Direct Expenses:	49,202	332,931	19,267	8,609	410,009
Indirect Expenses:	5,904	39,952	2,312	1,033	49,201
TOTAL FUNDING USES:	55,106	372,883	21,579	9,642	459,210
CBHS MENTAL HEALTH FUNDING SOURCES	Index Code/Project Detail/CFDA#:				
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	25,816	174,692	10,109	4,517
MH STATE - PSR-EPSDT	HMHMCP751594	9,735	65,870	3,812	1,703
MH WORK ORDER - Human Services Agency (Match)	HMHMCP751594	0	0	0	0
MH COUNTY - General Fund	HMHMCP751594	17,503	118,437	6,854	3,063
MH COUNTY - General Fund- CODB	HMHMCP751594	954	6,456	374	167
MH COUNTY - General Fund WO-CODB	HMHMCP751594	0	0	0	0
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		55,106	372,883	21,579	9,642
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		55,106	372,883	21,579	9,642
NON-DPH FUNDING SOURCES					
		-	0	0	0
TOTAL NON-DPH FUNDING SOURCES		-	0	0	0
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		55,106	372,883	21,579	9,642
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:	26,881	140,182	5,533	1,996	
Unit Type:	Staff Minute	Staff Minute	Staff Minute	Staff Minute	0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	2.05	2.66	3.90	4.83	0.00
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	2.05	2.66	3.90	4.83	0.00
Published Rate (Medi-Cal Providers Only):	2.05	2.66	3.90	4.83	Total UDC:
Unduplicated Clients (UDC):	60	60	60	60	60

### DPH 3: Salaries & Benefits Detail

Program Code: 38CQ3

**Program Name:** Short Term Connections - Intensive Support Services

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

	<b>TOTAL</b>		<b>General Fund HMHMCP751584</b>		<b>Work Order # 1 HSA HMHCMTCHWO</b>		<b>Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#)</b>		<b>Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)</b>		<b>Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)</b>	
	<b>Term:</b>	<b>7/1/15-6/30/16</b>	<b>Term:</b>	<b>7/1/15-6/30/16</b>	<b>Term:</b>	<b>7/1/15-6/30/16</b>	<b>Term:</b>	<b>7/1/15-6/30/16</b>	<b>Term:</b>		<b>Term:</b>	
<b>Position Title</b>	<b>FTE</b>	<b>Salaries</b>	<b>FTE</b>	<b>Salaries</b>	<b>FTE</b>	<b>Salaries</b>	<b>FTE</b>	<b>Salaries</b>	<b>FTE</b>	<b>Salaries</b>	<b>FTE</b>	<b>Salaries</b>
San Francisco Program Director	0.10	\$ 9,784	0.10	\$ 9,784								
Program Manager	0.75	\$ 62,541	0.75	\$ 62,541								
Clinician	2.00	\$ 112,000	2.00	\$ 112,000								
Support Counselors	2.00	\$ 87,216	2.00	\$ 87,216								
Direct Clerical	0.75	\$ 27,437	0.75	\$ 27,437								
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
<b>Totals:</b>	<b>5.60</b>	<b>\$ 298,978</b>	<b>5.60</b>	<b>\$ 298,978</b>	<b>0.00</b>	<b>\$0</b>	<b>0.00</b>	<b>\$0</b>	<b>0.00</b>	<b>\$0</b>	<b>0.00</b>	<b>\$0</b>

<b>Employee Fringe Benefits:</b>	25%	\$74,745	25%	\$74,745	#DIV/0!	\$0.00	#DIV/0!		#DIV/0!		#DIV/0!	
----------------------------------	-----	----------	-----	----------	---------	--------	---------	--	---------	--	---------	--

**TOTAL SALARIES & BENEFITS**

**\$373,723**

**\$373,723**

**\$0**

**\$0**

\$0

**\$0**

## DPH 4: Operating Expenses Detail

Program Code: 38CQ3

Appendix/Page #: B-3 Page 3

Program Name: Short Term Connections - Intensive Support Services

Document Date: 7/1/15

Expenditure Category	TOTAL	General Fund HMMHCP751594	Work Order HSA HMMHCHMTCHWO		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#)
	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	Term: _____	Term: _____	Term: _____
<b>Occupancy:</b>						
Rent	\$ 13,000.00	\$ 11,500.00	\$ 1,500.00			
Utilities(telephone, electricity, water, gas)	\$ 3,655.00	\$ 2,655.00	\$ 1,000.00			
Building Repair/Maintenance	\$ 2,791.00	\$ 2,170.00	\$ 621.00			
<b>Materials &amp; Supplies:</b>						
Office Supplies	\$ 1,842.00	\$ 1,295.00	\$ 547.00			
Photocopying	\$ -					
Printing	\$ -					
Program Supplies	\$ 2,300.00	\$ 1,300.00	\$ 1,000.00			
Computer hardware/software	\$ -					
<b>General Operating:</b>						
Training/Staff Development	\$ 588.00	\$ 588.00				
Insurance	\$ -					
Professional License	\$ -					
Permits	\$ -					
Equipment Lease & Maintenance	\$ 585.00	\$ 585.00				
<b>Staff Travel:</b>						
Local Travel	\$ 6,830.00	\$ 3,330.00	\$ 3,500.00			
Out-of-Town Travel	\$ -					
Field Expenses	\$ -					
<b>Consultant/Subcontractor:</b>						
Nancy Fey (L.C.S. W) . Various Dates, \$70/hr, 57 hours	\$ 3,990.00	3,990				
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -					
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -					
(add more Consultant lines as necessary)						
<b>Other:</b>						
Staff Recruitment	\$ 705.00	705				
Depreciation	\$ -					
	\$ -					
	\$ -					
	\$ -					
	\$ -					

TOTAL OPERATING EXPENSE

\$36,286

\$28,118

\$8,168

\$0

\$0

\$0



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

DHCS Legal Entity Name (MH)/Contractor Name (SA): <b>Seneca Center</b> Provider Name: <b>Seneca Center/San Francisco Connections</b> Provider Number: <b>38CQ</b>						Appendix/Page #: <b>B-4, Page 1</b> Document Date: <b>7/1/2015</b> Fiscal Year: <b>2015-16</b>
Program Name:	LT Connections- WRAP	LT Connections- WRAP	LT Connections- WRAP	LT Connections- WRAP	LT Connections- WRAP	
Program Code (formerly Reporting Unit):	38CQ4	38CQ4	38CQ4	38CQ4	38CQ4	
Mode/SFC (MH) or Modality (SA)	15/01-09	15/10-57	15/70-79	15/60-69	60/78	
Service Description:	Case Mgt Brokerage	MH Svcs	Crisis Intervention OP	Medication Support	Other Non-Medical Client Support Exp	
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	TOTAL
<b>FUNDING USES</b>						
Salaries & Employee Benefits:	617,839	2,883,247	205,946	411,892	225,671	4,344,595
Operating Expenses:	72,022	336,101	24,007	48,014	22,323	502,467
Capital Expenses (greater than \$5,000):	0					0.00
Subtotal Direct Expenses:	689,861	3,219,348	229,953	459,906	247,994	4,847,062
Indirect Expenses:	82,783	386,320	27,594	55,189	29,759	581,645
<b>TOTAL FUNDING USES:</b>	<b>772,644</b>	<b>3,605,668</b>	<b>257,547</b>	<b>515,095</b>	<b>277,753</b>	<b>5,428,707</b>
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>						
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	379,237	1,769,767	126,412	252,823	2,528,239
MH STATE - PSR-EPSDT	HMHMCP751594	341,312	1,592,789	113,771	227,541	2,275,413
MH WORK ORDER - Human Services Agency (Match)	HMHMCP751594	38,152	188,706	12,080	24,101	241,059
MH STATE - MHSA (CSS)	PMHS63-1503				277,753	277,753
MH COUNTY - General Fund- CODB	HMHMCP751594	13,629	63,606	4,542	9,086	90,863
MH COUNTY - General Fund	HMHMCP751594	1,772	8,270	591	1,182	11,815
MH COUNTY - General Fund 980-CQDS	HMHMCP751594	542	2,530	181	362	3,615
<b>TOTAL CBHS MENTAL HEALTH FUNDING SOURCES</b>		<b>772,644</b>	<b>3,605,668</b>	<b>257,547</b>	<b>515,095</b>	<b>5,428,707</b>
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>						
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
<b>TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>		-	-	-	-	-
<b>OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES</b>						
		-	-	-	-	-
		-	-	-	-	-
<b>TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES</b>		-	-	-	-	-
<b>TOTAL DPH FUNDING SOURCES</b>		<b>772,644</b>	<b>3,605,668</b>	<b>257,547</b>	<b>515,095</b>	<b>5,428,707</b>
<b>NON-DPH FUNDING SOURCES</b>						
		-	-	-	-	-
<b>TOTAL NON-DPH FUNDING SOURCES</b>		-	0	0	0	0
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>		<b>772,644</b>	<b>3,605,668</b>	<b>257,547</b>	<b>515,095</b>	<b>5,428,707</b>
<b>CBHS UNITS OF SERVICE AND UNIT COST</b>						
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	CR	
DPH Units of Service:	376,900	1,355,514	66,038	106,645	12	-
Unit Type:	Staff Minute	Staff Minute	Staff Minute	Staff Minute	Month of Client Support Services	0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)	2.05	2.66	3.90	4.83	23,146.08	0.00
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	2.05	2.66	3.90	4.83	23,146.08	0.00
Published Rate (Medi-Cal Providers Only):	2.05	2.66	3.90	4.83		
Unduplicated Clients (UDC):	160	160	160	160		160

Appendix/Page #: B-4 Page 2

**\$0**

## DPH 4: Operating Expenses Detail

Program Code: 38CQ4

Appendix/Page #: B-4 Page 3

Program Name: Long Term Connections - Wraparound Services

Document Date: 7/1/15

Expenditure Category	TOTAL	General Fund HMHMCP751594	Work Order HSA HMHMCHMTCHWO	MHSA (Prop 63)-CSS HMHMPROP63 PMHS63- 1503		Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)
	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	Term:	Term:
<b>Occupancy:</b>						
Rent	\$ 75,000.00	\$ 75,000				
Utilities(telephone, electricity, water, gas)	\$ 57,828.00	\$ 52,000	\$ 2,828	\$ 3,000		
Building Repair/Maintenance	\$ 18,807.00	\$ 15,826	\$ 2,781	\$ -		
<b>Materials &amp; Supplies:</b>						
Office Supplies	\$ 33,990.00	\$ 29,462	\$ 1,705	\$ 2,823		
Photocopying	\$ -					
Printing	\$ -					
Program Supplies	\$ -					
Computer hardware/software	\$ -					
<b>General Operating:</b>						
Training/Staff Development	\$ 10,000.00	\$ 10,000				
Insurance	\$ -					
Professional License	\$ -					
Permits	\$ -					
Equipment Lease & Maintenance	\$ 6,948.00	\$ 6,948				
<b>Staff Travel:</b>						
Local Travel	\$ 153,000.00	\$ 153,000				
Out-of-Town Travel	\$ -					
Field Expenses	\$ -					
<b>Consultant/Subcontractor:</b>						
Center on Juvenile and Criminal Justice & Edgewood, Support Services, various, monthly rate of \$2628 per client, approx 76 clients	\$ 39,094.00	16,500	6,094	16,500		
Beats, Rhymes & Life, therapeutic activity, various, hourly rate \$100, 720 hours	\$ 72,000.00	72,000				
Language People, Translation Services, various monthly rate \$2000 (add more Consultant lines as necessary)	\$ 24,000.00	24,000				
<b>Other:</b>						
Staff Recruitment	\$ 12,000.00	12,000				
Depreciation	\$ -					
	\$ -					
	\$ -					
	\$ -					
	\$ -					
<b>TOTAL OPERATING EXPENSE</b>	<b>\$ 502,467</b>	<b>\$ 466,736</b>	<b>\$ 13,408</b>	<b>\$ 22,323</b>	<b>\$0</b>	<b>\$0</b>



## CBHS BUDGET DOCUMENTS

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

DHCS Legal Entity Name (MH)/Contractor Name (SA): Seneca Center				Appendix/Page #: B-5, Page 1	
Provider Name: James Baldwin Academy				Document Date: 7/1/2015	
Provider Number: 8980				Fiscal Year: 2015-16	
Program Name: School Based Services					
Program Code (formerly Reporting Unit):		8980OP	8980OP	8980OP	
Mode/SFC (MH) or Modality (SA):		15/01-09	15/10-56	15/60-69	
Service Description:		Case Mgt Brokerage	MH Svcs	Medication Support	0
FUNDING TERM:		7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	TOTAL
<b>FUNDING USES</b>					
Salaries & Employee Benefits:		0	79,867	250,019	17,362
Operating Expenses:		0	5,519	17,276	1,200
Capital Expenses (greater than \$5,000):		0			
Subtotal Direct Expenses:		0	85,386	267,295	18,562
Indirect Expenses:		0	10,246	32,075	2,227
TOTAL FUNDING USES:		0	95,632	299,370	20,790
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>					
Index Code/Project Detail/CFDA#:					
MH FED - SDMC Regular FFP (50%)		0	47,770	149,540	10,385
MH STATE - PSR-EPSDT		0	41,609	130,255	9,046
MH WORK ORDER - Human Services Agency (Match)		0	6,161	19,285	1,339
MH COUNTY - General Fund WO-COD8		0	92	289	20
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		-	95,632	299,370	20,790
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>					
Index Code/Project Detail/CFDA#:					
		-			
		-			
		-			
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-
<b>OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES</b>					
Index Code/Project Detail/CFDA#:					
		-			
		-			
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES		-	-	-	-
TOTAL DPH FUNDING SOURCES		-	95,632	299,370	20,790
<b>NON-DPH FUNDING SOURCES</b>					
		-	0	0	0
TOTAL NON-DPH FUNDING SOURCES		-	0	0	0
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		-	95,632	299,370	20,790
<b>CBHS UNITS OF SERVICE AND UNIT COST</b>					
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):		0	FFS	FFS	FFS
DPH Units of Service:		-	46,650	112,545	4,304
Unit Type:		0	Staff Minute	Staff Minute	Staff Minute
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)		0.00	2.05	2.66	4.83
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):		0.00	2.05	2.66	4.83
Published Rate (Medi-Cal Providers Only):		0.00	2.05	2.66	4.83
Unduplicated Clients (UDC):		0	20	20	20
					Total UDC:

### DPH 3: Salaries & Benefits Detail

**Program Code:** 89802/8980OP

**Program Name:** Seneca School Based Programs

Document Date: 7/1/15

Appendix/Page #: B-5 Page 2

	TOTAL		General Fund HMHMCP751584		Work Order HSA HMHMCHMTCHWO		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: 7/1/15-6/30/16		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Director	0.20	\$ 19,000	0.20	\$ 19,000								
Clinical Supervisor	0.50	\$ 42,248	0.50	\$ 42,248								
Therapist	2.75	\$ 158,950	2.35	\$ 139,531	0.40	19,419						
Mental Health assistant	1.60	\$ 57,600	1.60	\$ 57,600								
	0.00	\$ -	0.00	0								
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										

<b>Employee Fringe Benefits:</b>	25%	<b>\$69,450.00</b>	25%	<b>\$64,595</b>	25%	<b>\$4,855</b>	<b>#DIV/0!</b>		<b>#DIV/0!</b>		<b>#DIV/0!</b>	
----------------------------------	-----	--------------------	-----	-----------------	-----	----------------	----------------	--	----------------	--	----------------	--

**TOTAL SALARIES & BENEFITS**

**\$347,248**

**\$322,974**

**\$24,274**

**\$0**

**\$0**

**\$0**

## DPH 4: Operating Expenses Detail

Program Code: 89802/89800P

Program Name: Seneca School Based Programs

Document Date: 7/1/15

Appendix/Page #: B-5 Page 3

Expenditure Category	TOTAL	General Fund HMHMCP751594	Work Order HSA HMHMCHMTCHWO		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#)
	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	Term: _____	Term: _____	Term: _____
<b>Occupancy:</b>						
Rent	\$ -					
Utilities(telephone, electricity, water, gas)	\$ 3,600.00	\$ 3,600.00	\$ -			
Building Repair/Maintenance	\$ -					
<b>Materials &amp; Supplies:</b>						
Office Supplies	\$ 1,200.00	\$ 1,200.00	\$ -			
Photocopying	\$ -					
Printing	\$ -					
Program Supplies	\$ -					
Computer hardware/software	\$ 3,500.00	\$ 3,500.00	\$ -			
<b>General Operating:</b>						
Training/Staff Development	\$ 2,000.00	\$ 2,000.00	\$ -			
Insurance	\$ -					
Professional License	\$ -					
Permits	\$ -					
Equipment Lease & Maintenance	\$ 995.00	\$ 995.00	\$ -			
<b>Staff Travel:</b>						
Local Travel	\$ 10,000.00	\$ 10,000.00	\$ -			
Out-of-Town Travel	\$ -					
Field Expenses	\$ -					
<b>Consultant/Subcontractor:</b>						
Language People Inc, interpreting, \$75/Hour, various dates, 36 hours	\$ 2,700.00	2,700	0			
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -					
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -					
(add more Consultant lines as necessary)						
<b>Other:</b>						
	\$ -					
	\$ -					
	\$ -					

TOTAL OPERATING EXPENSE

\$23,995

\$23,995

\$0

\$0

\$0

\$0



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

DHCS Legal Entity Name (MH)/Contractor Name (SA): Seneca Center

Appendix/Page #: B-6, Page 1

Provider Name: Seneca Center/San Francisco Connections

Document Date: 7/1/2015

Provider Number: 38CQ

Fiscal Year: 2015-16

Program Name: Parenting Training Institute

Program Code (formerly Reporting Unit): 38CQPTI

Mode/SFC (MH) or Modality (SA): 60/78

Service Description: Other Non-Medical Client Support

Exp

0

0

0

0

TOTAL

FUNDING TERM: 7/1/15-6/30/16

-

-

-

-

## FUNDING USES

Salaries &amp; Employee Benefits: 103,206

103,206

Operating Expenses: 0

0

Capital Expenses (greater than \$5,000): 0

0

Subtotal Direct Expenses: 103,206

0

0

0

0

103,206

Indirect Expenses: 12,385

12,385

TOTAL FUNDING USES: 115,591

0

0

0

0

115,591

## CBHS MENTAL HEALTH FUNDING SOURCES

Index  
Code/Project  
Detail/CFDA#:

MH WORK ORDER - Human Services Agency

HMHMCHTHFCWO

113,883

113,883

MH COUNTY - General Fund WO-CODB

HMHMCP751594

1,708

1,708

0

0

0

0

TOTAL CBHS MENTAL HEALTH FUNDING SOURCES

115,591

0

0

0

0

115,591

## CBHS SUBSTANCE ABUSE FUNDING SOURCES

Index  
Code/Project  
Detail/CFDA#:

0

0

0

0

0

0

0

0

TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES

0

0

0

0

0

0

## OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES

Index  
Code/Project  
Detail/CFDA#:

0

0

0

0

0

0

TOTAL OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES

0

0

0

0

0

0

TOTAL DPH FUNDING SOURCES

115,591

-

-

-

-

115,591

## NON-DPH FUNDING SOURCES

0

0

0

0

0

0

TOTAL NON-DPH FUNDING SOURCES

-

0

0

0

0

-

TOTAL FUNDING SOURCES (DPH AND NON-DPH)

115,591

-

-

-

-

115,591

## 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:

1,920

Unit Type:

Staff Hours

0

0

0

0

Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)

60:20

0.00

0.00

0.00

0.00

Cost Per Unit - Contract Rate (DPH &amp; Non-DPH FUNDING SOURCES):

60:20

0.00

0.00

0.00

0.00

Published Rate (Medi-Cal Providers Only):

Total UDC:

Unduplicated Clients (UDC):

Appendix/Page #: B-6 Page 2

**\$0**

## DPH 4: Operating Expenses Detail

Program Code: 38CQPTI

Program Name: Parenting Training Institute

Document Date: 7/1/15

Appendix/Page #: B-6 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#)
	7/1/15-6/30/16	7/1/15-6/30/16	Term: _____	Term: _____	Term: _____	Term: _____
Occupancy:						
Rent	\$ -					
Utilities(telephone, electricity, water, gas)	\$ -	\$ -				
Building Repair/Maintenance	\$ -					
Materials & Supplies:						
Office Supplies	\$ -					
Photocopying	\$ -					
Printing	\$ -					
Program Supplies	\$ -					
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:						
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -					
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -					
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -					
(add more Consultant lines as necessary)						
Other:						
	\$ -					
	\$ -					
	\$ -					
	\$ -					

TOTAL OPERATING EXPENSE

\$0

\$0

\$0

\$0

\$0

\$0



## CBHS BUDGET DOCUMENTS

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

DHCS Legal Entity Name (MH)/Contractor Name (SA): Seneca Center					Appendix/Page #: B-7, Page 1
Provider Name: Seneca Center/San Francisco Connections					Document Date: 7/1/2015
Provider Number: 38CQ					Fiscal Year: 14/15
Program Name:	Youth Transitional Services (YTS)	Youth Transitional Services (YTS)	Youth Transitional Services (YTS)	Youth Transitional Services (YTS)	Youth Transitional Services (YTS)
Program Code (formerly Reporting Unit):	38CQMST	38CQMST	38CQMST	38CQMST	38CQMST
Mode/SFC (MH) or Modality (SA):	15/01-09	15/10-57	15/70-79	15/60-69	60/78
Service Description:	Case Mgt Brokerage	MH Svcs	Crisis Intervention-OP	Medication Support	Other Non-Prescribed Client Support Exp
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
TOTAL					
FUNDING USES					
Salaries & Employee Benefits:	4,494	27,652	1,728	691	128,063
Operating Expenses:	748	4,601	288	115	21,305
Capital Expenses (greater than \$5,000):	0	0	0	0	0
Subtotal Direct Expenses:	5,242	32,253	2,016	806	149,368
Indirect Expenses:	629	3,870	242	97	17,924
TOTAL FUNDING USES:	5,871	36,123	2,258	903	167,292
CBHS MENTAL HEALTH FUNDING SOURCES					
	Index Code/Project Detail/CFDA#:				
MH FED - SDMC Regular FFP (50%)	HMMHCP751594	2,935	18,061	1,129	452
MH STATE - PSR-EPSDT	HMMHCP751594	2,642	16,256	1,016	406
MH COUNTY - General Fund	HMMHCP751594	294	1,806	113	45
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		5,871	36,123	2,258	903
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		5,871	36,123	2,258	903
NON-DPH FUNDING SOURCES					
		-	0	0	0
TOTAL NON-DPH FUNDING SOURCES		-	0	0	0
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		5,871	36,123	2,258	903
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	CR
DPH Units of Service:	2,864	13,580	579	187	3,648
Unit Type:	Staff Minute	Staff Minute	Staff Minute	Staff Minute	Staff Hours
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	2.05	2.66	3.90	4.83	45.86
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	2.05	2.66	3.90	4.83	45.86
Published Rate (Medi-Cal Providers Only):	2.05	2.66	3.90	4.83	
Unduplicated Clients (UDC):	15	15	15	15	Total UDC: 15





## DPH 4: Operating Expenses Detail

Program Code: 38CQMTS

Program Name: Youth Transitional Services (YTS)

Document Date: 7/1/15

Appendix/Page #: B-7 Page 3

Expenditure Category	TOTAL	General Fund HMHMCP751594	GF Cost Reimbursement 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#)
	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	Term: _____	Term: _____	Term: _____
<b>Occupancy:</b>						
Rent	\$ 15,107	\$ 5,752	\$ 9,355			
Utilities (telephone, electricity, water, gas)	\$ 450		\$ 450			
Building Repair/Maintenance	\$ -					
<b>Materials &amp; Supplies:</b>						
Office Supplies	\$ 1,200		\$ 1,200			
Photocopying	\$ -					
Printing	\$ -					
Program Supplies	\$ -					
Computer hardware/software	\$ -					
<b>General Operating:</b>						
Training/Staff Development	\$ -					
Insurance	\$ -					
Professional License	\$ -					
Permits	\$ -					
Equipment Lease & Maintenance	\$ -					
<b>Staff Travel:</b>						
Local Travel	\$ 7,500		\$ 7,500			
Out-of-Town Travel	\$ -					
Field Expenses	\$ -					
<b>Consultant/Subcontractor:</b>						
CONSULTANT/SUBCONTRACTOR (Note Approver, various dates \$50 @4 hours a week)	\$ 2,400		\$ 2,400			
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -					
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -					
(add more Consultant lines as necessary)						
<b>Other:</b> Staff Recruitment	\$ 400		\$ 400			
	\$ -					
	\$ -					
	\$ -					
	\$ -					
	\$ -					
	\$ -					
<b>TOTAL OPERATING EXPENSE</b>	<b>\$ 27,057</b>	<b>\$5,752</b>	<b>\$21,305</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## CBHS BUDGET DOCUMENTS

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

DHCS Legal Entity Name (MH)/Contractor Name (SA): Seneca Center					Appendix/Page #: B-8, Page 1
Provider Name: Seneca Center/San Francisco Connections					Document Date: 7/1/2015
Provider Number:	38CQ	38CQ	38CQ	38CQ	Fiscal Year: 2015-16
Program Name:	AIIM Higher	AIIM Higher	AIIM Higher	AIIM Higher	AIIM Higher
Program Code (formerly Reporting Unit):	38CQAH	38CQAH	38CQAH	38CQAH	38CQAH
Mode/SFC (MH) or Modality (SA):	15/01-09	15/10-57	60/78	60/78	60/78
Service Description:	Case Mgt Brokerage	MH Svcs	Other Non-Medical Client Support Exp	Other Non-Medical Client Support Exp	Other Non-Medical Client Support Exp
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
<b>FUNDING USES</b>					
Salaries & Employee Benefits:	8,788	35,150	273,848	157,500	274,650
Operating Expenses:	91	365	16,070	0	93,392
Capital Expenses (greater than \$5,000):	0	0			0
Subtotal Direct Expenses:	8,879	35,515	289,918	157,500	368,042
Indirect Expenses:	1,065	4,262	34,789	17,325	30,211
TOTAL FUNDING USES:	9,944	39,777	324,707	174,825	398,253
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>					
Index Code/Project Detail/CFDA#:					
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	4,972	19,888	0	24,860
MH STATE - PSR-EPSDT	HMHMCP751594	4,475	17,900	0	22,375
MH STATE - MHSA	PMHS63-1510	0	0	324,707	324,707
Track Grant	HMCH04-1400			174,825	174,825
DOJ Grant	HMCH05-1400				398,253
MH COUNTY - General Fund	HMHMCP751594	497	1,989	0	2,486
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		9,944	39,777	324,707	174,825
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>					
Index Code/Project Detail/CFDA#:					
		-	-	-	-
		-	-	-	-
		-	-	-	-
		-	-	-	-
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-
<b>OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES</b>					
Index Code/Project Detail/CFDA#:					
		-	-	-	-
		-	-	-	-
		-	-	-	-
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES		-	-	-	-
TOTAL DPH FUNDING SOURCES		9,944	39,777	324,707	174,825
<b>NON-DPH FUNDING SOURCES</b>					
Index Code/Project Detail/CFDA#:					
		-	0	0	0
TOTAL NON-DPH FUNDING SOURCES		-	0	0	0
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		9,944	39,777	324,707	174,825
<b>CBHS UNITS OF SERVICE AND UNIT COST</b>					
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	CR	CR	CR
DPH Units of Service:	4,851	14,954	7,277	3,456	7,277
Unit Type:	Staff Minute	Staff Minute	Staff Hours	Staff Hours	Staff Hours
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	2.05	2.66	44.62	50.59	50.59
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	2.05	2.66	44.62	50.59	50.59
Published Rate (Medi-Cal Providers Only):	2.05	2.66			
Unduplicated Clients (UDC):	195	195	195	40	40
					Total UDC: 195

Document Date: 7/1/15

B-8 Page 2

\$0

## DPH 4: Operating Expenses Detail

Program Code: 38COAH

Program Name: AIIIM Higher

Document Date: 7/1/15

Appendix/Page #: B-8 Page 3

Expenditure Category	TOTAL	General Fund HMHMCP751594	MHSA HMHMPROP63	Track Grant HMCH04-1400	DOJ Grant HMHMGRANTS HMCH05-1400	Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)
	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	Term: _____
<b>Occupancy:</b>						
Rent	\$ 4,800.00				\$ 4,800.00	
Utilities (telephone, electricity, water, gas)	\$ 4,620.00		\$ 1,500.00		\$ 3,120.00	
Building Repair/Maintenance	\$ 2,500.00		\$ 2,500.00			
<b>Materials &amp; Supplies:</b>						
Office Supplies	\$ 1,800.00	\$ 150.00	\$ 450.00	\$ -	\$ 1,200.00	
Photocopying	\$ -					
Printing	\$ -					
Program Supplies	\$ 306.00	\$ 156.00	\$ 150.00	\$ -	\$ -	
Computer hardware/software	\$ -					
<b>General Operating:</b>						
Training/Staff Development	\$ 400.00	\$ 150.00	\$ 250.00	\$ -		
Insurance	\$ -					
Professional License	\$ -					
Permits	\$ -					
Equipment Lease & Maintenance	\$ -					
<b>Staff Travel:</b>						
Local Travel	\$ 9,386.00		\$ 3,490.00	\$ -	\$ 5,896.00	
Out-of-Town Travel	\$ 82,776.00				\$ 62,776.00	
Field Expenses	\$ -					
<b>Consultant/Subcontractor:</b>						
Nancy Fey (L.C.S. W) . Various Dates, \$70/hr, 89 hours	\$ 6,230.00		\$ 6,230.00			
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -					
Child Psychiatrist - 2 hrs/week @ \$150/hr (add more Consultant lines as necessary)	\$ 15,600.00				\$ 15,600.00	
<b>Other:</b>						
Staff Recruitment	\$ 1,500.00		\$ 1,500.00			
	\$ -					
	\$ -					
	\$ -					
	\$ -					
	\$ -					
<b>TOTAL OPERATING EXPENSE</b>	<b>\$109,918</b>	<b>\$456</b>	<b>\$16,070</b>	<b>\$0</b>	<b>\$93,392</b>	<b>\$0</b>

**DPH 7: Contract-Wide Indirect Detail**

Contractor Name: Seneca Family of Agencies

Document Date: 07/01/15

Fiscal Year: 2015-16

**1. SALARIES & BENEFITS**

Position Title	FTE	Salaries
CEO	0.12	\$ 30,448.00
COO	0.12	\$ 25,080.00
CFO	0.12	\$ 21,168.00
Executive Director	0.12	\$ 21,840.00
Division Directors	0.72	\$ 92,733.00
Directors	0.39	\$ 33,181.00
Assistant Directors	0.48	\$ 33,527.00
IT Staff	1.08	\$ 86,400.00
ACCT Staff	1.67	\$ 75,000.00
QA Staff	0.96	\$ 45,462.00
Facilities Staff	0.96	\$ 44,679.00
HR Staff	0.84	\$ 37,711.00
DISIPi Team	0.72	\$ 33,932.00
Clerical	0.60	\$ 30,750.00
EMPLOYEE FRINGE BENEFITS		\$ 152,978
<b>TOTAL SALARIES &amp; BENEFITS</b>		<b>\$ 764,889</b>

**2. OPERATING COSTS**

Expenditure Category	Amount
Accounting and Audit Costs	\$ 20,000
Legal Costs	\$ 10,000
Joint Commission Cost	\$ 5,000
Meeting and Confernces	\$ 30,000
Office Supplies	\$ 38,000
Occupancy	\$ 25,000
Insurance	\$ 23,000
Medical Director - Contract Program Support	\$ 10,000
Computer Consulting - Medical Records, HIPPA etc	\$ 7,569
<b>TOTAL OPERATING COSTS</b>	<b>\$ 168,569</b>

**TOTAL INDIRECT COSTS**                      **\$ 933,458**  
 (Salaries & Benefits + Operating Costs)

**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



**Appendix E**  
San Francisco Department of Public Health  
Business Associate Agreement

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



**Appendix E**  
**San Francisco Department of Public Health**  
**Business Associate Agreement**

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





**Appendix E**  
**San Francisco Department of Public Health**  
**Business Associate Agreement**

- (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,



## Appendix E

### San Francisco Department of Public Health Business Associate Agreement

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.





**Appendix E**  
**San Francisco Department of Public Health**  
**Business Associate Agreement**

- 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**  
**Business Associate Agreement**

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](mailto:compliance.privacy@sfdph.org)  
Office telephone: 415-554-2787  
Confidential Privacy Hotline (Toll-Free): 1-855-729-6040  
Confidential Compliance Hotline: 415-642-5790



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
7/15/2015

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**  
Arthur J. Gallagher & Co.  
Insurance Brokers of CA, Inc. LIC # 0726293  
505 N Brand Blvd, Suite 600  
Glendale CA 91203

**CONTACT NAME:** Annie Lee  
**PHONE (A/C No. Ext):** 818-539-2300 **FAX (A/C No.):** 818-539-2301  
**E-MAIL ADDRESS:** Annie\_Lee@ajg.com

**INSURED**  
Seneca Family of Agencies  
2275 Arlington Drive  
San Leandro, CA 94578

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	Nonprofits' Insurance Alliance of C	
INSURER B:	New York Marine And General Insuran	16608
INSURER C:	Berkley Regional Insurance Company	29580
INSURER D:		
INSURER E:		
INSURER F:		

## COVERAGES

**CERTIFICATE NUMBER:** 1255247103

**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.

INER LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Prof \$1MM <input checked="" type="checkbox"/> Abuse \$1MM GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	201500557NPO	7/1/2015	7/1/2016	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$20,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMPROP AGG \$2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		201500557NPO	7/1/2015	7/1/2016	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$10,000 OCCUR <input type="checkbox"/> CLAIMS-MADE		201500557NPOUMB	7/1/2015	7/1/2016	EACH OCCURRENCE \$4,000,000 AGGREGATE \$4,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in CA) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N N/A	2341	1/1/2015	1/1/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
C	Crime		BCR7100147314	9/17/2014	9/17/2016	Employee Dishonesty \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

City & County of San Francisco, It's Officers, Agents and employees are named as additional insured with respect to the operations of the named insured. Workers Compensation coverage excluded, evidence only.

## CERTIFICATE HOLDER

## CANCELLATION

City & County of San Francisco Department of Public Health  
CBHS Contracts Office  
1380 Howard St., Rm. 442  
San Francisco CA 941032614 USA

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

*Roy Chapman*

© 1988-2014 ACORD CORPORATION. All rights reserved.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – OWNERS, LESSEES OR  
CONTRACTORS – SCHEDULED 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):	Location(s) Of Covered Operations
City & County of San Francisco, It's Officers, Agents and employees	All insured premises and operations
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. 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:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.